



HILLINGDON  
LONDON



# Social Services, Health and Housing Policy Overview Committee

## Councillors on the Committee

Judith Cooper (Chairman)  
Peter Kemp (Vice-Chairman)  
David Benson  
Sukhpal Brar  
Patricia Jackson  
John Major  
June Nelson  
Mary O'Connor

**Date:** WEDNESDAY, 7  
NOVEMBER 2012

**Time:** 7.00 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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# **Policy Overview**

## **About this Committee**

This Policy Overview Committee (POC) will undertake reviews in the areas of Social Services, Health & Housing and can establish a working party (with another POC if desired) to undertake reviews if, for example, a topic is cross-cutting.

This Policy Overview Committee will consider performance reports and comment on budget and service plan proposals for the Council's Adult Social Care, Health and Housing Department.

The Cabinet Forward Plan is a standing item on the Committee's agenda.

The Committee will not consider call-ins of Executive decisions or investigate individual complaints about the Council's services.

## **Terms of Reference**

### **To perform the following policy overview role:**

1. conduct reviews of policy, services or aspects of service which have either been referred by Cabinet, relate to the Cabinet Forward Plan, or have been chosen by the Committee according to the agreed criteria for selecting such reviews;
2. monitor the performance of the Council services within their remit (including the management of finances and risk);
3. comment on the proposed annual service and budget plans for the Council services within their remit before final approval by Cabinet and Council;
4. consider the Forward Plan and comment as appropriate to the decision-maker on Key Decisions which relate to services within their remit (before they are taken by the Cabinet);
5. review or scrutinise the effects of decisions made or actions taken by the Cabinet, a Cabinet Member, a Council Committee or an officer.
6. make reports and recommendations to the Council, the Leader, the Cabinet or any other Council Committee arising from the exercise of the preceding terms of reference.

### **In relation to the following services:**

1. social care services for elderly people, people with physical disabilities, people with mental health problems and people with learning difficulties;
2. provision of meals to vulnerable and elderly members of the community;
3. Healthy Hillingdon and any other health promotion work undertaken by the Council and partners to improve the health and well-being of Hillingdon residents;
4. asylum seekers;
5. the Council's Housing functions including: landlord services (currently provided by Hillingdon Homes), private sector housing, the 'Supporting People' programme, benefits, housing needs, tenancy allocations and homelessness and to recommend to the Cabinet any conditions to be placed on the exercise of the delegations by Hillingdon Homes.

Policy Overview Committees will not investigate individual complaints.

# Agenda

## **CHAIRMAN'S ANNOUNCEMENTS**

- 1 Apologies for Absence and to report the presence of any substitute Members
- 2 Declarations of Interest in matters coming before this meeting
- 3 To receive the minutes of the meeting held on 9 October 2012 1 - 12
- 4 To confirm that the items of business marked in Part I will be considered in Public and that the items marked Part II will be considered in Private
- 5 Adult Community Mental Health Services - Witness Session 3 13 - 16
- 6 Annual Complaint Report 2011/12 for Social Care, Health and Housing 17 - 42
- 7 The Use of Assistive Technology to Support Independent Living in Hillingdon - Progress Update on Savings 43 - 50
- 8 Work Programme 51 - 54
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## Minutes

### SOCIAL SERVICES, HEALTH AND HOUSING POLICY OVERVIEW COMMITTEE



HILLINGDON  
LONDON

09 October 2012

Meeting held at Committee Room 5 - Civic Centre,  
High Street, Uxbridge UB8 1UW

	<p><b>MEMBERS PRESENT:</b> Councillors: Cllr Judith Cooper Cllr Peter Kemp Cllr David Benson Cllr Sukhpal Brar Cllr Pat Jackson Cllr John Major Cllr June Nelson Cllr Mary O'Connor</p>
	<p><b>OFFICERS PRESENT:</b> Linda Sanders (Director Social Care, Health and Housing) Neil Stubbings (Deputy Director Social Care, Health and Housing) Moira Wilson (Interim Deputy Director Social Care, Health and Housing) Alan Coe (Mental Health Consultant, working for the Social Care, Health and Housing Department) Khalid Rashid (Customer Management Team – Manager) Herbie Mann (Housing Options – Team Leader) Sinead Mooney (Older People, Housing Services – Housing Manger) Charles Francis (Democratic Services Officer)</p> <p>Also present: Robyn Doran (Director of Operations CNWL) Sandra Brookes (Borough Director CNWL) Fiona Davies (NHS Hillingdon) Jill Patel (Hillingdon MIND) Angela Manners (Rethink) Diogo Duarte (Rethink)</p>
	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>None</p>
	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>Cllr Peter Kemp declared a non-pecuniary interest as a member of the Board of CNWL Cllr Mary O'Connor declared a non-pecuniary interest as the Chairman of Hillingdon MIND.</p>

**TO RECEIVE THE MINUTES OF THE MEETING HELD ON 6 JULY 2011**  
(Agenda Item 3)

The minutes of 11 September 2012 meeting were agreed as a correct record.

**TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE** (Agenda Item 4)

All items were considered in Part 1.

**ADULT COMMUNITY MENTAL HEALTH SERVICES – WITNESS SESSION 2** (Agenda Item 5)

Alan Coe, Mental Health Consultant introduced the report and explained that the second witness session aimed to address the following lines of enquiry:

- Local strategies – translating policy into practice
- Partnership working
- Enhancing joint working

The witnesses in attendance were:

- Sandra Brookes - Borough Director CNWL
- Robyn Doran (Director of Operations CNWL)
- Fiona Davies – NHS Hillingdon
- Alan Coe - Mental Health Consultant, working for the Social Care, Health and Housing Department
- Angela Manners – Rethink
- Diego Duarte – Rethink
- Jill Patel – Hillingdon MIND
- Khalid Rashid (Customer Management Team – Manager)
- Herbie Mann (Housing Options – Team Leader)
- Sinead Mooney (Older People, Housing Services – Housing Manger)

Both voluntary sector organisations provided presentations. This was followed by presentations from CNWL and the Housing Options Team. At the end of each topic a question and answer session was held. The following points were noted:

**Rethink**

Rethink North West London Carer Support Service is an organisation which works to support families and friends of adults experiencing mental illness in the London Boroughs of Hillingdon and Ealing. Aiding the support and recovery of families and friends affected by mental illness is a key aim. Rethink works with carers in a variety of ways to enable them to cope better with their difficult situations.

**The objectives of Rethink are:**

**Objective 1: – To support recovery and social inclusion**



1. To provide information, advice and support to carers of adults experiencing mental illness
2. To organise and facilitate carer support groups- Carer support groups help to reduce isolation and stress amongst Carers, improve social networks and provide access to information and support.
3. To organise and facilitate respite opportunities. –In the last 6 months Rethink have organised a number of respite outings for carers including:
  - a guided tour of the Palace of Westminster
  - pantomime visits
  - an organised tour of RAF Northolt
4. To develop participation and involvement of people using our service in the planning and delivery of activities.
5. To facilitate Carers Education and Training Programmes (CETP).
6. To ensure that their service is open to all and recognises diversity
7. To continue to work in partnership with other organisations and on new initiatives.

**Objective 2: To combat the stigma and discrimination experienced by people affected by severe mental illness**

1. To promote the service. -Rethink produce a regular newsletter, which contains useful information about mental health issues, caring and events taking place.
2. To signpost carers to other relevant organisations. A key role of Rethink is its regular work with Carers and Carers who are often referred to other services such as Hillingdon Carers, Citizens Advice Bureau and for a Carers Assessment. We also regularly invite other services to attend our groups to provide information to Carers about their services.
3. To promote Rethink membership and campaigns. This takes place on an on-going basis and has been promoted recently in the newsletter, as has the Time to Change anti-stigma campaign. New referrals to the service and anyone leaving the service, are also encouraged to become members so that they can become more involved in the work of Rethink Mental Illness and help everyone affected by severe mental illness.

**Objective 3: To continue to develop a caring organisation that is dynamic, ambitious and fit for the future**

1. To continue to develop staff and volunteers.
2. To ensure that our service runs on budget.
3. To monitor the impact and satisfaction of the service.

**Planned Future Work**

Rethink Mental illness is launching a new Rethink Information System and have developed new carer support planning tools. During the next six month period the service will be working on implementing these tools which we hope will enhance and add to the service we already provide.

**Hillingdon MIND**

Vision - A society that promotes and protects good mental health for all, and that treats people with experiences of mental distress fairly, positively, and

with respect.

Hillingdon MIND comprises a group of users and ex-users of mental health services, professionals and interested individuals who share a concern about the lives of mentally or emotionally distressed people in the community. Hillingdon Mind takes an overarching view of people's mental health and emotional wellbeing.

Through projects and services Hillingdon MIND aims to:

- prevent isolation,
- offer talking therapies,
- enable social inclusion,
- arrange housing opportunities,
- and provide services specific to different cultures.

Role and Activities include:

- A variety of training options
- run sports and leisure activities,
- Opportunities for volunteering, and can provide assistance to those with mental health needs arrested by the Police.

Hillingdon MIND recognise the diversity of Hillingdon's multi-cultural community and aim to set examples of good practice by listening to service users and providing imaginative, innovative and quality services which meet their expressed needs and help people gain some control over their own lives.

Clubs run by Hillingdon MIND offer:

- company, friendship and support for those feeling isolated, lonely or who are recovering from a mental health issue.
- access to computers, printers and a TV room
- various arts, crafts, and board games are available.
- outings and social events

Funded by Heathrow Community and Environment Awards, Café Mind is a new social enterprise scheme. The café is run by Hillingdon Mind's service users. This provides an opportunity to learn new skills in catering and customer care.

In relation to other schemes, Hillingdon MIND explained that the 'Better with Books' project based at Yeading Library had proved popular in the past and they were disappointed that this service had disappeared. It was noted that Yeiwsley Library was currently closed for refurbishment but it was suggested that the new Hayes End Library might be used to restart this service,

The Committee heard that Rethink and Hillingdon MIND had worked together in the past but no longer did. Members felt there was an opportunity to develop local partnerships to highlight what each organisation did and to bring residents and carers together.

Responding to a question about referrals and what the eventual outcomes

were, the Committee heard that Rethink took a recovery based approach and considered the carers' role and what they did. One of their key roles was to provide assistance with housing issues. At present Rethink were looking at the Hayes Group and ways of diversifying this as well as investigating how the age and gender composition of this might be broadened. It was noted that very few men attended therapy groups.

Hillingdon MIND explained they had about 850 service users. In terms of outcomes, MIND offered service users a safe place to meet and gain confidence through projects such as food / catering training and mental health first aid. It also encouraged service users to become involved with voluntary work to gain further confidence and assisted them with the transition from voluntary work back to the work place.

Concentrating on outcomes and how each organisation measured success, Rethink explained that measuring success was not an exact science as service users often had a number of issues which could not be resolved in a single meeting. Based on their experience, Members heard that most service users were guided through a series of structured questions which could take up to six separate meetings. Following these meetings, and based on the responses received, an action plan would be drawn up which would then act as a monitoring tool so that personal development and progression could be assessed.

The Committee were informed that another indicator of success was how both organisations contributed to a reduced number of hospital readmissions and the role they played in ensuring that service users were registered with their local GP so that other health needs such as obesity or diabetes could be addressed. Rethink also referred to the databases they held to monitor service users progress and the service level agreements they had in place with the Council to ensure they delivered the services that Hillingdon residents valued. Officers confirmed that the Council was working with both Rethink and Hillingdon MIND on a number a carer assessments. Alan Coe pointed out that referral rates into Rethink were relatively low which possibly reflected the low performance on carers assessments within the combined mental health service

In response to a question about partnership working with schools, the Committee heard that Hillingdon MIND had provided some teachers with mental health first aid training and that they had also held training sessions with 5<sup>th</sup> and 6<sup>th</sup> formers at some secondary schools.

During the course of discussions, the Committee explained that they were aware there were a number of hard to reach groups and engaging with them had proved a challenge given that some communities viewed mental health needs as a social taboo. Members were encouraged to learn that Hillingdon MIND were actively working with Asian, Somali, Nepalese and Afghani groups. Hillingdon MIND confirmed that they had been working with Somali groups for the last 18 months through partnership working with Surhan.

Members highlighted that in many cases, service users with mental health issues often had underlying physical health needs which needed to be addressed. To meet these needs, the Committee were encouraged to learn

that Rethink were planning on inviting nurses to events in the future so that that basic health checks including weight, height and blood sugar levels could be conducted.

## **CNWL**

### **(How adult community mental health services use community facilities)**

- Use of community facilities is historical and not new.
- Supports Recovery and Social Inclusion.
- Meets individuals occupational goals e.g. Social, Leisure, Vocational and Self care.
- Enables individuals to return to, and participate in, their community

### What type of Facilities do we use?

- Anything and everything that meets an individuals Recovery goals.
- Aim is to support full participation in the community and life in general.
- We take a systems approach. Every person is seen as part of a system; including their community

### Some examples of groups

- Football Group at Brunel University
- Sports group at Uxbridge Lido sports hall
- Fitness group at Bailey Hall in Uxbridge
- Individual gym sessions at Uxbridge Lido gym
- Wellness and Recovery group at Wellbeing centre
- Walking group in local parks and footpaths
- Batik group in the Compass Theatre in Ickenham
- IT group in Ruislip Manor library
- Men's group in Christchurch
- Anxiety management and Assertion and Self esteem groups in the Wellbeing centre

### Some individual examples

- Libraries (an excellent resource)
- Shops
- Cafes
- Local employers
- Leisure and sports facilities
- Religious organisations
- College/ education facilities
- Voluntary organisations
- Green spaces
- Public transport

### Challenges:

- These are minimal.
- Occasionally staff attitude within community facilities (rare - but has occurred).
- Cost of hire of community venues.
- Availability of suitable community venues for groups (more needed for the implementation of Recovery courses locally)
- Travel within borough.

- Cost of facilities for service users (reduced with a leisure link card)
- Bike project has outgrown current premises.
- Funding from council to develop bike project into a social enterprise

#### Partners:

Projects have been undertaken in partnership with for example:

- MIND
- HAVS
- Healthy Hillingdon
- Local libraries
- Brunel University
- Rethink and other carers groups
- Uxbridge College

### **Housing**

#### **(Housing needs and Options for persons with Mental Health Needs)**

##### What services do we provide?

- Advice – landlord/tenant, mortgage arrears, relationship breakdown, mediate within households, looking for accommodation
- Manage the housing register
- Homelessness assessment
- Visit vulnerable customers at their home and liaison with hospital wards.
- Manage lettings to permanent, temporary or private sector housing.
- Access arrangements for supported housing

##### Assessment of service users with mental health needs?

- Care plan & risk assessment – helps to establish threshold for independent living in order to inform accommodation options – temporary accommodation, private rented and social housing
- Bed & Breakfast – to avoid bed blocking
- Referral to floating support services - ILS, LookAhead and Hestia.
- Move on from supported housing (Hayes Park Lodge)
- Attend bed management meetings at Riverside
- Signpost to other appropriate agencies

##### Mental Health Supported Housing and Floating Support Services

- Currently a total of 66 units of supported accommodation for people with mental health needs
- 25 units of short term support and 9 units of long term support provided by Look Ahead at Hayes Park Lodge, Hamlet Lodge and Hornbeam Road
- 32 units of short and long term supported accommodation provided by Hestia at Hutchings House, Cowley Road, Myddleton Road, Sidney Close, Ivybridge Close and Brambles Farm Drive.
- 66 units of mental health floating support provided by Hestia to people living in independent accommodation across the borough

### Areas for improvement

- Improve existing links by identifying a link worker in each community team to work with housing lead officer.
- Establish regular forums:- to discuss and explore appropriate housing options for those particularly difficult service users in the community who may end up being evicted due to mental health issues, but who still require accommodation which is not supported or residential due to vulnerability.
- Greater need for joined up working to sustain tenancies

### Housing Support

The service is designed to help clients with advice and support in the following areas:

- Help with setting up their new home
- Help to understand official letters and documents including their tenancy conditions
- Help maximising benefit claims, budgeting, paying bills including rent, arrears or any other debts
- Help to settle into their new community and to access local services including linking in with specialist support
- Helping clients to learn how to look after their home, including for some getting a handy person service
- And much more but it is NOT hands on personal, clinical or health care, or professional counselling.

### Community Housing- Managing tenancies:

- Community housing provide support and advice as well as taking appropriate enforcement action to resolve any tenancy and neighbourhood issues
- Refer tenants onto appropriate services including ILSS, community safety team, social services etc; to ensure appropriate support is offered
- Joined up working with key services such as mental health.

### Tenant Support

- 90% of tenants have a form of vulnerability
- Common causes for tenancy failure during the probationary period are rent arrears, ASB
- Probationary/secure tenancies
- New tenant visits
- Tenancy verifications.

### Sheltered Housing

- Residents to have the choice to live safe, healthy, independent lives in supportive schemes
- Age 60 plus
- 21 sheltered schemes across the Borough
- Daily presence of a scheme manager
- Focus on activities and support

### Extra Care Housing

- Residents have their own self-contained flat, with the reassurance of 24 hour on site care and support services

- Excellent shared facilities, including a café and dining area, lounge, garden, shop/kiosk, activity space, laundry and hairdressing.
- Independent living for over 55's with a range of physical, sensory and learning disabilities

In response to a question about the number of supported housing units in the Borough, the Committee noted that 66 units were currently available for service users with very high support needs. Officers confirmed that an additional 420 units were planned and that the Council was working in partnership with CNWL on placement efficiencies to develop a wider supported housing sector. Robyn Doran confirmed that Hillingdon had more supported housing provision than neighbouring boroughs.

Having been informed about the housing options available to persons with mental health issues, the Committee asked officers to provide further clarification about the reasons why rents arrears might accrue during a probationary tenancy period. Officers explained that service users not knowing how to access housing forms or understanding some of the questions asked were common factors. In some cases there were also ongoing issues around housing benefit claims.

The Committee agreed it was vital to ensure there was sufficient assistance available to all tenants at the outset of their tenancy to ensure all parties were aware of their obligations (as tenants).

Concern was raised about the levels of support available to people with mental health needs across the borough and whether or not there were some areas which had less support than others. In response officers explained that occupational therapists worked borough wide and CNWL were looking at using existing community resources in innovative ways to ensure there was enhanced service provision.

Referring to the large number of services provided by the Housing Department, Members were pleased to learn that a single point of contact would be established when the client registered with the Department. In those cases where the resident had mental health needs, the Committee learnt that an assessment would be conducted by a panel of health professionals at the outset of the housing application to ensure the most appropriate housing service was accessed.

Given that the Housing Officer presentation cited that 90% of tenants had some degree of vulnerability, Members asked whether the community was necessarily the best place for recovery for someone with mental health needs. In response, the Committee heard that many persons with mental health needs had been through the acute service and then had progressed to housing options as their health had improved. Clearly a balance needed to be struck between an individual's ability to cope and their housing needs but finding the most appropriate form of accommodation was about making links between recovery and the community as a whole.

It was noted that Riverside and acute resource facilities provided clients with a controlled environment in which to take their medication. Concern was raised about those people with mental health needs which were non-

compliant with their medication and whether there were ways of supporting them. In response, the Committee heard that CNWL were working with GP's and partner organisations towards a community programme. It was suggested that the Recovery College could play an important role in educating services users, carers and attendees of the importance of taking prescribed medicines at the allotted times however, it was recognised that there would always be some people who would be non-compliant.

Developing this theme further, it was recognised that there was a possibility that someone with acute issues might suffer a relapse and not be able to cope with A&E, medication or other underlying issues such as anti-social behaviour. Therefore moving persons in difficulty into emergency bed and breakfast accommodation might not be the best option. Officers explained that a clients Care Plan meant that where possible bed and breakfast accommodation would be avoided. However, in those cases where there were no other short term options available, the Council would seek self contained b&b accommodation and ensure that housing officers and out reach support visited to assist them.

Members were encouraged to learn that CNWL were in regular dialogue with the Council and held frequent meetings. To ensure mental health services improved in the future, CNWL explained the focus was on pre-planning. The Committee heard that there was an emphasis on raising staff awareness, asking the right questions and ensuring that services became involved well before issues reached crisis point.

#### **Resolved –**

**That the evidence provided be used to inform the findings of the review.**

#### **HILLINGDON SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2011-12 (Agenda Item 6)**

The Safeguarding Manager introduced the report which provided an overview of the safeguarding work which had been conducted in 2011-12. It was noted that there had been a number of key local developments and service changes which were:

- The change to the SAPB structure and the collaborative model of working with the LSCB
- Implementing the London multi-agency safeguarding adult policy and procedures, strengthening cross boundary work and ensuring a common understanding of responding to allegations of abuse.
- Improve collaboration and partnership across agencies.
- In consultation with stakeholders, re-aligning the Board's priorities to reflect the changes in adult health and social care.
- Focussing more on successful outcomes for people rather than just on compliance

Moving forward into the future, the Committee noted that the Safeguarding Adults Partnership Board would be concentrating on:

- Improving its response to the growing problem of financial abuse
- Increasing its quality control mechanisms



- Testing its local practice against national concerns like the Winterbourne Events
- Continuing to ensure that the Board was well placed to comply with the likely statutory requirements of the Care and Support Bill.

During the course of discussions, the Committee made the following comments to Cabinet:

*The Committee notes the protection of adults at risk is a critical activity of the Council and a key partnership area of work with health services and the voluntary sector.*

*The Committee notes Hillingdon's Safeguarding Adults Partnership Board has an independent chair, who also chairs the Local Safeguarding Children's Board and while each Board is independent, this collaborative approach is to be commended.*

*The Committee notes the Authority has a highly skilled specialist service in place and the Committee expressed confidence in the safeguarding adult arrangements in Hillingdon. The Board is well placed to comply with the statutory requirements set out in the Care and Support Bill and is currently working on priorities that include demonstrating the positive outcomes of safeguarding intervention.*

*The Committee notes the enhanced quality control measures which are being adopted and the changes in both the scope and definition of safeguarding adult work that is being developed. The Committee welcomes the continued work which is being done to raise the awareness of adult safeguarding.*

**Resolved –**

1. To note the contents of the Annual Report
2. To provide the comments listed above to Cabinet

**WORK PROGRAMME** (*Agenda Item 7*)

Reference was made to the work programme and timetable of meetings.

**Resolved –**

**That the report be noted.**

**FORWARD PLAN** (*Agenda Item 7*)

No future reports were identified.

**Resolved –**

**That the report be noted**

The meeting, which commenced at 7.00 pm, closed at 9.25 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Charles Francis on 01895 556454. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

## **ADULT COMMUNITY MENTAL HEALTH SERVICES – WITNESS SESSION 3**

**Contact Officer:** Alan Coe  
**Telephone:** x 0722

### **REASON FOR ITEM**

To develop further the first and second witness sessions on how mental health services are delivered in partnership between people who use mental health services and their carers and those providing services including the voluntary sector, the Council and Central and North West London Foundation Trust (CNWL).

The third witness session will reflect upon visits carried out by Members on the 1<sup>st</sup> and 2<sup>nd</sup> of November and create opportunities to ask questions about any matters arising directly from service users, and officers from the Trust and The Council.

### **OPTIONS AVAILABLE TO THE COMMITTEE**

To question the witnesses in relation to mental health provision in Hillingdon and to address the following lines of enquiry:

- local strategies – translating policy into practice
- partnership working
- enhancing joint working

### **INFORMATION**

1. The Committee is responsible for undertaking the ‘policy overview’ role in relation to Social Services, Health and Housing. This role is outlined at the start of the agenda.
2. Previous experience from both Hillingdon and other Councils indicates that the Committee can have the greatest impact by focusing on a particular topic at one or several meetings.

### **BACKGROUND**

3. At the 31 July 2012 meeting, the Policy and Overview Committee agreed through a scoping report the lines of enquiry to be pursued and the broad structure of the review of adult community mental health services.

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PART 1 – MEMBERS, PUBLIC AND PRESS

Social Services, Health and Housing POC - 7 November 2012

4. Members are aware from the Scoping Report that current services deliver a range of community services to support people's recovery and social inclusion.
5. An important policy challenge is to ensure that services are appropriately focussed towards recovery and to support individuals gain the skills and confidence to resume an independent and socially inclusive life. Members will wish to establish from evidence obtained from previous witness sessions and from visits that practice is in line with policy and that resources available are used effectively to achieve this.
6. At this meeting there will be less emphasis on presentation and more opportunity for dialogue. To support this there will be a range of officers and service users to assist Members in formulating their views on current arrangements and to support them in identifying recommendations for further service development. Additionally there will be information available on two lines of enquiry that have yet to be covered. They are:
  - Current arrangements for training and development including opportunities service users and carers both to contribute to training and receive it; and
  - How service users can gain more choice and control over how services are arranged and provided.
7. The following witnesses are anticipated at the meeting:
  - Robyn Doran – Director of Operations CNWL
  - Sandra Brookes – Borough Director CNWL
  - Linda Sanders –Director – London Borough of Hillingdon
  - Alan Coe – Mental Health Consultant (LBH)
  - Gill Patel – Hillingdon MIND
  - Katherine Sims –Occupational Therapist
  - Helen Miller – Interim Head of Transformation
  - Users of current services

## **LINES OF ENQUIRY**

It is expected that this meeting will cover all lines of enquiry relating to the visits undertaken and information will be available at the meeting to cover two further lines which, as yet, have not been discussed in depth:

- How can education for professionals and carers be improved?

- How are issues of supporting people take exert choice and control in their lives balanced against issues of potential risk to the individual?

### **SUPPORTING INFORMATION**

To assist members and support both the presentations and questions to witnesses, a copy of the scoping report is attached for information.

### **SUGGESTED COMMITTEE ACTIVITY**

Question the witnesses, adding supplementary questions as appropriate.

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## **ANNUAL COMPLAINT REPORT 2011/12 FOR SOCIAL CARE HEALTH AND HOUSING**

**Contact Officer:** Dan Kennedy  
**Telephone:** x 0495

### **REASON FOR ITEM**

Using feedback from residents to improve services is a key element of putting our residents first in Hillingdon. This includes feedback in the form of complaints.

This report provides information and analysis of complaints and Members Enquiries received between 1 April 2011 and 31 March 2012 for the following procedures:

- Housing Services (corporate complaints procedure);
- Adult Social Care (statutory complaints procedure);
- Children Social Services (statutory complaints procedure); and
- Member's enquiries.

Within this report the data shown for each area is shown separately because the complaint procedure for each area is different. For Adult and Children Social Care complaints Local Authorities are required to follow the procedures set by the Department of Health / Department for Education through legislation whereas the corporate complaints procedure is agreed locally. Whatever procedure is used the Council aims to make it as easy as possible for people to provide feedback and aim to resolve all complaints at the earliest opportunity. Learning from complaints is used to drive up customer satisfaction and make service improvements. This report satisfies the requirement to publish annual information about complaints received for social services.

### **OPTIONS AVAILABLE TO THE COMMITTEE**

Members of the Committee discuss and comment on the annual report and use the report to inform their overview activities.

1. Members of the Committee note the contents of the annual report.
2. Members of the Committee agree to raise any concerns with the relevant Cabinet member

### **SUMMARY OF ANALYSIS**

Overall, when comparing the number of complaints received at Stage 1 for 2011/12 (284) with the number received in 2010/11 (257) there has been a small increase of 27 (11%). Of the 284 complaints, 165 were either upheld or

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partially upheld and they were largely resolved by apologising for what happened, which in most cases involved putting right what had gone wrong or in communicating a decision more fully or in a more sensitive way.

**a. Housing (see annex 1 for further information)**

- Fewer housing complaints were recorded for 2011/12 (159) in comparison with previous years - 2008/09 (384), 2009/10 (256) and 2010/11 (166). This is largely due to the integration of housing service enquiries into the council's contact centre which successfully resolved many concerns from residents at the first point of contact preventing the need to escalate to the complaints procedure.
- Of the 159 new housing complaints recorded for 2011/12 - 144 were resolved at Stage 1 with only 15 proceeding to Stage 2. Of the 15 Stage 2 complaints 11 were resolved at this stage. Of the 4 remaining Stage 3 complaints two were not upheld, one was partially upheld and one withdrawn.
- Of the 159 new complaints, 58 were not upheld, 35 were upheld, 58 were partially upheld, 6 were withdrawn and 2 were outside our jurisdiction to deal with.
- The Local Government Ombudsman (LGO) received 8 housing related enquiries for 2011/12, which compares favourably with previous years – 2009/10 and 2010/11 when 10 complaints were received. Of the 8 enquiries considered by the LGO, five were not upheld and three were upheld.

**b. Adult Social Care (see annex 2 for further information)**

- Overall the number of adult social care complaints received during 2011/12 increased when compared to previous years - 2011/12 (69) with 2010/11 (51). This increase is due, in part, to a review of care packages that took place during 2011/12 which resulted in recommendations for clients to benefit from reablement or a reduction in the hours of care directly paid for by the Council. A number of clients or their relatives were dissatisfied with their offer and chose to complain.
- Of the 69 complaints received, almost half (32) were not upheld, 11 were upheld, 22 were partially upheld and 4 were withdrawn.
- For adult social care complaints when a client is dissatisfied with the decision of the Council at the local resolution stage of the process, they can escalate their complaint to the LGO.



- The Ombudsman reported a total of 11 complaints escalated beyond the Council's complaints process in 2011/12 an increase when compared to the five LGO complaints for adult social care in 2010/11. Of the 11 complaints escalated to the LGO – most (seven) were discontinued, one was partially upheld and three were upheld.

**c. Children and Family Services (see annex 3 for further information)**

- The number of complaints related to children's social care during 2011/12 has risen when comparing 2011/12 (56) with 2010/11 (40). This is accounted for by the increase in complaints recorded against the Children in Need team – 6 recorded complaints in 2010/11 but 22 in 2011/12.
- Of the 56 new children social care complaints received for 2011/12, 39 were upheld (either fully or partially), 12 were not upheld and 5 were withdrawn by the complainant.
- No complaints escalated to Stage 2 during 2011/12 but subsequently three complex complaints logged in 2011/12 have since been escalated to Stage 2 and the investigations are ongoing. However, the Committee should note that in comparison with other Local Authorities in London, who receive up to 12 Stage 2 complaints annually, we have far fewer Stage 2 complaints overall.
- There were no Stage 3 complaints during this period and for the previous two years.
- The Committee are asked to note that the focus of officers is to bring complaints to a resolution at an early stage. This approach is often what the complainant wishes and also saves the Council money by avoiding the need to commission an independent investigation of the complaint at stage 2 of the complaints procedure. The impact of this approach is that it can take longer to resolve stage 1 complaints through extended negotiation and discussion with complainants to resolve the complaint - of the 51 complaints, 47% were dealt with within the 10 working days target (from receipt to final resolution).

**d. Members enquiries (see annex 4 for further information)**

- Social Care Health & Housing received 1,099 enquiries from Members for 2011/12. When comparing the figure for 2010/11 of 903 with 2011/12, this is a 21% increase.
- Of the 1,099 enquiries, Housing accounted for 885 (80%), Adult Social Care 141 (13%), Children and Families 41 (4%) and Commissioning, Contracts and Supply 31 (3%).

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## **BACKGROUND INFORMATION**

### **1. The Council's Vision**

The Council's vision is about 'putting our residents first'. We do this by working closely with customers and listening to their views including customers' complaints, resolving these as soon as possible and using their feedback to prevent similar complaints for the future.

### **2. What is a Complaint?**

In general terms a complaint can be considered as:

*“an expression of dissatisfaction by telephone, personal visit or in writing, about the standard of service, actions or lack of action by the council or its staff affecting an individual or group of customers.”*

### **3. How can people complain?**

Complaints can be made in person, by telephone, in writing, by fax, via our website or email, either directly to the service area, Contact Centre or to the Complaints and Service and Improvement Team.

### **4. The Complaints Procedure**

There is not one single complaints procedure that applies to all three services across Social Care Health and Housing. This is because some complaints are dealt with differently for legal reasons (adult social care and children and family complaints) whereas Housing complaints are managed in accordance to the Council's locally agreed corporate complaints procedure.

### **5. Compensation payments**

If after an investigation by council staff or the Local Government Ombudsman (LGO), it is concluded that as a result of maladministration by council staff it has resulted in a complainant suffering a financial loss, the LGO may recommend that compensation should be offered to the complainant.

### **6. What has the Council done to improve complaint handling?**

The Council sees every complaint as an opportunity to learn from customers about what works and what does not. As a result of complaints received during 2010/11 the Council has:

- made efforts to improve written communications to ensure that it is in plain language i.e. explanation of housing benefit decisions and changes;

- one-to-one discussions with individual members of staff and review their written communication before letters are sent to customers;
- updated and published a written complaint procedure for Adult Social Care complainants to use;
- targeted action and visits to care providers to review and follow up on quality of care issues to ensure care standards are met; and
- identified that complaints involving contractors needed to identify at the outset who will respond to which aspect of a complaint. This has resulted in early resolution of complaints.

### **7. What is the Council doing to improve complaint handling?**

The Council will continue to seek feedback from those residents who have had cause to complain. During 2012/13 we will use feedback to improve our complaint handling processes and make service improvements by focusing on:

- all managers handling complaints will attend bespoke and targeted briefings concentrating on conducting thorough investigations, not to be defensive about complaints but deal with them fairly and providing high quality responses dealing with all issues raised;
- providing Adult Social Care and Children and Family Service staff with written advice and guidance on handling complaints. The written material includes guidance on how to conduct investigations, useful responses and a 'tried and tested' approach to use in written responses to complainants and information about their role in the complaint process;
- raising awareness of complaints as a positive tool for the organisation to use to make service improvements;
- providing a responsive complaints service that delivers early resolution and by doing so reduces the likelihood of complex complaints escalating to the LGO; and
- conducting surveys of complainants to obtain their feedback on how their complaint was handled and using feedback to see what we can do to improve our processes.

## **Background Documents**

### **Annex 1 – Complaints about Housing Services**

The figures shown in this section have been separated into Hillingdon Housing Service and LBH Housing services for the purposes of this report.

#### **1. The Complaint Procedure**

Housing complaints are managed in line with the Corporate Complaints Procedure. This procedure operates as follows:

- Stage 1 – response from the Head of Service
- Stage 2 – response from the Corporate Director
- Stage 3 – response from the Chief Executive of the Council
- Local Government Ombudsman

A more detailed explanation of how the complaint procedure operates, the main complaint themes and statistical data for each stage of the process is provided below.

#### **The Informal complaint**

The process of complaints resolution involves talking to the customer/resident and talking through the issues they have raised, clarifying any points and understanding what outcome they are seeking to achieve. As a result, in addition to the formal complaints procedure, the Complaints and Service Improvement Team take customer enquiries or 'concerns' and deal with them promptly and informally. This is because feedback we have received from residents indicates that most want action to resolve the issue quickly and are happy that this is undertaken informally.

This emphasis to resolve issues and concerns quickly and avert the need to escalate these to a formal complaint has resulted in a significant reduction of complaints at Stage 1 when comparing 2008/09 (384) with 2011/12 (159). See Table 1 below.

When comparing 2010/11 (92) with 2011/12 (104) there is a small increase in complaints received by Housing Services but when compared with 2008/09 (171) there has been a significant reduction.

**Table 1 - Comparison of Stage One Complaints**

<b>Service Area</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
Housing Services	171	126	92	104
Hillingdon Housing services	213	130	74	55
<b>Total Housing</b>	<b>384</b>	<b>256</b>	<b>166</b>	<b>159</b>

**a. Stage 1 – Head of Service**

Managers of the service complained of or external contractors providing services on behalf of the Council are expected to resolve as many problems and complaints as possible at this point. The complaints procedure requires complaints to be acknowledged within 3 working days and responded to within 10 working days.

During 2011/12 we recorded in total 159 new housing complaints. Statistics show that 144 (89.5%) out of 159 complaints were resolved at this stage of the complaint process by the intervention of a manager. Of the 159 complaints, 58 were not upheld, 35 were upheld, 58 were partially upheld, 6 were withdrawn and 2 were outside our jurisdiction to deal with.

Interrogation of complaint data has highlighted three main causes why residents complain about housing issues. This is set out below in Table 2 together with further information about the reasons why residents complained.

**Table 2 – Summary of complaints received by theme at stage 1 (2011/12):**

<b>Theme</b>	<b>Housing Services</b>	<b>Hillingdon Housing Services</b>	<b>Total</b>
Policy decisions	3	0	3
Staff attitude or slow service	10	4	14
Service Failure	91	51	142
<b>Total</b>	<b>104</b>	<b>55</b>	<b>159</b>

**Policy decisions** (3 complaints)

The reasons for complaining were as follows:

- two people were unhappy with the criteria used to assess their Locata banding; and
- dis-satisfaction with the Council's decision to assess a person as not homeless. They felt that they were homeless and should, therefore, have had access to social housing options. Wherever possible advice

and information about alternative housing options is offered as well as well as how to access more suitable housing in the private sector.

**Staff attitude/slow service** (14 complaints)

The main reason for complaining was because residents felt that Council Officers communicated decisions in a non-empathetic way to people who approach the council for assistance. As a result of these complaints we have raised awareness with teams and individual members of staff for the need to convey information/decisions in a sensitive way and to provide an explanation for the decision.

**Service failure** (142 complaints)

The main reasons for complaining were as follows:

- about delays or a lack of understanding about the way in which benefits are calculated with customers/residents feeling that they should be entitled to more benefits. Improvements have and continue to be made to help people who apply for housing benefits to understand how their benefit is calculated;
- complaints from residents about disputes with their neighbours. Generally these are referred to our anti-social behaviour team to deal with.
- complaints about the decision not to replace kitchens, bathrooms and windows. In most cases the existing kitchen / bathroom / windows were found to meet the required minimum standard and will be considered for replacement during the next scheduled planned maintenance programme;
- complaints about mould and dampness in some properties. In response the Council has provided advice to tenants about ventilating and heating their property;
- complaints about water leaks from neighbouring properties (usually flats above) from tenants / residents;
- contractors not keeping to scheduled appointments. This has been followed up with the contractors throughout the year; and
- dis-satisfaction with the repairs undertaken. However, when comparing 2011/12 with previous years this has fallen significantly. This has been helped by Council staff trying to resolve any representations quickly and

satisfactorily at the point of contact before they become complaints. Further information about these improvements is provided below.

### **Example of Service Improvements Made to Reduce Complaints**

#### **What has been done to improve Housing repairs performance?**

In order to be more customer focussed, to reduce the potential for complaints and to allow the service to better manage customer expectations, the following action has been taken when responding to requests for repairs:

- Explaining to tenants what they can expect and how long it will take to complete a repair;
- Giving ownership of the case to one individual in the repairs team to oversee the work;
- A case remains visible and is not lost amongst all the other work being dealt with;
- To have an open case file in which all actions and correspondence is recorded onto the housing IT system. This is helping to ensure that a complete record of actions is available for contact centre staff when a tenant or leaseholder calls to enquire on the progress of their repair;
- Regular discussion between staff and managers regarding open cases and to act on delays;
- The allocated person in the repairs team to keep the tenant or leaseholder regularly informed of progress in resolving the case;
- Before closing a case to review it and identify any lessons learned; and
- To share with staff the impacts that can result from delays – both for residents and for the Council – and to emphasise the need to manage these cases well.

**Table 3 – Key Performance Indicator – Housing Repairs**

<b>Measure</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
Appointments kept	99.3%	99.1%	99.2%
Average number of days to complete a repair	14	13	11
Number of repeat calls/visits	901	603	223
Jobs completed	30,401	31,314	29,422
Voids completed	615	474	526

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## High level analysis

- Over the past three years 99% of appointments made have been kept by the repairs service and its contractors;
- The average number of days to complete a housing repair has reduced from 14 in 2009/10 to 11 in 2011/12. This is a significant achievement; and
- The number of repeat visits to fix a repair has reduced from 901 in 2009/10 to 223 in 2011/12, which is a significant reduction.

### b. Stage 2 – Corporate Director

The Corporate Director or their representative will carry out an investigation and respond to complaints within 10 working days.

**Table 4 – Total Number of Housing Complaints Progressing to Stage 2**

Service Area	2009/10	2010/11	2011/12
Housing Services	12	5	7
Hillingdon Housing Service	14	8	8
<b>Total</b>	<b>26</b>	<b>13</b>	<b>15</b>

During 2011/12, 15 complaints progressed to Stage 2 of the complaints procedure. Of the 15 Stage 2 complaints, five (33%) were not upheld, seven (47%) were partially upheld, three were upheld (20%).

A breakdown is provided below of the seven Housing Service and eight Hillingdon Homes complaints that progressed to Stage 2 with an explanation provided of the action taken to resolve them.

### Housing Services

Complaint details	Outcome	Action taken
HC-000857 Alleged lack of support and advice given during a homeless application.	Partially Upheld	Upheld complaint that the decision could have been conveyed more sensitively. Did not uphold complaint about communication being unclear.
HC-000865 Complaint about the decision of being 'intentionally homeless'	Not Upheld	No maladministration identified.

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<b>Complaint details</b>	<b>Outcome</b>	<b>Action taken</b>
by LBH.		
HC-000915 Complaint that all people bringing sensitive confidential data should be given an appointment.	Partially Upheld	Benefit Service is to introduce an appointments system, which is to be robust and customer focussed.
HC-000973 Complaint about the housing priority banding scheme and advice given regarding the bidding process.	Not Upheld	No evidence of maladministration – housing application dealt with properly.
HC-000980 Complaint about the management of housing needs.	Not Upheld	No evidence of maladministration – housing application dealt with properly.
HC-001049 Unhappy that the council did not follow procedures when dealing with a homelessness application.	Partially Upheld	Upheld complaint that the decision could have been conveyed more sensitively. However, did not uphold complaint that procedure (legislation) was not followed.
HC-001067 Complaint about an alleged breach of confidentiality.	Partially Upheld	Upheld complaint that client was not told the implication of giving consent to share information for his housing application.. However, did not uphold complaint that his confidentiality had been breached as he had given written consent for this to be done.

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## Hillingdon Housing Service

<b>Complaint details</b>	<b>Outcome</b>	<b>Action taken</b>
HC-000628 Complaint about the failure to identify dampness.	Upheld	We agreed to carry out works to address the damage caused by the leaks from the flat above.
HC-000764 Complaint that the manager was not providing entertainment for the residents living in sheltered accommodation.	Partially Upheld	Upheld complaint that communication to the residents should have been clearer about what will be provided. Did not uphold complaint that manager was contractually obliged to arrange provide entertainment.
HC-000890 Complaint about damp problems that had not been resolved for over 2 years.	Partially Upheld	Upheld complaint that there had been a delay in dealing with damp. Did not uphold cause of dampness that this was due to Local Authority.
HC-001015 Tenant complained about anti-social behaviour activities.	Upheld	Officers advised of steps to take when dealing with a management transfer i.e. what assistance the council will provide.
HC-001087 Utilities were not working for three weeks after the tenant moved in and as a result she incurred costs of temporary heating.	Upheld	We accepted that the complainant was entitled to the reimbursement of the temporary heating costs and have paid these to the tenant.
HC-001090 Complainant unhappy with water supply to the block of flats (lack of water pressure).	Not Upheld	This problem required a difficult technical investigation to find the cause of the fault.
HC-001090 Complaint that two further breakdowns (water pressure) in water supply to the block of flats after it had been repaired.	Not Upheld	This problem required a difficult technical investigation to find the cause of the fault.
HC-001179 Complaint that her	Partially Upheld	Upheld complaint that we should have told the resident

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<b>Complaint details</b>	<b>Outcome</b>	<b>Action taken</b>
telephone call was terminated by a Council Officer and that this was a breach of her Human Rights.		why her telephone call was being terminated. Did not uphold complaint that her Human Rights had been breached.

### **c. Stage 3 – Chief Executive of the Council**

The Chief Executive commissions an investigation by an officer in Democratic Services and responds to the complainant in light of the findings of the investigation.

During 2011/12, four complaints progressed to Stage 3 of the complaints procedure, this compares favourably with 2010/11 (4) and 2009/10 (3). Please see table 5 below

**Table 5 – Total Number of Complaints Progressing to Stage 3**

<b>Service Area</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
Housing Services	2	2	4
Hillingdon Housing Service	1	2	0
<b>Total Housing</b>	<b>3</b>	<b>4</b>	<b>4</b>

A breakdown is provided below of the four Housing service complaints which progressed to Stage 3 with an explanation provided of the action taken to resolve them. Only one of the four complaints was partially upheld. Hillingdon Housing Service received no Stage 3 Complaints.

<b>Complaint details</b>	<b>Outcome</b>	<b>Action taken</b>
HC-000642 Complaint about inability to resolve vermin problem in a private sector property.	Partially Upheld	Upheld the part of the complaint that council staff did not keep the tenant informed of what action was being taken to resolve the vermin problem. Did not uphold the complaint that the tenant's questions had not been answered.
HC-000711 Complaint about vermin.	Withdrawn	Complaint withdrawn as action taken by the Council to deal with rodents.
HC-000980 Complaint about a 'rushed' homeless	Not Upheld	No maladministration identified.

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application and incorrect banding on housing waiting list.		
HC-001114 Complaint about perceived failures in processing a homeless application	Not Upheld	Council acted in accordance with legislation and guidance.

#### **d. Taking it further - Local Government Ombudsman (LGO)**

The LGO is empowered to investigate complaints where it appears that our own complaints procedure has not resolved the complaint. Complainants can refer their complaint to the LGO at any time, although the LGO normally refers the complaint back to us if a complaint has not been through all three stages of the local complaints procedure.

We work with the Ombudsman to ensure that they are informed of the rationale of our decision-making and we openly apologise when we need to. As a result of our approach and the lack of evidence from complainants to support their complaint, the LGO have decided to investigate fewer complaints made against this council during 2011/12. Please see table 6. We will continue to adopt this approach and co operate with the Ombudsman in their investigations.

**Table 6 Hillingdon complaints/enquiries received by the LGO**

<b>Service Area</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
Housing Services	7	8	6
Hillingdon Housing Service	3	2	2
<b>Total Housing</b>	<b>10</b>	<b>10</b>	<b>8</b>

When comparing 2011/12 (8) with the previous two years (10), there has been a small reduction in the number of complaints escalating to the LGO. See table 6 above. The table below provides a breakdown of the eight complaints that were dealt with by the LGO – none of these complaints were upheld.

<b>Complaint Details</b>	<b>LGO Decision</b>	<b>Recommendations</b>
HC – 000628 Complaint about damage caused by the leak by the tenant above her flat.	Not upheld	Discontinued on the basis that we carried out works to address the damage caused by the leaks.
HC – 000658 Complaint by a neighbour that she was not consulted by the Council	Not Upheld	LGO discontinued their investigation on the basis that we

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<b>Complaint Details</b>	<b>LGO Decision</b>	<b>Recommendations</b>
of a rear extension to her neighbours property.		apologised to the complainant and pay £250 in compensation.
HC – 000865 Complaint that a tenant should not have been evicted because her arrears had been paid three days before she was evicted.	Not upheld	Discontinued on the basis that the complaint had been submitted prematurely to the LGO
HC – 000894 Complaint that the Council had awarded a tenant a Band D priority for re housing.	Not upheld	Discontinued on the basis that we reassessed need and upgraded the complainants Banding to B.
HC – 000980 Complaint that the Council treated the complainant unfairly by failing to allocate him a council property despite his mental health problems.	Not upheld	Complaint submitted too late i.e. outside 12 month.
HC – 001148 Complaint that the council has not re-housed a tenant because she has asthma.	Not upheld	LGO decided that there was no evidence of fault by the Council.
HC – 001149 Complaint that the Council was wrong to decide that she was intentionally homeless and that the Council failed to provide emergency accommodation pending review.	Not upheld	Discontinued on the basis that there were alternative remedies open to the complainant i.e. appeal the decision to the courts.
HC – 001176 Complaint that the Council refused to accept a homeless application from her or provide her with temporary accommodation.	Not upheld	Discontinued on the basis that there were alternative remedies open to the complainant i.e. appeal the decision to the courts.

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## Annex 2 – Complaints about Adult Social Care Services

The procedure for dealing with Adult Social Care complaints is regulated by the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009'. This sets out the two stage complaint procedure that Local Authorities are required to follow and it applies to older people, people with a physical disability, people with a learning disability and other vulnerable people. This is the same procedure used by health care services.

### The Complaint Procedure

The complaint procedure is as follows:

- Stage 1 – Local Resolution.
- Local Government Ombudsman.

This procedure is far less prescriptive, and operates a one stage procedure, with escalation directly to the LGO should the complainant be dissatisfied with the response from the Local Authority. The intention of this procedure is to allow the Local Authority the opportunity to:

- seek effective and complete resolution at the first attempt;
- to remove bureaucracy; and
- designed to empower complainants in shaping from the outset the approach to the complaint.

### Stage 1 – Local Resolution

**Table 7 - Comparison of Stage One Complaints**

<b>Service Area</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
Learning Disability	18	15	4	6
Mental Health	5	1	0	3
Older People	74	37	30	42
Physical/sensory Disability	13	6	17	18
<b>Total Social Care</b>	<b>110</b>	<b>59</b>	<b>51</b>	<b>69</b>

Table 7 sets out the number of complaints received at Stage 1 of this procedure. When comparing 2011/12 (69) with 2010/11 (51) this is an increase of 18. Of the 69 complaints 32 were not upheld, 11 were upheld, 22 were partially upheld and 4 were withdrawn

**Table 8 – Summary of complaints received by theme at stage 1**

<b>Theme</b>	<b>Adult Social Care</b>
Policy decisions	1
Staff attitude/slow service	5
Service Failure	63
<b>Total</b>	<b>69</b>

**Policy decisions** (1 complaint)

One family complained that they should not have to pay for their mother's care.

**Staff attitude/slow service** (5 complaints)

The reasons why people complained were as follows:

- Three people did not agree with the outcome of occupational assessments because they felt that the assessment did not take into account the full needs of the person being assessed. It was their view that the assessment was not conducted in line with the Council's eligibility criteria/policy for social care; and
- Two people complained because they felt that decisions were communicated to them in a non-empathetic way.

**Service failure** (63 Complaints)

The reasons why people complained were as follows:

- Four complaints about home carers not attending a client's home in line with the care plan;
- Five people complained about the quality of residential and nursing care provided;
- Five complained about the lack of communication or that regular updates were not provided;
- 10 people were unhappy at the length of time they had to wait for assessments to be carried out;
- 12 people were unhappy that a review of peoples needs was carried which led to changes to existing care packages. They were unhappy with the recommendations made (Reablement) and care packages (changes to Direct Payments);
- 12 people complained about Direct Payments (DP) – disputed monies requested, reductions in the care package, not informed that they were

entitled to DP and unhappy that DP were discontinued following reviews/re-assessments; and

- 15 complaints related to a range of different issues such as the perceived lack of help from social services, dissatisfied with the advice provided by a member of staff, unhappy with the conduct of an advocate, delay in responding to their concerns, unhappy that therapy was withdrawn without any consultation.

As a result of these complaints we have:

- asked private/voluntary sector home care providers and residential/nursing home providers to look into complaints and address the concerns;
- undertaken regular visits to care providers by the Council's Care Inspection Team and this has contributed to improvements in the quality of care provided;
- staff have been reminded of the need to ensure that information is provided at regular and timely intervals;
- care packages cannot continue year on year without being reviewed but there is a requirement to carry out a re assessment at regular intervals. Staff from the Reablement Team are asked to provide intensive support to people for up to six weeks, which may enable that person to lead a more independent life; and
- the Direct Payments Agreement provides people with information on how Direct Payments will operate and what they can use it for. Where people are unclear they are advised to contact the Direct Payments team.

## Local Government Ombudsman

**Table 9 – Comparison of Stage 2 complaints escalated to the LGO**

<b>Service Area</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
Learning Disability		1	3
Mental Health		0	0
Older People	4	3	6
Physical/sensory Disability	1	1	2
<b>Total Social Care</b>	<b>5</b>	<b>5</b>	<b>11</b>

During 2011/12 there has been an increase in the number of complaints progressing to the LGO compared to the previous year. However, only three of

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these complaints was upheld. A breakdown is provided below of the 11 Adult Social Care complaints that progressed to Stage 2 with an explanation provided of the action taken to resolve them.

### Adult Social Care LGO Referrals

<b>Complaint Details</b>	<b>LGO Decision</b>	<b>Recommendations</b>
HC-000704 Complaint about the assessment process and the conduct of the Care Manager.	Outside their Jurisdiction	N/A
HC-000722 Complaint about the appropriateness of the placement of client and the time it took to carry out the assessment.	Upheld	Discontinued on the basis that the Local Authority apologised for the delay in carrying out the assessment.
HC-000757 Complaint about the move to a nursing home and poor communication	Outside their Jurisdiction	N/A
HC-000761 Complaint about the decision to request monies as a result of a 'misuse' of funds (Direct Payments).	Upheld	Discontinued claim on the basis that the Local Authority waives the recovery of misused funds because it had not been clearly explained to the client what they could use Direct Payments for nor was it clearly set out in the Care Plan.
HC-000877 Complaint about the assessment process for Occupational Therapy team.	Not upheld	No maladministration identified.
HC-000893 Complaint about the conduct of external carers who have attended homes without wearing appropriate ID badges.	Not upheld	Discontinued on the basis that we agreed that carer's would wear ID badges at all times and give their names if asked.

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<b>Complaint Details</b>	<b>LGO Decision</b>	<b>Recommendations</b>
HC-001041 Unhappy with the quality of care provided to Aunt.	Upheld	Apologise for the conflicting statements and differing views expressed.
HC-001005 Complaint relating to the conduct of staff carrying out a Direct Payments review.	Not upheld	Discontinued on the basis that the Council agreed to carry out an assessment of the complainants need for outreach services.
HC-001080 Complaint about Social Cares team's involvement with a case relating largely to a claim for monies owed.	Not upheld	LGO did not find any maladministration.
HC-001085 Five issues raised within this complaint about the care provided by a care home.	Not upheld	Discontinued because no evidence of injustice suffered by the complainant.
HC-001108 Complaint about therapy being withdrawn without any consultation.	Not upheld	No fault was found by the LGO in the way the Council reached its decision.

## **Mediation**

For some complaints it will not be appropriate, or possible, to resolve them through the complaint process. Particularly where there has been a breakdown in the relationship between the service provider and the service user or where emotions are running high. In these the Complaints and Service Improvement Manager will consider whether mediation is an option that should be considered.

The Complaints Manager will contact both parties to see if they will agree to mediation. (Mediation is not possible without the agreement of those concerned). If both parties are agreeable, mediation by an independent mediator will allow both sides to:

- express their own views;
- think about how to put things right;
- come together to reach a solution.

During 2011/12, there were no complaints that were referred for mediation.

## **Annex 3 – Complaints about Children and Family services**

Complaints made by children or on their behalf are governed by the Children Act 1989, Representations Procedure (England) Regulations 2006 (Statutory Instrument 2006 No. 1738). This sets out the three stage complaint procedure that Local Authorities are required to follow when dealing with complaints made by for example any child or young person, any local authority foster carer, children leaving care, Special Guardians, persons wishing to adopt a child, etc.

### **The Complaint Procedure**

#### **Informal Complaints**

We will try to resolve enquiries/concerns on the spot by discussing the problem with a complainant and trying to resolve it. If we can solve the problem we will do so, immediately.

#### **Stage 1 – Local Resolution**

We will listen to the complainant to find out what is wrong and if necessary arrange for an advocate to speak for the complainant. An advocate is often a children's rights officer who does not work for the local authority.

Upon receipt of a complaint, a manager will look into the issues raised and see what needs to happen to sort it out. The manager will investigate the complaint then write to the complainant or their advocate within 10 working days and it will explain what they have done to resolve the complaint.

Between 1 April 2011 and 31 March 2012, the Local Authority received 56 complaints (compared with 40 complaints in the corresponding period 2010/11). The increase in complaints is largely due to the Children in Need Team who recorded 6 complaints for 2010/11 but 22 in 2011/12. See Table 10 below.

Of the 56 complaints recorded 39 (70%) were upheld (either fully or partially), 12 (21%) were not upheld and 5 (9%) were withdrawn by the complainant.

Whilst we are striving to improve the speed of our response times, it should be noted that a lot of our effort is employed at Stage 1 to resolve complaints and stop it escalating to Stage 2. This approach can lengthen the stage to resolve the complaint and that is why not more than 24 complaints were fully resolved within the 10 working day target. However, early resolution is preferred by complainants and in turn this does save the Council money by avoiding the need to commission an independent investigation of the complaint at stage 2.

**Table 10 – Stage 1 Complaints recorded by Teams**

<b>Service User Group</b>	<b>Complaints Received 2010/11</b>	<b>Complaints Received 2011/12</b>
Asylum Service	5	4
Resources	0	0
Adoption and Permanency	1	1
Fostering	0	0
Looked After Children	3	4
Children in Care 1	2	0
Children In Care 2	3	3
16+	4	3
Family Support	0	0
Referral and Assessment Team (Assessment and Intervention Team)	4	5
Children in Need	6	22
Intensive Family Support	0	0
Children with Disabilities	11	13
Child Protection	0	1
Other	1	0
<b>Total</b>	<b>40</b>	<b>56</b>

An analysis of the 56 complaints has identified three main reasons why people complained. These were as follows:

- **Policy decisions** - 1 complainant was unhappy with the outcome of their occupational therapy assessment and the resulting decision.
- **Service Failure** – 38 complainants were unhappy with the way staff communicated unwelcome decisions such as the outcome of assessments and decisions that directly affect clients and their families. They also felt that staff did not keep them informed of developments and the decisions being made that affected their family members.
- **Staff Attitude/Slow Service** – 17 complainants were unhappy with the length of time it took to provide information or services or assessments.

## **Stage 2 – Independent Investigation**

If a complainant is not happy with the letter from the manager, the Complaints and Service Improvement Manager will arrange for two people who do not work for the local authority to look into the issues raised. The Investigating Officer and Independent Person will look into everything and talk to everyone involved and then write a report on what they have found. This will normally take up to 65 working days from the date the written statement of complaint was agreed to complete. Upon receipt of the report, the Deputy Director for

Children Services will then write to the complainant and tell them what will happen next.

No complaints escalated to Stage 2 during 2011/12 but three complaints logged in 2011/12 have since been escalated to Stage 2. However, the committee should note that in comparison with other Local Authorities in London, who process up to 12 Stage 2 complaints annually, we have far fewer Stage 2 complaints.

### **Stage 3 – Review Panels**

If the complainant remains unhappy with the findings, the Complaints and Service Improvement Manager will arrange for a panel to meet and look at all the issues raised in the complaint and read the report that was written for stage 2. The panel will be made up of three new people who do not work for the local authority and their role is to speak to all the people involved and ask them questions about what has gone wrong and why the complainant is not happy. The three people on the panel will talk about the whole situation and together they will come up with some ideas of how things can be improved. From beginning to end this stage takes up to 72 working days to complete.

There were no Stage 3 complaints in 2011/12 and for the previous two years. This compares favourably with other Local Authorities who recorded up to 7 Stage 3 complaints.

### **Local Government Ombudsman**

A further option for complainants is the Local Government Ombudsman (LGO) who is empowered to investigate where it appears that a Council's own investigations have not resolved the complaint. Complainants can refer their complaint to the LGO at any time, although the Ombudsman normally refers the complaint back to the Council if it has not been considered under our procedure first.

During 2011/12, three complainants chose to escalate their complaint from Stage 1 direct to the LGO, rather than follow the complaint procedure. The LGO decided not to investigate these complaints and informed the complainants that they needed to follow the Council's complaints procedure.

### **Mediation**

For some complaints it will not be appropriate, or possible, to resolve them through the complaint process. Particularly where there has been a breakdown in the relationship between the service provider and the service user or where emotions are running high. In such situations the Complaints and Service

Improvement Manager will consider whether mediation is an option that should be considered.

The Complaints and Service Improvement Manager will contact both parties to see if they will agree to mediation. (Mediation is not possible without the agreement of those concerned). If both parties are agreeable, mediation by an independent mediator will allow both sides to:

- express their own views;
- think about how to put things right; and
- come together to reach a solution.

During 2011/12, there were no complaints that were referred for mediation.

## Annex 4 – Members Enquiries

Enquiries can be submitted to officers on behalf of residents to Elected Members for further information. This can include questions about an assessment, decisions or quality of service experienced by our resident.

**Table 11 – Members Enquiries received for 2011/12**

Service Type	Total number received	%
Housing Service	632	57%
Hillingdon Housing Service	253	23%
Adult Social Care	141	13%
Children and Family Service	41	4%
Commissioning, Contracts and Supply	32	3%
<b>Total</b>	<b>1,099</b>	<b>100%</b>

During 2011/12, we received 1,099 enquiries from Elected Members on behalf of residents. When comparing the figure for 2010/11 of 903 with 2011/12, this is an increase of 196 (21%). See table 15 above.

Of the 1,099 enquiries, Housing accounted for 885 (80%), Adults Social Care 141 (13%), Children's and Families Service 41 (4%) and Commissioning, Contracts and Supply 32 (3%).

**Table 12 – Members Enquiries by Service Type**

### a. Children and Family

Service Type	Total number
Children and Family Service	41
<b>Total</b>	<b>41</b>

### b. Adults Social Care

Service Type	Total number
Specialist Services	56
Access and Assessments	40
Adults Personalised Services	13
Mental Health, Drug and Alcohol	12
OPS Personalised Services	9
Directorate ASC	7
Safeguarding ASC	4
<b>Total</b>	<b>141</b>

### c. Commissioning, Contracts and Supply

<b>Service Type</b>	<b>Total number</b>
Joint Commissioning	19
Housing Supply	13
<b>Total</b>	<b>32</b>

### d. Housing

<b>Service Type</b>	<b>Total number</b>
Housing Advice	442
Private Sector Housing	102
Community Housing Office – Uxbridge	64
Benefits	63
Hillingdon Housing – Repairs	48
Community Housing Office – Hayes	33
Community Housing Office – Ruislip	28
Hillingdon Housing – Directorate	20
Directorate (Housing)	19
Hillingdon Housing – Caretaking	16
Hillingdon Housing – Surveyors	12
Hillingdon Housing – Leasehold	7
Sheltered Housing	6
Hillingdon Housing – Match Team	4
Hillingdon Housing - Allocations	4
Hillingdon Housing – Heating	4
Hillingdon Housing – Tenancy Service	3
Hillingdon Housing – Careline	3
Hillingdon Housing – Arrears	2
Hillingdon Housing – Estate Services	2
Hillingdon Housing – Programmed Repairs	1
Hillingdon Housing – Community Involvement	1
Hillingdon Housing – Planned Works	1
<b>Total</b>	<b>885</b>

**Table 13 – Top Five enquiries by Service Type 2011/12**

<b>Service Type</b>	<b>Total number</b>
Housing Advice	442
Private Sector Housing	102
Community Housing Office Uxbridge	64
Benefits	63
Specialist Services	56



## **THE USE OF ASSISTIVE TECHNOLOGY TO SUPPORT INDEPENDENT LIVING HILLINGDON – PROGRESS UPDATE ON SAVINGS.**

**Contact Officer:** Sarah Hollingworth  
**Telephone:** 8368

### **REASON FOR ITEM**

During 2010/11 the Committee conducted a review of the use of assistive technology to support independent living in Hillingdon. An update against the fourteen recommendations made by the Committee was given in November 2011 and a request was made for a further update in 1 year's time to cover details of savings made as a result of the TeleCareLine service. This paper provides an update on the impact of changing the approach to social care in Hillingdon through the implementation of a combination of TeleCareLine and Homecare Re-ablement services.

An overview of what telecare and homecare re-ablement are is included for reference at Appendix 1.

### **OPTIONS AVAILABLE TO THE COMMITTEE**

1. To note the progress made by officers on the Committee's recommendations.

### **INTRODUCTION, WHY IS ASSISTIVE TECHNOLOGY & HOMECARE RE-ABLEMENT SO IMPORTANT?**

1. The ageing population in Hillingdon and changing demographics makes the application of assistive technology critical to enabling disabled residents and those with long-term conditions, especially dementia, to remain independent in their own homes. Without it the cost implications for the council and key partners such as the NHS would be considerable.
2. Hillingdon has a population of approximately 253,000. It is estimated that there are currently 34,000 people aged over 65 in the Borough. This is projected to increase by 8.4% in five years to 37,100.
3. Dementia is primarily a condition faced by older people and the ageing population in Hillingdon indicates that this is going to be a major cause of need in the future. Projections suggest that the number of older people with dementia is likely to increase by 7% to 2,694 in the five years to 2015. 67% of the increase can be attributed to the over 85s, which is expected to grow by 11% within this period. People with learning disabilities are more

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susceptible to dementias as they get older. Projections suggest that the number of people with learning disabilities living into old age is increasing and it is predicted that there will be an increase of 7.6% between 2010 and 2015. Extensive consultation nationally and locally shows that the vast majority of older and disabled people wish to remain independent in their own homes.

## **2011/12 SERVICE UPDATE**

4. The overall strategy agreed by the council for 2011/12 was to reduce reliance on long term residential/nursing placements thereby enabling people to remain living in their own homes rather than be placed in institutional care. The budget for 2011/12 approved a £700k investment in a new TeleCareLine service which would enable full year savings of £6.3m to be achieved by March 2014. The TeleCareLine / Re-ablement services have and will continue to play a key role in enabling this objective to succeed.
5. To deliver a significant reduction in the number of placements also requires a broadening range of support mechanisms to be in place such as appropriate housing. However even with sufficient housing being built / adapted and made available for the individual to be safely supported in their own home the investment in Re-ablement and TeleCareLine is equally essential.
6. During 2010/11 the in-house homecare team was retrained and refocused on re-ablement only and as a result there was a transfer of long term clients (those in receipt of extra care and high dependency care) to the private & voluntary homecare sector. This also enabled the team to be reduced to reflect the smaller number of clients that would need to be supported through the Re-ablement service for up to 6 weeks.

### **Re-ablement**

7. The outcomes for 2011/12 show that some 80% (704 / 876) of clients either have no need for ongoing care, or had a reduction in their ongoing care package.
8. The outcome for the 876 clients who have been through the re-ablement programme during 2011/12 shows that 534 (61%) did not need any further care and 170 (19%) received a reduced package. Further analysis of the 876 shows that 343 (40%) achieved full independence. By measuring this reduction in care hours and assuming that the ongoing hours remain unchanged, this represents a full year preventative saving of approx £840K; added to the savings made when the in-house team was reconfigured (£500k) the total saving becomes £1,340k.

9. These outcomes reflect the strong shift that has been made to more effectively utilise our skilled resources (eg homecarers, occupational therapist's and physiotherapists) to re-able people to retain their independence by accessing appropriate support and thereby reduce their likelihood of requiring long term care. . Encouragingly only a very small number have required admission to residential care or an increased care package.

#### TeleCareLine Service

10. The target for the number of new clients taking up the service for 2011/12 was 750. This target was exceeded with 1,178 new users joining the service during 2011/12.
11. Although this first year take up is very encouraging particularly amongst the older population take up by younger disabled people is lower and needs an added focus.

#### **WHAT SAVINGS HAVE BEEN MADE A RESULT OF INCREASING THE TAKE UP OF THE TELECARELINE SERVICE?**

##### Evidence of savings achieved to date

12. This is a whole system change to support more people at home utilising both Reablement and TeleCareLine and changing our approach and model for adult social care. We are able to evidence the impact of changing practice across Adult Social Care, particularly residential placements. Data shows a significant reduction in new long term residential & nursing care placements in 2011/12; the average falling from 8.08/week in 2010 to 3.77/week to end of March 2012; this includes all adult social care placements.
13. The number of people currently in receipt of long term Residential/Nursing placements for Older People has been significantly reduced and in total the headcount is now at its lowest level since April 2009, representing a reduction of 112 placements since October 2010 (approx £2.3m fye) which is consistent with the planned direction of travel for the 2011/12 to 2014/15 MTFF.
14. Evidence of the effectiveness of TeleCareLine and Reablement can also be measured by a reduction in spend of £460k (to £7.9m) for Homecare purchased in 2011/12 when compared with 2010/11. However increased demographic demand pressures are unlikely to result in further reductions in spend.

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## Case sampling

15. A sample of 71 clients with a TeleCareLine service in place between 1<sup>st</sup> August 2010 and 31<sup>st</sup> July 2011 have been subject to a case review to determine the impact the TeleCareLine service has had on meeting the needs of the clients over the period of time in question. This work was completed in conjunction with London Joint Improvement Partnership, using the Care Services Efficiency Delivery (the Department of Health's Efficiency Unit (CSED)) evaluation tool.

16. The table below outlines the evaluated impact of TeleCareLine on social care & health spend for the period under review.

## **Cost Avoidance Aug 10 - Jul 11**

Sample Size		Cumulative net Social Care Savings		Cumulative net NHS Savings	
Cohort	Size	Lower Range	Higher Range	Lower Range	Higher Range
TeleCareLine Users Sample	71	£308k	£342k	£63k	£70k
Number of new referrals during the period (Aug 10 to Jul 11)	839	£3,600k	£4,000k	£740k	£823k

17. An additional internal evaluation exercise was undertaken for a sample of new level 3 & 4 clients who joined the service between 1<sup>st</sup> April 2011 & 31<sup>st</sup> March 2012. The analysis covered 195 clients and the considered the impact of TCL on supporting their needs for the period from the point the service was installed to 31<sup>st</sup> March 12. The results indicate:

- 48% of cases are considered to be assisting in delaying the demand for further services
- 10% have enabled a delay in residential care placements
- 42% have facilitated a smaller homecare package

18. This exercise will be repeated at periodic intervals during 2012/13.

## Summary

19. This whole system change in less than a year has already shifted focus from residential placements to support at home which has been made possible by the holistic TeleCareLine/re-ablement approach. Capacity

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continues to be built to maintain this investment in prevention to enable people to remain in their community and avoid future costs.

20. The department is showing a significant reduction in new residential and nursing placements. This could not be achieved without a comprehensive support package such as TeleCareLine and re-ablement service.
21. The benefits of investing in TeleCareLine & re-ablement has been compelling already, but shifting the balance to improving support at home and the preventative benefits are a long term project, which will assist in delivering further financial benefits in future years. Initial evaluation is encouraging and demonstrates both cost avoidance as well as longer term savings.

#### Next Steps

22. Continued evaluation of these services, monitoring and management action to ensure objectives are being met and, continued progress in the long term shift in service offer to deliver the forecasted savings.
23. A focus on increasing the take up amongst adults under 65 for both re-ablement and TeleCareLine service.

## APPENDIX 1

### BACKGROUND/INFORMATION

#### What Is Assistive Technology?

There is no agreed definition of what assistive technology actually is, as this is a rapidly evolving area with a number of new and emerging applications. As such, it is best seen as an umbrella term for assistive, adaptive and rehabilitative technologies for those people with long term illness or disabilities.

Telecare has been defined by the Department of Health as a service that uses 'a combination of alarms, sensors and other equipment to help people live independently. This is done by monitoring activity changes over time and will raise a call for help in emergency situations, such as a fall, fire or a flood' (Department of Health 2009).

#### What types of Assistive Technology are there?

<b>Conventional types</b>	Jar openers; bath seats and mobility assistance - grab rails, walking sticks and walking frames
<b>Electronic devices</b>	Include stair lifts, electric wheelchairs. Devices to use the phone or communication devices to replace speech
<b>Telecare</b>	<p>These systems usually require a response from another person. These devices use telephone networks to check on a person who lives in their own home when alerted. Telecare sends an alert signal via a base unit a community alarm or monitoring service / call centre</p> <p>In care homes, Telecare services include:</p> <ul style="list-style-type: none"><li>Window or door sensors</li><li>Falls monitors</li><li>Bed sensors to prevent falls by activating a light when someone gets out of bed</li><li>Bed/chair occupancy sensors</li><li>Epilepsy sensors – trigger an alarm if someone has a seizure</li><li>Epilepsy sensors – trigger an alarm if someone has a seizure</li><li>Flood sensors – trigger an alarm if there has been a flood in a room, e.g. an overflowing bath</li></ul>

<b>Communication aids</b>	Sophisticated communication boards, or more simple visual scanning devices Text-to-speech software Braille devices, tactile devices and other software Voice-activated software
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What Is Homecare Re-ablement?

The Homecare Re-ablement Service offers up to six weeks re-ablement support to enable service users to regain and maintain as much independence as possible and remain in their own home.

Homecare Re-ablement includes implementation of relevant aids and adaptations, including equipment to support the service user's recovery. The re-ablement service has access to the full range of telecare equipment plus the support from an Occupational Therapist, and physiotherapist as identified to facilitate the service user return to maximum independence.

The service is offered 7 days per week 365 days per year. The service is delivered across the London Borough of Hillingdon and we are organised into 3 teams North, Central, and South. The focus of the service is to enable the service user to regain maximum independence often after a stay in hospital or an illness that has impacted their mobility or general health.

The principles underpinning the philosophy of Re-ablement reflect the council's priority to help people to lead healthier and more independent lives.

What does re-ablement look like in practice?

To provide a Re-ablement service after an event such as a hospital admission or accident or illness at home that has reduced the normal level of function for the service user in their lives be it temporary or long term.

The aim of Re-ablement is to set aims, goals, and objectives at an initial face to face home visit within 48 hours where an action plan will be left for the Re-ablement Workers to follow during the period of support.

If required further input to an individual case will be given by the Re-ablement Occupational Therapist or Physiotherapist to identify what additional input is needed for the service user to regain a level of fitness that they previously had by either equipment or physiotherapy input.

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## WORK PROGRAMME AND MEETING DATES IN 2012/13

**Contact Officer:** Charles Francis  
**Telephone:** 01895 556454

### REASON FOR ITEM

This report is to enable the Committee to review meeting dates and forward plans. This is a standard item at the end of the agenda.

### OPTIONS AVAILABLE TO THE COMMITTEE

1. To confirm dates for meetings
2. To make suggestions for future working practices and/or reviews.

### INFORMATION

All meetings to start at 7.00pm unless otherwise indicated.

<b>Meetings</b>	<b>Room</b>
<b>19 June 2012</b>	<b>CR 5</b>
<b>31 July 2012</b>	<b>CR 5</b>
<b>11 September 2012</b>	<b>CR 5</b>
<b>9 October 2012</b>	<b>CR 5</b>
<b>7 November 2012</b>	<b>CR 6</b>
<b>4 December 2012</b>	<b>CR 5</b>
<b>30 January 2013</b>	<b>CR 5</b>
<b>27 February 2013</b>	<b>CR 5</b>
<b>27 March 2013</b>	<b>CR 5</b>
<b>24 April 2013</b>	<b>CR 6</b>

Social Services, Health & Housing Policy Overview Committee

**2012/13 DRAFT Work Programme**

<b>Meeting Date</b>	<b>Item</b>
<b>19 June 2012</b>	Review Topics 2012/13
	Population Flows and the Impact on Housing Services in Hillingdon – Progress Report
	Cabinet Forward Plan
	Work Programme

<b>31 July 2012</b>	Major Reviews in 2012/13 - Scoping Report and Discussions
	Budget Planning Report for SSH&Hsg
	Cabinet Forward Plan
	Work Programme

<b>11 September 2012</b>	Major Reviews in 2012/13 – First Review
	Witness Session 1 / Background report
	Annual Complaints Report - SSCH&H – (moved to 7 November)
	Cabinet Forward Plan
	Work Programme

<b>9 October 2012</b>	Major Reviews in 2012/13 – First Review
	Witness Session 2
	Safeguarding Vulnerable Adults – Annual Report
	Cabinet Forward Plan
	Work Programme

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<b>7 November 2012</b>	Major Reviews in 2012/13 – First Review Information report & Witness Session 3
	Major Reviews in 2012/13 – Second Review Scoping report (provisional) – deferred to December
	Update on previous review recommendations
	Annual Complaints Report - SSCH&H
	Cabinet Forward Plan
	Work Programme

<b>4 December 2012</b>	Major Reviews in 2012/13 – First Review Draft Report
	Local Account
	Cabinet Forward Plan
	Work Programme

<b>30 January 2013</b>	Budget
	Cabinet Forward Plan
	Work Programme

<b>27 February 2013</b>	Major Reviews in 2012/13 – Second Review Witness Session 1
	Major Reviews in 2012/13 – First Review Final Report
	Cabinet Forward Plan
	Work Programme

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<b>27 March 2013</b>	Major Reviews in 2012/13 – Second Review Witness Session 2
	Cabinet Forward Plan
	Work Programme

<b>24 April 2013</b>	Cabinet Forward Plan
	Work Programme
	Major Reviews in 2012/13 – Draft Final Report

## **CABINET FORWARD PLAN**

**Contact Officer:** Charles Francis  
**Telephone:** 01895 556454

## **REASON FOR ITEM**

The Committee is required to consider the Forward Plan and provide Cabinet with any comments it wishes to make before the decision is taken.

## **OPTIONS OPEN TO THE COMMITTEE**

1. Decide to comment on any items coming before Cabinet
2. Decide not to comment on any items coming before Cabinet

## **INFORMATION**

1. The Forward Plan is updated on the 15<sup>th</sup> of each month. An edited version to include only items relevant to the Committee's remit is attached to this report. The full version can be found on the front page of the 'Members' Desk' under 'Useful Links'.

## **SUGGESTED COMMITTEE ACTIVITY**

1. Members decide whether to examine any of the reports listed on the Forward Plan at a future meeting.

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Ref **Decision**

**Further information**

Ward(s)

Report to Full Council

Cabinet Member(s) Responsible

Officer Contact for further information

Consultation on the decision

NEW ITEM

Private decision?

## Cabinet meeting - 22 November 2012

SI	Decision	Further information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Private decision?
	<b>Supported Housing Programme</b>	This report will update Cabinet and request any necessary decisions in order to progress the Council's Supported Housing Programme and HRA Pipeline projects, in order to upgrade and build new homes for residents and vulnerable adults in the Borough.	Various		Cllr Jonathan Bianco	Norman Benn	Corporate consultees		Private (3)
808 Page 57	<b>Safeguarding Adults Partnership Board Annual Report 2010/11</b>	The Annual Report of the Safeguarding Adult Partnership Board will be presented to Cabinet. The report details the partnership's activity and performance in safeguarding adults at risk, the activity in relation to deprivation of liberty authorisations and its priorities for the year. The report is set in the context of national guidance and policy.	All		Cllr Philip Corthorne	Nick Ellender	Social Services, Health & Housing Policy Overview Committee. Health, social care and voluntary partners.		

Ref **Decision****Further information**

Ward(s)

Report to Full  
CouncilCabinet  
Member(s)  
ResponsibleOfficer  
Contact for  
further  
informationConsultation  
on the  
decision

NEW ITEM

Private  
decision?**Cabinet meeting - 20 December 2012**

837	<b>Hillingdon's Health and Wellbeing Strategy 2012-2015</b>	This report to Cabinet will seek approval of a Health and Wellbeing Strategy, developed in partnership between the Council, Hillingdon's Clinical Commissioning Group and Voluntary Sector partners. The Health and Wellbeing Board has a duty to prepare such a strategy, which will also need to be approved by key partners.	Various		Cllr Ray Puddifoot and Cllr Philip Corthorne	Paul Feven	Partner organisations	New	
741a	<b>Hillingdon Housing Strategy 2012 - 2015</b> <b>POLICY</b> <b>FRAMEWORK</b>	Hillingdon's Housing Strategy outlines the Council's proposals for responding to the key national and local issues for housing including public sector housing, the use of the private rented sector as well as home ownership. The priorities and key issues for the strategy were presented to Cabinet in 2011 and approved for consultation with partner organisations. This report will present the draft strategy for formal consultation. It will be reported back to Cabinet and, if agreed, submitted to Council for adoption.	All	TBC	Cllr Philip Corthorne	Paul Feven	A range of partner organisations, SCHH staff and other stakeholders. Social Services, Health and Housing POC		
SI	<b>Supported Housing Programme</b>	This report will update Cabinet and request any necessary decisions in order to progress the Council's Supported Housing Programme and HRA Pipeline projects, in order to upgrade and build new homes for residents and vulnerable adults in the Borough.	Various		Cllr Jonathan Bianco	Norman Benn	Corporate consultees		Private (3)



Ref	Decision	Further information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Private decision?
813	<b>Tenancy Strategy</b>	The Localism Act 2011 requires each local authority to prepare and publish a Tenancy strategy that reflects the housing needs and priorities of the locality by January 2013. The tenancy strategy is the local authority's policy statement on the provision of and access to social housing in its area. Its primary purpose is to give direction to providers of local social housing about the tenures it considers will best meet its citizens' needs. It will enable the Council to improve understanding of the housing market in the borough and provide a framework for a consistent approach to be shared with other key partners and customers.	All		Cllr Philip Corthorne	Beatrice Cingtho	Partner organisations		
823	<b>Contract Award - advocacy services for Adults and Children</b>	Cabinet will be asked to agree the provision of a range of advocacy services for adults and children including people facing concerns regarding their safeguarding following a competitive procurement process. Under the 1989 Children Act, local authorities have a duty to appoint "Independent Visitors" for children and young people in their care. Under the 2004 Children Act, local authorities have a duty to deliver an independent Advocacy Service for children and young people in care.	All		Cllr David Simmonds, Cllr Philip Corthorne and Cllr Scott Seaman-Digby	Paul Feven	Service Users, NHS Hillingdon, CNWL		Private (3)

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Ref **Decision**

Further information

Ward(s)

Report to Full Council

Cabinet Member(s) Responsible

Officer Contact for further information

Consultation on the decision

NEW ITEM

Private decision?

## Cabinet Member Decisions - December 2012

834	<b>Anti-Social Behaviour Policy for Tenants and Leaseholders</b>	Following Hillingdon Homes' return to the Council, a revised policy is being recommended for approval.	All		Cllr Douglas Mills, Cllr Philip Corthorne & Cllr Ray Puddifoot	Ed Shaylor	Local Tenants Forum, Housing Management	New	
835	<b>Domestic Violence Procedures for Housing Staff</b>	This report to the Cabinet Member will set out revised procedures that Hillingdon Housing Services will follow when dealing with cases of domestic violence and other forms of harmful practices involving its tenants and people who approach the Council for housing advice and assistance.	All		Cllr Philip Corthorne	Ed Shaylor		New	

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Ref	Decision	Further information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Private decision?
<b>Cabinet meeting - 24 January 2013</b>									
836	<b>Outcome of further consultation on learning disabilities day services</b>	Further to Cabinet's agreement to the Disabilities Commissioning Plan in January 2012, the Council has agreed to undertake further consultation on elements within the Plan concerning day services for people with a learning disability and/or a physical disability. This report will update Cabinet on the transformation of social care provision, the outcomes of assessments, support plans and the further consultation undertaken.	Various		Cllr Philip Corthorne	Paul Feven	Service users, carers and the public	New	

Ref	Decision	Further information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Private decision?
<b>Cabinet meeting - 14 February 2013</b>									
515	<b>Housing Revenue Account (HRA) Rent Setting 2013-2014</b>	To set rents and fees and charges for HRA dwellings and recommend to full Council.	All	21-Feb-13	Cllr Jonathan Bianco / Cllr Phillip Corthorne	Maqsood Sheikh	Tenants and other stakeholders		
SI	<b>Supported Housing Programme</b>	This report will update Cabinet and request any necessary decisions in order to progress the Council's Supported Housing Programme and HRA Pipeline projects, in order to upgrade and build new homes for residents and vulnerable adults in the Borough.	Various		Cllr Jonathan Bianco	Norman Benn	Corporate consultees		Private (3)

Ref	Decision	Further information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Private decision?
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## Cabinet Member Decisions - February 2013

SI	<b>Standard Items taken each month by the Cabinet Member</b>	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	Democratic Services	Various		
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