

Minutes



SOCIAL CARE, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

17 October 2018

Meeting held at Committee Room 4 - Civic Centre, High Street, Uxbridge

	<p>Committee Members Present: Councillors Jane Palmer (Chairman), Duncan Flynn (Vice-Chairman), Judith Cooper, Alan Deville, Tony Eginton, Janet Gardner, Paula Rodrigues, Heena Makwana (in place of Becky Haggar) and Simon Arnold (in place of Ian Edwards)</p> <p>LBH Officers Present: Mark Billings – Housing Manager, Debby Weller – Policy and Strategy Manager (Housing), Anisha Teji – Democratic Services Officer, Dan Kennedy - Deputy Director, Housing, Environment, Education, Health & Wellbeing, Sandra Taylor – Assistant Director, Provider and Commissioned Care, Kate Kelly – Talbot – Assistant Director, Adult Social Care, Ian Anderson – Business Manager, Complaints and Enquiries, Kuldip Padan – Team Leader Risk Management, Gulshan Sangha – Welfare Reform and Tenancy Support Manager and Kevin Byrne - Head of Health Integration and Voluntary Sector Partnerships</p> <p>Others Present: Ellen Salkeld – Income Manager at Catalyst, Stuart Coleman – Head of Housing Management at The Barnet Group, Kim Cox – Borough Director CNWL, Dr Mellisha Padayatchi, Clinical Director - CNWL, Jane Hainstock – Hillingdon CCG and John Beckles – Hillingdon CCG</p>
33.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence received from Councillor Becky Haggar, with Councillor Heena Makwana substituting and Councillor Ian Edwards, with Councillor Simon Arnold substituting.</p>
34.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>Councillor Jane Palmer declared a non-pecuniary interest in agenda item 8: Telecare Line Update as she was previously employed by them. She remained for the discussion of the item.</p>
35.	<p>TO RECEIVE THE MINUTES OF THE PREVIOUS MEETING (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes from the meeting on 26 September 2018 be approved, subject to the minor typographical errors.</p>

36.	<p>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED AS PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED AS 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>
37.	<p>MAJOR REVIEW WITNESS SESSION 2 (<i>Agenda Item 5</i>)</p> <p>Members heard evidence from two witnesses in relation to the Committee's review on universal credit.</p> <p>Ellen Salkeld – Income Manager at Catalyst</p> <p>Ms Salkeld provided the Committee with an overview of housing support, how prepared Catalyst were for universal credit and their experience of universal credit so far. In summary, she explained that universal credit was a long running process in terms of implementing full migration to the service. Although the sector was taking steps to prepare for migration, the impact on customers was enormous and could cause services to be overstretched. Universal credit affected mass groups of customers at once, but there had been a delay in the amount of time taken to roll out the service.</p> <p>For every claim with universal credit, support still needed to be provided with other types of benefits such as council tax.</p> <p>In Ms Salkeld's opinion, the initial six months of transferring to universal credit were difficult for customers for a variety of reasons. However, after six months customers tended to adjust well and there were many advantages and disadvantages of the service. There were issues with roll out and some people required a large amount of support in making applications for universal credit claims. At Catalyst, 10 percent of customers were on universal credit and generally arrears were low. It was not all doom and gloom as the government had taken steps to mitigate the risks associated with the transition process. Ultimately, even with the changes in universal credit, the impact on each household was still the same.</p> <p>Stuart Coleman – Head of Housing Management at The Barnet Group</p> <p>Mr Coleman provided the Committee with a background, identified key risks and potential recommendations on the roll out of universal credit.</p> <p>The Barnet Group was a small housing provider with around 10,000 units around Barnet. At the Barnet Group, universal credit went live in May 2018. It was due to go live initially in October 2017, then February 2018 and then May 2018 but there were delays. The main reason for the delay was to allow more time for The Barnet Group to prepare. Mr Coleman also prepared a presentation and handouts were made available to Members at the meeting.</p> <p>In summary, a project was undertaken to look into the best way to roll out universal credit. There were challenges identified with the roll out of universal credit and a large amount of research was undertaken. A relationship with the Department for Work and Pensions (DWP) was developed and bench marking data was collated in order to create a model. From the research collated a five year plan was created, findings were presented to Barnet Council and actions were put into place. A number of partnership meetings were undertaken both at a regional and operation level and communication with tenants was significant during this period.</p>

Mr Coleman explained that communication should range from the basics including how to make a claim and raising awareness of the service and information on how to make a claim. At Barnet advertising on promoting awareness on universal credit was undertaken for a year.

Mr Coleman suggested a number of recommendations that could be useful and assist with the smooth transition of moving residents to universal credit. Some of the suggestions included; creating a universal credit coordinator post, ensuring close partnership working with job centres and housing benefit teams, processes in place to ensuring early identification and intervention, and implementing coding to report on arrears accrued before and after a customer goes onto universal credit.

Mr Coleman informed the Committee that it was identified after five months into the roll out of universal credit that the wards with the high poverty indexes were most affected by the changes. There were however no strong correlations in terms of age/gender identified and the vast majority of claimants had been single people.

The main impact on claimants included; difficulties in accessing and managing their universal credit journals due to a lack of IT skills, changes in the behaviour to be able to budget monthly rather than fortnightly and high risks around the use of advanced payments. The risks included over collection, increased arrears and bad debts. Mr Coleman emphasised that it was important to ensure that there was a strong working relationship with DWP and Citizens Advice Bureau (CAB) and early intervention was key.

Committee discussion

All the points raised were noted by Members and Members were grateful for the witnesses' attendance.

It was confirmed that a universal credit coordinator at The Barnet Group had been in place for approximately 1.5 months prior to the roll out of the full service of universal credit. In addition, the landlord portal had been significant as the universal credit coordinator was able to use the portal to confirm rental levels and ensure that the DWP had accurate up to date information. The Barnet Group had three named officers/managers at the DWP who they regularly corresponded with.

Members questioned how vulnerable tenants were engaged in the process, especially people with health concerns. It was accepted that this was an important issue and in these circumstances a change of the method in the type of engagement needed to be considered. For example, if a claimant was not responding to letters, then texts ought to be considered, if there was no response to texts, then visits in person ought to be considered. The engagement types needed to be mixed up and tailored to meet the claimant and conversations needed to be normalised to ensure that the claimant had autonomy. Prioritising and monitoring cases closely and having personal budget support sessions were helpful in supporting vulnerable tenants.

In response to a question on how the process could be streamlined and what lessons could be learnt from the relationship with the DWP, witnesses explained that the introduction of welfare reform officers could be useful. There needed to be a cohesive relationship with named officers between the local authority and DWP and consistency was key. Although the CAB was taking on a considerable amount of additional work in supporting claimants, there were funding arrangements in place. Funding and sharing knowledge and priorities were both key factors for the CAB to support universal credit

claimants.

In response to how individuals were identified as vulnerable. It was emphasised that early intervention was key and it was important to recognise individuals as people rather than numbers. It was important to look at a claim on a case by case basis and not to assume why a claimant had fallen into debt. Services could not be applied in a holistic way. It was important to find a middle ground and consider having a risk indicator.

RESOLVED:

- 1. That the witness be thanked for their valuable evidence and attendance.**
- 2. That the Committee noted the evidence heard and put before it.**

38. QUALITY AND CAPACITY OF THE COMMUNITY MENTAL HEALTH SERVICES IN HILLINGDON *(Agenda Item 6)*

Members had regard to the report Quality and Capacity of Mental Health Services presented by Kate Kelly Talbot, Assistant Director Adult Social Care, Kim Cox, Borough Director and Dr Mellisha Padayatchi, Clinical Director from Central and North West London NHS Foundation Trust (CNWL).

The report provided an update on the Quality and Capacity of adult community mental health services in Hillingdon. The report focused on the Community Mental Health Teams (CMHT), where integrated services are delivered by CNWL and the London Borough of Hillingdon.

Members commented that it was a comprehensive report.

In summary, it was reported that issues were broken down by boroughs in relation to “must do recommendations”. Four out of five “must do recommendations” were reported as compliant with the exception of one: access to psychological therapies limited and long waits. The noncompliance within secondary care psychology provision was being addressed and was not solely a Hillingdon issue.

During discussion, it was noted that in relation to complaints, in Q2 of 2018/19 the Hillingdon Mental Health Services received nine complaints. The results showed that there was a common theme regarding communication, staff attitude or care delivery. It was noted that not all complaints were upheld. Members considered that communication was key in handling complaints. Members took the view that communication and staff attitudes were all linked and a significant factor in delivering a high standard of care.

Members questioned whether the 100 referrals a month on average were from specific areas around the Borough. It was confirmed that the referrals were spread around the Borough and problems differed. In GP sub groups there had been developments in mental health, however some GP services only had one person in the practice looking after users which could be problematic. However, it was emphasised that a single point of access was available 24 hours a day for users and there was now no longer a need to access services via a GP referral.

Following the evidence given on ensuring that vulnerable groups were properly engaged when making applications for universal credit claims, it was reported that Ms Cox would seek to work closely with Council officers to support users making claims for universal credit. This could even include steps such as signposting users in the right

direction and raising awareness of universal credit.

RESOLVED: That the Committee noted the report on Quality and Capacity of Mental Health Services.

39. **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE** (*Agenda Item 7*)

Members had regard to the report Children and Young People Mental Health and Emotional Wellbeing Update. The report was presented by Jane Hainstock, Hillingdon CCG, John Beckles – Hillingdon CCG and Kevin Byrne Head of Health Integration and Voluntary Sector Partnerships.

The report was provided an update on key achievements in implementing the Hillingdon Children and Young People's Mental Health and Emotional Wellbeing (CYP MH and EW) Local Transformation Plan (CYPMH LTP), which is being supported through the development of the Hillingdon THRIVE network. It was highlighted that there had been progress in engaging schools and Uxbridge College. The positive progress was good, however it was not underestimated that there was a long way to go.

Special services had been developed such as KOOH and community eating disorder clinics. There have been partnership approaches in the Borough and an initiative to develop peer support programmes for children and young people with autism.

Areas to focus on as part of future planning included; further reducing waiting times, ensuring effective outcomes from interventions, enhancing early intervention and support on core CYP MH (CAMHS) services, embedding ASD pathways, delivering a single point of access for CYP MH and EW services, developing a local offer to schools in more deprived areas and supporting an extra 10-15 schools through the wellbeing and mental health network by the end of the summer term 2019. A risk admission register was also being developed to support service users. Overall, there had been positive feedback from parents in relation to the THRIVE network

During Member questions, it was confirmed that the Young Minds Practitioner training event for schools was opened up to schools with the idea that a head teacher, senior staff and governors would attend so that they were committed to the programme. Maintained and academy schools both engaged with the process.

RESOLVED:

That the Committee noted the progress made:

- 1. On the implementation of the Hillingdon Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (CYP MHLTP) to date in 2018/19.**
- 2. In developing the local offer available for CYP and families in 'Getting Advice' and 'Getting Help' (building resilience and early intervention and prevention), particularly the establishment of the new Wellbeing and Mental Health project in schools which is developing a model of best practice and a compendium of resources to support all schools in the Borough.**
- 3. The sustained improvement in access for CYP in 'Getting More Help' and 'Getting Risk Support' shown in the performance data from CCG and NHS commissioned services**

40.	<p>TELECARE LINE UPDATE (<i>Agenda Item 8</i>)</p> <p>Sandra Taylor, Assistant Director Provider and Commissioned Care introduced the report on Telecare and provided an oral summary of the key highlights.</p> <p>The purpose of the report was to provide an update on the service and performance levels of the TeleCareLine and Out of Hours Service since the transfer to an external contractor (Anchor Trust) in December 2017. It was reported that the number of users had increased by an average of 69 a month and the age limit for use of the free service had now been lowered. In total, there were now approximately 5302 users in the Borough and it was a valued service.</p> <p>The type of calls received related to a variety of matters including people feeling unwell and isolation. Ms Taylor informed the Committee of an incident where there was a break in a property and the intruder triggered the bogus alarm. The bogus alarm then notified the telecare system which prompted the intruder to leave. Telecare workers arranged for the police to check up on the property and the home owner was unaware of what had occurred.</p> <p>Members commented that it was a good report and a great service. Members were proud of the service and were pleased to see it being developed to encompass more domestic violence related matters. Members were impressed by the work of the service including the intruder incident and were pleased that the home owner did not need to experience the stress and anxiety of the situation.</p> <p>Members queried why calls were not being answered within 60 seconds. It was confirmed that Anchor diverted people to the right area therefore there was not a long waiting time. Complaint levels were low and if the organisation was unhappy with the call, they could request a transcript and offer any necessary training.</p> <p>RESOLVED: That the Committee noted the update report on TeleCareLine.</p>
41.	<p>THE ANNUAL COMPLAINTS AND SERVICE UPDATE REPORT (<i>Agenda Item 9</i>)</p> <p>Ian Anderson, Business Manager, Complaints and Enquiries introduced the report on Annual Complaints Report for Housing and Social Care Services for 1 April 2017 to 31 March 2018 and provided an oral summary of the key highlights.</p> <p>In summary, it was highlighted that the number of informal complaints received had reduced.</p> <ul style="list-style-type: none"> * Housing Service - 47 fewer informal complaints received from 455 in 2016/17 to 408 in 2017/18. * Children Services - 43 fewer informal complaints recorded when comparing the same period for 2016/17 of 103 with 2017/18 of 60. <p>Adult Social Care - 41 fewer informal complaints recorded when comparing the 2016/17 figure of 105 with the 2017/18 figure of 64.</p> <p>The number of formal complaints had risen:</p> <ul style="list-style-type: none"> * Housing Service - 45 more Stage 1 complaints were registered when comparing the 2017/18 figure of 170 with the same period in 2016/17 of 125. * Children Services - 20 more Stage 1 complaints were recorded when comparing the figure of 2016/17 of 33 with the 2017/18 figure of 53. *Adult Social Care - 19 more Stage 1 complaints were recorded when comparing the 2016/17 figure of 35 with the 2017/18 of 54.

The Local Government Ombudsman concluded the following investigations during 2017/18.

* 20 Housing Service complaints were concluded, 1 was upheld, 2 partially upheld, 7 not upheld and in the other 10 the Ombudsman decided not to investigate.

* 7 Children Services complaints were concluded - 2 were upheld, 1 not upheld and they decided not to investigate in the 4 other enquiries received.

* 11 Adult Social Care complaints were concluded - 2 were upheld, 3 partially upheld, 2 not upheld and 4 were not investigated.

8,502 Member enquiries were recorded for 2017/18. This is 683 (7%) less than 2016/17 figure of 9,185. The service areas with the highest number of MEs is Waste (3,340), Anti-Social Behaviour (1,273) and Planning (1,227) Services.

Further to Member questions, it was reported that Hillingdon was doing well in comparison to neighbouring boroughs. In particular, Mr Anderson Highlighted Stages 2 and 3 of the Children's complaint procedure where the Council is required to commission independent investigators to undertake investigations. Each investigation at Stage 2 costs on average between £4k and £6k. Mr Anderson explained that from his experience people are looking for the Council to put right what has gone wrong and in many cases the outcome of a complaint is an apology or acknowledgement to know how the issue would be resolved. Compensation is offered in some cases where a complainant has suffered a financial loss as a result of an error by the Council.

RESOLVED: That the Committee noted the contents of the annual complaint report.

42. **FORWARD PLAN** (*Agenda Item 10*)

RESOLVED: That the forward plan be noted.

43. **WORK PROGRAMME** (*Agenda Item 11*)

RESOLVED: That the work programme be noted.

The meeting, which commenced at 7.00 pm, closed at 8.37 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Anisha Teji on 01895 277655. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.