



HILLINGDON
LONDON



Health and Wellbeing Board

Date: TUESDAY, 12 SEPTEMBER 2023

Time: 2.30 PM

Venue: COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE UB8 1UW

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

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To Members of the Board:

- Cabinet Member for Health and Social Care (Co-Chairman)
- Hillingdon Health and Care Partners Managing Director (Co-Chairman)
- Cabinet Member for Families, Education and Wellbeing (Vice Chairman)
- LBH Chief Executive
- LBH Executive Director, Adult Services and Health
- LBH Executive Director, Children and Young People's Services
- LBH Director, Public Health
- NWL ICS - Hillingdon Board representative
- NWL ICS - nominated lead
- Central and North West London NHS Foundation Trust - nominated lead
- The Hillingdon Hospitals NHS Foundation Trust Chief Executive
- Healthwatch Hillingdon - nominated lead
- Royal Brompton and Harefield NHS Foundation Trust - nominated lead
- Hillingdon GP Confederation - nominated lead

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Agenda

CHAIRMAN'S ANNOUNCEMENTS

- 1 Apologies for Absence
- 2 Declarations of Interest in matters coming before this meeting
- 3 To approve the minutes of the meeting on 13 June 2023 1 - 8
- 4 To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private

Health and Wellbeing Board Reports - Part I (Public)

- 5 2022-2023 Integrated Health and Care Performance Report 9 - 24
- 6 Hillingdon Safeguarding Partnership Annual Report 2022-2023 25 - 94
- 7 Board Planner & Future Agenda Items 95 - 98

Health and Wellbeing Board Reports - Part II (Private and Not for Publication)

That the reports in Part 2 of this agenda be declared not for publication because they involve the disclosure of information in accordance with Section 100(A) and Part 1 of Schedule 12 (A) to the Local Government Act 1972 (as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

- 8 Place Financial Position - TO FOLLOW
- 9 Strategic Update - TO FOLLOW
- 10 To approve PART II minutes of the meeting on 13 June 2023 99 - 102
- 11 Update on current and emerging issues and any other business the Co-Chairman considers to be urgent 103 - 104

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Minutes

HEALTH AND WELLBEING BOARD

13 June 2023

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge UB8 1UW



HILLINGDON
LONDON

	<p>Board Members Present: Councillor Jane Palmer, Keith Spencer, Sarah Burton (In place of Patricia Wright), Richard Ellis, Claire Eves (In place of Vanessa Odlin), Professor Ian Goodman, Lynn Hill, Ed Jahn, Derval Russell, Sandra Taylor and Tony Zaman</p> <p>Officers Present: Gary Collier (Health and Social Care Integration Manager), Viral Doshi (Public Health Officer), Toby Lambert (Director of Strategy and Population Health, NWL ICB), Shikha Sharma (Consultant in Public Health) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
1.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Sue O'Brien, Ms Vanessa Odlin (Ms Claire Eves was present as her substitute) and Ms Patricia Wright (Ms Sarah Burton was present as her substitute).</p>
2.	<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>
3.	<p>TO APPROVE THE MINUTES OF THE MEETING ON 7 MARCH 2023 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 7 March 2023 be agreed as a correct record.</p>
4.	<p>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>)</p> <p>It was agreed that Agenda Item 6 be considered in private. It was confirmed that Agenda Items 1-5 and 7-10 would be considered in public and Agenda Items 6, 11 and 12 would be considered in private.</p>
5.	<p>INTEGRATED CARE AND PERFORMANCE REPORT (<i>Agenda Item 5</i>)</p> <p>Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised that the report provided an update on the delivery of the priorities within the Joint Health and Wellbeing Strategy and sought approval for the content of the 2022/23 Better Care Fund (BCF) end of year template. Since the agenda had been published, data had been received in relation to <i>Residential admission to care homes</i> which showed the metric as being on track. Mr Collier proposed to resubmit the template in light of this new information.</p>

It was noted that challenges facing Hillingdon's health and care system included the need to address the underlying system deficit. A place-based financial recovery plan needed to be developed to ensure the best use of resources to address the local health-based financial deficit. The availability of a good quality and sustainable provider market that could meet demand had also been a challenge.

Professor Ian Goodman, North West London Integrated Care Board, advised that GPs had been working hard to offer appropriate services to residents. However, he noted that budget for the work around admission rates for people 65+ years with severe frailty had been curtailed and it would be interesting to see what impact this had.

Mr Keith Spencer, Co-Chairman and Managing Director at Hillingdon Health and Care Partners, advised that he had been privy to additional information which showed that Hillingdon benchmarked well against others in relation to the suite of metrics. Mr Tony Zaman, the Council's Interim Chief Executive, advised that the initiatives that he been put in place had been designed to support the system and transformative in improving services.

RESOLVED: That:

- a) the content of the 2022/23 end of year template, subject to the inclusion of the additional data, be approved; and**
- b) the content of the report be noted.**

6. HEALTH AND CARE STRATEGY FOR NORTH WEST LONDON *(Agenda Item 7)*

Mr Toby Lambert, Director of Strategy and Population Health at North West London Integrated Care Board (NWL ICB), advised that the Health and Care Strategy for NWL had been prepared by NWL Integrated Care Partnership to bring local authorities and the NHS together. The document had been based on the Joint Strategic Needs Assessments (JSNAs) of each of the eight local authorities in NWL and needed to be jointly owned by them and the NHS (who also had to 'have regard' to it).

The report stated that there were some areas of concern in NWL, with some improvement in health status that now appeared to have stalled. These concerns included the measure of Disability-Adjusted Life Years per 100,000 population, an almost record number of people on out of work benefits and the continuation of the cost-of-living crisis. The health and care systems had been struggling to respond to challenges in relation to things like workforce / recruitment, access to mental health care and managing the waiting lists for elective care.

Mr Lambert advised that the document set out a number of shared outcomes which had been worked up with the local authorities' Directors of Public Health. These outcomes had not been an attempt to collate all of the work that was being undertaken in the eight local authority areas but set out a number of example priorities including: a focus on employment; addressing priorities and differentiating the offer to residents; improving access to urgent and emergency care; developing and rolling out integrated neighbourhood teams; and developing core models of care for children and young people.

NHS NWL started the consultation on the Health and Care Strategy for NWL at the end of May 2023 and it would close towards the end of July 2023. Over 400 responses had already been received in relation to the consultation.

Mr Lambert suggested that the Health and Care Strategy for NWL provided an opportunity to liberate funds to support other areas. Appendix A of the report set out a number of actions that NHS NWL would like to embark on.

It was agreed that the Executive Director for Adult Services and Health be asked to put together a formal response to the NWL ICB on its Health and Care Strategy for NWL, in consultation with the Board's Co-Chairmen, the Chairman of Healthwatch Hillingdon and the NHS North West London Borough Director. This response would be based on the comments received from members of the Board at this meeting.

Mr Tony Zaman, the Council's Chief Executive, noted that the document appeared to be full of truisms that everyone was already aware of. At a strategic level, this was fine, but the notion of place being a borough needed to be more visible as it was about achieving the best outcomes for the neighbourhoods. The Strategy provided a very high level view of NWL but did not reflect the view that Hillingdon had achieved best value for money or that a range of actions could be undertaken by different means. It was important that those individuals that were heavy users of services needed to be engaged to try to manage the impact of their needs. It was important that how issues would be addressed was identified but this would be known at a neighbourhood level, not at a NWL level.

Mr Richard Ellis, Joint Lead Borough Director at NWL ICB, recognised the roots of the strategy in the work that had been done in the JSNA and Joint Health and Wellbeing Strategy. He suggested that the Health and Care Strategy for NWL needed to identify how local partners would know when they had achieved the objectives that were set out therein. What were the enablers and the expected outcomes / results?

Hillingdon had been a high achiever because the separate elements of place had been working well together on things like discharge. It would be useful if the ICB devised a graded set of milestones and provided partners with an action plan. It would also be useful to have a set of financial milestones.

Mr Keith Spencer, Co-Chairman and Managing Director of Hillingdon Health and Care Partners, advised that there needed to be a mindset shift amongst partners as it was about how the ICS supported place but also vice versa.

Professor Ian Goodman, NWL ICS, advised that the data and digital aspects of the Strategy needed to be redrafted. The document referred to "all our hospital systems" when it should really be referring to "all systems". With regard to the Strategy's desire to reduce the need for patients to repeat themselves, Professor Goodman advised that this could be very dangerous. Although clinicians would have read a patient's files, it was important that the patient repeated their story as the details might have been recorded incorrectly or there may be information of importance that the patient included on a subsequent explanation that provided a fuller picture. Although Mr Lambert advised that seemingly unnecessary repetition of their story was one of the issues most frequently raised by patients, Professor Goodman stated that there was a need to educate them of the reasoning and importance behind it. Councillor Jane Palmer, Co-Chairman, advised that communication was important. Residents needed to be encouraged and enabled to understand why they were being asked to repeat themselves as well as how the system worked.

Ms Sandra Taylor, the Council's Executive Director of Adult Services and Health, advised that she wanted social care / place to feel part of the Strategy and see where it fitted in. The Strategy currently included blanket priorities but they needed to suit the

place. It needed to be recognised that each borough had its own demands and needs which would direct its priorities and that this should not become a capacity competition.

Ms Lynn Hill, Chair of Healthwatch Hillingdon, felt that the Strategy was trying to be everywhere and everything all at once. The ICB needed to prioritise its priorities and provide a timeframe for the implementation of each.

Mr Lambert noted that the Health and Wellbeing Board was keen to ensure that health literacy / resident empowerment was prioritised and wanted clarity and further information included on how the Strategy was going to support this. He understood partners' feelings on the importance of explaining "why".

In terms of next steps, Mr Lambert would await Hillingdon's formal response and collate the feedback from the Health and Wellbeing Boards in NWL. He would then work with officers (including Ms Taylor) to incorporate comments into the Strategy and a five-year plan would be drafted (a statutory requirement) which set out and prioritised the actions on a year-by-year basis.

RESOLVED: That the Health and Wellbeing Board delegates authority to the Executive Director for Adult Services and Health, in consultation with the Board's Co-Chairmen, the Chairman of Healthwatch Hillingdon and the NHS North West London Borough Director, to formulate and submit a formal response to NWL ICB on its Health and Care Strategy for NWL.

7. **HILLINGDON TOBACCO CONTROL: IMPLEMENTING SMOKEFREE 2030** (*Agenda Item 8*)

Mr Vira Doshi, Public Health Officer at the Council, advised that tobacco smoking remained the leading cause of preventable illness and premature death in England. There had been a renewed commitment from the Government on tobacco control and the report set out a call for action in Hillingdon to refocus and prioritise stop smoking to reduce long term morbidity and smoking related mortality inequalities. Almost 7 million people still smoked in England and smoking was one of the largest drivers of health disparities, disproportionately impacting Hillingdon's most disadvantaged families and communities, cutting up to ten years from a smoker's life.

Tobacco control was an intervention and more than just stopping smoking. In Hillingdon, it was estimated that smoking created a £107.4m cost pressure: £94m impact on productivity; £7.6m in healthcare costs; £3.9m in social care costs; and £1.6m in fires. Dr Javed Khan led an independent evidence-based review assessing the Government's current tobacco control policies and identifying the most impactful interventions for tackling health disparities associated with tobacco use.

Concern was expressed about the increase in the use of disposable vapes which had risen from 7% in 2021 to 52% in 2022. In May 2023, data showed that there had been a 50% increase in the number of children using vapes. To make them less attractive to children, it was suggested that vapes use plain packaging.

In April 2023, the Public Health Minister confirmed that the Government would be closing the loophole that allowed retailers to give free samples of vapes to children and review the rules around the sale of nicotine free vapes to those aged under 18. Action would also be taken to increase education and the number of dedicated school police liaison officers to keep illegal vapes out of schools. Mr Doshi noted that the long-term risks of vapes were not yet known.

A tobacco control strategy had been developed to help reduce the damage that smoking caused to the body, society and the environment. A Tobacco Control Alliance meeting had been held in the previous week which had introduced a collaborative approach to address tobacco control, smoking prevention and cessation. The Alliance's terms of reference also included actions to reduce the availability of shisha which had been an emerging issue (45 minutes of shisha equated to the smoke of more than 100 cigarettes). The feedback from the Alliance meeting had been very useful and would be used to inform the Tobacco Control Plan.

Although Hillingdon already had a stop smoking service, the number of referrals needed to be increased.

It was queried whether the Council had any control in terms of things like licensing responsibilities with regard to premises that sold vaping products. Mr Doshi advised that, although not recognised as a medicinal product to help people to stop smoking, some smokers might speak to staff in vape shops about switching to vapes. Vapes could be freely sold through retailers but did have safety standards.

RESOLVED: That:

1. it be noted that:

- a. **stopping smoking was the one of the most effective modifiable health interventions to reduce disparities in health across populations and had a societal and economic impact;**
- b. **the ASH data tool stated that the adult smokers in Hillingdon generated a cost pressure of £107.1m annually on the economy that equated to a cost pressure of £7.6m on health services, productivity £94m, social care £3.9m and house fires £1.6m; and**
- c. **the evidenced based review led by Dr Javed Khan (published June 2022) identified 4 critical interventions to deliver a Smokefree 2030; a target that fewer than 5% of the population would smoke by that date; and**

2. Health and Wellbeing Board Members, Hillingdon's Health and Care leaders work with Public Health to ensure that stop smoking as a health inequalities intervention is prioritised and agree the Tobacco Control Plan and support implementation.

8. HEALTHY HAYES: WHOLE SYSTEM APPROACH TO OBESITY (Agenda Item 9)

Ms Shikha Sharma, the Council's Consultant in Public Health, advised that obesity remained a significant challenge in Hillingdon with around 15k children in Year 6 and 55k adults being obese and having a BMI of 30 or more. As many children in Reception were already on a trajectory to become obese by Year 6, Central and North West London NHS Foundation Trust (CNWL) had been working with these children to prevent this from happening. Obesity had proven to be the second biggest contributor to poor health (smoking was the biggest contributor). However, the only commissioned weight management programme in the Borough had the capacity to service 200 adults.

An evidence-based approach was needed which required a sustained effort and local resident buy in (residents needed to identify what it was that they needed to help them live a healthy lifestyle). A Healthy Hayes workshop had taken place on 28 March 2023 and attended by various stakeholders and community leaders as involvement was needed from different organisations to reduce the cost of obesity on the system. Action

was needed to provide treatment as well as preventative measures and it was anticipated that there would be an estimated £35m reduction in health and social care costs for every four percentage points.

Action was needed to address the inequalities and environmental pressures and impacts and, to this end, a six-phase whole system approach to obesity had been adopted: set up; building the local picture; mapping the local system; actions; managing the system network; and reflect and refresh. A logic model would be developed with stakeholders as part of the work during phases 3 and 4.

Hayes had been chosen as a priority area in the Borough as the environment did not support a healthy lifestyle. It was important that the healthy choice became an easy choice and the facilitation of this change would need support and investment. Action was also being taken to create five School Superzones and effort was being made to work with the local community to create a healthier environment by reducing the choice of unhealthy and cheap food in the vicinity of schools.

Ms Sharma advised that officers were currently working up a vision of acceptable changes in the Hayes area but they needed stakeholders to buy in and take ownership of the issue.

Professor Ian Goodman, North West London Integrated Care System (NWL ICS), recognised that this was a challenging issue and suggested that information needed to be passed to parents by health visitors during their antenatal appointments to get them thinking about weight management at an early stage. Ms Sharma advised that the CNWL 0-19 team had attended the Healthy Hayes workshop and the Family Hub work had also included early years but it would be useful to work with maternity services too.

Councillor Jane Palmer, Co-Chairman of the Health and Wellbeing Board, advised that communication continued to be an important factor. She had attended the Healthy Hayes workshop where a lot of initiatives were talked about which people appeared to be unaware of. There was still a lot of work that needed to be undertaken to encourage people to choose the healthy option.

Mr Keith Spencer, Co-Chairman of the Health and Wellbeing Board and Managing Director of Hillingdon Health and Care Partners (HHCP), advised that clarity was needed on what the key next steps would be, what the drivers were, what would make the biggest impact. It would be important to be clear about what was being asked for and from whom. Along with hypertension and anxiety / depression, obesity was one of the three health and wellbeing priorities in the Borough so it had the support of the Health and Wellbeing Board. However, partners needed to know investment was needed and what the impact of that investment would be.

RESOLVED: That:

1. it be noted that:

- a) obesity remained a significant challenge for Hillingdon with around a quarter of Hillingdon's adults and over a quarter of children in year 6 (25.6%) estimated as having BMI \geq 30 (obese). Food-related ill health, including high BMI, was second only to smoking as a contributor to poor health outcomes in the UK;**
- b) England's Whole Systems Approach (PHE, 2019) recognised that complex issues like obesity required sustained and systemic action and buy in from systems leaders which was essential to support**

	<p>implementation; and</p> <p>c) social care and NHS costs related to obesity were estimated at £58bn (3% of GDP); and were going to increase as the adult population with obesity and severe obesity increased and aged. Effectively preventing and treating obesity would tackle health inequalities and had the potential to significantly improve quality of life and wellbeing, in addition to reducing health and social care costs (estimated at £35m for every 4 percentage points) (Frontier Economics, 2022); and</p> <p>2. subject to clarity being provided on the investment needed and the impact of that investment, Health and Wellbeing Board members, Hillingdon's health and care leaders consider investment into weight management lifestyle services and children's oral health to reduce food and obesity related inequalities and reduce obesity related health and social care costs.</p>
9.	<p>BOARD PLANNER & FUTURE AGENDA ITEMS (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the 2023/2024 Board Planner.</p> <p>RESOLVED: That the 2023/2024 Board Planner be agreed.</p>
10.	<p>TO APPROVE PART II MINUTES OF THE MEETING ON 7 MARCH 2023 (<i>Agenda Item 11</i>)</p> <p>It was agreed that system finances needed to be discussed at the Health and Wellbeing Board meeting on 12 September 2023. Mr Keith Spencer, Co-Chairman of the Health and Wellbeing Board and Managing Director of Hillingdon Health and Care Partners (HHCP), would liaise with the North West London Integrated Care Board (NWL ICB) to invite their Chief Finance Officer to attend. Mr Tony Zaman, the Council's Interim Chief Executive, would liaise with the Councils' Section 151 Officer, along with other officers, to ask them to also attend.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> 1. Mr Keith Spencer invite the NWL ICB CFO to attend the Board meeting on 12 September 2023; 2. Mr Tony Zaman invite the Council's Section 151 Officer to attend the Board meeting on 12 September 2023; and 3. the Part II minutes of the meeting held on 7 March 2023 be agreed as a correct record.
11.	<p>2023/25 BCF PLAN (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the 2023/25 Better Care Fund Plan.</p> <p>RESOLVED: That:</p> <ol style="list-style-type: none"> a) Mr Tony Zaman contact Mr Rob Hurd; b) Mr Keith Spencer contact Mr Steve Bloomer; c) authority to approve the final plan be delegated to the Executive Director for Adult Services and Health in consultation with the Board Co-chairmen, the NHS North West London Borough Director and Healthwatch Hillingdon Chairman; and d) authority to amend the draft plan in response to feedback as part of the assurance process be delegated to the Executive Director for Adult Services

	and Health in consultation with the Board Co-chairmen, the NHS North West London Borough Director and Healthwatch Hillingdon Chairman.
12.	<p>UPDATE ON CURRENT AND EMERGING ISSUES AND ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS TO BE URGENT (<i>Agenda Item 12</i>)</p> <p>Consideration was given to the impact of strikes on Hillingdon Hospital and Harefield Hospital.</p> <p>RESOLVED: That the discussion be noted.</p>
	The meeting, which commenced at 2.30 pm, closed at 5.05 pm.

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

2022/23 INTEGRATED HEALTH AND CARE PERFORMANCE REPORT

Relevant Board Member(s)	Councillor Jane Palmer Keith Spencer
Organisation	London Borough of Hillingdon Hillingdon Health and Care Partners
Report author	Gary Collier – Adult Social Care and Health Directorate, LBH Mel Foody – Integration and Delivery, NWL ICB
Papers with report	None

HEADLINE INFORMATION

Summary.	This report provides an update on the delivery of the transformation workstreams established to deliver the priorities within the Joint Health and Wellbeing Strategy. This includes progress with the delivery of the 2023/25 Better Care Fund Plan.
Contribution to plans and strategies.	The Joint Health and Wellbeing Strategy and Better Care Fund reflect statutory obligations under the Health and Social Care Act, 2012.
Financial Cost.	The value for the BCF for 2023/24 is £96,534,618 made up of Council contribution of £66,875,873 and an ICB contribution of £29,658,745. The provisional value for 2024/25 is £98,520,040, which comprises of £67,566,876 for the Council and £30,953,164 for the ICB.
Ward(s) affected.	All

RECOMMENDATION

That the Health and Wellbeing Board notes and comments on the content of the report.

INFORMATION

Strategic Context

1. This report provides the Board with an update on delivery of the priorities within the Joint Health and Wellbeing Strategy for the April to June 2023 period (referred to as the '*review period*'), unless otherwise stated.
2. This report is structured as follows:
 - A. Key Issues for the Board's consideration.
 - B. Workstream highlights and key performance indicator updates.
3. Reference in this report to HHCP means Hillingdon Health and Care Partners, this is an

alliance of local (mainly NHS) organisations that includes The Confederation of Hillingdon-based GP practices, the Central and North West London NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust and H4All. HHCP's main objective is to improve the health and wellbeing of Hillingdon's residents and their experience of care through improved coordination and integration of services and earlier intervention to prevent crises. The Council is closely aligned with HHCP.

A. Key Issues for the Board's Consideration

2023/25 Better Care Fund Plan Submission

4. The Board is reminded that a decision by the North West London Integrated Care Board (ICB) to undertake a preliminary review of BCF schemes across the eight boroughs meant that it was not possible to comply with the national submission deadline of 28 June 2023. The intention behind the ICB review was to establish a greater understanding of schemes across the eight boroughs, of which there was great variation. Non-compliance with the national submission deadline resulted in all eight boroughs going into escalation.

5. Hillingdon's plan was submitted on 18 July 2023, thereby enabling us to come out of escalation. A resubmission was required following a query from the Better Care Support Team and this took place on 9 August 2023 and thereby enabled Hillingdon to avoid going back into escalation. The plan was formally approved on behalf of the Board under delegated arrangements approved at the June 2023 meeting on 31 August 2023 thereby ensuring compliance with a national BCF condition.

6. The key aspects of Hillingdon's BCF submission can be accessed via the Council's website via this link [Better Care Fund - Hillingdon Council](#) . This includes the following documents covering the 2023 to 2025 period of the BCF plan:

- Narrative Plan
- Income and Expenditure Breakdown
- Intermediate Care Demand and Capacity Template
- Discharge Fund Spending Plan

7. The Board is advised that, as in previous years, NHS England's Better Care Support Team made available an offer to review BCF plans prior to submission to ensure that the key lines of enquiry in the planning requirements were addressed. Officers took advantage of this opportunity and feedback was reflected in the narrative plan document referred to above.

HHCP Service and BCF Scheme Review

8. The following summarise the parameters of the intended review of schemes being undertaken by ICB for 2024/25:

- The BCF will include sufficient schemes that meet the minimum requirement and that the aim of the review is not to destabilise services for the Council or the ICB.
- Minimum NHS commissioned out of hospital and minimum adult social care spend from the ICB contributions will continue to be met.
- Only schemes that are in-line with the revised BCF guidance and NHS NWL ICS priorities will be included.
- Only schemes that are supported by activity data than can be monitored and reviewed in year will be included.
- A consistent approach will be taken across the North West London sector (NWL) in terms of

what and what is not included within the BCF.

- If schemes do not meet the revised guidance or priorities and cannot continue an appropriate notice period will be given, e.g., 6 months.

9. A review of HHCP services is being undertaken that will encompass BCF schemes as there is much cross over. This is intended to support the NWL review and the outcome of the process will be reported to the Board’s meeting in December 2023.

B. Workstream Highlights and Key Performance Indicator Updates

10. **Appendix 1** summarises for the Board some of the key challenges facing Hillingdon’s health and care system now and into the future as well as the approaches to addressing these. These were subject to discussion at the Board’s meeting in June 2023. Table 1 below is intended to remind the Board of the alignment between BCF schemes and transformation workstreams.

Table 1: Alignment of BCF Schemes and Transformation Workstreams	
BCF Scheme	Transformation Workstream
Scheme 1: Neighbourhood development.	Workstream 1: Integrated Neighbourhood Working.
Scheme 2: Supporting carers.	Enabler
Scheme 3: Reactive care	Workstream 2: Reactive Care
	Workstream 3: Planned Care
Scheme 4: Improved market management and development.	Enabler
	Workstream 4: Children and Young People
Scheme 5: Integrated support for people with learning disabilities and/or autistic people.	Workstream 5: Care and support for adults with mental health challenges and/or people with learning disabilities and/or autism.

11. This section provides the Board with progress updates for the five workstreams, where there have been developments. The successful and sustainable delivery of the five workstreams is dependent on five enabling workstreams and this report provides updates where appropriate. The five enabling workstreams are:

1. Supporting Carers.
2. Care Market Management and Development.
3. Digital, including Business Intelligence
4. Workforce Development
5. Estates

Transformation Workstreams

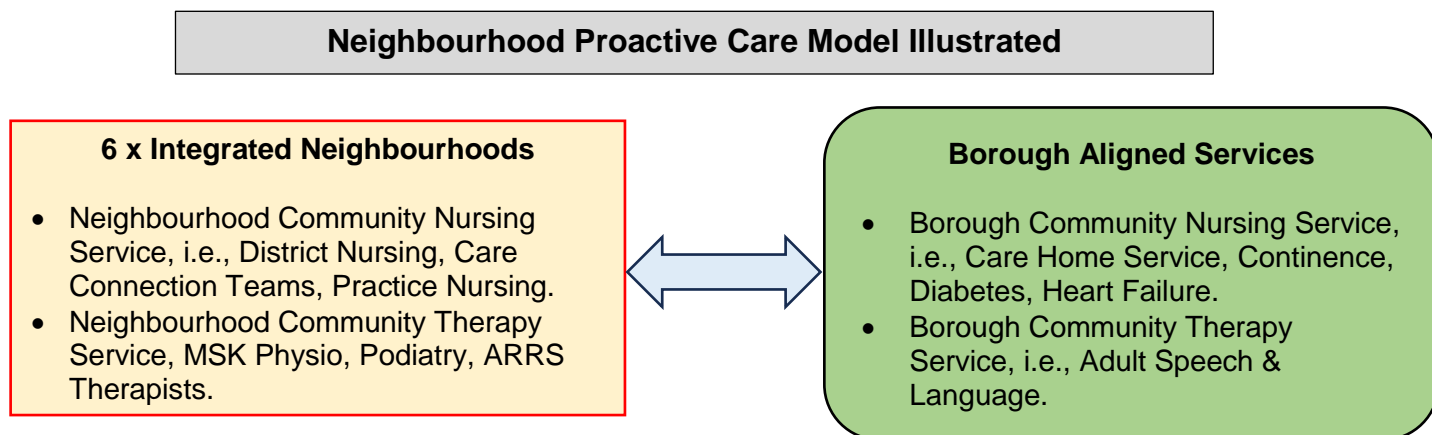
Workstream 1: Integrated Neighbourhood Working.

Workstream Highlights

12. **Implementation of leadership and governance arrangements for the six Integrated Neighbourhood Teams:** A new governance structure for the Integrated Neighbourhood Teams has been discussed with Primary Care Network (PCN) clinical directors and will be considered by the HHCP Delivery Board in September. If agreed this will require consultation with staff prior

to implementation.

13. Development of Proactive Care Model: The diagram below outlines the future proactive care model, which will integrate community nursing and therapy services at the heart of the neighbourhood structure. These will be interlinked with community health services provided at a borough wide level.



Key: ARRS - Additional Roles Reimbursement Scheme; MSK – Musculoskeletal

Additional Roles Reimbursement Scheme (ARRS) Explained

ARRS was introduced in England in 2019 with the aim of the scheme was to support the recruitment of 26,000 additional staff into general practice through the provision of additional funding. The range of additional roles covered by the scheme includes:

- Care co-ordinators.
- Clinical pharmacists.
- Social prescribing link workers.
- Pharmacy technicians.
- Dieticians.
- First-contact physiotherapists.
- Health and wellbeing coaches.
- Mental health practitioners.
- Nursing associates and trainee nursing associates
- Occupational therapists.
- Paramedics.
- Physician associates.
- Podiatrists.

There are 30 ARRS roles in PCNs in Hillingdon.

14. Integrated Neighbourhood Frailty Pilot: Frailty is a condition mainly associated with old age and is a major contributor to falls in the 65 and over population. As part of a more proactive approach to preventative care, a pilot is being established between Neighbourhood Teams, the Council and up to 181 residents in four of the borough's sheltered housing schemes. The aim of the pilot is to support residents to '*age well*' and continue to live in their own home by preventing or delaying the onset of severe frailty. Another key intended outcome is cost avoidance for the health and care system. The components of the pilot, which will start in the autumn, include:

- Systematically embedding the use of the Frailty Index scoring across the health and care system.
- Creating a multi-disciplinary team (MDT) offer for residents living in the four sheltered housing schemes in order to provide oversight whilst upskilling health and care staff.
- Delivering a series of retirement workshops, open to all Hillingdon residents aged 65 and above to provide them with help and resources to minimise their risk of frailty in future.

15. **Aligning Community Social Care to Neighbourhoods:** Updated Adult Social Care contacts have now been provided to Neighbourhood Teams.

16. **Same Day Urgent Primary Care Hubs:** The target is to open two hubs during 2023/24. The first opened during the review period at Mead House in Hayes. The second is on target to open in the autumn.

Same Day Urgent Primary Care Hub Explained

These are intended to provide same day urgent care for people with non-complex needs that includes community diagnostics, i.e., phlebotomy (collecting blood for testing), x-ray, electrocardiogram (ECG) to test heart rhythm and swabs. The intention of the hubs is to divert avoidable activity from A & E and the Urgent Treatment Centre .

Key Performance Indicator Updates

17. The following is an update on workstream 1 indicators where data is available:

- **Avoidable admissions:** **Slippage (Amber)** - This BCF metric is intended to measure a reduction in adults admitted to hospital for ambulatory care sensitive conditions (ACSC). The conditions within the scope of this metric include acute bronchitis, angina, heart disease, heart failure, dementia, emphysema, epilepsy, high blood pressure, diabetes, chronic obstructive pulmonary disease (COPD) and fluid on the lungs (pulmonary oedema). In Q1 there were 671 admissions for ACSC against a ceiling of 638.

Commentary: *The Board will note that performance was only slightly above the ceiling for the review period. It is important to also make the Board aware that Population Health Management (PHM) initiatives intended to address some of the conditions referred to above are in their early stages of implementation and will take time to impact on metrics.*

- **Falls-related emergency admissions 65 + population:** **On track (Green)** – The 2023/24 ceiling of falls-related admissions is based on a standardised rate per 100,000 of the 65 and over population and the Q1 outturn data suggests, on a straight line projection, that the 2023/24 performance will be below the planned ceiling of 865 admissions. However, this is caveated by emphasising that it is only based on one quarter's data.

Workstream 2: Reactive Care

Workstream Highlights

18. **End of Life Coordination Hub:** The Coordination Hub is a key component of the new operating model for end of life care and is intended to initiate care planning and coordinated holistic care for new referrals and provide a point of contact for the GPs and other community health and care partners as well as care homes. A pilot started in May and was supporting 8 people by the end of June.

19. **Implementation of an Integrated Active Recovery Service:** Establishing this service entails integration of therapy services and wrapping services around the Integrated Neighbourhoods, closer alignment between Community Rehabilitation Services and Reablement and maximising the Homefirst/Discharge to Assess programme to reduce length of

stay. The intention is to expedite the rate of discharge on pathways 1 to 3 of the Homefirst/Discharge to Assess pathways explained below.

Homefirst/Discharge to Assess Pathways Explained

- **Pathway 0:** 80% of hospital discharges – simple discharge, no formal input from health or social care needed once home.
- **Pathway 1:** 15% of hospital discharges – support to recover at home; able to return home with support from health and/or social care.
- **Pathway 2:** 4% of hospital discharges – rehabilitation or short-term care in a 24-hour bed-based setting.
- **Pathway 3:** 1% of hospital discharges – require ongoing 24-hour nursing care in a bedded setting. Long-term care is likely to be required for these people.

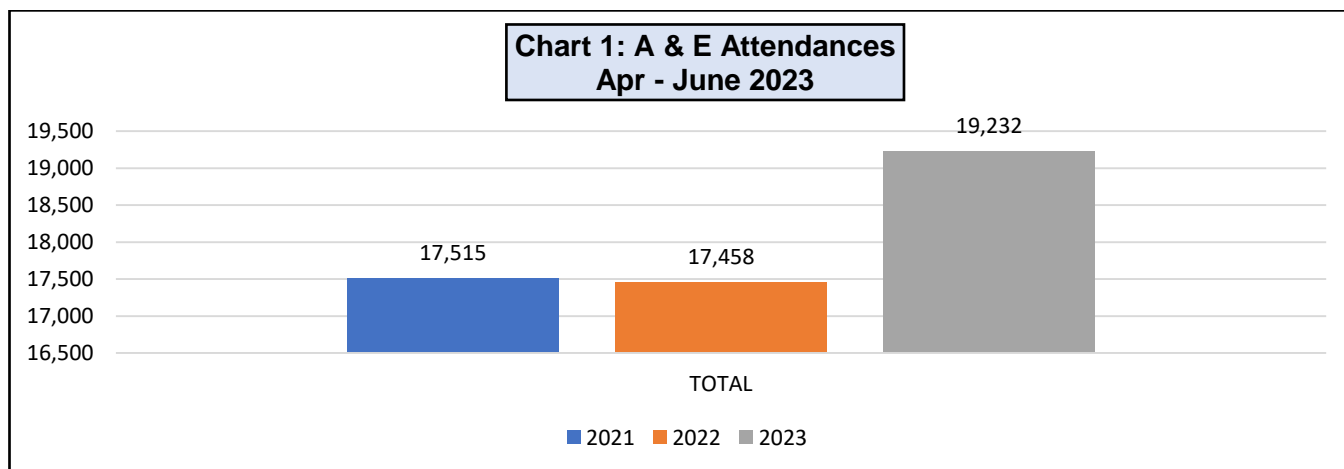
20. **Winter Planning:** The planning process for an increase in demand over the winter period is in progress. Actions being taken include procurement of an additional 5-bed nursing dementia block contract.

21. The Board may wish to note that the Government has established a new grant called the Workforce Fund, the aim of which is primarily to increase the adult social care workforce capacity and retention and reduce adult social care waiting times during the period to 31st March 2024. Hillingdon’s allocation is £1.5m, which has to be spent by 31st March 2024 and a spending plan is under development.

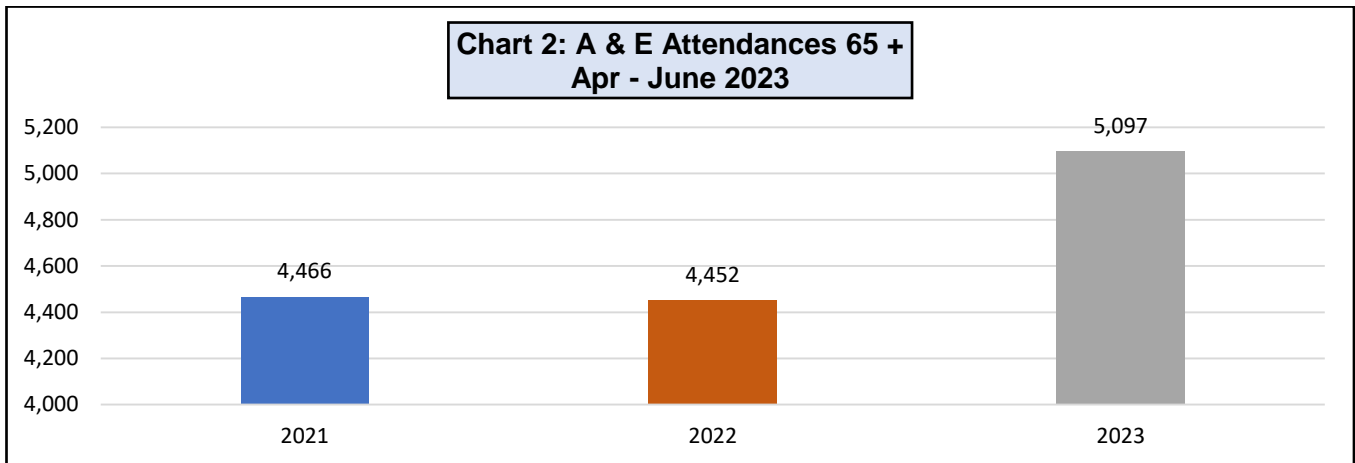
Key Performance Indicator Updates

22. The following is an update on workstream 2 indicators where data is available:

- **A & E Attendances:** *Slippage (Amber)* - Charts 1 and 2 below show a nearly 9% increase in attendances from all age groups during the review period compared to the same period in 2022 and a nearly 13% increase in the number of people aged 65 and over.

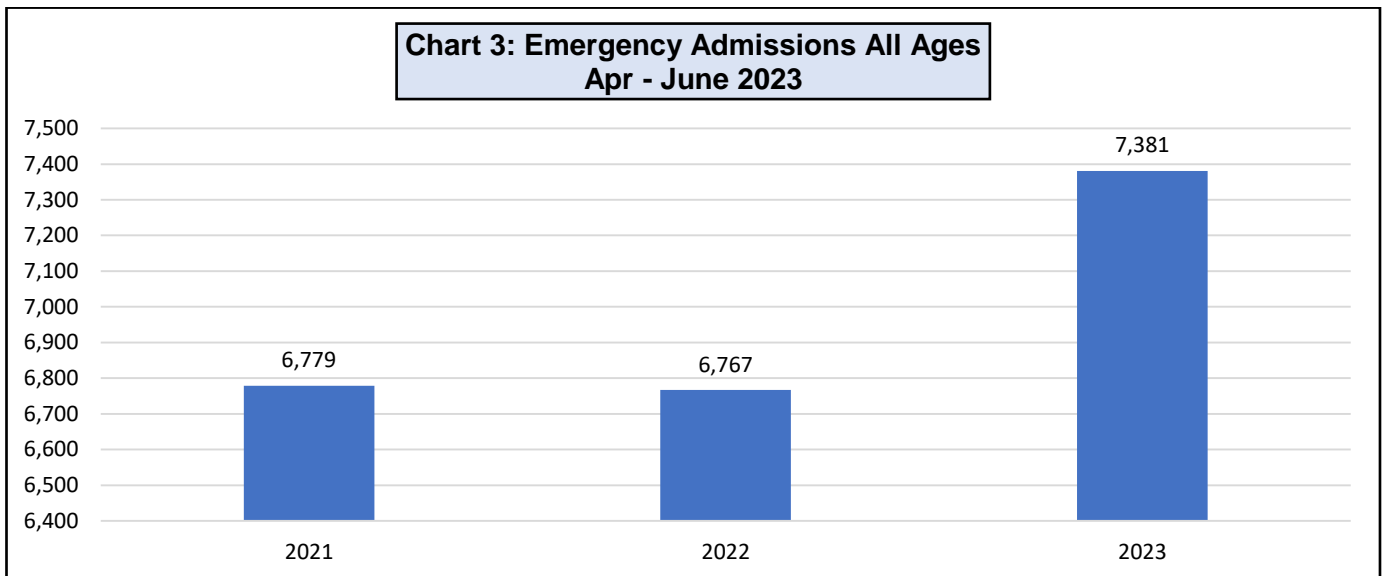


Source: BI Data 23/08/23

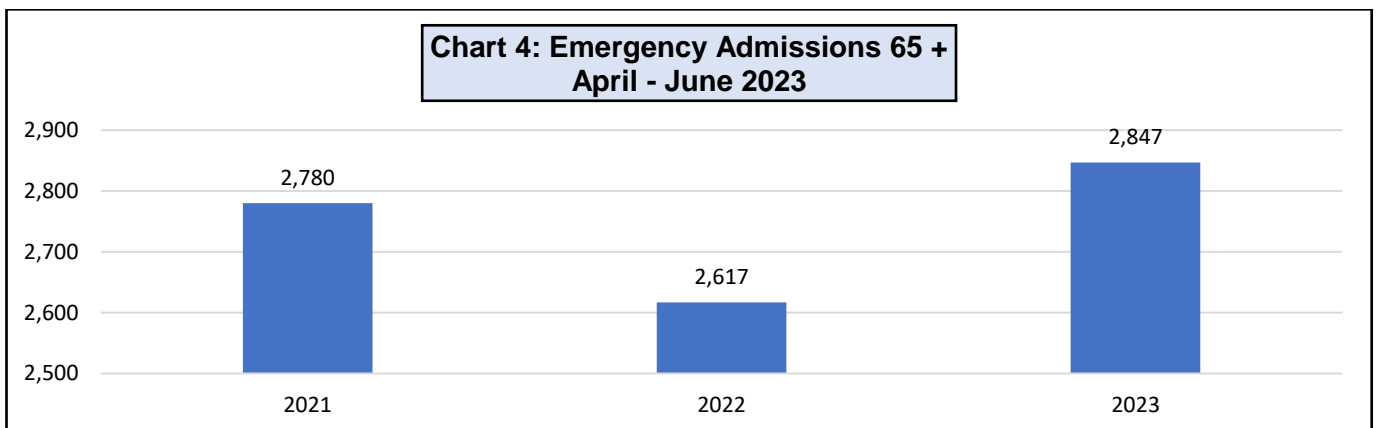


Source: BI Data 23/08/23

- Emergency Admissions: Slippage (Amber)** – Charts 3 and 4 below show a near 8% increase in emergency admissions of people of all ages during the review period compared to the same period in 2022 and an equivalent increase for people aged 65 and over.



Source: BI Data 23/08/23



Source: BI Data 23/08/23

Commentary: Activity in 2022/23 was down approximately 3% on 2019/20, i.e., pre-pandemic, and increases 2023/24 probably reflect some readjustment. The Board may wish

to note that rises in all health-related activity are being seen, including attendances at GP practices. The latter is being followed up by regular visits by the ICB local team to practices to review their patient caseloads.

- **% of patients attending A & E seen within 4 hours:** During the review period an average of 72.9% of people attending A & E were seen within 4 hours for all types of activity, i.e., major and minor illnesses and injuries. This performance was achieved against a Hospital target of 76%. There have been significant 4 hour waiting time target improvements in 2023 for type 1 attendances, i.e., major injuries and illnesses. This was 36.7% in February 2023 and increased to 44% in March with a year to date (to August) rate of 47% being achieved.
- **Discharge to usual place of residence:** **On track (Green)** - This BCF metric measures the percentage of people discharged from an acute hospital to their normal place of residence, which will usually be the place where they were residing at the time of admission. The Q1 actual was 92.18% against a target of 92.8%.
- **Hillingdon Hospital bed occupancy:** **Slippage (Amber)** - Despite the increases in emergency admissions, flow has broadly been maintained due to reductions in average length of stay and discharge delays. Bed occupancy targets have been set aligned to assumptions about the bed capacity of the new hospital. The target average for 2023/24 is 92%. The average in 2022/23 was 93%. The average bed occupancy rate during the review period was 91%, which is lower than in the same period in 2022 and 2021; however, this is amber as the target for the review period is 85%.
- **Length of stay:** **On track (Green)** - Table 2 below shows the average length of stay in Hillingdon Hospital by discharge pathway in 2022/23. In 2022/23 there was an average delay across all pathways of 2.8 days. The intention in 2023/24 is to reduce the average delay figure across all pathways to 1.8 days by the end of June 2023, which was achieved, and 1.3 days by the end of September. This would move Hillingdon towards a trajectory aligned to capacity assumptions for the new hospital. It would also assist in bringing the health and care system into financial balance. The average delay figure for July 2023 was also 1.8 days. The figure for August is not available.

Table 2: Hillingdon Hospital Average Length of Stay 2022/23 by Discharge Pathway		
Discharge Pathway	Full Year Admissions	Average Length of Stay (Bed Days)
Pathway 0	11,464	6.8
Pathway 1	1,781	15.1
Pathway 2	273	19.2
Pathway 3	661	23
Unknown	70	11

Commentary: The Hospital opened 48 extra beds over the 2022/23 winter period and still have 20 open. The average length of stay is reducing and pathway delays in some but not all areas are improving. Pathway 3 delays in particular (discharges to long term care) remain stubbornly high due to a range of factors including high occupancy rates in the local care home market of between 95 and 97% and a reluctance by some providers to accept

placements of people with more complex needs. Additional capacity has been directed into this area to seek to remedy this.

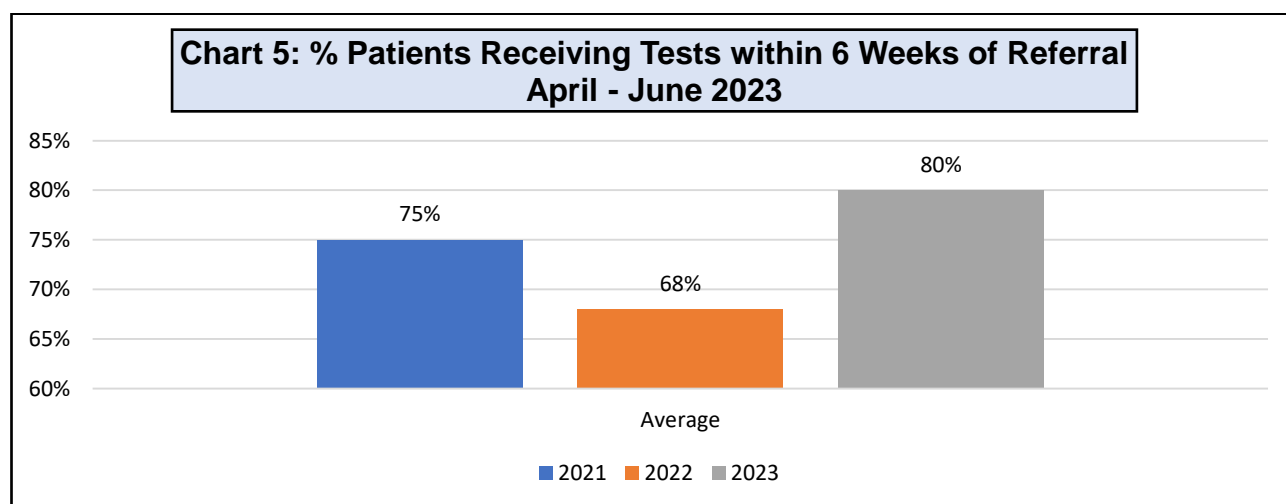
Workstream 3: Planned Care

Workstream Highlights

23. **MSK and dermatology procurements:** Procurement exercises have been undertaken by the ICB resulting in a new MSK contract for Hillingdon starting from 1 April 2024. A new contract for a dermatology service covering Brent, Harrow, Hillingdon and Hounslow will also be starting on 1 April 2024. An aim of the new services is to address waiting times.

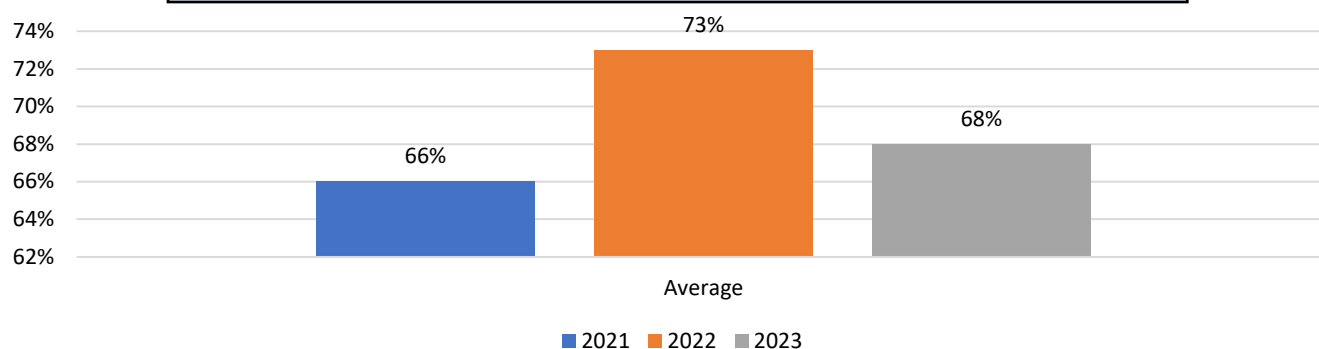
Key Performance Indicator Updates

- **Patients waiting 52 weeks or more for surgery:** As of 31st August 2023, there were 1,152 people waiting 52 weeks or more for surgery. This represents a small increase since April 2023 but a reduction of 184 since August 2022.
- **% Patients Receiving Tests within 6 weeks of Referral:** **Improvement (Green)** – Chart 5 shows that performance has improved during the review period in comparison to the same period in 2022/23. This is against a national target of 95%.



- **% Urgent Cancer Referrals Receiving Diagnosis within 28 Days:** **Slippage (Amber)** – The national annual target is 75% and chart 6 below shows that performance for the review period is down on the same period in 2022 but an improvement on the 2021 position. Workforce issues.

**Chart 6: % Urgent Cancer Referrals Receiving Diagnosis within 28 Days
April - June 2023**



Workstream 4: Children and Young People

Workstream Highlights

24. ASD waiting well initiative: A pilot to test the right model of needs led support within NWL to offer children and young people (CYP) and families whilst they wait for an autism assessment that started in July 23 to March 24. A joint business case between Hillingdon and Brent local ICB teams will be submitted to the ICB to continue funding for support from April 2024, e.g., Doodle Den, Arts for Life and HACS.

25. Mental Health and emotional wellbeing resilience: Two-year PHM funding has been allocated to support the mental health and emotional wellbeing (EWB) of CYP. This will be achieved by offering early, targeted and person-centred support to increase the number of CYP accessing support and reduce waiting times. A particular issue has been identified concerning addressing the needs of young people from Black, Asian and Minority Ethnic (BAME) groups and/or who those who identify as LGBTG+.

26. Hillingdon Mind, P3 and HACS have put forward a joint proposal to establish a CYP voluntary sector consortium to support delivery. Support is being provided by the ICB and Healthwatch to take this forward.

27. CYP dental: The Whittington Health NHS Trust has continued to support the Supervised Brushing programme (aka Aggie's Sparkle & Shine Tooth brushing Club) and the roll out has reached reaching 12 schools and Early Years in Hillingdon with a focus on areas of the greatest need.

28. Virtual Multi-disciplinary teams (MDTs): Monthly virtual MDTs are in place that alternate between PCNs in the north and south of the borough. A mechanism for capturing and sharing the learning from the case studies presented is under development.

29. It has been agreed across NWL to establish Child Health Hubs and discussions are in progress regarding potential alignment of these with the Family Hubs.

Child Health Hubs Explained

The hubs brings all health professionals involved in a child's care together in a multi-disciplinary team, including:

- GPs
- Consultants
- Health visitors
- Children and adolescent mental health (CAMHs)
- Early years teams
- School nurses
- Paediatric dietitians
- GP/paediatric trainees

30.16 – 25 transition: Improved transition pathways have been achieved between CYP and Adult services at Hillingdon Hospital and this can be demonstrated by a reduction in missed first appointments at the Adult Neurology Service. The Board may also wish to note that CNWL has successfully recruited to the transition nurse post for Looked After Children and complex young people.

Workstream 5: Care and support for adults with mental health challenges and/or people with learning disabilities and/or autism.

Workstream Highlights

31. Hillingdon Cove Café: The café is a drop-in service where Hillingdon residents can go if they are experiencing a mental health crisis. Following a procurement process Hestia has been awarded a contract to continue to provide this service and the new contract started in April 2023. The service has now moved to new premises in Ruislip and share a site with the crisis recovery house. It became operational from the new premises in July.

Enabling Workstreams

Enabler 1: Supporting Carers

32. The Council is the lead for this enabling workstream, which seeks to support carers of all ages to continue in their caring role for as long as they are willing and able to do so.

Workstream Highlights

33. Draft 2023 – 2028 Joint Carers Strategy: A draft new strategy has been developed and is now subject to consultation.

Enabler 2: Improved market management and development

34. The Council is also the lead organisation for this enabling workstream, the primary objectives of which are to support the sustainability of the market and also to integrate

commissioning arrangements where this will produce better outcomes for residents and the local health and care system.

Workstream Highlights

35. **Short-term nursing block contract:** The Council will be leading on a procurement exercise in the autumn to secure block contracts for 15 nursing care home beds to support pathway 3 discharges from hospital. Funding for this provision is included within the BCF. There is an existing interim block in place for 10 beds until 31st March 2024 and, as stated in paragraph 20, discussions are in progress with local providers to secure an additional block contract for 5 nursing care home beds until the end of 2023/24.

Enabler 3: Digital, including Business Intelligence

36. HHCP leads on this workstream.

Workstream Highlights

37. **Shared care plan:** An HHCP digital working group has been established to oversee the transition to a single shared care plan across health partners. Work involved includes a review of electronic patient record/care plan solutions and evaluating the shared care record data needed to support the proposed new ways of working.

Enabler 4: Workforce

38. The ICB leads on the health aspects of this workstream.

Workstream Highlights

39. **Primary Care Workforce Plan:** A primary care workforce plan is in draft, and due to be discussed by the HHCP Delivery Board by the end of September. Its recommendations include: the approval of the HHCP Passport that will enable qualified clinical staff to work across local organisations; the full recruitment to all Additional Roles in Primary Care by end December 2023; improved workforce development for the Integrated Neighbourhood Teams, and detailed mapping of our current team vacancies to improve recruitment and retention rates, particularly for roles identified as critical, e.g., GPs, podiatrists, and pharmacists.

40. **Adult Social Care Workforce Strategy:** A strategy intended to ensure the availability of a sufficient number of suitably qualified social work staff to meet the changing needs of Hillingdon's residents, including demographic changes, now and in the future is under development. This will also set out how we will build on our existing partnership arrangements across the private, voluntary and independent sectors to broaden its scope to cover the adult social care workforce across the borough.

Enabler 5: Estates

41. The ICB leads on the health aspects of this workstream.

Workstream Highlights

42. **Primary Care Estates Strategy:** The ICB (Estates Team and borough-based team) are

working with the Council to develop a strategy for up to five years. The ‘*One Public Estate*’ approach is being applied, i.e., identifying how surplus property owned by local statutory organisations, e.g., the Council, the ICB, CNWL, can be repurposed to meet locally agreed priorities. The new strategy will show the schemes currently in development, e.g., Northwood & Pinner Health Centre, and how accommodation demands for the new ARRS roles (see paragraph 13) will be met. It will also identify proposed opportunities for developments with a number of local GP practices. Capital and revenue implications, including optimal use of s106 and CIL monies, will be fully explored with the Council and the ICB.

43. Delivery of the Same Day Urgent Primary Care Hubs referred to in paragraph 16 are examples of the positive outcomes from collaborative working on the development of the estates strategy. Two hubs will be delivered in 2023/24 and the third in 2024/25.

Terms Explained

s106 – The refers to agreement under section 106 of the Town and Country Planning Act, 1990 between a developer and the Council to make a development acceptable in Planning terms. These agreements can be used to support the provision of services and infrastructure, such as highways, recreational facilities, education, health, and affordable housing.

CIL – This is the Community Infrastructure Levy, which is a charge that is levied by the Council on new developments in the borough.

Finance

44. Tables 3 and 4 below show the split of the 2023/25 BCF allocations. It should be noted that figures for 2024/25 are provisional, for example, ICB additional contribution and discharge allocations are not expected to be confirmed until the autumn following the outcome of the review of BCF schemes mentioned previously in this report.

Table 3: Financial Contributions by Organisation 2023/24 and 204/25 Compared		
Organisation	2023/24	2024/25
NHS	29,658,745	30,953,164
LBH	66,875,873	67,566,876
TOTAL	96,534,618	98,520,040

Table 4: Financial Contributions by Funding Stream 2023/24 and 2024/25 Compared		
FUNDING SOURCE	FUNDING	
	2023/24	2024/25
Minimum NHS Contribution	22,869,590	24,164,009
Additional NHS Contribution	5,524,379	5,524,379*
ICB Discharge Fund	1,264,776	1,264,776*
NHS TOTAL	29,658,745	30,953,164
Minimum LBH Contribution	12,578,861	12,578,861
Additional LBH Contribution	53,250,038	53,250,038
LBH Discharge Fund	1,046,974	1,737,977
LBH TOTAL	66,875,873	67,566,876
TOTAL BCF VALUE	96,534,618	98,520,040

*Provisional, please see para 44 above.

45. Table 5 below summarises the Council and NHS contributions for the period of the 2023 to 2025 plan by scheme.

Table 5: ICB and LBH Financial Contribution by Scheme Summary							
Scheme		2023/24			2024/25		
		LBH (£,000)	NHS (£,000)	TOTAL (£,000)	LBH (£,000)	NHS (£,000)	TOTAL (£,000)
1.	Neighbourhood development	3,052	3,025	6,077	3,052	3,084	6,136
2.	Supporting carers	690	471	1,161	690	475	1,165
3.	Reactive care	5,489	19,990	25,479	6,180	20,964	27,144
4.	Improving care market management and development.	26,232	5,083	31,315	26,272	5,287	31,559
5.	Integrated care and support for people with learning disabilities and/or autistic people.	31,412	993	32,405	31,372	1,044	32,416
	Programme Management	0	97	97	0	100	100
	TOTAL	66,875	29,659	96,534	67,566	30,954	98,520

46. The additional voluntary contribution from the Council reflects existing budgets for the long-term residential and nursing care home provision for people aged 65 and above and also long-term homecare provision. It does not represent an additional cost pressure to the local authority.

BACKGROUND PAPERS

Joint Health and Wellbeing Strategy, 2022 – 2025

Hillingdon Health and Care System Challenges and Solutions

Challenges 2023/24 and Beyond

- **Managing Population Health and its associated demand:** 6% of Hillingdon's population who have multiple conditions or are at the end of their life account for 65% of all Hillingdon GP appointments; 66% of all emergency admissions; 74% of all acute occupied bed days; 70% of all Adult Social Care resource and have average lengths of stay of twice as long as other population groups.
- **Tackling inequality and deprivation:** 87% of the Hillingdon's population with more than one long term condition are from the White and Asian or Asian British ethnic groups. The most prevalent long term conditions in Hillingdon are hypertension, anxiety and depression and obesity.
- **Underlying health and care system deficit:** As discussed at the Board's March meeting, addressing the underlying causes of the system deficit is critical to securing delegation of health budgets to place.
- **New Hillingdon Hospital business case activity assumptions:** The business case is predicated on the new hospital delivering a different level of capacity to what is currently in place. This is itself predicated on the implementation of new models of care that will manage demand.
- **Health and care workforce challenges:** Age of current workforce, e.g., 16% of GP's, 30% of practice nurses are over 60; nearly 30% of Adult Social Care workforce aged 55 and above, and competition for limited pool of staff in some professions.
- **Fragility of the independent sector care market:** This is linked to workforce issues, increased costs of doing business and implementation of fair cost of care.
- **Constraints of the acute and primary care estates:** Age and design of existing buildings that are no longer fit for purpose to meet the current and future health and care needs of residents and/or located in the wrong place and impact on delivery of new models of care.

Addressing the Challenges

- **Developing and implementing the new integrated care models** required to address growing service demand, deliver better services, tackle the place based deficit, and deliver the activity shifts required for the new hospital development programme.
- **Embedding population health management** and addressing our areas of inequality.
- **Developing a place-based financial recovery plan** to ensure best use of resources to address the local health-based financial deficit.
- **Making change happen on the ground** through:
 - ***Integrated Neighbourhood Team development*** building from a population health approach to tackle health inequalities.
 - **Reactive care service development** that will result in a new 24/7 place-based out of hospital reactive care delivery model for those with complex needs, including people with multi long-term conditions and also moving Hillingdon from good to great in respect of hospital discharges.
 - **Implementing an integrated end of life service model** that joins up services to care for people at the end of their life in their preferred care setting.

HILLINGDON SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2022-2023

Relevant Board Member(s)	Councillor Jane Palmer Councillor Susan O'Brien
Organisation	London Borough of Hillingdon
Report author	Suzi Gladish, London Borough of Hillingdon
Papers with report	Appendix A - Hillingdon Safeguarding Partnership Annual Report 2022-2023 Appendix B - Children and Young People's Annual Report Appendix C - Easy Read Annual Report

1. HEADLINE INFORMATION

Summary	<p>The Safeguarding Annual Report summarises the work undertaken by Hillingdon Safeguarding Partnership to support and safeguard Hillingdon's residents – children and young people, adults with care and support needs and their carers and families. The report focuses on the work of the Safeguarding Children Partnership, the Safeguarding Adults Board and related subgroups. Independent Scrutiny is provided by Alan Caton OBE, whose full letter of findings with identified areas for consideration is published on the Safeguarding Partnership websites. A summary of these findings is provided at the outset of the Report.</p> <p>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.</p> <p>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.</p> <p>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</p>
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	<p>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.</p> <p>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.</p>
Contribution to plans and strategies	This report supports the following London Borough of Hillingdon objective: Our People. The report outlines the strategic safeguarding priorities for 2023-24
Financial Cost	There are no financial costs arising
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board is updated with the achievements of Hillingdon Safeguarding Partnership in the year 2022-2023 and is aware of the strategic priorities for 2023-2024

3. INFORMATION

Supporting Information

1. The Safeguarding Partnership Annual Report 2022-2023 summarises the activity undertaken across the local partnership to meet the strategic objectives set by the Safeguarding Adult Board, and Safeguarding Children Partnership.
2. In September 2019, the Hillingdon Safeguarding Partnership arrangements were launched in line with the statutory requirements set out in the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018. The Local Authority now shares equal responsibility with its statutory partners (NHS Hillingdon Clinical Commissioning Group and Metropolitan Police) to safeguard children and young people.
3. The Care Act 2014 placed a statutory duty on each Safeguarding Adults Board to produce an Annual Report, outlining the work undertaken to achieve its strategic objectives, the work of each member to implement the Safeguarding Adults Board’s strategy and detailing the findings of any Safeguarding Adult Reviews and subsequent required actions.
4. During 2019-20, Hillingdon Safeguarding Adult Board’s structure was aligned with the Safeguarding Children’s Arrangements. This provides for greater coordination and

consistency in delivering services to residents. At the same time, the learning and development of the services were coordinated across the two Boards, reducing duplication and promoting a more effective approach.

5. In promoting this joint approach, both Boards continue to be scrutinised and held to account through the multiagency Executive Leadership Group, attended by the Local Authority Chief Executive, the Metropolitan Police Borough Commander and the Deputy Chief Nurse of North West London NHS Integrated Care Board.
6. This report has been ratified by the Safeguarding Children Partnership Board, the Safeguarding Adults Board, and the Executive Leadership Group. The report will be published on the Safeguarding Partnership websites.

Financial Implications

There are no financial implications arising because of publishing this report.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

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

Consultation Carried Out or Required

The statutory members of the Safeguarding Partnership have contributed to this report, along with other relevant partners.

Policy Overview Committee comments

None at this stage.

5. BACKGROUND PAPERS

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

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

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

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

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

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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.

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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.

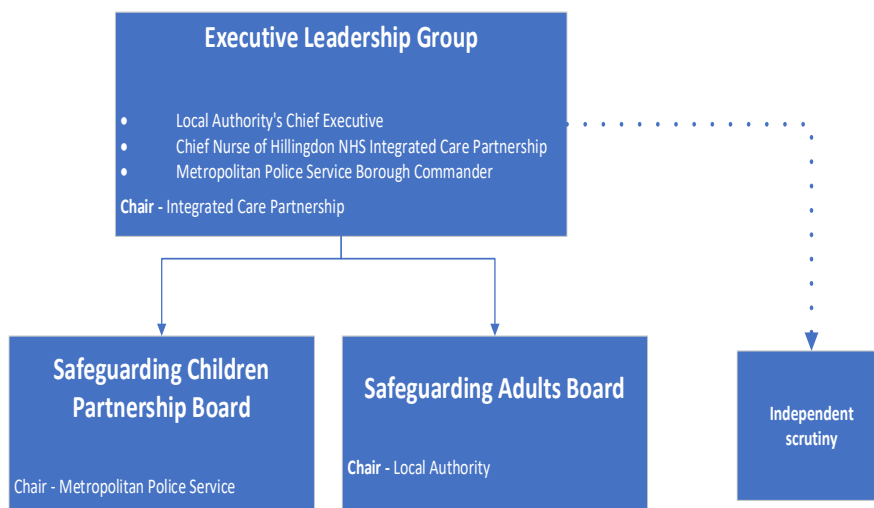


Fig 1 – Safeguarding arrangements governance structure

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.

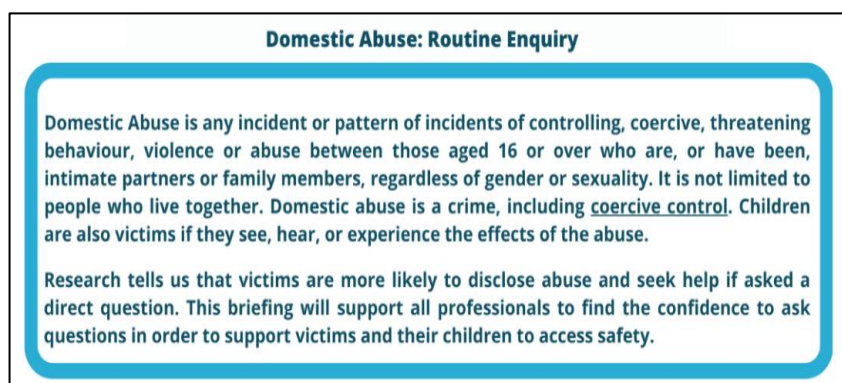
In August 2021 the Local Authority launched the **Stronger Families** approach to early help services in Hillingdon. This is a locality-based approach with three hubs, each developing networks to support children and families in the local community. In 2022-23 the subgroup has continued to provide scrutiny 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.

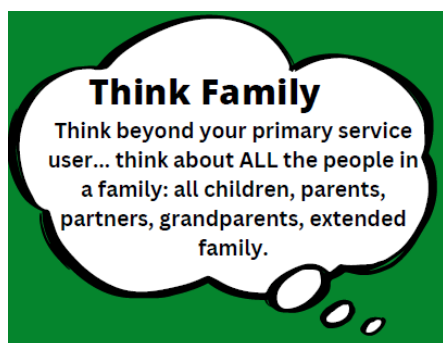
A fundamental duty of both the Safeguarding Children Partnership and Safeguarding Adults Board is to review those cases that may meet the criteria for a statutory review of practice. This review process is undertaken in line with the statutory guidance set out in Working Together to Safeguard Children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

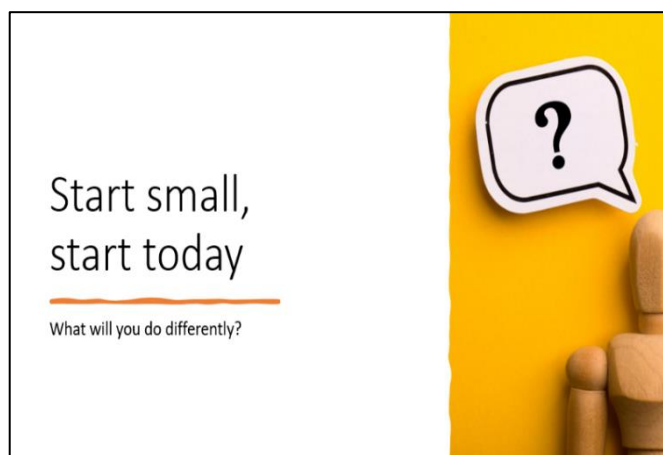
relationships, remaining committed to ethical, legal & evidence-based practices, and being aware of disguised compliance and diagnostic overshadowing, demonstrating the sensitive and competent management of evolving risks/complexities and challenge obstructive notions/attitudes from families, LPAs or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



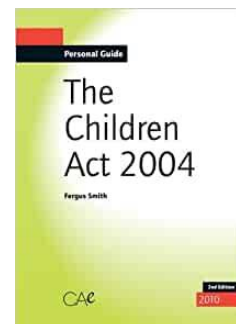
Each audit has been completed with the support and expertise of representatives across the multiagency group, with methodology adjusted according to the nature and matter under review. Methods used include self-assessment, file audits, roundtable discussions and the development of bespoke review tools.

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.

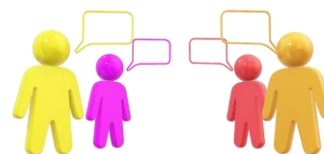
Webinar	Attendees
AXIS, Mobile and Detached Youth Services - early identification of vulnerability to exploitation	74
Safeguarding Adults with Mental Health Needs	56
Modern Slavery and Human Trafficking Awareness	48
Making Safeguarding Personal	96
Safeguarding Learning Event: Learning from Safeguarding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

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.

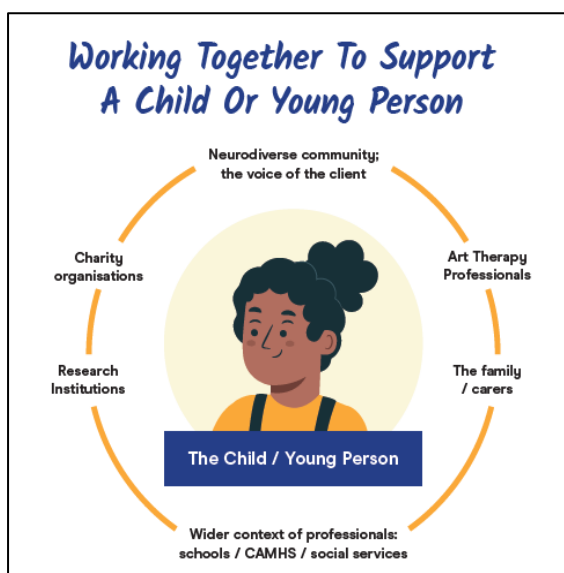
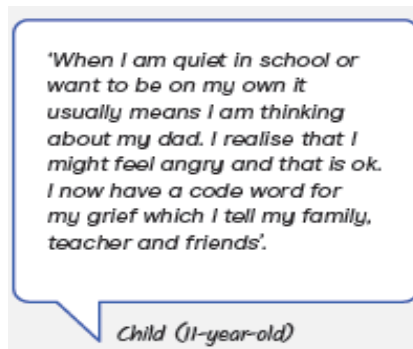
We continue to deliver our MOPAC (Mayor's Office for Policing and Crime) funded programme in collaboration with police, schools, the college, the University, and community, aimed at tackling hate crime and extremism. Workshops have been delivered in schools. With pupils discussing topics relating to 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.

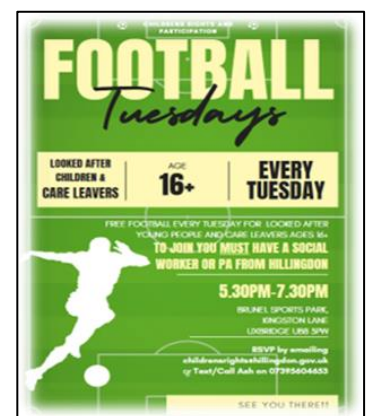
Positive Activities - Discussion groups, activity days, food and sweets from Children’s Rights and Participation Team and Safeguarding Partnership.

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.

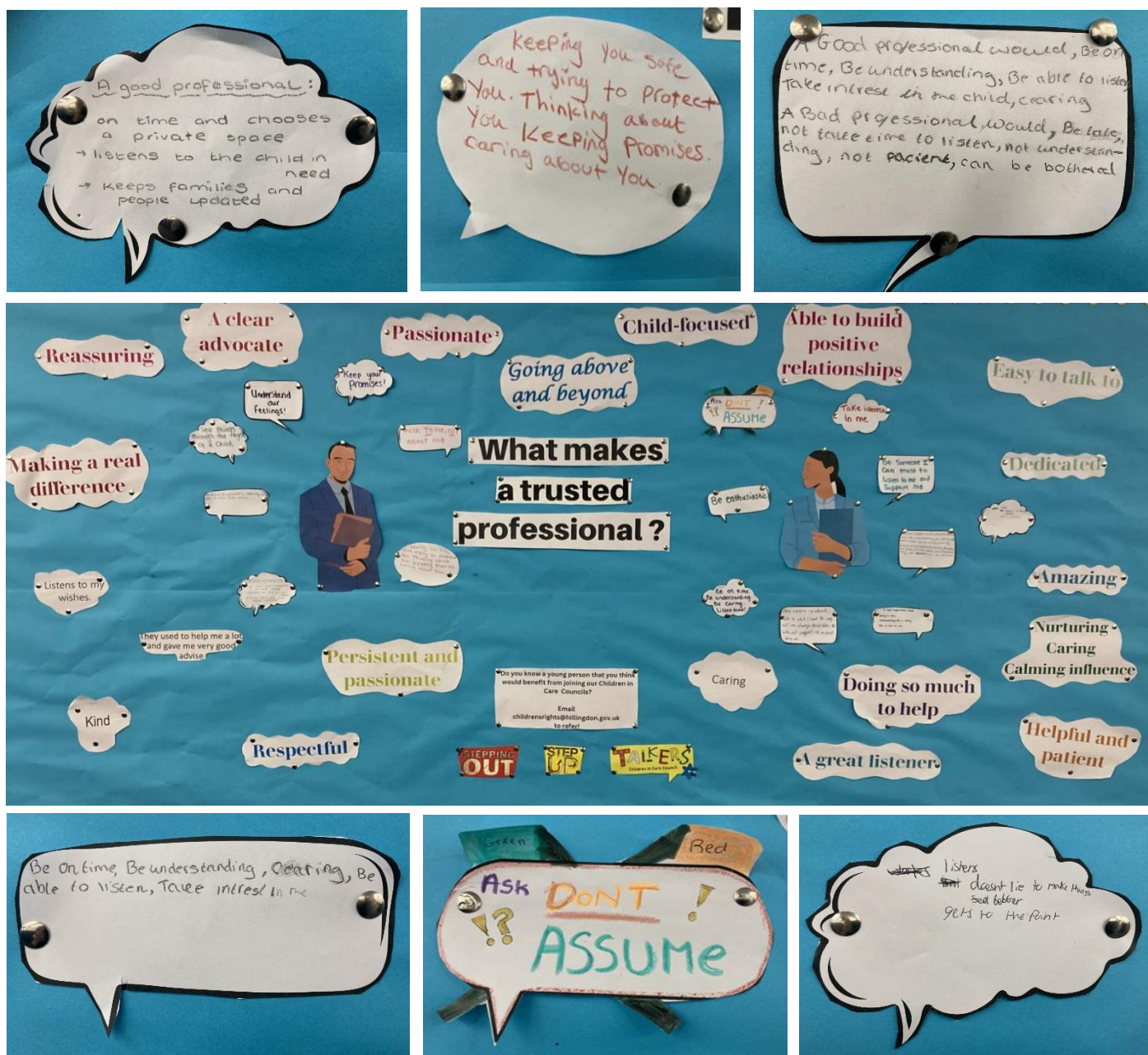
Communication - Using social media, discussion groups or activity days to communicate important changes that impact young people. Better understanding and advertising of services locally that can provide help and support.

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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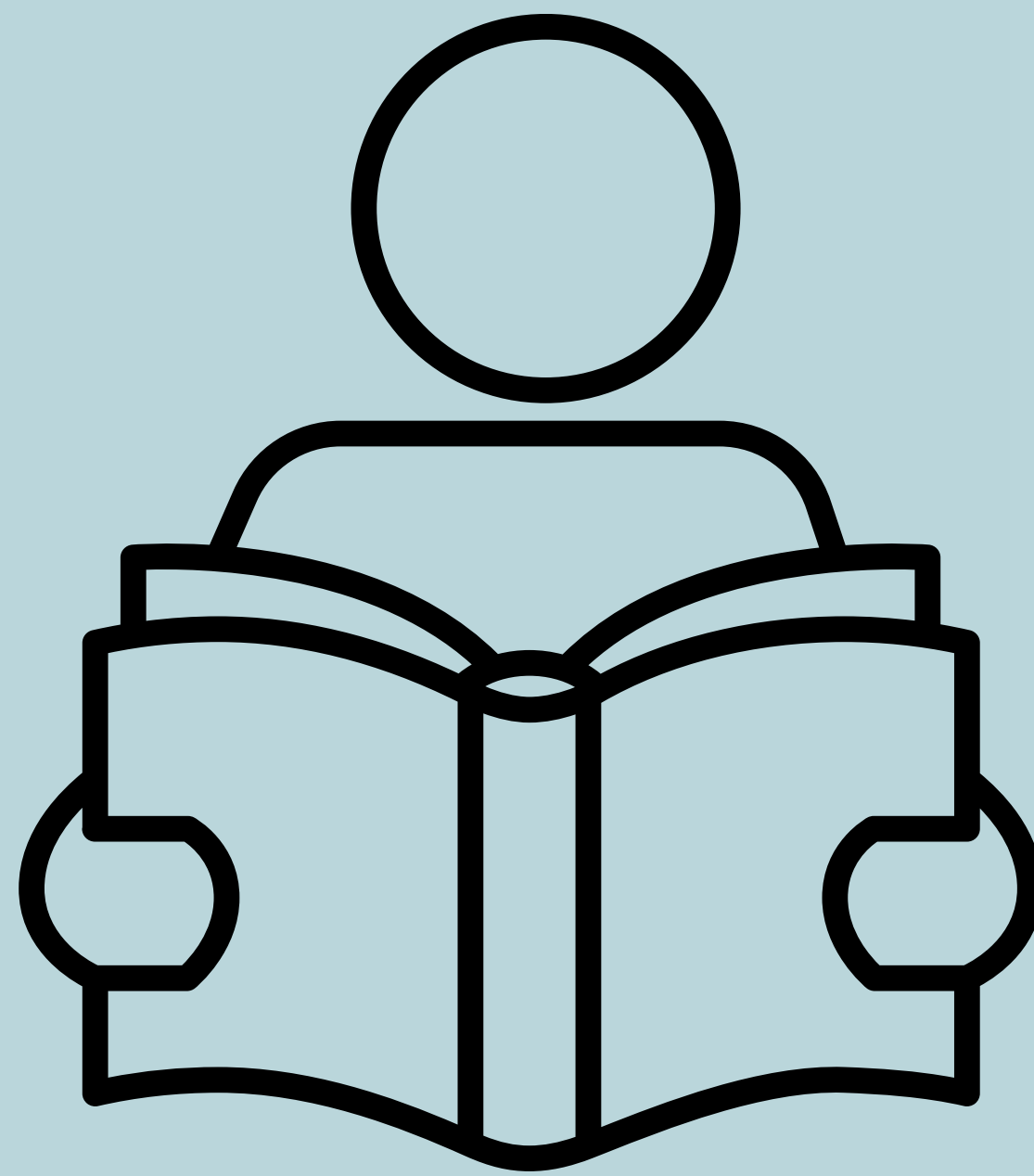


**Hillingdon Safeguarding
Partnership**



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



BOARD PLANNER & FUTURE AGENDA ITEMS

Relevant Board Member(s)	Councillor Jane Palmer Keith Spencer
Organisation	London Borough of Hillingdon Hillingdon Health and Care Partners
Report author	Nikki O'Halloran, Democratic Services
Papers with report	Appendix 1 - Board Planner 2023/2024

1. HEADLINE INFORMATION

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

2. RECOMMENDATION

That the Health and Wellbeing Board considers and provides input on the 2023/2024 Board Planner, attached at Appendix 1.

3. INFORMATION

Supporting Information

Reporting to the Board

The draft Board Planner for 2023/2024, attached at Appendix 1, is presented for consideration and development in order to schedule future reports to be considered by the Board. Members may also wish to consider any standing items (regular reports) and on what frequency they are presented.

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

Board agendas and reports will follow legal rules around their publication. As such, they can usually only be considered if they are received by the deadlines set. Any late report (issued after the agenda has been published) can only be considered if a valid reason for its urgency is agreed by the Co-Chairmen.

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

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

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

Board meeting dates

The Board meeting dates for 2023/2024 were considered and ratified by Council at its meeting on 23 February 2023 as part of the authority’s Programme of Meetings for the new municipal year. The proposed dates and report deadlines for the 2023/2024 meetings have been attached to this report as Appendix 1.

Financial Implications

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

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

Consultation Carried Out or Required

Consultation with the Chairman of the Board and relevant officers.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

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

Hillingdon Council Legal comments

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

6. BACKGROUND PAPERS

NIL.

BOARD PLANNER 2023/2024

28 Nov 2023	Business / Reports	Lead	Timings
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Thursday 16 November 2023
	2023/2024 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Board Planner & Future Agenda Items	LBH	Agenda Published: 20 November 2023
	PART II - Update on current and emerging issues and any other business the Co-Chairman considers to be urgent	All	
5 Mar 2024	Business / Reports	Lead	Timings
2.30pm Committee Room 6	Reports referred from Cabinet / Policy Overview & Scrutiny (SI)	LBH	Report deadline: 3pm Thursday 22 February 2024
	2023/2024 Integrated Health and Care Performance Report and BCF Progress	LBH/HHCP	
	Board Planner & Future Agenda Items	LBH	Agenda Published: 26 February 2024
	PART II - Update on current and emerging issues and any other business the Co-Chairman considers to be urgent	All	

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

Agenda Item 10

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Exempt information by virtue of paragraph(s) 3 of Part 1 of Schedule 12A
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Agenda Item 11

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