

Minutes

SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

6 October 2015



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

	<p>MEMBERS PRESENT: Councillors: Wayne Bridges (Chairman) Teji Barnes (Vice-Chairman) Shehryar Ahmad-Wallana Peter Davis Beulah East (Labour Lead) Becky Haggar Manjit Khatra June Nelson Jane Palmer Mary O'Connor</p>
	<p>OFFICERS PRESENT: Nigel Dicker (Deputy Director of Residents' Services), Sandra Taylor (Head of Early Intervention and Prevention), Dr Steve Hajioff (Director of Public Health), and Charles Francis (Democratic Services)</p>
26.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>None.</p>
27.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>None.</p>
28.	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 3 SEPTEMBER 2015 - TO FOLLOW (<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record.</p>
29.	<p>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>)</p> <p>All items were considered in Public.</p>

30.

REVIEW OF HILLINGDON'S SHARED LIVES SCHEME - UPDATE ON REVIEW RECOMMENDATIONS (*Agenda Item 5*)

The Head of Early Intervention and Prevention introduced the report which provided an overview of the Shared Lives Scheme (HSL) and an update on the status of the five recommendations made by the Committee which were considered by Cabinet on 12 February 2015.

The Committee noted that the aim of the Shared Lives scheme was to provide accommodation, care and support for a vulnerable adult in a safe, appropriate manner in a family setting.

Examining the progress made on the five recommendations the Committee learnt that:

1. During the past nine months the scheme had reviewed how it recruited carers and offered placements. Despite the challenges, the scheme had managed to increase the number of registered carers to 36, which was inclusive of carers who provide respite. This was an increase of 3 people who were fully registered and able to provide a service.

There were currently 7 further applications in progress that would give the scheme 43 registered carers.

2. With regards to the potential challenges and ensuring robust management was in place, the Committee heard that systems were in place to recruit new carers, assess any potential service users and ensure the matching process and monitoring of placements were completed to the highest standards.

Officers explained that HSL was a CQC registered scheme and as such, adhered to robust quality auditing and monitoring standards to ensure compliance. A full compliance inspection was due to take place during 2015/16 and the registered manager reports had already indicated that she was satisfied that standards would be met.

3. In relation to the recommendation giving consideration to extending the scheme, the Committee were informed that were currently 33 service users in either short, long term or respite placements within the scheme. At present the scheme has the capacity to increase the placements to 40 as identified in the major review and this work was ongoing.
4. The Committee heard that as part of the scaling up of the scheme, Hillingdon Shared Lives had commenced work with Shared Lives Plus to expand the scheme to 16+ young adults. This action would give opportunities in accommodation to a younger group in order to relieve the pressure on the current building based residential services and to encourage young adults to receive respite care within a family environment whilst focusing upon building semi independent skills to assist them to become independent in the future or consider the scheme for placement as opposed to residential care or supported living in the future.

5. The final Committee recommendation focused on the importance of appropriate matches being found in the community and consequently the time frame for any extension to the scheme needed to be flexible.

Officers explained that increased numbers of carers that could provide placements was dependent on the marketing plan. In future, the Council would be targeting people who had or were used to caring for young people for the 16+ group. It was also noted that ground floor accommodation was also a key factor in accepting a carer.

In terms of future work, the Committee heard that the Shared Lives Team were working with Hillingdon Corporate Communications to explore further promotional and marketing ideas to raise awareness of the scheme and recruit carers as well as highlight the scheme as an attractive option for placement.

Resolved –

1. To note the report

31. **MAJOR REVIEWS IN 2015/16 - RAISING STANDARDS IN PRIVATE RENTED SECTOR ACCOMMODATION - WITNESS SESSION 2** (*Agenda Item 6*)

The Director of Public Health introduced the report which focused on the health implications of poor housing.

During the course of his presentation, the following points were noted:

Housing and Health

The government-commissioned Black Report ¹ placed particular emphasis on housing as a health inequality issue and saw adequate housing as a prime requisite for health.

Housing has long been recognised as an important mechanism for improving people's health and sense of well-being and for reducing health inequalities between different groups. The relationship between housing and health is, however, a complex one as housing is inextricably linked with other key determinants of health such as the socioeconomic circumstances of individuals and locality factors.

Groups such as those who are already unwell, older people, people with disabilities and the unemployed are among those most likely to live in poor housing and also tend to spend long periods of time indoors exposed to potentially hazardous environments

Indoor dampness and mould problems in homes

Dampness, moisture and mould in indoor environments have been associated with adverse health effects in population studies in Europe, North America and elsewhere. Most commonly reported health effects are airways

¹ Black Report 1980 <http://www.ncbi.nlm.nih.gov/pubmed/7118327>

symptoms, such as cough and wheeze, but other respiratory effects, and skin and general symptoms have also been reported. There is a relative lack of knowledge regarding the role of specific exposures in dampness and mould related health problems, largely due to their complex nature,

Housing conditions and home injury

Injuries include burns, poisonings, ingestion of foreign objects, and fire-related injuries (including death from smoke inhalation), as well as drownings, falls, cuts and collisions with objects. Faulty gas and electricity installations can result in carbon monoxide poisoning and risk of fire.

Home injury deaths are highest in children under 5 years of age and then sharply decrease, in contrast to road traffic deaths, which increase with age.

Overcrowding

Definitions on overcrowding include a normative judgement about the adequacy of personal space in a dwelling and an objective measure of number of people per room in a dwelling.

The effects of overcrowding can include:

- Children's education may be affected by overcrowding directly, through a lack of space for study, as well as indirectly because of school absences caused by illness
- People with poor health may have difficulty holding down or securing employment and may not be able to afford housing appropriate to their needs.
- People with illnesses may live in overcrowded conditions as a result of their need for care and support from relatives.
- Overcrowding can lead to both physical illnesses such as tuberculosis from close contact with infected co-inhabitants and mental illnesses caused from stress due to invasions of privacy, noise and limited access to facilities.
- Noise from people in adjacent rooms or neighbours can have psychological adverse effects.

Indoor cold and mortality

Cold indoor temperatures are caused by a combination of factors. Firstly, energy inefficient building design and/or heating systems can make homes difficult to heat. In conjunction with poor building characteristics, low household income and high fuel prices both further exacerbate heating affordability. Temperature variations within a building can cause thermal stress on the respiratory and circulatory systems.

Cardiovascular conditions include:

- ischaemic heart disease and stroke;
- respiratory conditions affected or exacerbated by the cold include influenza-like disease, asthma, Chronic Obstructive Pulmonary Disease (COPD), and respiratory viruses.

People appear to be better protected going out from a warm house into cold outdoor conditions than from a cold house (Goodwin, 2013²), indicating the

importance of the link between effects of indoor and outdoor conditions.

Residential second-hand smoke exposure and lower respiratory infections, asthma, heart disease and lung cancer

Breathing in other people's tobacco smoke (second-hand, passive or involuntary smoking) is known to cause a range of disorders from minor eye and throat irritation to heart disease and lung cancer.

Children are particularly vulnerable to the effects of second-hand smoke and exposure increases the risk of cot death, glue ear, asthma and other respiratory disorders, including emphysema later in life.

Housing quality and mental health

Housing symbolizes self identity and thus inadequate housing may lead to stigmatization and feelings of inadequacy.

Poor housing is stressful in several respects:

- more worries about hazards and safety (particularly if children or frail elderly are involved),
- hassles with maintenance, and
- financial worries related not only to housing itself but also things like utility bills.

Infectious Diseases

Features of substandard housing, including lack of safe drinking water, absence of hot water for washing, ineffective waste disposal, intrusion by disease vectors (e.g., insects and rats) and inadequate food storage.

Impact of poor housing on children's health

Living in substandard housing can have an impact on a child's physical and mental development:

- Cold temperatures lower resistance to respiratory infections;
- damp conditions are favourable to bacteria and viruses;
- and mould and fungi produce allergens that can lead to asthma and other respiratory problems. Damp and mould impact more strongly on children than adults.

Damp, mouldy homes are between one and a half and three times more prone to coughing and wheezing – symptoms of asthma and other respiratory conditions – than children in dry homes. These can lead to

- sleep loss,
- restrictions on children's daily activities, and absence from school
- Living in cold, damp housing may well have an impact on children's mental health too, increasing children's chances of experiencing stress, anxiety
- Poor housing conditions also affect children's recreational opportunities.

Impact of poor housing on older people

- Older people living in cold, damp homes are at greater risk of Arthritic symptoms and rheumatism, which can result in prolonged immobility, making it even more difficult to keep warm;
- Domestic accidents and falls, including fatalities;
- Social isolation;
- Mental health problems.
- Neighbourhood effects

The Committee thanked the Director of Public Health for a detailed and comprehensive report. It was noted the health considerations highlighted in the report, identified the Local Authority had a large responsibility that tenants were not placed in sub standard accommodation.

Noting that damp had been cited as one of the primary causes of bad health, the Committee agreed the response time to complaints was important, as was the need to raise overall standards in the Private Rented sector.

The Committee acknowledged that it was a difficult balancing act to ensure the authority offered advice and guidance without stepping outside of its remit.

The Chairman noted that a Reading Charter had recently come into force. This voluntary undertaking codified the standards which were deemed acceptable in the sector and the Committee asked officers to investigate the implications of this further

Resolved –

1. To note the report
2. That officers circulate copies of the Reading Charter electronically.

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

Resolved -

That the report be noted.

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

The Committee discussed the Work Programme.

Resolved -

That the Work Programme be noted.

The meeting, which commenced at 7.00 pm, closed at 7.42 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.