

## Minutes

### HEALTH AND SOCIAL CARE SELECT COMMITTEE

12 October 2022



Meeting held at Committee Room 5 - Civic Centre

	<p><b>Committee Members Present:</b> Councillors Nick Denys (Chairman), Philip Corthorne (Vice-Chairman), Tony Burles, Richard Mills (In place of Alan Chapman), June Nelson (Opposition Lead), Barry Nelson-West and Colleen Sullivan (In place of Reeta Chamdal)</p> <p><b>Also Present:</b> Dr Paul Hopper, Divisional Medical Director, Central and North West London NHS Foundation Trust Dr Azer Mohammed, Clinical Director, Central and North West London NHS Foundation Trust Tina Swain, Service Director for CAMHS &amp; Eating Disorders - Goodall Division, Central and North West London NHS Foundation Trust</p> <p><b>LBH Officers Present:</b> Alex Coman (Director - Safeguarding, Quality Assurance and Partnerships), Andy Goodwin (Interim Financial Planning Manager), Bukky Junaid (Interim Head of Service Safeguarding Adults LADO and Principal Social Worker for Adults) and Nikki O'Halloran (Democratic Services Manager)</p>
22.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Reeta Chamdal (Councillor Colleen Sullivan was present as her substitute) and Councillor Alan Chapman (Councillor Richard Mills was present as his substitute).</p>
23.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
24.	<p><b>MINUTES OF THE MEETING HELD ON 19 JULY 2022</b> (<i>Agenda Item 3</i>)</p> <p>It was noted that Councillor Labina Basit had not been present at the meeting on 19 July 2022.</p> <p><b>RESOLVED:</b> That, subject to the above amendment, the minutes of the meeting held on 19 July 2022 be agreed as a correct record.</p>
25.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 4</i>)</p> <p><b>RESOLVED:</b> That all items of business be considered in public.</p>
26.	<p><b>2023-24 BUDGET PLANNING REPORT FOR HEALTH &amp; SOCIAL CARE SERVICES</b> (<i>Agenda Item 5</i>)</p> <p>Mr Andy Goodwin, the Council's Interim Financial Planning Manager, noted that this was the first of two reports that would be considered over the course of the municipal</p>

year by this Committee. This report set out the Council's broader financial position, identifying the budget gap and the savings that would be needed to bridge that gap. The report that would be considered by the Committee in January 2023 would focus on detailed budget proposals for 2023/24. The 2023/24 budget would then be agreed by Council at its meeting on 23 February 2023. Members asked that examples of initiatives undertaken by the Council to reduce costs be included in future reports.

The country had been facing unprecedented inflationary pressures, with actual inflation expected to exceed the sums built into the Medium Term Financial Forecast (MTFF). However, an underspend of £46k had been projected across General Fund budgets at Month 3 and a minor overspend of £37k had been reported in Health and Social Care, driven by an increased demand for adult social care services.

There had been an increase in the Council Tax base and increases in Government grants, although this had been front loaded in 2022/23 as a result of the Spending Review announcements, and an increase in social care funding. The 2021 Spending Review had been a multi year settlement, increasing and frontloading the social care grant, but this had been offset by the increase in demand for social care services.

Increases in annual pay and supplier costs were the drivers behind a further uplift of £13.3m. Members queried how much of the adult social care budget had been allocated for contracts with third party suppliers and asked that this information be included in the report in January 2023. Mr Goodwin advised that officers from finance and procurement reviewed any increases in contract costs attributed to inflation to identify which elements of the contracts had increased, and by how much, to then be able to negotiate fairly with the contractors.

Members were advised that the Council pooled its budget centrally (including social care grants) and then worked up a savings programme. This de-risked grant funding. Finance continued to work with officers to manage the back office expenditure to maintain frontline services.

The Council had started to refresh its savings requirement over the budget strategy period, bearing in mind that inflation rates were just under 10%. The growth in demand for services remained high and continued to be monitored. The Council would review its savings requirement and look for efficiencies to protect the frontline services as far as was possible, whilst also meeting the requirement to produce a balanced budget each year.

The Council had reassessed inflationary requirements associated with contracted expenditure for SEND transport and Members queried how this would impact on the service provision. Mr Goodwin advised that the fuel costs associated with SEND transport would be reduced through the capital programme to increase the number of SEND places across the Borough. This would potentially reduce the travelling distance for these children and therefore reduce the associated fuel costs.

Mr Goodwin advised that the Council's Business Improvement Delivery (BID) team had been looking at the services provided across the authority to identify efficiency savings. Although the Council was not able to specifically restrict tender submissions for contracts to small local businesses, as it had to comply with procurement regulations, there were opportunities for these organisations to tender for contracts. The Committee was keen to receive further information in the new year in relation to the procurement of health and social care related services. Mr Goodwin would need to

confirm with procurement about any open book arrangements that were in place to mitigate the risk of provider failure.

It was recognised that the population in Hillingdon was increasing and that the demand for services, alongside a Covid-19 driven step change being incorporated into budgets from 2022/23 onwards, would necessitate £10,207k additional spending by 2026/27. Members queried what this would look like in practice. Mr Goodwin advised that the Council had played an active role in supporting hospital discharge as well as the increasing demand for mental health services.

**RESOLVED: That the financial context in which the 2023/24 budget setting process would take place, in advance of detailed savings proposals being developed and approved at Cabinet in December 2022, be noted.**

27. **HILLINGDON SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2021-2022**  
(Agenda Item 6)

Ms Bukky Junaid, the Council's Interim Head of Service Safeguarding Adults, advised that, 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 shared equal responsibility with its statutory partners (the NHS Hillingdon Clinical Commissioning Group/North West London Integrated Care Board (NWL ICB) and Metropolitan Police) to safeguard children and young people.

The Care Act 2014 placed a statutory duty on each Safeguarding Adults Board to produce an Annual Report, outlining the work undertaken to achieve its strategic objectives, the work of each member to implement the Safeguarding Adults Boards' strategy and detailing the findings of any Safeguarding Adult Reviews and subsequent required actions. In promoting this joint approach, both boards were now scrutinised and held to account through the multiagency Executive Leadership Group. The Group was chaired by the local authority's Chief Executive and attended by the senior representatives of the safeguarding partners.

The Safeguarding Annual Report summarised the work undertaken by Hillingdon Safeguarding Partnership to support and safeguard Hillingdon's residents: adults with support and care needs; and vulnerable children and their families. The report provided reassurance that the actions taken across the local partnership to prevent abuse, neglect and self-neglect had been effective in the year 2021-2022 and that the Council had discharged its statutory duties to ensure that it learnt from serious incidents and provided strategic leadership for safeguarding.

The Partnership had responded effectively to safeguard residents during a challenging year that began with public health restrictions still in place due to the pandemic. The pandemic had impacted on all Hillingdon residents' resilience and, in many cases, on their economic independence. This had led to an increased dependence on the services available, including the availability of skilled workforce from both the social care and health perspective meaning that there had been significant challenges in maintaining the quality of care available.

The Partnership had maintained effective working arrangements and relationships that facilitated a nuanced and dynamic response to changing local, national and international contexts. This had included the need to support and safeguard increasing

numbers of asylum-seeking children, adults and families and those seeking refuge from conflict in Ukraine.

It was noted that the Partnership had focussed on fostering a culture of empowerment, independence and early intervention for residents in Hillingdon. Members requested that practical examples of this work be provided to the Committee to illustrate the impact that this had had.

Mr Alex Coman, the Council's Director - Safeguarding, Quality Assurance and Partnerships, advised that the child and adult Multi Agency Safeguarding Hubs (MASH) had been established as a front door for care and included representatives from the police, health and care partners. Daily reviews of presentations were undertaken by the MASH to identify any need for early intervention and wrap around support that spanned adults' and children's safeguarding. It was important to meet the residents' needs and prevent escalation.

Members noted that the report felt a little "processy" and appeared to be light on outcomes. They asked how the Council demonstrated that residents' lives were better and that they felt safer as a result of the work undertaken. Ms Junaid advised that it was important to mitigate risks, first through MASH screening and triage, and then put protection measures in place so that individuals were safe.

The second recommendation in the report referenced challenges posed by the changing local, national and international contexts. Members queried what these challenges were and what action had been taken to respond to them. Ms Junaid advised that, as there had been an increase in referral rates, effort had been made to ensure that referrals were triaged early through the MASH.

The report evidenced a continued focus on the importance of learning and development work for frontline professionals. In order to support practitioners in identifying and addressing neglect, the Council had invested in a new round of training in NSPCC's Graded Care Profile 2. Additional staff had also been trained to be able to train new members of the team as they started. The police, who made around 40% of neglect referrals, had their own tools in place to identify and deal with instances of neglect.

It was noted that a range of training events had been established and were open to anyone to attend. Members requested that, as these training events were open to anyone to attend, they be provided with details of the upcoming sessions.

Members noted that the Local Authority Designated Officer (LADO) managed all allegations against professionals who worked with children. In 2021/22, there had been 192 referrals to the LADO. 42% of these referrals had originated from schools but a large number of the referrals also came via residential provisions.

The Committee noted that the report referenced performance data and asked officers to forward this data to the Democratic Services Manager for circulation to the Committee.

**RESOLVED: That:**

- 1. the Committee be reassured that the partnership continued to provide leadership and scrutiny of the safeguarding arrangements for Hillingdon residents;**

2. the Committee be updated regarding the way in which the partnership had responded to the challenges posed by changing local, national and international contexts;
3. the Committee be informed of the strategic priorities for safeguarding for 2022-23;
4. Ms Junaid provide the Democratic Services Manager with details of the upcoming training events to pass on to the Committee; and
5. Ms Junaid provide the Democratic Services Manager with the performance data referenced in the report to circulate to the Committee.

28. **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE**  
(Agenda Item 7)

Ms Tina Swain, Service Director for CAMHS and Eating Disorders – Goodall Division at Central and North West London NHS Foundation Trust (CNWL), advised that the team at Hillingdon Child and Adolescent Mental Health Services (CAMHS) provided community mental health services to children and young people up to the age of 18 with complex mental health difficulties (and their families) in a range of different ways, depending on their needs. A multi-disciplinary team made up of psychologists, psychiatrists and therapists provided assessment and identified the needs of the child in the context of the family. Treatment could include cognitive behavioural therapy (CBT), family therapy and individuals and group psychotherapy. Medication was also used when appropriate and would often be prescribed by a specialist but supported by the young person's GP.

The Adolescent Community Treatment Service (ACTS) was a community team that provided support for young people aged between 13 and 18 years. Young people were referred to ACTS by their local CAMHS team because they needed intensive support in the community during their period of mental health crisis. Wrap around support was then provided for the young person (and their family) and effort was made to keep them in school, etc.

The CAMHS Urgent Care Teams worked in conjunction with local hospitals and existing local CAMHS services to provide access for children and young people up to the age of 18 to a dedicated crisis and liaison service when they were experiencing an acute mental health or emotional crisis. A risk assessment was being developed with the hospital team for young people that had presented at A&E.

Ms Swain advised that there had been an increase in demand for CAMHS services during the COVID pandemic and referrals were now at their highest level ever, impacting on the ability to see children and young people quickly and resulting in a longer waiting list. However, Ms Swain noted that there had been a reduction in the average time that it took for a young person to receive an assessment after having been referred to CAMHS. Although Members were pleased that the average wait time for an assessment was down to 10 weeks (against a target of 18 weeks), 10 weeks was still too long for a child to wait to be assessed.

Members queried how long it would take for these young people to receive treatment after they had been assessed. Ms Swain stated that she was unable to provide an answer as it would depend on the treatment pathway that each child was following. Services were designed and offered at a place level in North West London as well as at a system level in an effort to keep the gap between assessment and treatment as short as possible. Action was also being undertaken to reduce this further and digital

initiatives such as Healios had been put in place to support young people outside of traditional interventions. Other initiatives included weekend clinics, out of hours clinics and Waiting Well (which could keep track of changes whilst a young person waited).

Dr Azer Mohammed, Clinical Director at CNWL, advised that there was a target for the Mental Health Support Team (MHST) to see young people within four weeks but that it tended to be quicker than this. Goal Based Interventions (GBIs) had also made a difference by shifting the focus to the goals of the young person. On 28 September 2022, CAMHS in London and Milton Keynes had met to share quality improvements (QI) learning from their projects and to think about spreading the good work and lessons learned. During this event, Hillingdon CAMHS had shared information about its GBI work in improving patient flow and treatment access in the Emotional Disorder Team.

Ms Swain advised that it was important to ensure that young people didn't fall through any cracks in their transition from child to adult mental health services. To this end, work had been undertaken to develop a transition offer for those aged 16-25 to ensure that they received early help. In terms of ongoing support for the 18+ transition and the number of young people accessing the service, Members were advised that the referral to treatment time (RTT) target for each young person was 18 weeks.

Dr Mohammed noted that Hillingdon had met and exceeded the national target of seeing at least 35% of those young people "estimated" to have a mental health condition in the area (a number of these individuals included in the estimate would be unknown to the services). He advised that these access targets related to mental health support teams. CAMHS representation was available at children's hubs and contact had been maintained with community paediatrics to ensure that there was a joined up approach to things such as autism spectrum conditions assessments. The CNWL Looked After Children (LAC) team also worked closely with social care colleagues. Members were encouraged by this work and hoped that Healthwatch Hillingdon had received positive feedback from service users.

Members queried what would happen to a young person who had started receiving CAMHS treatment elsewhere and then moved to Hillingdon. Dr Mohammed advised that it was inadvisable for out of area presentations to change service mid-treatment if it could be avoided. However, this would be assessed on a case by case basis and transfers would be implemented at the right time for the young person rather than sticking rigidly to rules about transfers.

The Committee was advised that a range of training and advice was available to the parents and carers of young people who were using CAMHS. This ongoing support was available from the voluntary sector for siblings too.

Ms Swain advised that, at the end of September 2022, there was only one young person who had waited excessively for an assessment. Dr Paul Hopper, Medical Director at CNWL, advised that clarity would be sought in relation to what the graphs in the penultimate slide were trying to demonstrate and forward on to the Democratic Services Manager for circulation to Members. The point being made was that there had been a lot of work undertaken to reduce the number of weeks that young people were waiting for an assessment from CAMHS which increased the waiting time for treatment which was then also reduced.

**RESOLVED: That the presentation be noted.**

29.	<p><b>POLICY REVIEW DISCUSSION AND GUIDANCE</b> (<i>Agenda Item 8</i>)</p> <p>Consideration was given to possible review topics. Mental health had become a dominant issue with adults and children continuing to experience difficulties in accessing assessment, support and treatment services. It was agreed that further information be brought back to the Committee at its next meeting on 22 November 2022 about both of these areas so that Members could decide which topic to pursue. Mental health was thought to be a relevant and sensible area to review but that caution would be needed to ensure that the scope of the review was focussed.</p> <p>It was suggested that social prescribing be included as a future single meeting review topic.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. further information in relation to adult mental health services and children’s mental health services as possible review topics be brought to the Committee’s next meeting; and</b></li> <li><b>2. the report be noted.</b></li> </ol>
30.	<p><b>CABINET FORWARD PLAN MONTHLY MONITORING</b> (<i>Agenda Item 9</i>)</p> <p>It was agreed that, subject to the agreement of the Cabinet Member for Health and Social Care, the <i>2022/23 Better Care Fund Section 75 Agreement</i> Cabinet report be considered by the Committee at its meeting on 7 December 2022 prior to it being considered by Cabinet on 15 December 2022.</p> <p>A request was made that the Committee consider the Cabinet report on <i>Approval to establish a new Dynamic Purchasing System (PS) for Transportation Services for Social Care and Children</i>. As this report would be considered by Cabinet at its meeting on 10 November 2022, it was agreed that the Committee discuss the implementation of the decision once it had been made.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. consideration be given to the 2022/23 Better Care Fund Section 75 Agreement Cabinet report at the Committee’s meeting on 7 December 2022;</b></li> <li><b>2. consideration be given to the implementation of the Cabinet decision on Approval to establish a new Dynamic Purchasing System (PS) for Transportation Services for Social Care and Children after it had been made on 10 November 2022; and</b></li> <li><b>3. the Cabinet Forward Plan be noted.</b></li> </ol>
31.	<p><b>WORK PROGRAMME</b> (<i>Agenda Item 10</i>)</p> <p>Consideration was given to the Committee’s Work Programme.</p> <p><b>RESOLVED: That the Work Programme be noted.</b></p>
	<p>The meeting, which commenced at 6.30 pm, closed at 8.16 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, officers, the press and members of the public.