

## Minutes

### RESIDENTS' AND ENVIRONMENTAL SERVICES POLICY OVERVIEW COMMITTEE

23 September 2015

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



	<p><b>Committee Members Present:</b> Councillors Michael White (Chairman), Teji Barnes (Vice-Chairman), Mohinder Birah, Patricia Jackson, Kuldeep Lakhmana (Labour Lead), Judy Kelly, Brian Stead, Ian Edwards (In place of Peter Davis) and Jas Dhot</p> <p><b>Also Present:</b> Satwant Singh, Nurse Consultant in Cognitive Behavioural Therapy and Mental Health</p> <p><b>LBH Officers Present:</b> Claudia Meissner, Adult Social Care Virindar Basi, Adult Social Care Ed Shaylor, Service Manager, Residents Services Ainsley Gilbert, Democratic Services</p>
20.	<p><b>APOLOGIES FOR ABSENCE</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for Absence had been received from Councillor Peter Davies. Councillor Ian Edwards was present as his substitute.</p>
21.	<p><b>DECLARATION OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest.</p>
22.	<p><b>TO CONFIRM THAT ALL ITEMS MARKED PART 1 WILL BE CONSIDERED IN PUBLIC AND THAT ANY ITEMS MARKED PART 2 WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 3</i>)</p> <p>It was confirmed that all items on the agenda would be considered in part 1.</p>
23.	<p><b>TO AGREE THE MINUTES OF THE PREVIOUS MEETING</b> (<i>Agenda Item 4</i>)</p> <p>The minutes of the meeting held on 29 July 2015 were agreed, subject to the addition of the phrase 'which in turn required a report to be written, causing delay' after 'area planning committee' (item 16, paragraph 3).</p>
24.	<p><b>WITNESS SESSION</b> (<i>Agenda Item 5</i>)</p> <p><b>Evidence from Claudia Meissner, Advanced Social Work Practitioner, Adult Social Care and Virindar Basi, Older Persons Specialist Team Manager, Specialist Team, Adult Social Care, and Ed Shaylor, Service Manager, Anti-Social Behaviour Investigation Team, Residents Services.</b></p>

Officers informed members that their team dealt with longer term social work cases amongst older people. Hoarding was a condition the team encountered regularly, and they were generally successful in maintaining a suitable living environment. The team attended the vulnerable persons panel, which they found useful as it was an opportunity for all partner organisations to discuss individuals and how their condition could be managed.

In response to questions from members, officers explained that:

- Referrals were made to the panel by one of the member organisations/teams. Prior to the meeting a list of which cases would be discussed was sent to all members allowing information to be shared before the meeting.
- There was not currently any effective mechanism for recording data about hoarding cases. Notes of panel meetings were kept, but there was no central logging of information or statistics.
- There was no formal protocol or strategy for dealing with hoarding in Hillingdon, but that the vulnerable persons panel had brought agencies together which was a long way ahead of many other local authorities.
- A strategy would be help to ensure that residents received a consistent level of service. Officers felt that the strategy needed to be focussed on delivering successful outcomes for residents, rather than procedures.
- Hoarding tended to manifest itself amongst older people; although there were younger people who hoarded, they were less likely to be identified. Loss and bereavement were often also triggers for hoarding, and these were more likely to affect people later in life.
- A complaint made by neighbours would normally be investigated by the Anti-Social Behaviour Investigation Team, who would then take the case to the vulnerable persons panel and get input from other services.
- Mental health and social services could not be forced upon people with mental capacity, however there were public health powers which allowed clearance to take place in some circumstances, although the impact on a person's mental health had to be considered carefully.
- The development of a hoarding strategy would identify where provision could be improved, both in terms of treatment and preventative social activities.
- Where residents lacked the ability to dispose of clutter the Council would seek to involve their family, and could if necessary provide assistance.
- The cost of dealing with hoarding in the Borough was unknown. There were plans to create a central budget which would allow the costs to be established but these had not yet been implemented.
- There were few warning signs that a resident was going to start hoarding. Some could be identified by a lack of capacity to manage their affairs, but generally it was only when a service became involved for another reason that hoarding was identified. Annual gas safety checks by landlords were a good opportunity to identify hoarding.

### **Evidence from Satwant Singh, Nurse Consultant in Cognitive Behavioural Therapy and Mental Health, Hoarding Disorder Specialist**

Satwant Singh explained that hoarding had fairly recently been recognised as a disorder in its own right, rather than a symptom of other conditions. This was as a result of much research done in the UK, although formal recognition in the manual used in the UK had not yet taken place.

There had been a number of TV programmes based on the lives of those with hoarding

disorder in recent years. These had led to increased recognition of the condition, but had also stigmatised it, which made people reluctant to seek help. Hoarding disorder was significantly under-reported for a wide range of reasons whilst many people who had hoarding tendencies did not reach the stage at which intervention was necessary. It was however a big problem, and a recent study had put the estimated cost of dealing with a person with hoarding disorder at £35-55,000.

The most important things in treating hoarding disorder were:

- To engage sufferers and help them to understand that their behaviour was abnormal, and was a problem for them as well as others.
- To ensure a multi agency approach was adopted, to prevent residents from getting mixed messages, and to ensure that the costs of managing hoarding were shared equitably.

Hoarding was often also accompanied by compulsive acquisition, where people bought large quantities of something because they perceived it to be good value. There was also a condition called animal hoarding, which involved a person keeping a large number of animals; these people could sometimes be appealed to change their behaviour through the welfare of their pets.

In response to questions from Councillors, Satwant Singh explained:

- That hoarding disorder: could affect people of any age, but was more likely to be recognised amongst older people; was more prevalent amongst men but women more regularly sought help; was not related to ethnicity, the level of a person's education, or where they lived.
- Services for treating hoarding disorder were variable, depending on where one lived. Hillingdon had an Improving Access to Psychological Therapies (IAPT) Service, called Talking Therapies, which would help people to address their disorders. Treatment was very slow however, and there was scope for providing a more dedicated service, with integrated support and de-cluttering services. Local Authorities were in a good position to influence commissioners to improve their support services, and LB Hammersmith and Fulham had started a group treatment session.
- Hoarding behaviour amongst people with Autistic Spectrum Disorders was recognised as a symptom of their condition, and was not diagnosed separately.

The Chairman thanked the witnesses for their attendance and very insightful evidence, especially Satwant Singh who had travelled across London in rush-hour to assist the review.

25.	<b>FORWARD PLAN</b> ( <i>Agenda Item 6</i> )  The report was noted.
26.	<b>WORK PROGRAMME</b> ( <i>Agenda Item 7</i> )  The report was noted.
The meeting, which commenced at 5.30 pm, closed at 6.25 pm.	

These are the minutes of the above meeting. For more information on any of the resolutions please contact Ainsley Gilbert on 01895 250692. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.