



HILLINGDON  
LONDON



# Social Services, Housing and Public Health Policy Overview Committee

**Date:** WEDNESDAY, 21  
JANUARY 2015

**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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## Councillors on the Committee

Wayne Bridges (Chairman)  
Teji Barnes (Vice-Chairman)  
Peter Davis  
Jas Dhot  
Beulah East (Labour Lead)  
Ian Edwards  
Becky Haggar  
Manjit Khatra  
Shehryar Wallana

## Co-Opted Member

Mary O'Connor

**Published:** Tuesday, 13 January 2015

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***Putting our residents first***

Lloyd White  
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## **SOCIAL SERVICES, HOUSING & PUBLIC HEALTH**

To perform the policy overview role outlined above in relation to the following matters:

1. Adult Social Care
2. Older People's Services
3. Care and support for people with physical disabilities, mental health problems and learning difficulties
4. Asylum Seekers
5. Local Authority Public Health services
6. Encouraging a fit and healthy lifestyle
7. Health Control Unit, Heathrow
8. Encouraging home ownership
9. Social and supported housing provision for local residents
10. Homelessness and housing needs
11. Home energy conservation
12. National Welfare and Benefits changes

# 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 5 November 2014 1 - 8
- 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** Budget Proposals Report For Social Services, Housing And Public Health Policy Overview Committee 2015/16 9 - 38
- 6** Safeguarding Adults In Hillingdon - Annual Report 2013-14 39 - 88
- 7** Major Reviews in 2014/15 - Draft Final Report 89 - 104
- 8** Major Reviews in 2014/15 - Second Review Topic - verbal report
- 9** Forward Plan 105 - 108
- 10** Work Programme 109 - 112

## Minutes

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



5 November 2014

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

	<p><b>MEMBERS PRESENT:</b>  Councillors: Judith Cooper (Chairman)  Wayne Bridges (Vice-Chairman)  Teji Barnes  Jas Dhot  Beulah East (Labour Lead)  Ian Edwards  Becky Haggar  Shehryar Wallana</p> <p>Mrs Mary O'Connor</p>
	<p><b>OFFICERS PRESENT:</b>  Sandra Taylor – Disabilities Services, Service Manager for a Personalised Service  Kim Jebson – Disability Services, Team Manager  Tim Dauncey - SCH&amp;H Operational Finance Manager  John Higgins - Service Manager Mental Health  Joan Vesey - Hillingdon CCG  Nigel Dicker- Deputy Director Residents Services  Sharon Daye - Interim Director of Public Health  Charles Francis – Democratic Services Officer</p>
10.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>None.</p>
11.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>Mrs Mary O'Connor declared a non pecuniary interest in item 5, as the Chairman of the Trustees of Hillingdon Mind.</p>
12.	<p><b>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 31 JULY 2014</b> (<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record.</p>
13.	<p><b>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</b> (<i>Agenda Item 4</i>)</p> <p>All items were considered in Part 1.</p>

## **REVIEW OF ADULT COMMUNITY MENTAL HEALTH SERVICES - UPDATE ON REVIEW RECOMMENADCTIONS AND FURTHER SERVICE DEVELOPMENT PROGRESS** (*Agenda Item 5*)

The Service Manager for Mental Health Services introduced the report and provided an update on the progress of the Committee's 2012/13 review entitled a review of Adult Community Mental Health Services.

The Committee noted that the Hillingdon Clinical Commissioning Group (HCCG) was responsible for commissioning mental health services in the Borough and a joint commissioning strategy had been agreed by the Council and the Hillingdon Clinical Commissioning Group in 2013.

In relation to recent developments, the following areas were highlighted:

### **Mental Health Needs Assessment**

A mental health needs assessment was currently taking place. This was examining mental health as a whole, looking at common mental health issues, enduring mental health problems and also dementia. In addition, the Specialist Health Promotion Team was undertaking a Suicide Prevention Needs Assessment and it was anticipated that a draft Needs Assessment report would be completed by December 2014.

The Needs Assessment would be used to inform future commissioning thereby shaping the provision of mental health services in Hillingdon in the future.

Although the stake holder engagement exercises had not been completed, some of the comparative findings included:

- An estimated 55,000 people in Hillingdon were living with at least one mental health condition.
- Just under 11,000 people in Hillingdon had been diagnosed with depression on their GP register and although it was likely to be an underestimate of the scale of the issue.
- Hillingdon had the lowest rate of people entering psychological therapies (IAPT) in the Thriving London Cluster.
- There appeared to be considerably fewer people in contact with mental health services who had a crisis plan than other at comparator areas.
- Modelling had suggested that there were around 2,500 Hillingdon residents living with dementia in 2014, while GP registers' records indicated that there were 1,100.

### **Early Intervention, Mental Health Promotion and Well Being**

The Committee heard that the Specialist Health Promotion Team and Council's Communication's Team were developing 'Five Ways to Wellbeing' leaflets which promoted key messages and the locations in Hillingdon residents could access support and resources for their wellbeing. 'Five Ways to Wellbeing' training was going to be rolled out at various sites across the Borough including: Job Centre Plus, Library Services, Hillingdon Mind, Age UK, Community Groups and at Older People's Tea Dances.

It was noted that the Specialist Health promotion Team was working in partnership with the Sport and Leisure Team to embed 'Five Ways to

wellbeing' and to promote key messages alongside support for individuals to become more active.

### **Supported Housing**

It was noted that Hillingdon had a higher number of people with mental health needs living in residential care compared to other London Boroughs. The Committee heard supported housing could be a more cost effective option as the accommodation element was funded through housing benefit and the care would then be personalised to the times of day / week it was required.

The Committee heard that the Adult Social Care department had identified the development of a larger range of supported housing priorities for people with mental health needs as a strategic priority.

In terms of CNWL Recovery College classes, Members heard that a bespoke course had been developed for service users which had recently moved, or planned to move, to support them through the transitional period. The course had taken place over 8 weeks and was held in one of the Borough libraries.

### **AMHP Service**

The Committee noted that that all Local Authorities had a duty to ensure there were sufficient Approved Mental Health Professionals available to undertake assessments under the Mental Health Act that could result in a person being retained in hospital. At present, the Council employed 16 social workers whom were qualified as AMHPs and an out of hours service was delivered by the Council's Emergency Duty Team. The Committee welcomed news that the service had now been centralised and was run out of the Riverside Centre which now provided a more integrated response with patient services.

### **Urgent Care**

The Committee learnt that CNWL had presented a business case to the CCGs with regards to the development of an urgent care service. Officers explained that this had been developed based on the review of models from across the country and in consultation with users and carers. The Committee noted that if a new business case was approved, work would begin in April 2015.

### **Shifting Settings of Care**

It was noted that two Primary Care Mental Health Navigators contracts' had been extended to December 2014 and they were currently working with 50 service users who were having their care transferred from secondary to primary care. Their role included supporting users to develop a health and well-being plan which would also incorporate a crisis plan.

In the course of discussions a number of points were raised which included:

- Developments to the Improving Access to Psychological Therapies (IAPT) service
- The role of Mental Health Navigators
- Measuring the performance of services

Officers explained that IAPT was a new service which was developing. An

Action Plan was in place to increase access to the service and especially to older people, those from Black, Asian and Minority Ethnic backgrounds or people with long term physical illness.

In terms of Navigators, it was noted that this service helped people who were currently well but needed access to services.

In relation to performance, the Committee asked for further information to be provided in a future report on recovery rates, waiting times (to access services), crisis provision and the out of hours service. Where possible, the Committee requested for this information to be expressed as a score card so that progress could be clearly monitored.

**RESOLVED:**

- 1. That the report be noted**
- 2. That Officers be requested to provide a further update report covering the above points in the spring 2015.**

**MAJOR REVIEWS IN 2014/15 - WITNESS SESSION 4** (*Agenda Item 5*)

The Disabilities Services, Service Manager for a Personalised Service, explained that the purpose of the forth witness session was threefold. To consider further financial information related to costs and savings, to review the site visit conducted on 21 October 2014 and to consider a number of draft recommendations for the draft final report.

The Operational Finance Manager provided an overview of the report and explained that a number of basic assumptions had been made when calculating the figures. These included using an average care cost as a financial modelling tool. It was noted that costs would fluctuate substantially between the very highest cost and lowest cost scenarios. In addition, the second major assumption related to increasing the scheme from 40 placements to 80, which assumed there were sufficient carers and suitable accommodation in place.

The Chairman thanked officers for the report and noted the Shared Lives Scheme was a long term project which offered the potential to provide savings in the future. It was acknowledged that as a person's needs increased over time or where a residential placement would have been the alternative, was where Shared Lives would be of greatest benefit.

Referring to the site visits which took place on 21 October 2014, the attendees confirmed the Shared Lives scheme was very family orientated and provided a relaxed atmosphere. What also struck a chord, was the strong bond that had been formed between carers and service users.

It was noted that many service users had complex needs which fluctuated over time, and so Shared Lives could be a challenging care environment. The Committee agreed, it was this specific point as well as what service users lives might have been like had they not opted for Shared Lives scheme, that needed to be included in the Committee report.

In response to a number of Committee questions, Officers explained that



any household with 5 or more placements would be deemed to be care business and would attract the attention of the Care Quality Commission (CQC). In terms of Adult Safeguarding, the Committee welcomed news that all Service Users within the scheme were monitored by Care Workers, had an annual review and were regularly visited by Social Workers. It was noted that, all carers were monitored by Shared Lives officers and all carers underwent a series of robust checks.

With regards to minimum standards of service, the Committee were informed that the Council's Shared Lives scheme was registered with the CQC and was covered by service level agreements. The Committee was also assured to hear that the scheme was also regularly audited by the Council's Internal Audit Service.

To market and highlight the Shared Lives Scheme, Officers reported that posters and screen savers were currently being used in Doctor's surgeries. In addition, posters were prominently displayed in libraries throughout the Borough and articles and advertisements had appeared in the Hillingdon People monthly magazine.

During the meeting, a number of draft recommendations were discussed and the Committee agreed these should be incorporated into the draft report.

The Committee thanked Officers for a clear and concise case report and for arranging the site visits.

**RESOLVED:**

- 1. That the report and witness session be noted.**
- 2. That the draft recommendations tabled at the meeting be agreed.**

**PUBLIC HEALTH UPDATE REPORT - PUBLIC HEALTH 'FIT AND HEALTHYLIFESTYLES' WORK PROGRAMME - (JANUARY 2014 - OCTOBER 2014)**

The interim Director of Public Health introduced the report. This provided an update on the Fit and Healthy Lifestyles Work Programme 2013/14 and summarised the work which was being conducted in the following areas:

- Mental Health and Well Being
- Early Years, Schools and Young People
- Obesity Prevention and Weight Measurement
- Physical Activity
- Older People well being and social connectedness
- Prevention of Diabetes, Cardiovascular Disease, COPD
- Increasing Cancer survival rates through prevention and early detection
- Reducing mortality due to all causes
- Substance Misuse (alcohol and drugs)
- Sexual Health and Wellbeing
- Smoking Cessation
- Oral Health
- Vision

- Health Literacy

During the course of discussions the following points were noted:

- Current work on obesity had focused on prevention and management techniques, with a view to reducing the risks of diabetes, cardiovascular disease, joint disease and some cancers.
- In relation to smoking cessation, Hillingdon was one of the top performing London Boroughs. Future challenges included addressing the e-cigarette and reducing the prevalence of smoking during pregnancy.
- With regards to substance misuse, Officers reported that an outcomes based service model had been developed which provided greater levels of integration based on all levels of need.
- With regards to Alcohol abuse over 65, Officers reported that a key needs assessment would be conducted and officers were exploring the links between an increase of abuse and the links with loneliness.
- Members heard that Officers were working towards a balanced scorecard so that a clear direction of travel could be determined and Officers explained that a set of indicators would be provided at the next update.
- In relation to the National Child Measurement Programme, the Committee enquired whether this would be rolled out to older students to address the increase in obesity nationally.
- The Committee noted that a multi-agency plan was being developed to address obesity and officers were confident that the plan would be available in early 2015.
- In terms of Well Being with Partners, Partners, the Committee noted that Age UK had communicated with a number of groups which had included Asian Women. Further sessions were planned to discuss how 5 Ways to wellbeing had been incorporated into everyday living.
- With regards to the objective to reduce mortality rates *due to all causes*, the Committee noted that the report which identified the number of childhood deaths was confidential. Officers explained that there did not appear to be any specific pattern and the numbers fluctuated on a year on year basis.
- The Committee requested Officers to provide updates on the following in the next report:
  1. *Early death rates due to cancer and cardiovascular causes*
  2. *Premature deaths from heart disease and strokes in Hillingdon*
  3. *Premature deaths due to liver and lung disease.*
- In relation to Health Checks, the Committee noted that at present, these were being offered to 12% of the population in Hillingdon but that further work was underway to increase this figure to 15%. It was also noted that the national target for Health Checks was 20%.
- Officers reported that 36 Schools had registered for the London Health School Programme. It was noted this meant that half of the Boroughs schools were not currently participating, so there was scope to improve the uptake of the scheme.
- With regards to oral health, Officers reported that a continuation of the Brush for Life campaign was being conducted in Children's Centres across the borough as the main way of informing parents about good oral health. The Committee noted that this was particularly important as dental issues were one of the top causes for

	<p>hospital admissions for under 4's in Hillingdon.</p> <ul style="list-style-type: none"> <li>Officers reported that there had been a 7% increase in the update of dancing by older people. The Committee were encouraged by this development, being aware that social functions provided the opportunity to meet new friends, socialise and keep active in later life.</li> </ul> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>That the report be noted</li> <li>That Officers be requested to provide information on the following points in the next scheduled update report: <ul style="list-style-type: none"> <li>Early death rates due to cancer and cardiovascular causes</li> <li>Premature deaths from heart disease and strokes in Hillingdon</li> <li>Premature deaths due to liver and lung disease.</li> </ul> </li> </ol>
14.	<p><b>FORWARD PLAN</b> (<i>Agenda Item 7</i>)</p> <p>Members considered the latest version of the Forward Plan.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>That the Forward Plan be noted.</li> </ol>
15.	<p><b>WORK PROGRAMME</b> (<i>Agenda Item 8</i>)</p> <p>Reference was made to the work programme and timetable of meetings. It was noted that the Committee would consider its draft final report on the Shared Lives Scheme at January 2015 meeting. In addition, it was noted that a further mental health update would be provided in the Spring 2015 and a further update report on Tenancy failure would be considered at March 2015 meeting.</p> <p>In relation to possible topics for the second review, Officers explained that they would liaise with the Service Departments and provide an update to the January meeting.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>That the Work Programme be noted.</li> </ol>
	<p>The meeting, which commenced at 7.00 pm, closed at 8.35 pm.</p>

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.

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## **Budget Proposals Report For Social Services Housing And Public Health Policy Overview Committee 2015/16**

**Contact Officer:** Tim Dauncey  
**Telephone:** 01895250398

### **REASON FOR ITEM**

To comply with the Budget and Policy Framework procedure rules as part of the agreed consultation process for the General Fund revenue budget, Housing Revenue Account budget and capital programme for 2015/16, this report sets out the draft revenue budget and capital programme of the Adult Social Care Group, Public Health, Housing General Fund and Housing Revenue Account for 2015/16, along with indicative projections for the following five years. Following consideration by Cabinet on 18 December 2014, these proposals are now under consultation, and the proposals for each Group are being discussed at the January cycle of Policy Overview Committees.

Cabinet will next consider the budget proposals on 12 February 2015, and the report will include comments received from Policy Overview Committees. At the meeting on 12 February 2015 Cabinet will make recommendations to full Council regarding the budget and Council Tax levels for 2015/16, who will meet to agree the budgets and Council Tax for 2015/16 on 26 February 2015.

The Committee needs to consider the budget proposals as they relate to the Adult Social Care and Housing Groups and Public Health, but within the corporate context and the constraints applying as a result of the aggregate financial position of the authority.

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

It is recommended that the Committee notes the budget projections contained in the report and comments as appropriate on the combined budget proposals put forward by the Adult Social Care and Housing Groups and Public Health, within the context of the corporate budgetary position.

### **INFORMATION**

#### **Background**

1. The Council continues to operate within the constraints of Government's deficit reduction programme, which has seen a reduction of 37% (£58m) in central government funding since 2010/11 and all indications are that funding will continue to decline. As reported to Council in February 2014, indicative sums for 2015/16 have been published by DCLG and indicate a further 13.8% reduction in that one year alone. When combined with the broad range of demographic and other service pressures impacting upon the Council's

finances, this requires the Council to continue to identify savings and efficiencies to protect services to residents.

2. Since February, groups have been developing savings proposals sufficient to manage the overall funding reduction and to manage any increased cost pressures within their services. In addition, a comprehensive review of the corporate elements of the budget has been undertaken, including funding, inflation and capital financing. During June and early July, and then again during September and October, a series of budget challenge sessions were held at officer level covering Administration, Finance, Residents Services, Adult Social Care, Children and Young People, the Capital Programme, the Housing Revenue Account and Corporate Budgets. Each session followed a similar format reviewing:
  - The 2013/14 outturn, particularly any ongoing issues arising.
  - The current position in 2014/15 - both monitoring and savings delivery.
  - Existing and emerging pressures which need to be addressed in the 2015/16 budget and forecasts for future years.
  - Progress on the development of savings proposals for 2015/16.
  - Identification of any potential growth or invest-to-save bids.
  - Capital programme requirements.
3. Alongside these budget challenge sessions, Finance Managers have been leading a number of reviews focused on understanding and simplifying the Council's base budget position in order to ensure that budgets are fully aligned with management responsibility and to improve transparency around the existing cost base. These reviews have removed a significant number of notional internal charges and centralised a number of externally-set levies, enabling operational managers to focus on controllable expenditure and accountants to reduce unnecessary reworking of data.
4. The budget report presented to Cabinet in December 2014 collated the output from work undertaken and presents a balanced draft budget for consideration by Cabinet in December and wider consultation during January, prior to the final budget for 2015/16 being approved by Cabinet and Council in February 2015. Alongside the 2015/16 position, the report also considered the financial outlook for the Medium Term which considers the likelihood of sustained reductions in funding over the period from 2016/17.

### **The Budget and Policy Framework Procedure Rules**

1. The consultation on the budget proposals commenced on 19 December 2014 following decisions taken by Cabinet on 18 December 2014.
2. There will be a further consideration by Cabinet of the budget proposals on 12 February 2015, including comments from Policy Overview Committees. These will be collated and reported back to Cabinet by the Corporate Services and Partnerships Policy Overview

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Social Services, Housing and Public Health Policy Overview Committee  
21 January 2015

PART I – Members, Public and Press

Committee. Council will be requested to approve the Cabinet's proposals on 26 February 2015, and if approved without further amendment they will be effective immediately.

### **Corporate Summary**

3. While the focus of the discussion for the Policy Overview Committee should be the specific services within its remit, it is important that this discussion is conducted in the context of the overall corporate financial position.
4. The budget proposals included in this report represent Cabinet's budget strategy for 2015/16 and beyond. The revenue budget proposals have been developed to deliver a zero increase in Council Tax for 2015/16 whilst maintaining balances and reserves at well above the minimum recommended level. The final funding settlement for 2015/16 will not be available until late January / early February, and so the budget has therefore been drafted on the latest estimated position.
5. The principal challenge in delivering a balanced budget for 2015/16 is the development of significant savings, with the initial budget gap of £20,284k reported to Cabinet in February 2014 being managed through a drawdown of £5,000k from balances, £7,672k being secured by groups through savings and managed reductions in contingency and the balance being met through corporate and policy items such as the collection fund surpluses and capital financing costs.
6. The budget proposals presented to Cabinet in December are analysed below, with a reduction of £8,529k in funding - principally driven by reductions in government funding - and other budget movements resulting in £10,113k savings proposals. With £3,234k of this sum relating to the full year effect of previously agreed savings, £6,879k new proposals have been developed and outlined in the report to Cabinet.

Table 1: Headline Budget Movements

	£'000
<b>Funding Sources</b>	
Council Tax Receipts	104,196
Retained Business Rate Receipts	46,955
Central Government Grant	52,508
<b>Total Resources</b>	<b>203,659</b>
Budget Requirement 2014/15	212,188
Inflation	2,920
Corporate Items	(5,278)
Contingency	2,942
New Priority Growth	1,000
Savings	(10,113)
<b>Budget Requirement 2015/16</b>	<b>203,659</b>
<b>Surplus / (Deficit)</b>	<b>0</b>

7. The development of savings proposals has continued to concentrate on more efficient service delivery methods, the rolling out of the new Council operating model, focusing on core services and by not creating new pressures by providing services that are no longer funded by Central Government. As previously noted, the Council's Business Improvement Delivery Programme is now well established and able to drive the delivery of these savings - evidenced by £13,407k of the £16,491k 2014/15 savings being either already banked or on track in Month 7 monitoring.
  
8. The draft general fund capital programme for the period 2015/16 – 2019/20 proposes significant capital investment of around £336,290k, including the continuation of the Primary schools capital programme, the development of a new Secondary Schools capital programme, the provision of a new landmark theatre and museum, investment in roads and pavements, as well as investment in new Youth Centres and improvement work associated with the borough's highways, environmental and recreational facilities.



## **ADULT SOCIAL CARE, PUBLIC HEALTH AND HOUSING GENERAL FUND SERVICES / GROUP BUDGET PROPOSALS**

### **Summary of Key Financial Issues**

#### **Adult Social Care**

9. The key financial issues impacting upon the Adult Social Care Service are as follows:

- The Care Act 2014 introduces significant changes to Adult Social Care funding arrangements which include the introduction of a number of new duties that the Council will need to implement prior to 1 April 2016. The Department of Health have recently completed a consultation exercise on new burdens funding, which indicates an additional grant of £1,277k to meet the costs of introducing deferred payments and assessing carers for their own needs will be available in addition to funding included within the Better Care Fund. Together with the £612k revenue within the BCF, this totals £1889k funding for the Care Act in 2015/16.
- The introduction of the Better Care Fund is expected to increase resources available to the Council to support a sustainable health and social care system, providing better quality care and improved outcomes for health. A total of £17,991k is available for Hillingdon from the national pooled budget of £3,800m; however it should be noted that this replaces a range of existing funding streams for both the Council and local Clinical Commissioning Group (CCG). The Better Care Fund plan to be submitted to the Department of Health in January 2015 sets out the elements of this funding, with £10,032k in support of CCG commissioned activity and £7,959k to protect Social Care. The Council share is made up of £4,772k to replace the former Section 256 Agreement in support of Social Care; £612k revenue and £226k capital funds passported to the Council for new burdens funding to meet the costs associated with implementation of the Care Act; and £2,349k of capital funds to support investment in Disabled Facilities Grants and other Social Care priorities. The total revenue funding for Council health commissioned services included in this draft revenue budget total £5,384k. The MTF strategy also has a £1,000k contingency against funding risks and other pressures within Health and Social Care. Latest projections for revenue costs arising from the Care Act are included in Corporate items at an estimated cost of £1,889k in 2015/16.

#### **Housing General Fund**

10. The key financial issue impacting upon the Housing (General Fund Service ) is as follows:

- The Housing Needs service continues to experience a sustained level of demand with high numbers of homelessness presentations. The key challenge in containing the pressure remains in controlling B&B costs through increasing supply of cost effective temporary accommodation. The key challenges are the retention of existing properties on the managed schemes at economic rates, adding units to the Council's in-house scheme, whilst at the same time managing the demand at the front end of the service.

## Group Revenue Budget 2015/16

11. The movement between the current year's budget and the draft budget requirement for 2015/16 is summarised in Table 2 below. Each of the lines in Table 2 is set out in the following sections and in the Appendices.

Table 2: Group Revenue Budgets 2015/16

	<b>Adult Social Care Group</b> (£'000's)	<b>Housing General Fund Group</b> (£'000,s)	<b>Total</b> (£'000,s)
<b>Budget Requirement 2014/15</b>	<b>59,665</b>	<b>4,658</b>	<b>64,323</b>
Inflation	677	63	740
Corporate Items	1,889	0	1,889
Contingency	14,396	0	14,396
Priority Growth	0	0	0
Savings	(3,190)	(200)	(3,390)
Other Virements	478	0	478
<b>Budget Requirement 2015/16</b>	<b>73,915</b>	<b>4,521</b>	<b>78,436</b>

## Development and Risk Contingency

12. The Development and Risk Contingency provides for resources within the revenue budget that are unallocated at the beginning of the year, but that can be applied to issues as they arise during the year. The contingency is therefore used to budget for items where the probability or value of items is uncertain at the beginning of the year. A sum of £14,396k has been released to Adult Social Care to reflect the certainty around demographic growth in transitional children and Adult Social Care clients in the years prior to 2015/16. In addition the current draft Development and Risk Contingency includes items totalling £3,738k for 2015/16 for the Adult Social Care and Housing Groups as set out below.

### 13. Key items within this are

- **Adult Social Care Demographic Pressures (£129k - £129k increase from 2014/15)** - Regular reviews of current Adult Social Care commitments have been performed over the past twelve months to build up a clear view of the underlying demand for and cost of providing care placements. From this baseline position, financial modelling has been undertaken which indicates that contingency of £129k over and above base budgets will be required to fund placement costs, representing growth of £129k from 2014/15.
- **Transitional Children (£380k - £380k increase from 2014/15)** - The latest projections for children transitioning into Adult Social Care indicate a contingency requirement of £380k, with 44 children identified for 2015/16. This estimate has been derived on the basis that the service can manage down the cost of care upon transition by 6%, taking account of experience in recent cohorts of children.
- **Winterborne View Report (New - £393k increase from 2014/15)** - The transfer of financial responsibility for a number of clients from National Health Service to the Council following the recommendations of the report into Winterborne View is expected to result in £393k pressure on the Council's budgets from 2015/16. To date four clients have transferred, with a further eleven having been assessed and expected to transfer between 2015/16 and 2017/18. As these placements reflect Continuing Health Care needs of clients, it is expected that 50% of the gross cost will be borne by Hillingdon Clinical Commissioning Group and this has been reflected in the £393k pressure.
- **Potential Shortfall in Social Care and Health New Burdens Funding (New - £1,000k increase from 2014/15)** - Given the residual uncertainty around financial impacts of the Better Care Fund and broader issues associated with Social Care costs noted above, this draft budget includes £1,000k provision within Development and Risk Contingency to manage any potential shortfall in funding or unavoidable service pressure in these areas.
- **Impact of welfare Reform on Homelessness (£1,836k - £309k reduction from 2014/15)** - As the Council's measures to increase supply and affordability of temporary accommodation available to manage homelessness come into effect, the resulting gross pressure and contingency requirement is projected to fall by £208k to £1,936k in 2015/16 (an adverse movement of £342k on the position reported in February 2014, as a result of continuing demand for the service and reliance on Bed and Breakfast accommodation). Work continues to manage down this cost, with the new framework rates for Bed and Breakfast accommodation across London expected to enable this pressure to be managed down by £100k to the £1,836k provided for in this draft budget.

## **Savings**

14. The savings proposals contained within this draft budget have been developed through the HIP Business Improvement Delivery programme (BID), the Council's response to Central Government's austerity programme.
15. Savings proposals currently developed total £10,113k across the Council for 2015/16 including £3,234k of full year effects of prior year savings. The total savings included in the draft budget for Adult Social Care are £3,190k for Adult Social Care and £200k for Housing. They are shown in Appendices A (i) and A (ii)

## **Adult Social Care**

16. Work on development of savings within Adult Social Care has identified £1,583k of new proposals against the £2,645k original target, with a further £684k secured through managing down contingency provisions through better preventative work. Proposals are focused on the effective commissioning of care, including a fundamental review of existing contracts alongside zero based reviews of existing budgets and outcomes of new models of service delivery. The strategy for the service is to move away from direct provision of Adult Social Care services through exploring options for service delivery through private, not for profit, and voluntary sector organisations.
17. Alongside the range of new proposals for 2015/16, the service continues to progress the Supported Living Programme, promoting independence for Social Care clients and avoiding costly residential placements. The current implementation programme is expected to secure efficiencies of £5,195k by 2019/20, although slippage in start dates on a number of schemes will result in corresponding slippage of £53k in savings previously earmarked for 2015/16. This temporary adverse movement has been offset against new proposals set out below.
18. The commissioning proposals include additional savings identified within the new contracts for Homecare Services and pre-paid cards of £162k; a further focus upon renegotiating the cost of historic residential and nursing packages (£410k); reviewing the use of Day Care facilities by clients who already receive 24 hour support through Residential and Nursing packages (£37k); and £383k from more frequent reassessments of Learning Disability service users and where appropriate reducing the volume and cost of taxi transport to take these users to and from placements.
19. Work is underway to consider the operational and financial implications of rationalising a number of contracts which are currently provided for non assessed support and care needs. There is scope to secure savings of £193k from an overall budget of £1,600k. In addition, the strategy to move away from direct provision of services includes

investigating new models of service delivery for in house provision for older people and users with Learning Disabilities giving estimated savings of £768k over the next 2 years.

20. The group is also undertaking a detailed zero based budget review and has identified a number of budgets which, following reviews of service delivery and future plans are not considered necessary for 2015/16; these total £199k per annum.

21. The Housing saving of £200k results from a review of the HRA contribution to the Independent Living Support Service. The service is tenure neutral and provides services to council tenants who make up approximately one third of the customer base, which is the basis for the HRA contribution.

### **Fees and Charges**

22. The Council is empowered to seek income from fees and charges to service users across a wide range of activities. Some of these fees and charges are set by the Government or other stakeholders, but many others are set at the discretion of the Council, based on Cabinet's recommendations.

23. Schedules detailing the proposals relating to fees and charges for 2015/16 for the Adult Social Care and Housing Groups are attached at Appendix B. Increases are proposed to Minimum client contributions in Adult Social Care - uplifted in line with the annual uprating process.

### **Capital Programme**

24. The capital programme for 2015/16 was approved by Cabinet and Council as a five-year capital budget that focused on maximising the use of identified funding in order to minimise the level of new borrowing that ultimately impacts on budget requirements funded through Council Tax.

25. The process of developing a capital programme has again focused on identifying and sustaining available funding streams whilst simultaneously managing the significant impact of increased demand for sufficient school places in the borough.

26. The draft capital programme may need to be revised once the final impact of the settlement is known as this may impact on the affordability of the programme. A summary of the draft capital programme for the Social Care, Housing and Public Health Group is shown in Appendix C. Key items within the draft capital programme are as follows:-

27. Grassy Meadow Dementia Centre - As part of wider investment in Social Care, new resource centre is proposed at an estimated cost of £1,000k.

28. Care Act Implementation Project - Alongside revenue funding outlined elsewhere in this report, a sum of £226k is earmarked within the Better Care Fund to support the capital costs of preparing for the Council's new responsibilities under the Care Act (assuming that the passporting of this sum is agreed by the CCG).
29. Department of Health funding for Social Care Investment - There is a further £580k available through the Better Care Fund to support broader investment in Adult Social Care, which has been included in this draft budget.

## **PUBLIC HEALTH**

### **Context**

30. Public Health is not currently established as a separate directorate but is currently managed within Residents Services. The Public Health function transferred to Local Authority control from the 1st April 2013 with a grant of £15.3m in 2013/14 and £15.7m in 2014/15. On the 17th December 2014, the Department of Health confirmed that Hillingdon's allocation for 2015/16 will again be £15.7m.
31. The conditions attached to the grant are broadly the same as last year. The Department of Health Circular confirmed that a further £5 million of funding would also be available as part of the Health Premium Incentive Scheme (HPIS), and that the ring-fence and conditions would also apply to the public health responsibilities for 0-5 children services which are expected to transfer to local authorities in October 2015.

### **Savings**

32. The Council is on track to deliver in full the Public Health savings that are included in the 2014/15 budget and MTF. These include efficiency savings from aligning Public Health responsibilities with existing Council objectives across directorates of £3,289k, with a further £450k of procurement savings. The category reviews and resulting new contracts for sexual health and school nursing are the major contributors to the procurement savings.
33. The 2015/16 draft budget includes proposals for a further £430k of Public Health efficiencies which can be delivered through a combination of procurement activity and staff restructures.

### **Capital**

34. The draft capital programme includes a £900k provision for the Investment in Bowls Clubs in order to undertake refurbishment of two existing bowls clubs and construction of a third. This is intended to support the Council's broader Public Health responsibilities, by encouraging activity in the Borough's older population.

## HOUSING REVENUE ACCOUNT

35. The budget proposals for 2015/16 are based on the third full year of self-financing for the HRA and have been developed using the same methodology and layout as for the General Fund budget. The HRA budget build is subject to the same rigorous process as other Council budgets to aid overall understanding of the process and improve transparency in the overall business plan.
36. Under self-financing most of the regulations governing the HRA remain. This includes requirements for the authority to carry out a periodic review of rents for dwellings and charges for services and facilities provided to council tenants. There is a general expectation that these charges are reviewed in line with the DCLG rent restructuring and include an annual rent increase.
37. Inflationary growth in rental income is more than sufficient to manage inflationary growth in the HRA cost base, although the continuing high number of properties sold under Right to Buy is resulting in a loss of rental income. While this loss of income is expected to be recovered over the medium term through the replacement of sold units, the range of efficiency savings outlined in the draft budget are sufficient to deliver a balanced budget in 2015/16.

Table 3: HRA Revenue Budget 2015/16

	<b>Total £'000</b>
<b>Budget Requirement 2014/15</b>	<b>62,692</b>
Inflation	372
Corporate Items	103
Contingency	(17)
Savings	(1,448)
<b>Budget Requirement 2015/16</b>	<b>61,702</b>

38. Capital investment within the HRA is focused on the twin objectives of maintaining existing stock and construction of new dwellings. Within the new build programme, significant investment in both General Needs and Supported Housing is expected from 2015/16 onwards.

## Rental & Other Income

39. Rental income projections have been fully refreshed to take account of revised estimates for the numbers of properties being sold under the RTB scheme. The current exceptional level of sales is being driven by changes to the maximum level of discount during 2013/14, and this draft budget has been prepared on the assumption that there is a decline from this peak over the medium term. For 2015/16 it is assumed that the loss of these 140 properties through RTB sales will be partially off-set by 22 new properties coming on stream through the Buy Back Scheme and initial Supported Housing projects.
40. This draft budget has been prepared on the assumption that the Council continues to follow the DCLG's national rent restructuring approach with increases of CPI + 1% from 2015/16. On current projections this will result in a 2.2% inflationary increase in rents. At this stage it is assumed that the 1% provision for income losses arising from void properties will remain at this level, resulting in net dwelling rents of £57,548k. The reduction in net rental income of £1,667k from the position reported to Cabinet in February 2014 is principally attributable to the continuing high number of sales.
41. Other income is expected to total £4,154k for 2015/16, mainly relating to service charges which are expected to be uplifted in line with rents.

## Inflation

42. The inflation provision of £372k included in this draft budget is unchanged from that included in the February report to Council and has been estimated using the same assumptions for the General Fund provision outlined above. This sum includes £115k in respect of employees' salaries and pension contributions, £149k provision for utilities inflation and £106k inflation on contracted expenditure within the HRA. The latter sum will be reviewed as procurement work progresses and the future position on a number of significant contracted workstreams becomes clearer.

## Corporate Items

43. Movements contained within Corporate Items include changes in provision for capital financing costs, direct contributions to support capital investment, changes in balances and other presentational changes. The net movement of £103k shown in table 3 consists of £3,434k additional contributions to capital, a payment of £1,336k into balances, release of £2,627k following the zero-basing of HRA budgets and a £2,040k technical adjustment to show income against resources rather than the budget requirement.
44. The capital programme and funding strategy remain broadly consistent with the position approved in February, with an increase of £3,434k to bring total revenue contributions



into capital for 2015/16 to £19,125k. The application of these sums is expanded upon below.

45. On the basis of current projections, it is expected that £1,336k will be available to supplement General Balances in 2015/16.
46. A review of existing budgets within the Housing Revenue Account has identified a number of areas where historic budgets no longer reflect current activity. Removing these budgets has provided capacity to manage the true cost of the Independent Living Service after removal of the £200k Council Tax-payer funded subsidy and to release a further £2,627k for other priorities.
47. £2,040k income targets in respect of service charges have been transferred from Housing Management budgets to other income, to facilitate a consistent approach to monitoring and presentation of income and expenditure within the HRA. This change in presentation has no impact on the bottom line for the HRA and is included in this draft budget as a technical adjustment.

### **Savings**

48. Current savings proposals are focused on aligning budgets to actual levels of demand for service and therefore implementation of these savings proposals would not impact on the level of service received by tenants. Over delivery of the 2013/14 savings in respect of remodelling back office functions and closure of the housing offices will secure £650k. In addition, reducing budgets for responsive and planned maintenance to reflect new approaches to working and procurement efficiencies would secure £123k and £675k respectively.

### **HRA Capital Programme**

49. The Housing Revenue Account capital programme remains focused on the twin objectives of maintaining existing stock and construction of new dwellings. Within the new build element of the programme, provision of supported housing to support the Council's Adult Social Care Reablement programme and associated revenue savings is a key strand. An overview of the revised draft capital programme is contained at Appendix D.
50. The draft capital programme contains provision of £92,870k to fund delivery of 438 new homes within the Housing Revenue Account and a further 100 properties through partner organisations over the period to 2019/20. These new build units will be financed from a combination of capital receipts from Right to Buy property sales retained under the 1:1 Replacement Agreement and direct revenue contributions from the Housing Revenue Account. This new build programme consists of four key separate projects, and

provision for transfer of land from the General Fund: The cost of this land will be met from Prudential Borrowing and financed over the life of these schemes.

- Purchase & Repair of Housing Stock - A budget of £9,578k to fund the buyback of properties previously sold under Right to Buy arrangements. To date 250 expressions of interest have been received and it is expected that this will provide the quickest approach to replenishing stock numbers.
- General Needs Housing (HRA) - Provision of £38,389k to support construction of new properties within the HRA is also included in this programme, funded through 30% Right to Buy proceeds and 70% revenue contributions. Delivery of this programme will require identification of sites to accommodate these new units.
- General Needs Housing (RSL Partners) - In order to supplement developments within the HRA, this budget assumes that £5,400k of Right to Buy receipts will be passported to Registered Social Landlords in exchange for nomination rights on 100 further properties.
- Supported Housing Programme - Finally, £32,877k is included to fund delivery of 175 Supported Housing units across a number of sites in the borough, which will be funded from 30% Right to buy Receipts and 70% revenue contributions. As noted within the Adult Social Care savings section of this report, these projects will support the wider reablement agenda and reduce the Council's reliance on residential care placements.
- Appropriation of Land - A sum of £6,626k is included within the programme to fund the purchase of land from the Council's General Fund in order to enable the developments outlined above.

51. Although the Council is able to utilise Prudential Borrowing to finance delivery of new housing stock, the financial standing of the HRA is such that all new development in this draft capital programme can be funded from revenue contributions and capital receipts, thereby avoiding the cost of servicing new debt. While the appropriation of land is to be initially financed from borrowing, this will be managed within the existing provision for servicing and repayment of debt and therefore not impact upon the rents payer. In the event that a more ambitious programme of development is required, current indications are that £125,290k borrowing headroom is available to support further projects.

52. In addition to provision for new developments, continuation of the existing programme of Works to Stock is included in this budget at an annual cost of between £14,993k and £11,694k, which is fully funded from revenue contributions. The adoption of the new 'Warm, Safe, Dry' standard will require a reappraisal of this budget provision, however, a fully developed programme will not be in place for February 2015 and the 2015/16 budget has therefore been prepared on the basis of the legacy 'Decent Homes' standard.

## **BACKGROUND PAPERS**

Medium Term Financial Forecast 2015/16 - 2019/20 – report to Cabinet 18 December 2014

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Social Services, Housing and Public Health Policy Overview Committee  
21 January 2015

PART I – Members, Public and Press

General Fund - Adult Social Care Savings	Ref.	Net Variation from 2014/15 Budget				
		2015/16 £(000s)	2016/17 £(000s)	2017/18 £(000s)	2018/19 £(000s)	2019/20 £(000s)
<b>Description</b>						
<b>Full Year Effect of Prior Year Savings</b>		<b>(1,607)</b>	<b>(4,759)</b>	<b>(5,229)</b>	<b>(6,273)</b>	<b>(6,992)</b>
<b>New Savings Proposals</b>						
<b>Refreshed Supported Living Programme</b> A programme promoting independence for Social Care clients, enabling residents to remain in a local setting rather than resorting to residential care. Savings of £5,195k are expected by 2019/20 from this initiative.	ASC1516-01	53	942	(881)	(719)	(719)
<b>Zero Based Review</b> Budgets across the group have been reviewed and aligned to current service delivery, releasing £199k budgets towards to savings requirement	ASC1516-02	(199)	0	0	0	0
<b>Pre-paid Cards Service</b> Retendering of this contract will secure savings from December 2014	ASC1516-03	(50)	0	0	0	0
<b>Review of ASC Commissioning - Homecare</b> A consolidation of Homecare contracts from November 2014, reducing the number of suppliers from 38 to 4	ASC1516-04	(112)	0	0	0	0
<b>Review of ASC Commissioning - Daycare</b> Reducing duplication of provision for clients also supported through Residential Care	ASC1516-05	(37)	0	0	0	0
<b>Review of ASC Commissioning - Residential &amp; Nursing</b> Volume discounts secured through a local category management approach to contracts previously negotiated through the West London Alliance	ASC1516-06	(410)	0	0	0	0
<b>Review of ASC Commissioning - Rationalisation of Services</b> Reducing duplication in non-assessed services	ASC1516-07	(193)	0	0	0	0

General Fund - Adult Social Care Savings	Ref.	Net Variation from 2014/15 Budget					
		2015/16 £(000s)	2016/17 £(000s)	2017/18 £(000s)	2018/19 £(000s)	2019/20 £(000s)	
<b>Description</b>							
<b><i>New Delivery Models for In-house Provision (Older People)</i></b> <i>Changing the delivery model for Older People's day care services from an in-house model to a commissioned service</i>	ASC1516-08	(120)	(120)	0	0	0	
<b><i>New Delivery Models for In-house Provision (Learning Disability)</i></b> <i>Changing the delivery model for Learning Disability client's day care services from an in-house model to a commissioned service</i>	ASC1516-09	(132)	(396)	0	0	0	
<b><i>Review of Disability Services</i></b> <i>Ensuring that services are targeted to the greatest level of need</i>	ASC1516-10	(383)	0	0	0	0	
<b>New Savings Proposals</b>		<b>(1,583)</b>	<b>426</b>	<b>(881)</b>	<b>(719)</b>	<b>(719)</b>	
<b>Total Adult Social Care</b>		<b>(3,190)</b>	<b>(4,333)</b>	<b>(6,110)</b>	<b>(6,992)</b>	<b>(7,711)</b>	

	Ref.	Net Variation from 2014/15 Budget					
		2015/16 £(000s)	2016/17 £(000s)	2017/18 £(000s)	2018/19 £(000s)	2019/20 £(000s)	
<b>Housing General Fund</b>							
<i>Independent Living Service</i>	RS1516-20						
<i>Review of HRA contribution to the Independent Living Support Service</i>		(200)	0	0	0	0	
<b>New Savings Proposals</b>		(200)	0	0	0	0	
<b>Total Housing General Fund Savings</b>		#REF!	#REF!	#REF!	#REF!	#REF!	

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Type of Fee / Charge (charges are per week unless otherwise stated)	Type	VAT Status	Current Minimum Charge £	Proposed Minimum Charge £	Minimum Charge Increase %	Current Maximum Charge £	Proposed Maximum Charge £	Maximum Charge Increase %	Date of last change to charge	Effective Date
<b>45. Adult Social Care</b>										
<b>Home care:</b>										
Per hour	R	OTS	0.00	0.00	---	14.40	14.40	---	09-Apr-12	N/A
<b>TeleCareLine (TCL):</b>										
Level 1	R	OTS	0.00	0.00	---	1.13	1.13	---	01-Apr-05	N/A
Level 2		OTS	0.00	0.00	---	5.00	5.00	---	01-Apr-11	N/A
Level 3		OTS	0.00	0.00	---	8.50	8.50	---	01-Apr-11	N/A
Level 4		OTS	0.00	0.00	---	12.00	12.00	---	01-Apr-11	N/A
Over 80's exempt		OTS	0.00	0.00	---	0.00	0.00	---		N/A
<b>Meals on wheels (per meal):</b>										
Daily delivery	R	OTS	2.80	2.80	---	2.80	2.80	---	05-Apr-10	N/A
Frozen meals weekly/fortnightly	R	OTS	2.80	2.80	---	2.80	2.80	---	05-Apr-10	N/A
Lunch club dining centre meal	R	OTS	2.80	2.80	---	2.80	2.80	---	05-Apr-10	N/A
Day centre meal	R	OTS	2.80	2.80	---	2.80	2.80	---	05-Apr-10	N/A
<b>Respite (Residential) Care:</b>										
Young Adults (18-25)	R	OTS	0.00	0.00	---	66.03	66.03	---	08-Apr-13	06-Apr-15
Adults (25-60)	R	OTS	0.00	0.00	---	81.33	81.33	---	08-Apr-13	06-Apr-15
Older People (over 60)	R	OTS	0.00	0.00	---	122.41	122.41	---	08-Apr-13	06-Apr-15
<b>Permanent (Residential) Care:</b>										
Young Adults (18-25)	R	OTS	66.03	66.82	1.20%	No Max	No Max	N/A	01-Apr-14	06-Apr-15
Adults (25-60)	R	OTS	81.33	82.31	1.20%	No Max	No Max	N/A	01-Apr-14	06-Apr-15
Older People (over 60)	R	OTS	125.19	126.69	1.20%	No Max	No Max	N/A	01-Apr-14	06-Apr-15
<b>Colham Road:</b>										
under 25	R	OTS	65.52	66.31	1.20%	2,138.36	2,138.36	---	07-Apr-14	06-Apr-15
over 25	R	OTS	80.82	81.79	1.20%	2,138.36	2,138.36	---	07-Apr-14	06-Apr-15

Type of Fee / Charge (charges are per week unless otherwise stated)	Type	VAT Status	Current Minimum Charge £	Proposed Minimum Charge £	Minimum Charge Increase %	Current Maximum Charge £	Proposed Maximum Charge £	Maximum Charge Increase %	Date of last change to charge	Effective Date
<b>Merrimans House:</b>										
Full board: under 25	R	OTS	65.52	66.31	1.20%	1,672.02	1,672.02	---	07-Apr-14	06-Apr-15
ceremony in four seasons room (Mor	R	OTS	0.00	0.00	---	79.00	79.95	1.20%	07-Apr-14	06-Apr-15
<b>Hatton G tier ceremony in four seasons room (Fri-Sat)</b>										
tier ceremony in four seasons room (	R	OTS	65.52	65.52	---	1,632.40	1,632.40	---	07-Apr-14	06-Apr-15
over 25	R	OTS	80.82	80.82	---	1,632.40	1,632.40	---	07-Apr-14	06-Apr-15
<b>Merchiston House:</b>										
under 25	R	OTS	65.52	66.31	1.20%	2,634.10	2,634.10	---	07-Apr-14	06-Apr-15
over 25	R	OTS	80.82	81.79	1.20%	2,634.10	2,634.10	---	07-Apr-14	06-Apr-15
<b>Chapel Lane:</b>										
under 25	R	OTS	65.52	66.31	1.20%	1,138.13	1,138.13	---	07-Apr-14	06-Apr-15
over 25	R	OTS	80.82	81.79	1.20%	1,138.13	1,138.13	---	07-Apr-14	06-Apr-15
<b>Fully staffed supported housing unit:</b>										
Goshawk Gardens	R	OTS	13.80	13.80	---	852.60	852.60	---	08-Apr-13	N/A
236 Swakeleys Road	R	OTS	13.80	13.80	---	852.60	852.60	---	08-Apr-13	N/A
Swan House - Ground Floor	R	OTS	0.00	0.00	N/A	N/A	1,496.46	N/A	N/A	01-Apr-15
Swan House - 1st & 2nd Floors	R	OTS	0.00	0.00	N/A	N/A	203.00	N/A	N/A	01-Apr-15
<b>Other Accommodation:</b>										
Supported Accommodation	R	OTS	0.00	0.00	---	No Max	No Max	N/A	04-Apr-11	N/A
Adult Care Scheme	R	OTS	0.00	0.00	---	No Max	No Max	N/A	04-Apr-11	N/A
<b>Learning Disability Day &amp; Resource Services (per day):</b>										
Phoenix	R	OTS	0.00	0.00	---	85.00	85.00	---	08-Apr-13	N/A
Challenging Behaviour	R	OTS	0.00	0.00	---	85.00	85.00	---	08-Apr-13	N/A
Woodside	R	OTS	0.00	0.00	---	46.70	46.70	---	08-Apr-13	N/A
Resource Service	R	OTS	0.00	0.00	---	85.00	85.00	---	08-Apr-13	N/A



Type of Fee / Charge (charges are per week unless otherwise stated)	Type	VAT Status	Current Minimum Charge £	Proposed Minimum Charge £	Minimum Charge Increase %	Current Maximum Charge £	Proposed Maximum Charge £	Maximum Charge Increase %	Date of last change to charge	Effective Date
<b>Learning Disability Day &amp; Resource Services (per session):</b>										
Queens Walk Resource Service	R	OTS	N/A	0.00	N/A	N/A	19.90	N/A	N/A	01-Apr-15
<b>Older People (per day):</b>										
Grassy Meadow	OP	OTS	0.00	0.00	---	49.00	49.00	---	08-Apr-13	N/A
Asha	OP	OTS	0.00	0.00	---	49.00	49.00	---	08-Apr-13	N/A
Poplar Farm	OP	OTS	0.00	0.00	---	49.00	49.00	---	08-Apr-13	N/A
Asian Carers Grant Respite (Day Care)	OP	OTS	0.00	0.00	---	49.00	49.00	---	08-Apr-13	N/A
Poplar Farm Saturday Service	OP	OTS	0.00		---	49.00	49.00	---	01-Apr-14	06-Apr-15
<b>Personal Budgets (PB)</b>										
Maximum Financial contribution	R	OTS	0.00	0.00	---	100% of PB	100% of PB	N/A	09-Apr-12	N/A
<b>Client Financial Affairs (CFA)</b>										
Management charge (Per Hour)	R	OTS	36.00	36.03	0.08%	36.00	36.00	---	09-Apr-12	N/A

Type of Fee / Charge (charges are per week unless otherwise stated)	Type	Current Minimum Charge £	Proposed Minimum Charge £	Minimum Charge Increase %	Current Maximum Charge £	Proposed Maximum Charge £	Maximum Charge Increase %	Date of last change to charge	Effective Date
<b>42. Housing</b>									
<b>Homelessness (set to recover costs up to HB threshold levels):</b>									
Temporary Accommodation	R	150.00	150.00	---	375.00	375.00	---	01-Apr-10	N/A
Bed & Breakfast	R	150.00	150.00	---	375.00	375.00	---	01-Apr-10	N/A

**43. HRA****Colne Park Caravan Site:**

Main Rental Charge - Single Plot	R	133.31	136.24	2.20%	131.59	134.48	2.20%	01-Apr-13	01-Apr-15
Main Rental Charge - Double Plot	R	231.75	236.85	2.20%	230.24	235.31	2.20%	01-Apr-13	01-Apr-15
Water Single Plot	R	5.72	5.85	2.27%	5.72	5.85	2.27%	01-Apr-13	01-Apr-15
Water Double Plot	R	10.00	10.22	2.20%	10.00	10.22	2.20%	01-Apr-13	01-Apr-15
Personal Use Electricity Charge per kwh	R	0.11	0.11	---	0.11	0.11	---	01-Apr-13	01-Apr-15
Communal Electric charge per week	R	0.24	0.25	4.17%	0.24	0.25	4.17%	01-Apr-13	01-Apr-15
Chemical Toilet Charge	R	5.70	5.83	2.28%	5.70	5.83	2.28%	01-Apr-13	01-Apr-15

Type of Fee / Charge (charges are per week unless otherwise stated)	Type	Current Minimum Charge £	Proposed Minimum Charge £	Minimum Charge Increase %	Current Maximum Charge £	Proposed Maximum Charge £	Maximum Charge Increase %	Date of last change to charge	Effective Date
<b>HRA Council dwelling rents:</b>									
HRA Council dwelling rents (average)	R	108.65	111.04	2.20%	108.65	111.04	2.20%	01-Apr-13	01-Apr-15
Flats/Maisonettes 1 bed	R	90.77	92.77	2.20%	90.77	92.77	2.20%	01-Apr-13	01-Apr-15
Flats/Maisonettes 2 beds	R	102.26	104.51	2.20%	102.26	104.51	2.20%	01-Apr-13	01-Apr-15
Flats/Maisonettes 3+ beds	R	117.02	119.59	2.20%	117.02	119.59	2.20%	01-Apr-13	01-Apr-15
Houses/Bungalows 1 bed	R	99.71	101.90	2.20%	99.71	101.90	2.20%	01-Apr-13	01-Apr-15
Houses/Bungalows 2 beds	R	115.15	117.68	2.20%	115.15	117.68	2.20%	01-Apr-13	01-Apr-15
Houses/Bungalows 3 beds	R	128.91	131.75	2.20%	128.91	131.75	2.20%	01-Apr-13	01-Apr-15
Houses/Bungalows 4+ beds	R	143.99	147.16	2.20%	143.99	147.16	2.20%	01-Apr-13	01-Apr-15
<b>HRA Commercial Income:</b>									
Garages	R	11.89	12.15	2.19%	11.89	12.15	2.19%	01-Apr-13	01-Apr-15
Car Ports	R	7.96	8.14	2.26%	7.96	8.14	2.26%	01-Apr-13	01-Apr-15
Hard Standings/ Parking Spaces	R	4.57	4.67	2.19%	4.57	4.67	2.19%	01-Apr-13	01-Apr-15
<b>HRA Ancillary Charges:</b>									
Grounds Maintenance	R	£1.22 to £3.97	£1.25 to £4.06	2.20%	£1.22 to £3.97	£1.25 to £4.06	2.20%	01-Apr-13	01-Apr-15
CCTV Maintenance Charge	R	0.71	0.73	2.82%	0.71	0.73	2.82%	01-Apr-13	01-Apr-15
Door Entry	R	0.25	0.26	4.00%	0.25	0.26	4.00%	01-Apr-13	01-Apr-15
Window Cleaning	R	0.28	0.29	3.57%	0.28	0.29	3.57%	01-Apr-13	01-Apr-15
ceremony in four seasons room (Mon-Thurs)	R	4.79	4.90	2.30%	4.79	4.90	2.30%	01-Apr-13	01-Apr-15
tier ceremony in four seasons room (Fri-Sat)	R	3.73	3.81	2.14%	3.73	3.81	2.14%	01-Apr-13	01-Apr-15
tier ceremony in four seasons room (Out of Hours)	R	2.66	2.72	2.26%	2.66	2.72	2.26%	01-Apr-13	01-Apr-15
Caretaking Band - F	R	1.60	1.64	2.50%	1.60	1.64	2.50%	01-Apr-13	01-Apr-15
Sheltered Housing	R	5.32	5.44	2.26%	5.32	5.44	2.26%	01-Apr-13	01-Apr-15
Queens Lodge	R	6.70	6.85	2.24%	6.70	6.85	2.24%	01-Apr-13	01-Apr-15
Additional Refuse Collection	R	2.07	2.12	2.42%	2.07	2.12	2.42%	01-Apr-13	01-Apr-15

Type

B - Business R - Resident  
M - Mixed C - Concession

VAT Status

STD - Standard  
EXP - Exempt  
NB - Non Business

Type of Fee / Charge (charges are per week unless otherwise stated)	Type	Current Minimum Charge £	Proposed Minimum Charge £	Minimum Charge Increase %	Current Maximum Charge £	Proposed Maximum Charge £	Maximum Charge Increase %	Date of last change to charge	Effective Date
<b>HRA Energy Charges:</b>									
Communal Electric	R	1.56	1.59	1.92%	1.56	1.59	1.92%	01-Apr-13	01-Apr-15
Sheltered Heating - Communal Element	R	3.39	3.46	2.06%	3.39	3.46	2.06%	01-Apr-13	01-Apr-15
Sheltered Heating - Property Element	R	£5.31 to £9.15	£5.43 to £9.35	2.20%	£5.31 to £9.15	£5.43 to £9.35	2.20%	01-Apr-13	01-Apr-15
District Heating - Communal Element	R	£1.30 to £4.10	£1.33 to £4.19	2.20%	£1.30 to £4.10	£1.33 to £4.19	2.20%	01-Apr-13	01-Apr-15
District Heating - Property Element	R	£5.85 to £14.16	£5.99 to £14.47	2.20%	£5.85 to £14.16	£5.99 to £14.47	2.20%	01-Apr-13	01-Apr-15
<b>Extra Care Housing Accommodation:</b>									
Management Support Charge	R	24.23	24.76	2.19%	24.23	24.76	2.19%	01-Apr-13	01-Apr-15
Electric Scooter charging point		£5.60 per month	£5.72 per month	2.20%	£5.60 per month	£5.72 per month	2.20%	01-Apr-13	01-Apr-15



Type of Fee / Charge (charges are per week unless otherwise stated)	Type	Current Minimum Charge £	Proposed Minimum Charge £	Minimum Charge Increase %	Current Maximum Charge £	Proposed Maximum Charge £	Maximum Charge Increase %	Date of last change to charge	Effective Date
<b>Optional Services</b>									
Gardening Service - Hedge Cutting standard frequency		39.50	40.37	2.20%	39.50	40.37	2.20%	01-Apr-12	01-Apr-15
Lawn mowing - standard frequency		197.51	201.86	2.20%	197.51	201.86	2.20%	01-Apr-12	01-Apr-15
Bed maintenance - standard frequency		26.33	26.91	2.20%	26.33	26.91	2.20%	01-Apr-12	01-Apr-15
Hedge cutting - increased frequency		65.83	67.28	2.20%	65.83	67.28	2.20%	01-Apr-12	01-Apr-15
Lawn mowing - increased frequency		296.26	302.78	2.20%	296.26	302.78	2.20%	01-Apr-12	01-Apr-15
Bed maintenance - increased frequency		59.25	60.55	2.19%	59.25	60.55	2.19%	01-Apr-12	01-Apr-15
Rechargeable repairs Handy Person - Replacing lamps in light fitting for tenants over 60 and with disability		at cost at cost	at cost at cost	--- ---	at cost at cost	at cost at cost	--- ---		01-Apr-15 01-Apr-15
Qualifying repairs - on request or leaving a property		Voluntary £10 contribution plus the cost of materials used.	Voluntary £10 contribution plus the cost of materials used.	---	Voluntary £10 contribution plus the cost of materials used.	Voluntary £10 contribution plus the cost of materials used.	---		01-Apr-15

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# The Council's Budget 2015/16 - 2019/20 Medium Term Financial Forecast

# Appendix C

## Draft General Fund Capital Programme

Total Project Cost (incl. Prior Years) £'000	Current MTFF Proposal	Project	2015/16	2016/17	2017/18	2018/19	2019/20	Financed by:			2015/16 Financed by:			2016-20 Financed by:		
			Draft Budget	Draft Budget	Draft Budget	Draft Budget	Draft Budget	Council Resources	Government Grants	Other Contributions	Council Resources	Government Grants	Other Contributions	Council Resources	Government Grants	Other Contributions
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
		<b>Main Programme</b>														
3,500	NEW	Social Care Investment	580	580	580	580	580	0	2,900	0	0	580	0	0	2,320	
<b>3,500</b>		<b>Total Main Programme</b>	<b>580</b>	<b>580</b>	<b>580</b>	<b>580</b>	<b>580</b>	<b>0</b>	<b>2,900</b>	<b>0</b>	<b>0</b>	<b>580</b>	<b>0</b>	<b>0</b>	<b>2,320</b>	
		<b>Future Projects</b>														
1,000	NEW	Grassy Meadow Dementia Centre	1,000	0	0	0	0	1,000	0	0	100	0	0	900	0	
226	NEW	SCP ICT Implementation	226	0	0	0	0	0	226	0	0	226	0	0	0	
<b>1,226</b>		<b>Total Future Projects</b>	<b>1,226</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,000</b>	<b>226</b>	<b>0</b>	<b>100</b>	<b>226</b>	<b>0</b>	<b>900</b>	<b>0</b>	
<b>4,726</b>		<b>Total General Fund Capital Programme</b>	<b>1,806</b>	<b>580</b>	<b>580</b>	<b>580</b>	<b>580</b>	<b>1,000</b>	<b>3,126</b>	<b>0</b>	<b>100</b>	<b>806</b>	<b>0</b>	<b>900</b>	<b>2,320</b>	

2015-20 Additions £'000	Financing adjustments					
	2015/16 Financed by:			2016-20 Financed by:		
	Council Resources	Government Grants	Other Contributions	Council Resources	Government Grants	Other Contributions
£'000	£'000	£'000	£'000	£'000	£'000	£'000
1000	100			900		
1000	100	0	0	900	0	0

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Draft Housing Revenue Account Capital Programme

Total Project Cost (incl. Prior Years) £'000	Current MTFP Proposal	Project	2015/16	2016/17	2017/18	2018/19	2019/20	Financed by:		
			Draft Budget	Draft Budget	Draft Budget	Draft Budget	Draft Budget	Revenue Contributions	Prudential Borrowing	Capital Receipts
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
		<b>Major Projects</b>								
14,328		Purchase and Repair of Housing stock	2,279	1,749	1,750	1,900	1,900	9,320	0	258
38,639		New Build - General Needs Stock	1,000	12,949	20,023	4,417	0	26,872	0	11,517
5,400		New Build - General Needs Stock - RSLs	0	1,350	4,050	0	0	0	0	5,400
33,404	UPDATE	New Build - Supported Housing Provision	5,586	18,694	5,804	2,793	0	23,014	0	9,863
6,626	UPDATE	Land Appropriations - Supported Housing	6,626	0	0	0	0	0	6,626	0
<b>98,397</b>		<b>Total Major Projects</b>	<b>15,491</b>	<b>34,742</b>	<b>31,627</b>	<b>9,110</b>	<b>1,900</b>	<b>59,206</b>	<b>6,626</b>	<b>27,038</b>
		<b>Works to Stock</b>								
44,355		Dwelling Components	9,750	9,224	8,760	8,329	8,292	44,355	0	0
10,117		Estates & Block Renewal	2,643	2,147	1,795	1,765	1,767	10,117	0	0
9,500		Welfare	2,600	2,100	1,600	1,600	1,600	9,500	0	0
<b>63,972</b>		<b>Total Works to Stock</b>	<b>14,993</b>	<b>13,471</b>	<b>12,155</b>	<b>11,694</b>	<b>11,659</b>	<b>63,972</b>	<b>0</b>	<b>0</b>
<b>162,369</b>		<b>Total HRA Capital Programme</b>	<b>30,484</b>	<b>48,213</b>	<b>43,782</b>	<b>20,804</b>	<b>13,559</b>	<b>123,178</b>	<b>6,626</b>	<b>27,038</b>

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## Safeguarding Adults In Hillingdon – Annual Report 2013-14

**Contact Officer:** John Higgins  
**Telephone:** 7142

### REASON FOR ITEM

The Safeguarding Adults Partnership Board (SAPB) has been established in line with the Department of Health guidance "No Secrets" (2000). The Care Act 2014 will require all Councils to establish with partners a Safeguarding Adults Board from April 2015. The Hillingdon Board SAPB in keeping with best practice and ahead of the new statutory requirements of the Care Act produces an Annual report.

Currently "No Secrets" guidance identifies Local Authorities to be the lead agency in coordinating the multi-agency approach to safeguarding adults at risk of abuse in their area. Given this, the Safeguarding Adults Partnership Board (SAPB) leads on strategy, monitoring and reviewing the safeguarding arrangements in Hillingdon. It is a multi agency partnership where statutory independent and voluntary organisations are represented. The Annual Report, details what the partnership has achieved over the year, local and national developments and it presents new priorities.

The annual report will be presented to Cabinet and the Community Safety Partnership in February, and the Health and Wellbeing Board in March. The Care Act will, from April 2015, set safeguarding adults at risk on a statutory footing, placing a duty on Local Authorities to carry out enquiries into any allegations of abuse or exploitation. Having a SAPB will become a statutory requirement requiring the co-operation of agencies to work together to protect adults at risk.

### OPTIONS AVAILABLE TO THE COMMITTEE

1. To note and comment on the Safeguarding Annual Report 2013-14, prior to presentation at Cabinet in February 2015
2. To ask for further information to be included within the Annual Report format.

### INFORMATION

1. The Hillingdon Safeguarding Adults Partnership Board is a multi-agency group responsible for the strategy and performance of the partnership in the prevention of, and response to, the abuse of adults at risk in Hillingdon. The Board follows best practice and has an independent chair who also chairs the Local Safeguarding Children's Board (LSCB). The terminology 'Safeguarding Adults at Risk' has been widely adopted nationally and locally but this area of work is still sometimes known as: Adult Protection, Protection of Vulnerable Adults (POVA), Protecting Vulnerable Adults and in some cases just 'vulnerable adults'. All relevant agencies have

contributed to the annual report, and completed a self audit in early 2014. This enabled the board to form priorities for the coming year.

2. The report presents a retrospective of safeguarding work over the year. The year has seen good progress in the development of the board and the wider multi agency safeguarding arrangements in the Borough. Key local developments and service changes in 2013-14 have been:
  - The establishment of a vulnerable person's panel that acts as a forum for professionals to discuss cases that are a cause for concern, such as hoarding or self neglect and formulate effective management plans.
  - The creation of a Care Governance Board made up of senior managers within Adult services to oversee the quality of local provision and coordinate action to improve services that fall below the quality threshold.
  - The implementation of the Winterbourne View plan, by reviewing current commissioning arrangements and intensive case management to ensure those people in inpatient NHS settings move to appropriate local provision.
  - Reorganisation of adult social care to ensure that adult safeguarding is embedded across the whole operational service, rather than a single team.
  - Convened the serious case review subcommittee to conduct a review and complete a multi agency action plan.
  - Increase in the conversion rate of notifications to referrals indicating increased awareness of adult safeguarding
  - Increase of 21% in those accepting their protection arrangements
3. The SAPB priorities for development for 2014 onwards have been built around the eight Association of Directors of Adult Social Services (ADASS) standards of:
  - Outcomes
  - Leadership
  - Strategy
  - Commissioning
  - People's Experiences of safeguarding
  - Service delivery and effective practice
  - Performance and resource management
  - Local safeguarding Board
4. In preparation for the implementation of the Care Act requirement to establish a statutory Adults Safeguarding Board, the SAPB is held on a different day from the Children's Board, thus allowing more time for the challenging agenda. There is a joint sub group that discusses issues that are of relevance to both Boards. The Council and partners have also commissioned an independent review into the functioning of the SAPB and its cross over with LSCB, in order to ensure that we are completely prepared for Care Act implementation.

5. The Board has identified the following priorities:
  - To improve its response to abuse where the social care market is becoming more diverse and fragmented, and also to ensure that people are safeguarded at key transition points, such as hospital discharge
  - The Board also need to ensure that the positive commitment to personalisation and choice happens, with good risk enablement practices that keep people safe but extend their choice and control over services. There is good evidence to support positive outcomes for service users from personalisation.
  - The need to increase performance and quality control mechanisms across the partnership
  - To implement the local Winterbourne View Action plan
  - To work across agencies to improve and embed the Mental Capacity Act into practice
  - Implement the Making Safeguarding Personal initiative in Hillingdon to , increase user satisfaction and achieve improved outcomes
  
6. The evidence indicates that Hillingdon responds appropriately across agencies to concerns about adults at risk. However, there are some important challenges:
  - Local demographic data suggests the number of vulnerable adults in the Borough will rise.
  - The Making Safeguarding Personal agenda is the thread running through the Care Act implementation and this will present a challenge to all staff to ensure that it is fully embedded in work with vulnerable adults.
  - A recent court judgment has greatly increased the workload and consequential costs in respect of deprivation of liberty assessments, and although a review of this is planned, that will not report until 2017.
  - The actions arising from the Winterbourne Review are still ongoing and the challenge remains of ensuring the safeguarding people with learning disabilities in long term care, whilst planning their move into community settings.
  
7. It should be noted that the role, expectation and workload of the Adult Safeguarding Board has increased hugely over the last year, and this will continue when the Care Act is implemented in 2015. Increased resourcing of the Board by all statutory partners will be required. The Care Act guidance is not prescriptive in terms of expected contributions from partner agencies but does recognize the need for statutory partners to ensure that statutory boards are adequately resourced to undertake their responsibilities. Some business management and administrative time will be essential to ensure that the Board can be the effective monitoring and quality assurance body that is expected in the Care Act regulations and guidance.

**Lynda Crellin**  
**Chairman**  
**December 2014**

## **BACKGROUND PAPERS**

1. Hillingdon Safeguarding Adults Partnership Board Annual Report 2013-14 and appendix.



**Hillingdon Safer Adults  
Partnership Board  
Annual report  
2013 - 14**

**January 2015**

## Contents

<b>ITEMS</b>		<b>PAGE</b>
<b>1</b>	<b>INTRODUCTION</b>	<b>3</b>
<b>2</b>	<b>WHAT WE HAVE DONE</b>	<b>5</b>
<b>3</b>	<b>GOVERNANCE AND ACCOUNTABILITY</b>	<b>12</b>
<b>4</b>	<b>LEARNING FROM CASE REVIEWS AND AUDITS</b>	<b>14</b>
<b>5</b>	<b>HOW WE ARE DOING: effectiveness of local safeguarding</b>	<b>15</b>
<b>6</b>	<b>NATIONAL AND LOCAL CONTEXT: implications for safeguarding</b>	<b>20</b>
<b>7</b>	<b>WHAT WE NEED TO DO: SAPB priorities 2014/15 onwards</b>	<b>24</b>
<b>8</b>	<b>CONCLUSIONS</b>	<b>28</b>
<b>APPENDIX 1</b>	<b>SAPB membership</b>	
<b>APPENDIX 2</b>	<b>SAPB Sub-Groups</b>	
<b>APPENDIX 3</b>	<b>Partnership Governance arrangements</b>	
<b>APPENDIX 4</b>	<b>Workforce</b>	



## **1. INTRODUCTION**

This report covers the work of the Hillingdon Safer Adults Partnership Board (SAPB) during 2013-14. It highlights the main achievements in safeguarding Hillingdon's vulnerable adults and identifies the priority areas for improvement for the following year and beyond.

Statistical and performance information covers the period April 2013-March 2014 with significant developments in the early part of 2014-15 also included.

Ensuring strong safeguarding for adults relies on strong commitment and collaboration across services. This is evident through the work of the Board and from the contribution that each agency has made to this report. From these contributions, we can see the efforts that are being made in Hillingdon to keep adults safe.

During this year we improved quality control mechanisms by:

- Establishing a Vulnerable Person's Panel that acts as a forum for professional discussion of self-neglect cases (such as hoarding) that are a cause for concern. The panel agrees strategies for each case working across agencies.
- Creating a Care Governance Board within the Council's Adults Services to oversee the quality of local provision and coordinate action where services fall below quality thresholds.

The Care Act 2014 will require the establishment of an Adults' Safeguarding Board by April 2015. The Board will be required to have an annual plan and an annual report. The Act requires agencies to co-operate to deliver Safeguarding requirements. In addition, the draft guidance advises local areas to consider pooling funding to support the work of the board.

As we move towards statutory Adult Safeguarding Boards we now hold the Adults' Board on a different day to the Children's Board.

The evidence we have indicates that we are keeping adults as safe as we can within Hillingdon. There are however some important challenges.

Local demographic data tells us that numbers of vulnerable adults in the Borough will rise.

The Making Safeguarding Personal agenda is the thread running through the Care Act implementation. This will present a challenge to all. A recent court judgement has greatly increased the workload in respect of Deprivation of Liberty assessments, and while a review of this is planned, it will not report until 2017. The current increase has added a significant amount of pressure to LBH services.

The actions arising from the Winterbourne Review are still ongoing and the challenge remains to ensure the safeguarding of those in long term care while planning their move into community settings.

We need to develop capacity and improved quality assurance mechanisms in the SAPB to enable us to assess the quality of our interventions on the ground.

The personalisation agenda is extremely positive but means that we must help people assure themselves of the quality of care they are purchasing.

**Lynda Crellin**  
**Independent Chairman**  
**January 2015**

## **2. WHAT WE HAVE DONE**

### **What we planned to do – our key priorities**

<b>WHAT WE SAID WE WOULD DO</b>	<b>WHAT WE DID</b>
<b>Outcomes, peoples experience of safeguarding</b>	
Ensure that decisions are person led through informed consent whenever possible.	Acceptance of protection arrangements increased by 21%. Low level of complaints.
<b>Leadership, strategy and commissioning</b>	
Implement the recommendations from the Winterbourne Report and Care Qualities Commission Review of learning disability services.	<p>Sub groups were set up to oversee establishment of local action plan, reported at each SAPB meeting. All actions on target. Those currently in placements were reviewed and SAPB assured of their safeguarding arrangements.</p> <p>In 2014 we have jointly commissioned with Hillingdon Clinical Commissioning Group a review of Learning Disability Services to inform our future plans for Learning Disability Services. This will inform how local services are reshaped in the light of the Winterbourne report. This will be reported on in the 2014/15 Annual report.</p>
Implement recommendations from Francis Report.	Hospital Trusts gave assurances about compliance and outstanding actions to SAPB in October 2014.

WHAT WE SAID WE WOULD DO	WHAT WE DID
<b>Service delivery and effective practice</b>	
Continue to ensure pan London policies and procedures are embedded in practice.	Procedures used across all agencies. No problems reported in feedback. Review planned but deferred until implementation of Care Act.
Improve our awareness and response to abuse or exploitation originating via electronic means.	The new Homecare contract will include a requirement to ensure that all providers have a call monitoring system in place. The impact of this will be reported upon in the 2014/15 Annual report.
Ensure and improve response to allegations of financial abuse	Some actions have been agreed as part of Safeguarding response to referrals. As the Board takes on a statutory role in April 2015 further work will be undertaken with the Safer Hillingdon Partnership.
Develop better ways of assessing risk across partner agencies.	Risk assessment now forms part of the data set that comes to SAPB .
Staff development and training to remain a priority and to focus on identified issues.	The e-learning module is in place and in use. Each agency carries out training and reports on this to SAPB. Further training on investigations undertaken for social care staff following reorganisation.
Amend recruitment policy and guidance to comply with revised CRB guidance and the Protection of Freedoms Act.	Completed within each agency.

<b>WHAT WE SAID WE WOULD DO</b>	<b>WHAT WE DID</b>
Develop better identification and support through Multi Agency Safeguarding Arrangements (MASH).	The MASH live date had been postponed at time of writing, but there will be a senior social worker in Adults who will link with the MASH in the first few months. This will ensure good links between the MASH and Adults Safeguarding. It is proposed to review this in year to determine if closer alignment is required.
<b>Performance and resource management</b>	
Increase staff awareness of issues of self neglect/hoarding and how to respond.	Protocol and procedure developed and agreed. Plans for hoarding panel evolved into Vulnerable Persons Panel which considers all complex cases of vulnerable people through multi agency discussion and agreed actions.
Develop and disseminate local guidance around Deprivation of Liberty.	Meeting held with providers Forum. Training undertaken for providers in 2014. Web information has been reviewed as part of social care information to the public.
Develop greater professional responsibility and awareness ('whistle blowing') on poor practice and safeguarding adults at risk.	Care Governance Board established to monitor quality of care.
<b>Safeguarding Adults Board</b>	
Seek representation of Clinical Commissioning Group and GPs as providers on the SAPB.	CCG represented by manager and GP representatives. Lead GP for safeguarding appointed.

WHAT WE SAID WE WOULD DO	WHAT WE DID
Improve effectiveness of SAPB quality assurance processes.	Joint SAPB/NHS SAAF (Self Assessment Assurance Framework) agreed via London chairs group and implemented early 2014. Followed up by local challenge session confirm safeguarding arrangements within each agency and agree joint priorities for 2014-15.
Learn from case reviews.	Action plan from case review 2013 completed. New Serious Case Review action plan agreed in 2014
Ensure SAPB meets requirements of Government guidance and regulation.	Postponed until spring 2015 to await Govt regulations and guidance. Review of SAPB to be completed ready for Care Act implementation. Protocol agreed with Health and Wellbeing Board.

## **Main Adult Safeguarding Achievements 2013-14**

### **Hillingdon Council**

A Vulnerable Persons [Hoarding] Panel now meets on a monthly basis. The Panel is a multi-agency forum chaired by the London Fire Brigade that shares information and best practice ideas with regard to complex cases including `self-neglect` and hoarding.

Care Governance arrangements have been strengthened with a regular monthly meeting chaired by the Council's Director of Adult Social Care. The meeting brings together the Safeguarding Adults Lead, Inspection and Monitoring, Performance and Category Management professionals.

The Safeguarding Adults service was reorganised in early 2014. The specialist Safeguarding team was disbanded and resources moved into Locality teams.

The authority is now in a stronger position to work pro-actively with all service users to ensure their health and well-being are safeguarded, with changes

effectively making "Safeguarding Everybody's Business". Quality audits are planned for 2015 to ensure that the quality of safeguarding investigations is maintained, and that any findings feed into ongoing workforce development.

### **Hillingdon Hospital**

The Head of Safeguarding received a Trust CARES award in recognition of her work for and with people with learning disabilities within the reporting period.

### **Central North West London NHS Trust (CNWL)**

- The development of local Learning Disability Champions. This has shown commitment by individuals who have attended local learning events and have championed awareness-raising and improvement via their local service meetings.
- The ability to identify and record "carers" on our electronic patient record system so that proactive support can be put in place for those individuals.
- The opportunity to attend and present cases to the multi-agency Vulnerable Persons Panel.
- Safeguarding Adults mandatory training is consistently well attended, with an average compliance rate of 98%.
- Prevent health WRAP (workshop to raise awareness of Prevent) training is consistently offered to teams. The figures are sent to the Department of Health monthly to ensure compliance.
- Records and statistics of all safeguarding adults cases worked on are kept, with outcomes which enable the safeguarding adult's team to monitor local themes and trends, and helps support organisational learning.
- Safeguarding leads identified in each mental health team.
- Every Datix incident report is looked at and checked to ensure that there are no possible safeguarding adult issues.
- Safeguarding adults team led on 3 audits in 2013/14. One of these audits was regarding the safeguarding adults mandatory training. In 2012/13 the audit was to ensure that the training was thorough. This had a very positive result and showed that overall the training was well received by staff. In 2013/14 this audit was built on further, by taking a random sample of staff and asking them questions about what they remembered about the training received. Again the results were good, but showed that there was some required to guarantee that all staff were aware of who the lead agency is, however all staff audited knew who to contact within CNWL with safeguarding adult queries.
- Training has been provided to Child and Families (C&F) staff with regard to mental health and addictions. Addictions and adult mental health community teams have a reciprocal arrangement where link workers from C&F meet with teams to discuss cases.

## **Royal Brompton and Harefield Trust**

The Trust's Adult Safeguarding Policy has been revised and updated to include:

- A revised Prevent (Preventing Violent Extremism) flow chart
- Supervision for staff assessing and escalating safeguarding cases
- Deprivation of Liberty guidance
- Female Genital Mutilation (FGM)
  
- Prevent Strategy - Trust Executives with Safeguarding responsibilities met local Prevent police liaison officers and NHS England London Prevent to improve understanding of the Prevent and Channel referral process. The Safeguarding adult policy has been updated with a more comprehensive Prevent flow chart
  
- Safeguarding/pressure ulcer protocol - The Trust is working with the Tri-borough safeguarding adult board to develop a pressure ulcer protocol to ensure there is agreement about when a pressure ulcer incident should be escalated to a strategy meeting.
  
- Safeguarding training standards - The Trust is working with the Tri-borough SAPB Developing Best Practice sub-group to develop a minimum standard for each of the safeguarding training levels and for MCA and DOL awareness. The objective is to develop minimum standards for partners to aspire to and produce training material for use in training sessions.

## **Age UK Hillingdon**

420 volunteers and staff work for Age UK Hillingdon to support older people with the organisation and each volunteer is trained on safeguarding adults as part of their induction.

Age UK reviews its policies and procedures on a regular basis to ensure compliance with safeguarding and raises awareness of safeguarding with all staff and volunteers so that there is a clear process for reporting abuse.

## **Disablement Association Hillingdon (DASH)**

DASH has in place robust policies for safeguarding, safer recruitment and whistle-blowing. All policies form part of our induction process and safeguarding is discussed regularly in team meetings and supervision. Staff are encouraged to raise any concerns with their team leader or the Chief Officer.



Our advocates work with people going through the safeguarding process to ensure that they are fully supported through the interviews and that their voices are heard.

All staff and volunteers are DBS checked. Casual volunteers (e.g. from Uxbridge College) at sports sessions are not checked as they are constantly supervised.

People employing Personal Assistants are assisted to follow safer recruitment procedures and DBS check the people they choose to employ.

We continue to encourage the people we work with to expect high standards from people who are working with them.

Participants at our activities are encouraged to report hate crime and with the help of an advocate and the local police we have had some successful outcomes.

## **Police**

The Multi Agency Safeguarding Hub (MASH) now based at the Civic Center has replaced the previous Public Protection Desks. They carry out similar functions but have more key stakeholders in the partnership than previous allowing for greater sharing of information and resources, therefore greater risk management and improved safeguarding. More statistics are provided in Appendix 3.

## **London Fire Brigade**

LFB initiated a local management review into the support provided to a vulnerable adult who sadly died in a fire at home. This resulted in recommendations for some partners to improve specific aspects of their service provision.

Fire crews in Hillingdon delivered 2518 free home fire safety visits to Hillingdon residents, of which 83% were to vulnerable people. In addition a number of arson letter-boxes were fitted and sets of fire retardant bedding were provided to vulnerable residents at high risk from fire.

A major initiative during 2013-14 was the creation of a Hoarding Panel made up of key partners to review high-risk cases involving people who hoard materials in their homes. This initiative was adopted by the Safeguarding Adults Board to become the borough's Vulnerable People Panel, chaired by the LFB. The panel receives referrals from agencies and organisations who deal with vulnerable people that fall outside of adult safeguarding criteria. Typically, the individuals represent those who suffer from self neglect due to lifestyles or health issues.

Further information on partner agencies' adult safeguarding work is provided in Appendix 3.

### **3. GOVERNANCE AND ACCOUNTABILITY**

The Safeguarding Adults Partnership Board is a multi-agency partnership comprising statutory, independent and charitable organisations with a stakeholder interest in safeguarding adults at risk.

The Board aims to protect and promote individual human rights, independence and improved wellbeing, so that adults at risk stay safe and are at all times protected from abuse, neglect, discrimination, or poor treatment.

The role of the Board and its members is:

- To lead the strategic development of safeguarding adults work in the borough of Hillingdon.
- To agree resources for the delivery of the safeguarding strategic plan.
- To monitor and ensure the effectiveness of the sub-groups in delivering their work programmes and partner agencies in discharging their safeguarding responsibilities
- To ensure that arrangements across partnership agencies in Hillingdon are effective in providing a net of safety for vulnerable adults
- To act as champions for safeguarding issues across their own organisations, partners and the wider community, including effective arrangements within their own organisations
- To ensure best practice is consistently employed to improve outcomes for vulnerable adults.

#### **Membership**

Membership consists of all the main statutory agencies and voluntary groups who contribute to the safeguarding of vulnerable adults. A full list of members can be found in Appendix 1.

The membership and terms of reference of the Board will be reviewed and updated during 2014 in line with the Care Act 2014.

#### **Independent chairman**

Since November 2011 the SAPB has had an independent chairman, who also chairs the Local Safeguarding Children's Board (LSCB).

#### **Relationship to agency boards**

There are links across to the Safer Hillingdon Partnership and Older People's Assembly . Safeguarding also links to the Multi Agency Public Protection Arrangements (MAPPA) and the Multi Agency Risk Assessment Conference (MARAC). The annual report will be presented to Council Cabinet, Health and

Wellbeing Board and the Safer Hillingdon Partnership. In the spirit of partnership work in Hillingdon, each agency represented on the SAPB has contributed to this report.

The Board asked all partners to provide details of their governance arrangements, contributions to safeguarding, and training activity. Information is provided in Appendices 3 and 4.

Actions planned within each agency are included in section 7, What We Need to Do.

### **Sub groups**

Most activities relating to the SAPB business plan have been led by a Service Manager, supported by the sub groups. These were established in 2012.

- Human resources ( joint with LSCB)
- Policy and performance
- Learning and Development
- Serious case Review sub group ( ad hoc as required)
- Financial Exploitation ( short life group commenced in 2013)
- Winterbourne sub group ( short life group commenced 2013)

Terms of reference for sub groups are included in Appendix 2.

## **4. LEARNING FROM CASE REVIEWS AND AUDITS**

### **Serious Case Review (SCR)**

The Board commenced a Serious Case Review in year, which was all but finished.

This concerned a person who died in hospital but had clearly experienced neglect at the hands of her carer during the months immediately preceding her death. Although the review is still ongoing at the time of writing this report, some actions have already been put in place concerning procedures applying in case of non-contact (community health) and procedure for responding to alerts raised by London Ambulance Service.

### **Case Review**

The Board also completed one further case review in summer 2013, using the SCR methodology. This concerned a person with varying capacity about whom professionals could not agree about their degree of competence.

Those who carried out the review agreed that this sort of situation presented huge challenges for professionals in terms of assessing capacity and risk and that the recommendations and plan should form a substantial element of the SAPB work plan for 2013-14.

In addition to individual agency recommendations, the multi agency recommendations were:

- Raise awareness of Mental Capacity Act; how and when to use, clarification of when a 'best interests' meeting is appropriate and risk management of people with varying capacity. Assessment to include risk of fire in the home (working smoke alarm/home living environment/cooking habits).
- Have in place agreed thresholds for review of care plan for somebody with fluctuating capacity. Ensure robust risk assessment tools are in place to identify risks and to be clear what strategies are put in place to address risk and what monitoring of that risk is in place.
- Improve discharge planning process for people with complex needs and varying capacity including consistency in assessment of decision specific capacity. To specifically address in respect of multi agency working and information sharing.
- Maximise the effectiveness of the integrated care pilot for people with complex needs and varying capacity.
- Ensure staff and front line managers are aware of decision making process contained in the London SA procedures concerning when to refer to the safeguarding team.
- Ensure all available community safety options are included in all assessments, where appropriate.

The action plan associated with this case has been completed. The embedding of awareness and practice about assessment of capacity remains a key priority for the Board going into 2014.

## **5. HOW WE ARE DOING: effectiveness of local safeguarding**

### **How the SAPB monitors local safeguarding arrangements**

The SAPB uses a variety of information to assess the effectiveness of local safeguarding arrangements. These include annual returns, inspection reports, and quality audits. During 2012-13 we were able to receive improved performance information based on the annual safeguarding adult returns submitted to the Department of Health. The focus will include more outcome data to ensure intervention is effective.

### **Performance information**

In April 2013, the Abuse of Vulnerable Adults return (AVA) was deleted by the Health and Social Care Information Centre (HSCIC) and the Safeguarding Adults return (SAR) was introduced. The following provide some of the main measures from the SAR return; further information and comparator data can be found in Appendix 3.

### **In 2013/14, Hillingdon Council:-**

- Opened 499 safeguarding referrals. Of these:
  - 319 (64%) were from females, comparable to the national (60%) and regional (57%) returns.
  - 160 (32%) came from residents aged over 85.
  - 50 (10%) were previously unknown to adult social care.
  - 305 (61%) were from residents with a physical disability, above the national (51%) and regional (52%) returns.
- Closed 590 referrals, of these:-
  - 175 (30%) were due to an allegation of neglect or an act of omission, comparable to the national (30%) and regional returns (30%).
  - 250 (49%) were alleged to have taken place in the clients own home, above the national (42%) return and slightly below the regional (51%) return.
  - 290 (57%) were closed and resulted in no further safeguarding actions, above the national (36%) and regional (36%) returns.
  - 205 (40%) were closed and the risk was removed (20%) or reduced (20%), below the national (22%;35%) and regional (25%;33%) returns.

- 170 (32%) cases were substantiated fully, in line with the regional (32%) and national (30%) returns.
- 170 (32%) cases were not substantiated, comparable with the national (30%) and regional (34%) returns.
- 115 (22%) residents lacked the capacity, below the national (28%) and regional (32%) returns, however there were a greater number of clients that it was not recorded if they had capacity (33%). This will be rectified to ensure that all cases have the persons capacity recorded.

### **Mental Capacity Act and Deprivation of Liberty (DoL)**

Responsibility now rests with the Local Authority as the sole Supervisory Body.

There are currently 2 Best Interests Assessors and the work of the Supervisory Body is overseen by the Safeguarding and Quality Manager, with support from a Senior Practitioner and Administrative Officer.

The number of applications for a DoL remains low for the period April 2013 to date. In all there have been 15 requests for a standard assessment, all from Care Homes. All were granted, and therefore were considered appropriate and proportionate

LBH has robust monitoring of registered Care Homes and the Inspection staff are well aware of circumstances that could be seen as a deprivation. Care Homes and Hospitals are the settings where Deprivation of Liberty Safeguards apply. Therefore we are reasonably confident there are not circumstances where people are being unlawfully deprived of their liberty. As part of the learning from Winterbourne Review (WBV) however, there is a focus on ensuring reviews consider if the circumstances of care could be considered a deprivation of a person's liberty. All adult social care staff have received additional training in this area, funded through the specific mental capacity grant money.

The Supreme Court judgements in the "...P v Cheshire West and Chester Council..." and "...P and Q v Surrey County Council..." in March 2014, are very significant in determining whether care/treatment arrangements for an individual lacking capacity amount to a DoL.

The Court determined that there are two key questions to consider in determining whether a person is deprived of their liberty:

- Is the person subject to continuous supervision and control?
- Is the person free to leave?

If the answer to both questions is no then the person is deprived of their liberty. Factors that are deemed no longer relevant are:

- The person's compliance or lack of objection

- The relative normality of their placement
- The reason or purpose of a particular placement

### **Implications for Hillingdon**

This judgement has led to a very significant increase in numbers of requests for both standard and urgent authorisations during 2014. This will place pressure on the current capacity of trained Best Interest Assessors.

In 2013/14 LBH received 15 requests for authorisations. Since the judgement 19<sup>th</sup> March 2014, LBH has received over 150 applications for the first half of the year. We have estimated that over 500 assessments may need to be undertaken for people placed by LBH. In addition there will be requirements to undertake assessments for an unknown number of people in hospital or placed by the CCG who are eligible for NHS continuing care.

We are in the process of disseminating information to Managing Authorities and partners to help them identify when applications are required. There will be a need to revisit some previous decisions made prior to the judgement.

Applications to the Court of Protection will be required for people in settings outside residential care homes and hospitals whose care is in part or wholly public funded e.g. supported housing.

Authorisation reviews are required on an annual basis so the anticipated increased demand will be on-going.

It would not be possible for the existing trained staff to undertake the number of assessments likely to be required. We are in discussion with other London boroughs and ADASS nationally is involved in assessing the impact of these changes. Locally we have set up a mini project board to oversee this task which we have invited representatives from the CCG and Hillingdon Hospital. The plan is to:

- Inform providers of the changes and outline the things they need to put in place to ensure least restrictive options are considered.
- Second the two members of staff who are trained as Best Interest Assessors (BIA) into the Safeguarding and Quality Team and back fill their posts .
- Train up an additional 6 assessors from existing staff.
- Contract with an external agency/ independent individuals to provide BIA assessments.
- Increase administrative support to two full time members of staff.
- Risk assess applications and prioritise accordingly.



The recent changes in case law will result in a considerable increase in the numbers of people who require a DoL authorisation. This will require considerable additional financial resources.

### **Outcomes of audits and Inspections**

The safeguarding adults at risk service works closely with their colleagues in the inspection team of LBH. The role of this team is to monitor the service provision and quality of care of those providers contracted to the LBH. The team undertakes reviews of services, including unannounced inspections, and ensures the provider is working to good standards of care and is contract compliant. Monthly reports on service providers are submitted to LBH senior management team and contract monitoring meetings are held with the service providers themselves. During 2013/14 the social care inspection team carried out 155 inspections of domiciliary care services, residential and nursing homes, supported living and sheltered housing service. In addition the team worked with the police who led on the investigation of the activities of a domiciliary care agency who provided services to Hillingdon residents.

The outcome of visits and any recommendations arising are recorded with subsequent tracking of individual care homes to ensure recommendations are actioned by them. Similarly, complaints about social care providers are tracked and followed up. In this way the team can build up a picture of how individual care providers are meeting the needs of those people who are in their care. The team are working on new ways to collate overall performance of social care providers contracted to LBH.

The team are particularly important in monitoring required improvements for settings where there have been safeguarding concerns and in linking with colleagues in the Care Quality Commission (CQC) on the regulatory standards providers must comply with. Recent joint action involving the police, CQC, LBH inspection team and the safeguarding adult team concerned a domiciliary care agency and resulted in a prosecution.

### **Personalisation**

Personalisation focused on putting the individual and their family in control of their care and support enabling them as far as is practicable to make their own choices and manage their care and support as they would wish to for themselves.

A significant part of personalisation is the provision of personal budgets; funds which the individual and their family can manage and spend to provide for their care and support needs. Personal budgets are at the heart of transformation of adult social care. The aim is not only to provide funds via personal budgets but assistance to manage funds and working with providers and the voluntary sector to build alternative support services so that service users have more choice, opportunities and can be more innovative on how their needs can be met.

There is also a move away from traditional, social care providers to a broader range of provision, some of which may fall outside current regulated services, for example the employment of personal assistants and small voluntary groups to meet care needs. This has posed a challenge as to how the existing framework of safeguarding will ensure the safety and protection of vulnerable adults within this new context of greater choice, individual control and proportionate risk enablement.

For the year 2013-14 2,790 of eligible service users were in receipt of a personal budget.

Risk enablement is an integral part of the support planning process for these service users seeking to make their own support arrangements.

Risk enablement guidelines and processes have been introduced and these have been covered as part of a wider self directed support training programme. This has not impacted on safeguarding adults at risk. The service will continue to monitor the situation and advise the SAPB accordingly. To date there is no indication of a disproportionate number of Self Directed Support referrals being made to the safeguarding team.

### **Effectiveness of the SAPB**

The London Safeguarding Adults Board (SAB) independent chairs have developed a quality assurance tool for SABs in association with NHS England (London Region) . The resulting tool replaced the NHS SAAF and was completed by Board partners in spring 2014. Results were collated at a challenge day in June 2014.

All agencies had robust policies and procedures in place and an appropriate focus on adult safeguarding. There was considerable consensus about the challenges and areas for development which have been incorporated into the SAPB plan for 2014-15

Membership and terms of reference of the Board will need to be refreshed to meet the requirements of the Care Act and to ensure maximum effectiveness.

### **Overall effectiveness**

The information we have given provides reassurance that the multi-agency system to safeguard adults in Hillingdon is working well. There is strong multi agency commitment through the SAPB, evidenced by the information provided in this report. Safeguarding performance figures are broadly in line with comparator authorities, and, where they are not, in the case of high numbers of alerts, action has been taken to address the issue. Performance figures overall indicate high levels of awareness and robust response to safeguarding concerns. The progress of work across London and nationwide is ensuring that agencies are working within a context of sound practice and guidance, thus ensuring greater consistency and higher standards of care. In this context the SAPB has developed further local guidance and procedures to ensure robustness of response to concerns.

Hillingdon is compliant with the initial review requirements from the Winterbourne Review and all those currently in a hospital setting have had their care reviewed. Plans are in place to move those from hospital settings into the community, though this has considerable resource implications as the existing funding remains with NHS England and does not revert to the placing authority. The Winterbourne sub group is being reviewed to ensure more focus on commissioning and to look at what care and support needs to be put in place for users.

The SAPB is developing ways to monitor progress against the recommendations contained in the Francis Report. LBH and SAPB are well placed to comply with any requirements arising from the Care Act and are looking to further develop our work in 2014/15 to use information from risk assessments to assess the effectiveness of the safeguarding response to concerns.

## **6. NATIONAL AND LOCAL CONTEXT: implications for safeguarding**

### **Government policy**

The statement of the 16<sup>th</sup> of May 2011 of Government policy on adult safeguarding by the Department of Health made clear that the “No Secrets” statutory guidance would remain in place until at least 2013. The principles within the statement were building on this guidance, reflecting what had come out of the national consultation process. They made clear that the Government’s role was to provide the vision and direction on safeguarding, ensuring the legal framework, including powers and duties, is clear and proportionate, whilst allowing local flexibility. Safeguarding is seen as everyone’s business encouraging local autonomy and leadership in moving to a less risk adverse way of working, focusing more on outcomes instead of compliance.

The Government set out six principles by which local safeguarding arrangements should be judged.

- Empowerment – presumption of person lead decisions and informed consent.
- Protection – Support and representation for those in greatest need.
- Prevention – It is better to take action before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
- Partnership – Local solutions through services working with their communities.
- Accountability – Accountability and transparency in delivering safeguarding.

The Government refreshed these principles with a further statement on the 10<sup>th</sup> of May 2013 which drew on safeguarding national events since 2011. It placed the following emphasis on local safeguarding activity

- Collaborative working to improve outcomes and avoidance of duplication.
- Providers' core responsibilities to ensure safe, effective and high quality services.
- Work collectively to respond appropriately to safeguarding concerns as well as those concerns that relate more to service standards.
- Ensure commissioned services are of a high quality and arrangements are robust for responding to concerns.

The statement retained the principles outlined above but wanted more emphasis on prevention and proportionate response to concerns.

### **The Care Act 2014**

The Government has accepted the recommendation of the Law Commission in making SAPBs statutory. The Care Act outlines changes for safeguarding adults. These include:

- Confirming Local Authorities as having the lead co-ordinating responsibility for safeguarding adults at risk.
- Placing a duty on Local Authorities to investigate or cause an investigation to be made by other agencies in individual cases.
- Local Authorities will have the power to request co-operation and assistance from designated bodies during adult protection matters and the requested body will have to give due consideration to the request.
- There will be a new definition of an adult at risk which may broaden those adults considered at risk.
- The functions of the SAPB will be defined in statute.
- Section 47 of the National Assistance Act 1948 will be repealed as incompatible with the European Convention on Human Rights.

Depending on the statutory scope of the SAPB's work and requirements placed on the Local Authority, there will be financial implications for LBH and partners in needing to support the work of a new Board. Currently the commitment of partner agencies is through officer time and some designated posts. However, LBH's adults and children's Boards working with each other has enabled efficient use of existing resources. Despite this, it is noted that administrative gaps do emerge with the need, for example, to take forward the work of the Winterbourne View Hospital review outcomes

## **NHS changes**

The NHS continues to evolve and by the end of 2012-13 the local cluster groups were replaced by GP led Clinical Commissioning Groups (CCGs) . In taking over their responsibilities, there was an assurance process required of them by the NHS Commissioning Board which includes reference in several parts to safeguarding, both children and adults. E.g. “Clear line of accountability for safeguarding is reflected in CCG governance arrangements” and the CCG “has arrangements in place to co-operate with the local authority in the operation of the LSCB and SAB.” The respective Boards worked with the CCGs on the assurance process which has been completed and usefully defines the expectations on our new Health partners.

A related change also occurred in April 2013 when the former Hillingdon PCT handed over their Supervisory Body functions under the Mental Capacity Act / Deprivation of Liberty Safeguards to the Local Authority. LBH was in the fortunate position of operating a joint Supervisory Body with the PCT prior to this transfer and there was no significant impact prior to the recent court judgement.

## **Winterbourne View and the Francis Report**

The scandal of Winterbourne View (WBV) Hospital has been prominent with the conviction of the perpetrators of abuse at this private Hospital for people with learning disabilities and autism, run by Castlebeck. The convictions in August 2012 enabled the release of the Serious Case Review by Gloucester Social Services and on the 10<sup>th</sup> of December 2012, the publication of the Government’s report into Winterbourne View. The SAPB has already been briefed on the recommendations arising and reviewed the ADASS compendium of recommendations which draws together the number of reports published on WBV.

LBH and partners’ response to WBV has been to set up a sub-group of the SAPB, linked in to the Learning Disabilities Partnership Board and reporting to both Boards. An Action Plan, based on the Department of Health’s final report recommendations and the LGA “stock take” of WBV actions, issued recently, has been drafted and is reported on at every SAPB meeting. LBH and partners were compliant in meeting the deadline of June 2013 for reviewing all Learning Disability service users placed in assessment and treatment facilities commissioned by Health.

## **Local developments**

The London multi-agency safeguarding adults at risk policies and procedures are now implemented in all London Boroughs underpinned by practitioner’s guidance. The policy and procedures introduce a consistent framework by which adults are safeguarded. It means having consistent definitions of roles

and responsibilities, timescales for responding and promotes better partnership working and in particular, cross boundary working. There have been no financial implications for LBH.

Procedures will need to be updated by April 2015 to meet the requirements of the Care Act.

### **Multi-Agency Safeguarding Hub [MASH]**

The MASH model is a national multi-agency initiative to provide information sharing arrangements across all agencies involved in safeguarding children. Those involved are employed by their respective agency i.e. police, health and local authority and located in one office.

LBH have signed up to developing the MASH model at the point of referral within Children's Social Care. LBH have further committed to managing Adult Safeguarding referrals using the MASH model. In doing so they would be one of the first London Borough to achieve this dual role.

A MASH Operational Delivery Group was set up and taken responsibility to deliver Hillingdon's MASH by end of September 2013. The group includes representatives of all the key agencies involved in safeguarding.

## **7. WHAT WE NEED TO DO: priorities for SAPB 2014 onwards**

The SAPB held a challenge day with partners in Spring 2014 in order to review the quality audit and agree SAPB priorities for the future.

There was a great deal of consensus about the challenges faced and priorities required. Headline priorities agreed were:

- Ensure SAPB is reviewed and refreshed in line with the Care Act.
- Improve staff awareness about the Mental Capacity Act and its use, and ensure this is embedded in practice.
- Improve practice through use of staff supervision and consultation (including exit interviews) across agencies.
- Improve the information available to help improve performance information and information about quality of care.
- Improve information about outcomes for service users, and improve satisfaction levels.

Performance activity, local and national learning, plus consultations with staff and partners, has indicated that our priorities are the right ones.

### **Outcomes for Service Users**

Improve information about service user outcomes and increase satisfaction ratings:

- Continue to use risk assessments to demonstrate risk reduction
- Increase service user involvement in care planning, using advocates as appropriate

### **Leadership strategy and Commissioning**

- Implement the recommendations from the Winterbourne Report and Care Qualities Commission Review of learning disability services.
- Successfully implement recommendations and requirements from Francis report.

### **Service Delivery and Effective Practice**

- Develop better identification and support through Multi Agency Safeguarding Arrangements (MASH).
- Improve awareness and response to abuse or exploitation originating via electronic means.
- Ensure and improve response to allegations of financial abuse.

### **Performance and Resource Management**

Develop and improve SAPB performance monitoring systems:

- Establish dashboard of multi agency data, to include DoL applications.
- Assess quality of local practice by receipt of reports from Governance Board, Vulnerable Persons Panel, Sudden Untoward incidents (SUIs).
- Develop programme of themed Multi Agency Case Audits (MCA).

Ensure an effective workforce:

- Deliver multi agency training/workshops on MCA.
- Each agency to improve use of supervision and other methods (e.g exit interviews) for consulting with staff and embedding good practice.
- Carry out staff survey.

### **Effectiveness of SAPB**

Ensure compliance with Care Act:

- Review and update terms of reference and membership.
- Secure agreement for resources from partner agencies.
- Consolidate and establish multi agency sub groups.
- Revise and update procedures.
- Consolidate relationships with other strategic groups.

Learn from case reviews:

- Audit practice relating to 2012-13 case review.
- Complete SCR and develop action plan.

### **Individual agency plans**

#### **Hillingdon Council**

Key plans include:

- Building in robust quality assurance arrangements around Safeguarding and general Social work practice.
- Developing outcome focussed, person centred planning, within the context of Safeguarding adults.
- Embedding awareness and consideration of Deprivation of Liberty issues in everyday Social work practice.
- Continue to develop Care Governance Board.
- Implement workforce development programme.
- Join the Making Safeguarding Personal Initiative.

#### **Age UK**

- Keep up to date with new developments in Safeguarding and Disclosure and Barring.
- Develop existing database to include alerts and keys steps taken in relation to safeguarding for individuals



- Implement the Care Act Safeguarding measures as required.

### **The Hillingdon Hospital**

Key challenges include:

- The achievement of > 80% compliance with Level 1 Safeguarding Adult training.
- A greater understanding and embedding of MCA and DoLS for staff, especially in the light of recent developments with DoLS, though improvement can be evidenced by the yearly re-audit findings.

### **Brompton and Harefield**

Key plans and priority actions include:

- To continue to deliver safeguarding training in line with government guidance.
- To develop a minimum standard for each of the safeguarding training levels and for Mental Capacity Act (MCA) and Deprivation of Liberty (DOL) awareness in conjunction with local SAPBs.
- Develop areas highlighted by the safeguarding audit tool in conjunction with local SAPBs.
- Continue to develop the Prevent awareness roll out across the Trust.
- Target the non-clinical non-patient facing staff of the Trust who are the majority of the staff who have not received any Safeguarding training.
- Ensure the Trust meets all requirements of the Care Act.

### **CNWL**

Key plans include:

There are many changes within the Safeguarding Adults agenda nationally which will have an impact on front line practice.

- The Care Act provides a legislative duty on all organisations to protect and support people who need it most and to take forward elements of the government's initial response to the Francis Inquiry. This is likely to require changes to how safeguarding is managed across the organisation.
- New legislation regarding DoLs will have a direct impact on how front line staff manage cases and training will need to be changed to incorporate this.
- It is acknowledged that staff struggle to apply the theory of MCA and DoLs to clinical practice and therefore the content of training will be further evolved to place a much greater emphasis on 'case studies' to embed learning in practice.
- To secure more places on WRAP Training for CNWL key staff in order to deliver more Prevent training to staff.
- To identify and target teams that do not ring with safeguarding adults queries and do not raise safeguarding adults alerts, to ensure that staff in

these teams have sound understanding of the safeguarding adults process in Hillingdon.

- To be involved in training for children's services about where the Children and Families Act meets MCA.
- To build and maintain open contacts with the local voluntary organisations where change has taken place.
- To work with LBH to look at agreeing the best model for the Safeguarding Adults Manager (SAM) resource within the integrated health and social community mental health teams.
- To work with LBH to develop staff as SAMs in order to be more involved in investigations.
- To embed the use of Datix system to assist senior management in triangulation of information with regards to safeguarding, incidents, complaints etc. to identify any areas of concern. To provide training to staff to support this approach.
- To develop tracker system across the borough's mental health services to capture all the safeguarding processes and analyse the number of alerts, referrals and type of abuse.
- To ensure process is more user-led and record what a user wants as the outcome of an alert and investigation being carried out.
- Domestic Violence training to be sourced and offered to all staff.
- Structures for Safeguarding Adults across the trust to be reviewed and to consider the establishment of a local CNWL Hillingdon safeguarding group which brings together both our community and mental health services.
- To lead on 3 meaningful audits these are planned to be staff opinion of MCA training received, whether staff are completing care plans for patients with learning disabilities properly and recognising the reasonable adjustments needed and thirdly auditing what services clinical staff are directing carers too.
- To continue to take part in any SAPB multi agency work, including attendance at SAPB sub-groups when they are re-introduced.
- Review of Trust information-sharing policy within multi-agency framework and develop process and system to support frontline staff to share information.
- To carry out across the trust a user-led audit, Oct/Nov 2014 with the Trust NICE clinical lead to test whether the safeguarding process has helped at risk adults feel safer.
- CNWL Safeguarding Adults review to take place by an external safeguarding adult's specialist.

### **London Fire Brigade**

Key plans include:

One key objective is to continue to promote the use of sprinklers and other automatic fire suppression systems in buildings used to house vulnerable people, or to have them discreetly installed temporarily in the homes of vulnerable people to assist them to remain living in their home.

Correspondingly, attention is focussed on care homes and sheltered housing in the borough. 2400 free Home Fire Safety Visits (HFSV) (1920 in the borough) will be delivered of which 80% will be in the homes of vulnerable people. Existing HFSV partnerships with organisations that provide services to vulnerable people will be maintained and a number of other partnerships will be established to ensure that 20% of our HFSV referrals come from our partners.

The LFB will continue to work with the LBH to tackle the Beds in Sheds phenomenon and ensure that Houses of Multiple Occupation (HMO) are fire safe for those that reside in them.

## **8. CONCLUSIONS**

The information we have indicates that we are successfully supporting residents and safeguarding vulnerable adults. Response and investigation has on the whole been speedy and proportionate and vulnerable adults have been appropriately safeguarded. The establishment of the Care Governance Board and the Vulnerable Persons Panel have created constructive vehicles that should enhance multi agency communication and information sharing.

However, case reviews and other information also indicate that there are potential risk areas. Staff remain unconfident in use of the Mental Capacity Act and there is evidence of further improvement needed in information sharing, particularly at high risk transition points such as admission to and discharge from hospital. We need to ensure that reorganisation in social care does not lead to a reduction in assessment and planning standards.

Reductions in resources across all agencies inevitably has an impact on capacity and external factors – such as High Court Judgement on DoL – puts increased strain on those resources.

Our partnership working is strong. We have concerns about commissioning processes, particularly the separation of responsibilities across the Clinical Commissioning Group and NHS England. This has an impact on planning, particularly for those who are mentally ill, or who have learning disabilities. NHS England has so far not been represented on the SAPB, although we understand that there are plans to develop co-commissioning arrangements. We also wish to develop our relationships with GPs as critical providers and coordinators of services.

The implementation of the Care Act along with the personalisation agenda, will involve a step change in how all professionals work with adults.

LBH have commissioned a review into the SAPB to assist us in our planning for Care Act implementation, to ensure we can be as effective as possible in our monitoring and assurance role.

It is vital that all partners ensure that the SAPB is appropriately resourced to carry out its functions and to comply with its statutory responsibilities.

## **APPENDIX 1: SAPB membership**

**Chairman** Lynda Crellin -Independent

### **Local Authority**

- Cllr Phillip Corthorne – Cabinet Member LBH
- Tony Zaman - Director of Adult Services, Adult Social Care & Interim Director of Children & Young People's ServicesLBH
- John Higgins – Head of Safeguarding Quality and Partnerships LBH
- Marcia Eldridge – Learning & Development Manager LBH
- Sharon Daye - Interim Director Public Health LBH

### **Health**

- Barbara North – Dignity &Safeguarding Adults Lead, Hillingdon Community Health
- Maria O'Brien – Divisional Director of Operations, CNWL Trust
- Anna Fernandez – Safeguarding Lead, Hillingdon Hospital Foundation Trust
- Sandra Brookes – Service Director, Adult Mental Health Services, CNWL
- Helen Goodman - ICP Project Manager/Discharge Improvement Lead Royal Brompton & Harefield Hospital Trust
- Dr Reva Gudi –GP Lead CCG
- Esme Young –Management Lead CCG

### **Police**

- Graham Hamilton – Detective Inspector, Public Protection Group, Met Police

### **Voluntary Sector**

- Angela Wegener – Chief Executive, DASH
- Karen Elliott, Age UK Hillingdon
- Christopher Geake, MIND
- Claire Thomas/Julie Simmonds – Hillingdon Carers
- Graham Hawkes - Healthwatch Hillingdon

### **Other**

- Jerome Kumedzina, London Fire Brigade

## **APPENDIX 2: SAPB Sub-Groups**

### **1. Policy and Performance sub-group**

#### **Remit:**

- (a) To ensure the London Multi-Agency Safeguarding Adults at Risk Policy and Procedures are embedded in practice across all partner agencies in Hillingdon.
- (b) To review any new legislation or guidance relating to safeguarding adults at risk and to provide recommendations to the SAPB on any changes in local practice required.
- (c) To identify areas for improvement in the arrangements for safeguarding adults at risk in Hillingdon and devise ways of implementing these improvements in partnership with agencies.
- (d) To provide performance activity data to the SAPB, the content and frequency to be confirmed by the SAPB.
- (e) To carry out an annual partnership audit / self assessment of safeguarding activity based on one or more of the following four themes:
  - Outcomes for and the experiences of people using the service.
  - Leadership, strategy and commissioning.
  - Service delivery. Performance and resource management.
  - Working together.
- (f) To identify and disseminate learning from safeguarding adults at risk (e.g. serious case reviews outcomes).

### **2. Financial Exploitation sub-group (time limited).**

#### **Remit:**

- (a) To identify the type and volume of financial abuse referred in Hillingdon.
- (b) To identify the barriers to successful and timely investigation or prevention of financial abuse in Hillingdon.
- (c) To establish good practice examples from other areas / agencies.
- (d) To identify, in an action plan to be presented to the SAPB, what changes should be made to improve Hillingdon's response to financial abuse and which key partners should be involved to achieve this.
- (e) To undertake the work, with partners, to implement the action plan agreed by the SAPB.
- (f) To review the effectiveness of changes made by Hillingdon partners in response to allegations of financial abuse.

### **3. Safeguarding Adults at Risk Learning and Development sub-group.**

#### **Remit:**

- (a) To review and confirm the key competencies / learning required for safeguarding adults at risk work at the different levels of involvement in the processes of safeguarding.
- (b) To ensure safeguarding adults at risk learning across partner agencies

- conforms to the agreed competencies and is of a consistent standard.
- (c) To collate safeguarding adults learning and development completed by staff across partner agencies, so there is a total picture of staff who have received training.
  - (d) To identify new safeguarding learning and development needs and devise a partnership response to these needs.
  - (e) To promote “joined up” learning and development across partner agencies in order to maximise budget resources.
  - (f) To provide safeguarding learning and development information to the SAPB as and when required.

#### **4. Human Resources sub-group.**

**Remit:**

(Joint with the LSCB – remit already established.) Current attendees: Nick Ellender

#### **5. Serious Case Review sub-group.**

To be chaired by the chair of the SAPB. Membership must consist of a minimum of Hillingdon Adult Social Services, normally Head of Service level, Met Police at Detective Inspector level, NHS representation at Service Director / Manager level, Legal and CQC.

**Remit:**

- (a) To decide whether the particular circumstances of the adult at risk meets the criteria for a serious case review and, if so, to ensure the review is carried out in line with agreed procedures.
- (b) Where the circumstances do not meet the criteria, to decide what alternative action by partner agencies should take place.
- (c) To ensure the purpose of a serious case review is adhered to as set out below:
  - To establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together to safeguard adults at risk.
  - To establish what those lessons are, how they will be acted upon and what is expected to change as a result.
  - To improve inter-agency working and to better safeguard adults at risk.

Also that any recommended actions arising from the serious case review are considered by the sub-group and decisions made on how they will be implemented.

## 6. Winterbourne View Hospital Recommendations

This is a time limited sub-group, formed with a remit to review the outcomes and recommendations arising from the Department of Health review of Winterbourne View Hospital and other relevant reports, and to frame a local multi-agency response. It is chaired by the Service Manager for Disabilities LB Hillingdon.

### Remit:

- (a) To review the contents, outcomes and recommendations of the following documents and any other relevant information the sub-group deems appropriate.
  - “Transforming care: A national response to Winterbourne View Hospital” (Department of Health final report – December 2012)
  - “DH Winterbourne View Review Concordat: Programme for Action” (December 2012)
  - “Winterbourne View – A Compendium of Key Findings, Recommendations and Actions” (ADASS)
- (b) To formulate a multi-agency Hillingdon response to the recommendations identified in the documents in a) above, write an action plan of key tasks to be completed, with timescales, (bearing in mind Government requirements) and to recommend which Hillingdon individuals or agencies should be responsible for the key tasks. To also prioritise these key tasks and identify and include any actions already taken that relate to recommendations in the documents above.
- (c) To identify any actions required that fall outside the remit of partner agencies within Hillingdon or other ‘gaps’ and to recommend what actions be taken, at what level, with regard to these.
- (d) To identify to the Safeguarding Adults Partnership Board Chair and Learning disabilities Partnership Board Chair any significant areas of risks ahead of presenting the completed action plan with recommended actions.
- (e) To present the completed action plan to the Safeguarding Adults Partnership Board and Learning Disabilities Partnership Board for approval by 29<sup>th</sup> June 2013 (SAPB) and 9<sup>th</sup> of July 2013 (LDPB)
- (f) To recommend what monitoring arrangements should be in place for ensuring the action plan is completed and how this monitoring is maintained after completion.
- (g) To recommend what future commissioning arrangements should be for services, to ensure they are in line with the model of service delivery in the action plan

## **APPENDIX 3: Governance and partnership adult safeguarding activity**

### **HILLINGDON COUNCIL**

Adult Social Care conducts investigations for safeguarding referrals of vulnerable adults. This was undertaken by a central team but from March 2014 this function has been devolved into operational teams. This is consistent with our approach that safeguarding is everybody's business.

The Department has run a number of training courses on both conducting safeguarding investigations and carrying out the safeguarding adult's manager role. This has now become an ongoing programme.

The Department has established a Care Governance Board and provider risk panel to further enhance the over view of quality in local services. The board is over seen by the Director of Adult Services and ensures that a strategic approach is taken to developing the quality of local services.

The activity information related to Adult Safeguarding is reported elsewhere in this report. The performance team produce monthly reports about safeguarding referrals. The performance reports are regularly reported to the Senior Management Team and the Safeguarding Adults Partnership Board.

### **POLICE**

#### **Missing Persons Unit**

The Missing Person's Unit is a dedicated unit with experienced staff whose primary function is to manage the investigations of Adults reported as missing. Their aim is to locate missing persons, make them safe and ensure a full debrief is held upon their return.

To provide some insight into the volume of investigations dealt with by the unit we can confirm that between the 1st April 2013 and to 31.March 2014 there were **456 adults** reported as missing in Hillingdon borough. These are broken down into the following categories. Missing persons are graded differently in terms of risk, this enables senior officers to decide the level of response each investigation receives.

- 275 were male
- 181 female.
- 71 High Risk (36 Male/35 Female)
- 245 Medium Risk (149 Male/96 Female)
- 140 Low Risk (90 Male/50 Female)

#### **MASH (Multi Agency Safeguarding Hubs)**



The Multi Agency Safeguarding Hub (MASH) now based at the Civic Center has replaced the previous Public Protection Desks. They carry out similar functions but have more key stakeholders in the partnership than previous allowing for greater sharing of information and resources, therefore greater risk management and improved safeguarding. Again Statistics below demonstrates the volume of work done by the unit:

5894 Pre Assessment Checklists/Pre birth were received, 1,486 more than the previous year.

<b>MONTH</b>	<b>Children</b>	<b>Adult</b>
• April 2013	399 Pacs	+44 Adult PAC's
• May 2013	438	+30
• June2013	389	+60
• July 2013	428	+50
• Aug 2013	316	+63
• Sept2013	388	+63
• Oct 2013	440	+107
• Nov 2013	395	+105
• Dec2013	400	+108
• Jan 2014	426	+99
• Feb 2014	385	+120
• March 2014	480	+161

Its worthy of note that the figures show a significant increase in Pac's for Vulnerable Adults and this trend has continued into this financial year.

• April 2014	489	+147 Adults
• May 2014	498	+171
• June 2014	480	+169
• July 2014	535	+154
• Aug 2014	420	+185

The Hillingdon MASH team also deals with Heathrow policing commands PACS as they do not have their own MASH.

Unfortunately within Merlin separation of these figures cannot be achieved to ascertain the percentage of reports that are generated from the airport because all reports default to Hillingdon borough because of Heathrow's geographical location being on Hillingdon boroughs area.

Whilst the MASH has been set up and is in place it awaits a "go live date". It is working well and will be enhanced further when additional resources from key partners are committed to the project. This will ensure effectiveness and deliver quality outcomes.

### **MAPPA (Multi-Agency Public Protection Arrangements)**

The MAPPA is responsible for the risk assessment, management and planning for cases under the following criteria:

**Category 1:** All registered sex offenders.

**Category 2:** All violent offenders sentenced to a custodial sentence of 12 months or more for a violent offence listed under schedule 15 of the Criminal Justice Act 2003; subject to a section 37 Hospital Order for a violent offence; any sex offenders who are not registered.

**Category 3:** Any offender with an eligible previous conviction (violent or sexual offence) who presents a high risk of serious harm to the public and the case requires multi-agency risk management.

This year Hillingdon MAPPA have received on average 12 referrals per month, under the three categories above.

The cases are managed at 3 levels:

**Level 1:** Single agency management;

**Level 2:** Active multi-agency management;

**Level 3:** 'The Critical Few', requiring management by senior staff with the authority to commit extra resources to managing the risk.

There have been three cases managed at level 3 for a number of months during 2013/14, involving senior members of staff and involving complex issues of both child protection and the risk management of child offenders. To put into context the resource intensity required of these cases there were 11 meetings, 6 alone for one case.

## **VOLUNTARY SECTOR**

Voluntary Sector agencies are critical to the work of the Safeguarding Adults Partnership Board and are well represented on the Board

### **Age UK Hillingdon**

#### **Internal governance arrangements in respect of adult safeguarding**

Age UK Hillingdon is committed to the protection of vulnerable adults. The organisation has reviewed a range of policies and procedures to ensure that Safeguarding is given a high priority within the organisation and to provide its staff and volunteers with the confidence and knowledge to identify potential abuse and act on it appropriately:

These policies are included in the Staff Handbook, highlighted as part of the induction training of all staff and volunteers and reinforced through safeguarding training. Safeguarding is a standing agenda item for staff and volunteer meetings and is included in our Supervision and Appraisal forms.

All trustees or senior managers involved in recruitment must have undergone Safer Recruitment training.

## **Hillingdon Carers**

### **Internal governance arrangements:**

A comprehensive internal review in 2012-13 conducted in response to changes in Disclosure and Barring Service requirements resulted in the following changes:

- Safer recruitment arrangements
- On-going checks are carried out for volunteers
- Measures to ensure our practice reflects current legal frameworks through a review of roles and responsibilities

In addition, we continue to:

- Include safeguarding issues in supervision sessions for every member of staff
- Access regular training for all staff/volunteers who have regular contact with children and/or vulnerable adults
- Use safeguarding prompts on all assessment documentation/checklists
- Maintain centralised records of all safeguarding issues

### **Raising awareness:**

Hillingdon Carers has continued to raise awareness of the importance of safeguarding by:

- Prompting the general public to report abuse and access support services through our webpages: [www.hillingdoncarers.org.uk](http://www.hillingdoncarers.org.uk)
- Displaying posters from the Safeguarding Vulnerable Adults campaign in the Carers Advice Centre in Uxbridge High Street;
- Including safeguarding issues in all Carer Awareness sessions delivered to professionals

## **HEALTH AGENCIES**

### **The Hillingdon Hospitals NHS Foundation Trust**

#### **Internal governance arrangements in respect of adult safeguarding**

Safeguarding Adults arrangements at the hospitals have continued to strengthen during 2013/14. The Executive Director for Safeguarding, who sits on the Hospital Trust Board, oversees the annual work and audit programmes for safeguarding adults and progress against these is reported to the Trust's Safeguarding Committee, which reports to the Quality and Risk Committee on a quarterly basis.

The Trust has a multi-agency Safeguarding Committee, which meets on a quarterly basis and covers both adults and children safeguarding work. The Committee is chaired by the Executive Director of the Patient Experience and Nursing.

The safeguarding adult audit (SAPB audit) was completed by the Trust, with a multi-agency validation event held in June 2014.

The Learning Disability assurance framework and the revised Key Performance Indicator for Learning Disability were also approved by the Safeguarding Committee. These tools provide the Trust with substantial assurance in terms of safeguarding governance; both are reviewed bi-annually at the Safeguarding Committee.

There is a strong working relationship with both Clinical and Information Governance at the Trust in relation to Safeguarding, with an overview of clinical incidents presented at each Safeguarding Committee.

There is also regular attendance at the Hillingdon PREVENT Partnership Group.

### **Contribution to improving safeguarding during 2013-2014**

In order to provide assurance that the Trust is listening and responding to the needs of patients with a Learning Disability, the Head of Safeguarding attends a variety of forums where there are carers and service users. This is an excellent opportunity to hear the views of people and to respond to their questions.

The Trust is represented at the Learning Disability Partnership Board by the Head of Safeguarding, who is also a member of the multi-agency Serious Case Review panel. Within the reporting period there was one case review and an ongoing SCR. There has been learning from the case review in terms of the use and application of the Mental Capacity Act (MCA).

In 2013/14, there was re-audit of staff knowledge and awareness of the MCA and Deprivation of Liberty Safeguards (DoLS). The results indicated that more awareness sessions were needed for staff specifically on MCA and DoLS and to reiterate who to contact for advice and support. The results showed an improvement on the previous audit.

An audit was conducted on Learning Disability awareness and vulnerable patients, focussing on how the Trust staffs looks after these patients whilst in hospital. The results were positive; staff knew who to contact if there were concerns. Their needs however to be increased awareness and use of the 'patient passport'.

Training compliance for the reporting period is below the required compliance of 80% Safeguarding Adults awareness training is delivered monthly as part of the Statutory and Mandatory staff training programme and it is also part of the New Starters Induction programme to the Trust. Safeguarding Adult awareness training is now also available via e-learning, accessed via ESR. Bespoke sessions are provided within departments as requested. There are planned non-mandatory bespoke sessions for MCA .

The safeguarding adults' policy has been revised and approved by the Trust.

### **Royal Brompton & Harefield NHS Foundation Trust**

#### **Governance arrangements in respect of adult safeguarding**

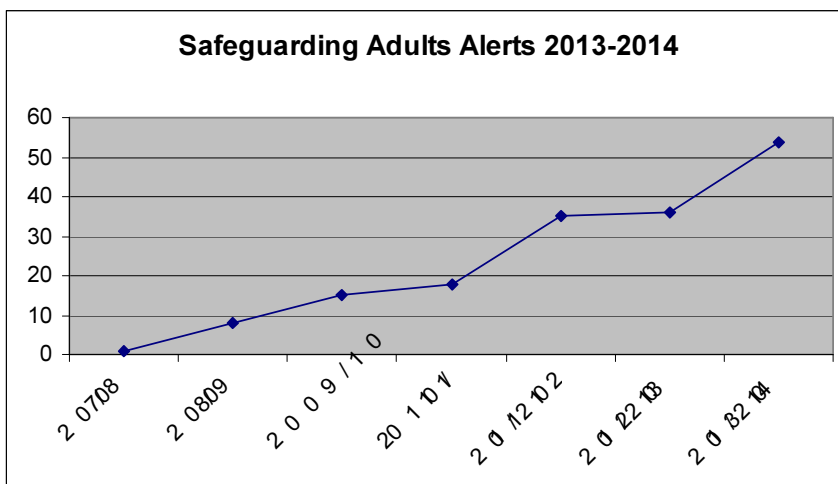
The Director of Nursing and Clinical Governance is the Director responsible for Safeguarding, reports to the Trust Board and Chairs the Mental Health and Safeguarding Board.

An annual report is produced to inform the Trust Board on issues relating to Safeguarding.

The Datix incident /complaints and claims reporting mechanism is used to record and investigate all safeguarding incidents. Complaints can be taken directly to the safeguarding lead of the Mental Health and Safeguarding Board.

#### **Referrals**

#### **Chart 1 - RBHT Number of Safeguarding Adults at Risk Alerts (2013/2014)**



This chart shows the significant progress made by the Trust on raising the profile of safeguarding adults at risk over the past few years.

## **Central and North West London NHS Trust (CNWL)**

### **Internal Governance**

The Board of Directors receive regular updates on safeguarding adults issues and serious incidents are reported and discussed in detail at the Trust Board confidential session. The Board also receives annual training on adult safeguarding as part of the presentation of the annual report.

Since April 2013 the quarterly Trust Wide Safeguarding Group, a sub-committee of the Board, has been chaired by the Director of Nursing and Quality, who is the Executive Director lead for Safeguarding across the Trust.

Membership consists of the Trust Named Doctors and Nurses, the Trust Safeguarding lead, Associate Director of Operations, key management and operational leads from mental health services, community and addictions. In addition, appropriate leads, for example, from Human Resources, are in attendance.

Hillingdon Community Services (CNWL) has a Safeguarding Group which reports to the Trust-wide Safeguarding Group summarising all the key adult safeguarding issues including the audit programme, training compliance, safeguarding incidents, progress in delivery of the annual work plan, any identified risks and measures being taken to mitigate risks. There are professional links between the safeguarding adult lead Nurse and the Trust Safeguarding Adult lead.

Each CNWL mental health service line has an identified safeguarding lead who reports direct to their Service Director. The safeguarding lead reports directly into the Trust-wide safeguarding Group. The lead social worker in CNWL Hillingdon mental health services acts as the main link with the safeguarding

team at Hillingdon Council. All data relating to safeguarding alerts from our mental health services is collated by this post holder. Our mental health safeguarding alert data is submitted to the joint section 75 monthly meeting and, within the Trust, is discussed in detail in the relevant service line Quality and Performance meetings.

The Trust takes a full and active role in working with the various SAPBs in the boroughs where the Trust provides services. In Hillingdon, the Divisional Director of Operations, (vice-chair of the SAPB), the Borough Director for mental health services and the Hillingdon Adult Safeguarding Lead represent CNWL on the SAPB.

Feedback from SAPB meetings is cascaded to relevant Service Lines/Directors, and disseminated through Borough Interface Meetings and the relevant Care Quality and Performance Groups, as well as at the Trust Safeguarding Group Meetings. Local SAPB priorities are also incorporated into the relevant Trust work plans.

### **Local Governance**

CNWL has a commitment and a duty to safeguard vulnerable adults as stipulated in Outcome 7 of the Care Quality Commission Regulations. To achieve this goal the organisation has to ensure robust systems and policies are in place and are followed consistently. Each service submits evidence via the internal on-line reporting system to evidence compliance as part of our internal assurance process. Audit is key for improving service performance, each service is expected to lead and be involved in annual audits; these results are reviewed at local governance meetings and, where indicated, improvement plans put in place.

CNWL's safeguarding adult's policies and procedures have been revised to reflect *'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse'* (SCIE 2011). Safeguarding adults training has been adjusted to incorporate these procedures to ensure all staff are aware of and are working within London multi-agency policy and procedures.

The Datix incident report system now allows Serious Incidents, adult safeguarding and complaints to be more easily identified to ensure wider organisational learning.

### **London Fire Brigade**

The LFB's governance for Adult Safeguarding is a combination of central and local management arrangements. Adult and Child Safeguarding policies provide guidance to fire crews regarding neglect and abuse and detail the reporting processes and timescales. Fire crews report any safeguarding issue to a Duty Deputy Assistance Commissioner (DAC), who liaises with Social Services and the Borough Commander. A record is kept of the safeguarding

referral to Social Services. Both senior officers are responsible for ensuring the safeguarding issues are resolved satisfactorily. The Borough Commander will track interventions made by other agencies and ensure that LFB interventions are completed. The DAC will follow-up with the Borough Commander to ensure the matter has been dealt with and may be recorded as closed.

During 2013-14 LFB made 11 safeguarding referrals, of which 9 related to adults.



## **APPENDIX 4: WORKFORCE**

In 2014 the Council changed the Adult Social Care operating model for managing safeguarding cases. Previously responsibility lay with a single team. Following reorganisation safeguarding became a responsibility for all teams. Expertise within the central team was preserved by moving staff into operational teams.

In the initial phase specialist workers continued to undertake safeguarding investigations while other team members took comprehensive training.

Under Phase two safeguarding work can be allocated to any member of the operational teams, with the Safeguarding Adult Manager (SAM) role carried out by team managers.

Partner agencies have also strengthened their response to safeguarding adults through safeguarding lead posts, either as a specific responsibility or as a part of their existing responsibilities. This has helped to create a network of staff across Hillingdon to lead in this area of work.

There is an e-learning module on safeguarding adults' awareness available to all relevant agencies. 307 social care staff have completed this module and 229 have registered to access this learning module.

Understanding mental capacity and working within the code of practice of the Mental Capacity Act 2005 is an important aspect of safeguarding adults whilst maximising their choice and independence. Training for front-line staff was completed by 195 staff over seven sessions and 23 managers were provided with training to promote good practice in capacity assessments.

### **Training activity across agencies**

#### **Hillingdon Council**

Basic Safeguarding Children training was available to all Adult Social Care staff as an e-learning module. This training was offered to staff and external partners.

#### **The Hillingdon Hospitals NHS Foundation Trust**

Level 1 mandatory training in Vulnerable Adults is delivered monthly with an additional 30 minute awareness session on Learning Disability. In addition, monthly training at level 1 is delivered to all new starters to the Trust. Bespoke

sessions are also arranged. Specific presentations for MCA and DoLS have also been delivered by the Psychiatric Liaison Consultants based at Riverside.

The Trust training recording structure has been replaced by a system called WIRED, which will improve the accuracy of recording staff compliance, which also links into the Electronic Staff record (ESR). There remains a challenge in order to reach 80% compliance with Safeguarding Adult awareness training at level 1.

### Royal Brompton and Harefield

<b>The figures below show training for the period 1/4/13 to 31/3/14</b>	
769 people (up from 684 – 12/13) received SGA training of which;	
523 - Level 1	Induction
174 - Level 1	Classroom
42 – Level 1	E-learning
30 – Level 2	Classroom
<b>Staff Group</b>	
Level 1	Nurses - 263 Doctors - 83 Other Clinical - 193 Non-Clinical – 109
Level 2	Nurses – 27 Doctors – 1 Other Clinical – 5 Non-Clinical 4
Compliance percentage for SGA at year end was 54% done in date, 16% done but out of date (70% have attended training at some point)	

### Trust attendance at SGA training by staff group

#### CNWL

Education is a key component in raising awareness about Adult Abuse. This training is mandatory and is well attended, there is always good feedback. Staff from any CNWL division can attend the training. The training matrix is as below:

<b>Training Level</b>	<b>Summary of Course</b>	<b>Audience</b>	<b>Trainer</b>
Investigators Training	This is a higher level course aimed at staff who may be asked to take a part in	Managers involved in investigation	Social Services

	safeguarding adults' investigations.	and safeguarding adults team	
Level 2	Referrers training. This is to ensure that anyone working closely with the public can identify adult abuse and will be confident to refer an adult to safeguarding.	All clinical staff	CNWL Hillingdon's Safeguarding Adults Team
Level 1	Alerters training. This is to raise awareness about abuse of vulnerable adults. The training gives direction to staff on what signs to look for and who to tell if they identify abuse.	All clerical staff	CNWL Hillingdon's Safeguarding Adults Team or E-Learning or workbook

MCA & DoLs training is also offered, as well as Prevent, these are well attended.

### **Age UK**

The following training has been completed by our staff and volunteers, where appropriate:

- Safeguarding Adults – e-learning
- Safeguarding Vulnerable Adults Workshop
- Safer Recruitment

### **Hillingdon Carers**

All staff receive initial safeguarding training and a refresher every other year

All volunteers are offered training, and it is mandatory for volunteers with children and vulnerable adults

### **London Fire Brigade**

All the Borough's fire crews received training on the safeguarding policies in 2013-14 and will do so again in 2014-15, however, opportunities for additional training in relation to specific lifestyles that lead to adults being exposed to a higher risk from fire will be explored during 2014-15.

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## MAJOR REVIEWS IN 2014/15 - DRAFT REPORT

### A REVIEW OF HILLINGDON'S SHARED LIVES SCHEME

**Contact Officer:** Charles Francis & Sandra Taylor  
**Telephone:** x 6454 & 0415

#### REASON FOR ITEM

For the Committee to consider a draft report for this review and to consider its draft recommendations prior to submission to the Cabinet (*attached separately as Annex A*).

#### OPTIONS OPEN TO THE COMMITTEE

1. To accept the draft report as written
2. To amend, add or delete parts of the draft report
3. To agree the draft report recommendations as written
4. To amend or delete the draft report recommendations

#### INFORMATION

1. At the 3 July 2014 meeting, the Policy and Overview Committee agreed to review Hillingdon's Shared Lives scheme.
2. At previous meetings held in September, October and November the Committee received evidence from a variety of witnesses.
3. Attached is a draft report incorporating draft recommendations for the Committee's consideration.

#### SUGGESTED COMMITTEE ACTIVITY

- To consider whether the draft report takes account of the evidence, advice received by the Committee.
- To consider whether any changes would improve the clarity of the report.
- To agree the recommendations of the report.

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Social Services, Housing and Public Health Policy Overview Committee  
21 January 2015

PART I – Members, Public and Press

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# A Review of Hillingdon's Shared Lives Scheme



## Members of the Committee

Cllr Wayne Bridges (Chairman)  
Cllr Teji Barnes (Vice-Chairman)  
Cllr Peter Davis  
Cllr Jas Dhot  
Cllr Beulah East (Labour Lead)  
Cllr Ian Edwards  
Cllr Becky Haggar  
Cllr Manjit Khatra  
Cllr Shehryar Wallana

**Co-opted Member**  
Mary O'Connor

# Contents

<b>Chairman's Foreword</b>	<b>3</b>
<b>Recommendations</b>	<b>4</b>
<b>Overview</b>	<b>5</b>
<b>Examining the Effectiveness of The Current Arrangements for the Shared Lives Scheme</b>	<b>6</b>
<b>Proposed Improvements to Enhance the Scheme</b>	<b>10</b>
<b>Appendices</b>	<b>13</b>





## **CHAIRMAN'S FOREWORD**

*First and foremost, our review highlighted the positive difference the Shared Lives Scheme is having on resident's daily lives and the increased choice and control it affords them.*

*Building upon the learning and understanding established during the Committee's previous reviews of the Personalisation agenda, we were acutely aware of how important it is to provide accommodation, care and support to all residents with long term care needs and, in particular, those whom are vulnerable and in need of greater assistance.*

*Although most of the Committee were familiar with the long term care options of either residential care or supported living, many Members had not encountered the Shared Lives Scheme before. It was therefore important from the outset of the review to understand what the Scheme was and how it operated, as well as how it was performing in comparison to other neighbouring Local Authorities.*

*The second aspect of the review focused on developing proposals to improve the Shared Lives Scheme and suggest ways in which the Scheme might be taken forward in the future. Having considered these twin aspects, we concluded that, within existing resources, consideration should be given to doubling the size of the current provision at first and then possibly to further expansion at some point in the future.*

*To explore these areas the Committee heard from a wide range of witnesses both internal and external. The Council's officers provided a valuable overview of the operation of the current Shared Lives Scheme and we heard how the schemes in Ealing and Harrow functioned, as well as some of the generic challenges faced by all Local Authorities with Shared Lives Schemes. Members were also keen that this review should not just focus on the high level issues facing the scheme but that it incorporated the day to day experiences of carers and service users who use the scheme and could offer a unique perspective.*

*Consequently, as well as hearing evidence in a Committee setting, a limited number of the Committee visited Carers and Service Users in a home setting to gain further knowledge of the scheme as well as practical ideas as to how it might be improved. These insights enabled us to produce a valuable report that affirms the Scheme and sets out proposals for the future. For this, the Committee is enormously grateful.*

**Councillor Wayne Bridges**  
**Chairman of the Social Services, Housing & Public Health Policy Overview**  
**Committee**

# **RECOMMENDATIONS**

Following the witness sessions with Officers, representatives from neighbouring boroughs, service users and carers, the Social Services, Housing and Public Health Policy Overview Committee saw it fit to recommend:

- 1. That the Committee commend the Shared Lives scheme to Cabinet and recognize the good work undertaken by Officers to develop a successful scheme that delivers much improved quality of life to the participants and has the capacity to deliver modest financial savings**
- 2. Committee note that there are potential challenges in the scheme, including safeguarding, and that any proposal to develop the scheme should ensure robust management such as is currently in place**
- 3. That Cabinet consider extending the scheme, as identified in the review, in the first instance by 100% (i.e. to total 40 Service Users) and that potential savings be investigated for inclusion in the MTF from 2016/17**
- 4. That consideration be given to further development up to the optimal size (80 service users) once the initial extension has been successfully undertaken**
- 5. Committee advise that any extension of the scheme is dependent upon appropriate matches being found in the community and that consequently the time frame needs to be flexible**

## OVERVIEW

While the Committee were fully aware of supported living and residential care options for disabled adults and older people, most of the Committee were unaware of the Shared Lives Scheme. Currently, Shared Lives is used by around 12,000 people in the UK and is available in nearly every area.

Shared Lives carers are recruited, vetted, trained and supported by local Shared Lives schemes, which have to be registered with the Care Quality Commission (CQC), the Government's care regulator.

Shared Lives operates by putting a Shared Lives carer in touch with someone who needs support so that they get to know each other over time, and once a bond has been formed, they share family and community life. Essentially, the service user becomes a regular daytime or overnight visitor to the Shared Lives carer's household, and may eventually move in with the Shared Lives carer. In a great number of cases, these relationships can be lifelong. Having heard from a number of Carers during the course of the review, many remarked that clients were deemed to be "one of the family". The Committee learnt that people who used Shared Lives had often moved between a number of care environments and may have been considered too "challenging" to live in an ordinary household, but had found that for the first time, Shared Lives offered a real solution and sense of belonging.

From a financial stand point, the Committee heard that Shared Lives carers were paid a modest amount to cover some of their time and expenses. However, they were not paid an hourly rate and a considerable amount of what they did was unpaid and seen as a vocation rather than a form of employment. The Committee were encouraged to learn that whereas other types of adult care could become preoccupied with ensuring clear professional boundaries were delineated, Shared Lives offered the opportunity for everyone to contribute to real relationships with the goal of an ordinary family life.

Shared Lives is used by people with learning disabilities, people with mental health problems, older people, care leavers, disabled children becoming young adults, parents with learning disabilities and their children, people who misuse substances and (ex-)offenders. There are already 12,000 Shared Lives carers in the UK, recruited, trained and approved by 150 local schemes.

In 2010, the CQC inspectors gave 38% of Shared Lives schemes the top rating of excellent (three star): double the percentages for other forms of regulated care. When people labelled 'challenging' have moved from care homes or 'assessment and referral units' into Shared Lives households, annual savings of up to £50,000 per person have been realised. The average saving to a Local Authority is £13,000 per person, per annum.

The report has been structured to reflect the Committee's two main areas of concern:

1. Examining the effectiveness of the current arrangements for the Shared Lives Scheme
2. Proposed Improvements to Enhance the Scheme

## **EXAMINING THE EFFECTIVENESS OF THE CURRENT ARRANGEMENTS FOR THE SHARED LIVES SCHEME**

At the outset of the review, Officers explained the aims and objectives of the Shared Lives Scheme. The Committee learnt that it was open to adults aged 18 years or over with a learning disability, recovering mental health problem, physical or sensory disability or someone who needed support because they were an older person.

Officers highlighted the flexibility of the scheme and described how it could be used in a number of ways, including as a means of support for families who were caring for a dependant relative by offering periods of respite care and to assist in rehabilitation or convalescence. The scheme could be used by people who did not need nursing or residential care, but would benefit from a supportive caring environment as a step towards moving on towards good health management and independence. As well as offering long term accommodation and support for people who wished to live with a family, Shared Lives offered the opportunity of being an active part of the community and a viable alternative to living in a large residential home, hospital setting, or alone. A final role included as an ongoing arrangement for young people who had lived with foster carers, who will have an ongoing social care need into adulthood.

During the early stages of the review, Officers provided a number of written and verbal reports covering a wide range of areas to establish what the current arrangements were. These included the size and uptake of the scheme, its operational and management footing as well as how the scheme was funded.

### **Size and composition of the scheme**

Discussing the size and composition of Hillingdon's Scheme, it was noted that there were currently 20 adults placed by Adult Social Care with Shared Lives carers in Hillingdon and 21 registered carers. In addition, some carers were registered as respite carers, which not only gave additional capacity and support to those in the scheme but also those who needed a break from caring. Officers explained that presently there were 6 residents who lived at home with family carers who received respite short breaks as part of their agreed care package and chose to use the Shared Lives scheme carers for this. This compared favourably with Harrow's scheme which was a similar size, whereas Ealing's was somewhat less developed than Hillingdon's.

### **Location and operational footing**

Officers explained the scheme was administered from 3 Merrimans House, a Registered Care Home that provided 9 beds for respite care for adults with a learning disability in Hillingdon and there were three Shared Lives officers who totalled 2 full time employees. Shared Lives officers recruited, trained, supported, monitored and reviewed carers who provided placements. Further roles included conducting environmental risk assessments of people's property and providing ongoing support to carers to ensure that they were equipped to provide a high quality service.

Providing an overview of the managerial and operational details of the scheme, the Committee heard that the line management and CQC registered manager role of the scheme was shared with the Respite Care service. The advantage being, that the co-location of these two services gave residents choice about how they took their respite breaks, either in a family setting or within the care home buildings based service. The Committee were encouraged that Shared Lives respite carers also offered the additional

capacity needed and at times that were convenient to residents and families and had at times taken people in an emergency to support carers.

### **Funding Arrangements**

The role of the scheme is to support the carer, with the resident being supported by the Social Worker. When a match is found for both the carer and the resident, following an assessment of need, a 'placement' with the carer is made. This placement might be a 'permanent' or long term arrangement, or short term placements for respite short breaks.

Placements are funded in three tiers to ensure that the carer receives the proportionate level of funding per level of support and care required. This process ensures that those with prompting and guidance requirements, such as those with enduring mental health issues are considered a 'band 1' whilst those with high level physical care needs and 24 hour supervision are considered 'band 3'. The following payments are made to the carer on a weekly basis depending on the banding:

- Band 1 - £ 323.89
- Band 2 - £ 375.00
- Band 3 - £ 450.00

Residents are financially assessed as part of their needs assessment and paid eligible contributions and those who are eligible are guided and encouraged to claim housing benefit to help contribute towards their accommodation costs especially as these accounted for a third, to a half of the schemes overall costs. However, in some cases, residents might be ineligible to claim benefits if they have no recourse to public funds. Placing those people within the scheme is clearly a cost effective way of achieving positive outcomes for residents.

The Committee learnt that at present, the overall establishment annual budget is £ 77,300 and placement costs are paid from the relevant service area placement budgets.

### **Assessing the effectiveness of the scheme**

Having heard how Shared Lives operated, the Committee were eager to gauge its effectiveness. To do this, Officers prepared a series of costed case studies which were considered at the October meeting . These clearly illustrated the positive impacts that Shared Lives placements could make to an individual across a wide spectrum of need and highlighted how these placements significantly reduced costs when compared to residential and support living options providing the same levels of long term care. Representatives from Harrow and Ealing echoed these sentiments and agreed with the national best practice information which had been shared which indicated that Shared Lives offered:

	<b>Traditional forms of long term residential care, nursing care and supported accommodation</b>	<b>Shared Lives</b>	<b>Saving</b>
<b>Learning Disabilities</b>	£60K per person / per annum	£34K	£26K
<b>Mental Health</b>	£28K per person / per annum	£20K	£ 8k

As well as considering theoretical data, the Committee gathered evidence from a series of Carers and Service Users in a variety of home settings. What the Committee were keen to establish was the difference the scheme was making, looking at whether or not Shared Lives was embedded in the community, and to test whether it allowed people to lead ordinary lives in the community and if service users felt like part of the Shared Lives Carers family with wider access to social networks.

In this respect, it was affirming that all the Service Users described their experiences in positive terms and highlighted that they were satisfied or very satisfied with the support they received. Summarising the tone of the home visits, as well as hearing from a carer in a committee meeting setting, positive outcomes experienced by service users included:

- Living the life the person wants
- Developing a person's confidence / life skills and independence
- The ongoing relationship between the person and the Shared Lives carer
- Having increased choice and control
- Having different experiences
- Having wider social networks
- Increased self esteem
- Becoming an integral part of the Shared Lives carer's family and networks
- Greater integration in the community
- Physical and emotional well-being
- Being safe
- Being able to build personal relationships and sustaining this with relatives
- The increased possibility of employment.

The case studies and the site visits showed that a major difference between Shared Lives and other forms of support services was the real choices this afforded service users and the how flexibility and individualisation of Shared Lives services allowed service users to help tailor their support needs. With this in mind the Committee agreed that:

**1**

**That the Committee commend the Shared Lives scheme to Cabinet and recognize the good work undertaken by Officers to develop a successful scheme that delivers much improved quality of life to the participants and has the capacity to deliver modest financial savings**

Hearing about how the bond developed between the service user and carer over time, the Committee saw how trust networks developed and how these were affirmed by the consistent level of care Shared Lives was able to provide.

Service users explained how the activities they undertook in their daily lives had changed as their confidence, skills and independence had increased and carers highlighted how by offering flexible care and support, there had been a reduction in the need for costlier interventions.

As well as hearing a considerable number of positive messages about how, the scheme was operating and the excellent outcomes for service users, the Committee touched on the challenges faced by the scheme. These are developed further in the second major

section of the report. However, one area where the Committee raised concerns was adult safeguarding and the measures in place to reduce instances of abuse.

### **Adult Safeguarding concerns**

The Committee recognised that there would be some circumstances when service users chose either to move as their needs/circumstances changed over time or transferred to a different care provider. To ensure service users were protected and safeguards were in place, the Committee was encouraged to learn that:

- In the event of a safeguarding alert, Hillingdon holds a case conference with all relevant and appropriate parties to establish the best way in which to safeguard users. In the event that a protection plan is required to be actioned, a move to an alternative carer within the scheme or alternative care provision will be swiftly arranged to suit the needs of the user. In cases where immediate action is not required but it is necessary for someone to move on, a suitable transition will take place.
- All carers undergo a probationary period and the training provided to carers is personalised to the challenges they face. The training period is unspecified and, as the relationships between service users and carers take time to develop, there is reduced likelihood of there being an incompatible match.
- The Scheme does not use Agency staff. All carers once registered are recruited on a self employment basis so there are no void posts.
- Nationally, Shared Lives schemes are regularly monitored and Shared Lives are scrutinised on average 4 times more frequently than other Adult Social Care areas.
- There are a variety of feedback mechanisms which include: the family, social workers and care workers. In Hillingdon, service user's main point of contact is their social worker but they are also encouraged to complete surveys twice a year to ensure there is ongoing feedback.
- As well as being subject to a CQC inspection regime, the Shared Lives scheme is regularly inspected by the Council's Internal Audit Department.

Consequently, the Committee recommended:

**2**

**Committee note that there are potential challenges in the scheme, including safeguarding, and that any proposal to develop the scheme should ensure robust management such as is currently in place**

Concluding the first element of the review, the Committee agreed that Hillingdon's Shared Lives Scheme delivered high quality care are relatively low cost and had the potential to deliver further savings whilst meeting the desired objectives and outcomes for service users. In terms of longer term dividends, these included the impact Shared Lives could have through prevention and early intervention by supporting different approaches to service delivery and through lessening the predicted impacts of rising social care costs.

## **PROPOSED IMPROVEMENTS TO ENHANCE THE SCHEME**

Given many Members of the Committee were unaware a Shared Lives scheme existed before the start of the review; it became apparent there was scope to make a series of improvements. The second part of the review centred on increasing a general awareness of the scheme and, looking to the future, considered the viability of expanding the scheme and the further work required to achieve this.

### **Increasing awareness**

During the course of the witness sessions, the Committee heard about the steps which were currently being taken to market and highlight the scheme. Actions included the use of posters and Shared Lives publicity materials as screen savers in Doctors surgeries. Other steps included ensuring Shared Lives posters were prominently displayed in a number of municipal buildings, including libraries and also ensuring Shared Lives remained in the public eye by submitting regular articles and advertisements to the Hillingdon People bimonthly magazine.

As Shared Lives is dependent on a pool of registered Carers to operate (as well the availability of suitable accommodation), new and innovative ways of increasing the numbers of carers were welcomed. Hearing how Harrow's scheme had recently grown, the Committee endorsed the use of regular social events to increase the number of carers and appreciated these also provided invaluable networking opportunities.

Developing the general theme of awareness, the Committee agreed it was important to learn what other Local Authorities were doing. Hearing about each training regime, both Local Authority witnesses highlighted the importance of ensuring this was ongoing for carers and noted how useful the introduction of regular briefings in Harrow had been. Conscious how digital technologies were developing, the Committee also touched on the subject of social media as a valuable means of augmenting fixed and mobile forms of internet access. Although Ealing and Harrow had not explored this possibility and it was seen to have value as a means of highlighting the scheme and enhancing the interaction between different stakeholders in Shared Lives.

### **Considering the viability to expand the scheme**

Having concluded early on, Shared Lives delivered positive outcomes for service users and had the potential to deliver further savings, the Committee made a number of enquiries in October and November about the viability of expanding the scheme.

It was noted that any expansion of the scheme would be reliant on a number of factors, such as the recruitment / training and retention of further carers and the availability of suitable accommodation. However, having taken these considerations into account, Officers reported there was scope to develop the service by increasing the number of available placements, by recruiting an additional cohort of approximately 20 carers.

To flesh out this idea, further information was provided on three key issues as shown below:



## 1. The current costs of the Shared Lives Scheme per annum (20 service users)

Current costs are as follows:

- Team Costs = £67.4k
- Overheads = £9.9k
- Package Costs = £499.3k
- Total Costs = £576.6k per annum

## 2. How the scheme could be expanded by 100%, to 40 Service Users within existing budgets (as confirmed at the meeting)

As described earlier, there are currently 2 Full Time Employees in the team. The Committee heard that, on the assumption, each officer has the capacity to oversee 20 service users, which is the number recommended by the National Shared Lives Network, as there are currently only 20 service users, the service should be able to be doubled within existing capacity.

With this in mind the Committee recommended:

**3**

**That Cabinet consider extending the scheme, as identified in the review, in the first instance by 100% (i.e. to total 40 Service Users) and that potential savings be investigated for inclusion in the MTFF from 2016/17**

Developing this theme further, consideration was given to the viability of possible further expansion at some point in the future, given that a larger scheme had the potential to deliver optimal savings. As a result, the following question was posed:

### 3. An approximation of the cost of expanding to the optimal figure of 80.

Although this calculation would need some kind of time scale to realise the expansion, officers estimate that the resourcing costs (staffing) would need to double to support the optimum number of 80 users. This would mean that staffing costs would increase by an additional £67.4K and overheads would also increase but not necessarily at the same rate.

At this stage, Officers estimate that an additional £5k should be sufficient. This makes the overall estimated additional revised costs of the extra 2 staff at £72K p.a. The management costs of this service remain charged to the respite care service at present, where the service is based. In the event of a larger scale expansion, alternative accommodation may be necessary and these costs would need to be considered at the appropriate time.

The potential savings/costs that could be generated from having 80 service users based upon the same profile used in the calculation for 20 users provided previously, for illustrative purpose would be as follows:

- Potential saving from moving from a residential care home placement to a shared life placement for an extra 60 service users would be an estimated £900k p /a
- However, placement to a Shared Lives from supported living for 60 service users could see an increase on the costs of the care packages by an additional £160k, but it should be noted that these assumptions do not take into account the additional support over and above the 'core' staffing hours and this may in fact incur significant increases in the supported living costs, balancing out the cost/saving ratios.



These savings are illustrative based upon the profiles used in the cost comparison between Shared Lives placements, Residential Care and Supported Living provided during the review and were current as at October 2014.

Bearing these important caveats in mind, and the prudence of conducting further investigative work before proceeding with any expansion of the scheme, the Committee recommended the following:

**4**

**That consideration be given to further development up to the optimal size (80 service users) once the initial extension has been successfully undertaken**

Having explored the financial implications at length, the Committee appreciates that actual savings are likely to vary considerably as the profile for each user is different and the key issue is how to recruit carers with suitable accommodation which then allows the expansion of the scheme. With this in mind the Committee recommends:

**5**

**Committee advise that any extension of the scheme is dependent upon appropriate matches being found in the community and that consequently the time frame needs to be flexible**

## TERMS OF REFERENCE

1. To review how Shared Lives is developing in Hillingdon and other local authorities and to review current best practice.
2. To examine the opportunities presented by Shared Lives to prevent avoidable admission into residential and/or hospital, including assisting carers in their caring role.
3. To make recommendations that will help officers and partners address any identified gaps in the role and function of Shared Lives to support Hillingdon residents to remain independent and assist the Council in achieving cost savings.
4. To make any recommendations, with full costings to Cabinet to improve the efficiency and effectiveness of the service as appropriate based upon the findings of this review.

## WITNESSES

<b>SESSION 1 – 31 JULY 2014</b>
Tony Zaman – Director of Adult Social Care Neil Stubbings – Head of Housing Sandra Taylor – Head of Service, Early Intervention & Prevention Kim Jebson – Team Manager, Early Intervention & Prevention Mr Sooben – Carer within the Hillingdon Shared Lives Scheme
<b>SESSION 2 – 9 SEPTEMBER 2014</b>
Sandra Taylor – Head of Service, Early Intervention & Prevention Kim Jebson – Team Manager, Early intervention & prevention Caroline Tomlinson - London Borough of Harrow Catherine Kiraz - London Borough of Ealing
<b>SESSION 3 – 7 OCTOBER 2014</b>
Sandra Taylor – Head of Service, Early Intervention & Prevention Kim Jebson – Team Manager, Early intervention & prevention Karl Steenson - SCH&H Operational Finance Manager
<b>SITE VISIT TO SHARED LIVES HOMES - 21 OCTOBER 2014</b>
3 Service Users (A,B and C) 2 Carers (X and Y)
<b>SESSION 4 – 5 NOVEMBER 2014</b>
Sandra Taylor – Head of Service, Early Intervention & Prevention Kim Jebson – Team Manager, Early intervention & prevention Tim Dauncey - SCH&H Operational Finance Manager

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## **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 below. 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)	Final decision by Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM
SI	<b>Standard Items taken</b>	Cabinet Members make a number of decisions each	Various		All	AD -	Various	
<b>Cabinet meeting - 12 February 2015</b>								
037	<b>Safeguarding Adults Partnership Board Annual Report</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 and its priorities for the year. The report is set in the context of national guidance and policy.	All		Cllr Philip Corthorne	ASCS - Lynda Crellin / John Higgins	Policy Overview Committee	





## WORK PROGRAMME 2014/15

**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*

<b>Meetings</b>	<b>Room</b>
<b>3 July 2014</b>	<b>CR 6</b>
<b>31 July 2014</b>	<b>CR 5</b>
<b>9 September 2014</b>	<b>CR 6</b>
<b>7 October 2014</b>	<b>CR 6</b>
<b>5 November 2014</b>	<b>CR 5</b>
<b>21 January 2015</b>	<b>CR 6</b>
<b>24 February 2015</b>	<b>CR 6</b>
<b>26 March 2015</b>	<b>CR 5</b>
<b>22 April 2015</b>	<b>CR 5</b>

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Social Services, Housing and Public Health Policy Overview Committee  
21 January 2015

PART I – Members, Public and Press

Social Services, Housing and Public Health Policy Overview Committee

**2014/15 - DRAFT Work Programme**

<b>Meeting Date</b>	<b>Item</b>
<b>3 July 2014</b>	SS, Hsg & PH Policy Overview Committee
	Possible Review Topics 2014/15
	Departmental Overview report
	Work programme for 2014/15
	Cabinet Forward Plan
<b>31 July 2014</b>	Budget Planning Report for SS,Hsg&PH
	Scoping Report for Major Review
	Work Programme
	Cabinet Forward Plan
<b>9 September 2014</b>	Major Review - Witness Session
	Cabinet Forward Plan
	Annual Complaints Report
	Work Programme
<b>7 October 2014</b>	Major Review - Witness Session
	Update on previous review recommendations (Tenancy Review)
	Cabinet Forward Plan
	Work Programme
<b>5 November 2014</b>	Adult Mental Health Services - Update report
	Adaptations - Update report
	Annual Public Health Report
	Cabinet Forward Plan
	Work Programme

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Social Services, Housing and Public Health Policy Overview Committee  
21 January 2015

PART I – Members, Public and Press

<b>21 January 2015</b>	Budget Proposals Report for 2015/16
	Cabinet Forward Plan
	Major Review - Draft Final Report - Shared Lives
	Adults Safeguarding report
	Work Programme

<b>24 February 2015</b>	Cabinet Forward Plan
	Work Programme
	Final report
	Single Item Review Topic

<b>26 March 2015</b>	Cabinet Forward Plan
	Work Programme
	Single Item Review topic - Report
	Update on previous review recommendations (Tenancy Review)

<b>22 April 2015</b>	Cabinet Forward Plan
	Mental Health Update

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