



HILLINGDON
LONDON



Social Services, Housing and Public Health Policy Overview Committee

Date: WEDNESDAY, 20
JANUARY 2016

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

Councillors on the Committee

Wayne Bridges (Chairman)
Teji Barnes (Vice-Chairman)
Shehryar Ahmad-Wallana
Peter Davis
Beulah East (Labour Lead)
Becky Haggar
Manjit Khatra
June Nelson
Jane Palmer

Co-Opted Member

Mary O'Connor

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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 6 October 2015 and 4 November 2015 1 - 12
- 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 Budget Proposals Report For Social Services, Housing And Public Health Services 2016 / 17 13 - 38
- 6 Public Health Update Report: 'Fit and Healthy Lifestyles' Work Programme 39 - 50
- 7 Major Reviews - Second Review Topic 2015/16 - verbal update
- 8 Forward Plan 51 - 54
- 9 Work Programme 55 - 58

Minutes

SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

6 October 2015



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

	<p>MEMBERS PRESENT: Councillors: Wayne Bridges (Chairman) Teji Barnes (Vice-Chairman) 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>
	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>) None.</p>
	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>) All items were considered in Public.</p>
	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 3 SEPTEMBER 2015 (<i>Agenda Item 3</i>) Were agreed as an accurate record.</p>
	<p>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>) All items were considered in Public.</p>
	<p>REVIEW OF HILLINGDON'S SHARED LIVES SCHEME - UPDATE ON REVIEW RECOMMENDATIONS (<i>Agenda Item 5</i>) The Head of Early Intervention and Prevention introduced the report which</p>

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

MAJOR REVIEWS IN 2015/16 - RAISING STANDARDS IN PRIVATE RENTED SECTOR ACCOMMODATION - WITNESS SESSION 1 (*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 symptoms, such as cough and wheeze, but other respiratory effects, and skin and general symptoms have also been reported. There is a relative lack

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

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.**

FORWARD PLAN (*Agenda Item 7*)

Resolved -

That the report be noted.

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.

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Minutes

SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

4 November 2015

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



	<p>MEMBERS PRESENT: Councillors: Wayne Bridges (Chairman) Teji Barnes (Vice-Chairman) 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), Ed Shaylor (Community Safety Team - Service Manager), Debby Weller (Policy and Strategy Manager - Housing), David Youngs (Category Manager - Housing, Landlord Engagement Team) and Charles Francis (Democratic Services)</p> <p>ALSO PRESENT: David Miller, Charrison Davies</p>
	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>None.</p>
	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>All items were considered in Public.</p>
	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 6 OCTOBER 2015 (<i>Agenda Item 3</i>)</p> <p>Were deferred for consideration until 20 January 2016 meeting.</p>
	<p>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>)</p> <p>All items were considered in Public.</p>

MAJOR REVIEWS IN 2015/16 - RAISING STANDARDS IN PRIVATE RENTED SECTOR ACCOMMODATION - WITNESS SESSION 3 (*Agenda Item 5*)

The Category Manager - Housing, (Landlord Engagement Team) introduced the report and provided an overview of the types of information currently available to tenants.

The Committee noted that at present, initial enquiries regarding landlord issues were dealt with via the Council's contact centre who had scripts for dealing with a variety of query types. Subject to the responses received, tenants were directed to the relevant Housing Team or resource.

Officers explained that the Homelessness Prevention Team would also provide basic advice on landlord and tenant relationships. Where there might be a need for more specific intervention in relation to housing standards, households were directed to the Private Sector Housing Team. Alternatively, enquiries could be made through Ward Councillors via the Members Enquiry route.

Discussing the internet based resources available, the Committee were informed that a section of the Council website was devoted to private sector housing conditions and provided detailed advice for both tenants and landlords. Although this could be navigated relatively easily, some prior knowledge of housing terms was needed to use the search functionality most effectively. Web based information was also reliant on the tenant being proactive.

As well as electronically available information, the Committee were shown a number of generic paper based leaflets which provided information, advice and guidance on rights and responsibilities and a variety of safety and maintenance information.

In addition to the information available to tenants, Officers explained a well established Landlords Forum had been in existence for a number of years. This was especially useful for disseminating information about new legislation, Benefits changes as well as providing practical advice on safety protocols and hazards. As such, this had been attended by the Emergency services in the past.

David Miller, Charrison Davies

David Miller from Charrison Davies, Estate Agents based in Hayes and Harlington provided an overview of the private rented sector from a market perspective.

He explained how in the past a number of landlords had favoured public sector tenants as they were perceived as offering a more secure long term tenancy. However, more recently, market forces meant the sector had become more volatile, competition for properties had increased and as a result rents has become more expensive.

In response to a query about what more the Council could do to influence

	<p>the sector, reference was made to the possibility of incentive payments and grants to see if public sector tenancies could be made more competitive within the market place.</p> <p>Members were also aware that due to the changes in Benefits legislation, the number of tenants in arrears was rising and as a result so were the number of evictions. Officers explained they were aware of the phenomenon which they were monitoring closely.</p> <p>Resolved –</p> <ol style="list-style-type: none"> 1. To note the report 2. That Officers be requested to provide paper copies of the leaflets included in the agenda pack.
	<p>FORWARD PLAN (<i>Agenda Item 6</i>)</p> <p>Resolved -</p> <p>That the report be noted.</p>
	<p>WORK PROGRAMME (<i>Agenda Item 7</i>)</p> <p>The Committee discussed the Work Programme.</p> <p>Resolved -</p> <p>That the Work Programme be noted.</p>
	<p>The meeting, which commenced at 7.00 pm, closed at 7.55 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Charles Francis on 01895 556454. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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Agenda Item 5

BUDGET PROPOSALS REPORT FOR SOCIAL SERVICES HOUSING AND PUBLIC HEALTH SERVICES 2016/17

Contact Officer: Tim Dauncey
Telephone: 01895250398

REASON FOR ITEM

To comply with the Budget and Policy Framework procedure rules as part of the agreed consultation process for the General Fund revenue budget, Housing Revenue Account budget and Capital Programme for 2016/17, this report sets out the draft revenue budget and Capital Programme of the Adult Social Care, Public Health and Housing Services/Group for 2016/17, along with indicative projections for the following four years. Following consideration by Cabinet on 17 December 2015, these proposals are now under consultation, and the proposals for each Group are being discussed at the January cycle of Policy Overview Committees.

Cabinet will next consider the budget proposals on 18 February 2016, and the report will include comments received from Policy Overview Committees. At the meeting on 18 February 2016 Cabinet will make recommendations to full Council regarding the budget and Council Tax levels for 2016/17, who will meet to agree the budgets and Council Tax for 2016/17 on 25 February 2016.

The Committee needs to consider the budget proposals as they relate to Adult Social Care, Public Health and Housing Services/Group, but within the corporate context and the constraints applying as a result of the aggregate financial position of the authority.

OPTIONS AVAILABLE TO THE COMMITTEE

It is recommended that the Committee notes the budget projections contained in the report and comments as appropriate on the combined budget proposals put forward by the Adult Social Care, Public Health and Housing Services/Group, within the context of the corporate budgetary position.

INFORMATION

Background

1. The Council continues to operate within the constraints of Government's deficit reduction programme, which has seen a reduction of 56% (£67m) in central government funding since 2010/11 and all indications are that funding will continue to decline. There remains significant uncertainty around funding forecasts for the remainder of the MTF period, with November's Autumn Statement reaffirming the direction of travel of local government funding.
2. The draft budget presented to Cabinet in December does not include the impact of funding outlined within the recent Spending Review or Provisional Local Government Finance Settlement. However, the expectation is that the overall funding position for the next 4 years may have improved slightly from previous forecasts although the position in 2016/17 could well be worse than assumed because local government savings have been front loaded.

3. In order to provide a firm basis from which to respond to on-going funding reductions, there has been significant work undertaken to review and confirm the baseline position of demand-led service areas, with Looked After Children placements and the new permanent establishment for Children & Young People's Services being two examples. Alongside this work on demand-led budgets, monitoring of progress in the successful delivery of the 2015/16 savings programme has fed into development of the 2016/17 budget to ensure that the Council is not carrying forward issues into the new financial year.
4. Against this baseline position, groups have been developing savings proposals sufficient to meet the externally driven budget gap and respond to increases in cost pressures. In addition to this work across directorates, a comprehensive review of the corporate elements of the budget has been undertaken since February 2015, capturing funding, inflation and capital financing. During the early summer and again in the autumn, a series of challenge sessions were held to affirm the budget position. Each session followed a similar format reviewing:
 - The 2014/15 outturn, particularly any on-going issues arising.
 - The current position in 2015/16 - both monitoring and savings delivery.
 - Existing and emerging pressures which need to be addressed in the 2016/17 budget and forecasts for future years.
 - Progress on the development of savings proposals for 2016/17.
 - Identification of any potential growth or invest-to-save bids.
 - Capital programme requirements.
5. The consultation budget collated the outputs from these sessions, with sufficient savings proposals having been developed to bridge the budget gap in 2016/17 while freezing Council Tax for all residents for an eighth successive year and funding the freeze for older persons into a twelfth year in 2018/19. A surplus of £1,251k is retained at this stage in the budget setting process in order to manage the risk of further reductions in funding once 2016/17 grant awards have been confirmed.

The Budget and Policy Framework Procedure Rules

6. The consultation on the budget proposals commenced on 18 December 2015 following decisions taken by Cabinet on 17 December 2015.
7. There will be a further consideration by Cabinet of the budget proposals on 18 February 2016, including comments from Policy Overview Committees. These will be collated and reported back to Cabinet by the Corporate Services and Partnerships Policy Overview Committee. Council will be requested to approve the Cabinet's proposals on 25 February 2016, and if approved without further amendment they will be effective immediately.

Corporate Summary

8. While the focus of the discussion for the Policy Overview Committee should be the specific services within its remit, it is important that this discussion is conducted in the context of the overall corporate financial position.

9. The budget proposals included in this report represent Cabinet's budget strategy for 2016/17 and beyond. The revenue budget proposals have been developed to deliver a zero increase in Council Tax for 2016/17 whilst maintaining balances and reserves at well above the minimum recommended level. The final funding settlement for 2016/17 will not be available until February and so the budget has therefore been drafted on the latest estimated position.
10. The principal challenge in delivering a balanced budget for 2016/17 is the development of significant savings, with the savings requirement for 2016/17 originally being estimated at £20,276k. This was revised in the wake of the March 2015 national budget to £21,247k, with a planned £4,000k drawdown from balances to smooth the impact of front-loaded funding cuts reducing the outstanding budget gap to £17,247k. Following the reduction in funding cuts for 2016/17 signalled by the July 2015 national budget and latest intelligence on core government funding, the budget gap stood at £14,079k.
11. The budget proposals presented to Cabinet in December are analysed below, with a £5,950k projected reduction in Government Grants being off-set by increased Council Tax and Business Rates receipts to reduce the budget requirement by £1,012k. Inflationary pressures and growth in demand continue to drive up the savings requirement, with savings proposals of £12,144k presented in this draft budget sufficient to generate a £1,251k surplus.

Table 1: Headline Budget Movements

	£'000
<u>Funding Sources</u>	
Council Tax Receipts	108,654
Retained Business Rate Receipts	47,435
Central Government Grant	46,851
Total Resources	202,940
Budget Requirement 2015/16	203,952
Inflation	3,439
Corporate Items	(1,890)
Contingency	8,862
New Priority Growth	(530)
Savings	(12,144)
Budget Requirement 2016/17	201,689
Surplus / (Deficit)	1,251

12. The development of savings proposals has continued to concentrate on more efficient service delivery methods, the rolling out of the new Council operating model, focusing on core services and by not creating new pressures by providing services that are no longer funded by Central Government. As previously noted, the Council's Business Improvement Delivery Programme is now well established and able to drive the delivery of these savings - evidenced by £8,172k of the £10,034k 2015/16 savings being either already banked or on track in Month 7 monitoring.
13. The draft General Fund Capital Programme for the period 2016/17 – 2020/21 proposes significant capital investment of around £371,725k - containing funding to deliver a new Theatre, museum and bunker visitor centre in Uxbridge, three new Youth Centres, funding

for a new playground renewal programme as well as bolstering investment in existing local infrastructure.

ADULT SOCIAL CARE, PUBLIC HEALTH and HOUSING SERVICES / GROUP BUDGET PROPOSALS

Summary of Key Financial Issues

Adult Social Care

14. Following the announcement on 17 July 2015 that implementation of Phase 2 (the Dilnot reforms) of the 2014 Care Act would be deferred from 2016/17 to 2019/20, the anticipated associated grant funding for these reforms has been removed from this draft budget. The funding for the ongoing delivery of Phase 1 of Care Act reforms is forecast to be £1,331k in 2016/17.
15. While there has been no additional specific grant funding to support Social Care expenditure in 2016/17 identified within the Autumn Statement, the Government have announced that those authorities providing Social Care will be able to levy a precept on Council Tax of up to 2% in support of Social Care. This additional flexibility has not been reflected in the Council's draft budget.
16. It has been announced that the Better Care Fund (BCF) which was introduced in 2015/16 is to be continued into future years. This pooled funding with Hillingdon Clinical Commissioning Group (HCCG) is to support the development of an integrated sustainable health and social care system providing better quality care and improved health outcomes. In 2015/16 the BCF totalled £17,991k made up of Council funding of £7,959k and CCGG funding of £10,032k. The BCF programme for 2016/17 is currently being developed and will be considered by Health and Well being Board during early 2016.
17. The funding and responsibility for the Independent Living fund for additional care and support to 34 residents in Hillingdon was transferred from the DWP on 1 July 2015. All of these clients have now been reassessed in line with the Care Act eligibility requirements and the total additional cost for this year is £612k. The funding delegated from the DWP to the council totals £428k for the period July 2015 to March 2016 leaving an unfunded pressure of £184k in the current year. There are a number of these clients receiving support which may be classified as continuing health care (CHC) and referrals have been made to the CCG to fund these costs, the outcome of the assessments is awaited. If assessed as CHC then funding received from the CCG will help to mitigate the forecast pressure. Any future government funding for the continuing care and support of these clients from April 2016 and beyond has yet to be announced.
18. The Cheshire West judgement in March 2014 brought about a revised test for clarifying whether there is a deprivation of liberty for a person receiving care and was initially focussed upon those people residing in residential placements, however the revised test has now been further extended to apply to people living in other community settings such as supported housing, shared living and in their own home. The service has conservatively estimated that an additional 258 people would require annual assessments. The council

received a grant in 2015/16 to fund a proportion of the additional costs of DoLs. Any future funding to meet the council's responsibilities for the assessment of DoLs from April 2016 and beyond has yet to be announced.

19. Within Adult Social Care, demand management and associated early intervention measures form a key part of delivering the Council's savings for 2016/17. Reducing the on-going cost of service delivery through investment in new initiatives such as reablement in Adult Social Care together with the investment in Supported Living through the Council's own HRA capital programme and partnership working with local housing providers is also expected to deliver substantial savings whilst improving the quality of life for service users. Estimates for the savings accruing from the managed move away from traditional, expensive residential placements to independent supported living placements have been revised to reflect the latest delivery dates for the new housing developments.
20. Alongside the reduction in contingency provision for SEN Transport, Adult Social Care are projecting a £500k reduction in the cost of service provision arising from increased use of mechanisms such as offering personal travel budgets in lieu of council commissioned transport through private vehicle hire and greater targeting of the service offer.

PUBLIC HEALTH

21. Public Health is not currently established as a separate directorate but is currently managed within Residents Services. The government have announced further cash reductions to the Public Health grant in addition to the £200m of savings that were announced earlier for 2015/16. The initial £200m reduction equates to LBH receiving a reduction of £1.105m in the grant for 2015-16, with the further savings to be phased in over the next five years to 2021. Individual implications of these additional cuts are not yet known for local authorities. This will depend on a number of factors, including decisions about the funding formula which was recently consulted on, relative population growth and the arrangements for the transition to full funding through business rates.
22. For 2016-17, MTFF savings of £200k are expected to be made from within Public Health services budgets. Current projections show cashable savings can be made on a number of existing contracts with existing providers - the negotiations are ongoing.

Housing General Fund

23. The key financial issues impacting upon the Housing (General Fund Service) are as follows :
24. The Housing Needs service continues to experience a sustained level of demand with high numbers of homelessness presentations. Financial year 2015/16 has seen the numbers of temporary accommodation requirements consistently above the original MTFF forecast. Within this increase, a higher proportion are in high cost Bed & Breakfast placements given the challenges on housing supply.
25. The increasing pressure on supply and private sector rents means that the level of incentives payable to secure both prevention and Temporary Accommodation properties continues to increase, and is significantly higher than the cost of previous schemes. However, they remain significantly lower in cost than current Bed and Breakfast provision.

Social Services, Housing and Public Health Policy Overview Committee
20 January 2016

The chief constraint continues to be the supply and availability of properties given the increasing difference between HB subsidy and market rents.

Group Revenue Budget 2016/17

26. The movement between the current year's budget and the draft budget for 2016/17 is summarised in Table 2 below. Each of the lines in Table 2 is set out in the following sections and in Appendix A.

Table 2: Group Revenue Budget 2016/17

	Adult Social Care £'000	Housing General Fund £'000	Total £'000
Operating Budget 2015/16	86,404	4,329	90,733
Inflation	1,488	35	1,523
Corporate Items	(420)	0	(420)
Contingency	0	0	0
Priority Growth	25	0	25
Savings	(1,969)	0	(1,969)
Other Virements	0	0	0
Operating Budget 2016/17	85,528	4,364	89,892

Corporate Items

27. The approach to accounting for £420k annual investment in Telecare equipment has been reviewed and an element of expenditure is to be treated as capital rather than revenue. It is planned to fund this additional investment from the £580k annual capital allocation within the Better Care Fund, against which there are currently no commitments in the medium term

Development and Risk Contingency

28. The Development and Risk Contingency provides for resources within the revenue budget that are unallocated at the beginning of the year, but that can be applied to issues as they arise during the year. The contingency is therefore used to budget for items where the probability or value of items is uncertain at the beginning of the year. The current draft Development and Risk Contingency includes items totalling £5,880k for 2016/17 for the Social Services and Housing Services.

29. Key items within each service/group is as follows

- **Adult Social Care Demographic Pressures (303k increase from 2015/16)** - The latest review of Adult Social Care placements has resulted in a reduction of £94k from the £397k uplift projected in February 2015, to provide £48,997k to meet the care needs of 3,373 Adult Social Care clients within the 2016/17 budget. Assumed levels of client

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contributions have been reviewed and increased through this review, reflecting the overachievement of income reported through 2015/16 budget monitoring. This projection takes account of the full year cost of those clients transferred to the Council following abolition of the Independent Living Fund, netted down by continuation of the £571k new burdens funding from the Department of Health and an estimated £100k of continuing Health Care contributions from the Hillingdon Clinical Commissioning Group. Any future government funding for the continuing care and support of these clients from April 2016 and beyond has yet to be announced

- **Transitional Children (£1,319k increase from 2015/16)** - Provision is included within this draft budget to meet the costs associated with 38 children transitioning into Adult Social Care placements during 2016/17 and the full year effect of those clients transferred in 2015. This represents an increase of £80k from the position forecast in February 2015, with a lower number of clients now expected to transfer at higher cost. In line with recent experience, reassessment of care needs at the point of transfer undertaken within Adult Social Care is expected to result in a reduction of 5% from the current cost of placements.
- **Special Educational Needs (SEN) Transport (£520k decrease from 2015/16)** - The additional needs strategy sets out the requirement to develop a wide range of special educational provision in the local area and reduce the need for expensive journeys to out of borough schools. Whilst the number of children with SEN is increasing the number in out of area schools is beginning to decrease and with the increase in local developments, the expectation is that this will reduce the contingency requirements by £740k from the previous 2016/17 estimate. In addition a saving of £500k against the base budget for SEN Transport is also included in these budget proposals, bringing the total cost reduction from this initiative to £1,240k.
- **Winterbourne View (no movement from 2015/16)** - Latest forecasts for the transfer of clients from the National Health Service in response to the Winterbourne View report indicate that no uplift in the £393k contingency requirement established in 2014/15. The £56k uplift previously forecast for 2016/17 related to a client has been identified as being the responsibility of Hertfordshire County Council. It is assumed that 50% of relevant costs associated with each placement will be met by the Clinical Commissioning Group due to the Health Care requirements of these clients
- **Care Act new Burdens Funding (£736k decrease from 2015/16)**

This funding was provided in 2015/16 to implement the new responsibilities under the Care Act. Approval for £736k draw down was agreed cabinet to cover both one off implementation costs and part year ongoing costs. Funding of £1,331k has been provided by the DH. The full year effect of the costs of some of new responsibilities particularly the demand for ongoing Carers support remains uncertain.

- **Impact of Welfare Reform on Homelessness (£189k increase from 2015/16)** - Over the past six months numbers of households being housed in temporary accommodation has remained substantially above levels assumed in setting the 2015/16 budget, with this demand-led pressure being exacerbated by housing supply issues which necessitate greater use of expensive Bed & Breakfast provision. The combined effect of these

factors is a gross risk of £3,437k, although this draft budget takes account of planned and potential action to manage demand and increase supply which reduces the net call on Development & Risk Contingency to £2,025k.

Priority Growth

30. Growth of £25k for Adult Social Care Services has been included in the draft budget for consultation. This is based on Cabinet's expenditure commitment to provide further support for carers and is drawn from the items included in Table 2 above.

Inflation

31. The well publicised issues around the financial viability of care suppliers have led to inclusion of 1% inflation on residential and nursing placements to reflect assumed pay inflation in this sector and 4% inflation provision on Domiciliary Provision. With the higher rate applied to Homecare reflecting the expected greater impact of the National Living Wage on this sector.

Savings

32. Savings proposals, focused on increased efficiency and effectiveness with no reduction in service provision, have been developed through the Council's BID Programme and associated workstreams. The savings have been adjusted to take account of rephrasing of 2015/16 proposals so the Council does not carry forward undeliverable savings in the refreshed MTF. These proposals fall into five broad themes: Zero Based Reviews; Preventing Demand; Service Transformation; Effective Procurement; and Maximising Income.

33. Savings proposals currently developed total £12,144k across the Council for 2016/17 including £2,865k of full year effects of prior year savings. The total general fund savings included in the draft budget for Adult Social Care, Public Health and Housing Services total £2,169k (including £200k for Public Health) and are included in Appendix A.

Fees and Charges

34. The Council is empowered to seek income from fees and charges to service users across a wide range of activities. Some of these fees and charges are set by the Government or other stakeholders, but many others are set at the discretion of the Council, based on Cabinet's recommendations.

35. Schedules detailing the proposals relating to fees and charges for 2016/17 for the Adult Social Care, Public Health and Housing group are attached at Appendix B.

Capital Programme

36. The capital programme for 2016/17 was approved by Cabinet and Council as a five-year capital budget that focused on maximising the use of identified funding in order to minimise the level of new borrowing that ultimately impacts on budget requirements funded through Council Tax.
37. The process of developing a capital programme has again focused on identifying and sustaining available funding streams whilst simultaneously managing the significant impact of increased demand for sufficient school places in the borough.
38. The draft capital programme may need to be revised once the final impact of the settlement is known as this may impact on the affordability of the programme. A summary of the draft capital programme for the Adult Social Care, Public Health and Housing Services/ Group is shown in Appendix C.

Housing Revenue Account

39. The budget proposals for 2016/17 are based on the fifth full year of self-financing for the HRA and have been developed using the same methodology and layout as for the General Fund budget. The HRA budget build is subject to the same rigorous process as other Council budgets to aid understanding of the process and improve transparency in the business plan.
40. The HRA revenue budget proposals have been developed to deliver reductions in rent of 1% in each of the next four years, in line with impending government legislation. Alongside the revenue budget a refreshed Capital Programme has been prepared, drawing down accumulated Major Repairs Reserve balances to support capital investment. Within the new build programme, significant investment in both General Needs and Supported Housing is expected from 2016/17 onwards.

Table 3: HRA Budget Requirement

	£'000
<u>Funding Sources</u>	
Dwelling Rents	56,192
Other Income	5,751
Total Resources	61,943
Budget Requirement 2015/16	60,051
Inflation	563
Corporate Items	(8,602)
Contingency	181
Savings	0
Budget Requirement 2016/17	52,193
Surplus / (Deficit)	9,750

Rental & Other Income

41. Rental income projections have been fully refreshed to take account of rent setting policy changes and revised estimates for the number of properties being sold under the RTB scheme. For 2016/17 it is assumed that the loss of 115 properties through RTB sales will be partly off-set by 20 new properties coming on stream through the Council-provided New Build Property programme.
42. This draft budget has been prepared on the assumption that the Council implements the Chancellor of the Exchequer's announcement on rent reforms, which requires all registered providers of social housing to cut rents by 1% in each of the next four years, a reversal of the 10-year old previous rental formula allowing annual increases of CPI + 1%. The announcement to reduce rents in each of the following four years is part of the Government's wider welfare reform savings, aiming to reduce the welfare bill by £12bn by 2019/20. Rental increases will revert to CPI + 1% in 2020/21. At this stage it is assumed that the 1% provision for income losses arising from void properties will remain at this level, resulting in net dwelling rents of £56,192k.
43. Other income is expected to total £5,751k for 2016/17, mainly relating to service charges which are frozen as they are not expected to be subject to restrictions imposed by the Chancellor's rents reforms, although this is still to be confirmed

Inflation

44. The inflation provision of £563k is an increase of £191k from that included in the February 2015 report to Council. This sum includes £144k in respect of employees' salaries and pension contributions, £72k provision for utilities inflation and £347k inflation on contracted expenditure within the HRA.

Corporate Items

45. The net movement of £8,602k consists of £10,399k reduction to contributions to capital, the release of £530k following the zero basing of HRA budgets, a £1,602k technical adjustment to reflect income against resources rather than the budget requirement and recognition of £335k projected investment income accumulated through increasing HRA cash balances.

Stock/Capital

46. The HRA Capital Programme remains focused on the twin objectives of maintaining stock and construction of new dwellings. Projected stock levels are estimated to fall by 147 over the medium term, a reduction of 500 properties through Right to Buy Sales, in part offset by the addition of 186 New Build Supported Housing Units and 167 Council-provided New Build properties. Right to Buy sales are forecast to have peaked in 2014/15, with the downward trend anticipated to reduce sales by up to 65% when compared with current sales volumes. Stock movements and associated revenue implications are reflected throughout the draft HRA budget.

30 Year HRA Business Plan

47. The Council has produced a 30 year HRA business plan as part of the MTFP process which offers reassurance that the HRA is a viable account in both the short and the longer-term. All planned maintenance and capital costs can be financed whilst ensuring that all loans due for repayment over the same period can be repaid.
48. The HRA is challenged by various pressures including the high volume of RTB sales, and the announcement that social housing rents would have to decrease by 1% for four years from 2016/17. Both these changes are reflected within the business plan projections.
49. The government has also announced a number of initiatives which will impact on the HRA including:
- A proposal to sell off high value properties as they become void with any receipts returned to the Treasury in order to finance the extension of RTB to Housing Associations.
 - Reduction in the benefit cap coupled with universal credit, which may impact on rent collection rates
 - Changes in tenancies, including increased rents for higher earners, with the additional revenue returned to the Treasury
50. Once more detail on the above changes are announced then these can be incorporated within future business plan projections.

Appendices

- Appendix A - Social Services Housing and Public Health - Savings Proposals
- Appendix B - Social Services Housing and Public Health - Fees and Charges
- Appendix C - Social Services Housing and Public Health - Capital programme

BACKGROUND PAPERS

Medium Term Financial Forecast 2016/17 - 2020/21 – report to Cabinet 17 December 2015

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Appendix A - Savings Proposals Social Services, Housing and Public Health .

Adult Social Care Savings	Theme	Net Variation from 2015/16 Budget				
		2016/17 £(000s)	2017/18 £(000s)	2018/19 £(000s)	2019/20 £(000s)	2020/21 £(000s)
Description						
Full Year Effect of Prior Year Savings						
Review of ASC Procurement	Effective Procurement	(10)	0	0	0	0
Supported Living Programme (£1,838k by 2015/16, £5,344k in total by 2019/20)	Preventing Demand	(454)	(1,614)	(719)	(719)	0
Client Income	Maximising Income	(163)	(163)	(163)	0	0
New Delivery Models for In-house Provision (Older People)	Effective Procurement	(120)	0	0	0	0
New Delivery Models for In-house Provision (Learning Disability)	Effective Procurement	(396)	0	0	0	0
Cumulative Impact of Existing Savings Proposals		0	(1,969)	(3,126)	(5,382)	(6,289)
Full Year Effect of Prior Year Savings		(1,143)	(3,746)	(4,008)	(6,101)	(6,289)
New Savings Proposals						
Category Management Portfolio Plans						
The Category Management Portfolio plan for Adult Social Care	Effective Procurement	(693)	(250)			
Zero Based Review						
Zero based review of 2014-15 outturn position to identify opportunities to make efficiencies	Zero Based Review	(124)				

Maximising Income Streams Review of Income Streams		(30)						
Adjustment to Implementing the Supported Living Programme Refreshed Supported Living Programme, reflecting latest delivery schedule for new developments	Preventing Demand	529	1,163	(1,374)	(188)			
Review the current contribution to Michael Sobell House The original funding came from the Aids Support Grant which ceased some time ago and has been funded from base budget since the cessation of this grant.	Service Transformation	(33)						
Transport Remodelling of the Transport Service for eligible residents	Service Transformation	(500)						
Zero based budget review of CNWL Review of funding provided to (CNWL) Mental Health Trust	Zero Based Review	(200)						
Catering Subsidy Removal of Subsidy from Catering Service in Extra Care provision	Maximising Income	(68)	(68)					
Refreshed New Models of Delivery of In House Provision (LD) Refreshed programme for New Delivery of In House Provision for Learning Disabilities to reflect new delivery programme	Effective Procurement	493	(225)					
Remaining Unallocated Savings Target		0	0	0	0	0	0	0

<i>Further Transformation / Zero-Based Review Savings</i>	Service Transformation	(200)							
New Savings Proposals		(826)	620	(1,374)	(188)	0			
Total Adult Social Care		(1,969)	(3,126)	(5,382)	(6,289)	(6,289)			
Net Variation from 2015/16 Budget									
<u>Public Health Savings</u>									
Description	Theme	2016/17 £(000s)	2017/18 £(000s)	2018/19 £(000s)	2019/20 £(000s)	2020/21 £(000s)			
<u>New Savings Proposals</u>									
<u>Public Health</u>									
<i>Increased efficiency in delivery of Public Health duty</i>	Effective Procurement	(200)							
Total Public Health Savings		(200)	0	0	0	0			
Total Savings for Savings Proposals Social Services, Housing and Public Health		(2,169)	(3,126)	(5,382)	(6,289)	(6,289)			



Appendix B - Social Services Housing and Public Health - Fees and Charges

Type of Fee / Charge (charges are per week unless otherwise stated)	Type	VAT Status	Current Minimum Charge £	Proposed Minimum Charge £	Minimum Charge Increase %	Current Maximum Charge £	Proposed Maximum Charge £	Maximum Charge Increase %	Date of last change to charge	Effective Date
Adult Social Care										
Home care:										
Per hour	R	OTS	-	-	---	14.40	14.40	---	09-Apr-12	
TeleCareLine (TCL):										
Level 1	R	OTS	-	-	---	1.13	1.13	---	01-Apr-05	
Level 2	R	OTS	-	-	---	5.00	5.00	---	01-Apr-11	
Level 3	R	OTS	-	-	---	8.50	8.50	---	01-Apr-11	
Level 4	R	OTS	-	-	---	12.00	12.00	---	01-Apr-11	
Over 80's exempt	R	OTS	-	-	---	0.00	0.00	---		
Meals on wheels (per meal):										
Daily delivery	R	OTS	2.80	2.80	---	2.80	2.80	---	05-Apr-10	
Frozen meals weekly/forthightly	R	OTS	2.80	2.80	---	2.80	2.80	---	05-Apr-10	
Lunch club dining centre meal	R	OTS	2.80	2.80	---	2.80	2.80	---	05-Apr-10	
Day centre meal	R	OTS	2.80	2.80	---	2.80	2.80	---	05-Apr-10	
Respite (Residential) Care:										
Young Adults (18-25)	R	OTS	-	-	---	66.03	66.03	---	06-Apr-15	
Adults (25-60)	R	OTS	-	-	---	81.33	81.33	---	06-Apr-15	
Older People (over 60)	R	OTS	-	-	---	122.41	122.41	---	06-Apr-15	
Permanent (Residential) Care:										
Young Adults (18-25)	R	OTS	66.82	66.82	---	No Max	No Max	N/A	06-Apr-15	
Adults (25-60)	R	OTS	82.31	82.31	---	No Max	No Max	N/A	06-Apr-15	
Older People (over 60)	R	OTS	126.69	126.69	---	No Max	No Max	N/A	06-Apr-15	
Colham Road:										
under 25	R	OTS	66.31	66.31	---	2138.36	2138.36	---	06-Apr-15	
over 25	R	OTS	81.79	81.79	---	2138.36	2138.36	---	06-Apr-15	
Merrimans House:										

Full board: under 25	R	OTS	63.80	63.80	63.80	---	1672.02	1672.02	---	08-Apr-13
Full board: over 25	R	OTS	78.70	78.70	78.70	---	1672.02	1672.02	---	08-Apr-13
Respite: under 25	R	OTS	Nil	Nil	Nil	N/A	61.53	61.53	---	09-Apr-12
Respite: over 25	R	OTS	Nil	Nil	Nil	N/A	76.93	76.93	---	09-Apr-12
Hatton Grove:										
under 25	R	OTS	63.80	63.80	63.80	---	1632.40	1632.40	---	08-Apr-13
over 25	R	OTS	78.70	78.70	78.70	---	1632.40	1632.40	---	08-Apr-13
Merchiston House:										
under 25	R	OTS	66.31	66.31	66.31	---	2634.10	2634.10	---	06-Apr-15
over 25	R	OTS	81.79	81.79	81.79	---	2634.10	2634.10	---	06-Apr-15
Chapel Lane:										
under 25	R	OTS	66.31	66.31	66.31	---	1138.13	1138.13	---	06-Apr-15
over 25	R	OTS	81.79	81.79	81.79	---	1138.13	1138.13	---	06-Apr-15
Fully staffed supported housing unit:										
Goshawk Gardens	R	OTS	13.80	13.80	13.80	---	852.60	852.60	---	08-Apr-13
Swan House - Ground Floor	R	OTS	-	-	-	N/A	1496.46	1496.46	N/A	01-Apr-15
Swan House - 1st & 2nd Floors	R	OTS	-	-	-	N/A	203.00	203.00	N/A	01-Apr-15
Other Accommodation:										
Petworth Gardens	R	OTS	13.80	13.80	13.80	---	153.51	153.51	---	08-Apr-13
Supported Accommodation	R	OTS	-	-	-	---	No Max	No Max	N/A	04-Apr-11
Adult Care Scheme	R	OTS	-	-	-	---	No Max	No Max	N/A	04-Apr-11
Learning Disability Day & Resource Services (per session):										
Queens Walk Resource Service	R	OTS	-	-	-	N/A	19.90	19.90	N/A	01-Apr-15
Older People (per day):										
Grassy Meadow	OP	OTS	-	-	-	---	49.00	49.00	---	08-Apr-13
Asha	OP	OTS	-	-	-	---	49.00	49.00	---	08-Apr-13
Poplar Farm	OP	OTS	-	-	-	---	49.00	49.00	---	08-Apr-13
Asian Carers Grant Respite (Day Care)	OP	OTS	-	-	-	---	49.00	49.00	---	08-Apr-13
Poplar Farm Saturday Service	OP	OTS	-	-	-	---	49.00	49.00	---	06-Apr-15
Personal Budgets (PB)										

Maximum Financial contribution	R	OTS	-	-	---	100% of PB	100% of PB	N/A	09-Apr-12
Client Financial Affairs (CFA)									
Management charge (Per Hour)	R	OTS	36.03	36.39	1.00%	36.03	36.39	1.00%	01-Apr-15 01-Apr-16
Deferred Payment Scheme									
Set Up Admin Fee	R	OTS	300.00	300.00	---	300.00	300.00	---	01-Apr-15 01-Apr-16
Shut Down Admin Fee	R	OTS	-	300.00	---	0.00	300.00	---	
Interest Rate (amount above the 15 year average gilts yield rate as published by the Office for Budget Responsibility 6 monthly)	R	OTS	0.00	0.00	---	0.00	0.00	N/A	01-Apr-15

Type of Fee / Charge	Type	Current Charge Residents £	Current Charge Non-Residents £	Vat Status	Proposed Charge Residents £	Percentage Change %	Proposed Charge Non-Residents £	Percentage Change %	Date of last change to charge	Effective Date
43. Housing Revenue Account										
Development & Assets										
Service Charges										
CCTV Maintenance (per week)	R	0.73	N/A	NB	0.73	0.00%	N/A	0.00%	06-Apr-15	
Door Entry Maintenance (per week)	R	0.26	N/A	NB	0.26	0.00%	N/A	0.00%	06-Apr-15	
Laundry Machines in Sheltered Housing Units - Servicing and Maintenance (per week)	R	0.77	N/A	NB	0.77	0.00%	N/A	0.00%	06-Apr-15	
Repairs										
Rechargeable Repairs Handy Person - Replacing lamps in light fitting for tenants over 60 and with disability	R	at cost	N/A	NB	at cost	N/A	N/A	N/A	06-Apr-15	
Qualifying repairs - on request or leaving a property	R	at cost	N/A	STD	at cost	N/A	N/A	N/A	06-Apr-15	
	R	Voluntarily £10 contribution plus the cost of materials used	N/A	STD	Voluntary £10 contribution plus the cost of materials used	N/A	N/A	N/A	06-Apr-15	
Estates & Tenancy Management										

Parking Rents									
Car Ports (Council Tenants) (per week)	R	7.96	N/A	NB	7.96	0.00%	N/A	N/A	07-Apr-14
Car Ports (Private) (per week)	R	9.55	9.55	STD	9.55	0.00%	9.55	0.00%	07-Apr-14
Hard Standings / Parking Spaces (Council Tenants) (per week)	R	4.57	N/A	NB	4.57	0.00%	N/A	N/A	07-Apr-14
Hard Standings / Parking Spaces (Private) (per week)	R	5.48	5.48	STD	5.48	0.00%	5.48	0.00%	07-Apr-14
Grounds Maintenance and Gardening									
Grounds Maintenance (minimum) (per week)	R	1.25	N/A	NB	1.25	0.00%	N/A	N/A	06-Apr-15
Grounds Maintenance (maximum) (per week)	R	4.27	N/A	NB	4.27	0.00%	N/A	N/A	06-Apr-15
Hedge Cutting - Standard Frequency (per week - optional)	R	0.78	N/A	NB	0.78	0.00%	N/A	N/A	06-Apr-15
Lawn Mowing - Standard Frequency (per week - optional)	R	3.88	N/A	NB	3.88	0.00%	N/A	N/A	06-Apr-15
Bed Maintenance - Standard Frequency (per week - optional)	R	0.52	N/A	NB	0.52	0.00%	N/A	N/A	06-Apr-15
Heating Charges									
Communal Electric (per week)	R	1.59	N/A	NB	1.59	0.00%	N/A	N/A	06-Apr-15
Sheltered Heating - Communal Element (per week)	R	3.47	N/A	NB	3.47	0.00%	N/A	N/A	06-Apr-15
Sheltered Heating - Property Element (Bedsit) (per week)	R	5.43	N/A	NB	5.43	0.00%	N/A	N/A	06-Apr-15
Sheltered Heating - Property Element (One Bedroom) (per week)	R	8.18	N/A	NB	8.18	0.00%	N/A	N/A	06-Apr-15

Sheltered Heating - Property Element (Two or More Bedrooms) (per week)	R	9.36	N/A	NB	9.36	0.00%	N/A	N/A	06-Apr-15
District Heating - Communal Element (minimum) (per week)	R	1.33	N/A	NB	1.33	0.00%	N/A	N/A	06-Apr-15
District Heating - Communal Element (maximum) (per week)	R	4.19	N/A	NB	4.19	0.00%	N/A	N/A	06-Apr-15
District Heating - Property Element (minimum) (per week)	R	5.99	N/A	NB	5.99	0.00%	N/A	N/A	06-Apr-15
District Heating - Property Element (maximum) (per week)	R	14.47	N/A	NB	14.47	0.00%	N/A	N/A	06-Apr-15
Peachey Close - Electricity (per week)	R	10.82	N/A	NB	10.82	0.00%	N/A	N/A	06-Apr-15
Other Services									
Window Cleaning - Sheltered Housing (per week)	R	0.29	N/A	NB	0.29	0.00%	N/A	N/A	06-Apr-15
Electric Scooter Charging Point - Queen's Lodge, Cliftonville, Kent (per month)	R	n/a	5.72	STD	n/a	n/a	5.72	0.00%	06-Apr-15
Peachey Close - Furniture (per week)	R	4.3	N/A	NB	4.3	0.00%	N/A	N/A	06-Apr-15
Leaseholder Solicitors Enquiries	R	104.67	N/A	STD	104.67	0.00%	N/A	N/A	06-Apr-15
Section 42 Notice Administration Fee	R	480	N/A	EXP	480	0.00%	N/A	N/A	06-Apr-15
Residents Services (Housing)									
Caretaking									
Caretaking - Band A (per week)	R	10.91	N/A	NB	10.91	0.00%	N/A	N/A	06-Apr-15

Caretaking - Band B (per week)	R	7.07	N/A	NB	7.07	0.00%	N/A	N/A	06-Apr-15
Caretaking - Band C (per week)	R	4.9	N/A	NB	4.9	0.00%	N/A	N/A	06-Apr-15
Caretaking - Band D (per week)	R	3.81	N/A	NB	3.81	0.00%	N/A	N/A	06-Apr-15
Caretaking - Band E (per week)	R	2.72	N/A	NB	2.72	0.00%	N/A	N/A	06-Apr-15
Caretaking - Band F (per week)	R	1.64	N/A	NB	1.64	0.00%	N/A	N/A	06-Apr-15
Caretaking - Sheltered Housing (per week)	R	5.44	N/A	NB	5.44	0.00%	N/A	N/A	06-Apr-15
Caretaking - Queen's Lodge, Cliftonville, Kent (per week)	R	N/A	6.85	NB	N/A	N/A	6.85	0.00%	06-Apr-15
Extra Care Housing									
Triscott House - Management Support Charge (per week)	R	24.76	N/A	NB	24.76	0.00%	N/A	N/A	06-Apr-15
Triscott House - Cleaning Charge (per week)	R	9.42	N/A	NB	9.42	0.00%	N/A	N/A	06-Apr-15
Triscott House - Grounds Maintenance (per week)	R	2.16	N/A	NB	2.16	0.00%	N/A	N/A	06-Apr-15
Telecareline									
Careline (Council tenants) (per week)	R	1.13	N/A	NB	1.13	0.00%	N/A	N/A	01-Apr-05
Waste Services									
Additional Refuse Collection (per week)	R	2.12	N/A	NB	2.12	0.00%	N/A	N/A	06-Apr-15

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Appendix C Draft Capital Programme

Housing Capital Programme									
Project	2016/17	2017/18	2018/19	2019/20	2020/21	Financed by:			
	Draft Budget £'000	Draft Budget £'000	Draft Budget £'000	Draft Budget £'000	Draft Budget £'000	Revenue Contributions £'000	Prudential Borrowing £'000	Capital Receipts £'000	
<u>Major Projects</u>									
New General Needs Housing Stock	7,352	25,927	7,483	1,500	1,500	30,633	0	13,129	
New Build - Appropriation of Land	1,400	0	0	0	0	0	1,400	0	
New Build - Supported Housing Provision	15,419	22,091	1,596	0	0	27,374	0	11,732	
HRA General Contingency	15,000	0	0	0	0	0	15,000	0	
Total Major Projects	39,171	48,018	9,079	1,500	1,500	58,007	16,400	24,861	
<u>Works to Stock</u>									
Works to Stock programme	13,092	8,225	4,754	6,328	7,704	40,103	0	0	
Major Adaptations to Property	1,560	1,092	1,147	1,204	1,249	6,252			
Total Works to Stock	14,652	9,317	5,901	7,532	8,953	46,355	0	0	

Total HRA Capital Programme	53,823	57,335	14,980	9,032	10,453	104,362	16,400	24,861
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ADULT SOCIAL CARE								
Project	2016/17	2017/18	2018/19	2019/20	2020/21	Financed by:		
	Draft Budget £'000	Draft Budget £'000	Draft Budget £'000	Draft Budget £'000	Draft Budget £'000	Council Resources £'000	Government Grants £'000	Other Contributions £'000
Main Programme								
Dementia Centre	1,011	886	50	0	0	1,947	0	0
Telecare Equipment	300	0	0	0	0	300	0	0
Total Main Programme	1,311	886	50	0	0	2,247	0	0

PUBLIC HEALTH UPDATE REPORT: 'FIT AND HEALTHY LIFESTYLES' WORK PROGRAMME

Contact Officer: Dr Steve Hajioff
Telephone: Ext. 7574

1.0 REASON FOR ITEM

To brief members on the outcomes from work relating specifically to:

- § Obesity
- § Sexual and Reproductive Health & Wellbeing
- § Stroke Prevention

2.0 OPTIONS AVAILABLE TO THE COMMITTEE

Members of the Committee are asked to:

- a) Note the contents of the report.

3.0 BACKGROUND INFORMATION

3.1 Public Health transitioned from the NHS into the London Borough of Hillingdon in April 2013. Since that time the Social Services, Housing & Public Health Overview Committee has received a number of updates on the progress of transition and transformation.

3.2 Local authorities are democratically accountable stewards of their local populations' wellbeing and they understand the crucial importance of 'place' in promoting wellbeing i.e.

- § The built and natural environment within which residents live, work and play;
- § Housing;
- § Green spaces;
- § Opportunities for work and leisure.

All of these factors are crucial to health and wellbeing. Local authorities are well placed to try new and different ways of tackling public health challenges. The Council has considerable expertise in building and sustaining strong relationships with residents and service users through community and public involvement arrangements. This will undoubtedly help to extend the engagement of local people in the broader health and wellbeing agenda.

3.3 This report provides an update, *as requested by the Policy Overview Committee*, on Obesity, Sexual Health and Stroke Prevention work and the pilots that have been completed since 2014/15 to date.

4.0 OBESITY

4.1 Background: The majority of adults in Hillingdon are either overweight or obese (63.4%) which is similar to England's rate (64.6%) but higher than the London average (58.4%). Over a third of all children leaving primary school are either overweight or obese (34.6% - Year 6 2014-15 NCMP); and 23% of all adults are obese.

4.2. Council responsibilities: Public Health's Transition to Local Authorities in 2013 coincided with local authorities becoming responsible for improving the health of their population, which includes tackling obesity. Under this, a *mandatory* responsibility for commissioning of the National Child Measurement Programme (NCMP - weighing and measuring of school children) was passed on to Councils, alongside commissioning of lifestyle weight management programmes for children and adults *specified* as a Council responsibility in addition to the wider prevention programmes and environmental measures. Hillingdon Council's work on all these areas is summarised under section 4.5. The NHS is responsible for more downstream treatment of severe and complex obesity (termed as tier 3 and tier 4 services) including bariatric surgery.

4.3 Health impacts of overweight and obesity: Obesity is a major cause of illness and disability and places a significant burden on the social care system. After hypertension (high blood pressure) obesity is the most common chronic condition recorded by general practitioners in Hillingdon¹.

4.3.1 Around 44% of the incidence of diabetes, 23% of heart disease and between 7% and 41% of certain cancers (for example, breast, colon and endometrial) are attributable to excess body fat. Many types of psychosocial problems and psychiatric morbidities are also caused or complicated by excess weight. Raised BMI increases an individuals' risk of developing obesity related co-morbidities.

4.3. Obesity can reduce life expectancy by 11 years (on average, for white men and women who have a BMI of 45 kg/m² or over, starting from between 20 and 30 years of age) and is responsible for around 9,000 premature deaths a year.

4.3.3 Obesity also has significant effects on children before the health risks that become apparent in adulthood. Children who are obese as teenagers are highly likely to remain obese into adulthood. Obese children suffer from stigmatisation, bullying and health exacerbations like asthma, bone and ligament issues and low self esteem. An increasing number of children are being diagnosed with type 2 diabetes, previously seen only in adults. Obesity is also intergenerational – families with an obese parent are more likely to include obese children.

¹ HSCIC (2014) GP Quality and Outcomes Framework data 2013/14 <http://www.hscic.gov.uk/catalogue/PUB15751>

4.3.4 **Links with Oral Health:** Poor child oral health is also closely associated with child poverty, deprivation and overweight/obesity. National epidemiological surveys to monitor the oral health of 5-year old children show that only 55.5% 5 year olds in Hillingdon were caries free against the national target (70%).

4.4 Economic Impact: Obesity has serious financial consequences for the NHS and the wider economy. The cost to the NHS in 2007 was estimated to be 5.1 billion and 15.8 billion to the wider economy. By 2050 the cost is estimated to rise to 9.6 billion to the NHS and 49.9 billion to the wider economy. Furthermore;

4.4.1 An estimated 16 million days of sickness absence a year are attributable to obesity. Obese people are less likely to be in employment than people of a healthy weight.

4.4.2 The associated welfare costs are estimated to be between £1 billion and £6 billion. The government's call for action states:

“Overweight and obesity are a threat to the economic growth on which the country's future prosperity and wellbeing depend.”

“There is a clear ‘business case’ for addressing overweight and obesity – in terms of the toll it takes on individuals and families, and the costs incurred by the NHS, local government and the economy.” (Healthy Lives, Healthy People: A call to action on obesity, 2011)

4.5 Tackling obesity in Hillingdon: current action

Hillingdon Council's work to tackle obesity may be categorised under 4 major areas:

- Obesity prevention (tier 1 services)
- Child Obesity Surveillance (NCMP)
- Weight loss programmes for those in need of support (tier 2 services)
- Working with partners e.g. schools, NHS and local businesses

Obesity Prevention: Hillingdon Council has taken a number of initiatives to prevent obesity, maintain accurate surveillance of data on childhood overweight and obesity and support adults and children residents who are already overweight and obese, but are motivated to lose weight. These include:

4.5.1 Action on early years, to improve diet, nutrition, play and behaviour change support for families before children reach Reception year. Early years settings e.g. nurseries and children's centres are a crucial element of this work and a detailed action plan is available.

4.5.2 **Breastfeeding Promotion:** Breastfeeding is a well-documented protective factor against childhood obesity. Since 2009, great strides have been made in Hillingdon towards improving breastfeeding rates through introduction of UNICEF / WHO baby-friendly principles in the community. Rates of initiating breastfeeding in new-born babies in Hillingdon is at 83.4% which is significantly better than the England average, however breastfeeding prevalence at 6-8 weeks is 62.2% and we are trying to improve this.

4.5.3 **Improving diet and physical activity:** Hillingdon Council has been working with schools under the healthy schools programme to improve catering facilities, promote healthy eating and physical activity.

4.5.4 **Hillingdon's Physical Activity Strategy Action Plan:** A comprehensive programme of sports and leisure initiatives exist for adults, children and older people to increase their physical activity levels. There are many opportunities in Hillingdon via outstanding leisure facilities, pools, leisure Centres, walking schemes and outdoor gym facilities in local parks.

Hillingdon has excellent opportunities for outdoor activities with 34 parks awarded Green Flags, making it the local authority with the highest number of top-quality parks and green spaces in the UK for the third year running.

Child Obesity Surveillance: Commissioning the National Child Measurement Programme (NCMP) is a mandatory function of local authorities.

4.5.5 The National Child Measurement Programme (NCMP) in Hillingdon is a high-quality, locally reliable surveillance data programme with one of the highest uptake rates in London. NCMP is key to improving our understanding of overweight and obesity in children and for monitoring trends. In 2014/15, 7203 children aged 4-5 and 10-11 were weighed and measured with 99% and 98% completion rate. Data on Hillingdon as below shows rates since 2007. NCMP provides a much valued opportunity to raise parents' awareness of child obesity and assist families to make healthy lifestyle changes. It also provides a basis for planning and development of programmes to prevent obesity.

Table 1: NCMP: Proportion of obese and overweight & obese children in Reception year and Year 6

School year and Weight category	2006 /07	2007/ 08	2008/ 09	2009/ 10	2010/ 11	2011/ 12	2012/ 13	2013 / 14	2014/ 15
Reception Obese	8.5	8.4	9.2	9.6	10.1	9.5	9.4	10.0	9.6
Reception Overweight & obese	19.6	18.2	19.1	21.4	21.5	20.9	21.4	21.3	20.6
Year 6 Obese	19.5	19.4	19.7	19.6	20.6	20.7	19.8	20.1	19.8
Year 6 Overweight & Obese	33.6	32.0	32.6	33.4	34.9	35.6	34.6	34.6	33.2

Weight management programmes for children and adults:

Local authorities are responsible for providing programmes that achieve weight loss through lifestyle change (termed as tier 1 or tier 2) which more intensive, clinically based support involving dietetic advice, psychological support or surgical intervention is provided by the NHS.

4.5.6 MEND – (Mind, Exercise, Nutrition...Do it!): Mend is an evidence based community orientated weight management programme for overweight children and their families providing nutritional education and physical activity. In Hillingdon the programme is available for children aged 2-4, 5-7, and 7-13 years old.

- 4.5.7 Fit Teens - This is programme developed in house by Hillingdon Sports and Leisure Team to help children and young people aged 13+ lose weight.
- 4.5.8 Adult Weight Management Pilot - In 2015, a pilot weight management programme was introduced and it is underway. The pilot operates a two pronged community trial of two separate evidence based interventions for comparison of what works better for Hillingdon residents. The pilot is due to run for 6 months, engage with 200 residents and inform a business case for the future commissioning of a tier two weight management programme.

Based on the success of the pilot, the options to commission a tier two weight management programme will be undertaken with the aim of providing a programme to engage with residents at risk of vascular diseases (e.g. heart disease, stroke), diabetes and early signs of psychological or musculo-skeletal disorders with the aim of reducing their risk factors and improving resident outcomes.

Working with partners:

Hillingdon Council actively works with the local partners on tackling and preventing obesity e.g. history of preventative work with schools under the healthy schools programme. Furthermore;

- 4.5.9 Hillingdon Obesity Strategy Group is a multi-agency partnership facilitated by Hillingdon Council for maintaining oversight of local actions by Council and NHS partners to prevent and treat overweight and obesity. The group holds consultations with wider partners to ensure local awareness and co-ordinate action.
- 4.5.10 LB Hillingdon engaged with stakeholders in 2014 and 2015 through a series of multi-agency engagement workshops. A number of themes were identified and these were consolidated into a business case for action to explore option to manage adult excess weight in Hillingdon.
- 4.5.11 Hillingdon Clinical Commissioning Group (CCG) has expressed a desire to work with the Hillingdon Public Health team and the Hillingdon Obesity Strategy Group on developing a local approach for *tier 3* and *tier 4* treatment options in 2016/17

5.0 SEXUAL AND REPRODUCTIVE HEALTH & WELLBEING

- 5.1** Sexual health is a major public health issue. If left undetected and untreated, sexually transmitted infections (STIs) may result in serious complications in later life.

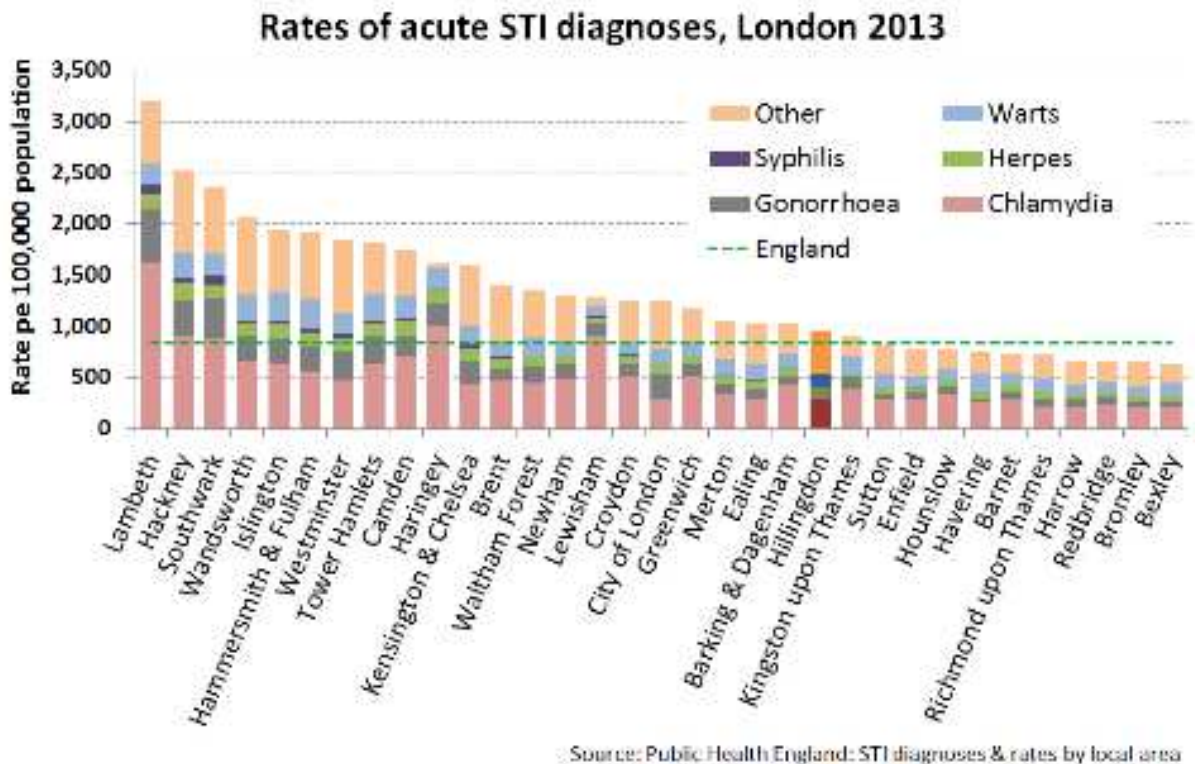
The focus of work around this area is to ensure the delivery of mandatory and non-mandatory services centred on the Council's vision of putting residents first.

- 5.2** The Council is responsible for commissioning the majority of sexual health interventions and services as part of its wider public health responsibilities, with costs met from the ring-fenced public health grant. The Framework for Sexual Health Improvement in England (DH March 2013) states that local authorities will commission comprehensive sexual health services, including:

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- Contraception, including implants and intrauterine contraception and all prescribing costs – but excluding contraception provided as an additional service under the GP contract
- STI testing and treatment, Chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing
- Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies

5.3 Sexually transmitted infections: Sexual transmitted infections (STIs) represent an important public health issue in London which has the highest rate of acute STIs in England, 66% higher than England as a whole. Sexually transmitted infections have been on a general increase over the past 10 years. In comparison with other London boroughs, however, as shown in **Figure 1** below, Hillingdon has a relatively low rate of sexually transmitted infections.



5.4 The **Table 1**² below shows the main sexually transmitted infections treated in Hillingdon.

Table 1: Sexually Transmitted Infections Treated in Hillingdon (All ages) 2009 to 2013

STI	2009	2010	2011	2012	2013
Chlamydia	745	800	760	810	890
Gonorrhoea	85	95	80	110	130
Herpes	115	130	150	150	180
Syphilis	<10	<10	<10	30	10
Genital Warts	370	350	365	360	380

The total number of acute sexually transmitted infections diagnosed in Hillingdon in 2012 is reported as 2,720. Age related data shows that young people experience higher rates of infection and account for higher proportions of treatments.

5.5 HIV: Local authorities are not responsible for providing specialist HIV treatment and care services but the provision of HIV testing is part of the local authority requirement to provide free STI testing services. Reducing the late diagnosis of HIV is one of the Public Health Outcome Framework indicators, and increasing access to HIV testing is important to meet this indicator.

In 2013, 6,000 people (4,477 men and 1,522 women) were newly diagnosed with HIV in the UK. New diagnoses have continued to decline since a peak in 2005 (7,892), largely due to a decrease in new diagnoses reported among persons infected abroad. Since 2007, London had the largest number of persons accessing HIV care within the UK.

The rate of HIV diagnosed in Hillingdon in 2013 was 2.58 per 1,000 of the population aged 15-59. Hillingdon ranked 26th lowest out of the 33 London Boroughs.³

5.6 Chlamydia Screening Programme: Each year PHE produce a borough focused 'Sexual and Reproductive Health Profile'.³ This supports Local Authorities and Public Health leads to monitor the sexual and reproductive health of their population and the performance of local public health related systems.

² Source: Public Health England Sexual Health Profiles

³ HIV in the United Kingdom 2014 report, PHE report.

³ Sexual and Reproductive Health Profile 2013, PHE Profile.

The Profile provides a snapshot of sexual and reproductive health across a range of topics including Chlamydia Screening. The key facts to note from the current Hillingdon Profile (for the period January to December 2014) are as follows:

- § The Chlamydia detection rate in Hillingdon 2014 was 1,369.4 per 100,000 young people between 15 and 24 years, which was below both the England detection rate of 2012.0 and the London detection rate 2178.0. Although rates vary across the borough – CNWL evidence suggests the south of the borough have a higher Chlamydia detection rate, in particular in Heathrow Villages, Townfield, Botwell, Pinkwell and Barnhill. This mirrors the teenage pregnancy hotspot wards and highlights the need to continue reducing teenage pregnancy conception rate despite the downward trend Hillingdon has witnessed in the last few years;
- § Two thirds more young women in Hillingdon were screened for Chlamydia in 2014 which mirrors the national picture;

5.7 Teenage Pregnancy: Teenage pregnancy increases health inequalities and leads to poor long term outcomes for young parents and their children. Tackling teenage pregnancy helps to reduce child poverty. Teenage mothers will be more likely than older mothers to require support e.g. access to housing, education, employment and training). Benefit payments to a teenage mother who does not enter employment in the three years following birth can total between £19,000 and £25,000 over three years.

5.8 Teenage conception rates remain an area of policy interest. The Government has retained the teenage conception rate (aged under 18 years) as one of its three sexual health indicators in its Public Health Outcomes Framework (PHOF) and it is one of the national measures of progress in tackling child poverty.

5.9 A range of commissioned evidenced based interventions provided by GPs, Pharmacists, Community Nursing and the Council's children and young people's early intervention and prevention service, are in place - with a focus on reducing both teenage pregnancies and the incidence of STIs in this age group. Services include:

- § Young People Friendly Contraceptive services;
- § Emergency Hormonal Contraception and advice on prevention of STIs;
- § Chlamydia Screening;
- § Clinic in a Box outreach – to identify at risk individuals including those who may be at risk of a second teenage pregnancy;
- § Self Esteem Raising Project for young women;
- § Triple P Parenting Programme;
- § Workforce Development Training;
- § Life Education - Drugs and Alcohol.

5.10 When last reported to POC teenage pregnancy was at its lowest, in 2012. There were 139 conceptions recorded and a conception rate of 27.7 per 1,000 females under 18 years (aged 15-17 years) for the period 2012.

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In 2013, 116 conceptions were recorded and the rate of conceptions in under 18s fell to 23.0 per 1,000 females under 18 years (aged 15-17 years). This is above the rate for London (21.8) and below the rate for England (24.3).⁴ It is useful to note that in the 'Baseline Year' (ie. 1998), the rate of teenage conceptions was 43.9 per 1,000 girls under 18 years.

- 5.11** The maternity rate amongst under 18s (ie. those young women who choose to keep their baby) in Hillingdon, in 2012 was 12.6 per 1,000 girls aged under 18 years. The maternity rate in 2013 in under 18s in Hillingdon fell to 8.7 maternities per 1,000 females under 18s (aged 15-17 years). This is similar to the rate for London (7.8) and below the England rate (11.9)⁵.
- 5.12 Abortions:** The percentage of conceptions leading to an abortion in females under 18 years (aged 15-17 years) in Hillingdon in 2012 was 54.7%. This percentage increased to 62.1% in 2013.

The Sexual Health Outreach Team has an ongoing programme of targeted Condom Distribution and Emergency Hormonal Contraception awareness raising in the community including:

- § Fresher's Week/Health Week at Uxbridge College, Hayes and Uxbridge sites;
- § Sexual Health Outreach Nurse/Team CNWL includes all of the above as well as visiting targeted Schools, YMCA, Looked After Children Homes, Training for Foster Carers;
- § GP Updates are available on request and include Chlamydia screening and sharing examples of good practices for GP's and Practice Nurses who participate in the LBH Primary Care Contract for Chlamydia Screening;
- § Community Pharmacists Integrated Sexual Health Hubs in 15 Pharmacies;
- § Termination of Pregnancy Providers - Marie Stopes, British Pregnancy Advisory Service;
- § Early Intervention Youth Services - Fiesta, Youth Bus, KISS/Sorted, Link and the Youth Offending Team;
- § RAF Uxbridge.

- 5.13 Commissioned Contraception, Sexual & Reproductive Health Services:** Whilst the Health & Social Care Act 2012 is prescriptive about *what* is commissioned, it is lacking in detail in *how* it is actually commissioned. For example, the requirement to provide STI testing is mandated but the way in which this is provided (access points, waiting times, opening times, providers etc) is entirely up to the Local Authority to determine.

Such flexibility provides options going forward that will enable LB Hillingdon to deliver value for money, ensuring that services comply with the strategic objectives of the Council, and, most importantly, maintaining the focus on meeting the needs of Hillingdon's residents.

⁴ Public Health England -

⁵ Source: Hillingdon JSNA 2015 – Teenage Pregnancy

5.14 Sexual Health Needs Assessment: Public Health is currently undertaking an in depth sexual health needs assessment for Hillingdon's residents. Once complete, the assessment could serve to inform the development of a specification for an Integrated Sexual and Reproductive Health service which may be presented to Members for their consideration and then possibly tendered.

6.0 STROKE PREVENTION

6.1 Background: As per the GP data in 2014/15 there were 3,336 patients in Hillingdon who had suffered stroke. The estimated average cost to the NHS of a stroke per patient is £10,000. Approximately a third of new care home admissions are for people with first strokes, which can cost £100,000 per year for as long as the person lives.

6.2 The roles and responsibilities of Councils in this aspect of public health include:

6.2.1 Prevention: The best way to prevent stroke is healthy eating, being physically active, smoking cessation, keeping your weight down and sensible drinking.

Healthy Eating: Public awareness and targeted action to reduce intake of fat and salt in diets prevents risk factors like high blood pressure and high cholesterol. Hillingdon Council is implementing a project where fast food restaurants will be encouraged to reduce salt and fat in food they serve.

Smoking: Hillingdon Stop Smoking Service provides support for smokers to quit. Smoking significantly increases an individual's risk of having a stroke. Helping more smokers to quit smoking is likely to decrease the population level risk.

Exercise: Hillingdon Council's Leisure Services provides a comprehensive programme of activities to encourage people to increase their fitness levels. For most people, at least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity, such as cycling or fast walking, every week is recommended. After suffering a stroke, rehabilitation and gradually increasing activity level (as per medical advice) is recommended.

Alcohol: The Council has an array of initiatives to encourage sensible drinking in the borough from licensing, support and treatment via commissioned Drugs and Alcohol services and an A&E liaison specialist. Excessive alcohol consumption can lead to high blood pressure and trigger irregular heartbeat (atrial fibrillation), both of which can increase the risk of having a stroke. Alcohol being high in calories also contributes to excess weight hence increases the risk in many ways.

Weight loss: Hillingdon Council is currently piloting weight loss services to support local residents because currently 63.4% of Hillingdon's adult population carries excess weight; and 23.3% are classified as clinically obese. Excess weight increases your risk of developing high blood pressure, high cholesterol and the risk of vascular diseases including stroke. With majority of the adult population in the overweight bracket, effective and adequate provision for people to achieve weightloss is important for reducing the risk of cerebro-vascular disease.

Awareness Raising: Nationally, FAST campaign has been a hugely effective tool to raise awareness of stroke. Public Health England's (PHE) evaluation of the campaign saw a 70% rise in the number of emergency calls for stroke, meaning that 40,000 more people got to hospital within 3 hours of their stroke symptoms starting and nearly 4,500 fewer people became disabled as a result. Figures showed that although the campaign cost £12.5m it provided a return on investment of £332.9m including a decrease in care costs and benefit to the state. Therefore, raising awareness of symptoms at population level saves lives and is cost effective.

NHS Healthchecks and Identification of risk factors: Hillingdon Council commissions the NHS Health checks programme via local pharmacists and GPs. It is aimed at the population group aged 40-74 years for identifying the risk of vascular diseases including strokes. One of the earlier studies found that NHS healthchecks averted 1800 strokes per year in England. Since then, the programme has been rolled out nationally and identifying AF (Atrial fibrillation - one of the risk factors for stroke) has been added to the programme. Checking adequate numbers of residents is likely to increase our capacity to prevent more strokes.

Regulations made in 2013 set out legal duties for local authorities to make arrangements for NHS Health Checks to be offered to each eligible person aged 40–74 years once every 5 years and for each person to be recalled every 5 years if they remain eligible so that the risk assessment includes specific tests and measurements, as well as to ensure the person having their health check is told their cardiovascular risk score and their other results.

6.2.2 Rehabilitation and Community Support: Local authorities are responsible for providing care services to stroke patients and to work with NHS to prevent the risk of further harm, including risk of stroke. These services range from rehabilitation, overcoming communication difficulties, sensory loss and physical difficulties and psychosocial support. Effective rehabilitation can significantly limit disabilities.

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CABINET FORWARD PLAN

Contact Officer: Charles Francis
Telephone: 01895 556454

REASON FOR ITEM

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

OPTIONS OPEN TO THE COMMITTEE

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

INFORMATION

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

SUGGESTED COMMITTEE ACTIVITY

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

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Ref	Upcoming Decisions	Further details	Ward(s)	Final decision by Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Public / Private Decision & reasons
<small>SI = Standard Item each month</small>									
<small>Council Departments: RS = Residents Services SC = Social Care AD = Administration FD= Finance</small>									
Cabinet - 19 May 2016									
78	Carers Strategy - progress update	Cabinet will receive an annual update on progress implementing the Carers' Strategy and Delivery Plan	All		Cllr Philip Corthorne	AD - Vicky Trott	Carers, Carers Champion		Public
Cabinet Member Decisions - May 2016									
SI	Standard Items taken each month by the Cabinet	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the	Various		All	AD - Democratic Services	Various		Public

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Agenda Item 9

WORK PROGRAMME 2015/16

Contact Officer: Charles Francis
Telephone: 01895 556454

REASON FOR ITEM

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

OPTIONS AVAILABLE TO THE COMMITTEE

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

INFORMATION

All meetings to start at 7.00pm

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

2015/16 - DRAFT Work Programme

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

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

3 September 2015	Major Review - Witness Session 1
	Cabinet Forward Plan
	Annual Complaints Report
	Adults Safeguarding
	Work Programme

6 October 2015	Major Review - Witness Session 2
	Update on previous review recommendations (Shared Lives Review)
	Cabinet Forward Plan
	Work Programme

4 November 2015	Major Review - Witness Session 3
	Public Health Report - (deferred to 20 January 2016)
	Cabinet Forward Plan
	Work Programme

20 January 2016	Budget Proposals Report for 2016/17
	Major Review - Draft Final Report - (deferred to February)
	Consideration of second review
	Public Health Report
	Work Programme
	Cabinet Forward Plan

23 February 2016	Cabinet Forward Plan
	Major Review - Draft Final Report
	Work Programme
	Witness Session

24 March 2016	Cabinet Forward Plan
	Work Programme
	Witness Session

20 April 2016	Cabinet Forward Plan
	Major Review Second Final report

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