



# Social Services, Health and Housing Policy Overview Committee

**Date:** **WEDNESDAY, 31 AUGUST  
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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further information.**

## Councillors on the Committee

Judith Cooper (Chairman)  
Patricia Jackson  
Peter Kemp (Vice-Chairman)  
John Major, Labour Lead - Social  
Services, Health & Housing  
David Benson  
Sukhpal Brar  
Wayne Bridges  
Kuldeep Lakhmana

**Published:** Monday, 22 August 2011

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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 6 July 2011	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	Personalisation - Verbal update	
6	Major Reviews in 2011/12	5 - 30
7	Forward Plan	31 - 36
8	Work Programme 2011/12	37 - 40

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## Minutes

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

6 July 2011



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

	<p><b>Committee Members Present:</b> Councillors Judith Cooper (Chairman) Patricia Jackson Peter Kemp (Vice-Chairman) John Major David Benson Sukhpal Brar Wayne Bridges Kuldeep Lakhmana</p> <p><b>LBH Officers Present:</b> Neil Stubbings (Deputy Director Social Care, Health and Housing) Steve Cross (Head of Finance Social Care, Heath and Housing) Charles Francis (Democratic Services Officer)</p>	
10.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> <i>(Agenda Item 1)</i></p> <p>None</p>	
11.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> <i>(Agenda Item 2)</i></p> <p>None</p>	
12.	<p><b>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 21 JUNE 2011</b> <i>(Agenda Item 3)</i></p> <p><b>Social Care, Health and Housing – Future Aims and Challenges</b> <i>(Agenda Item 5)</i></p> <p>With reference to bullet point 4, page 3 of the minutes – It was noted that 970 residents were using personalised budgets.</p> <p>With reference to Resolved point 3, page 3 of the minutes – It was noted that the newly appointed Head of Transformation would be invited to 31 August 2011 meeting.</p> <p>Subject to the clarification above, the minutes were agreed as an accurate record.</p>	

13.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</b> (Agenda Item 4)</p> <p>All items were considered in Public.</p>	Action by
14.	<p><b>BUDGET PLANNING REPORT FOR SOCIAL CARE, HEALTH AND HOUSING SERVICES 2012/13</b> (Agenda Item 5)</p> <p>The Head of Finance attended the meeting and informed the Committee that within the context of the Council's overall financial position the report set out the main financial issues facing the Social Care, Health and Housing Group's services and the work which was taking place to respond to them.</p> <p>The Committee were informed that both the Comprehensive Spending Review 2010 and the two-year local government finance settlement in January 2011 set out the financial challenge which faced the Council over the next few years.</p> <p>The budget report to Council in February 2011 identified a savings requirement of £16.4m for 2012/13 with Social Care, Health and Housing having a target of £7.1m. Officers confirmed that savings were currently being finalised by the Management Team.</p> <p><b>Resolved –</b></p> <ol style="list-style-type: none"> <li>1. <b>That the development of the financial planning process undertaken to date together with the responses to the issues being developed by the Group be noted.</b></li> </ol>	Action by
15.	<p><b>MAJOR REVIEWS IN 2011/12 SCOPING REPORT</b> (Agenda Item 6)</p> <p>The Committee had further discussions about possible topics for their first major review in 2011/12.</p> <p>The Committee agreed that officers be requested to provide draft scoping reports on: Personalisation and Disabilities with reference to transition, End of Life Care and Mental Health (child and adolescent mental health services) to the next meeting.</p> <p><b>Resolved –</b></p> <ol style="list-style-type: none"> <li>1. <b>That officers be requested to provide draft scoping reports on:</b> <ol style="list-style-type: none"> <li>I. Personalisation and Disabilities with reference to transition</li> <li>II. End of Life Care</li> <li>III. and Mental Health (child and adolescent mental health services) and for these to be circulated to the Committee for comments ahead of the next meeting on 31 August 2011.</li> </ol> </li> </ol>	Action by Democratic Services & Directorate Officers

16.	<p><b>FORWARD PLAN</b> <i>(Agenda Item 7)</i></p> <p>The Committee examined the current Forward Plan and the following comments were noted:</p> <p><u>Cabinet Item 638 - Rural Activities Garden Centre</u></p> <ul style="list-style-type: none"> <li>• The Committee agreed to hold an additional meeting on Monday 25<sup>th</sup> July at 5:30 pm to discuss the cabinet report</li> </ul> <p><u>Cabinet Item 597 – Adaptations to Council dwellings – extension of contract</u></p> <ul style="list-style-type: none"> <li>• That the report be noted.</li> </ul> <p><b>Resolved –</b></p> <ol style="list-style-type: none"> <li>1. <b>That the Forward Plan be noted</b></li> </ol>	<b>Action by</b>  Democratic Services
17.	<p><b>2011/12 WORK PROGRAMME</b> <i>(Agenda Item 8)</i></p> <p>The timetable of meetings and draft work programme was discussed. The Committee noted that 14 February 2012 meeting clashed with Central and South Planning Committee. Members were requested to bring their diaries to the 31 August 2011 meeting so that a new date could be agreed.</p> <p><b>Resolved –</b></p> <ol style="list-style-type: none"> <li>1. <b>That the timetable of meetings and proposed draft work programme for 2011/12 be noted.</b></li> <li>2. <b>That the Committee hold an additional single issue meeting on 25 July 2011 to consider Cabinet Item – 638 Rural Activities Garden Centre and for the Committee's comments to be considered by Cabinet on 28 July 2011.</b></li> <li>3. <b>That Members be requested to bring their diaries to the next meeting so that an alternative date for 14 February 2012 meeting could be agreed.</b></li> </ol>	<b>Action by</b>  Democratic Services
	The meeting, which commenced at 7:00 pm, closed at 8.00 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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# Agenda Item 6

## MAJOR REVIEWS IN 2011/12: SCOPING REPORTS

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

### REASON FOR REPORT

At the last meeting, the Committee requested officers to provide three scoping reports for consideration at 31 August 2011 meeting. Scoping reports are provided suggesting how each review might be carried out. Attached are the scoping reports for:

- Personalisation and Disabilities with reference to transition.
- End of Life Care
- Mental Health (child and adolescent mental health services)

### OPTIONS OPEN TO THE COMMITTEE

- a. To select one of the above topics as the first major review for 2011/12, to agree the scoping report, subject to any amendments agreed by the Committee at the meeting.
- b. Reject the scoping reports and ask for more work.

### INFORMATION

1. The Committee discussed several potential topics for reviews at the last meeting and following discussion, requested officers to produce three scoping reports on the following topics:
  - Personalisation and Disabilities with reference to transition.
  - End of Life Care
  - Mental Health (child and adolescent mental health services)
2. Attached are scoping reports for these reviews setting out proposed terms of reference, key questions, methodology, stakeholders, timetable and outcome.

### SUGGESTED COMMITTEE ACTIVITY

- a. Consider the proposals in the scoping reports – do these meet the Committee's aims for the reviews?
- b. Is the work programme practical and optimal? Are there other witnesses or activities that Members would like to suggest, bearing in mind time constraints?

- c. Do the scoping reports identify the relevant stakeholders and are consultation plans appropriate?
- d. Is the proposed timetable of meetings and activities suitable?



## **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:

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

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.

#### 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.

## **DRAFT**

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 SCHH BID 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

## **DRAFT**

- Increasing access to Direct Payments
- Increasing access to non-traditional community services
- Developing the market for personalisation

### **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
- 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
- Gill Vickers, 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 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 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.

## **DRAFT**

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 11<sup>th</sup> 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.

## DRAFT

### 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
<b>Total Persons</b>		<b>144</b>	<b>198</b>	<b>238</b>	<b>458</b>	<b>1038</b>

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

## **DRAFT**

Vision for Adult Social Care –

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121508](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](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 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**

<b>Meeting Date *</b>	<b>Action</b>	<b>Purpose / Outcome</b>
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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# HILLINGDON

LONDON

## Social Services, Health & Housing Policy Overview & Scrutiny Committee Review Scoping Report 2011/2012

### **OBJECTIVE**

**Short title of review**

**REVIEW OF END OF LIFE CARE IN THE BOROUGH**

### **Aim of review**

To review the services and care available for end of life care in the Borough.

### **Terms of Reference**

- 1. To consider existing internal and external arrangements in the Borough with regard to end of life care and any improvements that could be made;**
- 2. To review the guidance and support that is currently available from the Council to these individuals and their carers;**
- 3. To consider how working arrangements between the different services and service providers contribute to meeting national standards, best practice and related national policy;**
- 4. To seek out the views on this subject from residents and partner organisations using a variety of existing and contemporary consultation mechanisms;**
- 5. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits; and**
- 6. After due consideration of the above, to bring forward strategic, innovative and practical recommendations to the Cabinet in relation to end of life care arrangements in the Borough.**

## Reasons for the review

In the health sector, end-of-life care refers to medical care not only of patients in the final hours or days of their lives, but more broadly, the medical care of all those with a terminal illness or terminal condition that has become advanced, progressive and incurable. End of life care has been identified by the Department of Health as an area where quality of care has previously been "very variable", and which has not had a high profile in the NHS and social care. To address this, a national end of life care programme was established in 2004 to identify and propagate best practice and a national strategy document was published in 2008.

Approximately 500,000 people die each year in England, about 99% of which are adults over the age of 18 and almost two thirds of which are adults over the age of 75. Most deaths follow a period of chronic illness. The common causes of chronic illnesses and death are those resulting from: circulatory disease, cancer, respiratory disease, neurological disease and dementia. Most deaths occur in hospital (58%), the remainder occurring at home (18%), in care homes (17%) and in hospices (4%). There is some evidence that indicates that most people would prefer to die in their own homes.

'End of life care' aims to help all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support.

A "good death" is described as one that would involve:

- Being treated as an individual with dignity and respect;
- Being without pain and other symptoms;
- Being in familiar surroundings; and
- Being in the company of close family/friends.

In Hillingdon, there are around 2,000 deaths a year; approximately 35% deaths are due to circulatory diseases (strokes, heart attacks etc), 25% to cancer, 17% to respiratory diseases, 3% to neurological disease and the remaining 20% to a variety of other diagnoses. The causes, as well as the place of death, are comparable to those in London and reflect national trends.

Taking the above into consideration, the following areas are suggested for Committee's review and are in line with the care pathway recommended by the National End of Life Strategy:

1. Identification of people approaching the end of life and initiating discussions about preferences for end of life care: enhancing the skills of health and social care staff to equip them to identify patients approaching the end of life and initiate discussions around preferences for care.

2. Care planning: assessing needs and preferences, agreeing a care plan to reflect these, reviewing these regularly and documenting them in a care plan accessible to relevant health and social care staff.
3. Co-ordination of care: with particular emphasis on coordination across sectors and out of hours providers; a central coordinating facility and single point of access may be the most efficient way to deliver this.
4. Delivery of appropriate high quality services in all locations: including community, hospitals, hospices, care homes, extra care housing, ambulance service etc.
5. Management of the last days of life: adopting a care of the dying pathway which can be used in all care settings.
6. Care after death and access to bereavement services.

## **Supporting the Cabinet & Council's policies and objectives**

To be confirmed.

## **INFORMATION AND ANALYSIS**

### **Key Issues**

- Access to advice and support and crisis management.
- Patient pathways for accessing palliative care.
- Staff training.
- Joint working arrangements.
- Choice of place to die.
- Information and communications for patients and their families.
- Access to respite.
- Care planning and support.

### **Remit - who / what is this review covering?**

It is proposed that this review will look at:

1. establishing what skills currently exist amongst health and social care staff with regard to identifying individuals that are approaching the end of life and identify any skills gaps;
2. reviewing the care planning process and make suggestions for improvements;
3. reviewing the current coordination of care across sectors and make suggestions for improvement;
4. establishing whether appropriate high quality services are delivered in all locations;
5. ensuring that a care of the dying pathway, which can be used in all care settings, is available; and
6. the availability and access to bereavement services.

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

The NHSs National End of Life Care Programme works with health and social care services across all sectors in England to improve end of life care for adults by implementing the Department of Health's End of Life Care Strategy.

Improving end of life care involves primary care trusts and local authorities working in partnership and engaging with their local communities to raise the profile of end of life care. At a national level, the Department of Health and the National Council for Palliative Care have set up *Dying Matters*, a coalition that aims to raise the profile of end of life care and to change attitudes to death and dying in society.

Major scrutiny reviews have been undertaken by Warwickshire County Council and Hampshire County Council.

## **EVIDENCE & ENQUIRY**

### **Witnesses**

Possible witnesses include:

1. Individuals living in Hillingdon that are nearing the end of their life and their carers.
2. Older People's Services, Public Health Team.
3. External partners, e.g., care homes, hospices (Michael Sobell House Hospice, etc), GP Consortium, National Council for Palliative Care, NHS Hillingdon/Hillingdon PCT, Central & North West London NHS Foundation Trust and The Hillingdon Hospital NHS Foundation Trust.
4. Cabinet Member for Social Services, Health and Housing.

There may need to be some further prioritisation within this list in order to make the review manageable and ensure that it is completed within the prescribed timescale.

### **Information & Intelligence**

To be determined.

### **Consultation and Communications**

Consultation could be undertaken with individuals that are nearing the end of their life and their families, relevant charities, service departments and outside organisations.

### **Lines of enquiry**

1. How can the quality of care across the Borough and across all individuals who are nearing the end of their live be made more consistent?

2. Are residents' expectations and concerns about end of life care reflected in the Council's services?
3. How well developed are local strategies and partnerships with regard to end of life care?
4. How have other areas/councils successfully dealt with the issue of end of life care?
5. What training is available to staff to properly address end of life care?
6. How can education and training in relation to end of life care for health and social care professionals, care home staff, individuals and their carers/families be improved?
7. How big a problem is the inappropriate admission of end of life patients to hospitals and how can this be addressed?
8. What support would be advantageous to individuals nearing the end of their life and their carers/families? How could this be best delivered?
9. How can unscheduled care costs (on the health side) and care home admissions (on the Local Authority side) be reduced? What impact would this have on individuals nearing the end of their life and their carers/families?
10. What information and advice is available locally? What treatment and support services are available?
11. How good is care for people nearing the end of their life in hospital? How are people nearing end of life supported in living at home? What is the quality of life for people nearing end of life in care homes/hospices?
12. What support is available for the family of those that are nearing the end of their life? Is this support sufficient/how could this be improved?

## **PROPOSALS**

To be developed as the review progresses.

## **LOGISTICS**

### **Proposed timeframe & milestones**

<b>Meeting</b>	<b>Action</b>	<b>Purpose / Outcome</b>
31 August 2011	Agree Scoping Report	Information and analysis
Date TBA	Introductory Report / Witness Session	Background and Evidence gathering
Date TBA	Witness session	Evidence & enquiry
Date TBA	Witness session	Evidence & enquiry
Date TBA	Draft Final Report	Proposals – agree recommendations and final draft report

## **Equalities**

The Council needs to ensure that procedures for dealing with individuals that are nearing the end of their lives and their families are applied equitably to all community groups, races and ethnicities, enhance community cohesion and adequately meet the needs of a diverse borough.

## **Risk assessment**

The review needs to be resourced and to stay focused on its terms of reference in order to meet this deadline. The impact of the review may be reduced if the scope of the review is too broad.

## **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.



# HILLINGDON

LONDON

## Social Services, Health & Housing Policy Overview & Scrutiny Committee Review Scoping Report 2011/2012

### **OBJECTIVE**

#### **Short title of review**

#### **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES**

#### **Aim of review**

To review and recommend improvements to Child and Adolescent Mental Health Services in the Borough.

#### **Terms of Reference**

1. To consider existing internal and external arrangements in the Borough with regard to child and adolescent (including looked – after children) mental health services and any improvements that could be made;
2. To review whether the local processes in supporting children and adolescents with mental health issues are adequate, timely, effective, cost efficient and consider the provision and arrangements for children out of the borough.
3. To review the guidance and support that is currently available from the NHS, voluntary organisations and the Council to these individuals and their families and carers;
4. To seek out the views on this subject from Residents and partner organisations using a variety of existing and contemporary consultation mechanisms;
5. To improve awareness and understanding of child and adolescent mental health issues for professionals;
6. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits; and

7. After due consideration of the above, to bring forward cost conscious, innovative and practical recommendations to the Cabinet in relation to child and adolescent mental health service arrangements in the Borough.

### **Reasons for the review**

The following definition of mental health problems in children and adolescents is taken from the National Services Framework Children and Adolescents Mental Health Service (NSF CAMHS) standard:

***“Mental health problems may be reflected in difficulties and/or disabilities in the realm of personal relationships, psychological development, the capacity for play and learning and in distress and maladaptive behaviour. They are relatively common, and may or may not be persistent.***

***When these problems (conforming to the International Classification of Diseases criteria) are persistent, severe and affect function on a day to day basis they are defined as mental health disorders.”***

There are issues of stigma around mental health. Stigma is a particular problem and a major barrier to the use of mental health services. Despite the fact the mental health problems of some form may affect as many as 1 in 4 of the population over their lifetime, there are widespread public misconceptions about mental illness. As a result, people with mental health problems may experience isolation, discrimination and a lack of acceptance by society.

Increasing numbers of young people are presenting with mental illness problems owing to a variety of factors (better diagnosis, greater family and societal awareness, drug and alcohol problems and the pace of modern life), which puts pressure on services.

The consequences of failure to deal adequately with young people's mental illness can be seen in rates of suicide for young men and in the prevalence of mental illness among young people and young adults in prisons or on probation. The cost of getting these services wrong falls not just on the young people and their families but also on society.

Mental health services for those up to the age of 18 years come under the auspices of the Child and Adolescent Mental Health Service (CAMHS) London. Local provision includes the Child, Family and Adolescent Consultation Service (CFACS), Hillingdon, which offers therapy services to those aged 0-18 years with emotional, behavioural and other mental health problems and their families, and education services, e.g. educational psychologists.

Central and North West London NHS Foundation Trust (CNWL) is one of the largest Trusts in London, offering a wide range of health and social care services across ten boroughs. CNWL specialises in caring for people with

mental health problems, addictions and learning disabilities, as well as providing community health services to residents in Hillingdon and Camden and primary care services in a number of prisons.

The Child, Family and Adolescent Consultation Service (CFACS) offers services for infants, children, adolescents from the ages of 0-18 with emotional, behavioural and other mental health problems. The service caters for families in Hillingdon and offers family therapy, individual therapy, group therapy and parent/infant therapy.

From discussion with officers at CFACS, some areas of concern that they have with regard to the service are:

- Funding: This was something that CFACS officers acknowledged that all sectors were currently found to be an issue and that it was of increasing concern to them. It was difficult to provide the same service with a tightening budget.
- Parenting: This could be looked at to help parents and also possibly assist in early intervention with regard to children and adolescents mental health.
- Learning Disabilities: The services CFACS offer for children with learning disabilities is limited. Early intervention is crucial to reduce the impact on a child's life at a later stage and reduce the long term cost to a range of organisations. This is an area the Council is in the process of reviewing.

## **Supporting the Cabinet & Council's policies and objectives**

To be determined.

## **INFORMATION AND ANALYSIS**

### **Remit - who / what is this review covering?**

It is proposed this review will look at:

1. understanding the needs and requirements of agencies and children that mental health issues, and the services offered to them and their families and carers;
2. improving awareness and understanding of children's mental health issues for professionals;
3. improvements that could be made with regard to early diagnosis and intervention;
4. how to ensure a higher quality of care/living well for children with mental health issues and their families; and
5. how to reduce mental health-related hospital admissions and unscheduled care costs on the health side and social care admissions on the Local Authority side.

The Committee's recommendations will go to the Cabinet and the Council's partners for approval.

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

#### **Mental Health and Emotional Wellbeing for All, a Strategy for Children, Young People and Families in Hillingdon 2008/9 – 2011/12**

There are four key drivers underpinning both the need for the Mental Health and Emotional Wellbeing for All strategy and its overall direction. These drivers are:

1. The overarching national vision for CAMHS
2. National and local policy drivers
3. What children, young people and their parents and carers consider is needed for services to be effective
4. Hillingdon's local circumstances and demography

The purpose of the strategy is to set out the vision and structures that will guide and shape the commissioning and delivery of a range of services at Tiers 1 to 4 which will promote and address the mental health and well being of children and young people in Hillingdon.

The strategy reflects the national policy and planning guidance described in the *National Service Framework, The Mental Health and Psychological Wellbeing of Children and Young People (NSF CAMHS)*.

It also draws on the findings of the National CAMHS Review documented in *“Children and young people in mind: the final report of the National CAMHS Review”*.

It should be noted that the Mayoral charities for 2011/12 are focussed on mental health. The money raised will go to help support the work of MIND; Hillingdon Child and Adolescent Mental Health Services (CAMHS); Woodlands Centre, Alzheimer's and Dementia unit; Riverside Acute Unit. The Mayor hopes to raise awareness of mental health during her time in office and aims to reduce the stigma associated with it.

## **EVIDENCE & ENQUIRY**

### **Methodology**

1. A Working Group would be set up to examine background documents and receive evidence at its public and private meetings from officers and external witnesses.

2. The Committee may also make visits to sites and/or to other Councils with best practice examples.
3. Relevant literature and websites for background reading for Members to be researched.
4. A consultation exercise could also be undertaken.

## **Witnesses**

Possible witnesses include:

1. Individuals with mental health issues living in Hillingdon and their carers.
2. Officers from Children and Families, Public Health Team, Youth Service and Youth Offending Team.
3. External partners, e.g. Clinical Commissioning Group (formerly GP Consortium), NHS Hillingdon/Hillingdon PCT and The Hillingdon Hospital NHS Foundation Trust, CQC, Health and Wellbeing Board, CAHMS and CFACS
4. Cabinet Member for Social Services, Health and Housing.

There may need to be some further prioritisation within this list of witnesses in order to make the review manageable and ensure that it is completed within the prescribed timescale.

## **Information & Intelligence**

To be determined.

## **Consultation and Communications**

Consultation could be undertaken with individuals with mental health issues, relevant charities, service departments and outside organisations.

## **Lines of enquiry**

1. Are Residents' expectations and concerns about children and adolescent mental health reflected in local service standards?
2. How are instances currently identified and dealt with across the Borough and how can this be improved and standardised?
3. How have other areas/councils successfully dealt with the issue of children and adolescent mental health?

4. How well developed are local strategies and partnerships with regard to children and adolescent mental health issues?
5. Can you identify the barriers for working?
6. What training is available to staff to properly detect and deal with cases?
7. What information, support and advice is available to those that may need it? How can this be improved?
8. How are children and adolescent with mental health issues involved in their communities and civil society?
9. How good are local awareness, early identification and diagnosis?
10. What information and advice is available locally? What treatment and support services are available?
11. What support is available for the carers of children and adolescents with mental health issues? Is this support sufficient/how could this be improved?
12. How can education and training in relation children and adolescents with mental health issues for professionals and carers be improved?
13. What funding is available and how sufficient is this to meet the needs of the demand of the service required?
14. Balance of the 'nanny state' versus an individual's freedom.

## **PROPOSALS**

To be developed as the review progresses.

## **LOGISTICS**

### **Proposed timeframe & milestones**

<b>Meeting</b>	<b>Action</b>	<b>Purpose / Outcome</b>
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Date TBA	Witness session	Evidence & enquiry
Date TBA	Witness session	Evidence & enquiry
Date TBA	Draft Final Report	Proposals – agree recommendations and final draft report

### **Equalities**

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.

### **Risk assessment**

The review needs to be resourced and to stay focused on its terms of reference in order to meet this deadline. The impact of the review may be reduced if the scope of the review is too broad.

### **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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# Agenda Item 7

## CABINET FORWARD PLAN

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

## REASON FOR ITEM

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

## OPTIONS OPEN TO THE COMMITTEE

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

## INFORMATION

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

## SUGGESTED COMMITTEE ACTIVITY

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

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# The Cabinet Forward Plan

Period of Plan: August 2011 onwards

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
<p>SCH&amp;H = Social Care, Health &amp; Housing; CS = Central Services; PEECS = Planning, Environment, Education &amp; Community Services</p>									
<p><b>August</b></p>									
<p><b>No Cabinet meeting scheduled</b></p>									
<p><b>Cabinet - 29 September 2011</b></p>									
601 Page 33	<b>Extension to contract for the supply of electrical fittings and materials to Hillingdon Housing Repairs Service.</b>	To seek Cabinet approval to a short extension of the existing contract for the supply of electrical fittings and materials to the Hillingdon Housing Repairs Service.	All		Cllr Philip Corthorne / Cllr Scott Seaman-Digby	SCH&H - Grant Walker			NEW
656	<b>Disabilities Plan 2011-15</b>	Cabinet will be asked to approve the Disabilities Plan 2011-15, which has been developed in response to the changing needs of disabled people living in Hillingdon. There is an increasing number of disabled people living in the borough with more complex and higher levels of need. The aspirations of disabled people are changing with an increasing demand for services that enable people to have greater independence and control over their lives, rather than traditional care services.	All		Cllr Philip Corthorne	SCH&H - Sharon Townsend / Paul Feven			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									
649	<b>Adult Social Care Commissioning Plan 2011-15</b>	The Cabinet Member will be asked to approve the Adult Social Care Commissioning Plan 2011-15, which has been developed in response to the changing needs of people living in Hillingdon. The plan shows how the Council will deliver adult social care to Hillingdon's residents to live independently in the community with housing and support services appropriate to their needs. The plan covers adult social care needs of older people, people with learning disabilities, residents aged 18 to 64 with physical and/or sensory disabilities, adult with mental health needs and carers.	All		Cllr Philip Corthorne	SCH&H - Paul Feven			NEW
654	<b>Queens Walk Learning and Development Centre</b>	Cabinet will be asked to make decisions on future options regarding the use of Council's Learning and Development Centre, based adjacent to Queensmead School.	South Ruislip		Cllr Ray Puddifoot / Cllr Jonathan Bianco	PEECS - Steve Smith	Staff and Users		NEW
623	<b>HRA Review: Self-financing Implementation</b>	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			

**Cabinet - 27 October 2011**

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									
653	<b>Carers Commissioning Plan</b>	It is proposed that Hillingdon's current strategy for carers is refreshed and re-issued as a Carers Commissioning Plan to cover the period up to 2015. Carers supporting residents in Hillingdon save the Council an estimated £442.6 million a year in community care posts. The Plan will present the priorities for the Council relating to carer support and proposals for implementing personalisation approaches which will allow carers greater control about the services they use.	All		Cllr Philip Corthorne	SCH&H - Paul Feven			
598 Page 35	<b>Acceptance of tender - electrical works to the housing stock</b>	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			
SI	<b>Progress Report on the Disabled People's Plan</b>	This report provides Cabinet with a performance update on the delivery of the Disabled People's Plan for 2010/11.	All		Cllr Philip Corthorne	SCH&H Dan Kennedy			
SI	<b>Older Peoples Plan - Update</b>	This report provides an update to Cabinet of the Older Peoples Plan for 2010/11.	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.	The Older Peoples Plan	

## Cabinet Member Decisions - October 2011

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									
651	<b>Boiler plant replacement works at Hayes Town Centre</b>	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			NEW
<b>Cabinet - 24 November 2011</b>									
SI	<b>Monthly Council Budget - monitoring report</b>	The Cabinet receives a monthly report setting out in detail the council's revenue and capital position.	All		Cllr Jonathan Bianco	CS - Paul Whaymand			
<b>Cabinet Member Decisions - November 2011</b>									
SI Page 36	<b>Standard Items taken each month by the Cabinet Member</b>	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	Democratic Services	Various	Various	
<b>Cabinet - 15 December 2011</b>									

# Agenda Item 8

## 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
<b>21 June 2011</b>	<b>CR 5</b>
<b>6 July 2011</b>	<b>CR 5</b>
<b>31 August 2011</b>	<b>CR 5</b>
<b>12 October 2011</b>	<b>CR 5</b>
<b>8 November 2011</b>	<b>CR 5</b>
<b>8 December 2011</b>	<b>CR 5</b>
<b>25 January 2012</b>	<b>CR 5</b>
<b>14 February 2012</b>	<b>CR 5</b>
<b>22 March 2012</b>	<b>CR 5</b>
<b>19 April 2012</b>	<b>CR 5</b>

Social Services, Health & Housing Policy Overview Committee

**2011/12 DRAFT Work Programme**

Meeting Date	Item
<b>21 June 2011</b>	Aims & Challenges
	Review Topics 2011/12
	Cabinet Forward Plan
	Work Programme for 2011/12
<b>6 July 2011</b>	Major Reviews in 2011/12 - Scoping Report and Discussions (Work Programme)
	Quarterly Performance and Budget Report
	Cabinet Forward Plan
	Work Programme for 2011/12
<b>31 August 2011</b>	Major Reviews in 2011/12 – Scoping Report and Discussions (Work Programme)
	Personalisation - update
	Cabinet Forward Plan
	Work Programme
<b>12 October 2011</b>	Major Reviews in 2011/12 – First Review
	Witness Session 1
	Annual Complaints Report - SSCH&H
	Safeguarding Vulnerable Adults – Annual Report
	Cabinet Forward Plan
	Work Programme

<b>8 November 2011</b>	Major Reviews in 2011/12 – First Review Information report & Witness Session 2
	Major Reviews in 2011/12 – Second Review Scoping report
	Update on previous review recommendations
	Cabinet Forward Plan
	Work Programme

<b>8 December 2011</b>	Major Reviews in 2011/12 – First Review Draft Report
	ASCHH Annual Performance Assessment
	Cabinet Forward Plan
	Work Programme

<b>25 January 2012</b>	Budget
	Cabinet Forward Plan
	Work Programme

<b>14 February 2012</b>	Major Reviews in 2011/12 – Second Review Witness Session 1
	Major Reviews in 2011/12 – First Review Final Report
	Cabinet Forward Plan
	Work Programme

<b>22 March 2012</b>	Major Reviews in 2011/12 – Second Review
	Witness Session 2
	Cabinet Forward Plan

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