



HILLINGDON
LONDON



Social Services, Housing and Public Health Policy Overview Committee

Councillors on the Committee

Judith Cooper (Chairman)
Wayne Bridges (Vice-Chairman)
Teji Barnes
Jas Dhot
Beulah East (Labour Lead)
Ian Edwards
Becky Haggar
David Horne
Shehryar Wallana

Co-Opted Member

Mary O'Connor

Date: TUESDAY, 7 OCTOBER
2014

Time: 7.00 PM

Venue: COMMITTEE ROOM 6 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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Published: Monday, 29 September 2014

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Lloyd White
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SOCIAL SERVICES, HOUSING & PUBLIC HEALTH

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

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

Agenda

CHAIRMAN'S ANNOUNCEMENTS

- 1 Apologies for Absence and to report the presence of any substitute Members
- 2 Declarations of Interest in matters coming before this meeting
- 3 To receive the minutes of the meeting held on 9 September 2014 1 - 8
- 4 To confirm that the items of business marked in Part I will be considered in Public and that the items marked Part II will be considered in Private
- 5 Major Reviews in 2014/15 - Witness Session (3) 9 - 14
- 6 Review of the Causes of Tenancy Failure and How it Can Be Prevented - Update on Review Recommendations 15 - 28
- 7 Forward Plan 29 - 30
- 8 Work Programme 31 - 34

Minutes

SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE



9 September 2014

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

	<p>MEMBERS PRESENT: Councillors: Judith Cooper (Chairman) Wayne Bridges (Vice-Chairman) Teji Barnes Peter Davis Jas Dhot Beulah East (Labour Lead) Becky Haggar David Horne Shehryar Wallana</p>
	<p>OFFICERS PRESENT: Nigel Dicker – Deputy Director, Residents Services Ian Anderson - Administration - Performance & Intelligence Team - Complaint and Service Improvement Manager Sandra Taylor – Disabilities Services, Service Manager for a Personalised Service Kim Jebson – Disability Services, Team Manager Charles Francis – Democratic Services Officer</p> <p>OTHERS PRESENT:</p> <ul style="list-style-type: none"> • Caroline Tomlinson, London Borough of Harrow • Catherine Kiraz, London Borough of Ealing
10.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were provided by Cllr Ian Edwards with Cllr Peter Davis as substitute.</p>
11.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>None.</p>
12.	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 31 JULY 2014 (<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record.</p>
13.	<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>

All items were considered in Part 1.

14. **MAJOR REVIEWS IN 2014/15 - WITNESS SESSION 2** (*Agenda Item 5*)

The Disabilities Services, Service Manager for a Personalised Service, explained that the purpose of the second witness session was to hear about how other schemes operated and consider information on best practice nationally.

The following witnesses attended the meeting:

- Caroline Tomlinson, London Borough of Harrow
- Catherine Kiraz, London Borough of Ealing

Points raised at the meeting and during the second witness session included:

London Borough of Harrow:

- The Shared Lives Scheme had been operating for about 20 years in Harrow.
- The best way of helping an individual started with identifying a great family. Then, ensuring steps were taken to acclimatise both parties over a period of time.
- Lots of carers, who had become involved in the scheme, viewed it as a vocation for life. One carer had been in the scheme for 20 years.
- Key areas where Shared Lives had made an impact were assisting service users with: Learning disabilities and those individuals with enduring mental health problems.
- About 12 months ago, Harrow's scheme incorporated 10 carers, providing care up to 16 service users. Harrow's scheme was supported by money from the Supporting People Budget.
- In terms of funding arrangements, Housing benefits and a contribution from the service user, paid for accommodation and subsistence costs. Harrow's Health and Social Care budget met the care costs.
- It was highlighted, that for the Shared Lives scheme to be successful, Housing Benefits and Housing Allowance funding needed to be maximised as accommodation costs accounted for a third, to a half of the schemes overall costs.
- To increase awareness of the Shared Lives Scheme, Harrow had started a series of fun introductory evenings, marketed as 'Shared Lives and share a cake'. The last event had attracted 80 people and had resulted in 12 new carers.
- All new carers attend a 5 week training and induction programme over the course of 5 evenings. Lots of interactive techniques are used to ensure the potential service users and carers are well matched, culminating in a site visit to the carers home.
- After a 12 week period has elapsed, referrals are matched to service users.

London Borough of Ealing:

- Ealing currently operated a small Shared Lives Scheme, comprising of 17 carers (supported by 7 long term and respite carers).

- Ealing were currently investigating opportunities to expand the service as it was considered to offer good outcomes for service users, as well as being cost effective.
- Ealing's induction programme lasted 2 whole days, while its assessment period lasted for 6 months, although this might be longer in some cases.
- The main challenge for Ealing was marketing the Scheme and increasing awareness about what Shared Lives was and the benefits this offered in comparison to more traditional forms of care.
- Key areas where the Scheme was valued included its work with services users with either learning and / or physical disabilities.

Further points and questions raised during the witness session:

- In response to a question about the training of carers and whether or not they underwent a probationary period, both witnesses agreed that training was very personalised. It was acknowledged that relationships between service users and carers took time to develop and so in both cases, there was no specific period.
- As part of the training of carers, both Boroughs encouraged carers to ask lots of questions, look at case studies and work through a variety of scenarios to ensure they were well aware and well prepared for the challenges they might face.
- Although most carers completed the training, some did drop out as the levels of commitment required were very high.
- In response to how long people chose to remain carers, the witnesses explained that it was very hard to generalise. Some had been carers for 20 years and many had been caring for between 10 and 15 years. Clearly, the better the initial match was, the stronger the likelihood was that the service user and carer would form a long lasting bond.
- Another factor which limited the length of time someone might be a carer, also related to how old they were, when they began. Many carers were retired.
- In response to a query about specific training, the Committee heard that carers did receive mental health first aid training.
- Highlighting the importance of ongoing training, the Committee were informed that all carers received regular briefings (Harrow) every three months (which included crisis training). In addition, the Committee learnt that Harrow held social events on a regular basis which was invaluable for network building.
- As a general point, it was noted that ongoing support was very important to ensure the ongoing success of the Shared Lives Scheme.
- With regards to daily support for carers, the Committee were informed that both Schemes did not currently use social media as a platform, but it was acknowledged this was a useful tool.
- In response to the question about the demographic of carers, both witnesses confirmed that carers came from a diverse range of backgrounds and included: those with families, younger people as well as people from a social care background.
- The Committee were informed that neither Scheme used Agency staff. All staff were employed on a self employment basis so there were no void posts.

- With regards to safe guarding concerns, the Committee welcomed the news that Shared Lives schemes were regularly monitored and noted that Shared Lives were scrutinised on average 4 times more than other Adult Social Care areas.
- Asked whether carers had a key link worker and what crisis provision (i.e. a heart attack) there might be, the Committee were informed that Ealing had an out of hour's service. It was noted that Hillingdon provided a 24/7 service through Merriman's House and that contingencies were built into service users' Care Plans.
- In terms of feedback, the Committee noted there were a variety of mechanisms which included: the family, social workers and care workers. It was acknowledged that Shared Lives was not an isolated service and tended to see a considerable number of positive outcomes for service users. In Hillingdon, service user's main point of contact was their social worker but they were also encouraged to complete surveys twice a year to ensure there was ongoing feedback.
- To recruit additional carers, Harrow had chosen not to stage a corporate event. It had found that submitting a good news article to the Local Press, as well as publicising an informal social event had proved most effective. Mention was made of the rapid expansion of the scheme in Lancashire and officers were requested to circulate the report for information.
- The Committee noted that it was important to incorporate Shared Lives as an option within people's Care Plans to publicise the service.
- The witnesses agreed that Shared Lives had the ability to change service users lives and that very real cost savings could be achieved. Shared Lives embodied the preventative agenda and also offered flexibility to service users which often could not be found in other care options.
- In response to a question about how to expand the service, the witnesses agreed that ensuring well inducted teams were in place was a key requirement.

The following best practice information was noted:

- Shared Lives schemes provide good quality, personalised care to vulnerable people as carers share their lives and homes with the person they are supporting.
- With Shared Lives, everyone gets to contribute to real relationships and the goal is ordinary family life. It is used by around 12,000 people in the UK and is available in nearly every area.
- In 2010, the CQC judged 38% of Shared Lives schemes a three star, 'excellent' rating, twice the percentage rating for other methods of providing regulated care.
- The primary reason to develop Shared Lives Schemes is the positive social and emotional advantages to the individual. However, research has demonstrated that increasing the number of carers and people placed, may well result in significantly better value for money than other forms of care provision.
- A Social Finance report produced in 2013 reported key findings which included: The average net cost of supporting people with learning disabilities in traditional forms of long-term residential care, nursing care and supported accommodation was £60,000 per person per year, and for people with mental health needs £28,000 per year. This

compared to an average net cost of a long-term Shared Lives arrangement for a person with a learning disability of £34,000 per year, and for someone with mental health needs £20,000 per year.

- The average net savings from a long-term Shared Lives arrangement per person per year were £26,000 for people with learning disabilities, and £8,000 for people with mental health needs.
- The UK is only just grasping the potential gains from families and communities contributing to the well-being of people with support needs, and of those people being active, valued citizens.
- Hillingdon's Shared Lives service is in the average size group of schemes with 21 long term placements and 6 short term placements. This compares to Ealing having 7 long term placements and Harrow recently increasing their numbers from 16 to 26.
- Schemes of fewer than 20 placements are at risk of being unsustainable with the average of one shared lives worker per 25 placements.
- The best performing authorities have an average of 80 carers providing placements.
- A recent national report on Shared Lives noted that 82% of carers were female, 75% are over 40 and are predominantly of white British origin. In comparison, Hillingdon differs considerably. 60% of its Shared Lives carers are from an ethnic minority group and is made up of both male and female carers which reflects the demand for culturally sensitive services.
- Hillingdon's scheme demonstrates best practice in terms of outcomes for service users. When surveyed, 100% of service users stated that they felt safe, happy and supported in their placements.

RESOLVED:

- 1. That the report and witness session be noted.**
- 2. That Officers be requested to circulate the Lancashire report outside the meeting.**
- 3. That Officers be requested to provide financial information and costed case studies to the next witness session.**

15. **ANNUAL COMPLAINT REPORT FOR HOUSING SERVICES AND ADULTS' SERVICES FOR 1 APRIL 2013 TO 31 MARCH 2014**

(Agenda Item 6)

The Complaint and Service Improvement Manager introduced the Annual Complaint report for Housing Services and Adult's Services from 1 April 2013 to 31 March 2014.

In relation to Housing complaints, it was noted that these had risen since the previous year. Officers explained that the main causes for the escalation were the changes to the social housing allocation policy and repairs.

In terms of outcomes, it was noted that proportionately, the number of upheld and partially upheld complaints had gone down when comparing 2013/14 (46%) against 2011/12 (64%) and 2012/13 (63%). The Committee welcomed that the average time taken to conclude a Stage 1 complaint had been reduced from 27.8 working days in 2011/12 to 11.97 working days for 2013/14 which was a significant improvement. It was also noted that 4

people escalated their complaint to the Ombudsman. However, none of these complaints were upheld or partially upheld.

With regards to Adults Services, the Committee were informed that the number of Stage 1 complaints had declined by 39% when compared with 2011/12 and the average time taken to respond to Stage 1 complaint had improved from 27.8 working days in 2011/12 to 11.97 working days for 2013/14. Significantly, it was also noted that the number of compliments recorded had risen.

To improve complaint handling, the Committee noted that officers had undertaken a number of steps, including:

- workshops for managers and relevant staff are run in investigating and responding to complaints.
- focussed on ensuring the Council take action on conclusion of a complaint to reduce the likelihood of the same complaint recurring
- ensuring that monthly and quarterly reports are provided for managers regarding their team/service areas complaint handling performance.

In future, it was noted that officers would be make service improvements by:

- the Complaint and Service Improvement Team sending prompts, on day 7, reminding staff when the deadline for response was due. This should ensure that complaints continue to be responded within target.
- running monthly workshops for managers and relevant staff (via the Learning and Development portal)
- introducing a web page that amalgamates all complaint information in one easy place for staff to view.

The Committee thanked Officers for a clear and concise report, noting that the time taken to process complaints had fallen and the number of complaints referred to the Local Government Ombudsman had declined. Members welcomed the policy of early intervention and the steps which were in place to improve complaints handling in the future.

RESOLVED:

1. That the report be noted.

16. **FORWARD PLAN** (*Agenda Item 7*)

Members considered the latest version of the Forward Plan. The Committee requested Officers to provide an update on Social Housing Allocation Policy - 017 at the next meeting.

RESOLVED:

1. That the Forward Plan be noted.

17. **WORK PROGRAMME** (*Agenda Item 8*)

Reference was made to the work programme and timetable of meetings. It was noted that the Committee would consider an update on its previous review on 'The Causes of Tenancy Failure and How It Can Be Prevented' at

	the next meeting. RESOLVED: 1. That the Work Programme be noted.
	The meeting, which commenced at 7.00 pm, closed at 8.27 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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MAJOR REVIEWS IN 2014/15 – WITNESS SESSION (3)

Shared Lives Placements with estimated costings

Contact Officer: Sandra Taylor

Telephone: x0415

REASON FOR ITEM

To consider a series of costed case studies, illustrating how the Shared Lives Scheme might achieve future savings should this be developed in the future.

OPTIONS AVAILABLE TO THE COMMITTEE

To question the witnesses about Hillingdon's Shared Lives Scheme, the potential of the scheme to deliver savings and the further work required to develop this in the future.

INFORMATION

At its meeting on the 9th September 2014 the Committee requested officers to provide case studies and for these to be costed to illustrate how savings might be made, costs avoided and illustrate how the scheme might be developed further in the future.

In previous meetings, Officers have highlighted there may be the potential to develop the service by increasing the number of available placements by recruiting an additional cohort of approximately 20 carers. It is anticipated these carers would offer placements to people with a range of needs across all three levels.

The cases studies provided are based on provision for existing clients in the Shared Lives scheme and show a range of cost avoidance from £129 to £565 per week when compared to the average cost of a Residential Placement for the same client group.

The current Shared Lives Scheme has 20 placements. The current staffing for this scheme could work with up to an additional 20 clients without incurring additional costs. This increase in placements could deliver a cost avoidance of approximate £180k per annum based on an additional 10 cases at Level 1, 7 at Level 2 and 3 at Level 3.

The Shared Lives Scheme demonstrates that it is and has the potential to be a very cost effective and person centred model of care, with high satisfaction levels and outcomes among users

If the conclusion of the Committee is to expand the current Shared Lives Placements Scheme , a more detailed appraisal of the financial impact of the expanded scheme will be undertaken to identify the full costs of the expansion, and whether there are cashable savings arising from the these client placements compared with the cost of residential placements which can be included within the MTFF.

Case Study for Level 1

Background

A is 65 years old and was found by the police in Uxbridge, he was homeless, ill kempt and unwell. He was admitted onto the Oak Tree ward Hillingdon Hospital, and was in hospital for 18 weeks. He was diagnosed with unspecified dementia. He was in a state of gross self-neglect. He was very vulnerable and had no kin in the Hillingdon area. He was looked after by the ward. He was incontinent of urine and faeces and needed help to perform his personal care.

When his discharge became imminent he was allocated a social worker from LBH who made a referral to Hillingdon Shared Lives Scheme (HSL).

When HSL completed the assessment for A, he was adamant he did not want to leave the hospital where he felt safe and secure. However we encouraged him to meet a prospective family.

Outcome

A was introduced to a husband and wife HSL carer team who were living in the Hayes area. He thought they were very nice but was eager to return to the Woodland Centre. A weekend trial was arranged and he stayed with the family. At this time his hair was quite long and he had a full beard, which obstructed his eating. He told the carer he would like to have his hair cut like him and he wanted his beard shaved off. A was taken to the barbers. When he returned to the Woodland Centre, they did not recognise him, saying he looked like a new man!

A then started a trial placement commencing in March 2010 and he is currently still living with the carers. He has integrated well with the family.

He goes for walks and shopping trips with the family. He likes to chat with the family and watch TV. He has his own bedroom and access to all communal areas in the house.

He is supported by the carers to source and attend healthcare appointments.

A was supported with a toilet training programme and he is no longer

incontinent so health and dignity has been restored. The carers support him with his personal hygiene. With his diagnosis of unspecified dementia, he would not be able to care for himself without the support of the carers.

Through the HSL placement A has been provided with a safe place to live in a family environment. He has become more sociable and confident and is treated as a member of the family.

Costing per week:			
Residential Dementia Placement		HSL Placement	
Average Residential Cost	£526	Fee for Level 1:	£324
Less: Average Client Contribution	£210	Service user contribution:	£52
		Housing Benefit:	£85
Cost of Service:	£316	Cost of Service:	£187
Cost Avoidance for this scenario: £129 per week.			
Total annual cost avoidance: £6,700			

Case Study for Level 2

Background
<p>A referral was received for an emergency placement from the OPS review team. Miss C is an 83 year old lady with dementia. C was admitted into Franklin House, rehab unit, from Hillingdon Hospital. C had suffered a fall at home.</p> <p>C was 'blocking a bed' at Franklin House as she could not return home due to the condition of her property. Her house was inhabitable and in need of urgent repairs. C is a hoarder and the amount of clutter she possessed created a serious tripping hazard. The house had no heating, hot water and C did not have use of a cooker. C had not had a bath or hot meal for a very long time.</p> <p>C has never been registered with a GP.</p> <p>C has lived on her own since her parents died, she is quite reclusive.</p> <p>We matched C with carers able to meet her needs.</p> <p>C's nephew and niece accompanied her to the introduction with the carers.</p> <p>A personalised care plan was drawn up with C and the carers to agree the level of support required.</p> <p>C moved into the placement, two days after the referral was received.</p>
Outcome
<p>Although C has been used to her own company for many years she has settled in remarkably well with the carers and the family and their other service user.</p>

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The carers registered C with their GP and they supported her to attend the GP for a much needed medical review.

An OT bathing assessment was completed and equipment was installed for C to safely access the bath and the toilet.

A Telecare alarm was provided for C to alert the carers.

C is able to have a bath/shower with support from the carers. She has hot meals and hot drinks every day.

C can choose to spend time in her room or with the family. The carers respect her need to spend time alone.

She sometimes watches TV with the family and has watched a football match which she enjoyed!

Costing per week

Residential Dementia Placement		HSL Placement	
Average Residential Cost	£526	Fee for Level 2:	£375
Less: Average Client Contribution	£210	Service user contribution:	£52
		Housing Benefit:	£85
Cost of Service:	£316	Cost of Service:	£238

Cost Avoidance for this scenario: £78 per week.

Total annual cost avoidance: £4,100

Case Study for Level 3

Background																			
<p>N's mother was sadly killed in a car crash and his father was unable to care for him. In 1994 N was placed in foster care with his aunt and prior to his eligibility for foster care running out, his aunt registered to become a Shared Lives carer. N was transitioned to Shared Lives in 1999 when he turned 18. This transition went smoothly and demonstrated how the foster service and Adult Shared Lives schemes can work successfully together to create a seamless transition for the service user and carer.</p> <p>N suffers with cerebral palsy. He is a permanent wheelchair user and registered blind.</p>																			
Outcome																			
<p>N is supported with all his activities of daily living. His carer meets all his personal care needs, meals, shopping, laundry and house work. His carer arranges all his health care appointments and is appointee for his benefits.</p> <p>N is part of the family, he refers to his aunt/ carer as his 'mum', he has been on holiday abroad with the carer and the family on many occasions. His carer ensures his well being and safety.</p> <p>This service user and carer, will celebrate 20 years of happily living together in December 2014.</p>																			
Costing per week																			
<table border="0"> <tr> <td>Young Person Disabled Placement</td> <td></td> </tr> <tr> <td>Average Residential Cost</td> <td style="text-align: right;">£1,000</td> </tr> <tr> <td>Less: Average Client Contribution</td> <td style="text-align: right;">£122</td> </tr> <tr> <td>Cost to care management:</td> <td style="text-align: right;">£878</td> </tr> </table>	Young Person Disabled Placement		Average Residential Cost	£1,000	Less: Average Client Contribution	£122	Cost to care management:	£878	<table border="0"> <tr> <td>HSL Placement</td> <td></td> </tr> <tr> <td>Fee for Level 3:</td> <td style="text-align: right;">£450.00</td> </tr> <tr> <td>Service user contribution:</td> <td style="text-align: right;">£52</td> </tr> <tr> <td>Housing Benefit:</td> <td style="text-align: right;">£85</td> </tr> <tr> <td>Cost to care management:</td> <td style="text-align: right;">£313</td> </tr> </table>	HSL Placement		Fee for Level 3:	£450.00	Service user contribution:	£52	Housing Benefit:	£85	Cost to care management:	£313
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Service user contribution:	£52																		
Housing Benefit:	£85																		
Cost to care management:	£313																		
<p>Cost Avoidance for this scenario: £565 per week.</p> <p>Total annual cost avoidance: £29,500</p>																			

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REVIEW OF THE CAUSES OF TENANCY FAILURE AND HOW IT CAN BE PREVENTED - UPDATE ON REVIEW RECOMMENDATIONS.

Contact Officer: Debbie Weller
Telephone: x6281

REASON FOR ITEM

During 2013/14 the Committee conducted a review on the '*causes of tenancy failure and how it could be prevented*'. This report provides a brief overview of tenancy failure and an update on the status of the twelve recommendations made by the Committee which were considered by Cabinet on 23 January 2014.

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

Tenancy Failure: An Overview

There is considerable social and economic cost associated with tenancy failure. Tenancy failure occurs when tenancies are terminated prematurely such as through abandonment or eviction. Real costs include; void costs, legal fees and arrears alongside the staff costs associated with homelessness assessments and the provision of temporary accommodation. There are also wider social costs to the local authority, the family in the failed tenancy and the impact on the community. These wide ranging impacts highlight the need for effective tenancy sustainment.

The Council has a dual role, both as the strategic housing authority, planning for the housing needs of residents across all tenures, and as a social landlord. Tenancy sustainment services are involved in both of these roles. Families that are unable to sustain their tenancies are more likely to have:

- Disruption to a child's schooling and so lower educational attainment
- Poor health and well being
- Reduced ability to secure long-term paid employment and therefore greater reliance on state benefits

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- Poorer financial awareness and therefore greater likelihood of making poor financial decisions
- Reduced life chances

Successful tenancies are good for individual households, their landlords, the local authority as a whole and the wider community.

Notwithstanding this, there must be a recognition that situations will present where ending a tenancy is necessary, appropriate and proportionate. This could be associated with extreme anti-social behaviour with significant 'community impact' or wilful non-payment of rent.

Tenancy Failure: The Review

The review looked at the Council's current role and responsibilities for tenancy sustainment in Council housing, as well as the existing support services for those not in council housing, and current thinking on the development of the service.

Set against a backdrop of welfare reform and reduction to Housing Benefit, where it was anticipated that cases of arrears, debt and ultimately homelessness might rise, the Committee heard and supported the risk based, early interventionist approach being developed by the Council to help people remain in their homes. It was acknowledged that the impact of the welfare reforms was still at an early stage and that there was still work to do on the BID process.

The review made a series of recommendations which seek reduce instances of tenancy failure by supporting new ways of working across Council teams, including through the work of adults and children's social care services and takes a tenure neutral approach.

Update Response to POC - recommendations

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

- 1. That Cabinet endorse the concept that support services that help sustain people in their own home must be tenure neutral and focus on practical help that will enable people to stay in their home.**

As part of the service transformation process the Independent Living Support Service has been remodelled and the role of the staff is now as Housing Key Workers (see Appendix

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1). The focus of these Key Workers is on sustaining tenancies, they work across housing tenures and have a current case load of 107 clients. Referrals are taken from three groups:

a. New in occupation

These referrals are for clients at the start of a new tenancy where it is known that there is an underlying vulnerability and that if left without support, there is a high risk of tenancy failure. The Housing Key Workers are able to provide extensive support for a period of up to three months. They link in to services to 'wrap around the client', reduce risks and make them more manageable. At the end of the three month period responsibility is handed back to the Community Housing Team with an accompanying ongoing support plan where appropriate.

b. Non-secure tenants at risk of failure

These referrals relate to clients in temporary accommodation, including bed and breakfast where there is a threat of action to evict. No eviction activity can take place without having first referred the matter to Housing Key Workers who will then have the opportunity to work with the client for up to four weeks. During this time, practical support as necessary will be provided, such as referrals to drink/drug agencies. At the end of this period the key worker will report back through the Tenancy Sustainment Conference where a decision will be made regarding future action.

c. Established arrangements at risk of failure

The third client group, are those that are established in their housing situation where, for whatever reason, the housing arrangements are under threat. This could, for instance relate to rent arrears or behaviour issues that may have been precipitated by a change in circumstances such as unemployment, illness, bereavement or relationship issues.

A separate Tenancy Sustainment Officer continues to work with both landlords and tenants in properties made available to the council under the Finders Fee scheme. While the nature of this work has not changed significantly, it does now benefit from being located within the Housing Key Worker team. This service has sustained 83 tenancies since April this year.

2. Endorse the risk based approach to tenancy sustainment currently being developed by officers with an emphasis on early intervention and problem solving.

Secure tenants

A revised 'End to End Tenancy Management Process' is now in place. Underpinning the entire process is the adoption of a risk-based approach to the management of tenancies. Central to this approach is:

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

The priority is to create the right conditions for sustainable, successful tenancies which will thrive, irrespective of their length or type. A risk based approach will ensure that intervention happens at an early stage to help 'at-risk tenants' retain a secure home while meeting the responsibilities of their tenancy agreement.

The 'end to end' process supports staff in doing the right thing, at the right time, with the right documentation. Good practice requires effective and robust management of the tenancy and the need to ensure that the tenant is fully aware of the nature of their occupation arrangements and the key stage processes that will take place during the life-time of the tenancy. This necessitates a greater need for effective communication, the periodic sharing of key messages and above all, regular contact. The management of the tenancy must operate on the principle of 'no surprises' for the tenant.

All new tenants receive a 'new tenant visit' within four weeks of tenancy commencement. This visit enables establishment of the landlord and tenant relationship and is the first occasion for the Housing Officer to 'assess' the tenant's needs and requirements for any support to effectively sustain the tenancy. Prior to the visit, the Housing Officer carries out background research to review available information on household details and known vulnerabilities and support needs.

At the culmination of the new tenant visit process, a 'tenancy management plan' is populated. The plan exists for the lifetime of the tenancy and provides the reader with all

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they need to know about managing the tenancy 'at a glance', including, who is working with the tenant, key tenancy management events, planned events, and a current assessment of 'risk'.

A risk management tool is in place to support Housing Officers in the initial and ongoing assessment of risk and categorisation of the tenancy. As part of the new tenant visit, all new tenants are categorised as being at low, medium or high risk of tenancy failure. The tool assists in completing the tenancy management plan and recognising the impact of a range of 'trigger incidents'. For example, an established secure tenant in good health with a good network of family and friends is likely to be more resilient to the impact of bereavement than perhaps a person with underlying mental health issues with no family or social networks.

During the course of the tenancy it will be necessary to reassess the tenant in recognition that people move in and out of vulnerability and/or are disproportionately affected by life events which put their tenancy at risk.

Non-secure tenancies

Housing Officers are notified of all new lettings associated with the granting of non-secure tenancies via a weekly lettings report. This includes all new 'short-life' and in-house 'PSL' lettings. The approach to assessing unmet needs and 'front-loading' advice and support at the start of the tenancy is replicated for all non-secure tenants.

3. That in support of ongoing service transformation, consideration is given to ways of improving joint working across Council Teams, making these more flexible and proactive as well as promoting early intervention.

Service transformation has resulted in a housing model based around three areas of work prevention, sustainment and placement. The role of the housing key workers is central to the sustainment area and there is a focus on early intervention. The new tenant visit process and associated assessment of the tenant may conclude that the tenant is presenting as at 'high risk' of tenancy failure. Unless intensive support is provided the likelihood is that the tenancy will fail. In these circumstances, referral to a housing key worker is appropriate and will maximise the potential from early intervention.

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

- Managing the tenancy and the accommodation
- Self-care and living skills
- Managing money and personnel administration

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- Social networks and relationships
- Drug and alcohol misuse
- Physical health
- Emotional and mental health
- Meaningful use of time
- Offending
- Motivation and taking personal responsibility

These risk factors are inextricably linked to vulnerability i.e. individuals falling into one or more categories of vulnerability are likely to present as higher risk in the context of both tenancy sustainment and the cost of managing the asset. In general terms, vulnerable individuals can be described as:

- Those experiencing a physical illness/disability
- Those experiencing a mental illness/disability
- The elderly
- Expectant mothers
- Children defined as 'in need' under the Children Act 1989
- Those who do not speak or read English
- Those experiencing racial harassment and other forms of hate crime
- Those experiencing domestic violence
- 16 and 17 year olds
- Those leaving institutional care
- Those living in temporary accommodation

Housing key workers are an integral part of the tenancy management model which has the effective support of vulnerable people at the centre. This model contributes to the strategic objective of preventing homelessness and sustaining all forms of occupation arrangement. This involves 'doing the right thing at the right time' to enable residents to be appropriately supported at the earliest opportunity.

As part of this approach housing key workers provide a dedicated 'team around the tenant' who deliver tailored support plans to address or manage underlying issues which impact on the tenant/household and their ability to remain in their current accommodation. Loss of that accommodation would generally result in a homeless acceptance. Housing key workers work across all forms of tenure, including non-secure tenancies.

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

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part of this approach, there is a general acceptance that housing officers are managing higher levels of risks than was traditionally the case. Preventing 'drift' into more expensive services and more intensive levels of support is a core theme across the Council.

After an initial assessment and production of a support plan, the housing key worker will work with the tenant for a period of up to three months. Housing Officers have a significant role to play in both risk assessment and risk management. As part of this role, housing officers are developing an increasing range of control measures to manage 'low' and 'medium' risks. The management of all identified risks are contained in a 'tenancy management plan'. It is only when high level risks present, which necessitate more specialist intervention, that cases are referred to housing key workers.

On successful completion of a tailored support plan, resulting in the risk level being reduced and the tenant retaining their tenancy, the case is passed back to the housing officer as part of a planned exit strategy. The 'support plan' ends and the housing officer then takes over responsibility for the management of the reduced risks via an updated 'tenancy management plan'.

The housing key workers have established links to a variety of other teams within the Council and external service providers. Following a referral, a triage process signposts to relevant services, such as: HAGAM, HDAS (Hillingdon Drug and Alcohol Service), GPs, Look Ahead, mental health services.

Prevention Services

The objective of the housing key workers is to prevent the failure of tenancies at risk. If there is no longer a chance of the tenancy being sustained, i.e when a private landlord issues a S21 for possession, this would not fall within the remit of housing key workers but with the homelessness prevention or outreach team who then work with the client to prevent homelessness.

There have been advances made in joint working across council teams and opportunities to strengthen this are continuing to be sought.

- 4. That, welcoming the service transformation taking place, Officers consider reviewing the provision of support services in order to promote tenancy sustainment. Further, the Committee suggests that, having established the principle and mechanisms of tenancy sustainment, that the initial work proposed in this review be used as a basis for a possible review (in the next Municipal year) that focuses on discrete areas including ensuring sufficient support for those in most need, in particular those with mental health issues or other vulnerabilities.**

Mental health services have been subject to some reshaping so that rather than being area based, teams are arranged around different aspects of service. There is a mental health accommodation panel, which is chaired by the manager of the housing key workers. About a quarter of referrals to housing key workers have a mental health issue. The panel provides for a pathway that enables a number of steps down from more intensive to less intensive services. This moves clients from social care to housing services and from accommodation based to floating support services and towards independent living.

Although aimed primarily at stepping down through the services, there is also the ability for clients to move in the other direction, where additional support is required. The outcome is more likely to be an increase in the amount of support hours needed rather than a change in accommodation.

For clients with low level mental health needs, support can be given by Housing key Workers where a risk has been identified and referrals, as appropriate, are made to other agencies such as DASH, Age Concern, HAGAM and HDAS.

- 5. That the Cabinet Member for Social Services, Health and Housing requests that Council's front line staff receive refresher training to give basic advice and sign posting and consideration be given to the following:**
- **Undertaking a review of service directories and website information**
 - **Developing information available through social networking**
 - **Updating information leaflets available to residents on the provision of advice on benefits and relevant campaigns.**

A comprehensive review of the service directory has been completed and this will continue to be updated on an ongoing basis. The Housing Key Workers are now established as experts in networking with the range of support providers in Hillingdon and are able to offer a comprehensive signposting and referral service.

The 'people' as opposed to 'property' aspects of housing services are now organised under teams concerning with 'prevention', 'placement' and 'sustainment'. Briefings on new ways of working have been delivered to staff and both internal and external referrals

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systems for the Housing Key Workers are in place. The contact centre provide a 'front of house' service and it is important to ensure that they are kept up to date and included in any training given. They have been briefed on the support that can be offered by the housing key workers.

Bespoke training for specific issues is rolled out to a variety of front line housing staff. At present training in safeguarding is being delivered by colleagues in health and social care. Other recent training has included basic drug awareness, mental health awareness, domestic violence and relationship breakdown, housing advice, homelessness law, Housing Benefit, and Universal Credit.

Although some leaflets are still produced by various organisations and made available, the main focus is on developing on line resources and on enabling access to digital resources.

6. The Council further highlight that discretionary housing payments are available but limited and keep the policy under review to ensure that there is sufficient provision in the budget.

The budget for Discretionary Housing Payments (DHP) for 2014/15 is just under £1 million, of which approx £520,000 has been spent to date and a further £85,000 has been allocated. The total amount of DHP that can be paid in the financial year is limited by government. It can be used for rent deposits, rent in advance and moving costs. In some cases it can be paid if Housing Benefit is reduced because of the Household Benefit Cap or because the client is deemed to be under-occupying their home and rents from the Council or a Housing Association. There is ongoing monitoring of DHP payments.

7. The Council build on existing work to encourage the take up of benefits and the use of outreach services to interact with harder to reach groups and make effective use of community facilities such as libraries.

Housing Advice surgeries have been run for older people by age concern and Age Concern are also able to offer advice to older people on a range of other issues. From time to time specific projects take place to encourage take-up.

8. (That Cabinet) reaffirms the proposals made by the Deputy Leader and Cabinet Member for Education and Children's Services in February 2009, where free independent financial and budget management lessons were made to schools and invites the Cabinet Member to take this opportunity to remind schools that such an offer is available.

These recommendations were presented to and approved by Cabinet on 23rd January 2014.

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- 9. That Housing Services, Private Sector Landlords and Registered Social Landlords pursue joined up working on providing and /or sign posting budget information in their tenant's publicity materials so that where possible universal information, articles and media could be produced and used economically.**

The new tenant visit includes information relating to financial matters regarding the tenancy. The Hillingdon Citizen's Advice Bureau (CAB) is able to assist tenants with debts and budget management and housing staff signpost to their services as appropriate. The CAB now provides a 'fast track' service for tenants of Hillingdon Council who are in rent arrears. Advisors will help draw up a realistic weekly budget and debt repayment plan and identify if there are any ways of maximising income such as claiming any extra benefits and Tax Credits.

- 10. The Council assist with the promotion and advertising of the services of the Hillingdon Credit Union and seek to increase its membership through the development of a marketing plan. That as part of this work, officers also consider the promotion and availability of accounts just for benefits and rent to ensure that these essential housing costs are paid first.**

Free training is available to all tenants and as part of this programme an explanation is given of the work of the credit union and encouragement is given to join.

A review of tenant engagement is taking place and an increased focus on both digital and financial inclusion is to be considered as part of this. Related work will look at the council's performance in relation to the Consumer Standards, part of which is also concerned with this agenda.

In preparing for the introduction of Universal Credit, some work was undertaken looking at the potential use of 'Jam Jar' accounts. This work didn't reach a conclusion and some of the accounts considered involved considerable expense. Delays to Universal Credit has meant that there is less urgency, however there is a continuing need to consider further changes in practice as a result of the welfare reform agenda.

- 11. Asks officers to develop a universal checklist of those agencies including Private Sector Landlords supporting tenancy sustainment and for this to be used to monitor success using outcomes based indicators and calculate the associated costs.**

A 'new tenant visit checklist' has been put in place for use by LBH Housing Officers. This works through a series of questions which not only capture key information about the

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tenant/household but also serves to ensure that the tenant has properly 'settled in', is 'plugged-in' to all appropriate and necessary services and is well positioned to work towards the sustainment of a 'successful tenancy'. This approach makes it possible for the Housing Officer to identify 'risks' and support 'gaps' which need to be picked up as an integral part of developing the 'tenancy management plan'.

Having developed tools for use in-house, further work will look to share good practice, including with private sector landlords through the Landlords Forum.

12. Welcomes the work of the Children, Young People and Learning Policy Overview Committee to help supported children and Young Care Leavers and ensure they are assisted appropriately.

The National Care Leaver Strategy¹ recognises that care leavers are a vulnerable group of young adults who have particular needs in relation to housing and homelessness. A supportive pathway approach for care leavers invests in early intervention and transition planning. It integrates progression to work and independence with tailored accommodation options.

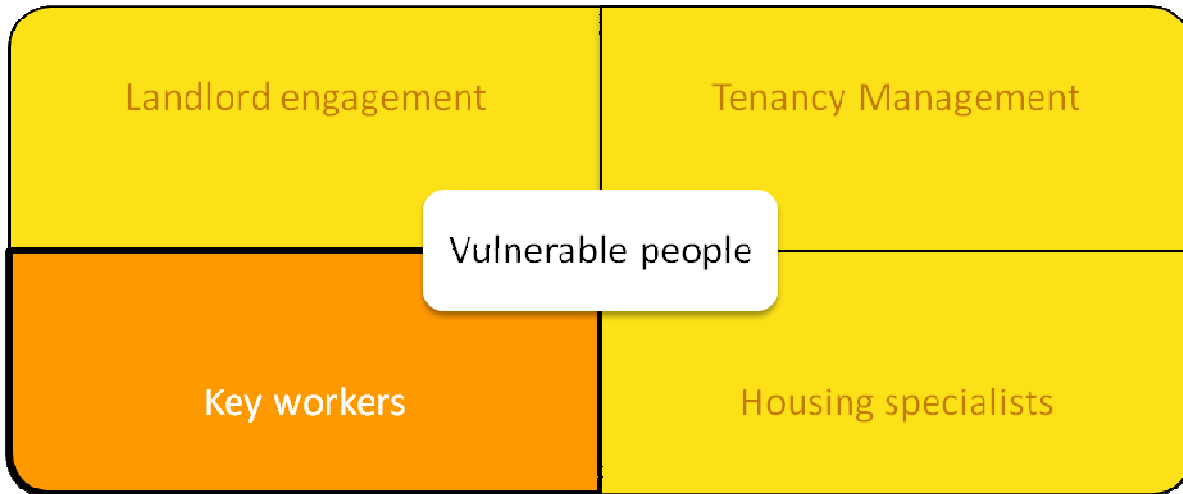
In Hillingdon the work of the Children, Young People and Learning Policy Overview Committee identified some key issues for care leavers and a number of specific recommendations were made, the majority of which have been completed.

The key worker approach with a focus on early support to avoid escalating needs was identified as an ideal working model for taking forward the transition of care leavers to independent living and improving the support provided to looked after children. There is a need for a continuing focus on joint working to ensure effective working arrangements, and where necessary, protocols between the various agencies involved with care leavers. This work is now being taken forward by the Corporate Parenting Board: Transition sub group, working across the range of services necessary to support care leavers.

Young people often have difficulties with their first tenancy. Recognising their need for support prior to taking on their first tenancy and continuing support into the early months of being in their home, as well as responding promptly to emerging issues, makes it more likely that transition is successful. These arrangements are embedded in the new tenancy sustainment arrangements.

¹ Care Leaver Strategy: A cross-departmental strategy for young people leaving care, Department for Education, October 2013

Housing Key Workers - Definition and Role



Housing Key Workers are an integral part of the proposed new model which has the effective support of vulnerable people at the centre.

Moving forward it will be particularly important that all staff operating in the model contribute to the strategic object of preventing homelessness and sustaining all forms of occupation arrangement. This involves 'doing the right thing at the right time' to enable residents to be appropriately supported at the earliest opportunity.

As part of this approach Housing Key Workers will provide a dedicated 'team around the tenant' who will deliver tailored support plans to address or manage underlying issues which impact on the tenant / household and their ability to remain in their current accommodation. Loss of that accommodation would generally result in a homeless acceptance. Housing Key Workers will work across all forms of tenure

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

As part of this approach there must be a general acceptance that other service teams within the model will in turn be managing higher levels of risks than was traditionally the

case. Preventing 'drift' into more expensive services and more intensive levels of support is a common theme across the Council.

Housing Key Worker interventions and support planning as part of the 'team around the tenant' should not be confused with 'preventions'. These are those more immediate and tailored actions undertaken by Homeless Prevention Case-Workers [Housing Specialists] to delay or prevent homelessness occurring.

As part of achieving their key objective it will be essential for Housing Key Workers to work alongside a range of other internal and external service providers. Drawing in appropriate services and delivering joint support plans which are tailored to the needs of individual residents will be a core part of the role.

The Tenancy Management Service will be one of a number of services who will refer cases into and work with Housing Key Workers as part of achieving 'successful tenancies'. Traditionally the Tenancy Management Service has operated to fulfil the Council's role as a corporate landlord. Whilst it is still important to deliver an effective and efficient landlord service, this tenancy management function will continue to expand to cover other forms of non-secure occupation arrangement such as the management of short-life and the in-house Private Sector Leasing Scheme.

Processes have been re-engineered in Tenancy Management to ensure that, irrespective of the tenancy type managed, greater emphasis is given to ensuring we achieve 'successful tenancies'. This necessitates value being added at all stages of our core tenancy management processes. In particular Housing Officers must ensure that they maximise the value from engaging with the tenant during the very early stages of the tenancy to mitigate any risks which could result in that tenancy failing. 'Front loading' tailored and effective tenancy management services early on are key to ensuring that the high social and economic costs of tenancy failure and crisis intervention do not materialise. Housing Officers will have a greater role to play in both risk assessment and risk management in the context of delivering tenancy management services. As part of prototyping, Housing Officers are developing a greater understanding of risk assessment and are identifying an increasing range of control measures to manage 'low' and 'medium' level risks. The management of all identified risks will be contained in a 'tenancy management plan'. It is only when high level risks present, which necessitate more specialist intervention, will cases be referred to the Housing Key Workers. On successful completion of a tailored support plan, resulting in the risk level being reduced, will the case be passed back to the Tenancy Management Service as part of a planned exit strategy. The 'Support Plan' will end and the Housing Officer will then take over responsibility for the management of the reduced risks via an updated 'tenancy management plan'.

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CABINET FORWARD PLAN

Contact Officer: Charles Francis
Telephone: 01895 556454

REASON FOR ITEM

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

OPTIONS OPEN TO THE COMMITTEE

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

INFORMATION

1. The Forward Plan is updated on the 15th of each month. An edited version to include only items relevant to the Committee's remit is attached below. The full version can be found on the front page of the 'Members' Desk' under 'Useful Links'.
2. At present, there are no Social Services, Housing or Public Health related reports scheduled on the Forward Plan for either October or November 2014. An updated Forward Plan incorporating any new items will be published on 15th October 2014.

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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Agenda Item 8

WORK PROGRAMME 2014/15

Contact Officer: Charles Francis
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REASON FOR ITEM

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

OPTIONS AVAILABLE TO THE COMMITTEE

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

INFORMATION

All meetings to start at 7.00pm

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

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2014/15 - DRAFT Work Programme

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

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21 January 2015	Budget Proposals Report for 2014/15
	Cabinet Forward Plan
	Major Review - Draft Final Report
	Work Programme
24 February 2015	Cabinet Forward Plan
	Work Programme
26 March 2015	Cabinet Forward Plan
	Work Programme
22 April 2015	Cabinet Forward Plan

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