



HILLINGDON
LONDON



Social Services, Health and Housing Policy Overview Committee

Councillors on the Committee

Judith Cooper (Chairman)
Patricia Jackson
Peter Kemp (Vice-Chairman)
John Major (Labour Lead)
David Benson
Sukhpal Brar
Wayne Bridges
Kuldeep Lakhmana

Date: TUESDAY, 8 NOVEMBER
2011

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

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



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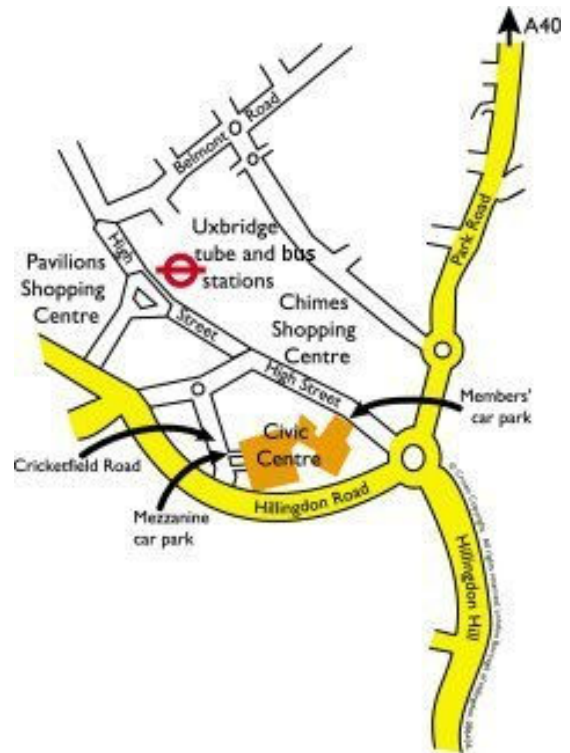
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Policy Overview

About this Committee

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

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

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

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

Terms of Reference

To perform the following policy overview role:

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

In relation to the following services:

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

Policy Overview Committees will not investigate individual complaints.

Agenda

Chairman's Announcements

- | | | |
|---|---|---------|
| 1 | Apologies for Absence and to report the presence of any substitute Members | |
| 2 | Declarations of Interest in matters coming before this meeting | |
| 3 | To receive the minutes of the meeting held on 12 October 2011 | 1 - 10 |
| 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 | Personalisation and Disabilities with reference to Transition - Witness Session 2 | 11 - 24 |
| 6 | The Use of Assistive Technology to support Independent living in Hillingdon - update on review recommendations | 25 - 30 |
| 7 | Forward Plan | 31 - 42 |
| 8 | 2011/12 Work Programme | 43 - 46 |

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Minutes

SOCIAL SERVICES, HEALTH AND HOUSING POLICY OVERVIEW COMMITTEE



12 October 2011

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

	<p>MEMBERS PRESENT: Councillors: Judith Cooper (Chairman) Patricia Jackson Peter Kemp (Vice-Chairman) John Major David Benson Sukhpal Brar Wayne Bridges Kuldeep Lakhmana</p>
	<p>OFFICERS PRESENT: Neil Stubbings (Deputy Director Social Care, Health and Housing) Daniel Kennedy (Service Manager - Performance and Intelligence) Gary Collier (Commissioning Services Manager) Helen Miller (Interim Head of Transformation) Charles Francis (Democratic Services Officer)</p> <p>Also present: Barry Newitt (Housing Support Commissioner)</p>
	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>None.</p>
	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>None.</p>
	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 6 JULY 2011 (<i>Agenda Item 3</i>)</p> <p>The minutes of 25 July 2011 and 31 August 2011 meeting were agreed as a correct record.</p>
	<p>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>)</p> <p>All items were considered in Part 1.</p>

PERSONALISATION & DISABILITIES WITH REFERENCE TO TRANSITION – WITNESS SESSION 1 *(Agenda Item 5)*

The Chairman introduced the report and thanked the witnesses for attending the meeting. The witnesses in attendance were:

- Chris Hampson – Look Ahead, Executive Director of Strategy, Performance and Operations
- Colum Friel – Look Ahead, Head of Operations Mental Health Services
- Ceri Sheppard – Look Ahead, Transformation Manager
- Angela Wegener Chief Officer, DASH

Look Ahead

Chris Hampson provided an overview of the Look Ahead organisation. The following points were noted:

- Look Ahead had provided vulnerable customers with high quality accommodation and the care and support services they required to live independently for over 30 years.
- Look Ahead worked with people who were amongst society's most vulnerable and included:
 1. young people, care leavers and teenage parents
 2. people with mental health issues
 3. people with learning disabilities
 4. homeless families, single homeless people and rough sleepers
 5. women and children fleeing domestic violence
 6. people with substance misuse issues
 7. people with offending histories.
- Look Ahead had worked in partnership with 28 Boroughs in London and the South East and several primary care trusts. Last year Look Ahead supported over 5000 people.
- The accommodation-based support and floating and outreach services offered support to people around:
 1. preventing repeat homelessness through tenancy sustainment
 2. seeking specialist support for drug and alcohol issues
 3. mental health needs
 4. managing money and accessing benefits
 5. finding meaningful occupation and developing social networks
 6. accessing education, employment and training and activities in the local community.
- Look Ahead had enabled socially excluded people they supported to transform their lives in positive ways. By doing so, clients had been empowered to play an active part in their local community and to live more independent lives.

Look Ahead was customer focused and assisted clients to make choices and take control of their own support which could involve.

- Selecting the person who supports you
- Choosing the time and location of your support sessions
- Having control over the activities budget where you live
- Having a say in how your service is delivered

A key aspect of helping clients to make these choices was facilitating the move away from block contract commissioning to personal budgets. It was noted that Look Ahead were currently in discussion with a number of Local Authorities about the ways in which they were managing this transition.

- It was noted that personal budgets only applied to those clients which were FACS (Fair Access to Care) eligible, although most of Look Ahead's clients would not be eligible for a personal budget.
- Look Ahead aspired to assist as many users of personal budgets as possible and had conducted a pilot study last year. This had involved 240 service users across all clients groups and delivery models to see how service provision could be personalised for them.
- Learning points from the pilot study had shown how important choice and flexibility were.
- Look Ahead had experience of assisting 25 clients with personal budgets which were mostly administered by the respective Councils. These budgets ranged from £5k to several times this amount and mainly centered on those clients with disabilities. At this early stage, users experiences with personalised budgets had been mixed. Numerous examples of innovative uses of personalised budgets were cited including the case of a client who had chosen to spend part of their allowance on attending 'gigs' for increased social interaction. In some cases, client's circumstances had not markedly changed since they had adopted a personalised budget.

Colum Friel – explained personalised budgets for Mental Health clients were not as advanced as those for clients with disabilities but were catching up quickly.

In response to a question about the under development of the current commissioning market place, the Look Ahead representative explained that ensuring the market developed and there were sufficient market coordinators in place was one of the greatest challenges facing all Local Authorities. Ensuring support plans were up to date and were flexible was also key to developing the marketplace so that the market could grow in response to clients changing needs.

Look Ahead suggested that zero based contracts were a flexible way forward but in their experience, not all Local Authorities had shown a willingness to buy into this mechanism.

It was noted that one of the key barriers to the adoption and development personalised budgets was the risk aversion mentality of many Local Authorities and in particular the safeguarding concerns which were prevalent in managing cash for clients with either disabilities or mental health needs. Only when risk aversion could be overcome would the commissioning market truly develop.

Members asked how these barriers could be overcome? In response, Look Ahead explained that a change of organisational culture was required and a sea change of attitude amongst staff, to enable staff to take more informed risks than they had been used to doing previously. It was noted that this issue was a regular experience across all Authorities as all staff were naturally aware of statutory and personal responsibility they had to manage when assisting every client.

Look Ahead suggested that block contracts were an easy or safe option through which to procure services and that a combination of the innovative use of the voluntary sector and innovative commissioning were required if the market was to develop at a quicker pace. Allied to these conditions, it was suggested that every Local Authority would need to 'experience' the marketplace and make judgements about where there were gaps in service provision to assist service providers. One way of doing this would be to ensure providers worked with Authorities to ensure a Directory of Services was maintained which could be used to identify where additional marketing activity was required.

Look Ahead explained that conventional thinking indicated that market development would be driven by the individual client. However, their experience had suggested that market development would be driven through a combination of support plans and brokerage and the market responding to these needs.

A further key challenge which was highlighted related to costings and pricing of services and it was acknowledged that this was difficult to accomplish in an underdeveloped market place.

In response, Officers explained they were working on compiling a list of providers (including details of the services provided and the prices of these) on a West London level and capturing this on software so that these details would be available on-line through public libraries to all support planners. The intention of this approach would be to allow users to post feedback comments on their experiences and thereby regulate the marketplace. Quality providers with positive feedback would flourish whereas those with negative feedback would do less well.

While Members agreed this was a positive approach, concerns were raised at the likely timescales required to achieve this desired outcome. In response, officers explained they were working on developing a practical framework to enable Social Workers to manage greater risks and this culture change had already been integrated into officer training programmes.

Ceri Sheppard explained Look Ahead had found tremendous resistance amongst some Social Workers and especially those from block contract backgrounds. Members agreed that managing the change programme was a significant challenge and advocated that incremental change was the most sensible way forward.

A further factor influencing the speed of market development across Authorities was the culture at each organisation. Whereas some would be target driven, others might focus on the build up of relationships and the importance of developing infrastructure. Members were conscious that any risk assessment approach would need to ensure both users and staff were protected and there were protocols in place to support social workers. This also underlined the importance of thorough support planning and for this to be effective, ensuring risks were identified at an early stage. Members agreed it was important that risk assessments would need to be regularly reviewed and maintained as 'living documents'

Officers highlighted it was important to note the Statutory Duty of Care had not changed. Look Ahead explained that one of the difficulties faced by staff was there was often reluctance amongst clients to speak out when their support plan was formulated and so to enable support plans to be as effective as possible clients would need to be encouraged to speak out in future.

Members asked whether there were any specific disadvantages of having a personal budget. In response, Look Ahead explained that some clients were not even aware they had a personalised budget and so every effort had to be made to ensure the support plan made these options clear to the client. Members' attention was drawn to a pilot which had occurred in Tower Hamlets about 3 years ago. During this study, one of the major criticisms of a personal budget was the users spent money on activities that were linked but peripheral to their support plan and money could have been better spent elsewhere. However, it was pointed out this had been a learning experience for all concerned and none of these early decisions had resulted in actual harm.

In relation to establishing what a personal budget might be, it was highlighted that a personal budget is generated by an assessment to identify eligible needs. The assessment is converted into a monetary amount using a Resource Allocation System (RAS). In which case, if the assessment is not as accurate as possible then the total number of points awarded to a user might not be reflected in representative budgetary figure. It was also noted that physical disability assessments were in some cases easier to assess than for those users with mental health needs and it required a skilled and experienced social worker to illicit what certain needs might be.

DASH – Disablement Association Hillingdon

Angela Wegener provided an overview of DASH. The following points were noted:

- DASH was a user led organisation providing advice, support and information that enabled disabled people to make choices about how they lived their lives.
- DASH had established young people's scheme called the Transitions Project. Members were informed that DASH had been awarded funding by the City Bridge Trust, to work with young people in Transition, from April 2009. This project was aimed at young people with a disability aged 16-25 years and their families, and offered advice and support in all the areas that affected young people of this age group such as:
 1. Further education
 2. Work experience
 3. Employment
 4. Benefits
 5. The change over from children to adult services
 6. Independent living
 7. Volunteering
 8. Leisure activities
 9. Gap year
 10. Travel training
 11. Anything else of relevance to this age group

- One of the findings from the Transitions Project was that disability was not the sole driver and a person's age was also very significant. DASH found that the level of expectation was significantly higher when people were younger and one of their key concerns was the desire for work experience.
- Most younger users of DASH did not attend Day Centres and did not go on to use Council Social Services when they reached adulthood.
- Members heard that one of the most difficult messages to convey to parents and carers of people with disabilities was the difficult balance which had to be struck between dependence and risk. The Committee heard that many DASH users felt empowered and more confident when they attended activities with limited assistance and asserted their own independence.
- Recent work by DASH included establishing closer ties with Hillingdon Mind and linking health and relaxation courses in Yoga to luncheon facilities based at Christ Church. Members asked whether this was the kind of activity DASH was looking for from Local Authorities. In response, Members heard that assistance with travel training and learning to use mobile telephones were important skill sets to allow a user to become more independent while remaining safe.
- Members explained that in their experience, similar organisations (to DASH) elsewhere had pooled resources to make savings and efficiencies where possible and by doing so had been able to assist users with periods of recovery or asserting their independence. Ultimately though, it was recognised that innovative use of the voluntary sector would be required to lessen the reliance on statutory services.
- The Committee heard that while there had been a large reduction across London in the number of day care services viable. Alternative options had to be found elsewhere. The Committee agreed that day services were an important element in providing a user with the continuum of care and should be available to those that needed them.
- The point was made that day services facilities were important for several reasons including respite for the carer and social interaction for the user, but under the FACS criteria those users with low and moderate needs would not meet the criteria for personal budget.
- Members were reminded that one of the key drivers of personalisation was to provide improved choice and control to people's lives. It was noted that support plans needed to be flexible to allow these to adapt as users needs changed over time.
- The Committee asked whether (officers) shadowing organisations like DASH would be useful learning exercise. In response, officers explained that Hillingdon Academy students as well as officers within the Transformation Programme already undertook shadowing when appropriate.
- A final point was made with reference to service directories which Look Ahead and DASH had both mentioned. The Committee agreed these needed to be accessible and show users real examples of what people had done in the past to help inform users choices and decisions.

Resolved –

- 1. That the Committee notes the information provided and use this to inform their review.**

PERSONALISATION & DISABILITIES WITH REFERENCE TO TRANSITION – PROGRESS UPDATE *(Agenda Item 6)*

The Head of Transformation provided a verbal report.

The following points were noted:

- The Transformation Team were currently undergoing an organised plan of change in a structured rather than rigid way.
- Officers had been looking at organisational readiness to provide personalisation and were in the process of identifying those areas where further work may be required to ensure satisfactory readiness
- Officers explained it was quite usual to come across areas which required further work and to reassess whether planned dates were realistic and robust enough. The area that most often requires further work and testing is the information technology systems

Resolved - That the report be noted

PERSONALISATION & DISABILITIES WITH REFERENCE TO TRANSITION – TRAINING AND DEVELOPMENT UPDATE *(Agenda Item 7)*

The Head of Transformation provided a verbal report.

The following points were noted:

- Risk enablement training had been undertaken by officers and had focused on case studies.
- The external instructor which was providing training to the Transformation Team had worked across a number of Local Authorities including Kent, Nottinghamshire and Herefordshire and so officers had gained valuable insights into what had worked well elsewhere.
- Current training had focused on telecare, pre-paid cards and risk management and how these areas would work in practice. Officers reported that strategies are in place to address any concerns raised during training.

Resolved –

- 1. That the report be noted.**

SOCIAL CARE, HEALTH AND HOUSING – ANNUAL COMPLAINTS REPORT 2010/11 *(Agenda Item 8)*

The Service Manager - Performance and Intelligence introduced the report. The department aimed to resolve problems raised by residents at the earliest opportunity and to learn positively from mistakes. The number of complaints had fallen from 314 in 2009/10 to 217 in 2009/10. 92% of complaints were resolved at stage 1 of the complaints procedure and the number of stage 2 complaints dropped significantly from 26 in 2009/10 to 13

in 2010/11.

Other actions to improve services and customer outcomes included: improving customer care and communications issues (including reviewing written communications to customers), as well as specific targeted action and visits to care providers and improved monitoring within Hillingdon Homes of their contracts.

Members' enquired whether complaints investigations could be costed for future reports. Officers explained that the indicative average costs of complaints investigations could be provided.

Members made the following comments:

1. To congratulate officers on a clear and concise report.
2. To endorse the early intervention strategy employed by officers when dealing with complaints.

Resolved –

1. **That the report be noted.**
2. **That officers be requested to circulate further information on the average waiting times per LOCATA band and property size**

FORWARD PLAN (*Agenda Item 9*)

The Committee considered the Forward Plan from October 2011 to February 2012 and the following comments were made:

CARERS' COMMISSIONING PLAN

The Committee expressed concern regarding the funding or protection for Carers' services and requested that a similar level of service should be provided in the future. The Committee noted that the number of carers had risen and risen in recent years and also commended the work undertaken by Hillingdon Carers.

PERSONALISATION OF ACCOMMODATION-BASED MENTAL HEALTH SERVICES (PART II)

The Committee endorsed the move away from block contracts to personalised budgets.

Resolved –

1. **That the above comments be submitted to 27 October 2011 Cabinet**
2. **To note 668 Contract Award for the Direct Payment Support Service had been moved from 24 November to January Cabinet**

WORK PROGRAMME 2011/12 (*Agenda Item 10*)

Resolved –

1. **That the report be noted.**

The meeting, which commenced at 7.00 pm, closed at 8.50 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Charles Francis on 01895 556454.

Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.
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PERSONALISATION AND DISABILITIES WITH REFERENCE TO TRANSITION : WITNESS SESSION 2

Contact Officer: Helen Miller
Telephone: x 8631

REASON FOR ITEM

To hear from witnesses, as part of the Committee's 2011/12 review of the progress in delivering the agenda for personalisation with particular reference to:

1. Youth in Transition between Children's and Adult Social Care
2. Supporting Adults with Disabilities to access non-traditional social care services through a Personal Budget

OPTIONS AVAILABLE TO THE COMMITTEE

To question the witnesses about the delivery of the personalisation agenda in Hillingdon. (Suggested questions attached as Annex A).

INFORMATION

1. The Committee is responsible for undertaking the 'policy overview' role in relation to Social Services, Health and Housing. This role is outlined at the start of the agenda.
2. Previous experience from both Hillingdon and other Councils indicates that the Committee can have the greatest impact by focusing on a particular topic at one or several meetings.
3. Following discussion at the Committee's meeting on 31 August 2011, Members decided to review Personalisation and disabilities with reference to transition during 2011/12.
4. This is the second witness session for the review. This will explore the progress in developing personalisation in the two areas above from a user's perspective and also hear Hillingdon Carers views on how personalisation is progressing.

5. The Access to information Procedure Rules – Schedule D of the Council's Constitution require the press and public to be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that confidential information would be disclosed. As the evidence presented to Committee will contain confidential information, "*relating to any individual*" this item of business will be moved into PART 2 by the Chairman and any press or public present will be excluded for this item of business.
 - **Witness A - User and Carer** – *to be considered in PART 2*
 - **Witness B - User and Carer** – *to be considered in PART 2*
 - **Claire Thomas, Chief Executive, Hillingdon Carers**
6. Questions (attached as Annex A) have been sent to the witnesses in advance. Members are not constrained by these and may wish to ask supplementary questions.

Attachments:

Annex A: Questions for the witnesses
Annex B: Copy of the scoping report

SUGGESTED COMMITTEE ACTIVITY

- Question the witnesses, adding supplementary questions as appropriate.
- Start to identify possible conclusions and recommendations from the evidence given.
- Identify issues that the Committee should investigate further as part of the review.

Annex A

SUGGESTED QUESTIONS FOR THE WITNESSES

Service Users and Carers

- How long have you had a personalised budget?
- Can you describe what your experience was like moving away from Council based services to a personalised budget?
- How have you found it to use / administer / access?
- What do you spend your budget on and does this differ from the services you previously accessed, if so how?
- So far, in your experience what have the advantages and disadvantages been - Have you encountered any particular difficulties, if so, what ?
- Has a personalised budget changed your quality of life?
- From a user's perspective what could be done in the future to improve the way you use a personalised budget?

Hillingdon Carers

- How is personalisation progressing in Hillingdon?
 - How does Hillingdon Carers see the role of personalisation in delivering choice and control in Hillingdon?
 - How do you see personalisation in Hillingdon developing in the future?
-



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Annex B

Social Services, Health & Housing Policy Overview & Scrutiny Committee Review Scoping Report 2011/12

OBJECTIVE

Personalisation and Disabilities with reference to transition

Aim of review

To review the progress in delivering the agenda for personalisation in the delivery of Social Care with particular reference to:

3. Youth in Transition between Children's and Adult Social Care
4. Supporting Adults with Disabilities to access non-traditional social care services through a Personal Budget

The review will inform the delivery of the personalisation agenda in Social Care, Health & Housing, which is part of the Business Improvement Delivery (BID) Medium Term Financial Forecast (MTFF) transformation programme. There will be linkages and implications relating to the commissioning of services.

Terms of Reference

1. To monitor the progress in developing personalisation in the two areas above.
2. To understand the issues relating to social care service provision for the Disabilities and Transition client groups.
3. To identify opportunities to develop innovative options in the provision of services.

4. To make recommendations that will help officers and partners undertake effective monitoring and safeguarding.
5. To make recommendations to Cabinet/the Cabinet Member to address any issues arising from the above investigations

Reasons for the review

Delivery of the national policy agenda for personalisation

All Local Authorities in England are responsible for the delivery of personalisation, as initiated by ***Putting People First: A shared vision and commitment to the transformation of adult social care*** (Department of Health, 2007). This paper set out the expectation that all Local Authorities would transit to a service delivery model for adult social care that was anchored around the provision of choice and control to service users through personal budgets.

Following the completion of the Putting People First period, progress has been achieved locally and nationally. However, it is acknowledged there remains some way to go until the agenda has been fully implemented.

The Coalition Government has reiterated the importance of personalisation and expressed its support for the successor to Putting People First, the partnership document ***Think Local, Act Personal: A sector-wide commitment to moving forward with personalisation and community-based support*** (January 2011).

In addition to this, the Government published ***A Vision for Adult Social Care: Capable Communities and Active Citizens*** (November 2011). The vision builds on the Government's commitments to:

- Break down barriers between health and social care funding to incentivise preventative action;
- Extend the greater rollout of personal budgets so that by April 2013 all social care users are in receipt of one; and
- Use direct payments to carers and better community-based provision to improve access to respite care.

A White Paper for Adult Social Care is planned for Spring 2012, which will set out further requirements for the delivery of personalisation, as well as measures for the future funding of long-term care and support.

Personalisation – Position Statement and Update

A programme and communications plan has been developed to manage the progress of the personalisation programme in a timely and effective manner.

Phase 1

Will launch on 1st November of Personal Budgets for people with learning disabilities, people with physical disabilities and older people. Updates to system and operational processes have been made to support this.

The launch includes the introduction of payment cards (operates like a debit card) so that personal budget holders can buy services from providers or get cash to pay for their needs. The cards have already been trialled and a group of 26 volunteers will be trying out the payment cards from a personal budget perspective in the next few weeks.

There will be a significant amount of work around performance and outcomes focussed culture and both individual staff and team performance will be linked to outcomes outlined in support plans. There will be a clear risk enablement and management framework to enable service users to branch out to achieve more independence choice and control in a safe and considered manner.

Phase 2

Will launch on 1st January 2012 of Personal Budgets for people with mental health issues. Carers will also receive personal budgets to ensure their needs are clarified and avoid mix-up with service user needs.

There will be two projects running alongside these phases to support full personalisation

- tiered case allocation system - a review and realignment of staffing skills mix;
- development of the marketplace - commissioners working with independent and voluntary organisations to provide services based on number of people rather than blocks of service

On 19th September there will be a seminar on 'Personalisation - Thinking Differently in Adult Social care. This session will provide an understanding of what Personalisation means for members and their constituents.

Supporting Youth in Transition

A number of young people receiving Children's Services, including young people with disabilities and mental health problems, continue to need services when they are adults. This involves transferring responsibility for assessing needs and providing services from Children's Services to Adult Social Care. The process of transfer is referred to as Transition.

Personal budgets for young adults (16-19) provide a number of opportunities for support at an important point in their lives. Traditional social care services such as buildings-based day support, home care and residential care are often inflexible support solutions. Nationally, adults with learning and/or physical disabilities have a proportionately higher take-up of personal budgets than other care groups, as they are a way of accessing more personalised support packages.

Supporting social care service users to access non-traditional services through a Personal Budget

The total number of Personal Budgets delivered by councils across England **doubled in the last year to 339,000 in March 2011**. In March 2010 168,000 were being delivered and in March 2009, 93,000.

One third of approximately 1 million eligible people supported in community settings by English councils therefore now receive a personal budget, and half of these people are over 65 years of age. The rate of increase in personal budget delivery was much faster in the 2nd half of 2010/11 (rising by 100k) than the first (70k increase), indicating that the move to personal budgets is picking up speed.

Nearly all of the increase has been in 'managed' personal budgets, with no significant increase in direct payments numbers in the last year. The challenge nationally and in Hillingdon is to support increases in the number of individuals accessing direct payments, as this is the primary means of accessing non-traditional social care services such as Personal Assistants and integrated day opportunities.

The National Personal Budget Survey 2011 indicates that service users with direct payments report more positive outcomes than those with managed personal budgets,

The development of a market in non-traditional service providers, such as Personal Assistants, will be a key prerequisite of an effective system for personalisation.

Supporting the Cabinet & Council's policies and objectives

Personalisation is a core part of the “Improving Health and Wellbeing” theme of the Hillingdon Partners Sustainable Community Strategy. It is also integral to the Health and Wellbeing Strategy for the borough.

The delivery of personalisation is central to the Social Care Health and Housing (SSCHH) Business Improvement Delivery (BID) Medium Term Financial Forecast (MTFF) programme and a modern and effective social care service.

INFORMATION AND ANALYSIS

Key Issues

- Delivery of the personalisation agenda in Hillingdon
- The customer journey for Youth in Transition
- Views of customers who have accessed the service
- Increasing access to Direct Payments
- Increasing access to non-traditional community services
- Developing the market for personalisation
- *A safety net for those not able to maximise their opportunities*

Remit - who / what is this review covering?

The review extends primarily across the remit of the Cabinet Portfolio Holder for Social Care, Health & Housing and that of the Cabinet Portfolio Holder for Education and Children's Services.

- Disability and Mental Health Services

- Transition
- Children with Disabilities
- Older People's Services
- Hillingdon Social Care Direct
- Commissioning, Contracts and Supply
- Direct Payments

Connected work (**recently completed, planned or ongoing**)

- **Social Care, Health & Housing Transformation of Adult Social Care programme – ongoing**
- **Adult Social Care Commissioning Plan**
- **Day Services Strategy Consultation**
- **Children with Disabilities Transformation - ongoing**
- **SCHH 2009/10 POC Review: The Transformation Agenda And Direct Payments In Hillingdon - completed**

Key information required

- Performance monitoring data – personal budgets
- Demographic/care group information regarding the use of personal budgets
- Professional and manager views
- Service user views
- Parent/carer views
- Partner organisation views

EVIDENCE & ENQUIRY

Witnesses

Proposed witnesses for the review:

- Sharon Townsend, Head of Disability and Mental Health
- Colin Sowerby, Service Manager - Disability
- Helen Miller, Interim Head of Transformation
- Merlin Joseph, Deputy Director Director of Children and Families
- Mark Ainsworth, Programme Manager – Children with Disabilities Transformation
- Davina Skinner, Team Manager, Transition
- Paul Feven, Head of Commissioning, Contracts and Supply
- Angela Wegener, Chief Executive, DASH
- Expert(s) by experience (to include users / carers)
- Providers of services

Intelligence

What are Personal Budgets?

There is often confusion between the terminology '*Direct Payments*' and '*Personal Budgets*':

Direct Payments

'Old style' *Direct Payments* were set up with the Community Care (Direct Payments) Act (1996) which came into force in April 1997 and were initially available only to certain groups of people qualifying for social care. The Act gave local authorities in Britain the powers to make cash payments to disabled people. Initially, this was confined to people under age 65 years with physical and sensory impairments, learning difficulties and mental health problems. It was later amended to include older people, 16 and 17 year olds, parents of disabled children and carers. There were a number of restrictions on what the direct payment could be spent on and onerous requirements for recording expenditure and keeping receipts for audit purposes.

Personal Budgets

The central government policy in '*Putting People First: a shared vision and commitment to the transformation of Adult Social Care*' (Department of Health, 2007) placed the responsibility for delivering Personalisation on all local authorities in England.

As part of Personalisation, individuals take part in a supported assessment which informs the allocation of an 'Indicative Budget'. The personal budget is the allocation of money that the Council provides directly to individuals who are FACS – Fair Access to Care - eligible to enable them to take control of their lives and make decisions about what support they receive to meet their needs.

Individuals can take their personal budget as a direct payment (paid into a separate bank account in their name or loaded onto a pre-paid card) and the money can be used very flexibly to enable them to have choices when arranging and paying for their own care and support instead of receiving them directly from the local council.

There is also the possibility for individuals to use their personal budget to have a mix of council provided services and support they purchase themselves.

A third option is for individuals to ask for their personal budget to be managed by the council and to continue to receive council commissioned services. You will usually hear this form of support referred to as 'Managed' or 'Virtual' budgets.

There are many different type of support citizens can choose to support them. For example:

- employing a personal assistant to help to undertake certain activities and also provide personal care
- joining a voluntary group or a new course to help learn new skills and meet new people
- pooling part of a personal budget with others to fund a course or activity

What personal budgets cannot be used for?

Unless the council decides that exceptional circumstances make it necessary, they cannot be used by the individual to pay for a service from:

- a spouse (husband or wife)
- a civil partner
- a close relative with whom they live, or the spouse or partner of that close relative

Demographic information

At the end of Quarter 1 2011/12, 21.3% of people accessing community services received a personal budget [based on full year figures].

Snapshot information as at 11th August 2011 indicates that 1,038 users were accessing a personal budget or a direct payment. 703 have been through an SDS process, of which 335 have accessed a direct payment.

Service users aged 18+ receiving direct payments and/or self directed support at 11 August 2011

Service	Ethnic Group	Male	Male	Female	Female	Total Persons
		18-64 Years	65+ Years	18-64 Years	65+ Years	
Direct Payment	Asian	14	10	31	31	86
Direct Payment	Black	5	3	15	5	28
Direct Payment	Chinese or Other Ethnicity	3	1	4	4	12
Direct Payment	Mixed	1		3	1	5
Direct Payment	Refused to disclose			1		1
Direct Payment	White	37	21	92	53	203
SDS	Asian	20	24	21	31	96
SDS	Black	6	6	6	7	25
SDS	Chinese or Other Ethnicity	4	4	2	4	14
SDS	Mixed	1	1	1		3
SDS	Refused to disclose		1			1
SDS	White	54	129	66	333	582
Total Persons		144	198	238	458	1038

Note: The sum of the figures in the age/gender columns exceeds the figures shown for the 'Total Persons' row. This is because some people receive both DPs and SDS and have therefore been counted twice. The last row is a correct count of the total numbers of service users in each category, with no double counting.

Work is currently being undertaken to develop performance reports that categorise information on service users who have gone through Self-Directed Support into 4 categories:

- Users receiving “true” Personal Budgets (new style Direct Payments),
- Users receiving a Managed Personal Budget (traditional services directly commissioned by the council),
- Users receiving a mixed Personal Budget (managed services and a new Direct Payment)
- Users receiving an “old style” Direct Payment (governed by the previous Direct Payments policy)

These performance reports will provide an improved perspective on the development of personalisation in Hillingdon.

Hillingdon – Demos “What support do you want?” consultation

Over the period December 2009 to March 2010, 89 social care customers in Hillingdon were surveyed by the London Borough of Hillingdon in partnership with the think tank Demos.

Personalisation – background documents

Vision for Adult Social Care –

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508

Think Local, Act Personal Partnership Agreement -

http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/THINK_LOCAL_ACT_PERSONAL_5_4_11.pdf

National Personal Budgets Survey –

<http://www.incontrol.org.uk/media/92851/national%20personal%20budget%20survey%20report.pdf>

10 Questions To Ask If You Are Scrutinising the Transformation of Adult Social Care -

<http://www.cfps.org.uk/what-we-do/publications/cfps-health/?id=111>

Issues facing Youth in Transition – information resources

Transition Information Network – a website for parents, carers and people who work with and for disabled young people in transition to adulthood.

Transition Support programme – website for the National Transition Support team for disabled children

Consultation and Communications

No further consultation currently planned.

Lines of enquiry

- What progress has been made in developing SDS in a) Youth in transition b) Supporting Adults with disabilities?
- How does this compare with targets (ours/National) and are the targets realistic?
- What model do we have for evaluating/balancing priorities in making decisions?
- What use do we make of partners assessments of services?
- How good is our market awareness (and therefore our procurement/commissioning)? Including an assessment of what is out there – what effect does the use of one supplier/provider have on smaller specialist providers?
- What role might the Council play in the market place?
- What alternatives to current provision of services have we looked at?
- How will personalisation deliver efficiencies?
- What are the key issues relating to Social Care provision for these clients (in relation to personalisation)
- How have we involved Service Users and what feedback do we have?
- How are we working with providers and partners?
- What other policy changes might impact upon delivery?

PROPOSALS

Emerging reflections from the Committee have been reflected in the line of questioning above,

LOGISTICS

Proposed timeframe & milestones

Meeting Date *	Action	Purpose / Outcome
31 August 2011	Agree Scoping Report	Information and analysis
12 October 2011	Witness Session 1	Evidence & enquiry
8 November 2011	Witness session 2	Evidence & enquiry
8 December 2011	Draft Final Report	Proposals – agree recommendations and final draft report

** Specific meetings can be shortened or extended to suit the review topic and needs of the Committee*

Risk assessment

No risks identified to the completion of the review. The review should note, however that there is a White Paper for Adult Social Care planned for the spring 2012 which will have implications for Personalisation.

Equality Implications

The Council has a public duty to eliminate discrimination, advance equality of opportunity and foster good relations across protected characteristics according to the Equality Act 2010. Our aim is to improve and enrich the quality of life of those living and working within this diverse borough. Where it is relevant, an impact assessment will be carried out as part of this review to ensure we consider all of our residents' needs.

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THE USE OF ASSISTIVE TECHNOLOGY TO SUPPORT INDEPENDENT LIVING IN HILLINGDON - UPDATE ON REVIEW RECOMMENDATIONS.

Contact Officer: Ann Otesanya
Telephone: 0513

REASON FOR ITEM

During 2010/11 the Committee conducted a review of the use of assistive technology to support independent living in Hillingdon. This report provides a brief overview of assistive technology and an update on the status of the fourteen recommendations made by the Committee which were considered by Cabinet on 17th March 2011.

OPTIONS AVAILABLE TO THE COMMITTEE

1. To note the progress made by officers on the Committee's recommendations.
2. To question officers on its content.

INFORMATION

What Is Assistive Technology?

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

In 2004, the Audit Commission defined assistive technology as:

“any item, piece of equipment, product or system that is used to increase maintain or improve the functional capabilities and independence of people with cognitive, physical or communication difficulties”.

What types of Assistive Technology are there?

Conventional types	Jar openers; bath seats and mobility assistance - grab rails, walking sticks and walking frames
Electronic devices	Include stair lifts, electric wheelchairs. Devices to use the phone or communication devices to replace speech

Telecare	<p>These systems usually require a response from another person. These devices use telephone networks to check on a person who lives in their own home when alerted. Telecare sends an alert signal via a base unit a community alarm or monitoring service / call centre</p> <p>In care homes, Telecare services include:</p> <ul style="list-style-type: none"> Window or door sensors Falls monitors Bed sensors to prevent falls by activating a light when someone gets out of bed Bed/chair occupancy sensors Epilepsy sensors – trigger an alarm if someone has a seizure Epilepsy sensors – trigger an alarm if someone has a seizure Flood sensors – trigger an alarm if there has been a flood in a room, e.g. an overflowing bath
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Communication aids	<p>Sophisticated communication boards, or more simple visual scanning devices</p> <ul style="list-style-type: none"> Text-to-speech software Braille devices, tactile devices and other software Voice-activated software
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Why is Assistive Technology so important?

Demographics and Importance

The ageing population in Hillingdon and changing demographics makes the application of assistive technology critical to enabling disabled residents and those with long-term conditions, especially dementia, to remain independent in their own homes. Without it the cost implications for the council and key partners such as the NHS would be considerable.

Hillingdon has a population of approximately 253,000. It is estimated that there are currently 34,000 people aged over 65 in the Borough. This is projected to increase by 8.4% in five years to 37,100.

Dementia is primarily a condition faced by older people and the ageing population in Hillingdon indicates that this is going to be a major cause of need in the future. Projections suggest that the number of older people with dementia is likely to increase by 7% to 2,694 in the five years to 2015. 67% of the increase can be attributed to the over 85s, which is expected to grow by 11% within this period. People with learning disabilities are more susceptible to dementias as they get older. Projections suggest that the number of people with learning disabilities living into old age is increasing and it is predicted that there will be an increase of 7.6% between 2010 and 2015. Extensive consultation

nationally and locally shows that the vast majority of older and disabled people wish to remain independent in their own homes.

Update Response to POC - recommendations

- 1. The Committee recommends to Cabinet that Telecare is a positive use of technology which will help the Council to address the growing needs of its' ageing population. Used effectively it has the potential to radically change the way services are delivered.**

Following the review undertaken by POC Council agreed to fund the delivery of an enhanced TeleCareLine service as part of the overall Mid Term Financial Forecast savings plan.

The new service was launched in April 2011. The new core offer is:

1. Clients over 85 receive the service free of charge
2. Clients who meet 'substantial and critical' FACS criteria will be free of charge subject to financial assessment
3. First 6 weeks of service free of charge as part of reablement package
4. The number of new TeleCareLine users is estimated to grow by 3,000 over the 4 year period to 31/03/2015 (Straight line growth 'curve' used for modelling purposes).
5. Service marketed to private clients.

The TeleCareLine service has been promoted from April 2011 and feedback in recent surveys from current service users and carers demonstrates the service is supporting the needs of the ageing population of the borough. 92% of current service users surveyed stated they were either satisfied or very satisfied with the TeleCareLine Service and 69% stated they felt that TeleCareLine had taken away some of the worries of living alone. Early indications show that the new service is impacting positively on the way social care services are provided in Hillingdon : Enabling residents to remain independent in their own homes for longer.

- 2. The Committee requests that good quality information and timely advice must be provided for families, carers and service users, working with health professionals to enable them to understand their assistive technology / telecare options to assist them to make informed choices (to address their needs)**

The scaling up of the service has been supported by a targeted communications campaign which includes leaflets, representatives at local events eg 60+ Fayre and Advice Fayre as well as additional information on Council's website and articles in Hillingdon People. Staff across Adult Social Care have also been fully trained to give advice and information on the appropriate use of telecare equipment.

- 3. The Committee recommends that telecare be provided free of charge for a limited period (no longer than 6 weeks) after hospital discharge as part of the re-ablement project to provide assistance. The Committee felt that early exposure to assistive technology will help increase client confidence in the service and encourage further uptake in the service.**

This was a key component of the Leaders offer rolled out from April 2011 and is in place.

- 4. The Committee recommends that assistive technology should not simply replace personal contact but be part of a package in which AT is a complementary tool which helps to prolong independence.**

All staff have been fully trained in the effective use of Telecare equipment as a complementary service to support independence for the individual and enable peace of mind for carers.

- 5. The Committee note that, in line with their original advice, Officers have taken a cautious approach to rebranding, and that the term “TeleCareLine” is under consideration.**

From April 2011 the service has been promoted under the title TeleCareLine. This name has been well received by all new and existing service users.

- 6. The emerging body of evidence from various national review pilots has shown how valuable Assistive Technology (AT) / Telecare can be to users and carers. It is therefore essential that the status and profile of AT / Telecare is strengthened so that social care and health professionals consider this technology as an option for all service users and carers**

Changes to practice and procedure across Adult Social Care means Telecare is being considered for service users as part of their initial assessment, before other services are considered. More work will be done in the last 6 months of the year to further embed the service into the mainstream social care offer in Hillingdon.

- 7. Committee advises that effective partnership working will be central to the full development of this service and that to ensure services are delivered. The early evidence from the Whole Systems Demonstrator pilots has shown how important partnership working is. To ensure services are delivered as effectively and efficiently as possible, information sharing rules and procedures must be developed.**

Opportunities to explore engagement with Health partners on a Telehealth pilot will progress discussions on more effective data sharing.

- 8. Evidence shows the potential value of telehealth in supporting people with health conditions to live independently in the community and also in making savings to the health economy. Telehealth is under-developed in Hillingdon and the Committee recommends that officers work with health colleagues to encourage its further development.**

Discussions have commenced with health partners on developing a Telehealth pilot building on the early success of the borough's Telecare programme.

- 9. The Committee requests that officers undertake regular reviews of service costs to ensure the Authority receives value for money from service providers.**

A formal procurement process has been completed to select a preferred supplier for Telecare equipment assuring the borough of value for money in the supply of equipment to support the new service offer. Regular evaluation will be undertaken to ensure the overall service is cost effective and is contributing to the transformation of the service offer within adult social care.

- 10. The Committee recommends that the Authority pursue the development of a comprehensive in-house model, centred on a local call centre (with a responder service operating 24/7), employing local knowledge and request officers to fully explore the cost implications of this option as part of the ongoing Medium Term Financial Forecast work.**

The business case and financial model for the TeleCareLine service is based on using the in house monitoring and installation teams. The full service is provided in house.

- 11. The Committee recommends that Careline be co-located to the Civic Centre. Moving the service will allow for future expansion as the ASCH&H emergency out of hours services are based with Careline.**

Relocation plans are being executed and the Careline team will be moving to the Civic Centre from late November/early December 2011.

- 12. The Committee agrees that intervention at an early stage can act as a preventative investment and thereby reduce the number of hospital admissions and delay admissions into residential care. The Committee also notes the preventative benefits that telecare offers to residents who do not satisfy the council's Fair Access to Care Services (FACS) criteria**

The impact of the service is being closely evaluated in order to measure the impact on hospital and residential care admissions, due to the retrospective nature of this evaluation further evidence will be available in the last quarter of 2011/12.

The service is available to self funders at the appropriate charge for the level of service

- 13. The TeleCareLine (TCL) service to private clients is very important and will be a key to the success of the service. The Committee stressed that it is important that the service is marketed as proactively as possible to maximise the take up of self funders.**

The publicity on the service to date has attracted self funders; a further advertising campaign in October/November 2011 is anticipated to further expand this client segment as well as FACS eligible service users.

- 14. Part of the Project Planning has been to recognise the need to be able to respond to the effects of increased numbers requesting the TCL service. Officers assured the Committee that resources are in place to deal with the expected numbers and ensure a good service is provided**

From April to the end of September 2011 we have carried out 582 new installations. Weekly monitoring of resources has ensured sufficient capacity to meet the increasing level of referrals to the TeleCareLine service with a specific focus on the installation and mobile response teams. All local key performance indicators for service delivery have been consistently met since April 2011.

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 to this report. The full version can be found on the front page of the 'Members' Desk' under 'Useful Links'.

SUGGESTED COMMITTEE ACTIVITY

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

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The Cabinet Forward Plan

Period of Plan: November 2011 to early 2012

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
SCH&H = Social Care, Health & Housing; CS = Central Services; PEECS = Planning, Environment, Education & Community Services									
Cabinet - 24 November 2011									
623	HRA Review: Self-financing Implementation	Cabinet will receive an update on the Government's intention to implement self-financing of the Housing Revenue Account (HRA). Cabinet is asked to endorse a broad strategy and timetable for this in the medium to long-term. Cabinet will also be asked to endorse the separation of HRA debt from the General Fund debt to minimise any adverse risk to the General Fund and, instructs officers to prepare a 30 year plan for submission as part of the 2012-13 MTFF.	All		Cllr Philip Corthorne	SCH&H - Neil Stubbings			

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Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
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SCH&H = Social Care, Health & Housing; CS = Central Services; PEECS = Planning, Environment, Education & Community Services

Cabinet Member Decisions - November 2011

651	Tender for new boilers at Austin Road Hayes	The Cabinet Member will be asked to approve the award of a contract for the replacement of the existing communal boiler plant at Hayes Town Centre serving a large number of local authority homes.	Townfield		Cllr Philip Corthorne / Cllr Scott Seaman-Digby	SCH&H - Grant Walker	Corporate Procurement		
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Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
SCH&H = Social Care, Health & Housing; CS = Central Services; PEECS = Planning, Environment, Education & Community Services									
Cabinet - 15 December 2011									
692	Appointment of technical consultants to support delivery of the Council's Supported Housing Programme	Cabinet will be asked to accept a tender in relation to all professional services for the development of the Supported Housing Programme, including Employers Agent, Quantity Surveying, Mechanical and Electrical Design and Structural Engineering.	Various		Cllr Philip Corthorne / Cllr Jonathan Bianco / Cllr Scott Seaman-Digby	PEECS - Kevin Taplin	Corporate Landlord and Corporate Procurement		NEW
703	Personalisation of accommodation-based learning disability services	<p>Accommodation based care and support services for people with learning disabilities from a range of providers are being re-modelled to enable people to live independently within the community rather than in institutional settings that are unnecessary and expensive.</p> <p>This is part of a direction of travel that will lead to a fully personalised set of services where further contracts between the Council and providers will either not be required or will be for a significantly reduced value and only for schemes with higher needs residents.</p> <p>Cabinet will be asked to approve new care and support contracts through single tender action as part of a direction of travel leading to 100% personalisation of services.</p>	Various		Cllr Philip Corthorne / Cllr Scott Seaman-Digby	SCH&H - Paul Feven	Corporate Procurement		NEW

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
SCH&H = Social Care, Health & Housing; CS = Central Services; PEECS = Planning, Environment, Education & Community Services									
612	Highgrove Pool Refurbishment - Second Stage Tender	The report will highlight the outcome of the second stage of a two stage tender process for the Council's Construction partner for the refurbishment of Highgrove Pool.	Eastcote & East Ruislip		Cllr Jonathan Bianco / Cllr Scott Seaman-Digby	PEECS - Mohamed Bhimani	Corporate Procurement		
670	Adult Social Care - Local Account	To promote openness and transparency in local government, each Council with adult social care responsibilities has been asked to prepare and publish a short summary of how well social care is performing and what the plans are for improvement. This is called a "Local Account" and in Hillingdon this statement has been tailored to reflect local needs and priorities. Cabinet will be asked to approve the Local Account, which represents a proportionate approach to engaging with our residents about service improvements.	All		Cllr Philip Corthorne	SCH&H - Linda Sanders	Key resident and service user and carer groups will be involved in preparing the Local Account.		

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
SCH&H = Social Care, Health & Housing; CS = Central Services; PEECS = Planning, Environment, Education & Community Services									
Cabinet - 26 January 2012									
661	Award of contract: The supply, and when required, the installation of glass and glazing products for Hillingdon Housing Repairs Service	To seek Cabinet approval for the award of a four year contract to supply and when required install, glass and glazing products, and to repair on a responsive basis windows and doors for the Hillingdon Housing Repairs Service	All		Cllr Philip Corthorne / Cllr Scott Seaman-Digby	SCH&H - Grant Walker	Corporate Procurement		
598	Acceptance of tender - electrical works to the housing stock	To seek Cabinet approval to accept a tender for electrical works to the Council's housing stock.	All		Cllr Philip Corthorne / Cllr Scott Seaman-Digby	SCH&H - Grant Walker	Corporate Procurement		
672	Award of contract: Supply of plumbing fittings and materials	Hillingdon Housing Repairs Service spends approximately £300,000 each year on the purchase of plumbing fittings and materials - these need to be sourced from a specialist plumbing wholesaler. This report will seek Cabinet approval to the award of a contract for the supply of plumbing fittings and materials to the Hillingdon Housing Repairs Service.	All		Cllr Philip Corthorne / Cllr Scott Seaman-Digby	SCH&H - Grant Walker	Corporate Procurement		

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Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
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SCH&H = Social Care, Health & Housing; CS = Central Services; PEECS = Planning, Environment, Education & Community Services

Cabinet Member Decisions - January 2012

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	Democratic Services	Various	Various	
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Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
SCH&H = Social Care, Health & Housing; CS = Central Services; PEECS = Planning, Environment, Education & Community Services Cabinet - 16 February 2012									
668	Contract Award for the Direct Payment Support Service	<p>Direct Payments enable social care service users to access and control their own fund with which to pay for care services. The Direct Payment Support Service provides independent advice, support and assistance for recipients of Direct Payments to ensure that service users are able to fully benefit from this option.</p> <p>The contract award for this service follows a collaborative tender process across four London boroughs. A framework agreement has been developed with the London Boroughs of Brent, Kensington ad Chelsea and Hammersmith & Fulham. The tender process, being led by Hammersmith & Fulham, will conclude with a contract award in October 2011 with the new service commencing in April 2012.</p>	All		Cllr Philip Corthorne & Cllr Seaman-Digby	SCH&H - Paul Feven	Service users, carers and SCHH staff have been consulted in drawing up the service specification and in developing questions to submit to prospective providers at the interview stage.		
515	Housing Revenue Account (HRA) Rent Setting 2012-2013	To set rents and fees and charges for HRA dwellings and recommend to full Council.	All	23-Feb-12	Cllr Phillip Corthorne	SCH&H - Maqsood Sheikh	Tenants and other stakeholders		

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
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SCH&H = Social Care, Health & Housing; CS = Central Services; PEECS = Planning, Environment, Education & Community Services

Cabinet Member Decisions - February 2012

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	Democratic Services	Various	Various	
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Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
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SCH&H = Social Care, Health & Housing; CS = Central Services; PEECS = Planning, Environment, Education & Community Services

Cabinet - 29 March 2012

SI	Progress Report on the Disabled People's Plan	This report provides Cabinet with a performance update on the delivery of the Disabled People's Plan.	All		Cllr Philip Corthorne	SCH&H - Dan Kennedy	Engagement of Disabled People is integral to the development and delivery of the Plan.		
SI Pag	Older Peoples Plan - Update	This report provides an update to Cabinet of the Older Peoples Plan.	All		Cllr Philip Corthorne / Cllr Ray Puddifoot	SCH&H - Dan Kennedy	Engagement of Older People is integral to the development and delivery of the Plan.		

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WORK PROGRAMME AND MEETING DATES IN 2011/12

Contact Officer: Charles Francis
Telephone: 01895 556454

REASON FOR ITEM

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

OPTIONS AVAILABLE TO THE COMMITTEE

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

INFORMATION

All meetings to start at 7.00pm unless otherwise indicated.

Meetings	Room
21 June 2011	CR 5
6 July 2011	CR 5
31 August 2011	CR 5
12 October 2011	CR 5
8 November 2011	CR 5
8 December 2011	CR 5
25 January 2012	CR 5
15 February 2012	CR 5
22 March 2012	CR 5
19 April 2012	CR 5

Social Services, Health & Housing Policy Overview Committee

2011/12 DRAFT Work Programme

Meeting Date	Item
21 June 2011	Aims & Challenges
	Review Topics 2011/12
	Cabinet Forward Plan
	Work Programme for 2011/12

6 July 2011	Major Reviews in 2011/12 - Scoping Report and Discussions (Work Programme)
	Quarterly Performance and Budget Report
	Cabinet Forward Plan
	Work Programme for 2011/12

31 August 2011	Major Reviews in 2011/12 – Scoping Report and Discussions (Work Programme)
	Personalisation - update
	Cabinet Forward Plan
	Work Programme

12 October 2011	Major Reviews in 2011/12 – First Review Witness Session 1
	Annual Complaints Report - SSH&H
	Cabinet Forward Plan
	Work Programme

8 November 2011	Major Reviews in 2011/12 – First Review Witness Session 2
	Update on previous review recommendations
	Cabinet Forward Plan
	Work Programme

8 December 2011	Major Reviews in 2011/12 – First Review Draft Report
	Major Reviews in 2011/12 – Possible review options for second review
	Safeguarding Vulnerable Adults – Annual Report
	Cabinet Forward Plan
	Work Programme

25 January 2012	Budget
	(ASCHH Annual Performance Assessment) – Local Account
	Major Reviews in 2011/12 – Second Review Scoping report
	Cabinet Forward Plan
	Work Programme

15 February 2012	Major Reviews in 2011/12 – Second Review Witness session 1
	Major Reviews in 2011/12 – First Review Final Report
	Cabinet Forward Plan
	Work Programme

22 March 2012	Major Reviews in 2011/12 – Second Review
	Witness session 2
	Cabinet Forward Plan
	Work Programme

19 April 2012	Cabinet Forward Plan
	Work Programme
	Major Reviews in 2011/12 – Draft Final Report