



HILLINGDON
LONDON



Social Services, Housing and Public Health Policy Overview Committee

Date: THURSDAY, 26 MARCH
2015

Time: 7.00 PM

Venue: COMMITTEE ROOM 5 -
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
John Oswell
Shehryar Wallana

Co-Opted Member

Mary O'Connor

Published: Wednesday, 18 March 2015

Contact: Charles Francis
Tel: 01895 556454
Fax: 01895 277373
Email: cfrancis@hillington.gov.uk

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Putting our residents first

Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
3E/05, Civic Centre, High Street, Uxbridge, UB8 1UW
www.hillingdon.gov.uk

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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 24 February 2015 1 - 6
- 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 Review of the Causes of Tenancy Failure and How it Can Be Prevented - Update Report 7 - 30
- 6 Single Meeting Review: Child Oral Health in Hillingdon - Draft Final Report 31 - 36
- 7 Forward Plan 37 - 40
- 8 Work Programme 41 - 44

Minutes

SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

24 February 2015



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

	<p>Committee Members Present: Councillors Wayne Bridges Teji Barnes Peter Davis Kuldip Lakhmana Beulah East Ian Edwards Becky Haggar Manjit Khatra Shehryar Wallana</p> <p>Officers Present: Shikha Sharma, Consultant in Public Health Charles Francis, Democratic Services</p> <p>Also present: Claire Robertson, Consultant in Public Health, Public Health England Kelly Nizzer, Regional Lead (North West) Dental and Ophthalmic Services</p>	
	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Mary O'Connor.</p>	
	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>None.</p>	
	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 21 JANUARY 2014 (<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record.</p>	
	<p>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 (<i>Agenda Item 4</i>)</p> <p>All the items were considered in Part 1.</p>	
50.	<p>MAJOR REVIEWS IN 2014/15 - DRAFT FINAL REPORT</p> <p>The Chairman welcomed the witnesses to the meeting. It was noted that the purpose of the meeting was to provide the Committee with an</p>	Action by

overview of child oral health in Hillingdon and to assess what action was currently being undertaken with a view to presenting a report to Cabinet.

Shikha Sharma, Consultant in Public Health, highlighted a number of salient points from the background paper which had been provided. The following points were noted:

- Tooth decay was caused by consuming too many sugary foods and drinks too often and poor oral hygiene.
- Unless this lifestyle issue was addressed, there was a much higher risk of further tooth decay in permanent adult teeth and throughout later life.
- Tooth decay can be prevented by eating a healthy balanced diet which limited the amount of foods and drinks high in sugar, and also by brushing teeth for two minutes twice a day, once before bed, using fluoride toothpaste.
- Dental caries remains the main cause of hospital admissions for children aged under 18 years.
- Recently published results of the Child Oral Health Survey for 3 year olds show that dental health of children was particularly poor in Hillingdon with the highest rate of early childhood caries amongst London boroughs.
- Local authorities were statutorily required to improve health of their population, which included improving oral health.
- The transition of Public Health to the local authority in 2013, had provided new opportunities for health visitors and the Community Dental Health team to work closely with the Children's Centres for better targeting of families at higher risk.

NHS England (NHSE), Public Health England (PHE) and the Local Authority had joint responsibility for improving oral health. Since 1 April 2013, NHSE had had the responsibility for commissioning all NHS dental services - both primary and secondary care. PHE provided dental public health and health improvement support for local authorities and NHS England, including collaborative commissioning of oral health improvement programmes. In terms of the Council's role, this included:

1. Joint statutory responsibility with Clinical Commissioning Groups for Joint Strategic Needs Assessments.
2. Participation in oral health surveys to assess and monitor oral health needs.
3. Responsibility for reducing health inequalities.
4. Planning, commissioning and evaluating oral health improvement programmes.
5. Leading scrutiny of delivery of NHS dental services to local populations.
6. The power to make proposals regarding water fluoridation schemes, a duty to conduct public consultations in relation to such proposals and powers to make decisions about such proposals.
7. Lead responsibility for the Healthy Child Programme 5-19 years (and HCP 0-5 years from 2015), the national child measurement

- programme and the care of vulnerable children and families (ie. looked after children, the troubled families programme).
8. Safeguarding children.
 9. Commissioning local healthy schools, school food and healthier lifestyle programmes.

Following consideration of the overview report, the two external witnesses were invited to address the Committee.

Claire Robertson, Consultant in Public Health, (Public Health England) explained that good oral health was important for a number of reasons including: how a child grew, looked, chewed, tasted food, socialised and their well-being. As such, it was essential that tooth decay was reduced as much as possible. It was noted that good oral health would contribute to: school readiness, reducing school absence and improving the general health and well-being of the child.

Speaking about the role and scope of Dental Public Health, the Committee noted that the aims were as follows:

- To contribute to oral health improvement.
- To reduce oral health inequalities.
- To improve the quality of dental services.
- To ensure patient safety.
- To promote training and teaching to increase capacity and the quality of the dental workforce.
- To collect and assimilate data to inform future dental commissioning.

Discussing the tooth decay from a pan -London perspective, it was suggested that there was scope to improve performance in Hillingdon, given that Early childhood decay of 3 year olds in Hillingdon was 16.1% (the highest of all boroughs in London) and the London average was 5.3%. In terms of hospital admissions, it was noted that tooth decay was the top reason for child hospital admissions in Hillingdon for children aged 1 to 18.

Several key messages were highlighted. These included:

1. Dental disease was preventable through simple and cost effective measures.
2. Overall, child oral health was improving, however inequalities still existed.
3. Over 40% of Hillingdon children at aged 5 were affected by dental decay and was the number one cause for child hospital non-emergency hospital admission.
4. Hillingdon 3 year olds had the highest level of dental caries in London.
5. Since poor oral health shared the same common risks as other chronic diseases any action to reduce these risks (in particular sugars in the diet) would improve oral health as well as general health, especially excess weight and obesity.

Current action being taken by the Council

Initiatives included:

1. The implementation of the infant feeding policy and a new *Early Years Charter* based on *Healthy Schools Programme* with specific standards for improving food and drink available to children via children's settings.
2. Hillingdon Public Health was working with Children's Centres, the Early Years Team and the local Community Dental Service (CDS) to prevent dental decay in children aged 0-5 years of age.
3. The *Hillingdon Early Years Nutrition Network* (HEYN) in which settings have to endorse and demonstrate these actions in order to achieve Healthy Early Years status.
4. 'Healthy Early Years Menu Checklist' . In order to ensure that food served fits with current nutritional guidance and advice.
5. A Community Dental Health Team pilot was currently under way engaging dental practices to model a partnership working between dentists and local children centres and potentially other settings over time.
6. A *Brushing for Life* campaign.

Raising Awareness and Possible Future Action

Kelly Nizzer, Regional Lead (North West) Dental and Ophthalmic Services, confirmed sufficient dental units were in place to provide dental services to residents.

Therefore, there was scope to improve the information, advice and guidance to parents. The Committee suggested that dental information (such as dental registration, fluoride varnishing and brushing advice) could possibly be included in 'Bounty Packs' (provided to expectant mothers) in the future. Other ideas looked at using other carriers such as NHS registration letters or even stamping reminders onto envelopes to raise awareness so diffusing this message would be cost neutral.

Claire Robertson, PHE, highlighted that PHE had arranged for a pilot to begin in 10 schools across the Borough and pending the analysis of these results there was the opportunity to consider how this initiative might be expanded

Discussing how oral health in children could be improved, the Committee suggested that further information on the uptake and effectiveness of dental services could be developed and a monitoring report might be developed and referred to relevant Council Committee or body in the future.

RESOLVED: That:

1. **the presentations be noted.**
2. **a report with recommendations to Cabinet be drafted for consideration by the Committee at its next meeting.**
3. **a copy of the National Institute for Health and Care**

Democratic
Services

	<p>Excellence (NICE) Dental Health recommendations be circulated to the Committee.</p> <p>4. a list of NHS dental practices in Hillingdon be provided to the Committee.</p> <p>FORWARD PLAN (<i>Agenda Item 9</i>)</p> <p>The Committee considered the latest version of the Forward Plan.</p> <p>Resolved –</p> <p>1. That the report be noted.</p>	<p>Action by</p>
	<p>WORK PROGRAMME (<i>Agenda Item 10</i>)</p> <p>Reference was made to the work programme and timetable of meetings.</p> <p>Resolved</p> <p>1. The Committee noted the Work Programme 2013/14.</p>	<p>Action by</p>
<p>The meeting, which commenced at 7.00 pm, closed at 8:38 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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REVIEW OF THE CAUSES OF TENANCY FAILURE AND HOW IT CAN BE PREVENTED - UPDATE REPORT

Contact Officer: Rod Smith
Telephone: x 6731

REASON FOR ITEM

On 7th October 2014 the Committee noted the work in progress on preventing tenancy failure and requested a further update towards the end of the current financial year to include:

- Performance indicator information so that progress could be measured
- Case studies highlighting real world scenarios

OPTIONS AVAILABLE TO THE COMMITTEE

1. To note the progress made by Officers since the Committee last received an update during October 2014.
2. To question Officers on the content and request further information for clarification, if required.

INFORMATION

Background

On 10th September 2013 the Committee held its first witness session to examine the causes of tenancy failure and how it can be prevented. The following lines of enquiry were followed:

- To establish which tenancies fail and why
- To understand the impact and likely future impact of welfare reform on tenancy sustainment
- To establish what current action is taken to prevent tenancy failure and
- To establish what more could be done to sustain tenancies

The Report of the Social Services, Housing and Public Health Policy Overview Committee 2013/14 on the 'Review of the causes of tenancy failure and how it can be prevented' was considered by Cabinet on 23rd January 2014. Cabinet welcomed the report and endorsed the recommendations made.

On 7th October 2014 Officers reported back to the Committee with an update on the recommendations. Given that transformation work was ongoing in the service at this time and the Housing Support Worker prototype was in its infancy, Committee requested a further update towards the end of the financial year.

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Update on the provision of Tenancy Management services

In the context of supporting vulnerable people, new ways of working are now more established and embedded across tenancy management and sustainment. These new ways of working are delivering positive outcomes for residents across a range of tenancy types.

Whilst all staff working across housing must understand the part they play and the contribution they make to both the prevention of homelessness and the sustainment of tenancies, new ways of working have created a specialist tenancy sustainment function over and above that delivered as an integral part of the tenancy management function. This sustainment team is now central to supporting the objectives of a number of housing teams across the 'housing specialist' and 'tenancy management' services.

It must be recognised that social housing, and in particular Council housing, is used to house those most vulnerable residents in the borough. With the social care agenda to reduce its reliance on residential care placements of all key care groups, the levels of housing related support needed for many new residents is very high.

Use of Civica and the development of an 'end to end' tenancy management process

Having made a decision to end the granting of 'life-time tenancies' [subject to a limited number of exceptions] it was important that the Council's policy objectives reflected in its Tenancy Policy are fully complied with. This compliance requirement, within an increasingly complex operating environment that reflects numerous tenancy types and 'key stage actions', demanded a robust process to both guide and support staff in doing the right thing at the right time using the right documentation. The Civica 'end to end' tenancy management process was developed to meet this specific need and at the same time re-engineer our approach to tenancy management.

The clear aims of the Tenancy Policy are to:

- Provide a high quality housing management service to prospective and current tenants, in accordance with legislation, regulation, and best practice.
- Respond effectively to the demands placed on our limited social housing resource
- Make best use of our stock and ensure it meets existing and future customers' needs
- Ensure customers have the right home for as long as they need it
- Support our customers to enable them to achieve their housing aspirations

Underpinning the entire 'end to end' process is the adoption of a risk-based approach to the management of all tenancy types. Central to this approach is:

- The initial and ongoing assessment of risk

- A more tailored approach to the management of the tenancy which is person centred
- The adoption of a planned [risk-based] approach to the management of the tenancy
- The use of annual 'tenancy checks' alongside 'new tenant visits' and 'probationary tenancy visits' as a minimum
- Drawing in more specialist resources where required
- Recording planned and unplanned 'tenancy events' in a single 'living plan' [the Tenancy Management Plan] during the life-time of the tenancy which is held on Civica

Using this approach the Council want to continue to demonstrate that it is maximising the potential for its tenants to benefit from successful and sustainable tenancies. This is underpinned by a special support service [Housing Support Workers] delivering housing related support. Our priority is to create the right conditions for sustainable and successful tenancies which will thrive, irrespective of their length or type. A risk based approach to the management of tenancies which delivers successful tenancies ensures that the Council intervenes at an early stage to help 'at-risk tenants' retain a secure home while meeting the responsibilities of their tenancy agreement. It also recognises that people can move in and out of vulnerability during the lifetime of their tenancy and in response to certain 'trigger events' e.g. bereavement, relationship breakdown, ill-health and loss of employment. Regular contact with the tenant and the ongoing assessment and management of risk are central to the mitigation of tenancy failure.

Process

All new tenants receive a '**new tenant visit**' within 4 weeks of tenancy commencement. This is one of the most important visits that will be undertaken during the life-time of the tenancy. In many respects it will establish the landlord and tenant relationship moving forward and it will be the first occasion for the Housing Officer to 'assess' the tenant's needs and requirements for any support to effectively sustain the tenancy.

Undertaking this visit too early i.e. before 4 weeks has elapsed may not give the tenant sufficient time to 'settle in' whilst completing the visit after 4 weeks may be 'too late' in terms of maximising the potential from 'early intervention' if the tenant has underlying unmet needs which will impact upon their ability to manage their tenancy and live independently.

Housing Officers are well prepared in relation to this visit. This necessitates a degree of 'background research'. Aside from the 'sign-up' documentation the Housing Officer reviews all available information under the Application. This is available on Civica and can be accessed as a 'linked file'. This file will include documents such as the 'medical assessment' and the 'Support Needs Assessment Form' reflecting any known vulnerabilities.

In addition to assessing the tenant and identifying any unmet needs, the completion of a **new tenant visit checklist** is an opportunity to share a number of key messages with the tenant. Many of these messages will be repeated at key contact stages throughout the lifetime of the tenancy e.g. how to be 'fire aware' and 'fire safe'. It is important to emphasise at this point that the conduct of the tenancy will be material in the decision whether or not to grant another tenancy. This leads on to explaining key obligations of the tenancy.

The remainder of the checklist takes the Housing Officer through a series of check questions which not only captures key information about the tenant / household but also serves to ensure that the tenant has properly 'settled in', is 'plugged-in' to all appropriate and necessary services and is well positioned to work towards the sustainment of a 'successful tenancy'.

Working through the new tenant visit form and using the checklist approach, it is possible for the Housing Officer to identify 'risks' and support 'gaps' which need to be picked up as an integral part of developing the '**tenancy management plan**'.

'Tenancy management plans' are populated at the culmination of the new tenant visit process. These plans exist for the lifetime of the tenancy. The content will 'at a glance' provide the reader [across a number of service teams] with all they need to know about; the approach to managing the tenancy, who is working with the tenant, key tenancy management events, planned events and a current assessment of 'risk'.

A **risk management tool** is in place to support Housing Officers in the initial and ongoing assessment of risk and categorisation of the tenancy. As part of the new tenant visit process all new tenants will be assessed as either 'low', 'medium' or 'high' risk of tenancy failure. This assessment is documented in the tenancy management plan. Once the tenancy has been awarded a risk rating the tool can be used to help formulate the content of the plan and recognise the impact of a range of 'trigger incidents'. For example, an established secure tenant in good health with a good network of family and friends is likely to be more resilient to the impact of bereavement than perhaps a person with underlying mental health issues with no family or social networks. In this context the level of risk may well rise for the latter but not the former tenant. This key tenancy event would be documented along with changes to the plan to help mitigate the risk of tenancy failure.

A more person centred approach to the management of the tenancy requires the Housing Officer to consider factors at the start of the tenancy. These factors are considered critical to enable the effective assessment and support of vulnerable households. During the course of the tenancy it will be necessary to re-assess the tenant in recognition that people move in and out of vulnerability and or are disproportionately affected by life events which can put their tenancy at risk.

The following core areas are seen as critical to the adoption of a risk-based approach to the management of tenancies:

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- Managing the tenancy and accommodation
- Self-care and living skills
- Managing money and personal administration
- Social networks and relationships
- Drug and alcohol misuse
- Physical health
- Emotional and mental health
- Meaningful use of time
- Offending
- Motivation and taking responsibility

These risk factors will be inextricably linked to vulnerability i.e. individuals falling into one or more categories of vulnerability are likely to present as higher risk in the context of both tenancy sustainment and the cost of managing the asset.

A risk based approach to tenancy management puts the onus on the Housing Offer to better recognise the risk factors and how they present and to bring forward and keep under review an approach which seeks to mitigate the risks of tenancy failure.

The new tenant visit process and the associated assessment of the tenant may conclude that the tenant is presenting as 'high risk' of tenancy failure. Unless intensive support is provided the likelihood is that the tenancy will fail. In these circumstances, referral to a **Housing Support Worker** is appropriate and will maximise the potential from early intervention.

Performance

The tenancy management function can only be effectively delivered by ensuring that appropriate support is in place to ensure that vulnerable residents are able to comply with their tenancy obligations. This is not a 'split' between enforcement and support roles but rather an effective and efficient approach to delivering 'successful tenancies' by a Housing Officer who is responsible and accountable for the tenancy 'end to end'. The focus on this key outcome [delivering 'successful tenancies'] is supported by a range of now established performance indicators. These indicators help to demonstrate the value of the service and positively influence behaviours within the staff group:

- **%Tenancy management plans completed within 6 weeks of tenancy commencement** [this is about 'front loading' work at the start of the tenancy which culminates in the production and completion of a tailored approach to managing the tenancy]
- **Number of Tenancies ending within the first 12 months** - [Testing our work on 'sustainment' and ensuring that tenants progress through their Probationary period]
- **Numbers of tenancies extended / reasons** - [Ensuring we make effective use of the probationary tenancy framework to manage risk and address breaches]

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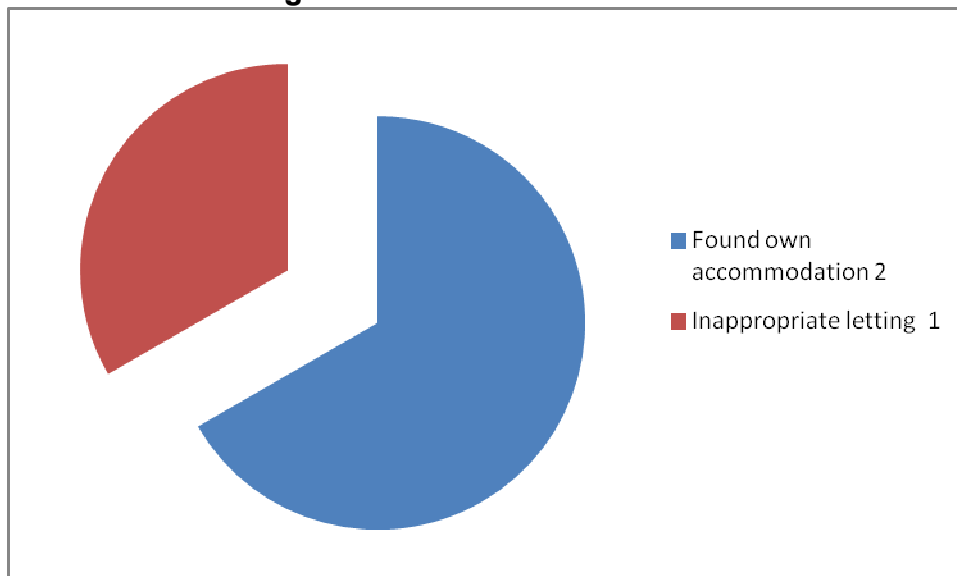
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- **Number of Tenancy management interventions completed / outcomes** - [Focus on the work undertaken to resolve breaches and ensure tenancies are 'successful']
- **Numbers and outcomes from annual 'tenancy checks'** - [Capturing the value of seeing people in their own homes and the extent and nature of outcomes / follow up actions]
- **Outcomes of tenancy reviews** - [To show how the Council's policy on introducing a fixed tenancy policy is working i.e. numbers 'moving on']
- **Number of cases / time U&O cases are running where the review outcome is that the tenant cannot stay in their existing property** - [Measure of how slick / swift the process is to match people to suitable alternative property so that their existing property can be relet in line with the allocations policy]

Summary performance as at February 2015

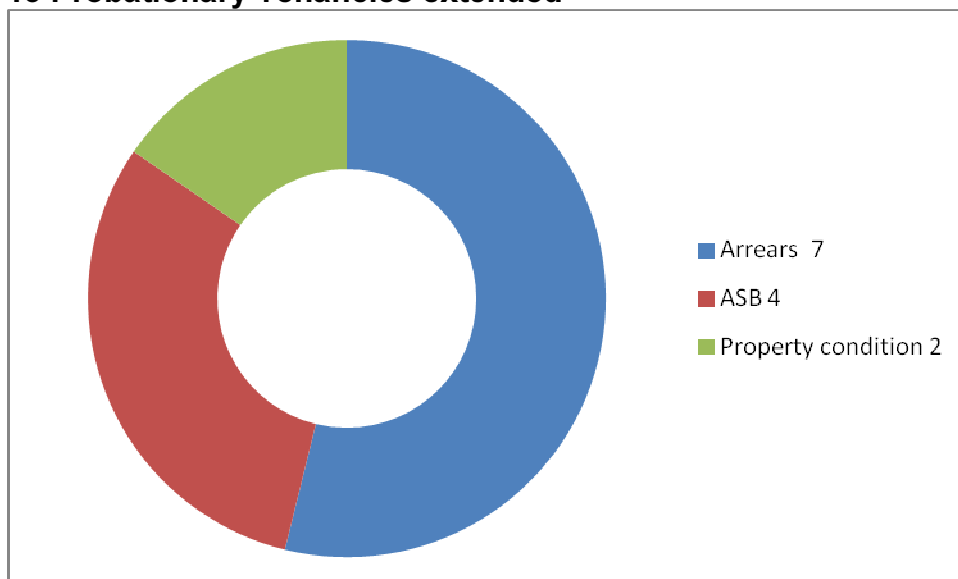
258 Tenancy management plans have been completed - **all within 6 weeks of tenancy commencement**. This reflects clear evidence that Housing Officers are making timely contact with new tenants, ensuring their needs are fully assessed and understood and that a tailored plan is established to maximise the potential for a successful tenancy.

3 Tenancies ending in the first 12 months



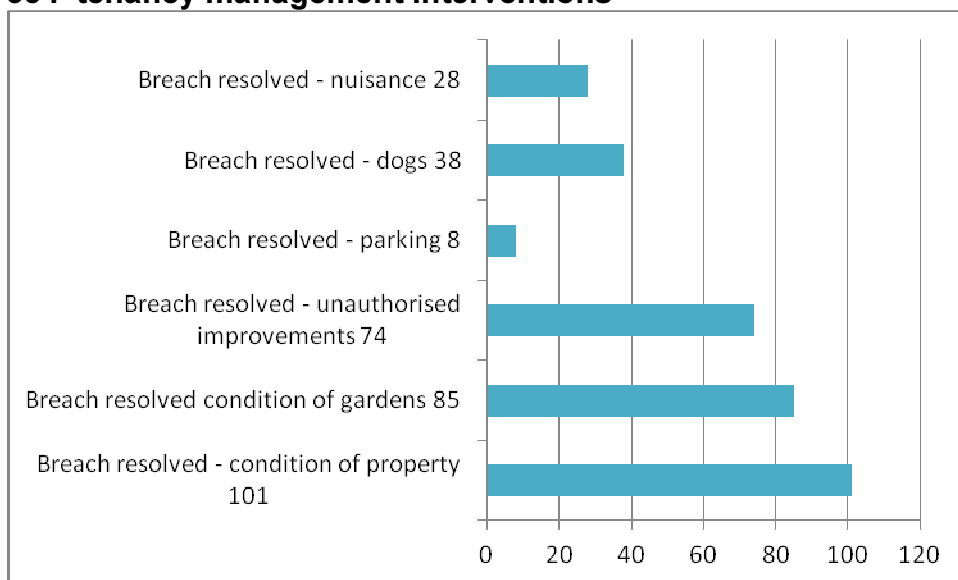
Given that the number of re-lets exceeds 400 each year, a total of 3 tenancies ending within the first 12 months is extremely positive. In the cases to-date, it can be seen that these tenancies did not actually 'fail'. One was re-housed into more suitable accommodation and the remaining two elected to secure their own accommodation.

13 Probationary Tenancies extended



As an alternative to possession action the ability to extend a tenant's probationary period for six months in response to a breach affords the tenant time to demonstrate that, with appropriate support and supervision, they can comply with their tenancy conditions.

334 'tenancy management interventions'

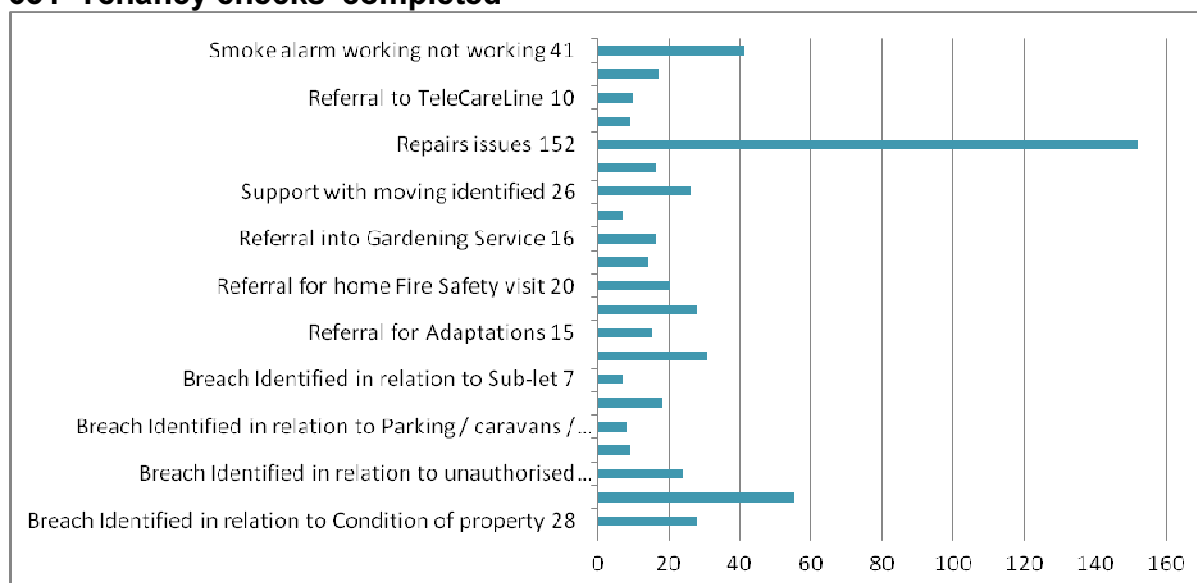


The number and extent of successful interventions across a broad range of issues and breaches is testament to the range of effective actions and joint work undertaken by Housing Officers.

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631 'Tenancy checks' completed



The range and number of issues identified during personal contact with the tenant in their home reflects the value of the rolling programme of 'tenancy checks' across the managed stock. This work stream underpins a move towards a more proactive approach to managing the tenancy and intervening earlier.

No fixed term tenancies have reached the stage where a formal Tenancy Review is undertaken. It is therefore not yet possible to report on either the outcome of Reviews or the number of occupiers holding over after their fixed term tenancy has ended. Automated reports have been developed within the Civica end to end process to capture this information.

5. Update on the provision of housing related support

Housing Support Workers are now established as an integral part of the model which has the effective support of vulnerable people at the centre. Experience has demonstrated that it is particularly important that all staff operating in the 'housing people teams' contribute to the strategic object of preventing homelessness and sustaining all forms of occupation arrangement. This involves 'doing the right thing at the right time' to enable residents to be appropriately supported at the earliest opportunity.

As part of this approach Housing Support Workers now provide a dedicated tenure neutral 'team around the tenant'. They deliver tailored support plans to address or manage underlying issues which impact on the tenant / household and their ability to remain in their current accommodation. Loss of that accommodation would generally result in a homeless acceptance and associated costs.

Referral to Housing Support Workers is linked to 'high risk' cases where failure to intervene will generally mean that the occupation arrangement will fail. There may also be a strong likelihood that the resident will reach a crisis point requiring more expensive care, such as hospital admission, or a more expensive form of accommodation such as 'supported housing'.

As part of this approach it is recognised that the tenancy management team are in turn managing higher levels of risks than was traditionally the case. Preventing 'drift' into more expensive services and more intensive levels of support is a common theme across the Council and is now fully embedded across tenancy management.

Evidence to date shows the benefits of delivering the following housing related support:

- Income maximisation
- Housing Benefit resolution / backdating requests
- Budgeting skills
- Household management skills
- Re-settlement
- Understanding what you need to do as a tenant
- Taking responsibility / understanding the consequences of a breach
- Effective sign-posting

The outcomes from the Housing Support Worker assessments have identified those 'triggers' which, if not addressed, will impact upon the success or failure of the occupation arrangement. These include:

- Relationship breakdown
- Bereavement
- Deterioration in physical / mental health
- Chaotic lifestyles
- Self-neglect
- Loss of income / employment
- Offending / high risk behaviours
- Increase in alcohol / substance misuse

As part of achieving their core objective [sustaining tenancies and supporting vulnerable people], Housing Support Workers have demonstrated the value of working alongside a range of other internal and external providers. Drawing in appropriate services and completing support plans which are tailored to the needs of the individual is proving to be an effective and core part of the role.

Use of Civica and the development of a Housing Support Worker process

Our 'tenancy sustainment team', in line with other 'housing people teams' has adopted the use of Civica as part of its approach to casework management. The clear advantages of this approach are shared access to information and the ability to 'link files'. The tenancy sustainment team has developed a 'Civica process' which commences with the receipt of a referral and ends on formal closure of the case. As

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in the case of the 'end to end' tenancy management process, Civica processes also help to support staff by prompting them to do the 'right thing at the right time'.

Process

In terms of accessing the service the sustainment team is now set up to receive referrals directly through Civica from other 'housing people teams', via the contact centre or by direct contact with the team. All referrals go through a form of triage as part of the initial risk assessment process. This includes talking to the referrer and identifying if the client is known to any other internal or external service provider.

All tenants referred will receive a level of service even if they are not actually accepted into the full service. Following the initial triage stage, where service acceptance criteria is not met, the Support Worker will use their extensive knowledge of services to ensure that the tenant is signposted to an appropriate service.

Once accepted into the service the Support Worker will record the primary support need and then develop and agree a support plan with the tenant. The actions in the support plan are designed to address or reduce the presenting needs [risk to tenancy] within a target three month time frame. Subject to the presenting risks, contact is on a weekly or fortnightly basis. Where other services are working with the tenant this does not preclude Support Worker involvement and the provision of 'housing related support'. Housing Support Workers are accustomed to joint support planning with a range of specialist providers.

Manager authorisation is required to close any case. This may be during the life of the support plan e.g. due to tenant disengagement, or once the support plan has been successfully completed. The manager in all cases will look to ensure that all reasonable steps have been made to secure engagement from the tenant or that needs have been met and presenting risks sufficiently reduced. Where necessary and appropriate case closure will not be approved and the case will be passed back to the Worker with clear actions to be undertaken.

As part of the case closure process the Worker will also record the final primary support need. This can change from the initial support need recorded at the time of referral. More extensive assessment of need and support plan delivery can, over a period of time, unearth other underlying issues. The other important stage at closure is to provide a formal closure report and 'handover' to the referring team. In the case of the tenancy management team this handover is as important as the work undertaken during delivery of the support plan. The handover will provide the Housing Officer with information on how to best manage the residual risks to the tenancy and, where appropriate, who is now working with the tenant in relating to any underlying issues they may have. Such information is used by the Housing Officer to re-work the content of the tailored tenancy management plan.

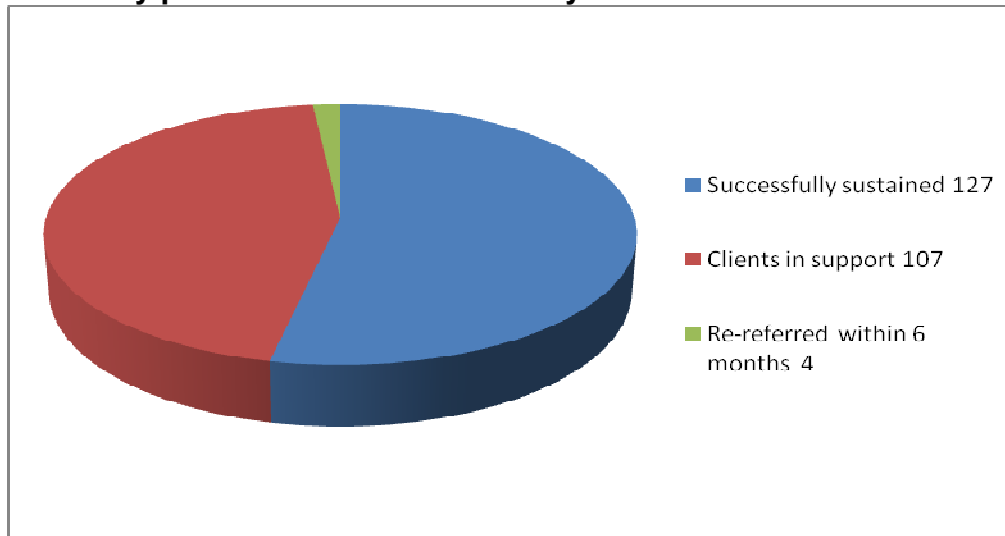
Performance

The sustainment team has developed an initial suite of headline indicators which reflect the core objectives of the service i.e. the effective delivery of tailored housing

related support to prevent tenancy failure. These indicators help to demonstrate the value of the service and positively influence behaviours within the staff group.

- **Accommodation successfully sustained / support plan completed** [identified needs and risks addressed and no loss of accommodation]
- **Support plan not completed** [variety of reasons including non-engagement but immediate risks may have been addressed]
- **Cases referred into the service within six months of support plan completion** [this tests how effective and sustainable the support work is]

Summary performance as at February 2015



This chart presents a 'snap-shot' of the service at the end of February 2015. On average our Workers are delivering agreed plans of housing related support to over one hundred tenants at any one time for periods of up to three months. The service has also successfully worked with and sustained over one hundred and twenty tenants who were at 'high risk' of tenancy failure. The very small number of tenants [4] who were re-referred and accepted back into the service within 6 months of case closure is a reflection of the effectiveness and sustainability of the housing related support delivered and the on-going work by other 'housing people teams' to manage and contain the reduced risks of tenancy failure.

5Outcomes

The service received 280 referrals during the six month period September 2014 to February 2015.

There were 117 cases where Support Plans had been successfully completed. Successful outcomes commonly reflect clients who were supported to get backdated HB, DHP, JSA, ESA and PIP in addition to the removal of non-dependant charges. Clients positively engaged with Arrears Recovery Officers, Housing Officers and a range of service providers who could provide effective and more specialist support. It is clear that encouraging tenants to engage and sustain engagement with a range of service providers is a fundamental part of housing related support. Support Workers

play an active role in encouraging and supporting clients who are under-occupying to downsize to more suitable, affordable and manageable accommodation. Clients with multiple debts were referred to CAB for more intensive financial advice/money management. Case reviews are completed to assess risk at closure and then cases were handed over to the referrer with reduced risk for ongoing risk management. The handover process involves sharing key information and advice / guidance on effective approaches to managing the tenancy, communicating with the tenant and ensuring ongoing engagement.

21 cases were not accepted but sign-posted to other specialist services

Where social needs including personal care needs are identified, clients are signposted to social services or more specialist service providers. This is particularly the case in relation to acute mental health, drug and alcohol issues.

10 cases with Support Plans partially completed

In a small number of cases the Support Plan is not fully completed. In these cases an assessment has been completed and a support plan is agreed but the client has only engaged for a short period. These clients use the service as a way of addressing a crisis and once their more immediate needs are met they do not keep appointments made with their Workers in relation to other aspects of the support plan. This can be due to a number of factors including; choice, chaotic life styles and substance misuse. At other times clients disengage simply because of their expectations regarding the nature of the service provided i.e. they would like shopping, cleaning or personal care undertaken.

25 cases referred in did not engage

Clients did not respond to appointment letters, telephone calls or messages left on their answer phone.

The key risks presenting related to non-payment of rent / arrears, other tenancy breaches and loss of income / benefits

70% of referrals during this period were for clients with rent arrears ranging from those who were at an early stage of the arrears recovery process having been served with Notice of Seeking Possession (NOSP), and those who were actually presented with an eviction date. Support is provided via a focused support plan which looks at issues such as Housing Benefit eligibility/receipt and backdating, maximising income, guidance on effective money management, agreeing payment plans, encouraging clients to keep up with agreed payment plans and promoting effective communication with Arrears Officers.

26% of referrals during this period relate to clients breaching other aspects of their tenancy conditions. Examples include involvement in anti-social behaviour, overgrown gardens, failure to provide access for gas servicing or other repairs, hoarding and the general condition of the home. These presenting issues are frequently identified as the symptoms of other underlying vulnerability issues which can relate to the tenant's inability to comply with tenancy conditions. The principle means of support in this context is engaging with the tenant and better

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understanding the underlying issues in order that appropriate support and practical assistance can be provided. These cases commonly involve partnership working with statutory services and other service teams across the Council.

4% of referrals were made by Housing Benefits for assistance with income maximisation or benefit entitlement checks.

Over the last six months the service has worked across a number of tenures

- 57 % of cases held secure / established council tenancies
- 28% of cases involved formal tenancy review associated with non-secure tenancies (PMA, Temporary accommodation, In-house PSL and Probationary Tenants)
- 13% of cases were new [Probationary] tenants
- 2% of cases were other tenures including; equity share, private rented and Housing Association tenants.

Successfully completed/accommodation sustained

At the initial assessment stage clients are asked to identify their primary support needs together with any other secondary needs that impact on their ability to sustain their tenancy. The table below reflects the primary and secondary needs of **127** clients who were assessed and support plans agreed. With structured and focused housing related support the aim is to support the client to manage and reduce the risk that was identified at the assessment stage. Once this goal is achieved the case is handed back to the referrer to continue to manage and sustain the tenancy.

Primary support needs at the point of case assessment		Secondary support needs where identified	
Rent arrears	63	Rent arrears	48
Risk of losing accommodation	28	Difficulties in Sustaining Accommodation	17
Difficulties in Sustaining Accommodation	17	Risk of losing accommodation	13
Breach of tenancy condition	11	Breach of tenancy condition	10
Housing Benefit	5	Money Management	5
Money Management	2	Lack of income	1
Lack of income	1	Money Management	1

The service operates on a model which revolves around a maximum period of supported engagement of up to 90 days. At case closure point clients had received support for an average of 60 days.

Next steps

The transformation process in respect of tenancy management and tenancy sustainment is still ongoing. Managers are looking to maximise the value of delivering housing related support on a tenure neutral basis to minimise the extent of tenancy failure. This will incorporate the need to ensure effective approaches to joint working and problem solving in addition to shared use of information.

Further Civica development work also is underway, using the work flow processes already developed, to extract and automate the production of management information and performance reports from Civica. This will enable managers to maximise the full potential of Civica in terms of managing both the quantitative and qualitative aspects of their services.

From February 2015 Support Workers have been working closely with colleagues in the Lettings Service to ensure that they attend new tenant 'sign-ups'. The clear focus of this initiative is to assess the needs of individuals who are being granted a permanent tenancy for the very first time at the earliest opportunity with a view to ensuring that any unmet needs are met and that housing related support effectively mitigates the risk of tenancy failure. Early indications suggest that this is yielding positive results. Key support tasks being delivered at this early stage are; setting up payment plans with Council Tax for arrears which accrued at their previous address, benefit applications, budgeting advice and the setting up of utility accounts.

It has also become clear that Housing Officers have a significant role to play in both risk assessment and risk management in the context of delivering tenancy management services across a range of tenancy types. As part of this role, Housing Officers will need to develop an increasing range of control measures to manage 'low' and 'medium' level risks. The skills set associated with needs assessment, risk assessment and risk management must be developed and regularly refreshed.

A fundamental component of the Care Act 2014 is 'suitability of accommodation' in meeting the at home care and support needs of older and vulnerable people. The Act and Regulations set out how housing can support a more integrated approach. In particular this includes:

- The duty to promote well-being makes reference to suitable accommodation
- Housing is not just about 'bricks and mortar' but also includes housing related support and
- Housing must be considered as part of the assessment process that may prevent, reduce or delay an adult social care need

Care and support is linked to other agendas in housing including:

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- Domestic abuse
- Hoarding
- Self-neglect and
- Social isolation

Housing related support, delivered via specialist Support Workers, is therefore well placed to develop and deliver integrated, preventative and community based solutions and interventions with an individual's well-being at their heart. As the Sustainment service develops there is clear potential to make an effective contribution towards reducing the need for care and support, improve well-being and help maintain independence at home.

As part of Welfare Reforms the Government is planning to replace the six main working age benefits for those on low income or who are out of work with Universal Credit. In the majority of cases Universal Credit will consist of a single monthly payment which is paid in arrears directly into the claimant's bank or similar account. Payment will include eligible housing costs e.g. Housing Benefit.

This significant change will present a number of challenges and real opportunities for the sustainment Support Worker role in the context of housing related support. As part of preparing for Universal Credit it is expected that Support Workers will have an active role in:

- Enabling tenants to get on-line / find out where they can access the internet in order to make a Universal Credit claim and report changes
- Improving claimant's internet skills
- Supporting people to open an account in order to receive payments and learn how to set up direct debits or standing orders for bill payments
- Support people in improving their money and budget management skills as part of the migration to monthly receipt of Universal Credit

When a Universal Claim is first made it will be decided if a claimant needs support with budgeting or the setting up of an 'alternative payment arrangement' [APA]. The latter could include payments direct to the landlord. This point will be critical in that any significant support needs will be identified based upon information submitted to the DWP by both the landlord and the tenant. The potential to set up APAs will be key to the Council's mitigation plans associated with sustaining tenancies and protecting rental income in respect of more vulnerable households.

Appendices - Appendix 1 - Housing related support case studies

Appendix 1 - Housing related support case studies

Case Study 1- SR

SR is a single parent with three sons and one daughter living in the south of the borough in a 3 bedroom private rented property. The property was acquired through the Council's Finder's Fee scheme. This is a council initiative which offers incentives to private landlords to accept tenants who are likely to be in receipt of Housing Benefit.

SR was referred for support by her landlord who was concerned that she was falling behind with her rent payments. Given that SR had previously managed her tenancy well, her landlord did not want to pursue legal action for possession of the property.

Issues identified at the assessment meeting: SR was 8 months pregnant and could not see how her difficulties could be resolved. She was affected by the benefit cap which had led to the accumulation of rent arrears. Different options were discussed with her i.e. looking for more affordable accommodation outside London or seeking part time employment. SR was keen to find work and especially the option of starting her own business, working from home. SR was referred to Job Centre Plus (JCP) who assists residents who are affected by the benefit cap to find work.

SR was supported in applying for Discretionary Housing Payment (DHP) to help cover her rent shortfall and the landlord was kept informed about progress with this application as a way of ensuring that he did not pursue possession action. SR was subsequently awarded DHP. This cleared all her rent arrears. She was referred by the Job Centre to different training courses that would enable her to set up her business.

At the case closure review meeting, SR informed me her older son had started University at Brunel. She was not in rent arrears and was self employed; she managed to set up her own part time business as an internet trader (selling baby clothes and unwanted gifts) and is also a cleaner working for a total of 16 hours. She is now exempt from the benefit cap and in receipt of Tax Credit, Child Tax Credit, Child Benefit and Housing Benefit. SR is no longer at risk of losing her tenancy and the landlord is pleased that she has continued to manage her tenancy.

There would have been a number of parties affected had SR not been referred to us for support. There is a possibility the property would have been re-possessed. SR could have been evicted and her homeless application would have had a financial impact on the council given that she would have been in priority need and would have to be booked into Bed & Breakfast until affordable accommodation could be found for the whole household.

Case Study 2 - Mr T & Mrs F

Mr T aged 52 and Mrs F aged 34 (second marriage) have been tenants of Catalyst Housing Association for the past 15 years. Mr T was a third generation ice cream salesman from Cyprus and had been self sufficient for the past 30 years. Following a tragic fall at home in October 2013 he suffered brain damage, broke his ribs and shoulder which resulted in Mr T giving up work. His memory was affected and this had a knock-on effect with his ability to understand letters and forms. These challenges resulted in a lack of income and therefore the family was in debt.

The Appeals & Complaints Benefits officer referred Mr T & Mrs F to the service because the clients owed £2,600 in rent arrears and a Notice of Seeking Possession had been served. They were also in debt with Council Tax. The family was living on Child benefit and Disability Living Allowance.

Issues identified at the assessment meeting with the Worker were: the family had a 6 year old autistic son; Mrs F spent periods of time studying journalism in Cyprus and had not provided her NI number for HB application purposes. We completed a benefit health check; they did not have sufficient income to live on. Mr T would be entitled to Employment Support Allowance (ESA), Child Tax Credit (CTC), Personal Independence Payment (PIP), backdated Housing Benefits (HB) and Carers Allowance (CA) for their disabled son.

A support Plan was completed. The goals agreed with Mr T were:

- To clear rent arrears and to keep up with rent payments to sustain tenancy
- To support the family to apply for a backdated HB, ESA, Child Tax Credit and Carers allowance
- Mr T to establish a working relationship with his Housing Officer
- Negotiate with council tax and agree a payment plan.

Support was provided by a Worker for the duration of two hours on a weekly basis, focused meetings with Mr T were held - he needed more time to understand processes due to his brain injury. Our priority was to complete all the above mentioned benefit application forms and in follow up meetings with Mr T we spent a lot of time on the phone chasing these applications. Unfortunately Mrs F was unable to assist her husband with benefit applications as she spoke very little English. The Worker negotiated with the Catalyst housing arrears officer to delay any legal action against the family and liaised with the Housing Benefit officer for a backdated HB application.

The family was awarded backdated Housing Benefit and Council Tax benefit. This helped to clear all his rent arrears and Council Tax arrears for this financial year. Mr T owed Council Tax for the previous year and a payment plan was negotiated. At the time of case closure Mr T was keeping up with the payment plan. A back dated CA and ESA were also awarded, CTC and PIP application were completed and the family was awaiting an outcome for these.

At the case closure review meeting Mr T was made aware that he needed to communicate with his rent arrears officer about any change in his family circumstances. He was also made aware that he can get help from CAB and One Stop Shop can help with completing forms (both contact numbers were provided to Mr T). The Catalyst rent arrears officer learnt a lot more about the family and especially about Mr T's brain damage and how this impacts his everyday living ability. Had this family not received support from us they would have been evicted and this could have affected many other areas of their lives given Mr T's and his son's medical conditions. There was also a possibility that the eviction of this family would have had a financial impact on other council services.

Case Study 3 - ER

Mrs ER is a single 59 year old lady living alone in a 2 bedroom property located in the south of the borough since 1994. She is a secure council tenant and has one son in his twenties.

A referral was made to the service by the Arrears Officer in October 2014 as Mrs ER had mounting rent arrears. A Notice of Seeking Possession was served on 7 August 2014 after the previous Notice had expired. However the court case was adjourned (with Liberty to restore) for 14 days due to housing benefit issues and a Job Seekers Allowance (JSA) claim had been suspended.

During the assessment meeting Mrs ER stated that she should be on anti-depressants. She felt depressed and was advised to visit her GP and ask for a sickness certificate. This would enable her to transition from JSA to Employment Support Allowance (ESA).

Issues identified at the assessment meeting: Mrs ER was experiencing difficulties for some time in maintaining her tenancy and she had breached her tenancy conditions with rent arrears of over £1,000. She finds it difficult to manage her finances due to the spare room subsidy and had accumulating debts with Council Tax and TV licence. She had no income as her JSA and Housing Benefit (HB) were suspended. Options were discussed around tenancy management and Mrs ER was advised to consider downsizing to a one bedroom property as this would help to reduce rent arrears and ease her financial pressure with the spare room subsidy. Mrs ER has in past failed to engage with her rent arrears officer, attempts were made to support her but she was reluctant to engage and failed to complete forms that could have helped her.

A support plan was completed with Mrs ER. The goals agreed were:

- Mrs ER to reply to HB officer before 29 November so she can sustain tenancy.
- Worker to assist Mrs ER to apply for a Hardship Payment
- Mrs ER to apply for assistance with Gas and Electric payment
- To apply for JSA to be reinstated.

In order to support Mrs ER we compiled a support plan looking at the best way forward and how her arrears could be reduced thus preventing the enforcement of a NOSP. The Worker supported Mrs ER with contacting the benefit agency to enquire why her JSA had been suspended and they learnt that this was due to her non-attendance at a work placed activity which resulted in a 3 months suspension. Mrs ER was supported to apply for a hardship payment which would provide some financial help until the suspension was lifted. Mrs ER was supported with contacting TV licence and Council Tax office to negotiate a manageable payment plan, a Discretionary Housing Payment (DHP) application was also submitted to assist with rent arrears payment. Mrs ER was also supported to negotiate a payment plan with her rent arrears officer. This was agreed £27.00 per week and as long as she adheres to the agreement she would not be taken back to court. Mrs ER was supported with applying to the British Gas discount scheme for help with her gas and electricity bills (key meters are remotely topped up) to help with the financial difficulties she was experiencing.

The DHP application was successful. This contributed to a reduction of some rent arrears but she still owed a considerable amount of rent arrears. With the help of her son Mrs ER is managing to pay £40.00 per week, this includes her personal contribution plus extra to clear her rent arrears. Although she was reluctant to downsize when I informed that there was a financial incentive, that could help with clearing her rent arrears and that she would not have to pay the £27.00 per week towards the extra bedroom, she agreed to complete a Locata application. At the time of case closure she had been to several viewings. During her 3 months in the service, Mrs ER managed to reduce her arrears from over £1,000 to £300 thus reducing the risk of homelessness. Mrs ER continued to pay her rent and hopes to downsize as soon as a suitable property becomes available. As the risk of tenancy failure had been significantly reduced, the case was handed back to the Rent Arrears Officer and to the Community Housing Officer a review of their tenancy management plan and continued management of the low level risks presenting.

Case Study 4 - FL

FL is 51 years old with complex needs related to a long history of drug dependency and offending. FL is single but lives with his girlfriend who has mental health and possible drug use, she is under the care of mental health services. FL has a secure tenancy in Uxbridge since November 2010 with weekly water charge of £4.55 which he has never paid. His full weekly rent is £104.91

FL was referred to the service due breaching his tenancy conditions with rent arrears of £1327.27 following a court hearing at Uxbridge County Court in September 2014. A warrant was suspended by the Court as FL was deemed vulnerable. A Court agreement was set up for FL to pay his rent arrears in instalments and to engage with Directions (a service that supports and provides a wide range of activities for people with substance misuse). Failure to do this would be a breach of court conditions and a warrant may be issued again.

Issues identified at the assessment meeting with the Worker were: primary need for referral was rent arrears, secondary needs were FL was vulnerable and led a chaotic life style due drug abuse/addiction; he didn't want to be evicted and wanted to come off drugs. Income: FL was in receipt of benefits including housing benefit with poor money management skills. He associated with friends who are drug users; this had a negative impact on him in general.

Agencies involved with FL are arrears officer, Housing Support Worker and Project worker from Blenheim CPD Directions.

A Support Plan was completed and goals agreed with FL including:

- FL to engage with Worker on a weekly basis for housing related support.
- FL to engage with Blenheim CDP Directions on a 2 day weekly structured programme for substance misusing offenders. His girlfriend's mother is providing family support for both.
- Worker to support FL to open a bank account and to set up a Direct Debit for rent payment on a weekly basis and budget plan was put in place to assist him with effective money management.
- FL to open his letters with the help of his Worker and to encourage FL to achieve these goals.
- Worker to liaise with arrears recovery officer and FL's girlfriend's mother

Focused support meetings were held with FL jointly by the Housing Support Worker and the project worker at Directions, discussions held as follows:

- FL was reminded to attend these meeting the day before and the importance of working together to achieve the support plan goals was emphasises.
- FL was encouraged to pay his part of the rent, risks and consequences of failure to do so were discussed during these meetings.
- FL brought all his letters to the Housing Support Worker for assistance with reading and responding to various agencies including the DVLA for parking fines and negotiated payment plans with debtors on his behalf.

- FL's girlfriend's mother agreed to help with the rent payment whilst FL was waiting for his fortnightly benefit to come through and agreed to repay her.
- Worker liaised with rent arrears officer, provided an update to FL and the project worker regarding rent payments made by his girlfriend's mother in these weekly meetings.
- FL was encouraged to stay away from friends who were dependent on drugs to prevent the risk of him relapsing as they weren't a good influence on his drug addiction.
- FL was encouraged to stick with the budget plan during these weekly meetings and to stay away from his friends who were asking him for money
- Worker supported FL to call DWP and Council Tax team to request for proof of income and address; these were required for the purpose of opening a bank account.
- Worker and FL attended an appointment to set up a bank account and FL contacted DWP to request a transfer of his benefits from his basic Post Office account to his new Barclays Bank Account.
- Worker organised and co-ordinated an interagency meeting, FL and his girlfriend's mother (family support) were also invited to ensure that all parties were aware of the support provided to FL and that he was committed to fulfilling his part so to prevent tenancy failure.

At case closure review meeting:

- FL demonstrated an understanding of the importance of engaging with his arrears officer and other services.
- He was paying his weekly rent and was committed to keeping this up as he did not want his tenancy to fail.
- The risk of his tenancy failing was reduced from high to low and the arrears officer confirmed that there was no immediate risk of losing his tenancy.
- FL managed to transfer his benefit payments to Barclays Bank, however due to his poor money management we did not set up a Direct Debit for his rent for the fear of FL incurring bank charges/fines. His girlfriend's mother agreed to pay the rent for that month and would help him set up a Direct Debit for the following month.

Engagement was good with the Housing Support Worker, Directions project worker and his arrears officer and the case was handed back to the referrer so they could continue to manage a reduced risk of tenancy

Case Study 5 - NJ

NJ is a 32 year old client with a 2 year old daughter living in the north of the borough. Prior to this she was living with her husband in the south of the borough. She fled from this relationship because of domestic violence. She approached the Council in September 2014 and was offered a temporary short-life tenancy.

NJ was referred to the Service by the housing lettings team for support at the point of tenancy sign up. As this was her first tenancy the lettings officer had concerns that she might struggle at the start of her tenancy and would benefit from some support to manage and sustain her tenancy.

Issues identified at the assessment meeting with the Worker were: language difficulties (she spoke very little English); she needed help with reading correspondence, she was unable to complete application forms and had very few household belongings. She did not have money or any relatives within the country that might have been able to help.

Another agency involved with client [Ruislip Children's Centre] was assisting her with her immigration issues and benefits eligibility matters.

A Support Plan was completed and goals agreed with NJ as follows:

- Help with understanding tenancy agreement
- Assist client to order a rent card and show her how to use it
- Help with setting up utility accounts for gas and electric supplies
- Assist client to understand different payment methods so to enable her make a choice of a more suitable payment option to her
- Help with setting up a council tax account and payment method.
- Assist client to apply for funding from Hillingdon Welfare support fund so she can purchase some household goods for her home

Support was provided by the Housing Support Worker for the duration of one hour on a fortnightly basis. Together we went through her tenancy agreement until she got to the stage where she felt confident about what her responsibilities were. We ordered a rent card and when this arrived, I showed her how to use it. I also supported her to set up a Council Tax account, her utility accounts for gas and electric supplies and talked her through different payment methods so she could choose a suitable option. Together we completed an application for funding from Hillingdon Welfare support fund to help with household goods for her home.

At case closure review meeting NJ said she felt confident with managing her tenancy and that she was attending lessons to improve her English at the local Children's Centre. Her funding application from Hillingdon Welfare support was successful, she managed to buy household essential goods and her support plan goals were successfully completed. NJ received support for 3 months, as the potential risk of losing her home had been reduced; the case was referred on to the community housing team to manage.

Case Study 6 - FM

FM is a 46 years old single mother living in a council property which is situated in the south of the borough with her 18 year old son. He suffers with mental health issues yet to be diagnosed. FM suffers from depression, diabetes and had recently undergone facial reconstruction. FM has been unemployed for number years but has participated in voluntary work in the past. FM had a joint tenancy with her ex-husband. Since he left she developed a history of falling into rent arrears

This case was referred to the Service by the Rent Arrears officer as the case was at eviction stage and a date for the bailiff warrant had been issued. She was not in receipt of Housing Benefit (HB), had issues with her Employment Support Allowance (ESA) and her Discretionary Housing Benefits (DHP) had ceased. FM was at imminent risk of losing her tenancy.

At the assessment meeting it was identified that FM was experiencing difficulties sustaining her tenancy as she unable to maintain the weekly rent payments due to lack of income. This is because she had started working and was no long claiming ESA (she was referred by the jobcentre to Maximus - Employment Programme that works with alongside the DWP to help unemployed individuals to seek independence through employment) and was assisted to start her own cake business. FM started receiving Tax Credits but then became unwell so she was unable to work.

FM had breached her suspended Possession Order and a Notice had been served with the intention of being evicted from the property. She also had ongoing Council Tax arrears and her case was with the bailiffs. FM's son was also experiencing lots of issues which were having an impact on FM i.e. he was not working nor was he in receipt of any benefits, he had been arrested several times and had anger management issues which made her mother's depression worse.

A support plan was agreed with FM:

- To support her so she could sustain her tenancy
- Help with downloading and completing the relevant court forms
- Help with contacting the court to make an appointment to hand in the application for a stay hearing
- Help with applying for a Discretionary Housing Payment (DHP)
- Help with contacting the bailiffs to make an arrangement to pay the Council Tax
- FM to ensure she pays the weekly rent and arrears following the court hearing.
- Support FM to encourage her son to go to the GP to have a mental health assessment so he could apply for ESA to lighten the pressure experienced by FM.

FM agreed a payment plan with her rent arrears officer. This was presented at the court hearing and a suspended Possession Order was granted on the grounds that she continued paying her current rent plus an amount towards the arrears. Her application for DHP was successful which helped with reducing the total amount of

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rent she owed. FM agreed an affordable payment plan with the bailiffs for Council Tax arrears this helped with preventing further action against her.

At the case closure review meeting FM was keeping up with all payment plan agreements and the risk of tenancy failure/homelessness had been reduced. The case was handed back to the community housing officer for low level tenancy management support. Had FM not received support I think she would have been evicted. This would have had a financial impact on the council given her circumstances; she would have been in priority need and would have been picked up by the Homeless prevention team.

SINGLE MEETING REVIEW: CHILD ORAL HEALTH IN HILLINGDON - DRAFT FINAL REPORT

Contact Officer: Charles Francis
Telephone: 01895 556454

REASON FOR ITEM

Following the Committee's consideration of this issue, a summary of the information from the witness session and draft recommendations to Cabinet have been produced. This needs to be agreed by the Committee prior to consideration by Cabinet.

OPTIONS OPEN TO THE COMMITTEE

1. To consider and agree the information and draft recommendations to be incorporated into a report to Cabinet.

INFORMATION

Supporting Information

1. The Social Services, Housing and Public Health Policy Overview Committee, held a single meeting review on 24 February 2015. At this meeting, Members investigated the causes of poor oral health and the health implications if this was not addressed. The meeting also looked at the remedial action being taken by the Council in conjunction with partners and what might be done in the future.

The causes of poor child oral health

2. Tooth decay is caused by a combination of excess consumption of sugary foods and drinks and poor oral hygiene. If these lifestyle choices are not addressed, there is a much higher risk of further tooth decay in permanent adult teeth and throughout later life. The key point which needs to be recognised, is that tooth decay is preventable. This can be significantly reduced by eating a healthy balanced diet, limiting sugar intake, and also by brushing teeth for two minutes twice a day, using fluoride toothpaste.

Why Is It Important?

3. Dental caries¹ remains the main cause of hospital admissions for children aged under 18 years. Given the seriousness and potential ramifications of the problem,

¹ Also known as tooth decay, cavities, or caries, is breakdown of teeth due to the activities of bacteria.

the Parliamentary Health Select Committee held a one off evidence session on Tuesday 24 February 2015 to examine child oral health in England, and its findings are awaited with interest².

4. Recently published results of the Child Oral Health Survey (September 2014, revised January 2015) for 3 year olds show that dental health of children is particularly poor in Hillingdon with the highest rate of early childhood caries amongst London boroughs (16% against the London average of 5.3%). Since 1 April 2013, Local Authorities are statutorily required to improve the health of their population which includes oral health and the Committee welcomed the opportunities for health visitors and the Community Dental Health team to work closely with the Borough's Children's Centres for better targeting of families at higher risk.
5. Should poor oral health go unchecked, the Committee recognised this could manifest itself in a number of ways including:
6. *Affecting school readiness and education:* Whereby poor oral health could affect children's ability to sleep, eat, speak, play and socialise with other children. Bad teeth cause pain, infections, impaired nutrition and growth. It was noted that undergoing treatment would necessitate school absence and parents would be obligated to take time off work.
7. *Hospital admissions:* As previously eluded to, dental caries is the cause of highest number of hospital admissions for children aged 1-18 years in the Borough. Based on the hospital episodes data, they represent: 6% admissions for 1-18 year olds; 15% admissions for 5-9 year olds. The Committee noted that almost all these admissions were elective admissions, and were especially concerned by the high numbers of young children attending hospital to have teeth extracted or filled under general anaesthetic.
8. *Chronic Illness:* Since poor oral health shares common risk factors as other chronic diseases, officers highlighted that any action to reduce these risks (in particular sugars in the diet) would improve oral health as well as general health, especially excess weight and obesity. Good oral health is therefore vital and is an integral part of overall health.

Responsibility for Dental Healthcare and Prevention

9. NHS England (NHSE), Public Health England (PHE) and the Local Authority have joint responsibility for improving oral health. Since 1 April 2013, NHSE has had responsibility for commissioning all NHS dental services - both primary and

² <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/childrens-oral-health/oral/18366.pdf>

secondary care. This includes developing and negotiating contracts with dentists, designing policies, procedures, guidance and care pathways.

10. PHE provide dental public health and health improvement support for local authorities and NHS England, including collaborative commissioning of oral health improvement programmes.

11. Local authorities role includes:

- Joint statutory responsibility with Clinical Commissioning Groups (CCGs) for Joint Strategic Needs Assessments (JSNAs)
- Participating in oral health surveys to assess and monitor oral health needs
- Responsibility for reducing health inequalities
- Planning, commissioning and evaluating oral health improvement programmes
- Leading scrutiny of delivery of NHS dental services to local populations
- The power to make proposals regarding water fluoridation schemes, a duty to conduct public consultations in relation to such proposals and powers to make decisions about such proposals.
- Lead responsibility for the healthy child programme (HCP) 5-19 years (and HCP 0-5 years from October 2015), the national child measurement programme and the care of vulnerable children and families (ie. looked after children, the troubled families programme)
- Safeguarding children
- Commissioning local healthy schools, school food and healthier lifestyle programmes.

Current action being taken by the Council to prevent tooth decay

12. At a local level, this means the Council's preventative agenda is being taken forward through a) action on common risk factors, and b) improving oral hygiene. Improving diet and nutrition includes providing information, reducing the consumption of sugary food and drinks and the reduction in alcohol and tobacco consumption (these risk factors are the same as for many chronic conditions, such as cancer, diabetes and heart disease). The implementation of the infant feeding policy and a new Early Years Charter based on Healthy Schools Programme with specific standards for improving food and drink available to children via children's settings.

13. Improving oral hygiene includes the commissioning of 'Brushing for Life' programme by Public Health Team as described below.

14. The Committee were encouraged that Hillingdon Public Health were working with Children's Centres, the Early Years Team and the local Community Dental Service (CDS) to prevent dental decay in children aged 0-5 years of age. In

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November 2013, the Hillingdon Early Years Award was launched, which enables early year's settings to review themselves against set criteria incorporating questions on food, drinks and oral health. The award has been embedded in the Childcare and Early Years team as part of the support they offer settings to achieve quality standards.

15. Additional work includes: the Hillingdon Early Years Nutrition Network (HEYN) which is implemented in early years' settings, where they have to meet set nutritional standards in order to achieve Healthy Early Years status. Alongside this, there is the 'Healthy Early Years Menu Checklist' for them to work through in order to serve food that fits with current nutritional guidance and advice. Monthly dental drop-ins are offered by the Community Dental Health Promotion Team at Cornerstone; Harefield; Nestles; Charville Children's Centres and any parents experiencing problems or searching for information can be directed to these sessions. The Community Dental Health Team pilot is currently under way for engaging dental practices to model a partnership working between dentists and local children centres and potentially other settings over time.
16. At the Committee meeting, Members were provided with Brushing for Life packs which provide a toothbrush, fluoride tooth paste (of varying strength according to age) and information of brushing, including frequency and duration. The benefits of the programme are:
- Improving the life chances for children in areas of deprivation by giving information, advice and training to parents and working actively to prevent decay and reduce morbidity in teeth.
 - Establishing prevention in the Paediatric Dental Care Pathway so that children who do not at present attend a dentist are encouraged to attend; and less likely to suffer as a result.
 - Promoting the correct use of fluoride toothpaste which is proven to be a major factor in preventing dental decay.
 - Reducing the fear of visiting the dentist which is a major barrier to seeking care early.
 - Encouraging the regular and early attendance at a dentist in order to identify disease earlier and reduce the likelihood of long term effects. Currently, late uptake of care generates increased episodes of pain and sepsis requiring more urgent treatment. This also increases the likelihood of the need for treatment in hospital and under general anaesthesia.
17. In view of the current action, the Committee recommended that:

Cabinet notes and commends the preventative work currently being taken; and agrees that this work should continue such as the Early Years Programme and Brushing for Life campaign

18. In 2014, an evaluation of these programmes showed that:

- Knowledge about visiting dentists had improved with 79% of parents thinking that children should attend the dentist before the age of 2 years (60% before BFL initiative). A 21% increase has been reported in visits to dentists since the BFL initiative.
- A 13% increase in the number of parents reporting brushing their children's teeth twice daily.
- There did not appear to be a significant change in overall knowledge of age to start brushing (57% when the teeth erupt).
- More parents appeared to be aware of the correct amount of toothpaste and there was a reduction in the number of parents using too much paste from 27% to 15% with no parents reporting using no paste after the training.

19. Stemming from this assessment, the following gaps were identified and earmarked as future priorities:

- Access to NHS dentistry is poor in certain parts of the Borough. For example, there are currently no dentists in Harefield.
- Uptake of dental services by young families is poor despite the fact that dental care for children is free. Families are not registering children with dentists.
- Some parents have reported to Community Dental Health Team that they are being turned away by dentists when they try to make an appointment for their under 3 year olds. Mystery calling and shopping by the Community Dental Services Team has also demonstrated this. This has been raised at the Local Dental Committee and the Community Dental Health Team are awaiting a response.
- Uptake of preventative treatment: fluoride varnish (FV) once a year for every child over 3, especially those at higher risk is also poor. Parents do not recognise risk factors early enough to take children for FV.
- Diets need to be improved for families, especially those with young children who may need help with cookery skills, knowledge and awareness about harms of sugary foods, home economics to plan low cost healthy meals.
- Training and consistent messaging via frontline staff working with young families needs to be supported on an ongoing basis.

Raising Awareness and Possible Future Action

20. At the meeting, the Committee heard how NHS dental practice numbers had declined in the Borough from 44 in 2009 to 36 in 2015. Anecdotal evidence was also cited suggesting that some parents had experienced difficulty registering their children with a dental practice. However, contrary to the perception there might be capacity issues, Kelly Nizzer, Regional Lead (North West London, NHSE) Dental and Ophthalmic Services, confirmed that sufficient dental units are in place to provide dental services to residents. This assertion illustrates that the

main reason why children's oral health has declined is not service related, but appear to indicate that parents lack sufficient information, advice and guidance to make informed choices and to begin a dental hygiene regime for their children at an earlier / appropriate age. Taking this forward, the Committee made a number of observations, including the opportunities to integrate dental information (such as dental registration, fluoride varnishing and brushing advice) into 'Bounty Packs' (provided to expectant mothers) and other carriers such as NHS registration letters or even stamping reminders onto envelopes, so diffusing this message would be cost neutral. Further suggestions included investigating how the Council's existing resources, such as the website and Hillingdon People might be used to improve oral health in the future.

21. Claire Robertson, PHE, highlighted that PHE had arranged for a pilot to begin in 10 schools across the Borough and pending the analysis of these results there was the opportunity to consider how this initiative might be expanded. Reference was made by both witnesses to the collaborative work which had been undertaken and how both NHSE and PHE had contributed to the Council's public health and preventative role.

22. On this basis, the Committee agreed the following recommendation:

Notes the current delivery of a partnership project (between NHSE, Hillingdon Council and PHE) to improve the uptake of dental services by young children.

23. Discussing how oral health in children could be improved, the Committee raised a number of salient points and asked those present about the current performance of dental services. The Committee enquired about what performance indicators were in place, how these were measured and what action plans were either in place or being developed to monitor service uptake and effectiveness. From the discussions which took place, it is evident there is scope to improve and develop performance information across all three organisations responsible for oral health and the Committee requested that a baseline, beginning in early 2015 should be established so this could be used as a yard stick to monitor future progress. To take this important request forward, the Committee recommended that:

Cabinet: Asks officers to prepare a report (incorporating key performance indicators) in partnership with PHE and NHSE on the uptake and effectiveness of dentistry services for children and for this to be referred to the Cabinet Member for Social Services, Health and Housing and to the External Services Scrutiny Committee or Health and Wellbeing Board as appropriate for consideration in 2016.

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 15th 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 CouncilCabinet
Member(s)
ResponsibleOfficer
Contact for
further
informationConsultation
on the decision

NEW ITEM

Private
decision?

Council Departments: RS = Residents Services CYPs = Children and Young People's Services ASCS = Adult Social Care Services AD = Administration FD = Finance

Cabinet meeting - 23 April 2015

31	Award of Contract: Support Living for Adults with Learning Disabilities	Cabinet will be requested to award care and support contracts for a number of Supported Living Schemes within Hillingdon.	Various		Cllr Philip Corthorne	ASCS - Tony Zaman / FD - Richard Robbins	All key relevant stakeholders, inc Service Users, Providers and Internal Teams		Private (3)
33	Carers Strategy 2015-18	Cabinet will be asked to approve a refreshed Carers Strategy on behalf of the Council, with respective approval from the NHS by the Hillingdon CCG Board. The ongoing delivery of the Strategy will then be monitored via the Health & Wellbeing Board, as one of the actions within the Health and Wellbeing Strategy.	All		Cllr Philip Corthorne	AD - Vicky Trott / ASCS John Higgins	Carers and stakeholders		
19 Page 39	Supported housing - Extra-care schemes for older people	Cabinet will be asked to authorise the delivery of the supported housing schemes at the former Grassy Meadow and Parkview Day Centres sites and South Ruislip Library Plot B site. This will include the necessary delegated authority to make further decisions on these projects.	South Ruislip, Yiewsley		Cllr Philip Corthorne and Cllr Jonathan Bianco	RS - Marcia Gillings			Private (3)

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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

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

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PART I – Members, Public and Press

Social Services, Housing and Public Health Policy Overview Committee

2014/15 - DRAFT Work Programme

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

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PART I – Members, Public and Press

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

24 February 2015	Cabinet Forward Plan
	Work Programme
	Single Item Review Topic

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

22 April 2015	Cabinet Forward Plan
	Mental Health Update
	Better Care Fund 2015/16

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