HEALTH AND ADULTS CARE SCRUTINY PANEL

A meeting of the Health and Adults Care Scrutiny Panel will be held in the Council Chamber, Civic Centre, Lampton Road, Hounslow on Monday, 1 February 2016 at 7:00 pm

MEMBERSHIP

Councillor Lily Bath - Chair
Councillor Mel Collins - Vice-Chair
Councillors Felicity Barwood, Manjit Buttar, Peter Carey, Mukesh Malhotra, Myra Savin, Linda Green and BB Gurung.

Cooptees Emma Cartwright and Stephen Otter

AGENDA

1 Apologies for Absence, declarations of Interest and other Communication

2 Minutes of the meeting of 7 December 2015 (Pages 1 - 6)

3 Matters Arising

4 West London Mental Health reconfiguration - Sarah Rushton (Pages 7 - 36)

5 Adult Safeguarding: annual report and business plan - Hannah Miller and Jo Carmody (Pages 37 - 42)

6 Healthwatch update

7 Work Programme - Verbal Update - John Murphy

8 Any other matters that the Chair considers urgent

9 Date of Next Meeting - 25 April 2016

DECLARING INTERESTS

Committee members are reminded that if they have a pecuniary interest in any matter being discussed at the meeting they must declare the interest and not take part in any discussion or vote on the matter.

Mary Harpley, Chief Executive
London Borough of Hounslow, Civic Centre, Lampton Road, Hounslow TW3 4DN

Published on 25 January 2016
At a meeting of the Health and Adults Care Scrutiny Panel held on Monday, 7 December 2015 at 7:00 pm at Committee Room 1, Civic Centre, Lampton Road, Hounslow.

Members Present:
Councillor Lily Bath (Chair)
Councillor Mel Collins (Vice-Chair)
Councillors Felicity Barwood, Myra Savin, Linda Green and BB Gurung

Other Councillors Present:
Councillors

Officers present:
Ian Duke Head of Policy and Scrutiny
Henrietta Nielkirk
John Murphy

Apologies for Absence
Councillors Manjit Buttar, Peter Carey and Mukesh Malhotra and

26. Apologies for Absence, declarations of Interest and other Communication

The Chair received apologies and asked for declarations of interest.

27. Minutes of the meeting of 30 September 2015

Were agreed and signed by the Chair.

28. Matters Arising

Henrietta Niekirk is to resend the e-mail about NHS Properties.

Cllr Bath has requested that members be sent Outlook Invitations for the meetings – Henrietta Niekirk

Cllr Felicity Barwood reported that she had left an apology regarding her absence at the previous meeting on Committee Services answering machine.

29. CCG - Out of Hospital (OOH)

Sue Jeffers spoke to the attached report.

Prevention Strategy 2015 – 19

Questions asked:

Cllr Collins questioned whether having large print, or a voice activator available on the terminals had been considered. Sue Jeffers responded that available IT solution were being investigated and agreed to investigate whether these were available.

Cllr Bath asked whether sharing of information was currently available. Sue Jeffers responded
that it was, over the last year anyone on databases hade got NHS numbers which allowed a greater degree of information sharing.

Cllr Bath questioned whether the prevention service was available when someone went into hospital. Sue Jeffers responded that currently 85% of IT had been completed with 100% completion expected by the New Year. Once this was in place hospital social care and health input would become visible and services more widely available. They were working with hospitals to move this forward.

Cllr Bath asked what kind of impact had been seen on the ground and where it was seen as working in terms of getting positive results. Sue Jeffers responded that the main area was in Community Recovery Services and that there was not enough data available in other areas yet. The results within Community Recovery had been positive with initial estimates of numbers making use of the services set at 3000/year. To date, she believed, if the service continues as it started they are looking at well over 4000 in the first year. Although it was still early days it was believed that the service had indeed had a real impact and was beginning to show numbers of packages of personal care had been reduced as a result of individuals being in the Community Recovery Programme, and were beginning to outstrip the numbers receiving care.

Cllr Barwood questioned what the average age of users of the service was. Sue Jeffers responded that it was being used across all age groups with the average age between 70 and the late 80s.

Cllr Barwood asked whether patients were accessing support through their own personal computers. Sue Jeffers responded that the number of people accessing help via their own personal computers was increasing although there remained a mix of face-to-face and computer accessed support. Increasing numbers where using the self-help website, the CCG Care Place and other website links.

Sue Jeffers said that community based terminals were due to be rolled out before Christmas.

Cllr Bath questioned how the average person knew how to access this support. Sue Jeffers said the way into the service should be through GPs. Locality Heat events had been held so that GPs could understand the menu of services available.

Cllr Bath questioned whether, if a patient did not have a good relationship with their GP, they could self-refer. Sue Jeffers responded that Hospitals should also know about it and that patients in hospital should get information and be referred to the Community Recovery Services.

Cllr Gurung questioned where the headquarters of the Community Recovery Service was based. Sue Jeffers said that it was based at the Heart of Hounslow, although this was only office space as staff were actively in and out of patient’s homes during the day.

Cllr Gurung questioned what the terms of service were for volunteers. Sue Jeffers responded that they get expenses. The Community Network had been paid to recruit and train volunteers.

Cllr Collins questioned what could be done about workers / volunteers getting parking fines while out at clients and asked what could be done about this. Sue Jeffers responded that the District Nurses and GP services had already made representation to the Council and that this was down to policy decisions by the Council.
Cllr Collins reported that he had been impressed with Park Lodge and that he had asked for follow-up in the spring to revisit the unit once it was fully occupied.

**Heston Hub Update**

Sue Jeffers spoke to the attached presentation.

**Questions raised:**

Cllr Bath questioned whether there were any uncertainties in terms of funding and also when it would open, if the development proceeded according to plan. Sue Jeffers responded that it still needed financial signoff from all parties but that they had the Department of Health’s agreement to it. They still needed to get planning permission and find a developer. She anticipated that it would be at least two years in development with building works planned to start in December 2017 and that the building would be available by 2018 / 2019.

Cllr Savin asked where the money would come from to maintain the building. Sue Jeffers responded that the Community Health Partnership owned the estate and would be responsible for the maintenance of the site.

Cllr Savin questioned how the building would be staffed. Sue Jeffers responded that individual services using the building would be responsible for the staffing of their own services. These included NHS England, CCG and NHS England will be co-commissioners with a three way partnership existing with the Council. She added that the development was taking place alongside the TFL consultation on patient transport.

Cllr Bath asked what services would be put into the Community Centre. Sue Jeffers responded that they would not be connected to the health centre although it was anticipated that there would be some shared planning.

Emma Cartwright asked what would happen to the existing GP surgeries during the development. Sue Jeffers said that temporary accommodation in the form of porta cabins would be put in place until the centre was available.

**NHS 111**

Sue Jeffers spoke to the attached presentation.

**Questions raised:**

Cllr Bath questioned who the call handlers were. Sue Jeffers responded that they were admin staff and not nurses or doctors.

Cllr Bath questioned how they could be qualified to handle the calls. Sue Jeffers responded that they followed set protocols on the computer and go through these, with answers leading them onto further questions through a process of elimination. If they were unsure what decision to make the call would be put through to the GP on duty to respond to or provide a call back.

Cllr Collins questioned the effectiveness of a service which could take up to 20 minutes to go through the elimination questions before getting through to a GP or advising that an ambulance was needed.

Cllr Bath questioned how well it was working in terms of the bigger picture. Sue Jeffers
responded that feedback from A & E and the Ambulance Service is that too many calls go through from the 111 services. It was explained that the results would be the same whether admin staff or medical staff followed the protocol criteria for triaging. NHS Direct followed the same system, they would be looking, during procurement, at call handling and the use of nurses rather than admin staff for handling calls. Currently the primary problem was that 111 worked in isolation and closer links were needed with other services.

Stephen Otter questioned whether there would be opportunity to start an education process to explain what urgent care / 111 and the GP Out of Hours services were for. Sue Jeffers responded that they were about to role this out across Hounslow and explained the use of a scratch card to promote the services. They had also launched a series of leaflets to go into every household in the borough.

Cllr Bath asked whether, in terms of the volume of calls, targets where being met. Sue Jeffers responded that the anticipated numbers were still not coming through but that they had been consistent.

Cllr Collins requested an update on how the role of the community pharmacist would take over in future. Sue Jeffers responded that the CCG is was currently looking at the role of the pharmacists in UCU and that training to do some prescribing would take place. The core contract for community pharmacies was held by NHS England.

Cllr Gurung asked whether the hub in the Feltham Centre was planned for a particular building. Sue Jeffers responded that it would be on the floor above the library.

**Action:**

Sue Jeffers is to confirm whether the patient access screen can be enabled to allow enlarged script and whether voice activation is available.

30. **Healthwatch update**

Stephen Otter spoke to the attached report. He added that the use of volunteers had been helpful in collecting patient feedback and was allowing negative feedback to be followed up. Feedback indicated a need for further education of the population around the use of 111.

Further work planned by Health watch included a deep dive audit of a range of groups and organisations working with carers as well as taking a look at the mental health services, particularly in terms of children. Healthwatch is only able to undertake small pieces of work due to limited funding and capacity.

**Questions raised:**

Cllr Savin asked what was being done about negative experiences. Stephen Otter said that feedback was being provided to respective GP Groups and that their response had been positive although there was no quick fix due to the problem being an embedded cultural issue which would take time to change.

Cllr Savin questioned this was about the need for more training. Stephen Otter responded that it was about highlighting where good work was happening and using peer pressure to encourage change among GP surgeries.
Cllr Collins asked whether the problem was being recognised. Stephen Otter responded that the majority are and do want to do something about it.

Cllr Barwood questioned whether patients were also resistant to change and whether some education of patients regarding the correct use of the GP services was needed. Stephen Otter responded that in terms of line management it was only possible to influence as NHS England held the GP contract direct.

Cllr Bath questioned what the main recommendations were on the report. Stephen Otter asked the board to look at page 52 where some recommendations were made within the conclusion.

Cllr Bath questioned how the information was gathered. Stephen Otter responded that this was through a variety of methods including face-to-face, completion of forms and on-line forms.

Cllr Gurung asked whether volunteers received training and what the benefit of using volunteers rather than full-time staff was. Stephen Otter responded that volunteers were used because of the limited budget.

Cllr Barwood asked whether they were motivated by wanting to help. Stephen Otter agreed and said they realise the importance of the patient voice and the gathering of information.

Cllr Bath questioned what could be done to improve the issue of health trainers not having enough up to date information about diabetes. Sue Jeffers agreed that this was an issue and added that had been raised in a number of forums with concerns about diabetic trainers providing the incorrect information as well as the quality of training. This had been fed back to Imran Choudhury and will be followed up on.

The board raised further concerns regarding the flyers and leaflets available at GP Surgeries which were often inadequately displayed and out of date. Concerns were also expressed that these seemed to primarily be aimed at English speakers and did not take into account the languages of emerging communities.

The board expressed appreciation for the work of volunteers who were often able to access better feedback than paid workers. The volunteers had also been asked to assist in tidying up the leaflets and ensuring they were up to date.

Cllr Barwood said it would be good to be able to know how long the waiting time would be and to know you would be seen before a specific time. Sue Jeffers responded that all GP surgeries have Jeg boards and are able to put waiting times onto these, information would be sent out to GP surgeries to ensure that they knew how to do this.

Cllr Collins asked whether Healthwatch was still receiving funding from the Council and whether this was ring-fenced. Stephen Otter confirmed that they were still receiving funding albeit significantly decreased levels of funding, and would continue with a small grant going forward. They also expected to do additional smaller pieces of funded work.

31. Healthcare Commission Report
Ian Duke spoke to the attached report and urged members to consider the information in the context of other agenda items. He questioned what the panel would like to do with the report, did they want to leave it with JOSC or did they want to do something themselves.

Cllr Bath responded that the report raised serious issues, although noted that Hounslow had stood to benefit from plans for West Middlesex University Hospital.

Cllr Collins reported that the NWL JHOSC had requested a meeting this coming Wednesday although he was of the view that this meeting was best differed to the first or second week of January to allow him to speak to the boroughs now linked to the independent commission. He felt that although Hounslow could see some benefits from the SAHF plans it was possible that a bigger impact would be felt down the line when other A & Es closed.

Cllr Collins said he had concerns around changes to the population in West London and he personally doubted whether population growth was being properly taken into account by the SAHF programme. Cllr Collins said close attention would need to be paid to the out of hospital strategy, which had been reconfigured along clinical grounds, to see if it would reduce pressure on the system.

Cllr Bath questioned if a response were to be given whether it would be better coming as a joint response between all the boroughs. Ian Duke responded that it would be down to each borough to respond, as it was expected that each borough would have different responses.

Cllr Collins added that the overarching principle of the recommendations and the question of the consultant’s fees totalling over £33 million needed to be addressed alongside the question of whether this money could have been better spent elsewhere.

Stephen Otter questioned who would retain ownership of the property infrastructure if the recommendations in terms of improvements were implemented.

Ian Duke advised the panel that the next stage of the SAHF programme would see an implementation business case being presented to HM Treasury early in the new year. The NWL JHOSC had been told that this business case could be presented to that committee but the timeline for this was to be agreed.

The Committee thanked Ian Duke for presenting the report but would wait to see how developments progressed in the new year before taking further action in relation to the report.

32. Work Programme

The Chair of Adult Safeguarding is to be included on the Agenda for the February meeting.

33. Date of Next Meeting 1 February 2015

34. Any other matters that the Chair considers urgent

The meeting finished at 9:10 pm. The minute taker at this meeting was
Local services transformation

Sarah Rushton,
Executive Director for Local Services
West London Mental Health Trust

Dr Chris Bench
Clinical Director, Planned & Primary Care
West London Mental Health NHS Trust

Martin Waddington
Director of Joint Commissioning
London Borough of Hounslow/ Hounslow CCG
A partnership between...

West London Mental Health NHS Trust

Central and North West London NHS Foundation Trust

BEHH

CWHH

Brent
Ealing
Harrow
Hillingdon
Clinical Commissioning Groups

Central London.
West London.
Hammersmith & Fulham.
Hounslow.
Clinical Commissioning Groups
Background

North West London mental health strategy

Reduce reliance on inpatient beds and promote recovery

Better quality by joining up mental and physical care

Providing care closer to home where patients want it; focus on primary care

Making the most of limited money
How we will deliver change

Two major transformational programmes:

1 Shifting settings of care

2 Access and urgent care
Shifting settings of care

– build on initial success

– Introduce enhanced primary care service
  • Further develop GP-based services to handle more complex cases, promote recovery and prevent crisis escalation
  • Create new primary care based roles for wider range of staff

– Increase access to IAPT services

– Closer working with liaison teams on integrating care for long-term conditions
Shifting settings – the new model

- Move secondary care patients to primary care services from August 2015 to April 2017
- Reconfigure recovery teams
- Greater clarity about care pathways for psychosis, personality disorders and affective disorder
Benefits and outcomes

• Improved pathways and ways of working
• Better step up and step down care
• Focus on recovery and personalisation
• Links to enabling services
• Better join up between mental and physical healthcare
• Staff linked to GP networks
• Wider range of primary care workforce – mental health workers, peer support workers, consultant psychiatrists and psychologists
Next steps

- Clearly define pathways of care
- Co-produce model to meet service user needs, ensure staff are engaged in the changes
- Identify roles and skill mix, develop training
- Process of discharge
- Establish close links with enhanced primary care service
A new model for urgent care and improved access to secondary care services *(Crisis Care Concordat)*

- Single point of access to secondary care 24/7
- More outcome focussed, shorter inpatient stays
- Greater community provision of preventive care and early intervention
- Recovery houses to encourage better community-based care in least restrictive setting
What we are proposing

- **Single number** to get urgent help, using the existing 24/7 support line / Contact Centre

- **New access and response teams** – combine assessment and crisis resolution home treatment teams

- Access and response teams will operate **24/7**

- They will respond to **emergencies** and make routine **assessments** in people’s homes.

- Teams will maintain **local relationships and knowledge** within the boroughs.
Central ‘hub’

Service user and carer support line; Signposting to appropriate service; Referral management for emergency, urgent and routine referrals; Links with GP; Access to Choose and Book and e-referral; Telephone triage by clinicians; 24 hour GP advice

Ealing response team
CRHT 24/7
Emergency and urgent response to referrals (24/7)
Routine referrals (9am-5pm)

H&F response team
CRHT 24/7
Emergency and urgent response to referrals (24/7)
Routine referrals (9am-5pm)

Hounslow response team
CRHT 24/7
Emergency and urgent response to referrals (24/7)
Routine referrals (9am-5pm)
New access standards

• Assessment (face to face), with ‘home setting’ as standard
  • < 1 hour Emergency (A&E liaison)
  • < 4 hours Emergency (Community/ward)
  • < 24 hours Urgent
  • < 7 days Routine plus
  • < 4 weeks Routine
What we’ll we need to change

- Better care pathways will reduce assessment and brief intervention inpatient stays
- Better management of inpatient capacity
- Recovery houses will provide step down community based care and crisis prevention (step up care)
Benefits

• Improved response times for people who need emergency care

• Better access to expert urgent assessment and care to drive up quality

• Improved patient, carer and referrer experience.

• Improved localised response at home 24/7

• 24/7 telephone support

• Equality of access to mental health services
Next steps

• Implement the service models for urgent care and planned care involving service users and carers and front line staff as well as commissioners

• Consult with staff on changing working patterns

• Open the single point of access hub

• Join up patient record systems between GPs and mental health teams

• Develop preventative services to help people stay well
1. **RECOMMENDATIONS**

That panel notes and provides comment as appropriate on:

1. the key priorities for transforming mental health services in West London which have been identified by the three CCGs and the Trust in collaboration with the Local Authorities, service user and carer representatives, and

2. the approach being planned to develop and implement transformation plans for these priorities.

2. **REPORT SUMMARY**

2.1 This report provides an update to the Health and Adult Care Scrutiny Panel on work under way in Hounslow, West London and North West London to transform local mental health services over the next two years. It sets out the key transformation priorities and a draft timeline for implementation, based on discussions between the three West London CCGs and West London Mental Health NHS Trust over the last few months.

2.2 The report provides a high level summary of work being undertaken or planned in relation to urgent access and treatment and planned care for people with serious mental illness, taking account of change in policy and practice and the financial context facing the health economy. Work on the pathways involves clinicians from both the Trust and the CCG as well as service users and carers and other stakeholders including local authority social services and housing with a focus on improving outcomes for service users.
2.3 Local mental health services are being transformed to meet changing needs and expectations. The government's commitment to parity of esteem for mental health means that CCGs are required to invest a greater proportion of their funds in mental health but this must be accompanied by improvements in local services to increase access, reduce waiting times, prevent people being admitted to distant locations, and to enable more people to be supported within primary care so that secondary care can concentrate on assessment and treatment and crisis response.

2.4 The CCGs, Local Authorities and the Trust are working together in West London with service users and carers and their representatives to improve local mental health services within the constraints of NHS and local authority budgets.

2.5 This extension of the recovery approach, shifting the setting of care for people with serious and enduring mental illness from secondary care to primary care, will lead to changes in the way that people with mental illness are supported in the borough and so will have an impact on both service users and carers. It will therefore be important that they are involved in co-producing the changes as far as possible, so that any potential risks or concerns raised can be addressed in advance and the new approach can be built around service user needs and aspirations.

2.6 It is anticipated that this challenging programme will be implemented over the next two years, subject to the approval of CCG Governing Bodies and the Trust Board and the endorsement and cooperation of the Local Authorities.

3. REASON FOR DECISION AND OPTIONS CONSIDERED

3.1 The scrutiny panel is not a decision making body.

4. KEY IMPLICATIONS

4.1 Not applicable

5. FINANCIAL DETAILS

a) Financial Impact On The Budget (Mandatory)

None

b) Financial Background (optional)

At this stage the report is an overview of plans and no specific financial implications are identified. However, the transformation programme will have significant implications for human and financial resources in the NHS and part of the current work is to develop the benefits analysis and workforce developments required to deliver it.
Overview and Scrutiny has no financial decision-making powers. Any recommendations that emerge from a review undertaken would be considered by Cabinet, and any financial impact would be considered at that stage.

c) Comments of the Director, Finance and Corporate Services

As this report is not a decision making report it has no direct financial implications.

6. LEGAL DETAILS/COMMENTS OF THE HEAD OF GOVERNANCE

6.1 As Scrutiny has no decision-making powers, any recommendations that may arise would need to be referred to the relevant decision making body of the Council for a decision.

7. VALUE FOR MONEY

7.1 Not applicable

8. SUSTAINABILITY IMPACT APPRAISAL

8.1 Not applicable

9. RISK MANAGEMENT

9.1 There is pressure on WLMHT to transform local services to make them self-sustaining by April 2017 but this needs to be set within the context of other changes in NHS services in West London. The transformation of secondary mental health services depends on concomitant changes in primary and community services. The Shifting Settings of Care Programme is progressing and needs to be developed further in Ealing.

9.2 The CCGs and the Trust are working together with the local authorities to agree an engagement and communication plan to ensure that the transformation plans reflect local needs, are well understood and that, where appropriate, formal consultation is built into the plans.

10. LINKS TO COUNCIL PRIORITIES

10.1 This supports Hounslow’s priority of creating and supporting Active, Healthy Communities.

11. EQUALITIES, HUMAN RIGHTS AND COMMUNITY COHESION

11.1 The Council has to give due regard to its equalities duties, in particular with respect to general duties pursuant to the Equality Act 2010, section 149. Having due regard to the need to advance equality involves, in particular, the need to remove or minimize disadvantages suffered by persons who share a relevant characteristic that are connected to that characteristic.
11.2 The Council has considered the relevance of the proposal to the provisions of the Equality Act 2010 and the Human Rights Act 1998 and concluded that Equalities Duties are not engaged by this proposal. The proposal is also compatible with Human Rights Articles and as the report does not have any significant bearing on the substantive equality duty it is not considered necessary to undertake an Equality Analysis.

12. STAFFING/WORKFORCE AND ACCOMMODATION IMPLICATIONS

12.1 At this stage the report is an overview and no specific workforce implications are identified. However, the transformation programme will have significant implications for human and financial resources in the NHS and part of the current work is to develop the benefits analysis and workforce developments required to deliver it.

13. PROPERTY AND ASSETS

13.1 Not applicable at this stage

14. ANY OTHER IMPLICATIONS

14.1 None identified.

15. CONSULTATION

15.1 Service users and carers are represented on the West London Mental Health Transformation Board which has developed these priorities. Further work is now being undertaken to establish a co-production approach to the transformation programme and a communications and engagement plan is being developed which will also consider whether formal consultation is likely to be required at any point in the programme.

16. TIMETABLE FOR IMPLEMENTATION

16.1 See final slide of appendix

17. APPENDICES

17.1 Appendix I - Transforming Local Mental Health Services in Ealing, Hammersmith & Fulham and Hounslow

Appendix II – Overview Presentation

18. Background Information

18.1 None.
Appendix I –

Transforming Local Mental Health Services in Ealing, Hammersmith & Fulham and Hounslow

1. BACKGROUND

West London Mental Health NHS Trust is the major provider of NHS mental health services in the three boroughs of Hounslow, Hammersmith & Fulham and Ealing. The three CCGs and three Local Authorities also commission a range of mental health services from other NHS Trusts, independent sector residential, nursing and housing providers as well as community support, counselling and user involvement. In addition, of course, primary care is a key provider of mental health care, both for those with serious and enduring mental illness and to those with moderate mental health needs, and is commissioned by NHS England who also commission forensic mental health provision.

This paper focuses on changes relating to NHS mental health services provided by West London Mental Health NHS Trust, while recognising that they are only part of the spectrum of services and environmental factors which impact on the health and wellbeing of people with mental health problems, some of which are being addressed at a sector level by the North West London Mental Health and Wellbeing Board.

It sets out the key priorities for transforming mental health services in West London which have been identified by the three CCGs and the Trust in collaboration with the Local Authorities and service user and carer representatives and reports on the approach being planned to develop and implement transformation plans for these priorities.

2. STRATEGIC CONTEXT

Following the implementation of Shaping Healthier Lives: Integrated Adult Mental Health in North West London, the NHS NWL Collaboration of eight CCGs has now established a NWL Mental Health & Wellbeing Board which has commissioned a sector wide Mental Health and Wellbeing Strategy entitled Like Minded. In addition the sector has sponsored development work across the eight boroughs on key transformation areas of mental health. In particular, the eight CCGs and local authorities and the two mental health trusts committed to the development of urgent care services as signatories to the Crisis Care Concordat in 2014, one of the first areas in the country to do this.

The West London MH Transformation Board involves three of the eight NWL CCGs and their partner local authorities, and their statutory partner who provides the majority of NHS funded mental health care to the area, West London Mental Health NHS Trust. The Board links to the NWL Mental Health and Wellbeing Board but is accountable to the individual CCG Governing Bodies, the Local Authority Cabinets, and the Trust Board.

3. WEST LONDON MENTAL HEALTH TRANSFORMATION BOARD

The West London Mental Health Transformation Board was established in 2013/14 and brings together clinical leaders from the three CCGs and West London MH Trust, management commissioners, service users and carers, 3rd sector representatives, and local authority representatives from across West London to share best practice and work together to deliver improved local services.
The purpose of the Transformation Board is:

**a)** To oversee the delivery of key mental health service transformational work strands ensuring a focus on benefits and risks.

**b)** To ensure alignment of its work with local commissioning intentions, and the NWL MH Strategy.

In 2014/15 the West London MH Transformation Board had identified the following clinically focused work streams as priority areas:

- **Shifting Settings of Care (SSOC)**
- **Urgent Assessment and Care**
- **Child and Adolescent Mental Health Services (CAMHS)**
- **Cognitive Impairment and Dementia Services (CIDS)**
- **Learning Disability**
- **Perinatal Mental Health**

Significant progress has been made on most of these areas, such that some were considered to have moved beyond transformation into implementation or into “business as usual”. It was therefore agreed to review Transformation Priorities for the next two years and refocus the attention of the Transformation Board on these priorities.

Last year WLMHT outlined to the CCGs and Local Authorities their thinking on changes in Planned Care and Urgent Care models, building on the various initiatives already under way such as **Shifting Settings of Care** and the **Crisis Care Concordat**, and drawing together changes in the pathway relating to **Rehabilitation, Recovery and 7 Day Working**.

In addition to these priority areas, **Upgrading the Quality of Care and Access to Mental Health and Dementia Services** is included in NHS England’s priorities for the coming year. In particular this identifies commitments relating to:

- **Parity of Esteem** (with physical healthcare) – a national mental health strategy is being developed
- **Achieving Better Access** to Mental Health Services by 2020 (new access and waiting standards, particularly for early intervention in psychosis and liaison psychiatry) but also for IAPT, perinatal mental health, urgent care and eating disorders
- **Future in Mind**, promoting, protecting and improving our children and young people’s mental health and wellbeing
- **Dementia** diagnosis and post-diagnostic services

These key priority areas are also reflected in the Service Development Improvement Plan (SDIP) in the contract terms which the three CCGs have agreed with WLMHT for this year.

### 4. Setting Transformation Priorities for 2015/16 and 2016/17

The West London MH Transformation Board held a workshop on 1st May 2015 to consider all these areas of work and identify the key priorities for the Transformation Board to oversee and how best to involve stakeholders in taking them forward. The workshop participants emphasised the importance of integrated working between the statutory authorities (CCGs, Councils and Trusts) and with service users, carers and the wider community on all transformation areas to improve the quality and range of care. It was
recognised that so far this has fallen short of co-production and that developing and embedding a strong approach to service user engagement and co-production in transformation was also a priority for the Board.

They also identified the value of sharing best practice across the three boroughs, but also across the eight North West London CCGs. It was recognised that the priority areas could not be delivered by the Trust alone but needed active involvement and investment from the CCGs and local authorities and the voluntary sector for successful implementation.

The workshop agreed that the Board should address two levels of priority and work across North West London on a third:

**Key Transformation Areas:**
- Urgent Assessment and Care Development and Delivery
- Planned Care/SSOC Development and Delivery
- CAMHS Development and Delivery – across the NWL Sector

**Second Tier Oversight**
- Perinatal Implementation
- Cognitive Impairment and Dementia Services (CIDS) Implementation

**KEY TRANSFORMATION AREAS FOR 2015/16 AND 2016/17**

**Urgent Assessment and Care**

Both West London Mental Health NHS Trust and Central and North West London Mental Health NHS Trust have been developing their business cases for transforming urgent assessment and care with support from North West London CCGs. WLMHT have set out their proposals below:

The key elements for **Access and Urgent Care** are:

WLMHT signed up to the Mental Health Crisis Care Concordat aiming to:
- Reduce reliance on inpatient beds and promote recovery
- Provide care closer to home where patients want it; with a focus on primary care
- Make the most of limited money

Key factors of the proposed New Pathway
- Single point of access – single telephone number to get urgent help
- New access and response teams operating 24/7
- Responding to all referrals: emergency/urgent/routine and make assessments closer to home
- Maintain local relationships and knowledge within the borough
- Enhance clinical input to the Single point of access
- Combined assessment and CRHTs to create Response Teams
- Better response times
- Trusted Assessment model
- Release capacity in liaison psychiatry
- Faster more accessible service closer to home
- 24/7 telephone support
- Central hub, with local response teams
Recovery houses – in each borough (tbc)
Ward structure changes
Admission wards
3 Borough 7/7 working
AHMPs – additional resource out of hours

The proposed care pathway for Urgent Care has already been considered by the three CCGs and supported. Further work is now being undertaken by the Trust, with support from Northumberland arranged by North West London Strategy & Transformation Team, to confirm the data analysis and undertake a benefits realisation assessment of the proposals. Once this is completed, in early June, the Business Case will be brought back to each CCG for approval.

A draft timeline for implementation is attached at Annex A. There is a multi-agency Urgent Care Sub-Group co-chaired by the Trust Clinical Director, Murray Morrison, and Beverley McDonald, H&F CCG Clinical Lead for Mental Health overseeing this work.

**Planned Care**

The proposals for planned care build on the work already under way in Shifting Settings of Care, but are less far advanced than the urgent care work, and more dependent on the development of primary care and community support. There is a significant workforce development component to the implementation of the new pathway.

The key components for **Planned Care** are:

**Drivers for Change**
- Financial and quality change facing NHS and Local Authorities
- Increasing emphasis on integrated services located in primary care
- Implementing Five Year Forward View and Dalton
- Shaping Healthier Lives: shifting settings of care; acute psychiatric liaison; focus on people with long term conditions and mental health co-morbidity
- Whole Systems Integrated Care
- Development of Multi-Specialty Community Providers

**New Model of Integrated Mental Health Care – enhanced primary care service**
- Access to specialist advice pre-referral
- Improved pathway working with stepped care model
- Reduced need for repeat assessments
- Single point of access to all mental health services
- Staffing to include primary mental health care workers, peer support workers, clinical psychology and consultant psychiatrists
- Staffing aligned to GP networks
- Focus on recovery and personalised care at all levels
- Improved access to physical healthcare for service users
- Strong links to enabling services and readiness for whole systems integrated care
- Detail of model to be achieved by co-production with CCGs, GPs, Local Authorities, third sector, service users, carers and WLMHT staff
- Detail of skill mix required to be determined
- More detailed modelling required on demand and capacity
- Consideration of estate requirements
- Link with commissioning of third sector providers
- Agree outcome measures

**New Model of Integrated Mental Health Care – secondary care mental health service**
- Clearly defined care pathways for reduced number of service users
- Agreed milestones; review points and outcomes
- Care packages within the care pathways for service users in specified care clusters.

☐ More focussed and productive workforce, working on pathways
☐ Workforce development
☐ Development of nurse and social care led clinics; non-medical prescribing; virtual clinics
☐ Shared expertise from areas of excellence
☐ Seamless links with Enhanced Primary Care Mental Health Service
☐ Changes to recovery and rehabilitation pathways

A draft timeline for this work is attached at Annex A. There is a multi-agency Shifting Settings of Care Sub-Group co-chaired by the Clinical Director, Chris Bench, and Annabel Crowe, Hounslow Clinical Lead for Mental Health overseeing this work.

**Changes to the Mental Health Inpatient Configuration**

Across both of these pathways there will be demand and capacity analysis and consideration of the bed base required for people with serious mental illness in West London, once the new urgent care and planned care pathways are implemented. This analysis will need to be done across North West London, since Central and North West London Mental Health NHS Trust (CNWL), the neighbouring service, is also implementing significant changes. The financial analysis which will inform this work will also link to the mental health tariff work which is currently being developed. The Trust will also need to review the workforce, estates, and transport implications of changes.

The other factors affecting demand for beds are the levels of supported housing and community support for people in the community and the effectiveness of “primary care plus” mental health care for people with stable but serious mental illness. While the principle of Shifting Settings of Care has general agreement, the impact of the policy on service users and carers, and on primary and community services, has yet to be fully evaluated.

**CAHMS – Future in Mind**

The Government has recently issued new policy on mental health provision for children and young people and all of the CCGs and Local Authorities in North West London will need to review and address gaps in CAMHS services to meet the new expectations. The view of the Workshop was that this may be better led at North West London level, but that local CAMHS Partnership Boards would need to be involved since the contribution of local authority social care and education was critical to this area of work. Participants noted the additional challenge posed by the fact that Tier 4 CAMHS are commissioned by NHS England and collaboration has been difficult.

**Perinatal Mental Health**

The workshop agreed that the Transformation Board should be updated on implementation of the Perinatal Mental Health specification and business cases which had been prepared and considered during 2014-15 and should be implemented during 2015/16. Hammersmith & Fulham CCG have already agreed to extend the perinatal service commissioned from WLMHT into 2015/16. Both Hounslow and Ealing CCGs agreed this at their Finance and Performance Committees in May.

**Cognitive Impairment and Dementia Services (CIDS)**

30
The workshop also agreed that the Transformation Board should be updated on implementation of the CIDS business case for Hounslow and Ealing which was agreed during 2014/15 and is now being implemented.

5. TRANSFORMATION AND THE CONTRACT WITH WLMHT

The contract between the three CCGs and WLMHT includes a Service Development Improvement Plan (SDIP) which takes account of these key transformation priorities.

The seven areas highlighted for development are:
- SDIP and Transformation Workplan
- CAMHS – targets and Future in Mind
- Transformation Pathways
- Mental Health Tariff
- Rehabilitation Beds – Adults
- Rehabilitation Beds - Dementia (The Limes)
- Early Intervention Services

In addition to the formal contract meetings the CCGs and the Trust are establishing a monthly forum to discuss progress and address obstacles to implementation of this challenging programme.

The CCGs have been provided with some resources from North West London Strategy and Transformation to support the programme and have appointed three Delivery Managers to work with the Trust on these key priorities.

The Trust have recruited additional capacity to work on analytics and workforce development.

6. COMMUNICATION AND CONSULTATION

An important early task for the CCGs, local authorities and the Trust is to develop and agree a shared communication plan for the transformation of local mental health services in West London and ensure that all stakeholders are involved in the programme at appropriate stages so that there are no surprises.

There has already been considerable involvement in the Shifting Settings of Care programme and collaboration with service users and other stakeholders in the Crisis Care Concordat but the scale and complexity of change being proposed will require good coordination and cooperation between all the agencies involved if we are to avoid confusion and alarm.

In particular the changes to the mental health inpatient configuration arising from the pathway developments will require formal consultation so this needs to be built into the programme timeline and considered in the context of other service changes being implemented in North West London.

Close working with the local authority Directors of Adults and Children’s Services and regular briefings with the relevant Cabinet Members, Scrutiny Committees and local MPs will be necessary if the challenging implementation timetable is to be achieved.

7. CONCLUSIONS

Local mental health services are being transformed to meet changing needs and expectations. The government’s commitment to parity of esteem for mental health means that CCGs are required to invest a greater proportion of their funds in mental health but this must be accompanied by improvements in local services to increase
access, reduce waiting times, prevent people being admitted to distant locations, and to enable more people to be supported within primary care so that secondary care can concentrate on assessment and treatment and crisis response.

The CCGs, local authorities and the Trust are working together in West London with service users and carers and their representatives to improve local mental health services within the constraints of NHS and local authority budgets.

This challenging programme will be implemented over the next two years, subject to the approval of CCG Governing Bodies and the Trust Board and, for some components, the endorsement and cooperation of the Local Authorities. Reports will be brought to the authorities at key points.
## PRIMARY MENTAL HEALTH AND WELLBEING

<table>
<thead>
<tr>
<th>Service</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced Primary Care</td>
<td>243,000</td>
<td>460,000</td>
</tr>
<tr>
<td>The Wellbeing Network (WSIC)</td>
<td>74,908</td>
<td>460,000</td>
</tr>
</tbody>
</table>

## MANAGEMENT OF COMPLEX SPECIALIST NEED

<table>
<thead>
<tr>
<th>Service</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of complex specialist need</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supported Housing</td>
<td>39,000</td>
<td>-77,000</td>
</tr>
<tr>
<td>Placements Assurance</td>
<td>81,023</td>
<td></td>
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</tbody>
</table>

## URGENT ASSESSMENT AND CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>WLMHT new model of care</td>
<td>510,764</td>
<td>702,000</td>
</tr>
</tbody>
</table>

## COGNITIVE IMPAIRMENT AND DEMENTIA

<table>
<thead>
<tr>
<th>Service</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Services (WLMHT)</td>
<td>172,123</td>
<td>206,548</td>
</tr>
</tbody>
</table>

## CAMHS

<table>
<thead>
<tr>
<th>Service</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuro-development service</td>
<td>62,347</td>
<td>93,521</td>
</tr>
<tr>
<td>Youth Offending Service Mental Health Nurse</td>
<td>33,977</td>
<td>58,247</td>
</tr>
<tr>
<td>Acute hospital liaison</td>
<td>50,996</td>
<td>87,370</td>
</tr>
<tr>
<td>Universal emotional health services</td>
<td>15,000</td>
<td>60,000</td>
</tr>
<tr>
<td>Promoting resilience strategies in schools</td>
<td>25,000</td>
<td></td>
</tr>
</tbody>
</table>

## PERINATAL

<table>
<thead>
<tr>
<th>Service</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim model of care 15/16</td>
<td>110,360</td>
<td></td>
</tr>
</tbody>
</table>

**Total:**

- **2015/16:** 1,418,498
- **2016/17:** 1,590,686
Annex B

Organisation chart for WLMHTB and associated bodies May 2015

- Hounslow Health and Wellbeing Board & Scrutiny Committee
- Hounslow CCG
- LB of Hounslow
- Ealing Health and Wellbeing Board & Scrutiny Committee
- Ealing CCG
- LB of Ealing
- Hammersmith & Fulham Health and Wellbeing Board & Scrutiny Committee
- Hammersmith & Fulham CCG
- LB of Hammersmith & Fulham
- Healthwatch
- West London Collaborative Service Users Carers
- Borough specific MH Partnership Boards, or Service User and Carer Forums

**West London Mental Health Transformation**
- SSOC/Planned Care
- CIDS
- Urgent Assessment and Care
- Perinatal
- CAMHS

**Level 1** – every meeting – drive progress against plan

**Level 2** – quarterly updates on implementation

**Workstreams** with:
- Trust clinical lead
- Trust management lead
- CCG clinical lead
- CCG commissioner
- LA lead
- Delivery Manager
- Service Users
- Carers
Consequence of Alignment to Like Minded deadlines, and delays in governance sign off has impacted. WLMHT will not realise projected savings in 2016. Savings may begin to be realised in 2017.
### Details of Recommendations

**The Care Act 2014 placed a legal obligation on local authorities to co-ordinate the strategic adult safeguarding partnership in its area. This involves ensuring that a Safeguarding Adults Partnership Board is convened which is required to produce an annual report, strategy and business plan. These documents must be presented to the local Healthwatch, senior local police officer, clinical commissioning group and local authority chief executives.**

Hounslow Safeguarding Adults Partnership board has completed the 2014/2015 annual report and its first strategy and business plan.

Hannah Miller, Chair of Hounslow’s Local Safeguarding Adults Board will provide the Health and Adult Care Scrutiny Panel with an overview of this process. The Panel is invited to provide comment in line with their overview and scrutiny role for adult social care.

### If the recommendations are adopted, how will residents benefit?

<table>
<thead>
<tr>
<th>Benefits to residents and reasons why they will benefit, link to Values</th>
<th>Dates by which they can expect to notice a difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve the response to allegations of adult abuse</td>
<td>Hounslow Safeguarding Adults Boards business plan includes a number of actions to meet these objectives. The plan will be reviewed and extended on a yearly basis.</td>
</tr>
<tr>
<td>To ensure adults at risk, their carers, paid carers and professionals and member of the public know how to raise concerns</td>
<td></td>
</tr>
<tr>
<td>To increase the awareness of adult abuse within the London Borough of Hounslow to reduce the incidents of abuse</td>
<td></td>
</tr>
</tbody>
</table>
2. REPORT SUMMARY

In the 2014/15 reporting year adult safeguarding embarked on an ambitious improvement project to deliver high quality adult safeguarding practices and embed these throughout all our services and contacts with service users, carers, providers and partners. The main driver for safeguarding improvement is to improve practice and procedures following a review and baseline assessment which identified risks and issues in the current system.

The project aims were to:
- Reduce the incidence of abuse through awareness and prevention.
- Detect and investigate abuse through high quality safeguarding practice.
- Implement strong risk management practices whilst giving people choice and control in their own protection plan.
- Learn from the experience of residents whom we have supported through the Safeguarding process.

The objectives for the year included evidencing good quality consistent safeguarding practice that met the standards and criteria for Pan London and Making Safeguarding Personal. We also aimed to have a well-equipped workforce to ensure that staff were able to deliver a service that was sensitive to the needs of people, and worked together to put in place effective protection planning. We wanted to ensure that our practice met standards and we had a way of measuring and reporting on our intervention and performance. We have worked on system and processes that have enabled us to provide up to date information that can be used to improve practice.

As a council we work as a team and our joint work with commissioning, and supply chain performance enabled us to tackle concerns highlighted about providers, so that concerns around quality and small issues can be tackled quickly and proportionately. Finally, as the lead agency charged in the forthcoming Care Act to set in place a Safeguarding Adults Board in partnership with all organisations, we wanted to celebrate having a well-functioning inclusive and effective Safeguarding Adults Board.

The improvement project resulted in an increase in the number of adult safeguarding issues identified. An external audit review concluded that “adults at risk in Hounslow are generally being safeguarded well, but there is scope for improvement” (Gareth Williams SCP consult). The improvements included recording, risk management and accountability structures which have all been subject to action plans through the 2015/16 reporting year.

The board has established a strategy based on the seven core principles of adult safeguarding. These are
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability
- Participation

The strategy is divided into two parts. To hold the borough (responsible for making or causing other agencies to make safeguarding enquiries) and its partners to
account for the timely delivery of support to adults at risk of abuse. The second part of the strategy focuses on developing a wider awareness and prevention agenda.

The business plan starts by describing the governance structures which will ensure that strategy is delivered. There is now a clear meeting structure led by an independent chair. Reporting processes which enable the board to measure its progress towards delivering its objectives are now in place. The business plan outlines the following objectives

**Intervention**

- Ensure that the board’s policies and procedures deliver the requirements of the Care Act 2014 and the board’s strategy
  - To ensure that effective interventions are available to adults at risk of abuse
- Ensure that the operational activity reported to the board delivers a safe service which reflects the aspirations of adults at risk
  - Provide assurance
  - Benchmark against other boards
  - Ensure the people served reflect the population of Hounslow
  - Ensure the board communicates effectively with residents of Hounslow
  - Ensure the board communicates effectively with the people working in Hounslow
- Provider engagement
  - To ensure that providers reduce the prevalence of adult abuse
  - To identify and manage abuse in provider services
  - To ensure the board is able to identify individual and patterns of abuse
- Training
  - To ensure staff and volunteers working in local services are able to prevent abuse
  - To equip staff working or volunteering in local services to be able to identify and respond to abuse
  - To equip staff intervening in abuse with the skills necessary to support adults at risk.

**Prevention**

- Promote public awareness and engagement in order to
  - Enable adults at risk to protect themselves
  - Enable the public to identify adult abuse
  - Enable the public to respond to adult abuse
- Prevention
  - To reduce the prevalence of adult abuse

The board will deliver the business plan by consolidating the existing governance structure, developing an engagement with the wider safeguarding family within the borough and more targeted communications plans.

The first steps towards developing an engagement with the wider safeguarding family has already begun. The board now includes a representative from the Carers Partnership Board. A reference group made up from residents within the borough is being established and the first quarterly seminar (focusing on modern slavery) took place in December 2015.

The development of public awareness will build on the highly successful annual
The adult safeguarding web pages of the borough’s website are being re-launched in April 2016. The borough’s Communications Team is assisting the communications task and finish group develop a targeted publicity campaign.

3. **REASON FOR DECISION AND OPTIONS CONSIDERED**

3.1 The Care Act 2014 requires that the Safeguarding Adults Board annual report, strategy and business be published. The presentation of this report forms part of the scrutiny of the board’s activities and seeks to promote awareness of adult safeguarding.

4. **KEY IMPLICATIONS**

4.1 To demonstrate that the Safeguarding Adults Partnership Board is meeting its statutory obligations.

5. **FINANCIAL DETAILS**

5.1 The Care Act 2014 enables partner agencies to make contributions to the running of the partnership board. This can be in the form of either financial or practical assistance. As the core members of the board, Hounslow Clinical Commissioning Group and the Metropolitan Police make budget contributions and offer practical support. The London Fire Brigade makes financial and practical contributions where joint objectives have been identified.

5.2 The agency contributions shown below have been allocated either on an equal basis across London, equally across the area served by the Clinical Commissioning Group or based on population size. We continue to seek contributions from partners. Additional cost pressures are currently funded from the Care Act grant.

a) **Financial Impact On The Budget (Mandatory)**

<table>
<thead>
<tr>
<th>Item</th>
<th>2016/17</th>
<th>Comments/ assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staffing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business manager</td>
<td>£42,850</td>
<td>New post</td>
</tr>
<tr>
<td>Independent chair</td>
<td>£18,000</td>
<td>720 per day, for 25 days a year</td>
</tr>
<tr>
<td>Adult safeguarding development officer</td>
<td>£41,431</td>
<td>Existing post</td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Events/conference expenses</td>
<td>4,500</td>
<td></td>
</tr>
<tr>
<td>Sundries (including Printing and provisions for events)</td>
<td>5000</td>
<td>Estimated on the basis of year to date expenditure in 2015/16</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>£111,781</td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Act Grant funding</td>
<td>-£8,000</td>
<td></td>
</tr>
<tr>
<td>NHS England (London Region)</td>
<td>-£4,000</td>
<td></td>
</tr>
<tr>
<td>Metropolitan Police contribution</td>
<td>-£5,000</td>
<td></td>
</tr>
<tr>
<td>Hounslow Clinical Commissioning Group</td>
<td>-£20,000</td>
<td></td>
</tr>
<tr>
<td>London Fire Brigade</td>
<td>-£500</td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>-£37,500</td>
<td></td>
</tr>
<tr>
<td>Grand total</td>
<td>£74,281</td>
<td></td>
</tr>
</tbody>
</table>
b) Financial Background (optional)

Scrutiny has no financial decision-making powers. Any recommendations that emerge from a review undertaken would be considered by Cabinet. Any financial impact would be considered at that stage.

c) Comments of the Director of Finance and Corporate Services

The cost of the delivery of the work undertaken by the Adults Safeguarding Delivery Board must be met from within approved budgets.

6. LEGAL DETAILS/COMMENTS OF THE HEAD OF GOVERNANCE

6.1 As Scrutiny has no decision-making powers, any recommendations that may arise would need to be referred to the relevant decision-making body of the Council for a decision.

7. VALUE FOR MONEY

7.1 Adult safeguarding boards across England have begun to share financial information following the introduction of the Care Act (2014). The information received to date has not been presented in a form which is comparable.

7.2 All boards in London review their performance against a common standard each year as part of the business planning cycle.

8. SUSTAINABILITY IMPACT APPRAISAL

8.1 Not applicable

9. RISK MANAGEMENT

9.1 A risk assessment for individual adult safeguarding enquiries is completed. A sample is subject to an internal audit. An external audit was commissioned during the year reported.

9.2 A key performance indicator report has been developed and is now completed on a monthly basis

9.3 The board is now established and a sub groups structure which includes a quality assurance, safeguarding adult review group (a function similar to a serious case review in children’s services) and high risk panel.

10. LINKS TO COUNCIL PRIORITIES

10.1 The Care Act 2104 came into force on 1 April 2015. The presentation of this report meets the council’s statutory obligation.

11. EQUALITIES, HUMAN RIGHTS AND COMMUNITY COHESION

11.1 The adult social care report system has been adapted to enable the inclusion of adult safeguarding information. Equalities information has been included to enable the board to review the delivery of its services in 2016/17.
12. STAFFING/WORKFORCE AND ACCOMMODATION IMPLICATIONS

12.1 A Board Business manager has been appointed to ensure the effective co-ordination of board functions. All other posts and facilitates were delivered within existing resources.

13. PROPERTY AND ASSETS

13.1 Not applicable

14. ANY OTHER IMPLICATIONS

14.1 Not applicable

15. CONSULTATION

15.1 Not applicable

16. TIMETABLE FOR IMPLEMENTATION

16.1 Not applicable.

17. APPENDICES

17.1 None

18. BACKGROUND INFORMATION

Background information is held by
Joseph Carmody
Head of Safeguarding (Adults) and Quality Assurance – Adult Social Care
Children’s and Adults’ Services
London Borough of Hounslow
Office: 020 8583 2472
E-mail account Jo.Carmody@hounslow.gov.uk

REPORT ENDS