



HILLINGDON
LONDON



Social Services, Housing and Public Health Policy Overview Committee

Date: THURSDAY, 20 JULY 2017

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)

Jane Palmer (Vice-Chairman)

Teji Barnes

Peter Davis

Becky Haggar

Shehryar Ahmad-Wallana

Peter Money (Labour Lead)

Tony Eginton

June Nelson

Co-Opted Member

Mary O'Connor

Published: Wednesday, 12 July 2017

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Putting our residents first

Lloyd White

Head of Democratic Services

London Borough of Hillingdon,

3E/05, Civic Centre, High Street, Uxbridge, UB8 1UW

www.hillingdon.gov.uk

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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 meetings held on 19 April and 11 May 2017 1 - 10
- 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 Witness Session for Major Review - Benefit Reforms 11 - 14
- 6 Budget Planning report for Social Services, Housing and Public Health 15 - 20
- 7 Scoping report for Next Major Review 21 - 30
- 8 Cabinet Forward Plan 31 - 34
- 9 Work Programme 2017/18 35 - 38

Minutes

SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

19 April 2017

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



HILLINGDON
LONDON

	<p>MEMBERS PRESENT: Councillors: Wayne Bridges (Chairman) Jane Palmer (Vice-Chairman) Peter Davis Becky Haggar Shehryar Ahmad-Wallana Beulah East Tony Eginton Richard Mills Peter Money</p>
	<p>CO-OPTED MEMBERS PRESENT: Mary O'Connor</p>
	<p>OFFICERS PRESENT: Dr Steve Hajioff (Director of Public Health), Sharon Daye (Consultant in Public Health), Dan Kennedy (Head of Business Performance, Policy & Standards) and Neil Fraser (Democratic Services Officer)</p>
62.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies were received from Councillor Teji Barnes. Councillor Richard Mills was present as her substitute.</p>
63.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>None.</p>
64.	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 23 MARCH 2017 (<i>Agenda Item 3</i>)</p> <p>It was highlighted that the Chairman and Councillor Davis were not included in the attendance list. The clerk confirmed that their attendance had been recorded, but that they had been omitted from the minutes due to a formatting error.</p> <p>RESOLVED: That the minutes of the meeting held on 23 March 2017 be approved as a correct record, subject to the above corrections.</p>

65.	<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>It was confirmed that there were no part II items, and that all business would therefore be conducted in public.</p>
66.	<p>INTEGRATED OPEN ACCESS - SEXUAL AND REPRODUCTIVE HEALTH SERVICES (<i>Agenda Item 5</i>)</p> <p>Dr Steve Hajioff, Director of Public Health, introduced an informational item detailing the tender for the new open access Integrated Sexual and Reproductive Health Service. Dr Hajioff was supported by the report author and Consultant in Public Health, Sharon Daye.</p> <p>The Committee was advised of the background to the service, with sexual health a major public health issue. As part of the Health and Social Care Act 2012, responsibility for commissioning sexual and reproductive health services transferred to Local Government on 1 April 2013. The contracts for these services were held by three main providers: The Hillingdon Hospital (for the provision of genitourinary medicine services - 'GUM'); Central and North West London Trust (for the provision of contraception and sexual health services - 'CaSH'); and Hillingdon AIDS Response Trust (for the provision of prevention and support services for residents living with HIV and AIDS).</p> <p>This had resulted in a disjointed service, with commissioning seen as a inefficient process. In addition, the contracts for these services were due to expire on 30 April 2017. A competitive tender exercise was therefore undertaken, to ensure a more cohesive service delivery that effectively met the current and future sexual health needs of residents.</p> <p>A sexual health and reproductive health needs assessment had been undertaken in early 2016, which was used to inform the development of a transformed service model for the provision of open access, clinical, and non-clinical sexual health services. Parallel to the needs assessment, a number of meetings and events were held with the Business Improvement Delivery teams, external stakeholders, GUM and CaSH service users, as well as attendees at Children's Centres, to agree sexual and reproductive health pathways, and to consider the core values of the service alongside deliverables and outcomes.</p> <p>Key challenges were identified as:</p> <ul style="list-style-type: none"> a) High Risk Groups – under 18s; adults at risk of STIs and HIV infection, or Black African men and women; Women in their twenties and thirties having abortions and repeat abortions; users of sexual health services who experience repeat STI infections. b) Vulnerable Groups – due to the setting or circumstances in which they live, or because of risks related to behaviour. c) Unreached Groups and Communities - finding access to service difficult due to stigma or other service limitations (e.g. LGBT

groups), or at additional risk of exploitation because of life circumstances (e.g. people with mental health difficulties, learning difficulties, people with learning disabilities, victims of sexual assault or domestic violence and/or trafficking).

- d) Discontinuation of Long Acting Reversible Contraception – clearer understanding of the duration, variable uptake, removal rates of Long Acting Reversible Contraception (LARC) across the Borough.
- e) Early targeted prevention and intervention - key to reducing the number of high need interventions, repeat attendances to GUM clinics and repeat abortions, to help to prevent high risk groups from developing more complex problems:
- f) Male service users - evidence suggests that young men are unlikely to actively seek out information or advice on sex. This needs to be addressed.

From reviewing the data, it was apparent that instances of STI's and repeat infections were rising in prevalence, particularly among young people. It was noted that the rate of under 18 conceptions continued to fall (i.e. 23.0 per 1000 female aged 15 to 17 years).

With regard to abortion levels, it was noted that 70% of teenage conceptions resulted in an abortion. The total abortion rate for those aged 15 to 44 years continued was continuing to rise.

The tender process commenced in September 2016, and two service providers completed and submitted tender responses. The Central and North West London NHS Foundations Trust (CNWL) and the London North West Health Care NHS Trust (LNWH) both adopted a 'prime provider' model, as specified by Hillingdon (i.e. one organisation held accountable for delivery of all services), and were assessed based on suitability, compliance, capacity, quality and value.

Following this assessment, LNWH was awarded the contract for the provision of the new open access 'Integrated Clinical and Non Clinical Sexual and Reproductive Health Services - including HIV Prevention and Support' for seven years (four years, with the option to extend for a further 3 years, inclusive of break clauses). The new model of service would offer rapid access to confidential, open-access, integrated sexual health services in a range of settings, accessible at convenient times, as well as providing improved quality and value. It was noted that the new service would be open access and therefore could be accessed by anyone, including those from outside of the Borough. It was confirmed that the London Borough of Hillingdon would only fund Hillingdon residents and that the new service providers would invoice the 'host' local authority of out of borough attendees to their services.

Services would be delivered on a 'hub and spoke' model, with the hubs likely to be in Uxbridge, whilst spoke clinics would be located across the Borough, to enable residents to access the service from all wards. Routine and intermediate services (level 1 & 2) would be delivered from all locations,

whilst specialist treatment and care (level 3) would only be available at the hub.

The new service would provide a digital platform, allowing remote access to information and guidance to allow residents to 'self manage' their health, as well as 'self triage' including options for home sampling for STIs and HIV, and the ability to book appointments. The system had been designed with ease of use in mind. Residents awaiting test results would be notified remotely (if negative), and advised to attend a clinic (if positive). Positive test results would not be communicated via text message. It was expected that self testing would also reduce the number of those residents who were asymptomatic and attending clinics, which would enable the 'face to face' service to focus on those people requiring treatment.

As residents can access services out of Borough, for which Hillingdon must pay, the new provider would be required to fulfil an invoice validation and payment service for out of area GUM/CaSH activity. It was anticipated that the new service provider would put subcontracting arrangements in place with primary care providers.

HIV treatment and care: Regarding interdependencies, NHS England is responsible for commissioning and funding HIV and outpatient treatment and care services. The provider of the new service model would be required to establish and maintain links with inpatient and outpatient HIV services within the Borough.

Post Exposure Prophylaxis after Sexual Exposure: PEPse drug costs would not be within the scope of the new service model. It is funded by NHS England in line with national arrangements. The new provider would therefore be required to bill NHS England for provision of these drugs.

PrEP: A Court of Appeal ruling in favour of the National AIDS Trust had set out that NHS England could legally fund the HIV prevention drug PrEP, and so NHS England was legally obliged to give consideration to the provisioning of the drug. This was now being trialled, though there was no timescale confirmed for a large scale rollout. NHS England was in the process of delegating commissioning work, with specialised commissioning likely to be moved to Clinical Commissioning Groups (CCGs), in approximately a year. The new integrated sexual and reproductive health service provider would not be commissioned by Hillingdon to provide PrEP. It was highlighted that NHS Scotland had started funding PrEP, and it was expected that NHS England would follow suit.

CCG's commission and fund abortion services. The new service provider would be required to maintain links with local providers to ensure the prompt referral of patients requesting abortion counselling. Cervical screening is the responsibility of NHS England. Routine, opportunistic and overdue cervical screens were all exempt from the new service model. CCGs would remain responsible for the commission and funding of gynaecology and menopause services, as well as psychology and sterilisation services. NHS England was responsible for the commission and funding of Adult and Paediatric Sexual Assault Referral Centre Services.

In summary, it was anticipated that the new open access service would

provide greater flexibility and a high quality, robust service that would meet the needs of Hillingdon residents. In addition, the improved access and, geographical spread of services and increased opening hours would improve the residents' experience when using the services, in addition to providing greater value to the Council.

Members were supportive of the new service, and sought additional information via a number of questions. In response, officers confirmed that:

When non residents use Hillingdon services, the new service provider would invoice the 'host' local authority for payment. However, it was noted that rates charged outside the Borough were increasing, and a longstanding agreement not to charge non-residents more than residents was being removed. This was a potential financial risk which would be addressed by the new service seeking to retrench outgoing delivery flows into Hillingdon via raising awareness about the new service and providing an accessible user friendly service which meets the varied needs of residents. As such, ensuring cost savings was paramount for the Council.

Abortions were seen to be increasing, though it was unclear why. It was possible that residents originally from certain countries, (including Eastern Europe) may be using abortions as a form of contraception, whilst for others the use of contraception services may not be viewed as appropriate. Further outreach and education (e.g. via schools), was necessary to help reduce these figures, focussing on changing behaviours and helping people to avoid putting themselves into high risk situations, such as parties where psychoactive substances were taken. Work is being undertaken with social media and providers of dating apps to include relevant health messaging. However it was recognised that there was no easy solution.

When asked about the work of the new provider, LNWH, in neighbouring boroughs, it was confirmed that their service was being used in areas such as Brent, Harrow and Ealing. Prior to awarding the contract, detailed assessments had been undertaken using a broad set of data. Going forward, quarterly performance reviews, inclusive of KPIs and other performance measures, will be undertaken once the service is underway. Feedback will be sought from residents and used to make further improvements as the service progresses.

Regarding a start date for the new provider, a request was to be put to Cabinet requesting a short delay from the proposed 1 May start date. It was expected that this would push back the start date by a further two months, though this would not impact on costs.

Communications to advise residents of the new services would be undertaken, following internal mobilisation meetings. Discussions were being held around a unified communication across the Borough, to provide the service with a 'brand'. It was highlighted that the provider would be responsible for the bulk of the messaging, though Hillingdon would signpost and provide an overview. Avenues for informing the development of the new service's communications strategy will involve seeking the views of residents, including existing service users, speaking to members of youth parliaments, and other relevant groups. The Council's own Licensing teams (who had links to venues) would also be considered. In the past, bars and

clubs had been receptive to helping communicate such messaging.

Brunel University's medical centre was suggested as a potential site for one of the service hubs. Officers confirmed that care had to be taken regarding procurement law and the sites required to be used as clinical centres. Conversations would be undertaken with the provider regarding additional sites, e.g. pharmacies, and this was expected to be formalised at future meetings.

Members thanked the officers for their report, and were pleased that such significant work had been undertaken to assess current service provision and ensure residents were better supported moving forward.

RESOLVED: That the report be noted.

67. **SECOND REVIEW: THE CHANGES TO HOUSING BENEFITS AND THEIR IMPACT ON RESIDENTS AND THE COUNCIL: UPDATE ON FINAL REPORT AND SUGGESTED RECOMMENDATIONS** (*Agenda Item 6*)

Further to recent witness sessions, the Committee was invited to consider the suggested recommendations resulting from the review so far. These were:

1. That Cabinet notes the findings of the Social Services, Housing and Public Health Policy Overview Committee, and acknowledges that LB Hillingdon is providing appropriate benefit services in line with government legislation.
2. That the Cabinet Member for Social Services, Health and Housing requests that LB Hillingdon is represented on the Homelessness Reduction Bill 2016/17 steering group, or contributes to the group, once constituted.
3. That the Cabinet Member for Social Services, Health and Housing requests that in 12 months, officers review the impact of the changes outlined on the working practices of the Council, focusing on:
 - The success of the recruitment carried out;
 - How Hillingdon is coping with the forecasted increase in enquiries and subsequent impact on officer caseloads;
 - Whether information systems are sufficient to support the work of the Council and the needs of the residents.
4. That the Cabinet Member for Social Services, Health and Housing requests officers review the feasibility of returning housing deposits to the Council.

Members were supportive of the suggested recommendations, though it was understood that these could be amended prior to any final report.

With regard to recommendation number 4, suggested at the previous meeting, it was proposed that the Committee approve a further witness

	<p>session to better understand the implications of the suggested recommendation, and its impact on the Council, before any inclusion in the final report to Cabinet.</p> <p>RESOLVED: That a further witness session be convened at the meeting of 28 June 2017, to inform the Committee of the implications inherent to the proposed tenancy deposit recommendation.</p>
68.	<p>CABINET FORWARD PLAN (<i>Agenda Item 7</i>)</p> <p>The Cabinet Forward Plan was noted.</p>
69.	<p>WORK PROGRAMME 2017/18 (<i>Agenda Item 8</i>)</p> <p>The Work Programme 2017/18 was noted.</p>
	<p>The meeting, which commenced at 7.00 pm, closed at 8.00 pm.</p>

These are the minutes of the above meeting. For more information on any of the resolutions please contact Neil Fraser - Democratic Services Officer on 01895 250692. 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

11 May 2017

Meeting held at Council Chamber - Civic Centre,
High Street, Uxbridge UB8 1UW



	MEMBERS PRESENT: Councillors: Wayne Bridges (Chairman) Jane Palmer (Vice-Chairman) Shehryar Ahmad-Wallana Teji Barnes Peter Davis Tony Eginton Becky Haggar June Nelson
1.	APOLOGIES FOR ABSENCE (<i>Agenda Item</i>) Apologies for absence had been received from Councillor Money.
2.	ELECTION OF CHAIRMAN (<i>Agenda Item 1</i>) RESOLVED: That Councillor Bridges be elected as Chairman of the Social Services, Housing and Public Health Policy Overview Committee for the 2017/2018 municipal year.
3.	ELECTION OF VICE CHAIRMAN (<i>Agenda Item 2</i>) RESOLVED: That Councillor Palmer be elected as Vice Chairman of the Social Services, Housing and Public Health Policy Overview Committee for the 2017/2018 municipal year.
	The meeting, which commenced at 8.32 pm, closed at 8.37 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Neil Fraser - Democratic Services Officer on 01895 250692. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE - BRIEFING PAPER FOR BENEFIT REFORMS REVIEW

Contact Officer: Sunita Ghudial

Telephone: 01895 250 384

REASON FOR ITEM

A the meeting held on 19 April 2017, the Social Services, Housing and Public Health Policy Overview Committee suggested recommending that the Cabinet Member for Social Services, Health and Housing requests officers review the feasibility of returning housing deposits to the Council. Since then, the matter has been reviewed internally, and further detail is set out below, together with an update on the Benefits Service's move to an online self-serve model for residents.

RECOMMENDATION TO THE COMMITTEE

It is recommended that the Committee note the contents of the report, and forward any supplementary questions to the officer to address directly.

Discretionary Housing Payment

Summary

Discretionary Housing Payment (DHP) is a discretionary scheme that allows local authorities (LAs) to make monetary awards to people experiencing financial difficulty with housing costs who qualify for Housing Benefit (HB) or the housing costs element of Universal Credit (UC).

As part of the welfare reforms package introduced from 2011, the government has significantly increased its contribution towards DHPs to help LAs support those affected by some of the key changes to HB, namely:

- the introduction of the benefit cap, which is administered through HB;
- the removal of the spare room subsidy (RSRS) in the social rental sector; and,
- the local housing allowance (LHA) reforms.

DHPs are awarded at the discretion of each LA and can provide help with ongoing housing costs or one-off expenses (e.g. moving costs, rent deposit and rent in advance).

Background

The government first introduced DHP funding in 2001. Since the recent welfare reforms, central government has increased its contribution towards DHPs to provide transitional support to households affected by the reforms. In total in 2016/17, central government allocated £150 million of DHP funding to be distributed amongst LAs.

LB Hillingdon funding allocation for 2016/17 & 2017/18

	Funding	Total spent	Refunded to DWP
2016/17	£831,393	£830,923	£470
2017/18	£962,882	£326,693 to date	

Overpayments

The DWP guidance manual on DHP's outline good practice guidelines on administering DHP claims. These guidelines clearly state that the LA can only recover a DHP if they decide that payment has been made as a result of:

- a misrepresentation or failure to disclose a material fact by the claimant (either fraudulently or otherwise), or
- an error made when the application was determined.

In these circumstances the DHP can be recovered because it is classed as being overpaid.

A DHP cannot be recovered from on-going HB or UC. This is unlike HB overpayments where there is a regulatory provision to allow recovery from on-going HB.

There are also no provisions for the recovery of overpaid DHPs from other prescribed benefits.

Therefore the only method of recovery, where a DHP is classed as overpaid, is to request repayment of the debt from the claimant or the landlord if the DHP is paid directly to them. This may be in the form of an invoice or any other method you choose, for example using debt collection.

Rent deposits

Social Services, Housing and Public Health Policy Overview Committee - 20 July 2017

The DWP overpayment guidelines clearly outline when a LA can only seek recovery of a DHP. In addition to this any unspent DHP funding, including any recovered DHP payments, have to be returned to the DWP at the end of each financial year. Therefore there are no financial gains for the LA to pursue the rent deposits.

New on-line services for Housing Benefit (HB) and Council Tax Reduction (CTR)

The benefit department introduced their new HB and CTR on-line application form on 9th June 2017.

The new service enables residents to apply for benefit 24/7 in the comfort of their own homes. We have also set up self serve terminal's in our reception area in the Civic Centre and the One Stop Shop. There are floorwalkers available to assist and educate residents on the process of applying for housing benefit and council tax reduction, as we are also developing a self serve option to report changes in circumstances toward the end of this year,

Self Serve facilities are also available at all Hillingdon libraries.

There will however still be the option for residents to have paper claim forms where they are unable to access or use the online form.

Should a Member have any additional question, please contact me directly on sghudial@hillington.gov.uk

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BUDGET PLANNING REPORT FOR SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH SERVICES 2018/19

Contact Officer: Peter Malewicz

Gregory Pike

Telephone: 01895 250325

01895 250562

REASON FOR ITEM

This is the first opportunity for the Policy Overview Committee to discuss the current stage of development of budget planning work with regard to Social Services, Housing and Public Health Services. This paper gives a strategic context in which the detailed proposals to be discussed at Policy Overview Committee meetings in January 2018 will need to be considered.

OPTIONS AVAILABLE TO THE COMMITTEE

It is recommended that the Committee notes the financial context in which the 2018/19 budget setting process will take place in advance of detailed savings proposals being developed and approved at Cabinet in December 2017.

INFORMATION

- 1 This is the first of two opportunities within the planning cycle for the Policy Overview Committee to consider issues relating to budget planning for 2018/19. The focus of this report is the broader financial position of the Council, alongside signposting major issues within Social Services, Housing and Public Health Services budgets. The report to be considered in January 2018 will set out the detailed budget proposals for the Group, those proposals having been included in the report to Cabinet on the Medium Term Financial Forecast (MTFF) on 14 December 2017.

Corporate Summary

- 2 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.
- 3 The budget report to Council in February 2017 identified the savings requirement for 2018/19 as £22.2m, with £5.0m planned drawdown from balances and £1.1m previously developed and approved savings initiatives reducing the remaining budget gap to £16.1m.
- 4 The announcement of £2.9m additional Social Care funding through the Improved Better Care Fund in March 2016 and an additional £1.6m released from the Council's Collection Fund at outturn following a review of the approach taken to

Social Services, Housing and Public Health Policy Overview Committee - 20 July 2017

Part I – Members, Public and Press

accounting for doubtful debts further reduces the gap to be managed to approximately £11.6m.

- 5 In terms of external funding, there is expected to be limited scope for material movement as the Council will enter the third year of the Multi Year Settlement in 2018/19 under the terms of which Revenue Support Grant and baseline levels of funding from Business Rates are already determined. For locally raised income from Council Tax and Business Rates, taxbase growth projections are based upon a rounded assessment of likely growth and again are therefore expected to provide limited scope to further reduce the budget gap. Beyond 2018/19 the national political context following the EU Referendum and 2017 General Election presents considerable uncertainty, both in terms of Government policy that may impact upon local authorities and specifically the local government finance system.

Strategy to deal with the budget gap

- 6 The Council remains strongly placed to deal with the challenges ahead. We have a good track record of coming in or under budget each year and retain balances of £38.7m by the end of 2016/17, although £14.5m of that is expected to be drawn down from 2017/18 to smooth the impact of Government funding reductions. As in previous years, development of savings will fall under five broad themes:
 - Service Transformation - capturing the efficiencies delivered through the Council's well established Business Improvement Delivery Programme;
 - Effective Procurement - driving best value from both re-letting existing contracts and reviewing models for service delivery where appropriate;
 - Income Generation & Commercialisation - reviewing Fees and Charges while maintaining charges at 90% of neighbouring authorities, alongside initiatives to ensure the Council's commercial offer delivers Value for Money to the Council Taxpayer;
 - Preventing Demand - initiatives such as the Supported Living Programme where investment in early intervention and other support can avoid more costly intervention at a later date;
 - Zero Based Reviews - a range of projects including line-by-line reviews of 2016/17 outturn to ensure that service budgets reflect current levels of activity.

MTFF process update

- 7 The timetable for the budget process has been refreshed and the first MTFF sessions with Groups took place during early July to review the detailed budget proposals developed by each group. Progress on the development and delivery of these proposals will be monitored monthly by Business Transformation Board, HIP Steering Group and the Leader of the Council throughout the remainder of the year.

Timetable for 2016/17 Budget

8 The broad timetable is as follows:

Process	Timetable
Monthly BTB updates (March 2017 to Feb 2018)	Monthly
Zero Based Reviews & Review of 2016/17 Outturn	April - June
MTFF Scoping Sessions - BID & Procurement	June
MTFF Review (1) – 1st Challenge Sessions	July
Initial Draft MTFF Report to Leader	July
MTFF Review (2) – 2 nd Challenge Sessions	Sept/Early October
Leader review of MTFF	November
Provisional Local Government Finance Settlement	December
Draft MTFF reported to Cabinet	December
POC review of draft Group Plans and budget proposals	January
Final Local Government Finance Settlement	January
Council Tax setting	February

Budget Planning in Social Services, Housing and Public Health Services

Summary of Key Financial Issues

9 The following information highlights key issues for Social Services, Housing and Public Health Services identified in the 2017/18 budget setting report and subsequent monitoring activity, which will continue to be closely tracked through the 2018/19 budget setting process.

Adult Social Care

- 10 During 2016/17, the service received a large number of requests from providers for substantial fee rate increases, to reflect the increased staffing costs that they are incurring, through changes in National Insurance, Pensions and the implementation of the National and London Living Wage. The Council's 2017/18 budget includes an inflation provision of £4,903k for Residential and Homecare placements across Social Care to meet these pressures. There has been significant progress in agreeing uplifts relating to 2016/17 and a robust framework is in place to manage this process going forward.
- 11 The service continues to review high cost placements and identifying those clients that should be funded in whole or part by the CCG, especially where clients are likely to have Continuing Health Care needs. To date this has resulted in a number of clients being retrospectively funded by the CCG.
- 12 A review of the adult demographics model indicates that the number of older people requiring care is continuing to grow at a steady rate. In addition, the data indicates that the service is supporting an increasing number of older people with more complex needs. This trend is also apparent in the younger age groups where children transition into Adult Social Care.

Social Services, Housing and Public Health Policy Overview Committee - 20 July 2017

- 13 The delivery of the supported living programme is moving into the next phase, with Grassy Meadow and Parkview due to come on stream in 2018. The service has recently awarded a contract to Carewatch for the delivery of care at these premises and is now working through how best to promote and market these new facilities.
- 14 The number of children with a Statement of Special Educational Need (SEN) or Education, Health and Care Plan (EHCP) has grown faster than the general school-age population. This is expected to continue, with a forecast 5% per annum growth rate. There is also evidence that the post 19 population with an EHCP will grow at an exponential rate, and both of these factors are likely to have an impact on SEN Transport requirements.
- 15 The Supreme Court decision on the Cheshire West case ruling from March 2014 continues to drive an increase in the number of Deprivation of Liberty assessments. There has been no indication of any sustained funding from Central Government which leaves this as a pressure to be managed locally. The Council now has a contract in place to ensure efficacious delivery of Best Interest Assessments and Section 12 Medical Assessments.
- 16 There is a risk that dowry funding associated with some of the clients covered by the Winterbourne View transfer agreement may come under pressure as recent discussions at the Transforming Care Partnership (TCP) meetings are indicating that there may not be sufficient funding to cover this from NHS England. The Winterbourne contingency for 2017/18 assumes receipt of this funding in the applicable cases.
- 17 There is a risk of increasing pressure on adult social care to support reducing A&E pressures and to make more expedient discharges of patients, who, as a consequence of earlier discharge will require more intensive support at home - the cost of which will fall on to council budgets.

Housing General Fund

- 18 As in previous years, a contingency has been set aside in 2017/18 to resource the need for Temporary Accommodation in the borough. The overall level of demand for housing advice remains high; as do the numbers of households accommodated in high cost B&B. There continues to be significant challenges in procuring affordable private rental sector accommodation, and in dealing with ongoing legislative change.
- 19 In response to these risks and challenges, a range of initiatives, including the new placement policy enabling out of borough placements where appropriate, refocusing of the Council's Homelessness & Lettings service following a BID review and closer working with Social Care and Fraud.
- 20 Given the continuing high levels of households in high cost B&B, and challenges in procuring affordable private rental sector accommodation, this risk will be closely monitored throughout the year. The current numbers and forecasting are indicating

Social Services, Housing and Public Health Policy Overview Committee - 20 July 2017

Part I – Members, Public and Press

that in addition to the full release of the contingency (budgeted at £1.736m), a drawdown from earmarked reserves will be required to manage the position.

Housing (Housing Revenue Account - HRA)

- 21 As at 31st March 2017 the HRA General Balance was £45,826k and the Major Repairs Reserve (MRR) was £23,149k. The sum in general balances is well above the minimum requirement of £12,000k (representing approximately 20% of rental and other income).
- 22 The HRA rental income projections reflect the reduction in social housing rents by 1% per annum over the 4 year period 2016/17-2019/20. There is some scope for volatility in rental income over the MTF period as there continues to be a loss through the Right-to-buy sales which is offset by additions through new investment included in the HRA Capital Programme. The Council's 1:1 replacement agreement with the DCLG continues to support acquisitions, allowing the Right-to-Buy sale proceeds to be retained as long as units are replaced within three years and with 70% match funding.
- 23 There remains uncertainty around the implementation of the High Value Voids Levy, which relates to the funding of Housing Associations Right to Buy scheme from a levy on Councils HRA. There has been no guidance issued to inform the extent of the levy and any associated guidelines and processes. It has been confirmed that it will not be collected in 2017/18, with the HRA budget currently assuming it will be implemented from 2018/19. In view of the lack of information this remains a risk that will continue to be closely monitored.
- 24 The financial standing of the HRA over the medium term is expected to remain sound given current assumptions and forecasts, with further resilience reflected in the sums held on general balances and the Major Repairs Reserve. There is capacity to facilitate new investment in combination with the 1:1 replacement agreement, alongside the financing of the ongoing works to stocks programme.
- 25 Similarly the current HRA capital and works to stock programmes have capacity for rephasing or reprofiling in order to accommodate any additional requirements in the aftermath of the incident at Grenfell Tower.

Public Health

- 26 Public health is expected to achieve the efficiency savings of £455k in 2017/18 in order to match the reduction in central government (Department of Health) grant funding. These savings are expected to be achieved from a combination of budget realignment and procurement activity across a range of service areas.
- 27 In addition to cuts to funding for core Local Government responsibilities, the current indications from the Department of Health are that the Public Health grant will be cut by a similar amount in each of the next two financial years - 2018/19 and 2019/20.

Social Services, Housing and Public Health Policy Overview Committee - 20 July 2017

Part I – Members, Public and Press

- 28 Public Health reserves of £2.611m are available to smooth the impact of these reductions if necessary, or to support invest-to-save or transformation expenditure to manage Public Health within this declining resource envelope.

Next Steps

- 29 The Medium Term Financial Forecast setting out the draft revenue budget and capital programme will be considered by Cabinet on 14 December 2017 and issued for consultation during the remainder of December 2017 and January 2018. This will include detailed consideration by each of the Policy Overview Committees of the proposals relating to their respective services.

SUGGESTED COMMITTEE ACTIVITY

To note the report.

BACKGROUND PAPERS

The Council's Budget: General Fund Revenue Budget and Capital Programme 2017/18 – reports to Cabinet 16 February 2017 and Council 23 February 2017.

Agenda Item 7

SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE - REVIEW TOPICS FOR 2017/18

Contact Officer: Neil Fraser
Telephone: 01895 250 692

REASON FOR ITEM

To enable the Committee to agree a topic or topics to be reviewed by the Committee in 2017/18.

OPTIONS OPEN TO THE COMMITTEE

The Committee is asked to select an area or areas within its remit to be reviewed. Officers will then provide a scoping report for the Committee that addresses Members' main concerns and puts forward an effective plan for the review.

Members can select multiple review topics, as well as specify whether it should be a major or minor review.

RECOMMENDATION TO THE COMMITTEE

It is recommended that the Committee select "Loneliness and social isolation: local partnership efforts to mitigate social isolation amongst older residents and people with mental health issues" as its major review for 2017/18.

INFORMATION

1. The Committee is responsible for undertaking the 'policy overview' role in relation to the Social, Housing and Health areas of the Council. The full range of services under the Committee's remit is outlined in the terms of reference at the start of the agenda. These cover Adult Social Care, Older People's Services, Public Health Services, Social and Supported Housing and Housing Needs, and Benefit and Welfare changes.
2. Reviews undertaken by the Committee are structured into its overall work programme set out at the start of the Municipal Year. This enables Members to plan ahead any relevant information requirements, witness sessions, site visits, consultations etc... in support of any review topic chosen.
3. Since the meeting held on 19 April 2017, potential topics for reviews have been suggested by Members and worked up closely by Democratic Services in consultation with the Committee Chairman:
 - a) **The impact of the Homelessness Reduction Act** - its principles, the new duties for LAs and impacts for LBH and residents. This has recently been through the House of Lords final time, unopposed so will receive Royal Assent shortly.
 - b) **Pandemic Disease Outbreaks** - impacts on Hillingdon, likely scenarios, the responses expected of LBH and PHE. The influence of the airport. There could be a review of what happened here in respect of Ebola.

- c) **Extra Care** - Transforming expectations of independence and improving quality of life and social inclusion through extra care housing.
- d) **Home Care** - examining the sustainability and quality of provision in the market.
- e) **Loneliness and isolation in Hillingdon's older residents / people with mental health issues** - causes and impact of loneliness and isolation on the mental and physical wellbeing of Hillingdon residents, what services are available to mitigate this, particularly for older people through the Council, health partners and voluntary sector – gaps and/or the success (or otherwise) of these.

It is considered the latter suggested topic would add value to the Council's strategy and actions in respect of the health and wellbeing of local residents.



Social Services, Housing, and Public Health Overview & Scrutiny Committee Review Scoping Report

Loneliness and social isolation: *local partnership efforts to mitigate social isolation amongst older residents and people with mental health issues*

1. REVIEW OBJECTIVES

Aim and background to review

With a growing elderly population, Hillingdon has a commitment to working to support its senior residents. Older People who live on their own may have physical or mental health issues (such as difficulty walking or dementia) that can make leaving their home difficult. This can result in a lack of companionship and social isolation, which leads to feelings of loneliness.

This, together with a potential lack of children or spouse, or a feeling that they have no useful role in society, can have a significant impact on their mental and physical wellbeing. Such feelings, in extreme cases of loneliness and isolation, can in turn can lead to depression, substance misuse or suicidal thoughts.

This review could focus on those in Hillingdon feeling isolated or lonely, the causes and impact of this loneliness and isolation on their mental and physical wellbeing, what services are available to prevent isolation of Older People through Hillingdon Council and our partners and the voluntary sector, and the success (or otherwise) of those services in combating such issues, before making recommendations to Cabinet on how these services could be prioritised, improved or promoted.

Terms of Reference

1. To understand Hillingdon's current population demographic and the likely causes of loneliness and social isolation inherent to the local population;
2. To examine how the Council services, health partners and voluntary sector groups identify and support those experiencing social isolation and the resultant impact on residents health, the lessons learnt and the success of any actions or activities undertaken;
3. To examine relevant partnership working to identify opportunities to draw together the different strands of activities between health and social care in support of our wider health and wellbeing agenda and the aims of this review.
4. To make practical, prudent recommendations to Cabinet (and other bodies if applicable) from the Committee's findings to support residents experiencing extreme loneliness and social isolation.

2. INFORMATION AND ANALYSIS

Current context

It is important to consider what the terms 'isolation' and 'loneliness' mean in this context. Isolation is defined as a 'separation from social or familial contact, community involvement, or access to services. Loneliness is the individual's feeling that they lack these things. The two terms are therefore mutually exclusive, i.e. it is possible to feel isolated but not lonely, and vice versa. It is also important to recognise that the extent to which an individual feels they need these things can vary, and in some cases physical separation is a conscious choice. It is also possible to feel lonely in the midst of people, if personal relationships with those people are lacking.

Contributing factors for loneliness and isolation in elderly residents can include physical decline such as the loss of sight or hearing, a reduction in mobility or cognitive degeneration, or the death of a spouse or loved one(s). This can lead to depression, sometimes exacerbated by the side effects of any medication, and can result in substance misuse or suicidal thoughts. Loneliness is more common in people who have no spouse or children, and can be exacerbated by sudden occurrences such as bereavement, or relocation to a care home.

Age UK's most recent review into loneliness in later life (updated July 2014) outlines the following key statistics:

- Over 1 million older people say they are always or often feel lonely
- Nearly half of older people (49% of 65+ UK) say that television or pets are their main form of company

- 86% of over 65s say they are satisfied with their personal relationships. This is the lowest of all age groups.
- Only 46% of over 65s said they spent time together with their family on most or every day, compared to 65-76% for other ages. 12% of over 65s said they never spent time with their family.
- Over 65s also spent less time with friends: only 35% spent time with friends most or every day in the last 2 weeks, and 12% never did
- People who took part in more health-maintaining and independence-maintaining behaviours were less likely to feel isolated and more likely to feel that their community was a good one to grow old in
- Nearly half (49%) of all people aged 75 and over live alone
- 9% of older people feel trapped in their own home
- 6% of older people (nearly 600,000) leave their house once a week or less
- 30% say they would like to go out more often
- According to research for DWP, nearly a quarter (24%) of pensioners do not go out socially at least once a month
- Nearly 200,000 older people in the UK do not receive the help they need to get out of their house or flat
- 17% of older people have less than weekly contact with family, friends and neighbours
- 11% have less than monthly contact
- 41% of people aged 65 and over in the UK feel out of touch with the pace of modern life and 12% say they feel cut off from society

The Leader's Initiative

Every year Cllr Ray Puddifoot MBE, Leader of the Council and Older People's Champion, oversees the delivery of this initiative to improve the access older people have to facilities, activities, and advice and support across the Borough.

The Leader's Initiative was first established in 2005. Funding supported a wide variety of projects including, dining centre improvements, installation of street and park benches, social events and activities, and a series of service schemes to provide greater support to vulnerable older people.

Hillingdon for All (H4All)

H4All is a community interest company made up of five third sector charities funded by Hillingdon's Clinical Commissioning Group. H4All provides a free Health and Wellbeing service for Hillingdon residents aged 65 and over and, among other things, focuses on supporting residents to better manage social isolation and the promotion of greater involvement with the local community.

H4All's partners include Age UK, Dash, Hillingdon Carers, Hillingdon Mind, and Hillingdon Hospice. Services include home visits, befriending, counselling, and transport to services and clubs.

Referrals to the service are taken directly through GP surgeries, Hospital teams, Health & Social, Voluntary/Community organisations and Self-referral for Hillingdon patients through a Single Point of Access via secure NHS referral secure online referral via the H4All website www.h4all.org.uk or direct telephone. Once received referrals receive first contact within 3 working days.

Following assessment, the appropriate action is taken which can include Home Visits with Holistic Assessment, Motivational Interviewing, and Goal Setting, to achieve the best possible outcome for the patient. Patients who are socially isolated will be offered Befriending or regular social contact Care Calls. Once interventions have been completed patients receive an Evaluation & Follow up Review call which would include checking if referrals made have been actioned, services offered have been implemented and the level of general patient satisfaction with service received. Befriending, Care Calling and Follow up Reviews are services are staffed exclusively by Volunteers.

Example case study below:

Case Study

Female patient 78 years of age referred by GP suffering from Diabetes and mobility issues impacted through Arthritis in the spine. Patient lives alone and feeling very lonely and isolated. Patient has continence issues which results in social anxiety. Patient finding day-to-day living activities more strenuous (tasks such as housework, shopping, gardening etc.) which in turn are causing the patient to feel depressed.

Actions:

Home assessment undertaken by H4All to assess needs and identify what patient wanted to change on initial visit. Patient's primary concerns were her inability to maintain her home and social isolation caused due to continence issues. The Officer assisted patient to apply for Attendance Allowance (AA) benefit, referred to Continence Service, provided information and advice on activity groups/social clubs/luncheon clubs etc., accompanied patient to first AUK Active Ageing Group and referred for Telecare.

Outcomes achieved:

- *AA benefit gained and patient now has extra money to help her to pay for a cleaner and gardener.*
- *Patient now has a supply of inco-pads and feels more confident to become socially engaged.*
- *Patient enjoyed the exercise session and the social contact with other people and looks forward to attending social groups.*
- *Telecare service installed and client now feels much more confident in ability to contact someone in emergency.*

Services to support people who are lonely or isolated:

In addition to H4All, the Council and its partners provide a number of services for Older People which include:

- Friends Coffee Mornings, for people living with dementia - <https://www.hillingdon.gov.uk/article/29715/Dementia-friends-coffee-mornings>
- Hillingdon Dementia Action Alliance - <https://www.hillingdon.gov.uk/article/29786/Hillingdon-Dementia-Action-Alliance>
- Older People's Assembly - <https://www.hillingdon.gov.uk/opassembly>
- A range of voluntarily run Dining Centres - <https://www.hillingdon.gov.uk/diningcentres>
- Activities to keep active, including gentle exercise sessions, tea dances, and volunteering and community groups, - <https://www.hillingdon.gov.uk/article/31617/Keeping-active>
- Services for residents with disabilities - <https://www.hillingdon.gov.uk/disabilities>
- Support for social and community groups via the Leader's Initiative - <https://www.hillingdon.gov.uk/leadersinitiative>
- Northwood Live at Home service – <http://www.mha.org.uk/community-support/live-home/northwood>

Responsibilities

The portfolio Cabinet Member responsible is Councillor Philip Corthorne, with the Leader of the Council also the Older People's Champion. The Health and Wellbeing Board, which involved key partners, is also key in drawing together and driving forward any findings.

Current intelligence, best practice and research

Age UK Evidence Review: *Loneliness in Later Life*:

<http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Evidence%20Review%20on%20Loneliness%20July%202014.pdf?epslanguage=en-GB?dtrk=true>

Building Bridges, Breaking Barriers, a review by the Care Quality Commission (CQC) into how well different health and care services work together to support the needs of older people in England. <http://www.cqc.org.uk/buildingbridges>

The LGiU has prepared a policy briefing on the topic:

<http://www.lgiu.org.uk/wp-content/uploads/2016/02/Loneliness-and-social-isolation.pdf>

Further information

Throughout the review, Members will be made aware of publications and studies which will help inform Members during the review.

3. EVIDENCE & ENQUIRY

Lines of Enquiry and Witness testimony

Lines of enquiry and potential witnesses could include:

- Local voluntary groups and charities especially Age UK and relevant referral services
- A review of the data behind LBH's services for older residents including how many and what proportion of older people feel lonely or isolated
- A review of Hillingdon's current contracts for
- A review of what services/initiatives are available through other Local Authorities
- Testimony from carers
- Testimony from LBH Adult Social Care Officers and LBH Event coordinators
- Testimony from local GPs

Emerging conclusions or themes for development

These will emerge and become apparent as the review progresses.

4. REVIEW PLANNING & ASSESSMENT

Proposed timeframe & milestones for the review up to Cabinet and beyond in terms of monitoring:

Meeting Date	Action	Purpose / Outcome
20 July 2017	Agree Scoping Report	Information and analysis
5 September 2017	Witness Session 1 (attendees to be confirmed)	Evidence & enquiry - witness evidence
6 November 2017	Witness Session 2 (attendees to be confirmed)	Evidence & enquiry - witness evidence
2 December 2017	Draft Final Report	Proposals – agree recommendations and final draft report

Resource requirements

None.

Equalities impact

TBC.

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Agenda Item 8

CABINET FORWARD PLAN

Contact Officer: Neil Fraser
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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
SI = Standard Item each month									
Council Departments: RS = Residents Services SC = Social Care AD = Administration FD= Finance									
Cabinet - 27 July 2017									
203	House Building Programme - General Needs Housing Development	A report will be presented to Cabinet on the appointment of lead consultant and architect for Tranche 4 of the General Needs Housing Programme. This will support housing needs requirements in the Borough.	Brunel, Harefield, Townfield		Cllr Jonathan Bianco	RS - Edward Knott		New	Private (3)
200	2017/19 Better Care Fund Plan Section 75 Agreement	Cabinet will be asked to approve the agreement under section 75 of the NHS Act, 2006, with Hillingdon Clinical Commissioning Group, that will give legal effect to the financial arrangements in the 2017/19 Better Care Fund plan approved by the Health and	All		Cllr Philip Corthorne	SC - Gary Collier	Health and Wellbeing Board, CCG		Public

Wellbeing Board.

Cabinet - 28 September 2017

20 2	Safeguarding Adults Partnership Board Annual Report	The Annual Report of the Safeguarding Adult Partnership Board will be presented to Cabinet. The report details the partnership's activity and performance in safeguarding adults at risk and its priorities for the year. The report is set in the context of national guidance and policy.	All		Cllr Philip Corthorne	SC - Steve Ashley (Independent Chairman) / Tony Zaman	Policy Overview Committee		Public
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Agenda Item 9

WORK PROGRAMME 2017/18

Contact Officer: Neil Fraser
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REASON FOR ITEM

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

OPTIONS AVAILABLE TO THE COMMITTEE

1. To note dates for meetings 2017/18
2. To make suggestions for future working practices and/or reviews for the year 2017/18.

INFORMATION

All meetings to start at 7.00pm

Meetings	Room
28 June 2017 - CANCELLED	CR 6
20 July 2017	CR 6
5 September 2017	CR 6
2 October 2017	CR 6
6 November 2017	CR 5
23 January 2018	CR 6
27 February 2018	CR 6
22 March 2018	CR 6

Social Services, Housing and Public Health Policy Overview Committee
20 July 2017

PART I – Members, Public and Press

Social Services, Housing and Public Health Policy Overview Committee

Work of the Committee 2016/17

Meeting Date	Item
28 June 2017- CANCELLED	

20 July 2017	Budget Planning Report for SS,Hsg&PH
	Final Major Review Witness Session - Benefit Reforms
	Scoping Report for next Major Review
	Work Programme 2017/18
	Cabinet Forward Plan

5 September 2017	Major Review - Benefits Final Report
	Major Review Witness Session
	Annual Report: Adult Safeguarding Board
	Annual Complaints Report
	Cabinet Forward Plan
	Work Programme

2 October 2017	Major Review Second Witness Session
	Cabinet Forward Plan
	Work Programme

6 November 2017	Major Review Final Report
	Cabinet Forward Plan
	Work Programme

Social Services, Housing and Public Health Policy Overview Committee
20 July 2017

PART I – Members, Public and Press

23 January 2018	Council Budget 2018/19
	Cabinet Forward Plan
	Work Programme

27 February 2018	Presentation/Information Item - TBC
	Cabinet Forward Plan
	Work Programme

22 March 2018	Presentation/Information Item - TBC
	Cabinet Forward Plan
	Work Programme

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