



Social Services, Housing and Public Health Policy Overview Committee

Date: THURSDAY, 3 SEPTEMBER
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
Beulah East (Labour Lead)
Becky Haggar
Manjit Khatra
June Nelson
Jane Palmer
Shehryar Ahmad-Wallana

Co-Opted Member

Mary O'Connor

Published: Tuesday, 25 August 2015

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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 30 July 2015 1 - 4
- 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 Safeguarding Adults Partnership Board - Annual Report 2014/5 5 - 40
- 6 Annual Complaints Report for Housing Services and Adult's Services for 1 April 2014 to 31 March 2015 41 - 70
- 7 Major Reviews in 2015/16 - Raising Standards in Private Rented Sector Accommodation - Witness Session 1 71 - 92
- 8 Forward Plan 93 - 98
- 9 Work Programme 99 - 102

Minutes

SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

30 July 2015



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

	<p>MEMBERS PRESENT: Councillors: Wayne Bridges (Chairman) Teji Barnes (Vice-Chairman) Peter Davis Beulah East (Labour Lead) Becky Haggar Manjit Khatra June Nelson Shehryar Ahmad-Wallana Ian Edwards Mary O'Connor</p>
	<p>OFFICERS PRESENT: Nigel Dicker (Deputy Director of Public Safety & Environment), John Higgins (Head of Service Safeguarding, Quality and Partnerships), Steve Hajioff (Director of Public Health), Debby Weller (Residents Services - Housing Strategy Manager), Tim Dauncey (Finance Manager, Adult Social Care) and Charles Francis (Democratic Services)</p>
9.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Jane Palmer. Councillor Ian Edwards was present as her substitute.</p>
10.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>All items were considered in Public.</p>
11.	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 2 JULY 2015 (<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record, subject to the amendment that the Committee had requested a breakdown of Members Enquiries and their outcomes rather than complaints data.</p>
12.	<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 items were considered in Public.</p>

13.	<p>BUDGET PLANNING REPORT FOR SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH SERVICES 2016/17 (<i>Agenda Item 5</i>)</p> <p>Officers introduced a report on budget planning for Adult Social Care Services 2016/17. It was noted that this was one of two occasions for the Committee to discuss budget planning, with the second chance to comment in January 2016 following the announcement of the finance settlement in December 2015.</p> <p>The Committee learnt that specific pressures and uncertainties included demographic pressure and ongoing welfare reforms. Officers explained that the Council was well placed to meet the challenges ahead given it had accumulated balances of £40.4m by the end of 2014/15.</p> <p>In relation to Adult Social Care, Officers highlighted a number of key financial issues which included: The Independent Living Fund, Provider Sustainability, Demand Management as well as the Winterbourne Review and Supported Living.</p> <p>With regards to Housing, it was noted that the Housing Revenue Account had a savings target of £2.448m in 2015/16 and these were on target to be achieved through a series of measures including improving the efficiency of reactive and planned maintenance.</p> <p>In terms of Public Health performance, Officers explained that this was on target to achieve its efficiency savings of £430K in 2015/16 arising from a mixture of budget realignment and procurement activity across a range of service areas.</p> <p>The Committee thanked officers for their presentation.</p> <p>Resolved -</p> <p>1. That the Budget Planning Report for Adult Social Care Services 2016/17 be noted.</p>
14.	<p>SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POC - REVIEW 2015-16 (<i>Agenda Item 6</i>)</p> <p>Members were presented with a draft scoping report on Raising Standards in Private Rented Sector Accommodation.</p> <p>Officers advised Members that the private rented sector in Hillingdon had grown significantly in terms of both the number and proportion of households that lived in this tenure. Officers confirmed that the cost of accessing private sector housing in Hillingdon had also increased markedly and the make-up of the sector had changed.</p> <p>Members requested that the first witness session include information about the current condition of the sector, including the types of enforcement action being undertaken by the Council.</p> <p>The Committee also asked Officers to ensure that tenants were invited to</p>

	<p>attend a future meeting so that their views would be recorded during the review.</p> <p>Discussing overcrowding, Officers explained that there would be an opportunity to examine a number of health related aspects related to this phenomenon during the review.</p> <p>Resolved -</p> <ul style="list-style-type: none"> • That the Committee adopt the scoping report. • That the Committee hold three witness sessions. The first session would focus on the profile of the private rented sector and financial accessibility. The second session would focus on overcrowding and the impact on health. With the final session, examining the information, advice and guidance given to Private Rented Sector tenants.
15.	<p>FORWARD PLAN (<i>Agenda Item 7</i>)</p> <p>Officers provided an overview of the 'Licensing of Two Storey Houses in Multiple Occupation' report which had been considered at 23 July 2015 Cabinet.</p> <p>Resolved -</p> <p>That the report be noted.</p>
16.	<p>WORK PROGRAMME (<i>Agenda Item 8</i>)</p> <p>The Committee discussed the Work Programme.</p> <p>Resolved -</p> <p>That the Work Programme be noted.</p>
	<p>The meeting, which commenced at 7.00 pm, closed at 7.49 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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SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2014/5

Contact Officer: Andrea Nixon
Telephone: 01895 277260

REASON FOR ITEM

The Hillingdon Safeguarding Adults Partnership Board has a statutory duty to publish an Annual Report on the effectiveness of safeguarding and promoting the welfare of vulnerable Adults in the Borough. Once agreed by the Board the report is submitted each year to the Chief Executive, the Leader of the Council and the Chairman of the Health and Wellbeing Board.

SUGGESTED COMMITTEE ACTIVITY

It is recommended that the Committee note the report and comment as appropriate on the suggested priorities for the current year- see page 13-14.

INFORMATION

The Committee are advised that Steve Ashley was appointed to the role of Chairman for the Adult and Children Boards on 23rd April this year.

The Chairman has a clear brief to improve the functioning and effectiveness of both Boards, this process has begun and will be accelerated over the year. The delivery will be supported by a Safeguarding Hub supporting the work of both Boards.

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Hillingdon Safer Adults Partnership Board Annual Report 2014 - 15

**HILLINGDON SAFEGUARDING ADULTS
PARTNERSHIP BOARD
ANNUAL REPORT 2014-15**

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1. INTRODUCTION

This is my last annual report as independent chair of Hillingdon Safeguarding Adults Partnership Board, and also the last annual report prior to the Care Act 2014 entering the Statute books in April 2015.

This year has seen the establishment of both the Vulnerable Persons Panel and Care Governance Board. The Vulnerable Persons Panel manages and monitors high risk cases of "self neglect", including hoarding. The Care Governance Board is part of the framework established to identify, monitor and respond to serious quality issues or identified risks to service users, within care provider services. These developments have facilitated better partnership working and improved multi-agency management of high risk cases and local care service provision.

The Safeguarding Adults Partnership Board (SAPB) has continued to oversee the implementation of the Winterbourne and Francis action plans. One Serious Case Review was completed during the year and an action plan agreed.

Services successfully managed a large increase in Deprivation of Liberty Assessments following a court judgement and the Council has begun implementation of *Making Safeguarding Personal*. This underpins the Care Act and introduces a person centred, outcome focussed way of working that will affect all agencies.

In order to prepare for Care Act implementation the Board commissioned an independent review in December 2014. The review identified many areas for development and improvement, including some changes to the Board's structure and functioning. The review identified a strong commitment to safeguarding across all agencies and operational managers, and good safeguarding practice following an alert, along with some high standards of investigation and reporting.

In this context, the Board and services represented are well placed for implementation of the Care Act in 2015 and I wish them every success.

Lynda Crellin
Outgoing chairman June 2015

2. CONTEXT

2.1 Role of SAPB and Annual Report

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. A full list of members can be found at Appendix A with attendance details for the year.

The Board's objective is to protect and promote individual human rights, independence and improved wellbeing, so that adults at risk stay safe and are protected at all times 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.
- agree resources for the delivery of the safeguarding strategic plan.
- monitor and ensure the effectiveness of the sub-groups in delivering their work programmes and partner agencies in discharging their safeguarding responsibilities
- ensure that arrangements across partnership agencies in Hillingdon are effective in providing a net of safety for vulnerable adults
- act as champions for safeguarding issues across their own organisations, partners and the wider community, including effective arrangements within their own organisations
- ensure best practice is consistently employed to improve outcomes for vulnerable adults.

Since November 2011, the SAPB has had an independent chairman, who also chairs the Local Safeguarding Children's Board (LSCB). The independent chairman is a member of the London and national chairs' groups SAPB.

In accordance with good practice, an annual report has been produced in previous years and presented to Council Cabinet, the Health and Wellbeing Board, and the Community Safety Partnership. From April 2015, production of an annual report will become a statutory requirement (Care Act 2014).

Through common membership, there are links to Multi Agency Public Protection arrangements (MAPPA), and the Multi Agency Risk Assessment Conference (MARAC).

2.2 Hillingdon context

Hillingdon is the second largest of London's 33 boroughs, covering 44.6 square miles.

Greater London Authority population projections estimate that in 2014 there were 292,000 people living in Hillingdon, of whom 13% were aged over 65 years of age and 6.1% over 75. Hillingdon is an ethnically diverse borough with 43% of residents from Black and Minority Ethnic groups, the largest groups being Indian, Pakistani or other Asian.

The proportion of those over 65 is slightly higher than the London average, but lower than that for England as a whole.

The population is projected to increase across all age groups, mainly due to internal migration and an increase in the birth rate and decrease in the death rate. The projected increase is larger than other North West London Boroughs. The proportion of those from black and ethnic minorities is also projected to increase, particularly in the south of the Borough.

The numbers of those with mental health needs and physical, sensory and learning disabilities are also expected to increase. Adults with learning disabilities who will be returning to the community from long stay settings (in line with Winterbourne recommendations) will contribute to this increase.

Hillingdon has 48 GP practices serving a GP registered population of 301,000 (2015).

There are 64 care homes in the Borough providing a range of services including nursing and dementia care, care for people with learning disabilities and mental health needs.

During 2014-15, Adult Social Care services provided support to 5,973 adults. Of this total 4,343 were aged over 65, 332 had mental health needs, 4,352 had a physical disability, 669 had a learning disability and 607 received support with memory and cognition.

The Multi Agency Safeguarding Hub (MASH) was launched in April 2015 with Adults Services in attendance.

2.3 London and National Context

Hillingdon, along with most other London Boroughs, has signed up to the Pan-London Safeguarding Policy and Procedures (PLP). This ensures a consistent framework for safeguarding adults, including definitions of roles and responsibilities, timescales for responding, and, in particular, cross-borough working. The procedures are currently being reviewed in terms of Care Act compliance.

Up to and including 2014-15, the SAPB has worked in accordance with the Government 'No Secrets' Policy of 2000 and the ADASS standards published in 2005.

The Care Act 2014 supersedes the 'No Secrets' guidance. It places Adult Safeguarding Boards on a statutory footing. Safeguarding within the Care Act is based on the six principles of empowerment, protection, prevention, proportionality, partnership and accountability.

Core membership of the Safeguarding Adults Partnership Board is defined in the Act (i.e. the Local Authority, Clinical Commissioning Group and Police). Boards are encouraged to have strong and explicit engagement with NHS providers, Care Quality Commission, Voluntary Sector, Housing providers, Fire and Rescue services, Prisons, Probation Service and the criminal justice system.

The statutory guidance accompanying the Care Act notes that Safeguarding Adults Partnership Boards have three statutory functions, to:

- Produce a three year strategic plan,
- Produce an annual report with an annual work plan,
- Carry out Safeguarding Adult Reviews (SARs) when required and to oversee implementation of the findings.

SAPBs should focus primarily on strategic and policy issues, and members must have sufficient seniority to speak on behalf of their agencies and to commit resources and agree actions.

'Making Safeguarding Personal' must underpin all practice, with a clear focus on the desired outcomes of the adult.

The Care Act also defines a new key role within each partner organisation of Designated Adult Safeguarding Manager (DASM).

3. BOARD IMPACT AND EFFECTIVENESS

Review of the Safeguarding Adults

In January 2015, the SAPB commissioned a review to assess its effectiveness as a Board. The review looked at all aspects of Safeguarding Adults in the Borough. The review followed the Local Government Association (LGA) peer review/challenge methodology which was originally developed by the Improvement and Development Agency (IDeA) and approved by the Association of Directors of Adult Social Services (ADASS), the Social Care Institute for Excellence (SCIE) and the NHS confederation.

The focus was on identifying opportunities for improvement and learning in 8 main areas:

1. Outcomes
2. People's Experience of Safeguarding
3. Leadership
4. Strategy
5. Commissioning
6. Service Delivery and Effective Practice
7. Performance and Resource Management
8. Local Safeguarding Adults Partnership Board.

The review also applied an additional standard of Care Act compliance.

The review identified that in all cases reviewed, the individual adult was safeguarded and that some workers and managers achieved high standards of investigation recording and oversight.

The key recommendations for the Board to be Care Act compliant are:

Recommendation 6: The Board should establish a revised Structure with seniority of members from each agency to demonstrate commitment and importance of the board and enhance its ability to operate effectively.

Recommendation 7: Resourcing of the work of the Board and infrastructure that effectively ensures delivery of core functions and the work programme should be agreed between the statutory partners and reviewed annually. This would include the setting up of the integrated safeguarding unit.

The full recommendations from the Review can be found in Appendix B.

Performance framework

An important development has been the production of a dashboard report to improve the performance and quality information available to the SAPB. A copy of the annual dashboard figures for 2014/15 is included at Appendix C.

The Safeguarding Adults Partnership Board has spent much of 2014-15 preparing to be compliant with the Care Act. As a consequence of the Peer Review in January 2015 and with the appointment of a new independent chair the Board is now poised to confirm its forward strategy and action plan.

Links with other strategic bodies

Protocols have been developed with the Health and Wellbeing Board and the Safer Hillingdon Partnership. This Annual Report will be presented to both during Q3 2015-16.

3.6 Progress against action plan

What we planned to do – our key priorities

WHAT WE SAID WE WOULD DO	WHAT WE DID
Outcomes, peoples experience of safeguarding	
<ul style="list-style-type: none"> • Ensure safeguarding process fully includes the person in the process 	<ul style="list-style-type: none"> • Hillingdon is currently implementing Making Safeguarding Personal (MSP). • Board members have been debriefed about MSP including presentation by the safeguarding lead for the London Borough of Sutton.
Leadership, strategy and commissioning	
<ul style="list-style-type: none"> • Implement the recommendations from the Winterbourne Report and Care Qualities Commission Review of learning disability services. 	<ul style="list-style-type: none"> • The Winterbourne View Steering group membership was revised to ensure a stronger commissioning focus. • A discharge tracker has been set up that determines likely dates for discharge and this is monitored by the steering group. • A clinical group meets

WHAT WE SAID WE WOULD DO	WHAT WE DID
	<p>monthly to monitor progress on discharge and alerts the steering group to any potential problems.</p> <ul style="list-style-type: none"> • Agreement has been reached between the Council and Hillingdon Clinical Commissioning Group (HCCG) on a mechanism to agree joint funding of people who are discharged into community placements. • In 2014 a review of Learning Disability Services was commissioned with HCCG to inform future plans for Learning Disability Services. This will inform how local services are reshaped in light of the Winterbourne report. The review has been finalised, presented to Adult Social Care Senior Management Team and the HCCG Governing body. Recommendations and action plan agreed and in place.
<ul style="list-style-type: none"> • Implement recommendations from Francis Report. 	<ul style="list-style-type: none"> • Hospital Trusts gave assurances about compliance and outstanding actions to SAPB in October 2014.
<p>Service delivery and effective practice</p>	
<ul style="list-style-type: none"> • Develop better identification and support through MASH 	<ul style="list-style-type: none"> • MASH in Hillingdon went live in April 2015. A protocol has been activated with mental health services.
<ul style="list-style-type: none"> • Ensure that good MCA practice is embedded across the 	<ul style="list-style-type: none"> • Members of the Board will undertake Mental Capacity

WHAT WE SAID WE WOULD DO	WHAT WE DID
partnership	Act training which will include Deprivation of Liberty Safeguards and best interest decisions). <ul style="list-style-type: none"> • Funding for this was obtained through NHS England. • 6 members of staff have been funded to undertake Best Interest Assessor training.
Performance and resource management	
<ul style="list-style-type: none"> • Improve care governance system 	<ul style="list-style-type: none"> • Care Governance Board in place which meets monthly to oversee quality of local provision.
<ul style="list-style-type: none"> • Improve multi agency response to people who are vulnerable, particularly where self neglect/hoarding is an issue 	<ul style="list-style-type: none"> • A Vulnerable Persons Panel is now well established and meets monthly.
Safeguarding Adults Partnership Board	
<ul style="list-style-type: none"> • Ensure SAPB is ready for Care Act implementation 	<ul style="list-style-type: none"> • Peer review carried out and reported to key partners in March 2015.
<ul style="list-style-type: none"> • Maintain standards of quality and improve performance and identify issues 	<ul style="list-style-type: none"> • Audit carried out as part of peer review and findings to be implemented in 2015. • The audit identified that people were safeguarded. • An action plan has been identified for the review's recommendations.
<ul style="list-style-type: none"> • Increase Housing staff 	<ul style="list-style-type: none"> • 6 training sessions carried

WHAT WE SAID WE WOULD DO	WHAT WE DID
awareness of safeguarding issues in the context of the Care Act.	out, with 87 Housing staff trained.

4. WORKFORCE

Each agency has a responsibility to ensure that their staff are suitable trained in Safeguarding procedures and practice. For example, the Council has trained 172 members of staff in a variety of subjects including Mental Health and Homelessness. On the Mental Capacity Act (MCA), CNWL have rolled out MCA awareness for children's services to 126 staff members and at the Hillingdon Hospital, Safeguarding Adults awareness training is delivered monthly as part of the Statutory and Mandatory staff training programme.

Full details of the training can be found in the partner updates where reported.

5. EFFECTIVENESS OF LOCAL SAFEGUARDING ARRANGEMENTS

In response to fluctuations in the number of contacts leading to a safeguarding referral, which reached a peak in Q2, (see the Dashboard report at Appendix B) a number of workshops were held to clarify and promote better understanding about safeguarding thresholds in order to achieve a more consistent and proportionate response going forward.

In addition to the Dashboard the Council has developed a range of reports to facilitate effective performance monitoring. These include:

- monthly reports to enable Service Managers and Team Managers to keep abreast of performance in their respective service areas and within individual teams; and
- provider performance reports to facilitate operational and strategic oversight of safeguarding practice in care service provision.

To evaluate the effectiveness of safeguarding practice in the Borough, including multi-agency partnership working, 20 safeguarding cases were audited as part of the Safeguarding Adults Partnership Board review in January 2015. An action plan has been developed from the recommendations of the audit, of note the audit found that in all 20 cases the adult had been appropriately "safeguarded".

5.2 Inspections and reviews

The Council's Social Care Inspection Team reviews and monitors the quality of care being delivered by care service providers in the borough. This has

included carrying out unannounced inspections, to ensure that provider services are delivering quality care.

Monthly reports on service providers are submitted to the Council's senior management team and regular contract monitoring meetings are held with service providers.

During 2014/15, the social care inspection team carried out 113 inspections of domiciliary care services, residential, nursing homes, and supported living services.

Inspections inevitably result in an action/improvement plan for the care service provider and implementation of the action plan is subsequently monitored by the social care inspection team.

Inspections can also lead to a range of additional actions and interventions ranging from low level monitoring to intensified support involving weekly visits over a protracted period of time.

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 people in their care. The team is working on new ways to collate the overall performance of social care providers contracted to the Council.

The team is particularly important in monitoring required improvements for settings where there have been safeguarding concerns and in working with colleagues in the Care Quality Commission (CQC) on the regulatory standards providers must comply with. They also share 'soft' information with CQC in order to be able to follow up appropriately on concerns.

Going forward, in keeping with the spirit of the Care Act, the team will move towards a Quality Assurance model. This model will help care service providers better understand what 'good' safeguarding practice looks like, as well as helping them identify improvements to improve quality.

It is worth noting that during 2014 -15 the Care Quality Commission carried out regulatory inspections of two of the agencies represented on the Hillingdon Safeguarding Adults Partnership Board: Hillingdon Hospital Foundation Trust and Central and North West London NHS Foundation Trust.

5.3 Case Reviews

One Serious Case Review was carried out in 2013-14. All actions from the review have now been completed. Key learning points from the Serious Case Review include:

- The need for clear and timely communication between agencies at critical points: for example, when a patient is brought to Accident & Emergency by ambulance there must be a formal hand-over of concerns about the patient to A&E staff;

- Non-attendance at appointments should be followed up more rigorously;
- Agencies should remain vigilant for indicators that a carer might be in need of an carer's assessment and/or support;
- Discharge should not be the default position when contact cannot be made with a vulnerable patient - alternative means of making contact should be explored.

5.4 Priority groups and developments

Voice of the vulnerable adult

The voice of the adult is clearly captured within the Making Safeguarding Personal (MSP) framework. MSP places the adult at the centre of safeguarding establishing their views and desired outcomes from the outset.

MSP is the embodiment of "person centred, outcome focussed" practice thereby empowering the individual and their family - as far as is practicable - to identify and recognise risk and thereafter take control of their care and support to keep themselves safe.

Mental Capacity/ Deprivation of Liberty Safeguards (DoLS)

The Supreme Court judgement in the P v Cheshire West and Chester Council and P and Q v Surrey County Council in March 2014, is very significant in determining whether care/treatment arrangements for an individual lacking capacity amount to a Deprivation of Liberty.

The Court determined that for those people who do not have capacity to consent to the restrictions 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 the first question is yes and the second question 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

The DoLS Supervisory Body for Hillingdon has received 436 authorisation requests for 2014-15 compared to 15 for 2013-14.

6. COMMENTARY FROM AGENCIES

All member agencies represented on the SAPB were asked to produce a return based on the following areas:

- What is the agency role and services provided
- Regulator inspection in the reporting period and outcomes
- Safeguarding training (included in a previous section)
- Challenges in the reporting period
- Progress against safeguarding priorities
- Priorities for 2015-16
- Good news stories and good practice examples

These can be found at Appendix D.

7. SUMMARY AND PRIORITIES FOR 2015-16

7.1 Summary

On the basis of the information we have, the Board believes that services across Hillingdon are successfully supporting residents and safeguarding vulnerable adults. Responses and investigations have 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.

Case reviews and other information however also indicate that there are potential risk areas. Staff are not confident about using the Mental Capacity Act and there is evidence that further improvement is needed in information sharing, particularly at high risk transition points such as admission to and discharge from hospital. It is important to ensure that high standards are maintained in social care assessment and planning.

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

Partnership working is strong. There are, however 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 it is understood that there are plans to develop co-commissioning arrangements. The Board wish to further develop 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.

The peer review has helpfully given a steer how to best move forward into the implementation of the Care Act and the SAPB's role in that.

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.

7.2 Priorities for 2015-16

- 1) Resourcing and developing the Safeguarding Adults Partnership Board
- 2) Implementing Making Safeguarding Personal across all safeguarding activity and across all partner agencies
- 3) Ensuring Care Act compliance across all agencies
- 4) DoLS – ensuring there is an effective model of practice to build upon including enhancing the functions of the DoLS Supervisory Body
- 5) Mental Capacity Act – embedding knowledge and skills across all partner agencies
- 6) Raising public awareness of Safeguarding

8. APPENDICES

Appendix A: Membership of the Hillingdon Safeguarding Adults Partnership Board and attendance during 2014-15

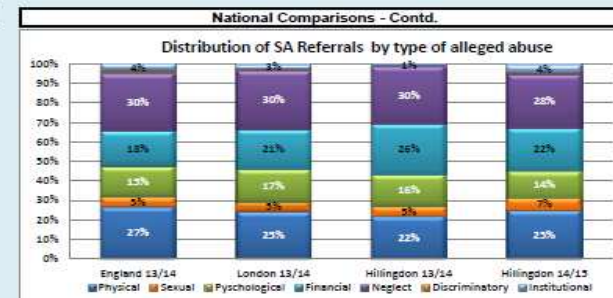
Organisation	Attendance 2014-15
London Borough of Hillingdon including Public Health Team	100%
Hillingdon Hospital	100%
Royal Brompton & Harefield Trust	100%
Hillingdon CCG	100%
CNWL	100%
Voluntary Sector	100%
Metropolitan Police	67%
London Fire Brigade	67%
Hillingdon Community Health	67%

Appendix B: Performance information

Report Author: LBH Performance Intelligence Team

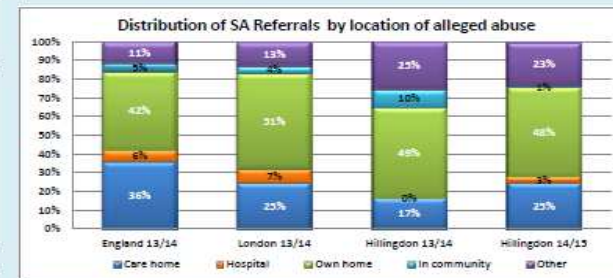
Safeguarding Adults Board - Yearly Report - Draft Format For Period: 2014/15

For further information please contact:
Paul Alexander Ext 6906



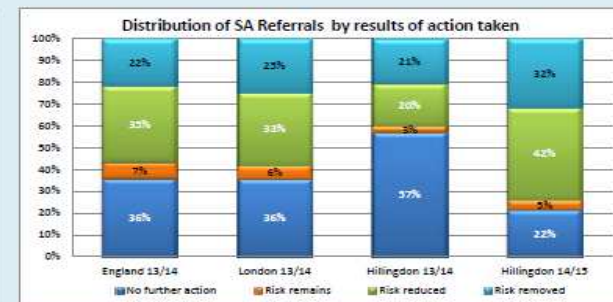
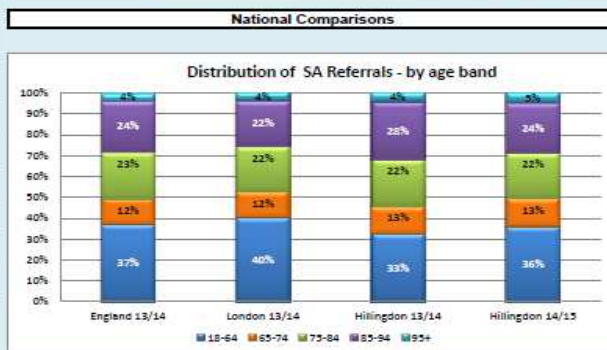
Metric	2014/15	2013/14
# Contacts Progressing To referral within 24 Hours	260	70
% Contacts Progressing To referral within 24 Hours	42%	14%

Metric	2014/15	2013/14
# Referrals Opened	621	497
# Referrals Closed	596	515



Source	2014/15	2013/14
Community Services	Independent provider agency	9
	Other agcy NSPCC, Age Cone, Travelcare	1
	Other Local Authority	382
	Private Sector Home	431
	Other Local Authority	230
Internal	Internal	284
	Internal	187
Not Known/Recorded	Not Known/Recorded	95
	Not Known/Recorded	6
Public (Including Relative/Friend)	Public (Including Relative/Friend)	7
	Public (Including Relative/Friend)	38
Self referral	Self referral	32
	Self referral	31
Statutory Agencies	Centr Gov Agcy, Prison, Customs	35
	Legal, Police, Court, Prob, Immigr	142
	Primary health (GP, DN etc	94
	School/College	53
	Secondary health, Hospital/ Hospice	11
	Secondary health, Hospital/ Hospice	184
Total	2014/15	1622
	2013/14	1388

Age Band	2014/15	2013/14
18 - 64	237	160
65 - 74	85	63
75 - 84	130	108
85 - 94	143	134
95+	26	32



Safeguarding Adults Board - Yearly Report - Draft Format

For Period: 2014/15

For further information please contact:
Paul Alexander Ext 6906

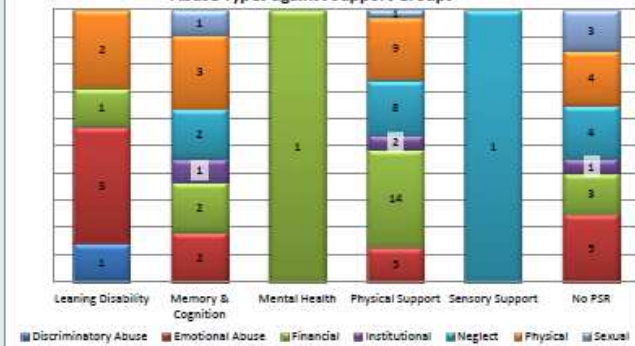
Closed Referrals - Outcomes and Case Profiling

Abuse Types and Primary Support Reasons

Types of alleged abuse		2014/15	2013/14
Discriminatory Abuse		3	3
Psychological/Emotional Abuse		65	91
Financial and Material Abuse		114	151
Institutional Abuse		18	6
Neglect and Acts of Omission		131	178
Physical Abuse		118	131
Sexual Abuse		27	27
Total		476	587

Primary Support Reason		2014/15	2013/14
Learning Disability		87	69
Memory & Cognition		65	55
Physical Support		245	153
Mental Health		22	10
Social Support		1	1
Sensory Support		7	7
Total		427	295

Abuse Types against Support Groups



Location - Perpetrators



Location Of Abuse		2014/15	2013/14
Care Home		99	106
Community		3	3
Hospital		24	3
Other		51	51
Own Home		225	340

Alleged Perpetrators		2014/15	2013/14
Total Cases With Alleged Perpetrators		395	503
% Cases with Alleged Perpetrator Information		66%	98%

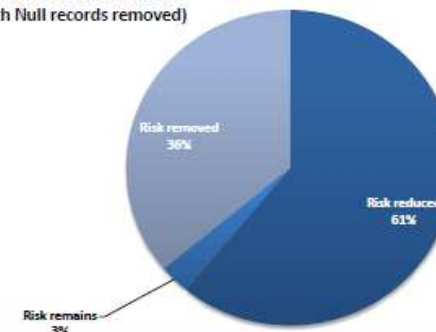
Alleged Perpetrators		2014/15	2013/14
Health Care Worker		48	42
Friend / Neighbour		28	34
Not known		35	45
Other		51	93
Other Family Member		97	111
Other Professional		22	46
Other Vulnerable Adult		17	17
Partner		24	27
Social Care Staff		67	68
Stranger		5	17
Volunteer / Befriender		1	3

Outcomes

Conclusion of cases		2014/15	2013/14
Substantiated fully		139	165
Substantiated partially		68	48
Inconclusive		124	120
Not substantiated		201	170
Investigation ceased		64	12

Results of action taken		2014/15	2013/14
Risk Removed		189	143
Risk Reduced		251	117
Risk Remains		27	17
No further action (Null records)		129	238

Results of Action Taken (With Null records removed)



Deprivation of Liberty	Number of DOLS cases	2014/15	2013/14
		442	6

Concluded Cases	# Cases meeting LBH Criteria (Full Safeguarding Report Required)	2014/15	2013/14
		208	174
	No further action under SA process	388	341

Appendix C: Recommendations from Peer Review

Recommendation 1: The Board should formally adopt MSP and oversee roll out across the Borough.

Recommendation 2: The Board should receive a report on the National Competency Framework with the view of adopting the Framework as the underpinning of workforce development plans for all partners.

Recommendation 3: Building on the disbanding of the specialist team - Consideration to be given to how the advanced practitioner role in the operational teams can assist in supporting and developing safeguarding practice.

Recommendation 4: The Board commissions the Strategic Plan and agrees the associated work programme.

Recommendation 5: The Executive Operational Group to take responsibility for developing the annual Business Plan and co-ordinating delivery of the annual work programme. The plan will capture all developments in relation to the development and maintenance of priorities to become a high performing SAPB.

Recommendation 6: The Board should establish a revised Structure with seniority of members from each agency to demonstrate commitment and importance of the board and enhance its ability to operate effectively.

Recommendation 7: Resourcing of the work of the Board and infrastructure that effectively ensures delivery of core functions and the work programme should be agreed between the statutory partners and reviewed annually. This would include the setting up of the integrated safeguarding unit.

Recommendation 8: The Board with other key strategic partnerships develops protocols/memorandums of understanding to ensure wider understanding of respective roles, responsibilities and involvement in the protection of vulnerable adults.

Appendix D: Partner Updates

Adult Social Care

Name of agency	London Borough of Hillingdon (LBH)
Description of service	Adult Social Services/ Safeguarding /Quality Assurance
Safeguarding training undertaken in reporting period. % of staff trained at each level.	<p>The number of LBH staff who have accessed training in 2014 - 2015 are as follows:</p> <p>Mental Health & Homelessness: 10 Mental Capacity Act and Mental Health Act Interface: 12 Interview & Investigation Skills (2 day workshop): 53 Charing Safeguarding Meetings (SAMs): 13 Safeguarding Adults - eLearning: 46 Mental Capacity Act - eLearning: 38</p> <p>LBH currently has 3 trained Best Interests Assessors (BIAs); all 3 BIAS attended refresher training during 2014-15.</p> <p>The Safeguarding Adults & Quality Assurance Manager ran 2 workshops on <i>Safeguarding Thresholds</i> in this period.</p>
Regulator inspection in reporting period and outcomes	<p>During 2014-15 LBH carried out the following "inspection visits" to care provider services:</p> <p>Residential/Nursing Homes: 64 Supported Living: 34 Domiciliary Care: 15</p> <p>These figures do not include subsequent follow-up visits or spot visits.</p>
Challenges in the reporting period	<p>Development of performance dash boards to inform operational teams in the management of safeguarding.</p> <p>Workforce development, recruitment and retention.</p>
Progress on safeguarding priorities in the reporting period	<p>Responsibility for safeguarding was successfully repositioned as "everybody's business" within operational adult social care teams;</p> <p><i>Making Safeguarding Personal</i> is being piloted within operational teams for a 6 month period;</p> <p>A rolling safeguarding training programme has been re-established;</p> <p>Improved Safeguarding Performance reporting is being developed;</p> <p>A full time, permanent Safeguarding Adults & Quality Assurance Manager was appointed.</p> <p>Development of Care Governance Board and framework for Adult Social Care.</p>

Safeguarding priorities for 2015/6	<p>The Peer Review style audit of safeguarding, commissioned by the Safeguarding Adults Board in January 2015, produced a number of recommendations which have been incorporated into an action plan for 2015-16.</p> <p>The headline objectives - some of which are a continuation of priorities for 2014-15 - are:</p> <p>Introduce a regular audit programme of Safeguarding cases within operational teams; Increase management oversight of safeguarding practice; Build on the role of Advanced (i.e. senior) Practitioners in order to spread expertise throughout the organisation; Implement Making Safeguarding Personal; Ensure robust Advocacy Services are available; Establish a Provider Forum; Continue with a programme of staff training; Robust performance reporting; Adapt IT system to current practice; Development of quality assurance framework.</p>
Good news stories	<p>The monitoring of care service provision now sits within the remit of the <i>Safeguarding Adults & Quality Team</i> - facilitating closer and more robust links with LBH's Care Governance Framework.</p> <p>The implementation of <i>Making Safeguarding Personal</i> within ASC has been positively received, is progressing well and with pleasing results. The results of the 6 month pilot will continue to be fed back to the SAPB.</p>
Good practice examples	<p>The introduction of a Police Safeguarding Clinic has facilitated regular and timely discussion between the Police and ASC and has improved partnership working significantly as a consequence.</p>
Any other comments	<p>The Care Act 2014 places safeguarding adults and the role of the SAPB on a statutory footing which presents a golden opportunity going forward to influence good practice. This is reflected in the future plans/strategies of the SAPB which is positive.</p>

Central and North West London NHS Foundation Trust

Name of agency	Central and North West London NHS Trust
	<p>The Trust provides both mental health and community services across five Boroughs.</p> <p>Operationally, CNWL is managed in three divisions; each headed up by a Director of Operations and supported by a Nursing and Medical Director. They are responsible for all elements of care and delivery within their respective divisions.</p> <p>In relation to CNWL Hillingdon services, Maria O'Brien, as the Divisional Director of Operations, has responsibility for these services and is the senior director responsible for safeguarding in Hillingdon; supported by Michelle Johnson, the Divisional Director of Nursing.</p> <p>Michelle Johnson, the Divisional Nursing Director, chairs the Divisional Safeguarding Group of which the Named Nurse Safeguarding Children is a member.</p> <p>Each of the boroughs is headed up by a Borough Director and a Clinical Director; they are a key link and member of the local adult safeguarding boards.</p>
Description of service	<p>Safeguarding Adults Team: CNWL have a dedicated adult safeguarding team, consisting of 6 x WTE and 2 x 0.6 WTE. These staff are split across the 3 divisions, CNWL Hillingdon falls into 'Goodall' Division. The team's primary role within Goodall Division is to provide expert advice, supervision, education and training. This team also has the capacity to gather and analyse data, carry out audits and meet the Prevent agenda. All front line staff have access to the safeguarding adults practitioners.</p>
Regulator inspection in reporting period and outcomes	<p>The CQC have identified 16 Essential Standards (also known as outcomes) that the Trust must meet at both a corporate and team level. Outcome 7 relates to safeguarding.</p> <p>Outcome 7: Safeguarding people who use services from abuse. People who use services - are protected from abuse, and their human rights are respected and upheld.</p> <p>CQC inspected CNWL in February 2015. Awaiting official report, due to be released in June 2015, some informal feedback has been given.</p>

<p>Challenges in the reporting period</p>	<p>Many of the challenges faced by front line staff can be mitigated by effective training, supervision and support systems. For example front line staff struggle to:</p> <ul style="list-style-type: none"> • balance the need to recognise that people with capacity have the right to make their own decisions with a duty to care • recognise that they don't need to make the decision about whether something falls within the safeguarding agenda but instead report concerns • negotiate confidentiality agreements so the safeguarding process is as transparent as possible <p>There have been many changes to the Safeguarding Adults agenda in the last year, including the release of the Care Act which is the biggest change in social and health care for over 60 years, it consolidates and strengthens existing legislation and further integrates health and social care service.</p> <p>The new criteria for DOLs following the Supreme Court judgement decision.</p> <p>Training helps staff to meet these challenges and is reinforced with regular reflection and learning from cases in supervision and opportunistic teaching.</p>
<p>Progress on safeguarding priorities in the reporting period</p>	<p>Priorities for 2014 – 15</p> <p>Prevent: Hillingdon's safeguarding adults team have given training to over 292 members of staff regarding Prevent. They have been to team meetings and service leads meetings to give training as well as the booked training for any staff to attend. This training will be mandatory from July 2015.</p> <p>MCA & DOLs: It was acknowledged that staff struggle to apply the theory of MCA and DoLs to clinical practice and therefore much greater emphasis was placed on 'case studies' to embed learning in practice.</p> <p>Identification and targeting of teams who do not ring safeguarding adults practitioner with queries: Teams needing more awareness were recognised by looking at safeguarding adults case records. Case studies were completed with all DN teams with more emphasis on certain teams. An audit regarding staff knowledge of the safeguarding process completed. Contact details of safeguarding adults team were distributed.</p>

Safeguarding priorities for 2015/6	<p>Learn from serious incidents and cases (including SARs and domestic homicides) locally and nationally: Lessons are applied to minimise the chances of similar incidents happening in Hillingdon.</p> <p>Respond to cases of self-neglect and/ or non-engagement with services: Such cases are properly understood and responded to (including issues of capacity and/ or underlying illnesses) to keep people safe whilst respecting choice and independence.</p> <p>Share the right information with the right people at the right time: Key information is shared at the right time to enable holistic and comprehensive risk assessment and safeguarding, whilst legal requirements (such as the Data Protection Act and patient confidentiality) are complied with.</p>
Good news stories	<p>First session of MCA awareness for children's services was rolled out in September 2014; this has been well received by 126 staff members.</p> <p>CNWL has undergone many changes in the past year, one of which is that the safeguarding adults team (previously HCH) now cover CNWL mental health services for the whole division, this has been positive for staff and managers.</p> <p>Mental health services in Hillingdon have received a good report from CQC regarding MCA awareness and training. A recent internal audit showed our older peoples services as outstanding in this area.</p>
Good practice examples	<p>Safeguarding Adults practitioner attends monthly meetings with service leads, enabling her to feedback and discuss issues for staff to cascade to frontline staff.</p> <p>Safeguarding Adults practitioner ran surgeries for mental health staff in conjunction with the mental health law deputy manager, for advice regarding safeguarding, MCA, consent, capacity and good documentation. These were well attended and CNWL is aiming to provide more in the future.</p>

The Hillingdon Hospital

Name of agency	The Hillingdon Hospital Foundation Trust
Description of service	<p>The Executive Director with responsibility for Safeguarding 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 (a board committee) on a quarterly basis. An annual report on safeguarding activity was presented to the Trust Board in October 2014.</p> <p>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. A safeguarding data report is received by the committee; this includes clinical incidents, SCR's, DoLS requests, pressure ulcers and FGM information.</p> <p>The Trust revised the Key Performance Indicator (KPI) for Learning Disability, which was also approved by the Safeguarding Committee. This KPI provides the Trust with substantial assurance in terms of safeguarding governance and is reviewed annually at the Safeguarding Committee.</p>
Safeguarding training undertaken in reporting period. % of staff trained at each level.	<p>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).</p> <p>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. The mandatory training session duration has been increased and includes information about meeting the needs of adults with learning disabilities and MCA & DoLS.</p> <p>Safeguarding Adult awareness training is now also available via e-learning, accessed via ESR. Bespoke sessions are provided within departments as requested. Training compliance for the reporting period is above 80% and is monitored on the WIRED dashboard. Training compliance has risen from 72.36% in December to 92.95% in March 2015.</p> <p>Enhanced awareness sessions for MCA and DoLS have</p>

	<p>been scheduled for 2015/16 key staff who should attend have been identified through a training needs analysis. These sessions are delivered by a Psychiatric Liaison Consultants based at Riverside and a Lawyer specialising in healthcare law and have been well evaluated.</p>
<p>Regulator inspection in reporting period and outcomes</p>	<p>Within the reporting period there was a re-audit of staff knowledge and awareness of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The results highlighted an overall improvement compared to the audit in 2013/14, however there was a clear indication that more awareness sessions were required. Enhanced MCA and DoLS training sessions have been provided which is detailed above. We have updated the restraint policy and written a new MCA & DoLS policy. There is a new MCA and DoLS Trust policy and the restraint policy has also been updated.</p> <p>The Trust also audited staff, focussing on their understanding of meeting the needs of patients with a learning disability whilst in hospital, the results demonstrated that staff knew who to contact if there were concerns. There needs, however, to be continued awareness and use of the patient passport.</p>
<p>Progress on safeguarding priorities in the reporting period</p>	<p>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 has attended forums where there are carers and service users present. These forums provide an opportunity to hear the views of people using our services first hand and support our aim of learning and continuously improving.</p> <p>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 (SCR) panel, where within the reporting period there has been one SCR.</p> <p>There is also regular attendance at the Hillingdon PREVENT Partnership Group.</p> <p>Safeguarding training compliance has significantly improved, which is reflected in item 3.</p>
<p>Safeguarding priorities for 2015/6</p>	<p>Challenges for 2015-16:</p> <ul style="list-style-type: none"> • Maintaining compliance of safeguarding training above the Trust target of 80%. • Further embedding of knowledge of MCA and

	<p>DoLS, especially in relation to recognising and understanding when restrictions might become restraint.</p> <ul style="list-style-type: none"> To re-evaluate Prevent within the Hospital based on recommendations with the Prevent Duty. <p>Priorities for 2015-16:</p> <ul style="list-style-type: none"> Implement robust arrangements to put DoLS into practice, modelled on the Social Care Institute for Excellence framework. Audit Programme: <ul style="list-style-type: none"> MCA & DoLS staff knowledge and awareness Meeting the needs of patients with learning disabilities knowledge and awareness Application of DoLS in practice. Continued engagement with user groups of patients with a Learning Disability and their carers and the Learning Disability team at The London Borough of Hillingdon. Revise the Trust PREVENT strategy following the publication of the Prevent Duty in 2015. Continued liaison with Adult Social Care and other agencies to discuss the implementation of the Care Act in April 2015.
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Metropolitan Police

Name of agency	Metropolitan Police (MPS)
Description of service	Law enforcement
Safeguarding training undertaken in reporting period. % of staff trained at each level.	There was no police training during this reporting period.
Regulator inspection in reporting period and outcomes	Mayor's Office for Policing and Crime (M.O.P.C.)
Challenges in the reporting period	<ul style="list-style-type: none"> Ensuring Safeguarding Adult managers remain engaged in the MASH process. Pulling together stakeholders in the MASH to deliver

	<p>resources previously promised.</p> <ul style="list-style-type: none"> • Driving the delivery group to a successful conclusion.
Progress on safeguarding priorities in the reporting period	1.Multi Agency Safeguarding Hub ,(M.A.S.H.). go-live date 27th of April 2015.(This is imperative for the integration/development of Adult Safeguarding in the Hillingdon MASH).
Safeguarding priorities for 2015/6	<p>1.To ensure Adult Safeguarding is an integral part of the Hillingdon MASH Process.</p> <p>2.To improve joint working with adult social services and police in Safeguarding.</p>
Good news stories	The MASH launched on 27th April was a well attended presentation informing managers & partners of the remit of the MASH. Individual presentations assisted guests with short presentations of how each contributed in the MASH process. This launch was well attended and received and viewed as a success. This is joint good news with the SCB .
Good practice examples	In January police and adult social services commenced a weekly clinic. Each Wednesday, police attend the Civic Centre and discuss with adult social workers (by appointment and pro forma) on individual cases and supply advice re criminal threshold and the necessity to report /not report and joint investigations. This joint working is believed to be unique to Hillingdon Borough.
Any other comments	A productive year with better joint working between police and partner agencies. This improvement has to increase and improve for the benefit of victims/subjects in Hillingdon Borough.

London Community Rehabilitation Company

Name of agency	London Community Rehabilitation Company
Description of service	The role of the CRC is to manage the majority of offenders under probation supervision. We work alongside the National Probation Service, which manages offenders who have been assessed as presenting high risk of harm to others. London CRC is one of 21 CRCs supervising offenders across England and Wales. London CRC employs around 1,200 staff and manages almost 30,000 offenders at any one time. Service delivery is currently based on geographical borough 'clusters'. The Hillingdon and Hounslow cluster is one of 15 clusters in London.

<p>Safeguarding training undertaken in reporting period. % of staff trained at each level.</p>	<p>In 2013 London Probation Trust identified and trained up Safeguarding Adult Champions at each borough. During that year each champion delivered briefing sessions to wider practitioners groups at borough level.</p> <p>This 'train the trainer' workshop was rerun in May 2015 and the participants will be cascading the learning in similar cluster based events over the next 3 months across London to all Offender Managers. The participation levels at each cluster are being monitored and reported back to area Assistant Chief Officers. These briefings will ensure that London CRC practitioner staff knowledge remains current and new staff have undertaken training.</p> <p>There is a Pan London ACO Lead who coordinates and delivers meetings centrally with Safeguarding Adults Champions in each cluster to ensure best practice has been promoted, reinforced, facilitated and enhanced via a series of briefings and training events.</p> <p>New Safeguarding Adults procedures for London CRC were launched in March 2015. The London CRC has a safeguarding adults page on the intranet which includes all up to date policy and guidance information.</p>
<p>Regulator inspection in reporting period and outcomes</p>	<p>N/A</p>
<p>Challenges in the reporting period</p>	<p>2014 saw a significant change in the way probation services are being delivered. In response to Government's plans to reform probation, dissolve the Probation Trusts and transfer the work to two new organisations: the National Probation Service (London Directorate) and the London Community Rehabilitation Company came into being on 1 June 2014.</p> <p>In December 2014 the preferred bidder for London CRC was announced and since early 2015 the London CRC has been working closely with MTCnovo to transform the way in which probation services are delivered and together develop new ways of working.</p> <p>This has been a time of considerable change for staff and it will continue to be so as the cohort model of service delivery is rolled out and embedded, The new operating model will introduce 'cohorts' – women, 18-25 year olds, working age males, older males and those with a chronic illness, mental illness or intellectual</p>

	disabilities – whereby offenders are worked with based on their primary presenting need. This will allow front line staff to be better able to identify needs and issues and access the services to which they are entitled to make significant improvements to their quality of life which therefore reduces their chances of reintegration into society and increases the risk of reoffending.
Progress on safeguarding priorities in the reporting period	SA Champions training delivered. London CRC SA procedures launched. Safeguarding Adults page on service Intranet site developed - primary information source for front line practitioners and line managers.
Safeguarding priorities for 2015/6	Our priorities in 2015/16 are to ensure through an ongoing training programme, monitoring and evaluation that all front-line staff are knowledgeable in relation the Care Act 2014 and understand their responsibilities when working directly with service users who are 'adults at risk' to be aware of issues of abuse, neglect or exploitation, that they have a duty to act in a timely manner on any concern or suspicion and to ensure that the situation is assessed and investigated.

Age UK Hillingdon

Name of agency	Age UK Hillingdon
Description of service	Local Charity offering a wide range of services to support older people in Hillingdon
Regulator inspection in reporting period and outcomes	N/A
Challenges in the reporting period	386 staff and volunteers work for Age UK Hillingdon to support older people and all have training on safeguarding adults as part of their induction. We regularly review our policies and procedures to ensure compliance with Safeguarding and raise awareness with all staff & volunteers so that there is a clear process for reporting abuse.
Progress on safeguarding priorities in the reporting period	Age UK's Director of Services/Deputy CEO has been a member of the Safeguarding Adults Partnership Board. Review of database to include alerts and key steps taken in relation to safeguarding for individuals.
Safeguarding priorities for 2015/6	Keep up to date with new developments in Safeguarding and Disclosure and Barring. Implement the Care Bill's Safeguarding measures as

	<p>required.</p> <p>Review training requirements on Mental Capacity Awareness.</p> <p>Review our monitoring of safeguarding issues across our range of services.</p>
Good practice examples	<p>Safeguarding is a standard agenda item for staff and volunteer meetings and supervision and appraisal processes.</p> <p>Information relating to Safeguarding and relevant contact numbers are displayed on our website and on our services brochure.</p>

Disablement Association Hillingdon (DASH)

Name of agency	Disablement Association Hillingdon (DASH)
Description of service	Advice, information, advocacy and activities for people with disabilities
Safeguarding training undertaken in reporting period. % of staff trained at each level.	Staff trained in safeguarding level 1 and regular reminders in staff meetings and supervision.
Regulator inspection in reporting period and outcomes	N/a
Challenges in the reporting period	Ensuring that all PAs are DBS checked, as many people are loathe to ask friends or neighbours to undergo checks.
Progress on safeguarding priorities in the reporting period	Staff in personal budget support service encourage safer recruitment practices for clients employing PAs. Advocates available to people going through safeguarding process.
Safeguarding priorities for 2015/6	Safe Places scheme to commence in ward in Hayes and then be introduced in other parts of the borough.
Good practice examples	People attending our sports and activities are given information about keeping safe and encouraged to talk to staff if they have any concerns.

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Agenda Item 6

ANNUAL COMPLAINT REPORT FOR HOUSING SERVICES AND ADULTS' SERVICES FOR 1 APRIL 2014 TO 31 MARCH 2015

Contact Officers: Dan Kennedy & Ian Anderson
X 0495 & 7335

PURPOSE OF THE REPORT

This report provides information and analysis of complaints and Members Enquiries received between 1 April 2014 and 31 March 2015 for Housing and Adults' Services and satisfies the requirements to publish annual information about complaints.

OPTIONS OPEN TO THE COMMITTEE

For members of the committee to:

1. note the contents of the annual complaint report; and
2. discuss any concerns with the relevant Cabinet member.

SUMMARY OF ANALYSIS

a. **Housing Services** (See annex 1 – pages 5 to 21)

Complaints

- 23% (92) increase in informal complaints when comparing the 2013/14 figure of 405 with the 2014/15 figure of 497.
- 18% (31) decrease in Stage 1 complaints when comparing the 2013/14 figure of 175 with the figure for 2014/15 of 144. Of the 144 complaints, 26 were upheld, 35 partially upheld and 83 either not upheld or withdrawn. 65% (93) of the complaints were responded to within target.
- 54% decrease in Stage 2 complaints when comparing the 2013/14 figure of 39 with the figure for 2014/15 of 18. Of the 18 Stage 2 complaints, 1 was upheld, 5 partially upheld and 12 not upheld or withdrawn. 15 of the 18 Stage 2 complaints were dealt with within target.
- 23 Stage 3 complaints dealt with in 2013/14 and 2014/15. Of the 23 complaints 4 were partially upheld and 19 not upheld.
- An increase of 5 complaints escalating to the Ombudsman when comparing the figure for 2013/14 of 5 with the figure for 2014/15 of 10. Of the 10 complaints, 2 were upheld, 1 partially upheld and 7 were not upheld.

Social Services, Housing and Public Health Policy Overview Committee
3 September 2015

Compliments

- 40 compliments were recorded for the period 2014/15. This information was not collected for previous years.

Members Enquiries

- 7% (78) increase in enquiries from Elected Members when comparing the figure for 2013/14 of 1,134 with the 2014/15 figure of 1,212.
- The two main areas where elected members raised enquiries were: (1) housing needs which accounted for 47% (571) enquiries; and (2) the repairs service which accounted for 12% (145) enquiries.

b. Adults' Services (See annex 2 – pages 22 to 29)

Complaints

- 30% (24) increase in informal complaints when comparing the 2013/14 figure of 80 with the 2014/15 figure of 104.
- 26% (11) decrease in Stage 1 complaints when comparing the 2013/14 figure of 42 with the 2014/15 figure of 31.
- The average time taken to conclude a Stage 1 complaint is 13.42 working days against a target of 20 working days. 84% of Stage 1 complaints were responded to within our published target of 20 working days.
- Of the 10 LGO investigations concluded during 2014/15, 5 begun in 2013/14 with 3 upheld, 3 partially upheld and 4 not upheld.

Compliments

- 97% (30) increase in compliments when comparing the 2013/14 figure of 31 with the 2014/15 of 61.

Members Enquiries (ME)

- 27% (39) increase in enquiries from Elected Members when comparing 2014/15 figure of 182 with 2013/14 of 143. The three main areas that Elected Members made enquiries about were: disability services 48 enquiries, personalised services 48 enquiries and access and assessment services 29 enquiries.

BACKGROUND INFORMATION

1. The Council's Vision

The Council's vision is about 'putting our residents first'. Feedback in the form of complaints and compliments is seen as a very important source of information from residents about the quality of services and care provided by the Council. In cases where something has gone wrong, we are committed to putting it right and ensure that it does not happen again.

2. What is a Complaint?

In general terms a complaint can be considered as:

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

3. How Can People Complain?

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

4. Remedies for redress

The purpose of redress is to remedy the injustice or hardship suffered and where possible to return a complainant to the position they would have been before the situation went wrong. Types of redress include:

- an apology;
- providing the service that should have been received at first;
- taking action or making a decision that the Council should have done before;
- reconsidering an incorrect decision;
- improving procedures so that similar problems do not happen again; and
- if after an investigation by council staff or the Ombudsman, it is concluded that as a result of maladministration there is no practical action that would provide a full and appropriate remedy or if the complainant has sustained loss or suffering, financial compensation may be the most appropriate approach.

5. Mediation

For some complaints it will not be appropriate, or possible, to resolve a complaint through the complaint process - particularly where there has been a breakdown in the relationship between the service provider and the service user or where emotions are running high. In such situations the Complaints and Service Improvement Team Manager will consider whether mediation is an option that should be considered. If both parties are agreeable, mediation by an independent mediator allows both parties to come together to see if they can reach a solution through dialogue.

Please see annex 1 and annex 2 for detailed analysis and information of complaints, Members Enquiries and compliments received between 1 April 2014 to 31 March 2015.

BACKGROUND DOCUMENTS

Annex 1 – Complaints about Housing Services

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

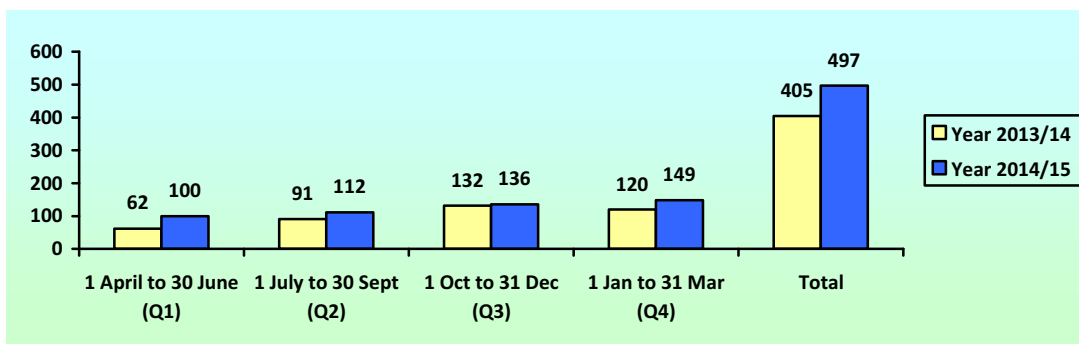
- Stage 1 – response from a Deputy Director, Residents Services or Head of Service
- Stage 2 – response from the Deputy Chief Executive and Corporate Director of Residents Services
- Stage 3 – response from the Chief Executive of the Council
- Stage 4 - Designated Person for the Council (for tenants of housing association, local authorities and ALMOS when local complaint procedures have been exhausted. Effective from 1 April 2013.)
- Local Government Ombudsman

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

1. INFORMAL COMPLAINTS

Housing staff focus is on resolving complaints informally. This emphasis to resolve issues and concerns quickly and avert the need to escalate these to a formal complaint is working and has helped to reduce the number of formal complaints.

Informal complaints (service requests)

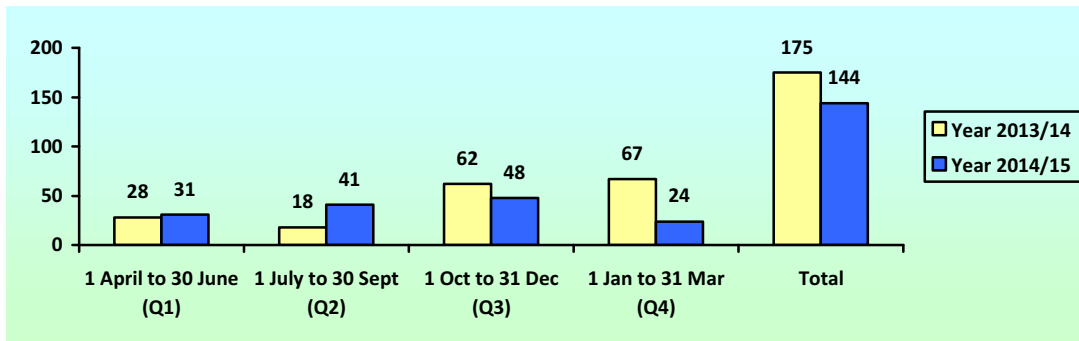


- 23% (92) increase in informal complaints when comparing the figure for 2013/14 of 405 with the figure for 2014/15 of 497.
- Repairs and Housing Need accounted for 52% (256) and 16% (80), respectively, of all informal complaints (497) recorded.

2. STAGE 1 COMPLAINTS

A Head of Service or Deputy Director, Residents Services will aim to respond within 10 working days.

Total number of Stage 1 complaints



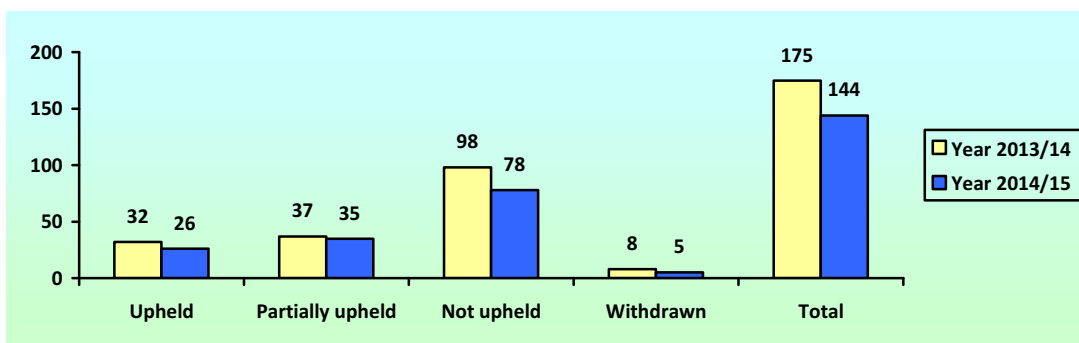
- 18% (31) decrease in Stage 1 complaints when comparing the figure for 2013/14 of 175 with the figure for 2014/15 of 144.
- 44% (57) decrease in the number of complaints recorded in quarters 3 and 4. This is due to the efforts made by officers to involve middle managers to intervene and put right what has gone wrong and apologising for it or offering an explanation why no action can be taken.
- The number of complaints is low in comparison to the number of council tenants (over 10k) and the number of repairs carried out each week (approximately 400).

The two main service areas that residents complained about were:

Repairs accounted for 39% (56) of all Stage 1 complaints. The main causes of complaint for this period were about disrepair, mould/damp/condensation, fencing and roofing repairs.

Housing Need accounted for 43% (62) of all Stage 1 complaints. Of the 62 complaints, changes to the revised Social Housing Allocations policy, introduced in July 2013, was a feature in almost all of these complaints.

Outcome of complaints



- the number of upheld and partially upheld complaints is broadly similar when comparing 2013/14 figures with 2014/15 figures.
- 20% (20) decrease in not upheld complaints when comparing the figure for 2013/14 of 98 with the figure for 2014/15 of 78.

Table 1 – Time taken to conclude a complaint at Stage 1 (working days)

	2013/14	2014/15
Average time taken to conclude a complaint	8.7	10.11
Target	10	10
Variance	- 1.3	+ 0.11

- the time taken to conclude a Stage 1 complaint is 10.11 working days against a target of 10 working days. This is a dip in performance when compared against the 2013/14 achievement of 8.7 working days. To address this issue, officers are required to provide draft responses on the 5th working day and this makes it less likely that the 10 working day target will be missed.

Table 2 - Number and % of complaints dealt with within 10 working days

Period	Total number of complaints	Number dealt with within 10 working days	% dealt with within 10 working days
2013/14	175	128	73%
2014/15	144	93	65%

- of the 144 Stage 1 complaints, 93 (65%) were dealt within the 10 working day target.

Learning from complaints

Of the 144 Stage 1 complaints, four themes emerged from 55 complaints where there was learning identified.

- **Customer service issues**

In 20 complaints, residents complained about the way they were spoken to by officers, communications not being responded to in a timely way, gaps in the information we held resulted in the original decision being overturned, incorrect banding that resulted in a direct allocation being offered, appointments not being recorded, being kept waiting on the telephone, work required was identified but not recorded and followed through, operative used a residents toilet without asking her permission, in error we recorded that work had been completed when it had not and failed to attend an agreed appointment with a resident on the date and time agreed.

- **Communication**

In 10 complaints, residents complained that they had not been called back, not advising a resident to complete a Change in Circumstance form, not providing clear advice on the eviction process, incomplete advice given, not advising a resident of the outcome of his application, misleading a resident to believe that her kitchen would be renewed and not advising when scaffolding would be erected and taken down.

- **Delays**

In 21 complaints, residents complained about delays in undertaking repairs, attending appointments, responding to communications sent, undertaking a medical assessment, the length of time it took to book an appointment and in investigating repairs required.

- **Poor Workmanship**

In four complaints, residents complained about the work carried out by operatives namely that underlying issues should have been picked up when the property was empty, the central heating system was incorrectly installed, a pipe had been pierced when work was undertaken and the need for brick work pointing to be re-done.

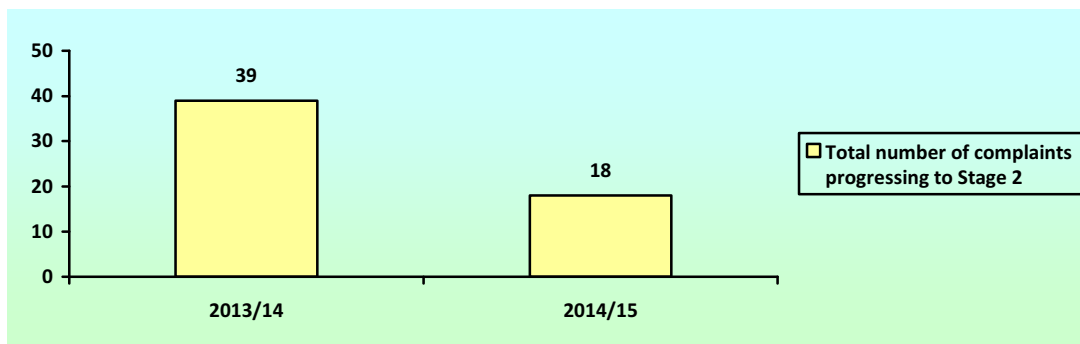
What has been done to improve performance?

- reminders to individual officers and teams of the need to comply with customer service standards;
- staff briefings carried out; and
- a major review of the Corporate Complaints Procedure by the Corporate Services and Partnership Policy Overview Committee recommended that officers use their discretion to accelerate complaints through the complaints procedure if we feel that the decision cannot be overturned through the complaint process. This will help to streamline the process and reduce the volume of complaints escalating to Stages 2 and 3.

3. STAGE 2 COMPLAINTS

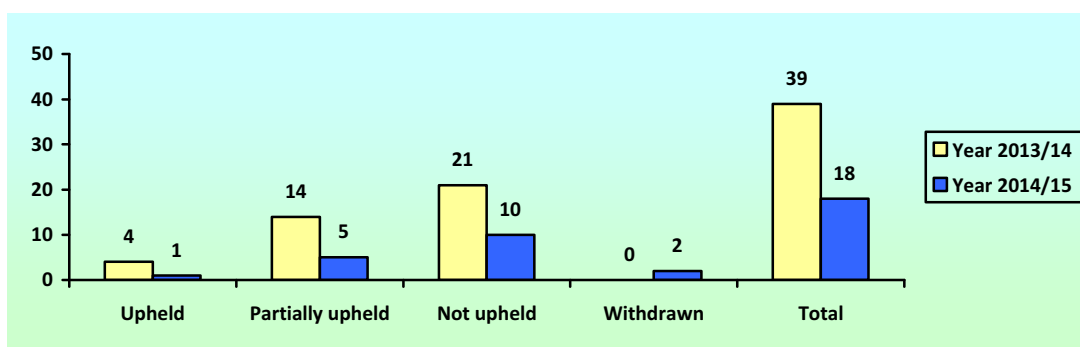
The Deputy Chief Executive and Corporate Director of Residents Services will aim to respond to Stage 2 complaints within 10 working days.

Total number of complaints progressing to Stage 2



- 54% (21) decrease in Stage 2 complaints when comparing the 2013/14 figure of 39 with the 2014/15 figure of 18.

Outcome of complaints



- the number of upheld complaints has decreased from 4 to 1;
- the number of partially upheld complaints has decreased by 64% (9) when comparing the 2013/14 figure of 14 with the 2014/15 figure of 5.
- the number of not upheld complaints has decreased by 52% (11) when comparing the 2013/14 figure of 21 with the 2014/15 figure of 10.

Table 3 below provides a summary of 10 Stage 2 complaints. The remaining 8 Stage 2 complaints (3860773, 3623216, 3623225, 3931161, 3867034, 3770061, 4102434 and 4078976) progressed to Stage 3 and their outcome is shown in table 4 on pages 11 to 15.

Table 3 – Outcome of complaints progressing to Stage 2

Complaint details	Decision at Stage 2
<p>3999765 Mr X complained that no engineer had attended on the date and time stated in the Stage 1 response.</p>	<p>Upheld We apologised to Mr X that having listened to the recording of the telephone conversation, he was incorrectly advised that the appointment was for the afternoon and not the morning.</p>
<p>3624166 Ms X complained that her kitchen was not in decent condition and that repairs were needed to individual units.</p>	<p>Partially Upheld Ms X was advised that a non decent kitchen was one that was both poor in condition and more than 20 years old. Her kitchen does not qualify as "non decent" and it was not due for renewal until 2027. We advised that repairs would be carried out to individual units.</p>
<p>3769999 Ms X complained that she had not been contacted about when her shed roof would be repaired. Ms X was also unhappy that officers contacted her to arrange an Occupational Therapy assessment.</p>	<p>Partially Upheld We apologised that Ms X had not been contacted by our Planners and advised her that roofers had been booked for 28 August. In terms of the Occupational Therapy assessment, they contacted her to a) ask questions from a screening tool and b) to advise her that we were referring her case to the Early Intervention Team.</p>
<p>3875145 Mr X complained that a Team Leader refused to give his full name and that he received conflicting messages about a repair he had requested to be undertaken.</p>	<p>Partially Upheld Mr X was advised that when an officer is asked for their name, the Council's existing customer care standards allow staff to give their first name with or without their surname. We apologised for the conflicting messages and explained how this happened.</p>
<p>3897503 Mr X complained about the delay in carrying out repairs.</p>	<p>Partially Upheld We advised Mr X that inspections took place of all stairways in the block and many were found to need repairs. Anti-slip strips were fitted. We advised Mr X that 3 quotes would be needed to undertake repairs/inspection of the glass canopies and that is what was taking time.</p>
<p>3970574 Mr X complained that the Council was responsible for the damage to the kitchen decorations and as a result we should re-paint his kitchen in the existing colour.</p>	<p>Not Upheld Mr X was advised that the Council does not carry out redecoration as a result of boiler replacement work. However, as a good will gesture we agreed to use some of the spare paint to make good areas in the lounge where holes had been filled in.</p>

4234978 Mrs X complained that her application under the Right to Buy scheme was withdrawn by the Council without any notice.	Not Upheld Mrs X was informed that the statutory provisions contained in the Housing Act 1985 have been correctly applied. There are no grounds for the Council to review this decision nor any statutory obligation to reinstate her application. She was advised to make a fresh application.
4027902 Mr X complained that a leak from his dormer window had not been resolved nor had the issue of condensation in his property been addressed.	Not Upheld Mr X was advised that we need to replace the glass in the window but before we could do this scaffolding was needed as it is so high up. In relation to condensation, he was advised to wipe down the windows, daily, and to open the windows to allow fresh air into the property.
3994750 Mrs X's solicitors complained that the Council had reduced their clients banding whilst requesting information.	Withdrawn After discussion with a housing officer the complaint was withdrawn on the basis that Mrs X's banding remained the same.
4155795 Miss X was unhappy with the way council staff had dealt with her housing situation.	Withdrawn After discussion with housing officers, Miss X decided to withdraw her complaint.

Table 4 – Time taken to conclude a complaint at Stage 2 (working days)

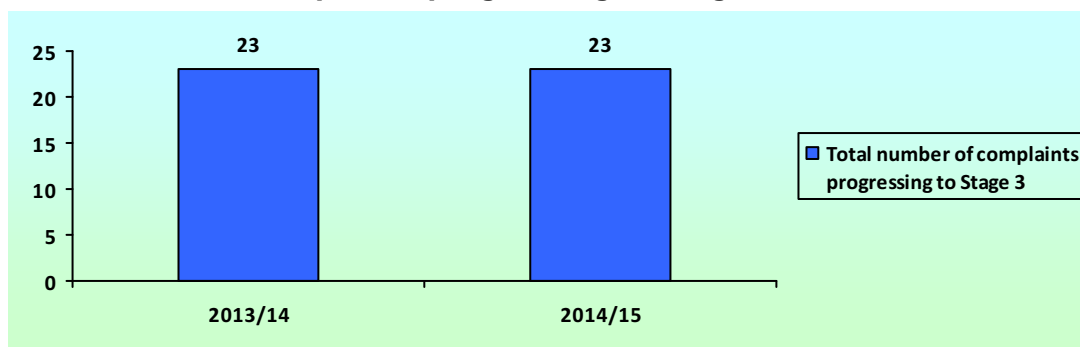
	2013/14	2014/15
Average time taken to conclude a complaint	8.50	8.6
Target	10	10
Variance	-1.50	-1.40

- the time taken to conclude a Stage 2 complaint is 8.60 working days against a target of 10 working days.
- of the 18 Stage 2 complaints, 15 (83%) were dealt with within target - complaints 3623216, 3931161 and 3972134 were not dealt with within target as a number of different issues were raised in all three complaints.

4. STAGE 3 COMPLAINTS

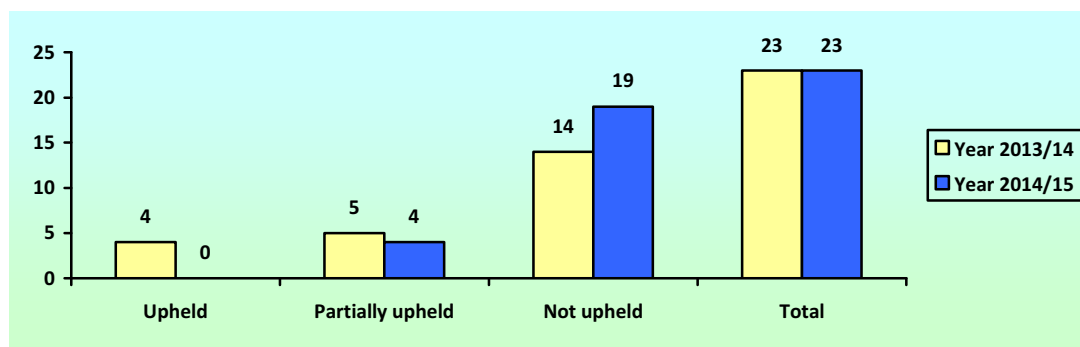
At Stage 3, the Chief Executive commissions an investigation by an officer in Democratic Services and the aim is to respond within 15 working days.

Total number of complaints progressing to Stage 3



- 23 Stage 3 complaints were dealt with in 2013/14 and 2014/15.

Outcome of complaints



Of the 23 Stage 3 complaints, 4 (17%) were partially upheld and 19 (83%) were not upheld.

Table 5 below provides a summary of the complaints that progressed to Stage 3 and gives details of the complaint and the decision.

Table 5 – Outcome of complaints progressing to Stage 3

Complaint details	Decision
<p>4102434 Mr X explained that for the past 22 months he had been having problems accessing the garage he rented from the Council. He had complained that vehicles owned by other residents and commercial vehicles were blocking access to the garage.</p>	<p>Partially Upheld The Chief Executive apologised to Mr X as the situation has remained unresolved for nearly two years. Mr X was offered compensation, we would freeze his garage rent account and take forward a proposal for the installation of double yellow lines.</p>
<p>3565915 Mrs X complained that it had taken the Council 8 months to reach a decision on her homeless application, which was contrary to the legal requirement of 33 days.</p>	<p>Partially Upheld The Chief Executive apologised for the time it took to give Mrs X a decision on her homeless application. However, she concluded that the remedy offered to Mrs X of re-opening the homeless application to be appropriate and proportionate.</p>
<p>3862292 Ms X's legal representatives stated that the Council had failed to address Ms X's homeless application in accordance with the statutory duty and, as a result, Ms X had been faced with the financial burden arising from her storage costs.</p>	<p>Partially upheld The Chief Executive apologised for the error in not processing Ms X's Homeless Application when it was first submitted but advised that temporary accommodation provided was the appropriate remedy. It was for Ms X's to make her own arrangements for storage as the Council would not have been able to provide her with storage as none was available.</p>
<p>3788116 Ms X complained that she could not rely on the Council to deal with her homeless application properly and made her own arrangement for storage of her possessions. She sought compensation from the Council for her storage costs.</p>	<p>Partially Upheld The Chief Executive apologised for the error in dealing with her initial homeless application. However, she advised Ms X that no mention was made of storage facilities she required in her homeless application but in any event, no storage facilities were available to offer her.</p>
<p>3972134 Mrs X complained on behalf of Mr and Mrs Y were being discriminated against because of their disabilities and that their requests for adaptations were reasonable under the terms of disability discrimination legislation.</p>	<p>Not Upheld Mrs X was informed that Mr and Mrs Y had been provided with clear explanations as to why they have not been successful in their bids for housing to date. Mrs X was advised that adaptations are based on whether they are structurally possible within a property and on the needs of the individuals concerned.</p>
<p>3623225 Ms X was shocked and surprised that the Council did not inspect Houses in Multiple Occupancy</p>	<p>Not Upheld Ms X was advised that the Council do not carry out inspections as a matter of routine but as this issue has been raised by Ms X</p>

(HMO) properties regularly.	officers in Private Sector Housing will inspect the property.
3770061 Mrs X complained that her neighbour's tree was having an impact on her reasonable enjoyment of her garden, her warnings about rats had gone unheeded and that no action had been taken to get her neighbour to improve her garden.	Not Upheld Mrs X was advised that information had been provided regarding the relevant legislation under which the Council would consider it appropriate to take action against her neighbour. Mrs X was advised that officers had contacted her neighbour about feeding the local wildlife and although food was left out it was not considered to be excessive.
3632719 Ms X complained of the stress she and her family were under having to sleep on her sister's sofa. Ms X was not happy with the advice given to her to rent privately and felt that people on housing benefit could not get a property in the private sector.	Not Upheld Ms X was informed that the Council had adhered to the correct policies as they relate to the allocation of social housing. The Council's Medical Advisor has asked her to provide additional information relating to the mental wellbeing of her son and on receipt of these documents her case will be reassessed.
3623216 Mr X complained of the heightened risk to his health of being exposed to damaged MDF and for the delay in carrying out repairs to his property.	Not Upheld Mr X was advised that there was no record of his health issues and any MDF would be cut in our workshop before being installed. There was no evidence that repairs were delayed but were put on hold on Mr X's request.
3477569 Ms X complained that she qualified for social housing under the ten year residency rule. Her medical condition had also deteriorated and this meant that she also qualified on medical grounds.	Not Upheld Ms X was advised that her eligibility for social housing had been clearly explained to her at every stage of her complaint. The Chief Executive considered the Council to have adhered to the correct policies and procedures as they relate to the allocation of social housing.
3611765 Ms X complained that nothing had been done to address her homelessness and unsanitary bed and breakfast situation. She asked how she was going to be compensated given that it had now been recognised that she had been victimised from the start.	Not Upheld The Chief Executive advised Ms X that she had found no evidence of maladministration and that the Council does not have a duty to house someone who is appealing a 'discharge of duty' decision. However, officers provided Ms X with self contained accommodation whilst her appeal was being determined.
3860773 Mr X complained that pipe work in the airing cupboard had not been fitted correctly and this caused a	Not Upheld The Chief Executive explained that the way in which the pipe in question had been fitted by our contractor was not best

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<p>leak. He maintained that the issue should have been detected at the inspection stage.</p>	<p>practice but it was fit for purpose. It had, regrettably, failed and resulted in a leak. The Council arranged for the pipe to be rerouted and discharge in an alternative manner.</p>
<p>3778552 Ms X's legal representatives complained that despite many requests for information, the Council had ignored emails.</p>	<p>Not Upheld The solicitors were advised that the Council is not under any obligation to house individuals that are pending review. Officers exercised this discretion on compassionate grounds and placed Ms X and her son in bed and breakfast accommodation and then moved her into self contained accommodation.</p>
<p>3639933 Ms X's legal representative complained that the Council had been in full possession of the material evidence required to house Ms X and had failed in its duty to do so.</p>	<p>Not Upheld The solicitors were informed that the information given by the Out of Hours officer was correct based on the information she had at the time. The domestic abuse suffered by Ms X had taken place some months previously and the current situation of residing with a friend did not require immediate emergency re-housing. Hence the advice given to Ms X to return the next day.</p>
<p>3931161 Mr X complained that the inspection of windows had been carried out incorrectly as the outside of his windows had not been inspected.</p>	<p>Not Upheld Mr X was advised that the development of damp can be affected by the behaviour of occupants. It is the responsibility of tenants to ensure that a property is well ventilated, regularly cleaned and that the temperature is kept at an appropriate level. The new boiler and a new internal vent will help.</p>
<p>3470335 Ms X did not see how it was acceptable for the Council to provide her with a property that only had a disabled shower and no bath when it was known that she had a two-year-old child. She was also unhappy about exposed pipes and condensation.</p>	<p>Not Upheld Ms X was informed that clear reasons had been provided why a bath was not installed. If she provided medical evidence why a bath is required, this issue will be revisited. Lagging was fitted to the exposed pipes and it is the tenant's responsibility to ensure that it is kept in a good condition and not tampered with.</p>
<p>3657155 Ms X complained that she was being discriminated against for pursuing a career, which had resulted in her living outside of the Borough for two years and therefore not meeting the ten year</p>	<p>Not Upheld Ms X was informed that explanations had been provided why she had not met the 10 year residency criteria as set out in the Council's Social Housing Allocations Policy. Officers had applied the policy correctly and could only offer Ms X</p>

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residency requirement for allocation of housing.	advice to find suitable accommodation in the private rented sector.
3817989 Ms X could see no clear objection for her brother to be declined social housing in the London Borough of Hillingdon.	Not upheld Ms X was advised that the Social Housing Allocations Policy does not allow the inclusion of non dependent adults. There was also no medical grounds to require Ms X and her brother to reside together.
3859106 Mrs X complained that she felt intimidated and discriminated against by officers when being interviewed.	Not Upheld The Chief Executive was satisfied that a satisfactory review and investigation had taken place into the conduct of the officers and concurred with the conclusion that there is no evidence of bullying or discrimination against Mrs X.
3900421 Mrs X was unhappy with the Council's assessment of her mother's situation. She felt that the Council had a duty of care to provide her mother with a ground floor sheltered housing.	Not Upheld Mrs X was advised that the process for assessing her mother was correct. The case had been considered by the Extra Care and Sheltered Housing Panel who determined that her mother could bid for sheltered accommodation on Locata.
3915255 Mr X alleged that officers had encouraged his tenant to (a) make herself deliberately homeless, (b) mis-led the Housing Department, (c) abuse the benefit system, (d) manipulate the housing waiting list and (e) obtain council housing by deception.	Not Upheld Mr X was told that the advice given to applicants includes the fact that the Council would never encourage wilful damage, rent arrears or any form of anti-social behaviour. All tenants are urged to follow the terms and conditions of their Tenancy Agreements to safeguard their existing tenancy and future support from the Council.
3867034 Mr X complained that (a) no repairs had been completed, (b) that he had been caused stress by being informed that the property was dangerous and (c) that he had to take numerous days off work for different tradesmen to inspect the property.	Not Upheld Mr X was advised that the Council has to adhere to tendering processes, leaseholder consultations have been carefully explained and a direct officer contact has been provided so that he can receive updates. In relation to requests for repairs, they have to be prioritised and this can cause delays.

4078976 Ms X complained that the 2 bedroom maisonette she lived in with her four children did not meet their housing needs. The overcrowding they were suffering was having a detrimental impact on them.	Not Upheld Ms X was advised that she had been awarded a Band B as a reflection of her individual circumstances. However, the number of residents who want social housing far exceeds the properties we have available to let. Ms X should bid on suitable properties that are advertised.
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5. INVESTIGATION BY THE COUNCIL'S DESIGNATED PERSON

If a complaint is about a tenancy, leasehold, or other housing management issue, a complainant can request that the Council's 'Designated Person' for assistance in resolving his/her dispute with the Council. Alternatively, a complainant can wait 8 weeks from the date of the Stage 3 response and then escalate their complaint to the Housing Ombudsman.

Table 6 - Total number of Designated Person Investigations

Period	Total number
2013/14	1
2014/15	2

Table 7 below provides details of the two complaints considered by the Council's Designated Person.

Table 7 - Outcome of the investigation by the Designated Person

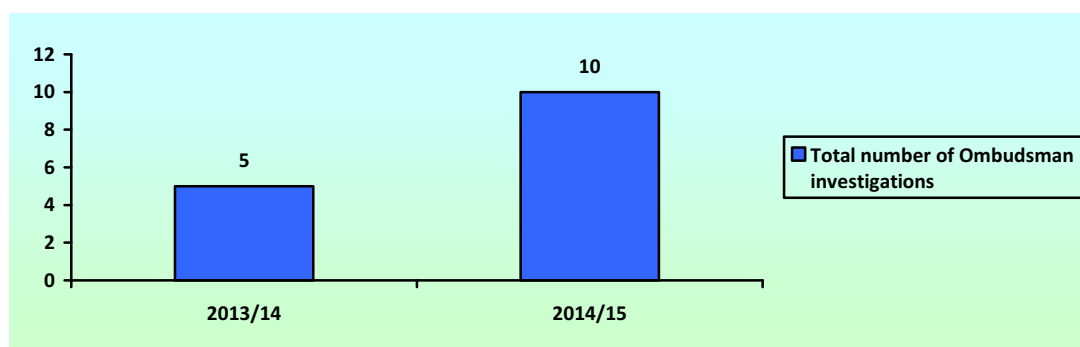
The Complaint	Council's position	Decision of the Designated Person
3860773 Mr X complained that pipe work in the airing cupboard had not been fitted correctly and this caused a leak. Mr X maintained that the issue should have been detected at the inspection stage.	The Council acknowledged that the way in which the pipe had been fitted was not best practice but it was fit for purpose. It had, regrettably, failed and resulted in a leak. The Council arranged for the pipe to be rerouted and discharge in an alternative manner.	Mr X was advised that as some aspects of his complaint were already being considered by the Housing Ombudsman, he was advised to raise any additional issues directly with them.
3632719 Ms X complained that she had applied for social housing and was awarded a Band C. She	Ms X was informed that the numbers of people who require supported housing far exceed the supply and even those	Ms X was told that the Council will follow the recommendation of the Medical Advisor. His view was that she was

<p>asked that her Locata banding be raised on the basis that she was overcrowded where she lived.</p>	<p>applicants with the highest priority have to wait. She was advised that the medical information she had submitted had been referred to the Council's Medical Advisor. His view was her banding should remain the same.</p>	<p>homeless due to the issue of the suitability of the current shared accommodation rather than the longstanding medical condition of her son and as a result her banding remained the same. Ms X could escalate her complaint to the Ombudsman.</p>
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6. INVESTIGATIONS BY THE OMBUDSMAN

Where it appears that a Council's own investigations have not resolved the complaint, the complainant is entitled to refer their complaint to the Ombudsman and at any stage of the complaint process. However, the Ombudsman normally refers the complainant back to the Council if a complaint has not first been fully considered by the Council.

Total number of Ombudsman investigations



- An increase of 5 complaints escalating to the Ombudsman when comparing the figure for 2013/14 of 5 with the figure for 2014/15 of 10.

Outcome complaints that escalated to the Ombudsman

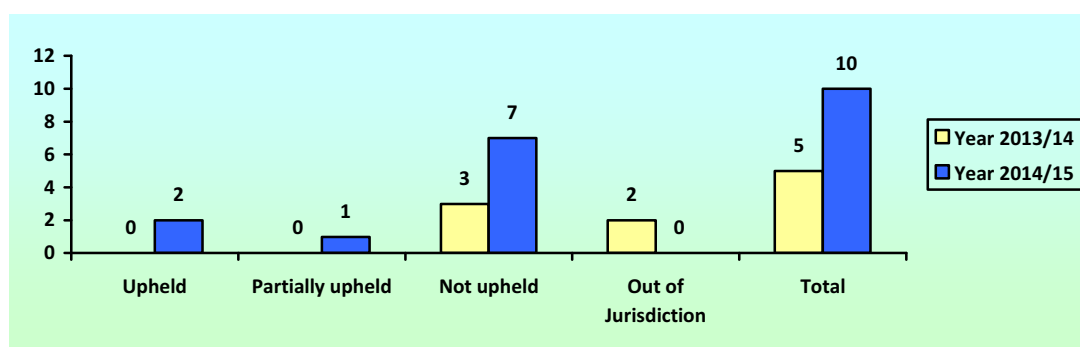


Table 7 below provides details of the 10 complaints investigated by the Ombudsman and the outcome for each complaint.

Table 7 - Outcome of Ombudsman referrals

Complaint details	Ombudsman decision
<p>3565915 Ms X complained that the Council had delayed unreasonably in coming to a decision on her homelessness application and this had meant that she could not join the housing register because of the change in the social housing allocations policy in 2013.</p>	<p>Upheld The Ombudsman found that the Council was at fault for not checking the assured short hold tenancy. Although Ms X continued to live at the property for over a year she has faced uncertainty and the stress of not knowing how long she would be able to stay after the initial six months. In recognition of this the Council agreed to make an offer of compensation to Ms X.</p>
<p>3266088 Mr X complained that his front door was not properly repaired for an extended period of time and that as a result the property was left insecure and it forced him to move out of the property.</p>	<p>Upheld The Ombudsman concluded that the Council failed to replace the front door within a reasonable period of time and that it had not demonstrate that the front door could be secured from the inside of the property. Mr X's complaint was upheld and he was offered compensation to remedy the situation.</p>
<p>3462034 Mr X complained that the Council refused to re-house him despite his family living in an annexe - it was overcrowded, no kitchen or bathing facilities, was unsuitable for his medical needs and that his families care needs had not been properly assessed.</p>	<p>Partially Upheld The Ombudsman found that there was no fault in the way the Council considered Mr X's application for social housing, or assessed his care needs and requests for adaptations. However, the Council had not properly considered whether it had a duty to house him under homelessness legislation. The Council was asked to apologise Mr X for this, which was actioned.</p>
<p>3477569 Ms X complained to the Ombudsman about the Council's handling of her homelessness case and its decision not to allow her on to its housing register.</p>	<p>Not Upheld The Ombudsman found that as Ms X had moved, there was insufficient injustice to warrant further investigation and decided not to pursue the complaint any further.</p>
<p>3611765 Ms X complained that the Council had not handled her homelessness and housing application correctly.</p>	<p>Not Upheld The Ombudsman did not find any evidence of significant fault by the Council in the matters she investigated.</p>
<p>4054766</p>	<p>Not Upheld</p>

Ms X complained the Council had acted with fault in failing to accept a homelessness application from her.	Without evidence of fault by the Council the Ombudsman will not pursue the complaint any further and the complaint is not upheld.
3859106 Ms X complained about the Council's handling of her homelessness application. (a) that the Duty Manager unduly influenced the decision; and (b) alleged that an officer and a security guard were racist towards her.	Not Upheld The Ombudsman did not uphold the complaint on the basis that Ms X could have appealed to the County Court if she thought the Council's handling of her homelessness application was flawed. The Ombudsman did not have sufficient information to determine whether the allegation of abuse towards Ms X took place.
3470335 Ms X complained to the Local Government Ombudsman that the Council failed to cover heating pipes, replace the shower with a bath or address issues with mould and condensation.	Not Upheld The Ombudsman did not find any evidence of fault causing Ms X a substantive personal injustice.
3470335 Ms X submitted a second complaint to the Housing Ombudsman about the Council's responses to her reports of damp and mould, exposed heating pipes, window repairs and the need for the shower to be replaced with a bath.	Not Upheld Ms X was advised that the Housing Ombudsman will not consider complaints which he or any other Ombudsman has already decided upon. She was advised that the Local Government Ombudsman had already issued her with a decision in which they had found no fault which caused her an injustice.
4113845 Mr X complained that the Council would not let him rejoin the housing register. He says an officer told him when he signed his current tenancy agreement that he could re-apply and bid for two bedroom properties.	Not Upheld The Ombudsman decided that the Council had told Mr X about changes to its policy and how it would affect his application to go on the housing register. The Ombudsman found no fault when the Council decided that Mr X could not join the housing register.

7. COMPLIMENTS

Table 8 – number of compliments received for Housing Services

Period	Total number
2014/15	40

Nb This information was not collected for previous years.

Here's what some residents have said about Housing Services.

"On behalf of the residents of X Court I would like to say that we are very impressed with our scheme manager. She is always there to help if we have a problem and we can rely on her discretion. She has been particularly good over the last couple of weeks when we haven't had a lift, she has done her very best to get the problem sorted out. She has been a constant help to all of us especially the people who found the stairs very difficult, which was most of us. She made sure we got up or down safely and also helped with shopping which we obviously had a job to get up the stairs. Not everybody have a family to help and this time has been very hard for all of us living upstairs. But the main thing is that we can rely on her at all times."

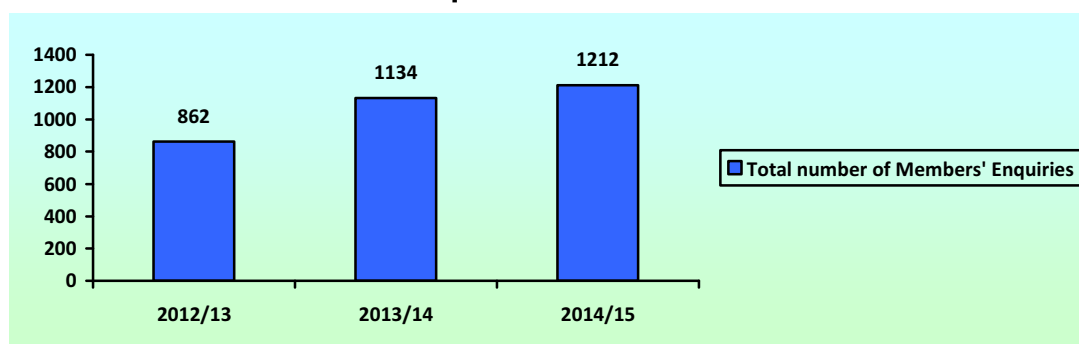
Ms F was very impressed with the work of X. She said *"prior to starting the work X explained to them in detail the work he was going to carry out. X asked them if they had any questions or concerns and they were very impressed that X has considered their needs and respect their property whilst he was carrying out his duties. The work that has been carried out so far appears to be of a very good standard"*.

"I had a mental breakdown due to my health. I found that to get better was to move out of my house and start a new life again. So I want you to know that X went to everyone for me so I could get moves. She has done so much for me even though it isn't her job to do so. I would like to let you know there should be more people like X that help people with mental health and knows how to do it."

8. MEMBERS ENQUIRIES

Enquiries can be submitted to officers on behalf of residents to Elected Members for further information.

Total number of Members Enquiries



- 7% (78) increase in enquiries from Elected Members when comparing the figure for 2013/14 of 1,134 with the 2014/15 figure of 1,212.
- The two main areas where Elected Members raised enquiries were: (1) housing need which accounted for 47% (571) enquiries; and (2) the repairs service which accounted for 12% (145) enquiries.

Annex 2 – Complaints about Adults’ Services

The procedure for dealing with Adults’ Services complaints is regulated by the ‘The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009’.

This procedure is far less prescriptive and allows for early escalation to the Local Government Ombudsman should the complainant be dissatisfied with the response from the Local Authority. The intention of this procedure is to achieve complete resolution at the first attempt, to remove bureaucracy and has been designed to empower complainants in shaping from the outset the approach to resolving the complaint.

The complaint procedure operates as follows:

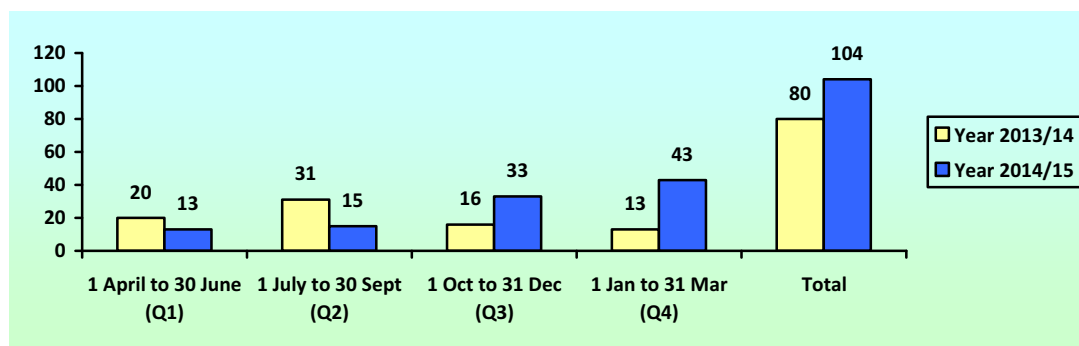
- Stage 1 – response from the Head of Service of the area complained of.
- Local Government Ombudsman.

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

1. THE INFORMAL COMPLAINT

We will try to resolve enquiries/concerns on the spot by discussing the problem with a complainant. If we can solve the problem we will do so, immediately. This approach has helped to keep formal complaints at a low level.

Informal Complaints received – (Service requests)

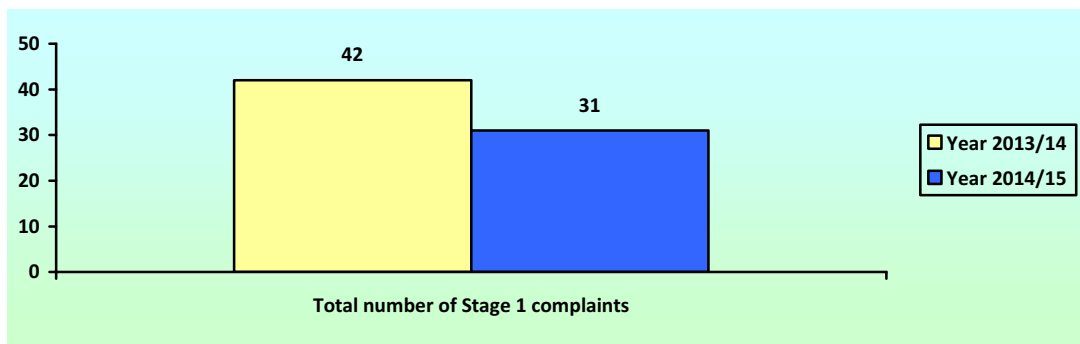


30% (24) increase in informal complaints when comparing the 2013/14 figure of 80 with the 2014/15 figure of 104.

2. STAGE 1 COMPLAINT - LOCAL RESOLUTION

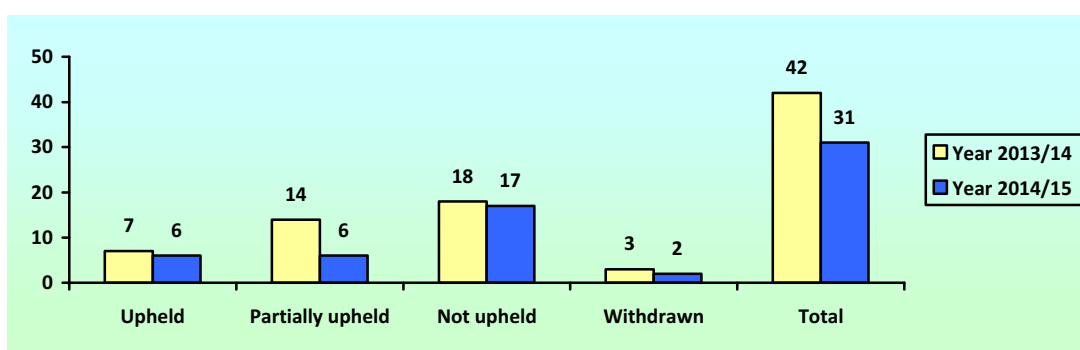
The Head of Service of the area complained about will aim to respond to the complaint within 20 working days.

Total number of Stage 1 complaints



26% (11) decrease in Stage 1 complaints when comparing the 2013/14 figure of 42 with the 2014/15 figure of 31. Please note that all complaints relating to disability have been registered under Adult Services.

Outcome of complaints



The number of upheld and partially upheld complaints of 6 and 6 is 38% of complaints registered (31). 55% of complaints were not upheld.

Table 1 – Time taken to conclude a complaint (working days)

	2013/14	2014/15
Average time taken to conclude a complaint	11.97	13.42
Target	20	20
Variance	- 8.03	- 6.58

The average time taken to conclude a Stage 1 complaint for 2014/15 is 13.42 working days against a target of 20 working days. This is a slight dip in performance when compared against the same period in 2013/14 of 11.97 working days but still within the 20 working day timescale. Two complaints (3710290 and 3855719) took 50 and 31 working days respectively to conclude and these two complaints have had a significant impact on the average time. The main reason for the delay in responding to both complaints was the time we had to wait for input from other agencies (two hospitals and a care home). In future, whilst we will always aim to send a single response to a complainant, the Local Authority will first seek assurance that other agencies can meet an agreed deadline otherwise separate responses will be sent.

Of the 31 Stage 1 complaints:

- 26 (84%) were responded to within our published target of 20 working days;
- 19 (62%) were responded to within 10 working days; and
- 5 (16%) were dealt with outside our published target of 20 working days.

Learning from complaints

Of the 30 Stage 1 complaints, two themes emerged from 8 complaints where there was learning identified.

- **Communication**

In three complaints, service users and their families complained about the timeliness of our communications and when they did receive a communication from us, it did not fully address all the issues. This prompted them to send further communications seeking a response or clarification. In one other complaint unclear communication between two different service areas resulted in confusion on which area and who would be taking forward what action.

- **Delays**

In four complaints, service users complained about the delay in sending service users or their family's minutes of meetings, a copy of an assessment and the time it took for us to respond to their original communication or not at all.

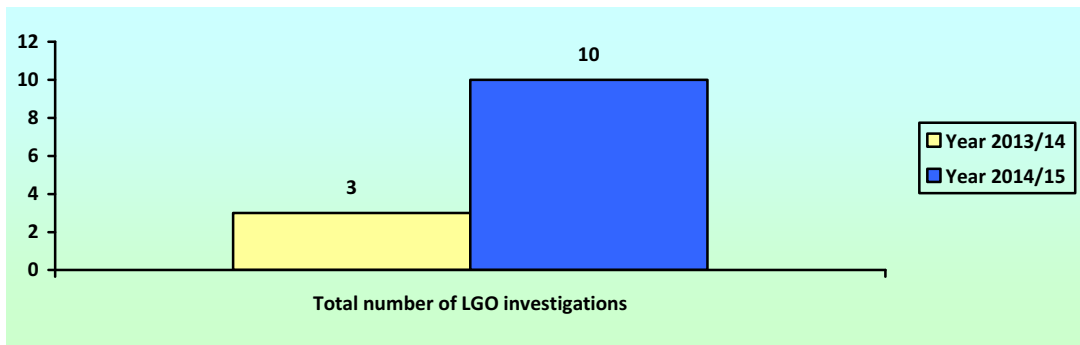
What has been done to improve performance?

- issues have been raised directly with staff concerned;
- article published in Social Care Health News showing current performance, trends, learning identified, compliments received, etc;
- workshops for managers and relevant staff in investigating and responding to complaints is available for staff to use; and
- introduction of a joint Housing and Social Care board to consider cases that cross over both housing and social care jurisdictions and this should, in particular, assist with the Disabled Facilities Grant process.

3. LOCAL GOVERNMENT OMBUDSMAN INVESTIGATION (LGO)

Where it appears that a Council's own investigations have not resolved the complaint, the complainant is entitled to refer their complaint to the Ombudsman and at any stage of the complaint process. However, the Ombudsman normally refers the complainant back to the Council if a complaint has not first been fully considered by the Council.

Total number of LGO investigations



Of the 10 LGO investigations concluded this financial year, 5 complaints were responded to by this Council during 2013/14 but were concluded by the LGO in 2014/15.

Outcome of LGO investigations

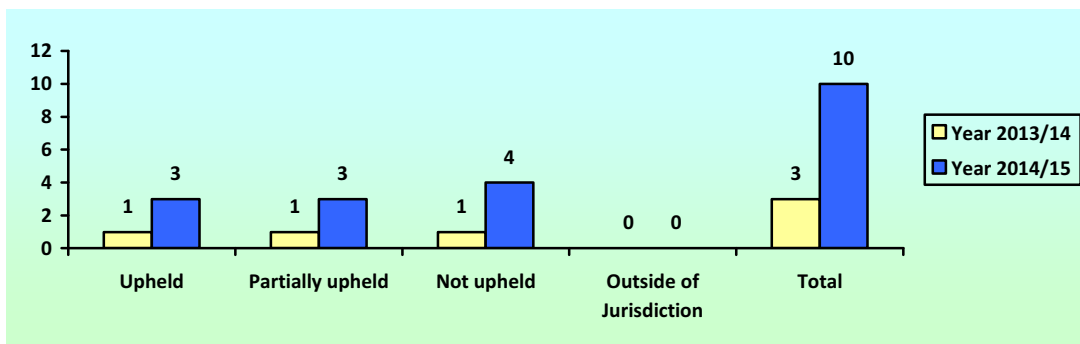


Table 2 provides details of the 10 complaints investigated by the LGO together with their findings and recommendations.

Table 2 – LGO referrals

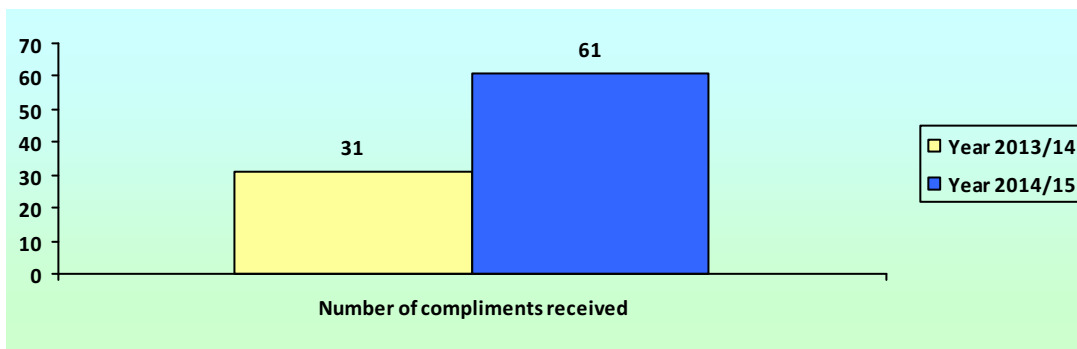
Complaint details	LGO decision
<p>3047513 Ms X complained that the first safeguarding investigation was not thorough and the second investigation concluded the allegation of neglect but at a safeguarding conference, the chair decided the allegation of abuse was <i>'unsubstantiated'</i>.</p>	<p>Upheld The Ombudsman found that there were flaws in the Council's safeguarding investigation and that it did not record a decision of <i>'substantiated neglect'</i>.</p>
<p>3409849 Mrs X complained that the Council failed to meet her sister's assessed needs: a) between October 2013 and March 2014 it failed to make agreed direct payments of 15 hours a week; and b) it wrongly refused to allow Ms Z's carers to use agreed respite payments to fund a holiday.</p>	<p>Upheld The Ombudsman concluded that the Council did not provide direct payments to meet her sister's assessed needs for around six months and that the Council sought to restrict the way direct payments could be used. The Council has apologised to Mrs X and Ms Z for what happened, agreed to meet with them to discuss the arrangements for claiming payments and arranging breaks.</p>
<p>3538969 Mr X complained on behalf of his elderly mother that the Council failed to assess his mother when she left hospital and that it failed to keep her safe or carry out appropriate care when it provided care agencies to help her.</p>	<p>Upheld The Ombudsman concluded that the Council should have assessed Mrs X's care needs sooner, it had made mistakes when it carried out assessments and that it did not assess her mental capacity.</p>
<p>3084087 Mrs X complained that the Council (a) failed to assess her father's needs when he was admitted to a care home; (b) mistakenly concluded that her father gave her a property; and (c) did not tell her that her father would need to pay the entire cost of his care.</p>	<p>Partially Upheld The Ombudsman found fault in relation to the information provided about charges and in failing to carry out an assessment within three months of the placement. However, the Ombudsman did not consider that this had caused an injustice.</p>
<p>3141640 Mr X complained that the Council delayed (a) in applying for higher rate of Attendance Allowance, (b) it failed to supply financial information required for the administration of her estate and (c) that staff error's had caused him a financial loss.</p>	<p>Partially Upheld The Ombudsman did find fault that the Council failed to apply for a higher rate of attendance allowance and concluded that this caused avoidable financial loss. However, no fault was found with the Council's response to Mr X's request for financial information.</p>

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<p>3715016 Mrs X complained that the Council was at fault in how it delivered a transition programme when her daughter transferred from a placement at a three year residential college to a supported living accommodation placement.</p>	<p>Partially upheld The Ombudsman did not find fault in how the Council arranged for her daughter's transition to the supported living placement or in not offering to pay for a residential placement. However, the Ombudsman did find fault that the Council did not tell Mrs X when the provider served notice to terminate the placement.</p>
<p>3418551 Mr X complained that the Council failed to properly investigate his allegations of financial and sexual abuse under its safeguarding procedures in 2011 and his allegations of abuse between 2003 and 2011.</p>	<p>Not Upheld The Ombudsman found no evidence of fault causing injustice in the Council's investigation of Mr X's allegations of financial and sexual abuse.</p>
<p>3199284 Ms X complained that the Council incorrectly claimed she was a joint party to her mother's bank account, failing to take monies promptly from her mother's bank account for care charges and blocking emails she sent.</p>	<p>Not Upheld The Ombudsman found no fault causing Ms X or her mother an injustice or that her e-mails were blocked by council staff.</p>
<p>3051639 Mrs X complained that the Council was at fault for suspending her direct payments because of anomalies in her accounts. She says she did not handle the accounting and that the Council should reinstate her payments.</p>	<p>Not upheld The Ombudsman found some minor evidence of fault by the Council but she did not consider that this had caused Mrs X a significant injustice. Nor did she think the identified fault altered its decision on this matter.</p>
<p>3882099 Ms X complained about the Council's decision to reduce her direct payment and as a result her carer had to take a reduction in her hourly wage. Ms X said that this was embarrassing for her.</p>	<p>Not Upheld The Ombudsman concluded that while it may be embarrassing for Ms X to ask her carer to reduce her hourly rate, the rate agreed between her and her carer is not a matter with which the Ombudsman can find fault with the Council.</p>

4. COMPLIMENTS

Number of compliments received for Adults



- 97% (30) increase in compliments when comparing the 2013/14

figure of 31 with the 2014/15 figure of 61.

Here's what five people have said about Adults' Service

"My instinctive feeling is that, given the very stressful situation of family members trying to care for relatives, you too often may only hear from people with complaints or perceived injustices or short comings of your services. Can I take a few lines to offer an entirely different reason for contacting you. I found X to be a thoughtful, caring and considerate professional who not only clearly had my uncle's best interests at heart but also helped me significantly with the burden of trying to care for someone in a country I no longer live in.

He has an excellent aptitude for encouraging my uncle to be heard and is very patient when often my uncle deviates from the matter at hand or does not answer the question being asked. I did find starting the process of engaging social services difficult and I did fear that the person leading the assistance my uncle badly needs may not be as effective as X has been. I would like you to understand that my career has brought me into contact with many levels and different aspects of public service jobs and that my opinion is both my personal view and also based on twenty years of assessing people for sometimes very senior appointments in health and social care. If you think it appropriate, please share these sentiments with X or whoever else in Hillingdon council you think appropriate. You all work in a tough job and I strongly believe people should be singled out for praise as quickly as others may seek performance review measures if and when an issue of service provision was upheld. He is a credit to your organisation".

"Yesterday after my visit to Moorfields at the low vision unit. I became aware of how kind you had been to me. I don't know why things went wrong along the way but I want to use this opportunity to say thank you. I was made to realise how supportive the borough of Hillingdon has been with my visual aids. Please do accept my apology if I did something wrong along the way. I apologize. Thank you for the visual aids I got. Also thank you for supporting with volunteers and now, with care which is getting better.

I am trusting that I will be able to give to the borough as God makes my journey more successful. I decided after my assessment yesterday that I would not only email you to say thank you but to also apologize for not being quite as appreciative as I could have been. There were several circumstances that became difficult to deal with which I can see are also going away.

Please accept my appreciation for your support".

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"My family and I would like to thank you personally and your department for all the help you have given X and myself over the past 3 years. Does the Borough of Hillingdon have a particular charity that it supports as I would like to show our appreciation by sending a donation".

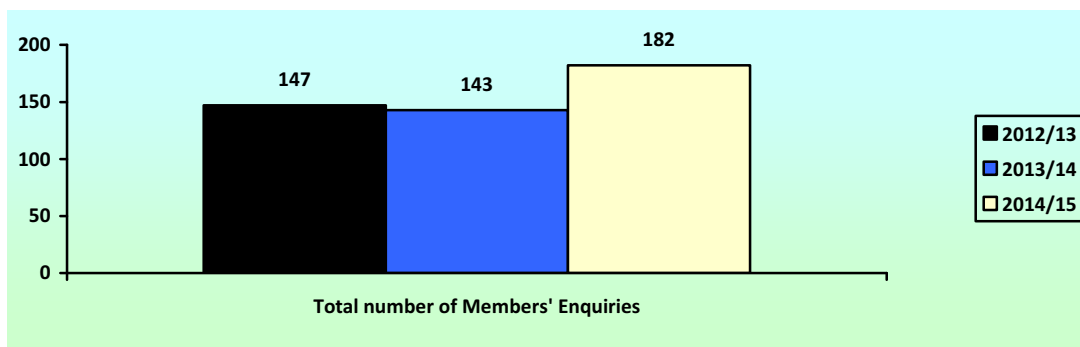
"X loved the carers coming in, and stated they brightened his day. Y is a very shy lady would like to thank the carers for reassuring her during their provision of care and making her feel at ease. Z expressed great thanks to A & B for their professional input and gratitude to the carers providing care to his father".

X would like to express her wishes to Y by saying "she is worth her weight in gold and she goes that extra mile for you, X is very very happy with the service she has received from Y (carer)".

5. MEMBERS ENQUIRIES (ME)

Enquiries can be submitted to officers on behalf of residents to elected members for further information.

Total number of Members Enquiries



- Adults' Services received far more enquiries from Elected Members (182) than complaints (31) during 2014/15 and in previous years.
- 27% (39) increase in enquiries from Elected Members when comparing the 2014/15 figure of 182 with the 2013/14 of 143.
- The three main service areas where Elected Members made enquiries about were: disability services 48 enquiries, personalised services 48 enquiries and access and assessment services 29 enquiries.

MAJOR REVIEWS IN 2015/16 - RAISING STANDARDS IN PRIVATE RENTED SECTOR ACCOMMODATION - WITNESS SESSION 1

Contact Officers: Debby Weller & Charles Francis
Telephone: 6281 & 6454

REASON FOR ITEM

To enable the Committee to gather evidence as part of their Major Review into 'Raising Standards In Private Rented Sector Accommodation'

OPTIONS AVAILABLE TO THE COMMITTEE

1. Question the witnesses
2. Highlight issues for further investigation.
3. To make a note of possible recommendations for the review.

BACKGROUND

At the Committee meeting on 22 April 2015, Members discussed a number of potential review topics for 2015/16 and requested officers to prepare a scoping report on *Raising Standards In Private Rented Sector Accommodation*.

At the 2 July 2015 meeting, a verbal overview of the Private Rented Sector in Hillingdon was given by Housing Officers to assist the Committee in narrowing the focus of the review. The scoping report was agreed at 30 July 2015 meeting.

For this review, there will be 3 witness sessions. The first of which will focus on providing a profile of the sector and its tenants and how this has changed for comparative purposes. It will also provide an overview of the impacts of recent benefits and other relevant legislation, and gives an insight into the (financial) accessibility of the sector.

INFORMATION

A profile of the Private Rented Sector and its tenants

The size and composition of the private rented sector and its occupants

Across the country the private rented sector has grown significantly and this has also been the case in both Hillingdon and in London as a whole. Table 1 below shows how the tenure make-up of LB Hillingdon changed between the 2001 and 2011 census. In 2011 the private rented sector made up 18.2% of the 100,214 households in Hillingdon. The Annual Property Survey suggests that by 2014 the proportion may have grown to as much as 28.2% (note: this is based on a sample survey and as such will be subject to a margin of error).

Table 1

LB Hillingdon	2001	2011	Difference
All Households	96,643	100,214	3,571
Owned; Owned Outright	27,367	27,921	554
Owned; Owned with a Mortgage or Loan	40,985	35,090	-5895
Shared Ownership (Part Owned and Part Rented)	1,322	1,280	-42
Social Rented; Rented from Council (Local Authority)	11,502	10,481	-1,021
Social Rented; Other	4,644	6,271	1,627
Private Rented; Private Landlord or Letting Agency	8,104	16,691	8,587
Private Rented; Other	2,719	1,450	-1,269
Living Rent Free		1,030	

Source: Census 2001 and 2011

There has been a shift from owner occupation to private renting. Outright owner occupation increased, but the number of households buying with a mortgage reduced by almost 6,000 households over this period. At the same time those letting from a private landlord or letting agency increased by over 8,500.

Results from the Survey of English Housing¹ show the following comparisons between the private rented sector and other housing tenures:

- During 2013/14, 35% of private renters moved home, compared to 9% of those in the social rented sector and 5% of home owners.
- Figure 1 below shows the length of residence in the current home by tenure across England in 2013/14. Just below 80% of private sector

¹ Survey of English Housing: Demographic and economic data on social and private renters. Tables published 10th August 2015, <https://www.gov.uk/government/statistical-data-sets/social-and-private-renters>

residents have been in their current home for less than five years and almost 70% have been in their home for less than three years.

- The age of household is considerably younger in the private rented sector than in other tenures. See Figure 2.

Figure 1

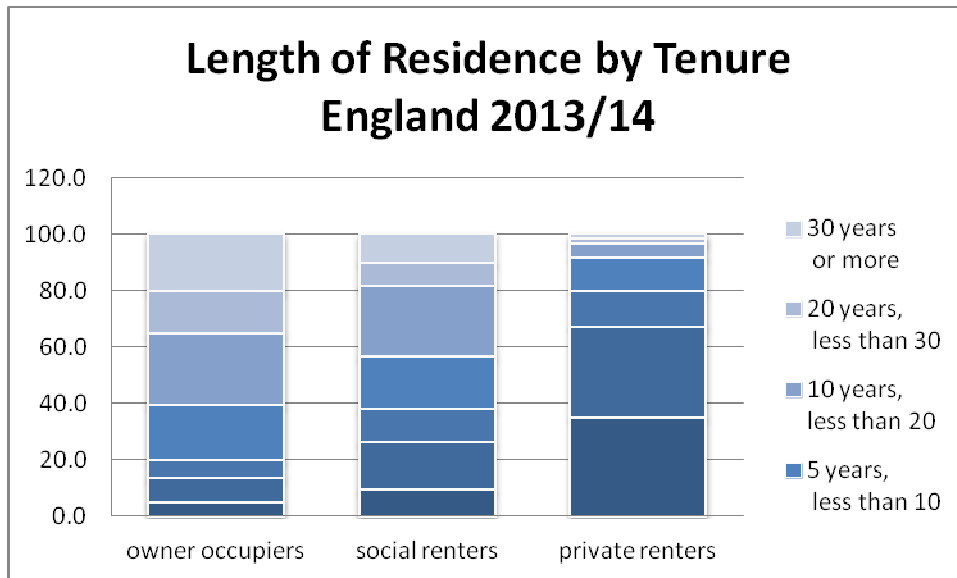
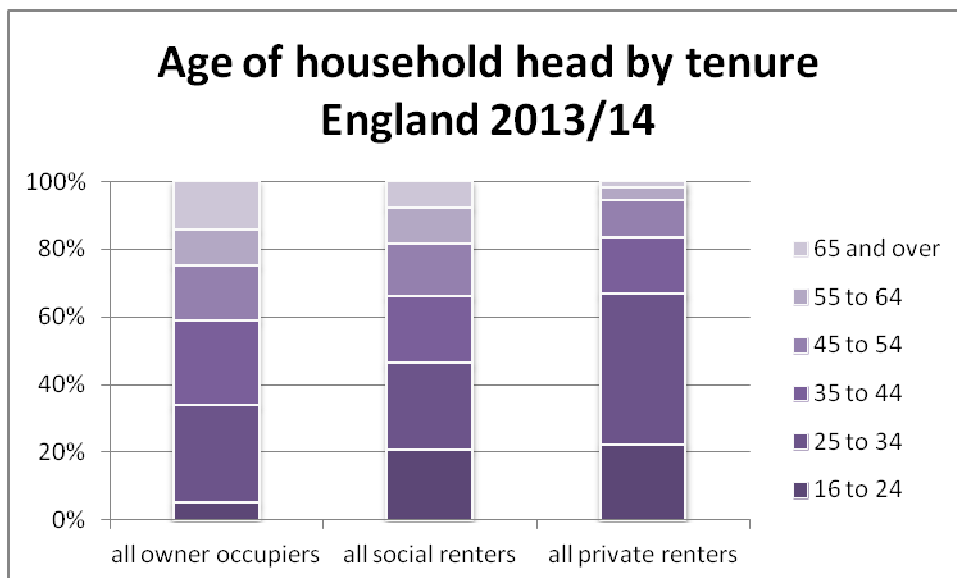


Figure 2



The differences within the private rented sector in different parts of Hillingdon

The number of households renting privately has increased in all wards in Hillingdon, but there is significant variation. The wards with the largest numbers of private renters are Heathrow Villages, Townfield, Uxbridge South,

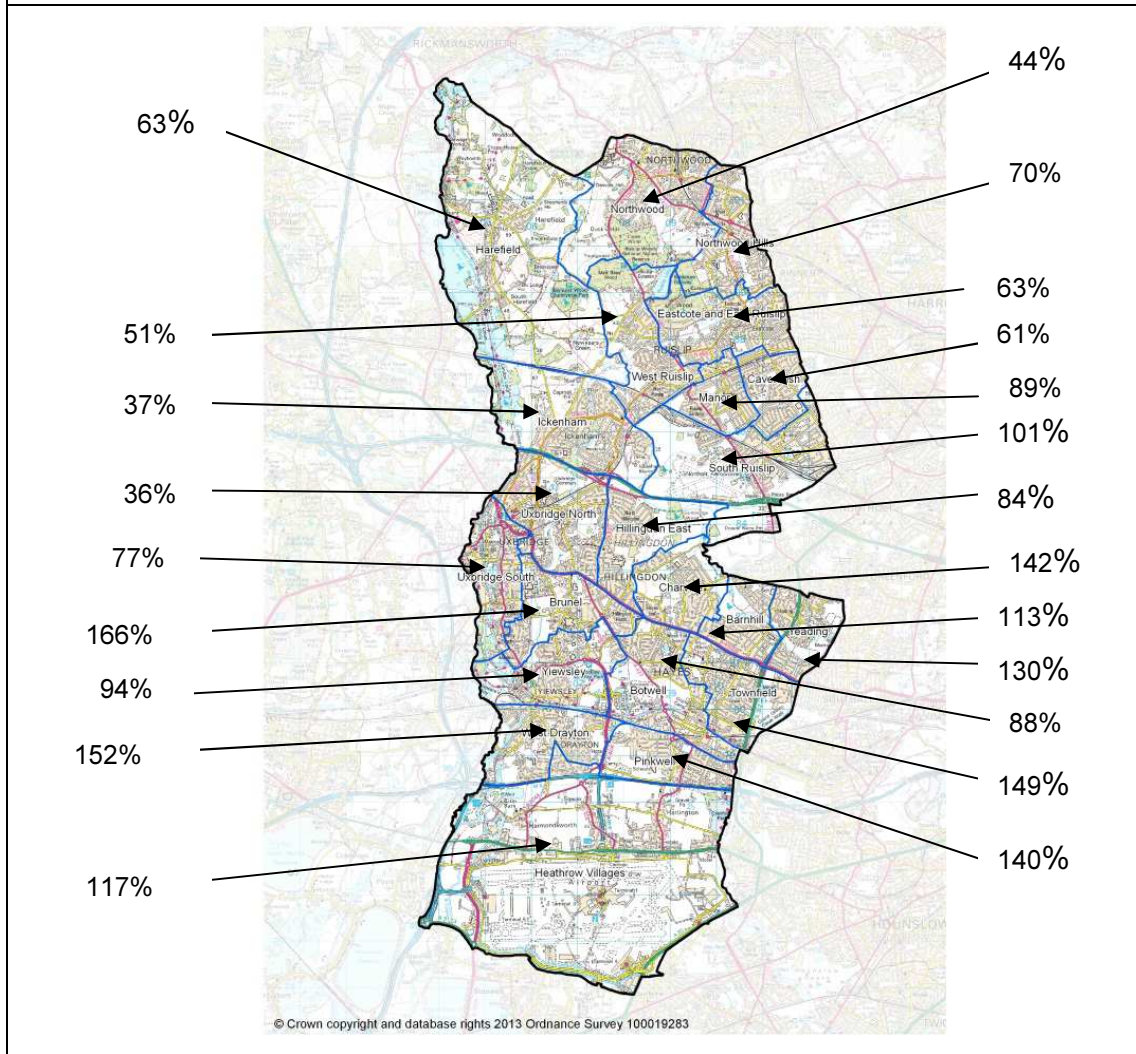
and Yiewsley. The biggest increase between the census years in the number of households renting privately was in Heathrow Villages (805) and the largest percentage increase was in Brunel (166%), owing in part to the continued expansion of the university. Within wards the percentage of households living in the private rented sector, at the time of the 2011 census ranged from 8.8% in Eastcote and East Ruislip to 35% in Heathrow Villages.

Table 2

Wards	2011 % of households in PRS	Households in PRS		Difference 2001 to 2011	% inc 2001 to 2011
		2001	2011		
Barnhill	21.7%	413	881	468	113
Botwell	21.1%	526	988	462	88
Brunel	21.8%	354	943	589	166
Cavendish	10.1%	258	416	158	61
Charville	17%	285	691	406	142
Eastcote and East Ruislip	8.8%	239	390	151	63
Harefield	11.3%	188	307	119	63
Heathrow Villages	35%	690	1,495	805	117
Hillingdon East	15.4%	361	664	303	84
Ickenham	9.4%	251	345	94	37
Manor	14.1%	316	597	281	89
Northwood	21.2%	630	908	278	44
Northwood Hills	17.1%	443	753	310	70
Pinkwell	20.7%	385	924	539	140
South Ruislip	19.7%	440	884	444	101
Townfield	22.8%	402	1,002	600	149
Uxbridge North	19.4%	637	867	230	36
Uxbridge South	26.4%	705	1,246	541	77
West Drayton	19.5%	395	997	602	152
West Ruislip	19.7%	567	856	289	51
Yeading	21.2%	394	906	512	130
Yiewsley	22.6%	557	1,081	524	94

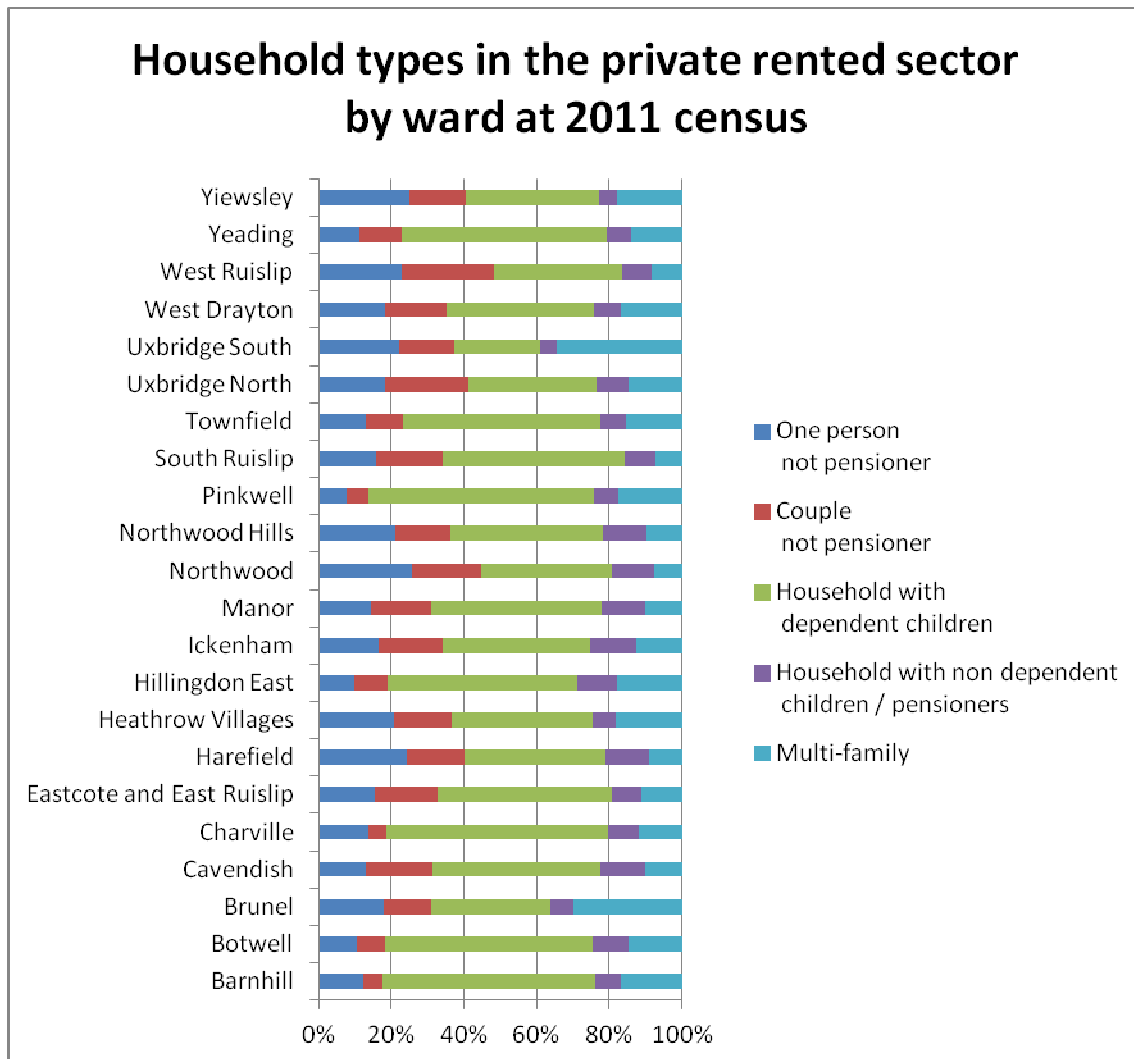
Figure 3

Map showing percentage increase in private rented sector households by Ward 2001 to 2011



The 2011 census data shows that households with children are the largest private rented sector client group in all LB Hillingdon wards and form more than half of all private rented sector households in 8 out of the 22 boroughs. In both Pinkwell and Charville the proportion was over 60% in 2011.

Figure 4



The various sub-markets within the sector

The private rented sector has expanded beyond its traditional student and young professional, single person and couples market and now houses a wide range of people. Tenants in the sector come from a range of backgrounds, affluence levels household type, age, and jobs. There are now many more families with children than was previously the case. Many households in the private rented sector are reliant on Housing Benefit.

Competition in the housing market comes not just from groups of households that previously entered owner occupation, but also from other borough councils. There are inter-borough monitoring arrangements in place through which we are made aware of placements in temporary accommodation made in our borough by other London Boroughs and likewise by LB Hillingdon to other boroughs. Many are short term placements in bed and breakfast but

some relate to longer term placements in leased properties. Local authorities also make available homelessness prevention incentives for clients to 'find their own' home. These incentives vary borough by borough and there is no available data through which we are able to track movements in to the borough that result from such incentives. It is also likely that there are additional families that decide for themselves to move given even higher rental costs in other London boroughs and housing benefit restrictions.

Professional portfolio landlords are increasingly willing to try operating bed and breakfast accommodation. LB Hillingdon has long standing leases which landlords have not been willing to renew but instead have been re-presented to us as bed and breakfast with a price premium. LB Hillingdon works with landlords to encourage them to make their properties available to the council for use through the 'Finder's Fee' or direct leasing scheme.

Current market trends and the effect this has had on the private rental market?

The growth of the private rented sector has been a defining feature of the housing market since the early 2000s. From housing 10% of households in England in 2000, it has grown to house 19% of households according the latest English Housing Survey. The private rented sector in London forms a larger proportion of dwellings than it does in other parts of the country.

Savills conducted a You Gov survey of private renters in 2013 which found that some people were renting because they liked the flexibility offered and others stated that they were renting because they chose to invest their money elsewhere. Flexibility was of greater importance to affluent households but unsurprisingly it was deposit affordability that was the biggest barrier to home ownership and reason for renting across all market segments.

The availability of high loan to value lending (LTV) is still a long way from pre-2008 levels and the relatively high levels of deposits required means house purchase remains relatively expensive. The marginal cost of the top 5% slice of a 95% mortgage remains expensive compared to a 90% loan. The number of first time buyers is still historically low. In the five years before the credit crunch, 2.4 million first time buyers across the country bought homes with a mortgage. In the last five years, just half that number secured their first home. Those who in the past would have been purchasers are remaining longer in the parental home or moving into the private rented sector.

Driven partly by rising rents, particularly in London and the South East, the buy-to-let market is booming. A report by mortgage lender Kent Reliance shows landlords made £67.2bn in capital gains, and £44.3bn from rent in the year to March 2015.

Hillingdon is a housing hot spot and this poses significant problems for the borough in procuring properties, with rising house prices and rents that far exceed housing benefit subsidy.

The table below clearly illustrates the widening differential between what LB Hillingdon can claim within Housing Benefit subsidy rates and what the private market can command.

Table 3

Monthly Rent Comparisons from LHA, TA and PRS June 2015						
Area	2 Bed LHA	2 Bed TA Sub	2 Bed Market	3 Bed LHA	3 Bed TA Sub	3 Bed Market
Uxbridge, West Drayton, Hayes	£966	£810	£1,200	£1180	£990	£1,400
Differential	-£233	-£390		-£220	-£410	
Ruislip, Ickenham	£1050	£850	£1,350	£1313	£1120	£1,600
Differential	-£300	-£500		-£287	-£480	
Incentives	Circa £3700	Circa £3700	4-6 weeks deposit	Circa £4200	Circa £4200	4-6 weeks deposit
Scheme Type	Finder's Fee	Guaranteed Rental	N/A	Finder's Fee	Guaranteed Rental	N/A

(TA subsidy rate 90% 2011 LHA but excludes £40 management fee)

Welfare reform

Welfare reform is a key issue in current housing policy. The cap on Local Housing Allowance (LHA) rates means that welfare benefits will not cover the rental costs in the more expensive parts of inner London. This sets caps by bedsize with a current maximum of £417.02 for a 4 bed property. In addition an overall benefit cap restricts the amount of benefit that most people aged 16 to 64 can receive to £26,000 per annum (£500 a week) for a family and £18,000 (£350) for a single person. The cap includes Housing Benefit and it is applied by reducing the Housing Benefit or LHA payment. At the beginning of August 2015 there were 247 benefit capped households in LB Hillingdon. This number has remained fairly static although individual households move in and out. The majority of these are private sector tenancies. If a household is capped and has a bedsize need of 3 or more, there will not be dwellings available in Hillingdon with an affordable rent within the benefit cap. In total the Housing Benefit / Local Housing Allowance (LHA) caseload in the PRS in

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LB Hillingdon was 8,686 in May 2015 and there were a further 11,999 claimants in the social rented sector.

The total LHA caseload for London has begun to fall slightly, however this masks a picture of a shift in the caseload from out-of-work claimants to in-work claimants, and from inner London to outer London.

Welfare Reform and Work Bill

This is a Bill to make provision about reports on progress towards:

- full employment and the apprenticeships target;
- to make provision about reports on the effect of certain support for troubled families;
- to make provision about social mobility; to make provision about the benefit cap;
- to make provision about social security and tax credits;
- to make provision for loans for mortgage interest;
- and to make provision about social housing rents. It includes measure that impact directly on housing including lowering the benefit cap.

If passed, the new legislation would lower the benefit cap, so that the total amount of benefits to which a family on out of work benefits can be entitled to in a year will not exceed £20,000 for couples and lone parents, and £13,400 for single claimants, except in Greater London where the cap is set at £23,000 and £15,410 respectively. The legislation removes the link between the level of the cap and average earnings and the requirement for the Secretary of State to review the cap each year, replacing it with the requirement that the Secretary of State must review the cap at least once in each Parliament and allowing the Secretary of State to review it more regularly at their discretion.

It was announced in the Summer Budget that certain social security benefits, including child benefit, and certain elements of working tax credit and child tax credit would be frozen for four tax years starting from 2016-17 to 2019/20. This freeze includes Local Housing Allowance.

Private rental repossessions and the impact on homelessness

Market forces dictate it is very much a landlords market and this is pushing rents up and is also reflected in increased court possession activity. The latest Ministry of Justice (MoJ) figures show that 11,307 renting households in England and Wales were evicted from their homes in the first three months of 2015. This is an 8% rise on the same period in 2014 and the highest number recorded in a single quarter since 2009.

Landlord possession activity in Hillingdon has also increased in Q1 2015 compared to Q1 2014. The increase relates to accelerated landlord possessions under Section 21 of the Housing Act, which increased from 54 to

119 in this period. This could be either private or social landlord actions. Given the highly competitive housing market, the key challenge is to secure a supply of suitable, alternative and affordable accommodation for homeless households, ideally to quickly discharge any duty the Council may have by placing households in the private sector. The competition in the private rented sector for accommodation from private renters and other Local Authorities seeking to place families in Hillingdon is not only increasing the cost of securing private rented accommodation in Hillingdon it is also restricting the supply of affordable accommodation either as temporary accommodation or to place families to avoid homelessness. The result is the need to make greater use of higher cost Bed and Breakfast accommodation. In Hillingdon, nearly all new admissions to temporary accommodation are to Bed and Breakfast: running at approximately 7 a week.

An analysis of eligible, priority, homelessness cases shows more households had a need for a family sized property (3 bed) when comparing 2014/15 to 2013/14; 264 compared to 206 respectively. The most common reason for the priority eligible homeless approaches relate to loss of private rented sector tenancies. In quarter 4 2014/15, of the 380 such approaches from homeless families, 102 were because of the termination of an assured shorthold tenancy (AST) and a further 36 had a notice to quit.

Meeting the need from homeless families is, for the most part, the challenge in securing a stable and affordable supply of alternative accommodation in a very competitive housing market. Demand from homeless households needing to be accommodated has not altered significantly in recent years, but the available supply of temporary accommodation has, resulting in increased use of higher cost B&B accommodation as the availability of private sector leased accommodation has declined. All West London Boroughs have seen an increase in overall numbers of households in temporary accommodation.

Accessibility of the sector including the impact of rental costs and of welfare reform

Not surprisingly, the cost of private renting is very strongly correlated with average house prices. Areas with the highest median house prices also have the highest median rents. Hillingdon has one of the highest rates of property price growth in London. Land Registry data records that lower quartile house prices increased from £111,000 in 2001 to £235,000 in 2014. The Rightmove Index reported a Hillingdon average house price in July 2015 of £444,266 and an annual increase of 17.9%. This index is based on asking prices. The most recent sales data from the Land Registry House Price Index, for June 2015, shows an average price of £342,662 and an annual increase of 15.2%. Knight Frank argues that transport is particularly important in the London property market and Crossrail is driving increased prices near stations along the east/west route which includes Hayes and West Drayton.

Office for National Statistics analysis for 2014 shows a median monthly rent in Hillingdon of £1,138 alongside a median salary of £2,216. Median monthly rent as a % of median gross salary is 51.35%. Comparative percentages for other London boroughs range from 40.39% in Bexley to 78.30% in Westminster. Other West London comparators include Hounslow 58.33%, Brent 65.33% and Ealing 58.34%.

The lower quartile house price to earning ratio for Hillingdon in 2014 was 10.57 compared to 6.19 in 2001. This is evidence of a growing gap between earning and house prices.

Likely future trends

With house prices expected to remain high relative to incomes for some time, it is likely that Hillingdon will continue to see the private rental market expand with people living in it for longer. It is expected that the new pension rules which came into force in April 2015 giving retirees the freedom to spend their pension pot as they wish, will see some investing in rental property. Kent Reliance forecasts that by 2020 the total number of rented homes will have soared from 4.8m currently to 5.5m, representing about one in five households.

Forecast growth in private rental housing numbers

5 year forecast England and Wales	No. Of Households (millions)		Forecast change		% of Households	
	2014	2019	Millions	%	2014	2019
Owner Occupiers	14.87	14.67	-0.2	-1.4%	62%	59%
Private Renters	4.86	6.04	+1.2	+24.3%	20%	24%
Social Renters	4.09	4.04	-0.05	-1.1%	17%	16%

Source: Savills Research

The over 65 are the only age group where numbers of private renters are forecast to fall. Around 80 per cent of over 65s are expected to be owner occupiers by 2019.

Homes in the private rented sector are more likely to be in poorer condition than other tenures. 30% are non-decent compared to 19% of owner-occupied and only 15% of social rented homes according to the English Housing Survey. With the prospect of growing demand, there has been a welcome increase in interest in the sector from institutional investors and this should help improve the quality of the sector.

Government have introduced protection for tenants against “retaliatory

eviction” where they have a legitimate complaint, and have introduced measures to ensure fairness for landlords, making the eviction process more straightforward in appropriate circumstances such as the persistent non-payment of rent. These changes will also come into effect in October 2015. Subject to Parliamentary approval from October 2015, landlords will also be required to install smoke alarms on every floor of their property, and test them at the start of every tenancy, and to install carbon monoxide alarms in high risk rooms.

Immigration Bill

Measures in the forthcoming Immigration Bill will enable landlords to evict illegal immigrant tenants more easily, by giving them the means to end a tenancy when a person’s leave to remain in the UK ends - in some circumstances without a court order.

This will be triggered by a notice issued by the Home Office confirming that the tenant no longer has the right to rent in the UK. The landlord would then be expected to take action to ensure that the illegal immigrant tenant or occupant leaves the property.

Landlords will be also required to conduct “Right to Rent” checks on their tenants’ immigration status before offering a tenancy agreement.

There will be a new criminal offence targeted at unscrupulous landlords and agents who repeatedly fail to conduct the “right to rent” checks or fail to take steps to remove illegal immigrants from their property. These landlords may face a fine, up to 5 years imprisonment and further sanctions under the Proceeds of Crime Act.

Forthcoming legislation will create a blacklist of persistent rogue landlords and letting agents, helping councils to focus their enforcement action on where it is most needed, and keeping track of those who have been convicted of housing offences.

And new measures will prevent a landlord or letting agent from renting out of properties if they are repeat offenders.

The Department for Communities and Local Government have issued a technical discussion paper on 'Tackling rogue landlords and improving the private rental sector'.

This sets out the proposals for a blacklist of rogue landlords and letting agents, tougher penalties for the worst offenders, extending Rent Repayment Orders and introducing civil penalties.

The report also invites views on tackling the problem of abandonment in the sector, where a tenant simply disappears, leaving the landlord uncertain over their right to repossess.

A separate discussion document about the proposed extension of mandatory licensing for Houses in Multiple Occupation is to be published in due course.

Housing conditions - complaints about standards in the private rented sector

Hillingdon currently employs 4.1 full time equivalent posts as "housing standards officers" (5 staff members two of whom are part time). The team was larger than this, but work has been re-organised to allow these officers to concentrate on raising standards in the private rented sector. Work has been re-assigned to other teams which concentrate on nuisance from rented properties, grants and adaptations to private properties and procuring new landlords and in-house leased properties. The housing standards team is therefore well placed to deal with complaints about standards, in:

- private rented single dwellings
- houses of multiple occupation (HMOs)
- temporary accommodation, such as bed and breakfast hotels
- mobile homes and caravan sites

Where the council provides the accommodation, such in properties leased direct from landlords or through agents such as Orchard and Shipman, the standards team will make sure that adequate standards of accommodation are provided. Where the tenant has a tenancy agreement with the landlord independent of the council, the council's primary role is to respond to complaints from tenants about hazardous conditions, rather than quality or value for money issues which are matters between the tenants and the landlord.

Hazards are assessed under the government's Housing Health and Safety Rating Scheme, introduced to support the enforcement measures in the Housing Act 2004. The most common hazard types in Hillingdon are shown in this table:

Housing Standards	January	February	March	April	May	June	Sum
PSHS-Damp and Mold Growth	30	29	18	19	8	12	116
PSHS-Excess Cold	12	8	1	4		1	26
PSHS-Pest and Infestation	9	5	1	3	2	6	26
PSHS-Electricity	7			5	2	4	18
PSHS-Sanitation and drainage		3	1	3	5	3	15
PSHS-Gas	4	1		2	2	4	13
PSHS-Structural collapse	1	3	2	2	2	2	12
PSHS-Water Supply	1	2	2	3	1	2	11
PSHS-Lack of Cooking Facilities	1			2	2	4	9
PSHS-Trips and falls	1	1	1	1		1	5
PSHS-Fire-Hazards	2						2
PSHS-Crowding and space				1			1
Sum	68	52	26	45	24	39	254

Enforcement options include a Hazard Awareness Notice, an Improvement Notice or in extreme cases Emergency Remedial Action, Prohibition Notice or prosecution for non-compliance with the regulations for HMOs. Council officers are obliged to notify landlords when visiting their properties and cannot prevent a landlord from being present. In most cases, even when there is friction between landlord and tenant, conditions can be improved by informal action and landlord agreement.

For example, cases closed between April and June 2015 were dealt with in the following ways:

Improvement notice	1
Informal action	34
No action required	10
Other notice	2



HILLINGDON

LONDON

Policy Overview & Scrutiny Committee Review Scoping Report 2015/16

RAISING STANDARDS IN PRIVATE RENTED SECTOR ACCOMMODATION

Aim of review

This review aims to examine standards in private sector rented accommodation in Hillingdon, and will focus on the specific issues detailed in the Terms of Reference.

Terms of Reference

- a. To provide a profile of the sector and its tenants and how this has changed for comparative purposes and provide information regarding accessibility to such accommodation;
- b. To report on levels and the impact of overcrowding in the sector particularly in relation to the health of occupants;
- c. Consider current and potential mechanisms through which information regarding their options is made available to existing and prospective private rented sector tenants. To include council services and signposting to other agencies;
- d. To make recommendations to Cabinet based on the findings of this review

Reasons for the review

At 22 April 2015 meeting, the Committee considered investigating Raising Standards in Private Rented Sector Accommodation as its first major review topic for 2015/16. At the 2 July 2015 meeting a verbal overview of the Private Rented Sector in Hillingdon was given by Housing Officers to assist the Committee in narrowing the focus of the review.

INFORMATION AND ANALYSIS

Key Issues

1. The private rented sector in Hillingdon has grown significantly in terms of both the number and proportion of households that live in this tenure. The cost of accessing private sector housing in Hillingdon has also increased markedly and the make-up of the sector has changed. Increased competition comes from within the borough and further afield. These factors create a different climate for private rented sector housing than previously and have an impact on households' ability to access the sector. There are also potential impacts on property conditions and management standards. There is, for instance, some evidence that overcrowding is increasing. The Council needs to better understand the private rented market and in particular the impact of overcrowding on occupants' health.
2. Resources to address issues in the private rented sector are limited and consequently it is important that information about available options is disseminated effectively in relation to both Council services and those provided by others. Given the rapid growth of the sector and other changes, such as those relating to welfare benefits, it is timely to review this.

Background and importance

Overview

3. The private rented sector has continued to grow in size and importance, not only for traditional groups housed in the sector, such as young single people, but also for families with children.
4. The London Housing Strategy includes a target to increase the supply of purpose built private rented sector housing. The Mayor of London has also developed a London Rental Standard; a set of minimum standards that the Mayor expects every landlord and letting agent in London to meet.
5. There has been significant growth in the Buy-to-let market and although the recent Budget set out plans to reduce tax relief to basic rate only, buy-to-let is likely to continue to be seen as an attractive investment prospect.
6. The majority of landlords are reputable and provide decent well maintained homes, but there are a minority of landlords who ignore their obligations and knowingly rent out unsafe and overcrowded accommodation.
7. Tenants may not be aware of their rights and what can be expected of their accommodation and their landlord. Encouraging tenants to raise

complaints and concerns about their landlords, letting agents or neighbouring tenants can help to target investigations.

8. Likewise a small number of landlords have little awareness of their obligations towards their tenants. In many cases landlords are willing to learn how to be better in their role. Landlord education, training and signposting can assist in improving the management of property.
9. Legislation now requires all letting and property management agents to join one of three approved redress schemes, which gives tenants a process through which to hold agents to account.
10. There are important links between housing and health. The Building Research Establishment (BRE) estimate that, across the country, avoidable disease and injuries caused by poor housing costs the NHS at least £600m a year.
11. Growing up in an overcrowded household can have a serious impact on the health of children. Infectious diseases spread more readily in overcrowded conditions and frequent illnesses lead to missed days at school. Research has found evidence of a relationship between overcrowding and the physical health of children, including respiratory conditions and meningitis.¹

Remit

Private rented sector – size and profile

12. Between the 2001 and 2011 census the number of private rented dwellings increased from 9,439 to 18,141 and it is thought that the increase has continued at pace since the census. The growth of the private rented sector is a common across the country but has been particularly strong in London. According to a report by Kent Alliance², in the last year, 77% of the new households formed in Great Britain were created in the private rented sector. The review will examine this growth in more detail.

Rent levels in the private rented sector

13. Market rents in the private rented sector have been increasing and there have been various changes to the way in which the Local Housing Allowance operates that have been made since it was introduced in 2008. A number of other welfare benefit changes are also relevant in relation to

¹ The Impact of Overcrowding on Health & Education: A literature review (Office for the Deputy Prime Minister, 2004)

² The Kent Alliance: Buy to Let Britain report, Edition Two

households' ability to access the sector, including the household benefit cap. The review will explore rent levels and affordability in more detail.

Overcrowding and Health Implications

14. "Crowding and space" is one of the 29 possible hazards in domestic dwellings identified in the Housing Health and Safety Rating Scheme (HHSRS) introduced in 2006 to support the enforcement regime created in the Housing Act 2004. Crowding and (lack of) space is described in HHSRS as a "psychological hazard" as the effects of lack of space for living, sleeping and normal household and family life are mainly psychological distress and mental disorders as personal space and privacy needs are compromised. There is also an increased risk of accidents and lack of hygiene. There appears to be no particular age group more vulnerable than others, but those most at risk will be those who spend most time in the dwelling, typically older people, the very young, those who are mobility impaired and their carers. The likelihood of overcrowding depends, of course, mainly on choices made by landlords and occupiers, but the type of property where likelihood increases is in newer houses, for example those built since 1979, as room sizes and overall dimensions of properties have become smaller. The lowest risk is in properties built before 1920. Overcrowding in flats is generally less common than in houses, where the temptation to introduce additional tenants, family members or families is higher. However, some of the more extreme cases of overcrowding can occur in flats, for example one family living in each room including the living room.
15. Enforcement action open to the Council under the Housing Act 2004 includes an Improvement Notice, requiring the owner to make changes within a time frame, or a Prohibition Notice, requiring the owner to cease using the premises as a dwelling completely, or partially for example by returning it to single family use or limiting the number of occupiers.
16. This is in addition to traditional enforcement powers under public health legislation relating to filthy premises or removal of conditions encouraging pests.

Information, advice and guidance

17. Initial enquiries regarding landlord issues are dealt with via the Council's contact centre who have scripts for dealing with a variety of query types. The Homelessness Prevention Team also provide advice to people on what they should expect from landlord and tenant relationships. The team also signpost as necessary for legal advice. Where there may be a need for more specific intervention in relation to housing standards, households are directed to the Private Sector Housing Team. A section of the Council website is devoted to private sector housing conditions and provides advice for both tenants and landlords.

Connected work (recently completed, planned or ongoing)

18.The Renewal of HMO Scheme.

EVIDENCE & ENQUIRY

Witnesses

Debby Weller

Nigel Dicker

Ed Shaylor

Steve Hajioff

Lynn Forshaw

Local management agents

Private sector landlords

Lines of enquiry

The first witness session will focus on the profile of the private rented sector and accessibility.

- The size and composition of the private rented sector and its occupants
- The differences within the private rented sector in different parts of Hillingdon
- The various sub-markets within the sector
- How the sector has changed. Current market trends and the effect this has had on the private rental market?
- Likely future trends?
- Private rental reposessions and the impact on homelessness
- Accessibility of the sector including the impact of rental costs and of welfare reform

The second witness session will focus on overcrowding and the impact on health.

- A definition of overcrowding
- The room standard and the space standard
- Households overall at greater risk of illness, infection poor diet and nutrition.
- Specific impact on children. Prevalence of meningitis and respiratory problems. Overcrowded homes and linkage to slow growth in children and correlation with increased risk of heart disease as an adult.
- Detrimental effect on emotional and mental health.

The third witness session will look at information, advice and guidance

- What information is currently provided to prospective Private Rented Sector tenants?
- Should the Council consult to see if this is effective?
- What further forms of information might be provided?
- Channels of communication

The fourth and final session will

- Agree the final report including recommendations to Cabinet/Cabinet Members based upon the findings of the review.

LOGISTICS

Proposed timeframe & milestones

Meeting	Milestone	Outcomes
30 July 2015	Agree Scoping Report	<ul style="list-style-type: none"> • Agreed terms of reference and preferred witnesses
3 Sept 2015	<p><i>First witness session</i></p> <p>Potential witnesses include:</p> <ul style="list-style-type: none"> • Debby Weller • Nigel Dicker 	<ul style="list-style-type: none"> • To review the size and scale private rented market in Hillingdon • Sub - markets • The evolution of the sector and future trends
6 Oct 2015	<p><i>Second witness session</i></p> <p>Potential witnesses include:</p> <ul style="list-style-type: none"> • Ed Shaylor • Steve Hajioff • Nigel Dicker 	<ul style="list-style-type: none"> • To determine what overcrowding is and the current levels • To determine the most likely health impacts • To propose those steps which might be taken to improve conditions
4 Nov 2015	<p><i>Third witness session</i></p> <p>Potential witnesses include:</p> <ul style="list-style-type: none"> • Lynn Forshaw • Ed Shaylor • Debbie Weller • Local management agents (Orchard & Shipman and Gibbs Gillespie) • Private sector landlords 	<ul style="list-style-type: none"> • Information, advice and guidance • Sign posting by the Council to other agencies
20 January 2016	Final session	Agree final report.

Risk assessment

To meet its terms of reference the review will need to be resourced. Officers will be tasked to support the review as an integral part of the Housing Delivery Plan.

The impact of the review may be reduced if the scope of the review is too broad.

DRAFT

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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 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

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

Cabinet meeting - 24 September 2015

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	Private decision?
60	Cottesmore and Triscott Houses	Cabinet will consider the procurement for the award of a contract for the provision of personal care for these extra care housing sites.	Manor, Townfield		Cllr Philip Corthorne	FD - Paulo Borges		NEW	Private (3)
51	Older People's Plan update	Cabinet will receive a quarterly update on progress on the Older People's Plan.	All		Cllr Ray Puddifoot MBE / Cllr Philip Corthorne	AD - Vicky Trott	Older People		

Ref Decision Further information

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

Cabinet meeting - 22 October 2015

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	Private decision?
63	Safeguarding Adults Partnership Board Annual Report	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 - Steve Ashley (Independent Chairman) / Tony Zaman	Policy Overview Committee	NEW	

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

Cabinet meeting - 19 November 2015

54	Carers Strategy - progress update	As requested at it's meeting in April 2015, Cabinet will receive an updated on progress implementing the Carers' Strategy and Delivery Plan.	All		Cllr Philip Corthorne	AD - Vicky Trott			
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Cabinet Member Decisions - November 2015

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	AD - Democratic Services	Various		
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Ref Decision Further information

Ward(s)

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

Cabinet meeting - 17 December 2015

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	Private decision?
61a	The Council's Budget - Medium Term Financial Forecast 2016/17 - 2019/20 BUDGET & POLICY FRAMEWORK	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2016/17 for consultation, along with indicative projections for the following three years. This will also include the HRA rents for consideration.	All	18 February 2016 or 25 February 2016 (reserve date)	Cllr Ray Puddifoot MBE & Cllr Jonathan Bianco	FD - Paul Whaymand	Public consultation through the Policy Overview Committee process and statutory consultation with businesses & ratepayers	NEW	

Agenda Item 9

WORK PROGRAMME 2015/16

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
2 July 2015	CR 5
30 July 2015	CR 5
3 September 2015	CR 5
6 October 2015	CR 6
4 November 2015	CR 6
20 January 2016	CR 6
23 February 2016	CR3/3a
24 March 2016	CR 6
20 April 2016	CR 6

2015/16 - DRAFT Work Programme

Meeting Date	Item
2 July 2015	Major Reviews Topics 2015/16
	Work programme for 2015/16
	Cabinet Forward Plan

30 July 2015	Budget Planning Report for SS,Hsg&PH
	Scoping Report for Major Review
	Work Programme
	Cabinet Forward Plan

3 September 2015	Major Review - Witness Session
	Cabinet Forward Plan
	Annual Complaints Report
	Adults Safeguarding
	Work Programme

6 October 2015	Major Review - Witness Session
	Update on previous review recommendations (Shared Lives Review)
	Cabinet Forward Plan
	Consideration of Second Major Review
	Work Programme

4 November 2015	Major Review
	Public Health Report
	Cabinet Forward Plan
	Work Programme

20 January 2016	Budget Proposals Report for 2016/17
	Cabinet Forward Plan
	Work Programme

23 February 2016	Cabinet Forward Plan
	Work Programme
	Witness Session

24 March 2016	Cabinet Forward Plan
	Work Programme
	Witness Session

20 April 2016	Cabinet Forward Plan
	Major Review Second Final report

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