



HILLINGDON
LONDON



Virtual Social Care, Housing and Public Health Policy Overview Committee

Councillors on the Committee

Ian Edwards, (Chairman)
Heena Makwana (Vice-Chairman)
Judith Cooper
Alan Deville
Tony Eginton (Opposition Lead)
Janet Gardner
Becky Haggar
Paula Rodrigues
Steve Tuckwell

Date: THURSDAY, 26
NOVEMBER 2020

Time: 7.00 PM

Venue: VIRTUAL - LIVE ON THE
COUNCIL'S YOUTUBE
CHANNEL: HILLINGDON
LONDON

**Meeting
Details:** Virtual

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Putting our residents first

Lloyd White
Head of Democratic Services
London Borough of Hillingdon,
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Terms of Reference

The Following Terms of Reference are common to all Policy Overview Committees (referred to as “The overview role”)

1. To conduct reviews of policy, services or aspects of service which have either been referred by Cabinet, relate to the Cabinet Forward Plan, or have been chosen by the Committee according to the agreed criteria for selecting such reviews;
2. To monitor the performance of the Council services within their remit (including the management of finances and risk);
3. To comment on the proposed annual service and budget plans for the Council services within their remit before final approval by Cabinet and Council;
4. To consider the Forward Plan and comment as appropriate to the decision-maker on Key Decisions which relate to services within their remit (before they are taken by the Cabinet);
5. To review or scrutinise decisions made or actions taken by the Cabinet, a Cabinet Member, a Council Committee or an officer.
6. To make reports and recommendations to the Council, the Leader, the Cabinet, a Policy Overview Committee or any other Council Committee arising from the exercise of the preceding terms of reference.
7. In accordance with the Local Government and Public Involvement in Health Act 2007, to consider ‘Councillor Calls For Action’ (CCfA) submissions.

To perform the overview role outlined above in relation to the following matters:

1. Social care services for children, young persons and children with special needs
2. Oversee the Council’s Corporate Parenting responsibilities
3. Adoption and Fostering
4. Family Services
5. Adult Social Care
6. Older People’s Services
7. Care and support for people with physical disabilities, mental health problems and learning difficulties
8. Asylum Seekers
9. Local Authority Public Health services
10. Encouraging a fit and healthy lifestyle
11. Health Control Unit, Heathrow
12. Encouraging home ownership
13. Social and supported housing provision for local residents
14. Homelessness and housing needs
15. Home energy conservation
16. National Welfare and Benefits changes

Agenda

- 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 previous meeting dated 21 October 2020 1 - 10
- 4 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
- 5 Committee Review: Making the Council more autism friendly: Witness Session 3 11 - 20
- 6 Update on Online Housing Benefit Applications 21 - 26
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Minutes

SOCIAL CARE, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

21 October 2020



Meeting held at VIRTUAL - Live on the Council's
YouTube channel: Hillingdon London

	<p>Committee Members Present: Councillors Ian Edwards (Chairman) Heena Makwana (Vice-Chairman) Judith Cooper Alan Deville Tony Eginton Janet Gardner Becky Haggar Paula Rodrigues Steve Tuckwell</p> <p>Witnesses Present: Leanne Williams, HPCF Representative Georgie Bhad, HPCF Representative Aisha Richardson-Long, HPCF Representative</p> <p>LBH Officers Present: Kevin Byrne, Head of Health Integration and Voluntary Sector Partnerships Sharon Daye, Consultant in Public Health Kate Kelly-Talbot, Assistant Director - Adult Social Work Dan Kennedy, Director, Housing, Environment, Education, Performance, Health & Wellbeing Liz Penny, Democratic Services Officer Poppy Reddy, Head of Service - Court and Children with Disabilities</p>
14.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>There were no apologies for absence.</p>
15.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>None.</p>
16.	<p>TO RECEIVE THE MINUTES OF THE PREVIOUS MEETING DATED 23 SEPTEMBER 2020 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting dated 23 September 2020 be approved as an accurate record.</p>

17. **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** (*Agenda Item 4*)

It was confirmed that all items were in Part I and would be considered in public.

18. **COMMITTEE REVIEW: MAKING THE COUNCIL MORE AUTISM FRIENDLY: WITNESS SESSION 2** (*Agenda Item 5*)

Poppy Reddy, Head of Service – Court and Children with Disabilities, presented the report. Due to unforeseen circumstances, Vikram Hansrani, Assistant Director of SEND & Inclusion, was not in attendance. It was agreed that any questions from the Committee which Poppy was not in a position to answer would be forwarded to Vikram for his response after the meeting.

The report highlighted the services available to residents and local authority support available to adults and children with autism. Members were informed that the Special Educational Needs and Disabilities (SEND) Service and Inclusion Service in Hillingdon consisted of three strands – SEND, SEND Advisory Service and the Educational Psychology (EP) Service. The Committee was advised that the latter was a very popular service. There were two primary referral pathways into the EP Service – statutory and traded.

In terms of Statutory Services, the first point of contact for families was the Early Help Team within the Multi Agency Support Hub (MASH). All staff were appropriately trained to have an understanding of autism and how to help families. Where a child had a disability which met the eligibility criteria for specialist or statutory intervention, the cases were referred to the Children with Disabilities Team (CWD) which consisted of 8 qualified social workers and two family support workers. Following a holistic assessment and identification of need, families were supported via a bespoke Child in Need Plan that was reviewed 6-monthly. A package of support was considered within the Plan which could include:

- Social Worker support, advice, advocacy and guidance – different communication methods were employed to include play, visual aids, sensory items and electronic devices. During the lockdown period, tablets had been provided to children and families for their use;
- Direct payments and agency packages to enable families to purchase services directly. A personal budgets policy would soon be launched – this would give families more choice and independence in choosing services;
- Short breaks to give carers a break and to enable the young person to develop different relationships and learn new skills;
- From October 2020, Harrow Mencap had been granted the contract to deliver short breaks in Hillingdon – this included holiday and weekend programmes. During lockdown, Harrow Mencap had assisted the local authority by providing virtual activities, art activities, singing etc – these had been popular initially but did not give families the break they really needed;
- Hillingdon had one excellent in house respite resource - Merriemfield House Resource Centre which offered overnight stays to give families a much-needed break;
- Referrals to targeted services.

A number of other community resources were tapped into to offer support to families, short breaks or activities including HACS, and CASS. A Home from Home option was

being explored whereby foster carers would provide respite care in their own homes.

The CWD team worked with young people until the age of 18 at which time they would transition into adult services if they met the criteria. A transition panel met on a monthly basis and young people were introduced to the panel from the age of 14 to ensure a smooth transition. Those young people who did not meet the criteria would be signposted to other activities and services. LAC children would have local authority involvement until the age of 25.

Members enquired whether Children's Social Care statutory services were assessed and benchmarked against those of other local authorities. It was confirmed that the service provided by Hillingdon was deemed to be very good - a lot of positive feedback had been received. In terms of costs, it was very difficult to provide accurate figures since the provision was based on individual need and varied hugely – there was no cap on expenditure. There was no waiting list at present – all the young people had an allocated social worker. However, it was noted that not all young people with disabilities fell under the remit of the CWD Team.

The Committee welcomed the report but commented that more data would have been helpful. Clarification regarding the chart on page 12 of the agenda pack was requested as this was somewhat unclear and appeared incomplete. It was agreed that this request would be passed to Vikram Hansrani for further clarification after the meeting. Vikram would also be asked to provide clarification regarding referrals into the Educational Psychology Service – were these being actioned speedily, how many young people were still waiting and how did Hillingdon compare with other local authorities?

Members were pleased to note that approximately 80% of the young people with ASD who had graduated from the supported internships were now in full time employment. It was agreed that, following the meeting, Vikram would be asked to provide further information as to the number / percentage of young people who took up the supported internships initially.

Councillors requested a pie chart or graph to demonstrate the range / different types of autism. It was agreed that this would be explored further by Democratic Services.

In response to questions from the Committee, it was confirmed that, prior to the pandemic, a representative of the benefits service had been co-located in the Civic Centre to provide benefits advice to the leaving care cohort and to assist social workers in supporting families with members with ASD; particularly in relation to accessing benefits which was a complex area.

Members enquired how EHCPs were monitored and tracked. It was confirmed that EHCPs were reviewed annually to ensure they continued to meet the need; they would be updated as required.

In response to further enquiries from the Committee, it was agreed that Vikram would be asked to clarify what additional resource provision within secondary settings to meet the needs of CYP with ASD was currently being explored and who was being consulted on this (as mentioned on page 12 of the agenda pack). Members were informed that Vikram Hansrani chaired a special schools' meeting once a month – one of the issues discussed was how the local authority could support these schools. Vikram would be asked to provide further clarity on this.

The external witnesses (representatives of the Hillingdon Parent Carer Forum - HPCF)

were invited to provide further information regarding their own personal experiences.

Georgie Bhad addressed the Committee confirming that the HPCF was a small steering group in Hillingdon which aimed to be the voice of parents of children with special educational needs and disabilities. Parents were surveyed and asked about their experiences and the information was fed back to the local authority. It was noted that parents were often quiet when things were going well and more vocal when they were having difficulties. Members were informed that parents felt the criteria to access the type of help set out by Poppy in her report were high in Hillingdon – Georgie’s own son attended a special school and had moderate learning difficulties but did not qualify for such support. Short breaks could be accessed but were payable. An EHCP had been in place for her son for many years but it was noted that available services in the Borough were restricted and demand outstripped supply. Waiting lists to be diagnosed with autism were very long and it was often difficult to meet the criteria for an EHCP.

In response to questions from the Committee, it was confirmed that local criteria were based on central Government advice. It was agreed that Democratic Services would attempt to source further information regarding the local criteria to access additional support services and a comparison with those of neighbouring boroughs.

Leanne Williams of HPCF addressed the Committee confirming that an ‘ELSA’ was an Emotional Literacy Support Assistant. Leanne commented that, in Hillingdon, the EP service, Schools’ Advisory Service and support in special schools for children with ASD were very good. It would be useful to have more information regarding the number of ASD students in Hillingdon, the number that access Poppy’s service and the level of students that needed EHCPs. It was felt that many schools did an excellent job in terms of monitoring and reviewing EHCPs; however, this was not the case in all schools. Where problems arose, the systems and processes were in place to escalate these, though they were not always dealt with speedily.

Aisha Richardson-Long addressed the Committee informing Members that she was the mother of two children with special needs and had recently managed to secure an EHCP for her son. It was confirmed that her children attended special schools but did not meet the criteria to access the services outlined by Poppy. Ms Richardson-Long praised the level of support available within the special schools attended by her two children. However, the Committee was advised that, when their children first received a diagnosis of ASD, many parents struggled to cope and needed more guidance and help which was difficult to access. It was felt that more support should be made available to those children who did not meet the criteria for Poppy’s service so they did not miss out. In response to questions from the Committee, Ms Richardson-Long confirmed that she had not initially received the guidance she needed from the local authority. She had found SENDIASS to be excellent and very supportive; however, it had taken her a long time to access the level of support she needed which had been extremely stressful.

Members enquired how the HPCF service linked in with the Council. It was confirmed that HPCF was a statutory service - all local authorities had to offer an information and advice service for local residents.

Members acknowledged that, in terms of special schools, the provision in Hillingdon was excellent. Clarification was sought as to how mainstream schools were managing in terms of those children who did not meet the criteria to attend special schools, did not qualify for an EHCP and were falling beneath the radar. It was confirmed that mainstream schools were in receipt of SEN support funding to support these young people. It was acknowledged that it was difficult for schools as autism was a very wide

spectrum which presented itself in a variety of ways and children with ASD had differing needs. However, if mainstream schools could handle this more effectively, there would be less need for EHCPs. Parents often felt an EHCP would provide some leverage to get the level of support and help their child needed.

In response to further questions from the Committee, it was confirmed that, in her time of need, there had been no support available from the local authority for Aisha as the mother of children with special needs.

The external witnesses from HPCF were thanked for attending the meeting and for their useful contributions to the discussion.

RESOLVED That the Committee:

- 1. Gave consideration to the information provided in the report; and**
- 2. Sought the views of witnesses and asked any necessary questions in support of the Committee's review.**

19. **COVID-19 LOCAL OUTBREAK CONTROL PLAN** (*Agenda Item 6*)

Dan Kennedy, Director – Housing, Environment, Education, Performance, Health & Wellbeing, introduced the Covid-19: Hillingdon Local Outbreak Control Plan report providing some background and context.

Members were informed that, following the national lockdown in response to the Covid-19 pandemic, local authorities had been requested to prepare a Local Outbreak Control Plan to prevent and contain the spread of the virus. The report had been published on 30 June 2020. Since then infection rates had been rising again and London boroughs had recently been placed into Tier 2 (High) level restrictions. Key points within the report were highlighted:

- Staff had been mobilised across the Council to assist with food deliveries etc during wave one;
- In terms of testing, there were 3 testing sites across the Borough – a third one had recently been opened at Brunel University which would be in operation 7 days a week until at least the end of March 2021. This site had been chosen to enable students to access a test quickly;
- In care settings, staff and residents were tested regularly;
- The testing rate across the Borough was good – approximately 350 tests were being conducted per day per 100,000 population – this was thought to be the 3rd highest rate in London;
- In terms of PPE, Central Government had provided local authorities with PPE for distribution to care providers and other key providers – Hillingdon had a good supply of PPE;
- Re. the enforcement of licensed premises, the Council's licensing and ASB teams were making unannounced visits across the Borough, particularly at weekends, to ensure QR codes and table service were in use. In cases of non-compliance, a verbal warning would be issued initially, followed by a written warning on a second visit and, finally a fixed penalty notice would be issued. Compliance had generally been good thus far;
- In terms of track and trace, Hillingdon was setting up its own local track and trace system working with Public Health England. Staff were being trained and it was anticipated that this system would go live in November.

Sharon Daye, Consultant in Public Health, addressed the Committee. Members were informed that the local authority had been working closely with Brunel University, Bucks University and Uxbridge College. Fortnightly four-way meetings were held to look at aspects of work in relation to Covid-19. All three had local outbreak plans in place. Contract tracing was only possible within the confines of the university / college; once students left the university or college, NHS contract tracing was expected to take over. One University had found that only 41% of students had been contacted by NHS contact tracing re. their movements; this was a matter of concern. Robust systems were in place to ensure the places of study were Covid secure. Currently numbers of positive cases were very low.

Members sought reassurance that the voice of Hillingdon was being represented at a London level and enquired whether it would be possible to obtain more detailed information about the prevalence of Covid by Ward. The Committee was informed that a London wide approach was being taken at present since Londoners tended to travel around a lot and did not always recognise boundary differences. At present, although the level of infection appeared to be stabilising, moving London to Tier 2 (High) level restrictions was not considered to be excessive. However, it was confirmed that, if this approach were considered disproportionate, representations would be made to Central Government. At present the Covid-19 infection level in Hillingdon was just over 100 in 100,000. The highest level in London was around 150 per 100,000 and the lowest was 75 – 80 per 100,000. Members were informed that granular data was available at Ward level and was used to decide whether more targeted messaging or pop up testing sites were required in certain areas. Public Health England had stipulated that published data had to be clean hence Ward level information was not published and a Borough-wide approach was taken.

Committee Members sought further clarification regarding the test and trace system in Hillingdon. It was confirmed that this service was led by the NHS. In Hillingdon, approximately 70% of those who tested positive were being contacted successfully – usually within 48 hours. A new model was being introduced whereby, if the NHS were unable to contact somebody within 24 hours, details of that person would be passed to the local authority in Hillingdon. Attempts would be made to call that person 2 or 3 times initially; if this was unsuccessful, a member of staff would be despatched to door knock and advise the person to self isolate and seek a test. Councillors were informed that about 350 tests per 100,000 people were being carried out at present on a daily basis; this was the 3rd highest test rate level in London. There was capacity to increase this if required and extra testing could be mobilised to hot spot areas.

In response to further enquiries from the Committee, it was confirmed that, at the outset of the pandemic, Fiona Gibbs and Marion Finney in the Housing Team had held virtual meetings with faith and community leaders to ascertain how they would prefer to receive information. It had been agreed that messages would be provided to community group leaders to enable them to tailor and deliver them appropriately. Contact had been made with approximately 150 community group leaders and, in some cases, word of mouth was the preferred method of delivery. Social media, posters, Hillingdon People and the Council website were also being utilised for messaging purposes.

Members expressed concern that, in terms of disability groups and charities, the messaging was somewhat unclear; these groups needed to have a better understanding of what they could / could not do, particularly now that Hillingdon had moved into Tier 2. The Committee was advised that information was being delivered through the co-ordinating group Hillingdon 4 All. However, it was noted that it was a fast-changing environment and people had been bombarded with information. The

Communications Team had attempted to clarify what Tier 2 meant. It was agreed that officers would check that these groups were receiving the appropriate messaging and a virtual meeting would be set up to give them an opportunity to ask questions and request clarifications.

Members noted that, in schools and colleges, conflicting information was being provided to children in some instances regarding self isolation periods when they had been in contact with someone who had tested positive with Covid-19. It was agreed that Councillor Haggard would provide further information to Sharon Daye, Consultant in Public Health, to enable her to follow this up. It was essential that all messaging was clear and consistent.

RESOLVED: That the Social Care, Housing and Public Health Policy Overview Committee noted and commented on the content of the report and requested clarification as required.

20. **UPDATE ON ADULT COMMUNITY AND CHILD & ADOLESCENT MENTAL HEALTH SERVICES IN HILLINGDON** (*Agenda Item 7*)

Kate Kelly-Talbot, Assistant Director – Adult Social Care, addressed the Committee. Members were informed that the majority of mental health services in Hillingdon were provided by CNWL Mental Health Trust. These included the community mental health teams, primary care mental health teams that supported GPs, talking therapies, crisis and treatment teams, a psychiatric liaison team in A&E and early intervention services.

Members were advised that the Council's role was to recognise the existence of these services and refer / direct residents to them. The Council was not involved in the commissioning or direct service delivery of these services. However, it had some responsibility through its overarching safeguarding responsibilities for core services in the Borough. In terms of statutory social work, the Committee was advised that, since the disaggregation of the integrated community mental health teams, people with mental health issues would be subject to the same legislation as any other resident in terms of statutory social work services (the Care Act and Mental Capacity Act).

In terms of statutory services, one distinctive area was around AMP – the Approved Mental Health Practitioner Service. Members were advised that this was a Council statutory function provided by a specialist social worker team who undertook Mental Health Act assessments. In terms of social care services delivered by the Council, some specialist supported living services were available to those with severe mental illness. A floating support service was also offered to help maintain people in tenancies. A range of voluntary sector support was provided through the Council including social inclusion, peer support, welfare benefit advice, advocacy services and dementia services.

Kevin Byrne, Head of Health Integration & Voluntary Sector Partnerships, provided the Committee with an update in relation to Child & Adolescent Mental Health Services in Hillingdon (CAMHS). Members were informed that mental health services related largely to services commissioned by external partners; CAMHS was commissioned by the CCG at present through CNWL NHS Trust.

It had previously been a matter of considerable concern that young people in the Borough had been waiting too long to receive the support they needed from CAMHS; the target of 85% of young people to receive support within 18 weeks had not been met by CNWL for a long time. However, the Committee was informed that, for the last year

or so, targets had been met. The local authority had worked alongside the CCG and other partners to look closely at supporting structures to prevent people from needing the services offered by CNWL. A Local Transformation Plan, agreed by the Health & Wellbeing Board, had been introduced and early intervention services had been focussed on. The local authority had commissioned three services through public health funding: KISS (sexual health services), the Link Service (early counselling) and Sorted (addiction management). These services were embedded within youth services based at Fountains Mill. In collaboration with the CCG, a service called Kooth had been launched some two years ago to provide young people with online support and access to Counselling. This had been very successful in reaching young people who had not been engaged previously, particularly those from BAME backgrounds. This was a very popular service; approximately 650 people had accessed it for advice and support in the last quarter.

Members were informed that the Council now had a much more structured and multi-disciplined way of reviewing and addressing the mental health needs of young people in the Borough. The Council had worked closely with the voluntary sector, particularly P3, to launch this early intervention project. P3 had been targeting the areas of greatest need in the Borough – Yiewsley and West Drayton and Hayes and Harlington. Young people had been informed of other referral routes available to them besides CAMHS including HACS, the Centre for ADHD and ASD and alcohol addiction services. Officers were more confident than they had been in the past that young people were being supported and directed appropriately. It was confirmed that the Health & Wellbeing Board would receive a report on 1 December 2020 to explain what had been happening during the Covid period and to set out the plan for the future. It was noted that mental health services in Hillingdon had seen a large increase in demand over the last few months.

Members welcomed the early intervention approach. In response to questions from the Committee, it was confirmed that the Council was working closely with schools to direct those young people in need to support to the agencies available to help them. This approach was working far better than it had in the past and had resulted in a reduction in demand on CAMHS. Oversight of the local development plan and its effectiveness in ensuring that young people receive the help they needed was the responsibility of the Borough's Health and Wellbeing Board. A fuller report could be commissioned from the CCG if required.

Members congratulated officers on their achievements, especially during the challenging Covid-19 period. It was noted that it had been a particularly difficult time for children and young people and Members requested clarification as to the early intervention signs in place to identify if there was an issue with a child or young person. It was confirmed that the early intervention project was up and running and referrals could come through schools to the central hub which would consider the options available. An up-to-date report was being prepared for the Health & Wellbeing Board to set out what had been happening over the last few months. It was agreed that this report would be brought to the POC once presented to the Health & Wellbeing Board in December.

RESOLVED: That the verbal update be noted.

21. **CORPORATE PARENTING PANEL MINUTES - 17 SEPTEMBER 2020** (*Agenda Item 8*)

It was noted that future Corporate Parenting Panel meetings would be themed.

	<p>Members observed that Cllr Nick Denys co-chaired the Corporate Parenting Panel meetings with one of the young people. It was requested that the minutes be amended to reflect this.</p> <p>RESOLVED: That the minutes of the Corporate Parenting Panel meeting dated 17 September 2020 be agreed as an accurate record, subject to an amendment to indicate that Cllr Nick Denys co-chaired the meetings with one of the young people.</p>
22.	<p>FORWARD PLAN (<i>Agenda Item 9</i>)</p> <p>RESOLVED: That the Social Care, Housing and Public Health Policy Overview Committee noted items going to Cabinet.</p>
23.	<p>WORK PROGRAMME (<i>Agenda Item 10</i>)</p> <p>It was confirmed that a representative of HACs would be attending the next meeting of the Social Care, Housing and Public Health POC.</p> <p>RESOLVED: That the Social Care, Housing and Public Health Overview Committee considered the report and agreed any amendments.</p>
	<p>The meeting, which commenced at 7.00 pm, closed at 9.03 pm.</p>

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

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Committee Review: Making the Council more autism friendly: WITNESS SESSION 3

Committee name	Social Care, Housing and Public Health Policy Overview Committee
Officer reporting	Liz Penny, Democratic Services
Papers with report	Scoping Report
Ward	All

HEADLINES

This is the third witness session as part of the Committee's in-depth review "Making the Council more autism friendly". Following discussion at the September 2020 meeting, it was agreed that the theme of this witness session would be around Wider Council Services. Kate Kelly-Talbot will provide a verbal update on staff autism training within the Council and a representative of Hillingdon Autistic Care and Support (HACS) will be in attendance as set out below.

RECOMMENDATIONS

That the Committee:

1. Gives consideration to the information provided in the verbal update;
2. Seeks the views of the witness and asks any necessary questions in support of the Committee's Review.

SUPPORTING INFORMATION

At this session, the following witness representing Hillingdon Autistic Care and Support (HACS) has been invited to attend to give her perspective, experience and advice pertinent to the review:

- Stephanie Mullaly, Operations Director, HACS

As stated on their website, HACS is a charity founded in 1997 by a group of parents and carers in Hillingdon with an autistic family member. HACS have a Resource Centre in Hayes and facilities there include an administration suite, secure outdoor space, sensory room, conference/training room and two classrooms. HACS currently support more than 1100 people and have developed a highly respected and professional reputation. They are committed to raising awareness, knowledge and understanding of autism and their mission is to improve quality of life by minimising disability and maximising ability.

The review scoping report is also attached to assist Members in any questions they may wish to ask pertinent to the Review's objectives.

Classification: Public

Social Care, Housing and Public Health Policy Overview Committee – 26 November 2020

Implications on related Council policies

The role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

How this report benefits Hillingdon residents

None at this stage, pending any findings approved by Cabinet.

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

Previous minutes of meetings and Member Site Visit notes.



Social Care, Housing and Public Health
Policy Overview Committee
Review Scoping Report (DRAFT)

**Working Title: 'Making the Council
more autism friendly'**

1. REVIEW OBJECTIVES

Background to the review

The aim of this review is to consider how the Council can improve its customer service to support its local residents with autism. Subject to any findings, the review could make practical, feasible and supportive recommendations to promote inclusion when accessing our universal services.

Autism is being increasingly recognised within our society, with many organisations now being obliged to have appropriate awareness and support in place. Many changes have been introduced but work is still underway to help transform people's attitudes, understanding and perceptions of autism. This review is concerned with understanding how the Council can make reasonable adjustments to assist autistic people to access our universal services fairly.

The review will hear from expert witnesses explaining the current work in progress and how further initiatives could enhance the way the Council works to become more autism friendly. This review could also afford the Committee an opportunity to meet with autistic people and parents of autistic children to hear their perspective. It will

also review the impact of various initiatives in the private and public sector and will consider whether the Council has a supportive culture when autistic residents approach Council services.

At the Committee meeting on 23 October 2019, it was unanimously agreed to review autism. At this meeting, the Committee agreed to progress a review for its next topic, and it is considered this would be a sufficiently targeted review, that could take place over the span of a number of committee meetings.

Subsequently, at a meeting on 27 November 2019, the Committee considered the draft scoping report. Members also provided further helpful steers regarding the review, including agreeing the possibility of additional witnesses sessions and a broadening of the scope to include autism friendly access to children's and adults services (all-age), along with all other universal council service provision. This has been reflected in the indicative timetable at the end of the scoping report.

Terms of Reference

The following Terms of Reference are suggested for the review, subject to any changes agreed by the Committee:

1. To understand the different types of autism and how residents' lives can be impacted by autism, including the direct views of local residents with experience of autism;
2. To understand national legislation and guidance about autism and consider how the Council is currently complying with this;
3. To assess the work already taken across front-line services and other all-age council services areas, to be aware of and support autistic people when they access our services;
4. To review autism friendly actions and initiatives across the voluntary, private and public sector to improve customer experience when accessing services;
5. To consider feasible, practical ways the Council could, going forward, make its front-line services more autism friendly;
6. To influence or propose any emerging Council plans, guidance or policies with respect to autism;
7. Subject to the Committee's findings, to make any conclusions, propose actions, service and policy recommendations to the decision-making Cabinet.

2. INFORMATION AND ANALYSIS

Context

Around 700,000 people in the UK are on the autism spectrum, according to the National Autistic Society. Autism is different for everyone. It is not an illness but a developmental disability which impacts the way people act, interact with others and

perceive things. Autism is not something that can be “cured” but methods and strategies can be used to try and manage it.

Key information

Autism is a spectrum condition meaning that people can have different types or vary in terms of the level of their autism. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. The features of autism can include having difficulties in social interactions, resistance to change and having distinctive behaviours. All people on the autism spectrum learn and develop. With the right sort of support, autistic people can be helped to live a more fulfilling life of their own choosing.

For some autistic people many things can be overwhelming and taking part in everyday activities can be difficult. People with autism can be perceived to be acting a certain way which may cause misunderstandings.

The Autism Act

To avoid people being lost in the system and not being effectively diagnosed with autism, campaigners campaigned for legislative protection to support people with autism. In light of this, a number of autism charities worked together to campaign for the Autism Act to ensure that legal duties were set on adult services to encourage them to provide support and assistance to those that required it.

The Act was implemented in November 2009 and stated:

“The Act says that there has to be a Government strategy for improving services for autistic adults, underpinned by legally binding guidance to councils. It also has a built-in review – every five years or so – when the strategy and the statutory guidance are updated.”

Since the introduction of the Act, and as a result of proactive campaigning, the Government's Autism Strategy will now also cover children's care.

The introduction of the Act evidences the progress that has been made, with autism now simply even being recognised. However, notwithstanding all of the positive progress made to date, autistic people still face judgement and misunderstanding. Attitudes and perceptions of autism needs to be improved through further education, awareness and training.

Autism Friendly Award and Initiative

Although 1 in 100 people in the UK are autistic, when families and carers are taken into account, approximately 2.8 million lives are directly affected by autism. It was with this in mind that the National Autistic Society's Autism Friendly Award was introduced to recognise the contributions businesses and organisations made to support people with autism. It was also hoped to encourage other businesses and organisations to invest in making services more autism friendly. It was emphasised that changes did not need to be costly, but small steps could make significant differences.

According to research conducted by the National Autistic Society:

79% of autistic people and 70% of families said they felt socially isolated;
50% of autistic people and their families sometimes avoided going out due to concerns about people's reaction to their autism.

A number of initiatives have already taken place in the Borough to support autism, including the recent introduction of a quiet shopping hour in the Uxbridge INTU on the first Saturday of each month. Other support offered by current services in the Borough includes:

- *Attention Hillingdon* - a project running across 80 nurseries, playgroups and children's centres offering intervention support services to develop listening and attention skills.
- *Centre for ADHD and Autism Support (CAAS)* - supports, educates and empowers individuals with ADHD and/or on the autism spectrum, their families and the community. Through raising awareness they change perceptions and break down barriers. They offer a wide range of support services to families across North West London.

Other initiatives across the country have been introduced to make services autism friendly. However, one that has been particularly well received is Wigan Council's introduction of an Autism Friendly Wigan Passport. The passport is a small document that autistic people can use to access services around the Borough. This includes access to surgeries, council services, leisure facilities and supermarkets and shopping centres. This helps to tailor communications and provide the best support for people with autism.

Making the London Borough of Hillingdon more autism friendly

It is proposed that the Committee reviews the existing customer service environment across front-line and key services in respect of people with autism, e.g. housing, libraries, receptions, benefits etc... This would also involve access to children's and

adults' social care services thereby ensuring that the Committee's review covers all age groups.

This review of service access can establish current practices, along with a gap analysis to identify areas for improvement. It is intended that the review will hear from expert witnesses in the autism area to consider ways in which services can be made more autism friendly. Examples, though not necessarily being recommended at this time, could include introducing more autism friendly signage such as pictures and calming colours in service areas, reducing bright lights, having autism friendly hours and creating open spaces in libraries to allow more space to read and relax and stocking autism friendly books.

Remit and related Cabinet responsibilities

This review would fall fully under this Policy Overview Committee's approved remit set out in the Constitution and also cut across the Cabinet Member portfolios of:

- Social Services, Housing, Health and Wellbeing;
- Education and Children's Services

Discussions on draft or emerging recommendations may be undertaken with Cabinet Members as per the Protocol on Overview & Scrutiny and Cabinet Relations approved by full Council on 12 September 2019.

Further information

NHS website, "What is autism" (online) accessed on 4 November 2019:

<https://www.nhs.uk/conditions/autism/what-is-autism/>

Dimensions website, "Free autism friendly training for libraries" (online) accessed on 30 October 2019:

<https://www.dimensions-uk.org/get-involved/campaigns/dimensions-autism-friendly-environments/autism-friendly-libraries/free-autism-friendly-training-libraries/>

Kent County Council website, "Autism Spectrum Disorder Select Committee Report" (online) accessed on 31 October 2019:

<https://democracy.kent.gov.uk/documents/s14884/ASD%20Report%20FINAL.doc.pdf>

National Autistic Society website "Autism Friendly Award guidelines" (online) accessed on 30 October 2019:

<https://www.autism.org.uk/professionals/autism-friendly-award/guidelines.aspx>

National Autistic Society website "What is the Autism Act?" (online) accessed on 30 October 2019:

<https://www.autism.org.uk/get-involved/campaign/not-enough/what-is-the-autism-act.aspx>

Intu Uxbridge website, “ National Autistic Society- Quiet Hour” (online) accessed on 30 October 2019:

<https://intu.co.uk/uxbridge/events/national-autistic-society-quiet-hour>

Living Autism website, “How to create an autism-friendly environment” (online) accessed on 4 November 2019:

<https://livingautism.com/create-autism-friendly-environment/>

Coventry City Council, “Autism friendly libraries” (online) accessed on 30 October 2019:

https://www.coventry.gov.uk/info/126/libraries/3218/libraries_-_core_services

Southampton City Council, “Autism Friendly Chill Out Sessions” (online) accessed on 30 October 2019 :

<https://www.southampton.gov.uk/libraries/library-activities/autism-friendly-chill-out-sessions.aspx>

3. EVIDENCE & ENQUIRY

Lines of Enquiry and Witness testimony

Lines of enquiry will be worked up prior to witness sessions.

A possible gap analysis exercise could be undertaken in which services are asked to complete surveys identifying areas that are being met. This information would then be analysed and areas of improvement identified.

Potential witnesses could include:

- Testimony from LBH Officers;
- Testimony from Hillingdon Autistic Care & Support (HACS);
- Testimony from autistic people and parents of autistic children to gain the user perspective;
- Testimony from the Cabinet Member;
- National autism experts.

Emerging conclusions or themes for development

These will emerge and become apparent as the review progresses.

4. REVIEW PLANNING & ASSESSMENT

As Policy Overview Committees now operate under a multi-year work programme, the Committee has scope to undertake a more detailed review.

It is advised that witnesses attend in 'themed' sessions to better focus questions and discussion. A draft time-frame & milestones are set out below and can be extended or reduced as the Committee sees fit:

Meeting Date	Objectives	Possible witnesses / activity
27 November 2019	Consider and agree Scoping Report	Committee recommended an updated scoping report - to be circulated to Members.
15 January 2020	Hold Witness Session 1 - Adult Autism	Review of the current statutory framework for adults and how this is being delivered in Hillingdon.
Outside Committee	Possible Member Briefing on Adult Autism (based around current Adult Autism training offer)	
Outside Committee	Member site visit to two libraries in the Borough - Uxbridge and Eastcote Library to take place on 25 February 2020	
Committee deliberations were suspended temporarily during the peak of the COVID-19 pandemic. A virtual committee briefing was held on 18 June in advance of an expected formal meeting in September.		
23 September 2020	Committee to receive an update on the review so far and review minutes from Member site visits.	
21 October 2020	Hold Witness Session 2 - Children's Services/ Transitions/preparation for adulthood	Council Officers - Children's Services
Outside Committee / Informal	Gap analysis survey undertaken (survey by Democratic Services with front-line services)	
26 November 2020	Hold Witness Session 3 - Wider Council services	HACS / voluntary sector Representative from the National Autistic Society Local authority exemplars Feedback from gap analysis

Outside Committee / Informal	Informal meeting with people with autism / parents to understand views (with officers and in appropriate setting)	
19 January 2021	Consider initial recommendations to evaluate further	Cabinet Member may wish to be invited at this stage.
9 February 2021	Findings and recommendations	Clarification from officers, if required
25 March 2021	Consider Draft Final Committee Report	Delegate authority to finalise text to Chairman and Labour lead.
Cabinet - TBC	Report presented to Cabinet (target date)	Cabinet considers and decides whether to agree recommendations to be actioned / become council policy.
TBC	Monitoring of implementation of any recommendations	

** Specific meetings can be shortened or extended to suit the review topic and needs of the Committee*

Financial Assessment

This review is not expected to require a financial assessment at the scoping stage.

However, as the review progresses, Committees should seek to ensure any recommendations are feasible, cost-effective or indeed can save the Council money. Any early findings or recommendations by the Committee which may result in a call on Council budgets should be discussed at the earliest opportunity by the Chairman, with the relevant Cabinet Member for Finance, Property and Business Services and Leader of the Council to assess viability.

This is in accordance with the approved Protocol on Overview & Scrutiny and Cabinet Relations approved by full Council on 12 September 2019.

Resource requirements (for review)

None identified - officer support from Democratic Services.

Equalities impact

This review will seek to strengthen the Council's efforts ensuring equal access by residents to council services.

Online Housing Benefits Applications

Committee name	Social Care, Housing and Public Health Policy Overview Committee
Officer reporting	Sunita Ghudial, Head of Benefits, Exchequer Services
Papers with report	Addendum – Benefits Service and Coronavirus
Ward	All

HEADLINES

The purpose of this report is to provide an update on the Housing Benefits and Council Tax Reduction online application processes and services. This update report was agreed by the Committee following a request by Councillor Janet Gardner.

RECOMMENDATIONS:

That the Committee notes the contents of the report and seeks clarification from officers, as required.

SUPPORTING INFORMATION

This report provides information and analysis on the take-up of the Housing Benefits and Council Tax Reduction online services between 1 April 2019 and 30 September 2019.

An addendum has been added to this report to update Members in relation to the Benefits Service in light of the Coronavirus pandemic. This covers the period 1 March 2020 and 31 August 2020.

SUMMARY

The Benefits online facilities were first introduced for new claims only on 12 June 2017 and then rolled out fully on 21 May 2018. This service enables customers to apply and report changes for Benefits and Council Tax Reduction online 24/7 at their convenience, thus improving equality of access for residents.

The move to online services makes it easier for residents to make applications and also enables them to receive their initial payment faster. It has also been brought in as part of the national shift towards claiming benefits online, which includes the roll out of Universal Credit (UC).

Universal Credit (UC)

UC was fully rolled out in Hillingdon on 24 October 2018 for working age people on low income administered by the Department of Work and Pensions. It is a single monthly payment which has to be applied for online.

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UC has replaced new claims for the following means-tested 'legacy' benefits:

- Housing Benefits;
- Income Supports;
- Income-based Jobseeker's Allowances;
- Child Tax Credit;
- Working Tax Credit; and
- Income-related Employment and Support Allowance.

Since the move to UC the Benefits service has seen an ongoing reduction in the number of new Housing Benefits claims received each month. The majority of new claims for help with housing costs are now made through UC. Help with paying Council Tax is not included in the UC claim and a claim for Council Tax Reduction (CTR) has to be made separately and is processed by the Local Authority's Benefits team.

Applications for CTR can be made directly with the council or by the customer indicating they need assistance with their Council Tax on their UC claim form. This then produces a notification directly to the authority, which is then treated as a new claim.

From 24 October 2018 the only new claims for Benefits that can be made are the ones where the following applies:

- Claimant and partner have both reached State Pension age;
- Claimant or partner have been getting Pension Credit since before 15 May 2019;
- Claimant is receiving, or recently stopped receiving, a benefit with a severe disability premium (SDP);
- Claimant lives in temporary accommodation which has been provided or arranged by the council; and
- Claimants' landlord is a County Council, charity or housing association and they provide care or support.

Support for those that need it

The Benefits service continues to provide support for people who do not have access to online facilities or who need assistance to make a claim. There are 11 computers available in the Benefits reception area in the Civic Centre and 4 computers at the One Stop Shop in Hayes. In addition to this, residents can also use the computers at the Council's large number of libraries across the borough. Benefits staff are also available to provide face to face help at the Benefits reception area in the Civic Centre and at times at the One Stop Shop in Hayes.

The Benefits self-service is available as follows:

- **Civic Centre** - Monday to Friday 9.00am to 5pm; and
- **One Stop Shop** - Monday to Friday, 9.30am to 5pm, with support and assistance available on Monday to Friday from 9.30am to 12.30pm.

There is also still the option for residents to have paper claim forms where they are unable to access or use the online facilities.

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Number of people accessing online services

The table below shows the total number of people that came into the Civic Centre and One Stop Shop to make an application, report a change in circumstances, or to submit supporting documentation online between 1 April 2019 and 30 September 2019:

Visits	Total	Average per week
Civic Centre	3,386	130
One Stop Shop	129	5

Number of online Housing Benefits and Council Tax Reduction applications

The table below outlines the number of online applications received between 1 April 2019 and 30 September 2019:

Category	No. of new claims	% of total received
Total number of applications received (including paper)	2,168	100%
Number of applications submitted online successfully	1,843	85%
Number of applications unsuccessfully submitted	81	3.7%
Number of paper applications	244	11.3%
Number of applications saved and exited online	362	N/A*

Unsuccessful applications are often due to the claimants not realising that they should have made a claim for UC as Benefits is no longer available to them. This is due to applicants not knowing the changes that have been made to the Benefits system, despite lots of information being available to them. The number of applications saved and exited online (362 *) are not included in the overall total as they are incomplete and pending by the claimants. This is equivalent to 17% of the total applications.

Processing of Claims

Claimants are asked to provide all supporting documents with their online application submission. If all the evidence has been provided, the claim can be assessed immediately. However, sometimes the Benefits team has to contact the customer for further details which means the claim remains pending until we have everything we need to process the claim.

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Claimants are contacted for further information by phone, email or by letter and have one month from the date of their application to provide all the relevant information to process their claim. Failing to do so would result in their claims being cancelled. A longer period can be considered if merited and/or within reason.

The table below outlines the average processing times on new claims and change in circumstances for 2019/20 (cumulative for the year to date)

Claims	New Claims	Change in Circumstances
Housing Benefits	22.74 days	5.56 days
Council Tax Reduction	26.41 days	9.83 days

The average processing times in respect of the Council Tax Reduction claims are negatively impacted by the 5 week processing period on UC claims, as UC income details are required for processing a Council Tax Reduction claim.

In addition to the above, our online services also extend to residents being given access to view their Council Tax accounts, NNDR accounts and Benefits claim details via the citizen access portal on the Council's website.

Implications on related Council policies

A key role of Policy Overview Committees is to monitor council services and also make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

The move to Benefits online services forms part of the Council's digital strategy and is in keeping with the Government's agenda for UC online services.

How this report benefits Hillingdon residents

This report outlines the process and outcomes for residents undertaking online Benefits applications.

Financial Implications

The report is for information only. There are no direct financial implications associated with this report.

Legal Implications

None.

BACKGROUND PAPERS

None.

Addendum

The Benefits Service continued to operate as outlined in the original report until 29th February 2020, this addendum captures the impact of Coronavirus from 1st March 2020.

Benefits Service and the Impact of the Coronavirus

Due to the Coronavirus pandemic, council staff including from the Benefits Service were advised to work from home in line with Government advice on essential travel. This caused face to face activities to be delayed and the Benefits reception to be closed temporarily. Customers were advised to go online or to phone the Council's contact centre. Vulnerable customers that were unable to complete an online form without assistance, were advised to request a paper application.

The Benefits reception remains temporarily closed to avoid unnecessary physical contacts. Demand continues to be managed successfully through online and phone contacts. Where someone insists on a face to face meeting we have accommodated but this has only happened once with all other contacts being successfully dealt with via other channels.

The Benefits Service received 10,274 emails and 22,297 telephone calls between 1st March 2020 and 31st August 2020.

Housing Benefits and Council Tax Reduction Applications

The table below outlines the number of online and paper applications received between 1st March 2020 and 31st August 2020:

Category	No. of new claims	% of total received
Total number of applications received (including paper)	3,461	100%
Number of applications submitted online successfully	2,843	82.14%
Number of applications unsuccessfully submitted	165	4.77%
Number of paper applications	453	13.09%
Number of applications saved and exited online	593	N/A

During this period the Benefits Service saw an increase of 63% in respect of online and paper applications when compared to the period from 1st April 2019 to 30th September 2019.

There was also an increase of 120% of the electronic Council Tax Reduction claims notification received via Universal Credit from 1st March 2020 to 31st August 2020, this data was not captured in the original report.

Processing Times on New Claims and Change in Circumstances 2020/21

The table below outlines the average processing times on new claims and change in circumstances for 2020/21 (cumulative for the year to date).

Claims	New Claims	Change in Circumstances
Housing Benefits	22.35 days	4.83 days
Council Tax Reduction	16.89 days	5.06 days

Despite the increase in the number of applications, the Benefits service has seen an improvement on processing times. Home working has been a major contributing factor to this improvement.

Carers Strategy: 2020/21 Delivery Plan Update

Committee name	Social Care, Housing and Public Health Policy Overview Committee
Officer reporting	Kate Kelly-Talbot, Adult Social Work
Papers with report	Appendix A - Case Studies Appendix B - Top Tips for Supporting Working Carers Appendix C - CNWL Outpatient Appointment Leaflet Appendix D – Carers Strategy Delivery Plan 2019/20
Ward	All

SUMMARY

1. The Carers Strategy 2018-21 demonstrates what the Council, Hillingdon Clinical Commissioning Group (HCCG) and its partners are doing to support Carers in Hillingdon. It also supports the Joint Health and Wellbeing Strategy priority of developing integrated, high quality social care and health services within the community or at home.
2. In May 2020 Cabinet received a comprehensive update on the delivery of the Carers Strategy in 2019/20 and agreed a proposed approach to supporting Carers over the next two years pending a refresh of the Carers' Strategy following the publication of the findings from the 2021 Census. The proposed approach included the priorities for 2020/21. This report provides the Committee with an update on the delivery of those priorities. In recognition of the extent to which the importance of supporting Carers is now recognised across health and care partners and has become more embedded as business as usual, the report proposes an approach to scrutinising the effectiveness of this support going forward.
3. The '*review period*' in this report mean the period from 1 April to 30 September 2020.

RECOMMENDATIONS

That the Committee:

1. **Notes progress against the Carers Strategy delivery plan activity for 2020/21.**
2. **Confirms that reporting on the delivery of the strategy should be annual and precede the annual progress report to Cabinet.**

SUPPORTING INFORMATION

Strategic Overview

4. According to the 2011 Census, there are over 25,000 Carers in Hillingdon who provide unpaid support. Their contribution to the health and wellbeing of those they care for is significant.
5. Carers say that supporting someone to live an independent life at home, in the community they know, can be very rewarding. However, the cost to Carers themselves can be considerable in terms of their own health, financial situation, employment position and independence. In Hillingdon we want to enable our residents to recognise and identify their role as a Carer, so they

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know where to access the right support.

6. The 2018-2021 Joint Carers' Strategy updated work undertaken in previous years to reflect the principles of the national integrated approach to identifying and assessing Carer health and wellbeing. The strategy outlined a delivery plan for the Council, Hillingdon Clinical Commissioning Group (HCCG) and other partners to implement over the course of the Strategy based upon these principles. The updated strategy was approved by Cabinet and the CCG's Governing Body in May and June 2018 respectively. The delivery plan is updated and monitored by the multi-agency Carers Strategy Group, with annual updates presented to the Council's Cabinet and the CCG's Governing Body.

The 2020/21 Delivery Plan

7. Despite the agreed focus on maintaining the momentum of business as usual activities there were a series of specific actions identified that the Carers' Strategy Group would work on during 2020/21. These actions are shown below with a progress update:

- The recruitment of Carer representatives to attend the Strategy Group: Action paused – The progress of the pandemic has prevented the Carers Strategy Group from meeting. Once meetings resume the process for selecting a Carer representative will be activated. Depending on the progress of the pandemic, this may not be until 2021/22.
- Development of a guide for people who suddenly become Carers: On track – An initial draft has been developed that will be refined during Q3 for consultation and completion in Q4.
- Ensuring that the identity of the Carers' lead in each GP Practice is clearly displayed: Action paused – Due to the pandemic most consultations are currently being undertaken either by telephone or online.
- Implementing the response to Carer feedback at the CCG's October 2019 AGM in respect of:
 - Supporting access to primary care by piloting a darsi/farsi speaking interpreter in the south of the borough where there is greatest need: On track – A person has been appointed on a one-year contract and they are due to start in the new year.
 - Co-design information for children with learning difficulties and/or autism and their families, including Easy to Read guidance on accessing the health service appropriately: On track – Information is available through the SEND (Special Educational Needs) Advisory Service. In addition, the Hillingdon Parents Forum is working with officers to make improve the information available on the Council's for parents of children and young people with Autistic Spectrum Disorder (ASD) conditions.

Achievements April – September 2020

8. The progress of the pandemic during 2020/21 has impacted on the delivery of some of the identified priorities for this year. However, examples of achievements during the review period are shown below and **Appendix 1** provides the Committee with case study that demonstrates the positive outcomes for residents resulting from joint work across partners.

9. **Carers and Covid-19:** The Committee will not be surprised to note that the review period was

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dominated by the pandemic. **Appendix 1** also provides a case study that demonstrates the support provided to a Young Carer during the height of the pandemic.

10. In the first three months of the pandemic the Hillingdon Carers' Partnership supported:

- a) 134 families to receive regular deliveries of ready meals.
- b) The delivery of 378 food parcels
- c) The collection of 296 prescriptions

11. In Q2 £36.4k in Covid grants were secured to provide the following:

- ❖ Hardship grants to 40 families with Young Carers
- ❖ Hardship grants to 23 Adult Carers
- ❖ Provided 22 young adult carers with laptops to support their home study

12. Other support included:

- Delivering *Keeping Busy Bags*, baking boxes and activity packs to 72 families with young carers. Content of the Keeping Busy Bags varied according to the age of the recipients as Young People aged between 5 and 18 were supported.
- Providing regular care calls to over 1,034 carers. The Committee may wish to note that this figure may be much higher as data in the early stages was not captured.
- Completion of 324 Emergency Replacement Care Plans with Carers to ensure that alternative care arrangements were in place if the Carer was incapacitated for any reason.

13. **Carers' Assessments:** *On track* – The period from April to August 2020 has seen 525 assessments, which on a straight-line projection would suggest an outturn for 2020/21 of 1,260 assessments against a target for the year of 986. The Committee may also wish to note that although a Carer's assessment is the route to directly funded support from the Council, the Hillingdon Carers' Partnership provides access to a range of support services for which an assessment is not required. This information can be obtained through this link <https://www.carersuk.org/help-and-advice/get-support/local-support/hillingdon-carers-2>

14. **Carers' Register:** As at 30/09/20 there were 7,982 Adult Carers registered on the Hillingdon Carers' Partnership Carers' Register, which is an increase of 263 on the position in April and represents 30.7% of Adult Carers against a target of 28%. For the Committee's information, 132 adults ceased to have caring responsibilities during the review period.

15. At the end of the review period there were 835 Young Carers on the Carers' Register, which represents 34% of Young Carers against a target of 28%. There were 57 new young people and 164 people whose caring role either ceased or they became Adult Carers.

16. **Carers with Multiple Caring Responsibilities:** Originally identified as an area of focus by the Council's Carers' Champion, Councillor Haggar, Carers with multiple caring responsibilities

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are being identified by Adult Social Care. The implications of these additional responsibilities on the wellbeing of Carers are then taken into consideration as part of the annual review process.

17. **GP Carer Leads:** All 43 of the GP practices that are members of the GP Confederation have now identified Carers Lead in order to raise awareness amongst the practice staff about the vital role that Carers have in supporting the local health and care system.

18. **Improved income for Carers:** During the review period the Hillingdon Carers' Partnership has helped to improve the income of 140 Carers by securing an additional £607,397 in Carer-related benefits.

19. **Short breaks:** 1,213 breaks were provided via the Carers' Partnership during the review period. Covid restrictions meant that most of these breaks were provided virtually and included arts, language lessons, gardening, exercise, IT training, Pamper evenings, discussion groups, a Book club and Wellbeing programmes.

20. During the review period 91 Carers used Council commissioned respite services at a cost of £1,174k. This compares to 123 Carers in the same period in 2019/20 and the reduction in numbers supported in 2020/21 can be explained by the closure of some services during the initial Covid lock down period and/or some Carers deciding to pursue a more personalised approach to addressing their needs through Direct Payments. In fact, the review period also saw an increase in the number of Carers using Direct Payments to commission their own support from 73 in the same period in 2019/20 to 93 in 2020/21. The Committee may wish to note that in 2020/21 the Council has invested £661k in the provision of universal services to support Carers, which compares to £602k in 2019/20 and mainly relates to the Hillingdon Carers Partnership contract.

Proposed Reporting Arrangements

21. It is recommended that the Committee receive an annual strategy delivery plan update in advance of the annual report to Cabinet. This will enable any comments that the Committee may have to be reflected in report for Cabinet's consideration.

How this report benefits Hillingdon residents

22. The work outlined in this report supports people who provide unpaid care and support to residents of the borough. The proposed approach for the 2020-22 period will continue the good work that has been carried out to date pending the availability of up to date data about how many of Hillingdon's residents are providing unpaid care and what their needs are.

Financial Implications

23. There are no direct financial implications of this report.

Legal Implications

24. Implementation of the Carers' Strategy helps the Council to meet its duties under section 4 of the Care Act 2014 to provide information and support to Adult Carers and their families and section 96 of the Children and Families Act, 2014 in respect of Young Carers.

BACKGROUND PAPERS

[Carers Strategy 2018-21](#)

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Appendix A

Case Study A

Mr A is 72 years old and began caring for his wife who was diagnosed with dementia. She has a good degree of independence with activities of daily living, however Mr A observed a steady deterioration in her memory and mood. He was able to manage running the home but found he was struggling with his own health. He became increasingly concerned about leaving Mrs A alone as on one occasion she left the house for several hours whilst he was out and had no recollection of where she had gone. Mrs A then became increasingly anxious when apart from her husband and soon he found himself caring for her continuously.

Mr A was isolated and frustrated as he couldn't come to terms with the changes in her mood and behaviour, as she was keen to go out regularly. Their GP referred Mr A to the Carers Lead at the surgery and he was able to speak openly about his situation for the first time. Mr A was relieved to share how he felt and acknowledged that he needed help. Mr and Mrs A were referred to the Council for an assessment. Mr A requested that he was assessed separately from his wife. He was visited by a social worker who explored what his own needs and wishes were. Mr A felt strongly that he wanted to continue caring for his wife but needed a better understanding of dementia and also needed to access regular breaks to enable him to attend to his own pursuits.

Mr A was referred for Understanding Dementia training and also was allocated a Personal Budget to enable him to access clubs and events of his choosing. He was also provided information on respite services and Carer Clubs where he could meet other Carers. Mrs A was also assessed as eligible to attend two days a week at a day centre, as she enjoyed going out. Mr A is now much more able to sustain his caring role and has improved his own physical and emotional wellbeing. Mr A is also reassured that he knows who he can speak to should their circumstances change.

Case Study B

Mr B is a 14-year-old primary carer for his father who has both physical and mental health conditions. As a result of dad's disabilities, they were required to shield during the height of the Covid-19 pandemic and this had a negative impact on them both. Dad's mental health deteriorated during lockdown and this increased Mr B's caring role and caused friction within their relationship. Mr B felt isolated, was unable to access any online learning due to lack of technology and started to experience low mood himself. The Carers' Trust Partnership maintained contact through their care calling and had regular conversations with dad and Mr B. The Partnership was able to provide a hardship grant to fund a laptop which enabled Mr B to complete schoolwork from home as well as access the online activities that we were providing. Mr B attended a 3-day Create workshop during the May half-term holiday and he visibly flourished within this time. At the start he would not appear on camera and was reluctant to fully engage but his confidence grew and he became the star of the resultant radio show by the end of the workshop.

When school reconvened in September, dad was understandably anxious about Mr B returning to school as he is continuing to shield. The Partnership has worked extensively with dad and the school to come to an agreement whereby Mr B can continue to work from home, fully supported by the school who are providing work and regular feedback. The Partnership has funded additional learning materials for Mr B and has sourced free maths tutoring for him. The Partnership continues to provide weekly care calls and Mr B has agreed to engage in their future online activities.

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Top tips for supporting working carers



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This short document has been developed for employers, to highlight the issues surrounding working carers and how supporting them effectively can be good for business.

The top tips detail actions employers can take to ensure that carers are supported within the workplace.

These top tips have been reproduced with permission from Think Local Act Personal.

Section 1:

Who are working carers?

A working carer is someone in full or part-time employment, who also provides unpaid support, or who looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability.

Carers are parents, siblings, sons, daughters, partners, spouses, friends and neighbours and are from all social and cultural backgrounds.

Section 2:

Why supporting carers works for your business?

Supporting carers to remain in work by embedding flexible working approaches and effective support structures, brings significant benefits to both carers and their families, businesses and the wider economy.

Employers for Carers (2013), set out a business case for supporting working carers.



It highlights the benefits of supporting working carers which include:

- Attracting and retaining staff
- Reducing stress, sick leave and absenteeism
- Reducing recruitment and training costs
- Increasing resilience and productivity
- Improving service delivery
- Producing cost savings
- Improving people management and staff morale (ibid.)

“Far from compromising business objectives, research shows that recognising caring and adopting a flexible approach achieves impressive business results.” (ibid.)

The data regarding the prevalence of caring roles and the impact on the ability of working carers to maintain their employment, is compelling and businesses need to be aware of the impact on their productivity when this is not managed effectively.

Section 3:

Key Facts

- An estimated 137.3 million working days were lost due to sickness or injury in the UK in 2016 (Comer, 2017). According to ONS statistics, this equates to 4.3 days per worker over the course of a year (ibid.), costing employers an average of £16 billion (Personnel Today, 2015).
- In addition, estimated costs for replacing individual staff members who leave, amount to approximately £30,614 per employee,

including lost output, recruitment and the timescales for upskilling new staff (Oxford Economics, 2014).

- A recent study by the London School of Economics (Pickard, 2012) concludes that: “Carers leaving employment also involves high costs to the public purse. The study shows that the public expenditure costs of carers leaving employment in England amount to around £1.3 billion a year.”
- Recent research from the CIPD (2016) suggests that the private sector is likely to rank home/family/carer responsibilities among their top causes of absence. This highlights the importance of understanding working carers, along with the need to support this group and the outcomes that can be achieved from doing so.
- 1 in 9 workers in the UK are caring for another person, and 6,000 people every day become carers for another individual. This number is expected to grow in the forthcoming years (Carers UK, 2013).
- 2.3m people in the UK have given up work at some point in order to care for a loved one, and nearly 3m people have reduced their working hours (ibid).
- As the population ages, the number of people becoming carers will grow. In addition, changes in the retirement age mean that more people will be juggling work and caring and at an older age (Employers for Carers, 2013).





- Most carers fall within the 50-64 age bracket (Carers UK, 2015). People in this age group often have significant skills and have accrued a wealth of professional experience which would be a substantial loss to an employer (ibid).
- Carers UK (2016) identified that 38% of employee respondents who balance care and work are uncomfortable discussing their caring duties in the workplace, and 35% feel that their employer does not understand their caring role.
- Organisations that have begun to support working carers more effectively are showing some impressive results. The Employers for Carers business case (2013) outlines some useful case studies which bring to life how businesses can benefit from actively supporting working carers.
- By making a concerted effort to support working carers in a more effective way, organisations such as Centrica estimate potential cost savings of £2.5m through increased staff retention, whilst BT claims to have achieved a potential £5m in savings through a 21% productivity increase by reducing workplace stress and absenteeism (ibid). These savings highlight the impact that supporting working carers can have.

Section 4:

Top tips for employers

- 1) Get to know which of your employees are working carers.
- 2) Identify leaders for working carers within your organisation.
- 3) Develop and/or review your workplace support and policies, in order to ensure that they are flexible, responsive and explicitly support working carers.
- 4) Ensure that support is in place and is clearly communicated to all staff.
- 5) Equip your managers to support working carers.
- 6) Ensure job opportunities and promotions are flexible, and support applications from working carers.
- 7) Monitor, evaluate and review your approaches to supporting working carers.
- 8) Communicate clearly that you are a working carer friendly employer, and what additional support you offer.

1) Get to know which of your employees are working carers

Why is this important?

- Understanding your workforce helps to build a resilient business/organisation and helps to ensure business continuity.
- Enables you to target support to where it is needed, and reduce costs.
- Helps to retain staff and cut costs in recruitment, and the training of new staff.
- Helps to retain specialist skills in your workforce.



How can you do this?

- Train managers to understand the role of carers and encourage them to discuss caring responsibilities with individual team members.
- Raise the profile of working carers across the organisation via your usual communication channels.
- Include an awareness of working carers within recruitment monitoring processes and internal employee surveys.

2) Identify leaders for working carers within your organisation

Why is this important?

- Identifying leaders and champions at a senior level, establishes credibility for the issues within your organisation.
- Leaders will promote the culture shift that's needed.
- All managers and employees need to understand the issues and the benefits of supporting working carers to ensure it becomes business as usual.

How can you do this?

- Identify a leader and champion to support and advocate for working carers.
- Include working carers issues in supervision/team meetings and personal development reviews where relevant.
- Consult with working carers on the impact of the implementation of relevant strategies and policies.



3) Develop and/or review your workplace support and policies, in order to ensure that they are flexible, responsive and support working carers

Why is this important?

- Helps to attract and retain working carers and their skills, knowledge and experience.
- Helps managers to provide appropriate support.
- Improves workplace relations and team working.

How can you do this?

- Develop contingency plans, flexible working practices and practical support to ensure business continuity.
- Regularly audit and review policies and/or workplace support to ensure that they support working carers e.g. flexible working.
- Promote policies that support working carers to continue in work e.g. in job adverts.

4) Ensure that support is in place and is clearly communicated to all staff

Why is this important?

- Helps ensure working carers feel supported and valued, leading to greater staff retention.
- Ensures all managers are aware of the support available and can refer staff to the appropriate policy.
- Working carers know where they can seek support.





How can you do this?

- Opt in to an Employee Assistance Package (including financial education training).
- Regular targeted communication to staff about resources, support and practical information that is available and how to access it.

5) Equip your managers to support working carers

Why is this important?

- Keeps your business productive through minimising sickness/absence and reducing stress levels of carers.
- Increases employee loyalty, staff retention, team cohesiveness and productivity.
- Managers understand the individual's situation and what support will be helpful.

How can you do this?

- Communicate the support available for working carers effectively to all managers, including internal and external resources.
- If the person must take time off, ensure a practical and supportive return to work plan is in place.
- Provide training so that managers can deal with issues that arise effectively and sensitively.

6) Ensure job opportunities and promotions are flexible, and support applications from working carers

Why is this important?

- Fosters talent and supports the more effective utilisation of employees' skills and abilities.
- Reduces business continuity risks and can increase productivity.
- Creates improved staff satisfaction and loyalty to the organisation.

How can you do this?

- Ask working carers about the barriers that they experience in applying for new roles, and utilise the principles of 'reasonable accommodation' to support their career development.
- Be flexible when you are recruiting, including how you write job adverts, where you advertise and what working arrangements are possible in the role.
- Ensure that the staff responsible for recruitment understand the benefits of employing working carers.
- Ensure working carers have access to the full range of opportunities for skills, professional development, staff training, and career progression.





7) Monitor, evaluate and review your approaches to supporting working carers

Why is this important?

- Ensures that your approach is working and allows you to make appropriate changes.
- Helps to build organisational resilience.
- Maintains a productive and responsive business.

How can you do this?

- Evaluate, monitor and review your activities with working carers e.g. through meetings and feedback mechanisms.
- Produce regular reports to the senior team/board on the effectiveness of your approach.
- Include in your Annual Employee survey.

8) Communicate clearly that you are a working carer friendly employer, and what additional support you offer

Why is this important?

- Helps you to become an 'Employer of Choice'.
- Helps recruit and retain skilled and committed individuals to your business.
- Minimises recruitment and training costs.

How can you do this?

- Communicate a strategic 'Statement of Intent' that identifies support for working carers including on your website and social media pages.
- Include the 'Statement of Intent' in job adverts, staff communications and marketing materials.
- Celebrate and publicise your success.

Section 5:

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Useful contacts

Hillingdon Carers:
www.hillingdoncarers.org.uk

H4All: www.org.uk



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Post appointment

After discussion you may be referred to see someone else in the team or be given advice on another service that may be able to help you.

If you are going to be discharged from the service following your appointment this will be discussed with you.

Contact us

Pembroke Centre (North)

90 Pembroke Road

Regent
Hill
London
NW1 3AX

Telephone: 01895 485536

Email: hillcmht.north@nhs.net

Mead House (East and West)

Mead House Lane

Hayes
UB4 8EW

Telephone: 01895 485600

Email: meadeastandwest.
cnwl@nhs.net

How to feedback

Tell us, we're listening

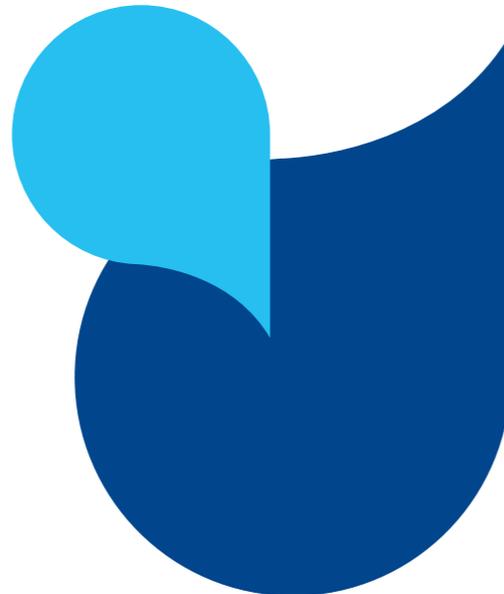
Our staff want to know how they are doing. Tell us what you think at www.cnwl.nhs.uk/feedback then we'll know what we have to do.

Patient, Feedback and Complaints Service

Telephone: 0300 013 4799

Email: feedback.cnwl@nhs.net

For urgent medical advice, please contact 111 or 999.



This document is also available in other languages, large print, Braille, and audio format upon request. Please email communications.cnwl@nhs.net

هذه الوثيقة متاحة أيضاً بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة برايل للمكفوفين وبصيغة سمعية عند الطلب

Arabic

این مدرک همچنین بنا به درخواست به زبانهای دیگر، در چاپ درشت و در فرمت صوتی موجود است.

Farsi

এই ডকুমেন্ট অন্য ভাষায়, বড় প্রিন্ট আকারে, ব্রেল এবং অডিও টেপ আকারেও অনুরোধ পাওয়া যায়

Bengali

Dokumentigaan waxaa xitaa lagu heli karaa luqado kale, daabacad far waa-wayn, farta indhoolaha (Braille) iyo hab dhegaysi ah markii la soo codsado.

Somali

Mediante solicitação, este documento encontra-se também disponível noutras línguas, num formato de impressão maior, em Braille e em áudio.

Portuguese

நீங்கள் கேட்டுக்கொண்டால், இந்த ஆவணம் வேறு மொழிகளிலும், பெரிய எழுத்து அச்சிலும் அல்லது ஒலிநாடா வடிவிலும் அளிக்கப்படும்.

Tamil

Este documento también está disponible y puede solicitarse en otros idiomas, letra grande, braille y formato de audio.

Spanish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku, w alfabecie Braille'a lub w formacie audio.

Polish

આ દસ્તાવેજ વિનંતી કરવાથી બીજી ભાષાઓ, મોટા છાપેલા અક્ષરો અથવા ઓડિઓ રચનામાં પણ મળી રહેશે.

Gujarati

Be belge istenirse, başka dillerde, iri harflerle, Braille ile (görme engelliler için) ve ses kasetinde de temin edilebilir.

Turkish

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NHS Foundation Trust
Ref: 1361_MAR2019 | March 2019

APPENDIX C



Central and
North West London
NHS Foundation Trust

Your outpatient appointment

Information for patients



Wellbeing for life

Information on your outpatient appointment

This leaflet has been co-produced with service users, carers and staff. It has been designed to help answer questions you may have about your appointment and to make the best use of the time you will have with the doctor.

Why have you been referred?

You will have been referred to the service by your General Practitioner (GP) or another health professional. The appointment will be longer than your usual GP appointment. A detailed report will be sent to you and your GP.

Preparation for the appointment

You can bring someone with you to the appointment, a relative, friend or someone you trust. They can also ask questions with your permission.

It is your choice if you want to bring your relative/friend to the whole appointment.

Please bring details of any medication you are taking – including the dose, and how long you have been taking the medication, make sure to include any physical health medication.

If you require an interpreter please let us know in advance so we can make arrangements.

If the gender of the doctor you are due to see is important please let us know in advance and we will make every attempt to accommodate your request if possible.

Please arrive on time for your appointment.

Please let us know as soon as possible if you are not able to attend (even on the day). Make sure to allow plenty of time for parking as some sites there is pay and display only.

What to expect at your appointment?

If you have ongoing appointments at the service you may not see the same doctor each time. They will tell you if your appointment will be with someone else next time.

You will be listened to and you will get support and advice. Take your time.

Be honest with how you feel and the difficulties you have been having. **This will be heard in a non-judgemental way.**

It is your chance to say how you feel and what has been happening in your life. Please think about any questions you may have beforehand. You may want to write them down or have them on your phone.

It is often very difficult to remember exactly what was said to you. To help you, you can record the consultation on your phone to help you remember what was said.

You do not need to tell the doctor you are doing this but it would be helpful if they knew.

This recording can only be for your personal use and can't be shared on social media. However it can be shared with your family or carer if you want to. Alternatively, you may want to make written notes.

Your GP may have started you on medication already. This will be discussed with you. Please let the doctor know if you have any side effects, if there are any, and if there are changes at all in your physical wellbeing or functioning.

Your physical health needs will also be discussed, as this can impact on your mental wellbeing.

Please let us know if you are seeing any other specialists for your physical and/or mental health. Please bring details including clinic letters with you.

You may be prescribed medication in the appointment or your current medication may be adjusted. If so, you will be given information. This will include any side effects and you can ask for this information.

You will also be able to get further advice from the pharmacists on the CNWL medicines helpline: **020 33317 5090** between 9am and 5pm. You can also visit the website **www.choiceandmedication.org/cnwl/**

The types of questions you may be asked

- Why have you come to see me today?
- Can you tell me about your problems/issues and when they started?
- Do you have any particular concerns or worries about anything happening in your life at this moment?
- Do you feel safe?
- Your personal circumstances and your home situation
- Details about your family life and those who support you
- What or who do you find helpful for you?
- Are you taking any non-prescribed or over the counter medication or supplements?
- Any alcohol or illicit drug use
- Whether you smoke
- Your physical health and other health professionals involved in your care
- You will also be asked about whether you are currently driving



Carers Strategy Delivery Plan 2019-20 End of year update

Principle 1: We will support the identification, recognition and registration of Carers in primary care

Activity:	Lead organisation:	Progress update:
1.1 Support schools and colleges in identifying and recognising the caring role of Young Carers.	LB Hillingdon	<p>Hillingdon Carers Partnership Young Carers team have provided the following:</p> <ul style="list-style-type: none"> • 10 awareness raising sessions in schools, including assemblies, teacher training and PHSE lessons • Support to 3 schools to deliver a Young Carers club • A presentation at a Head teachers' Forum, an article for the School Leaders' briefing and distributed a Guide to Supporting Young Carers to all schools in the borough • Visits by the Family Support Service to vulnerable young carers or those at risk of exclusion in school on a weekly basis. <p><i>This activity is now retired as the work is integrated into usual business activity.</i></p>
1.2 For all GP practice's to identify a 'Carers Lead' and implement jointly agreed GP Primary Care initiatives with regard to Carers.	Hillingdon CCG	<p>44 out of 45 practices now have a Carers Lead.</p> <p>Their role includes:</p> <ul style="list-style-type: none"> • Proactively identifying and supporting Carers, many of whom don't see themselves as such • Ensuring that a Carer Register is maintained and updated regularly • Working with colleagues in the practice to provide enhanced access and flexibility of appointments for Carers

		<ul style="list-style-type: none"> Attending any training/information sessions that relate to the support of Carers within General Practice. <p><i>This activity is now retired as the work is integrated into usual business activity.</i></p>
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Principle 2: Carers will have their support needs assessed and will receive an integrated package of support in order to maintain and/or improve their physical and mental health

Activity:	Lead organisation:	Progress update:
2.1 Further develop Carers Assessment Tools including online training, to make the process simple and easy for both Carers and the assessors.	LB Hillingdon	The Council has been working with Hillingdon Carers to improve accessibility of online self-assessment facility for Carers. This is part of a broader piece of work to upgrade the scope and accessibility of online services for residents with social care needs that will not be completed until 2020/21.
2.2 Develop a mechanism for reflecting the needs of Young Carers within existing assessment processes in Primary Care, Social Care and across all partners so that Young Carers are better supported in their role.	LB Hillingdon	<i>This activity is now retired as the work is integrated into usual business activity.</i>

Principle 3: Carers will be empowered to make choices about their caring role and access appropriate services and support for them and the person they look after

Activity:	Lead organisation:	Progress update:
3.1 Design and deliver a Young Carer's Buddy Scheme	P3	<i>This activity has been retired</i> so that P3 can focus on their new mental health support services for young people which includes Young Carers.
3.2 Review and develop 'first point of contact' arrangements for Carers in an emergency situation, outside of normal working hours including for urgent Mental Health issues.	LB Hillingdon	<p>The Council actively promotes TeleCareLine services for older people who are either a Carer or a Cared for person. The service provides support outside of working hours which the resident would otherwise not have been able to access.</p> <p>Hillingdon's Single Point of Access telephone number and email address provides a telephone number and email address for referrals to secondary mental health services and support in a mental health crisis. This service is available 24/7.</p> <p><i>This activity is now retired as the work is integrated into usual business activity.</i></p>

Principle 4: Staff will be aware of the needs of Carers and of their value to our communities

Activity:	Lead organisation:	Progress update:
4.1 Produce a 'Good practice guide for supporting Carers in the workplace' and share with local businesses.	LB Hillingdon	<p>The Guide has been produced and includes information about the benefits of supporting working Carers, facts and figures about Carers and their contribution to the economy, Top Tips to support Carers and local signposting information.</p> <p>The Guide will be shared with partners and promoted on the Council website.</p> <p><i>This activity is now completed.</i></p>
4.2 Design short training sessions for frontline Council staff so they have the language and signposting skills to provide support to Carers.	LB Hillingdon	<p>An online training package has been co-produced with Hillingdon Carers Partnership and will be rolled out to all staff but especially those in frontline services who may come into contact with Carers but not realise it, e.g. Libraries.</p> <p>The programme includes facts and figures about Carers in Hillingdon, how to spot a Carer, case studies and signposting information. The programme will be offered to partners so that they can also share with their staff.</p> <p><i>This activity is now completed.</i></p>

Principle 5: Carers will be supported by information sharing between Health, Social Care, Carer support organisations and other partners

Activity:	Lead organisation:	Progress update:
5.1 Ensure Carer identification markers are included in the development of information sharing platforms and other means of information sharing in line with the General Data Protection Regulations 2018.	Hillingdon GP Confederation	<p>All GP practices code Carers on their information platform and each have a Carers register.</p> <p>The issue of interoperability remains ongoing and will be taken forward.</p> <p><i>This activity is now retired as the work is integrated into usual business activity.</i></p>
5.2 Actively seek resources for the development of a Young Carers App	Hillingdon Carers Partnership	<p>£10,000 funding has been secured and two students appointed to conduct this work as part of their Degree project, one studying Industrial Design and the second studying Computer Science, with academic support through the Brunel Co-innovate programme.</p> <p>Two co-design workshops with young adult carers (16-19 years) were delivered in February 2020 and a prototype product is in development.</p> <p>The app will be piloted with young carers and staff throughout March and the final basic product will be delivered in April 2020.</p> <p><i>This activity is now completed.</i></p>

Principle 6: Carers will be respected and listened to as expert care partners and will be actively involved in care planning, shared decision-making and reviewing services

Activity:	Lead organisation:	Progress update:
6.1 Coordinate Carer engagement activity via regular Carer Forums.	LB Hillingdon	<p>Two Carers Forums were co-delivered by the Council and Hillingdon Carers during the year in March and October.</p> <p>In the last twelve months, Carers have been consulted on gaps in support services, Hillingdon Carers Partnership new five-year Strategic plan, GP services, Social Care Direct, Connect to Support and have had face-to-face access to a broad range of statutory and voluntary sector organisations.</p> <p><i>This activity is now retired as the work is integrated into usual business activity.</i></p>
6.2 Continue to develop Carer involvement and support in collaboration with relevant partners.	CNWL	<p>A project funded by a grant to H4All and Hillingdon MIND will see Carers support for those supporting people with mental health issues increase by 75%. There will be 2 full time workers instead of 1 part time worker, one of whom is already in place. The service will include working with people whose cared for are in crisis and providing support and counselling to all Carers.</p> <p>Hillingdon Carers also provided training in November 2019 for all CNWL staff on the caring role and what support is available, including about carers assessments.</p> <p><i>This activity is now retired as the work is integrated into usual business activity.</i></p>

Principle 7: The support needs of Carers who are more vulnerable or at key transition points will be identified early

Activity:	Lead organisation:	Progress update:
7.1 Review information and services for 'double Carers' of all ages.	LB Hillingdon	Adult Social Care has established a mechanism that identifies people with multiple caring responsibilities to ensure that any needs arising from them are reflected in reviews. This will facilitate access to appropriate support. <i>A priority for 2020/21 will be to embed this as usual business activity.</i>

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UPDATE ON UNIVERSAL CREDIT FURTHER TO 2019 REVIEW

Committee name	Social Care, Housing and Public Health Policy Overview Committee
Officer reporting	Rod Smith – Residents Services
Papers with report	None
Ward	All

HEADLINES

The purpose of this report is to update the Committee on the position regarding Universal Credit in Hillingdon following the review in 2019 which covered the impacts, risks and local partnership response.

RECOMMENDATIONS

That the Committee:

- 1. Notes the continuing efforts of the Council and its partners to support residents in accessing and managing their Universal Credit claims and in particular the efforts of the Council and its partners to support vulnerable households in Hillingdon during the unprecedented financial challenges facing households as a result of the covid-19 pandemic.**

SUPPORTING INFORMATION

During 2019 the Committee undertook an extensive review of the work which was being undertaken by the Council and its partners in preparing for the roll-out of Universal Credit in Hillingdon. It was noted that preparations were advanced, and that the Council and its partners were well positioned to provide effective support to residents where Universal Credit was being rolled out by the Department of Work and Pensions.

The Committee were mindful of the challenges facing more vulnerable residents and requested the Council's Universal Credit Project Group to explore several areas for possible improvement. These included:

- Strengthening collaborative work between key partners
- Exploring opportunities for residents who lack access to ICT and or basic skills to apply for and manage a claim
- Developing clear processes and procedures for signposting residents to the right services and agencies through liaison and the establishment of key accountabilities
- Exploring and developing further ways to increase awareness of debt management
- Appropriate training to be provided to staff across the Council so Officers can refer residents to the right services.

Classification: Public

Social Care, Housing and Public Health Policy Overview Committee - 26 November 2020

Strengthening collaborative work between key partners

It is clear that positive casework outcomes for Council tenants claiming or managing Universal Credit have been secured through continued improvements in collaborative working. This includes joint working across teams in Tenancy Services, Homelessness Prevention, across the Council as a whole and with key external partners. In particular the Welfare Reform & Tenancy Support Team has spearheaded the value to be gained from timely and appropriate use of the Citizens Advice 'Help to Claim Service'. This dedicated resource to support tenants in applying for UC and preparing for their first Job Centre appointment has enabled staff resources to focus on other key aspects of support as part of a more holistic approach to supporting tenants during the claimant journey and preparing them to successfully manage their UC claim, household finances and ultimately to sustain their tenancy.

Informal relationships between Help to Claim advisers and relevant council teams are good and are based on shared goals working for the benefit of the client. There is mutual respect and professionalism. There are also instances of positive co-working with staff in the JCPs which benefit all parties.

The Homelessness Prevention Service also carries out a full affordability assessment as part of its responsibilities under the Homelessness Reduction Act. This would include consideration of income from all sources including Universal Credit. Where appropriate referrals will be made to other services, including the Council's Welfare Reform and Tenancy Support Team as well as voluntary sector partners such as Credit Union, Citizens Advice and MIND. The service issues every customer with a Personal Housing Plan (PHP) which sets out affordable advice. The PHP is kept up to date throughout the customer's journey with the service.

Vulnerable and financially 'at risk' tenants face a range of challenges and obstacles which can only effectively be addressed by 'wrapping' tailored support around them. Whilst it is recognised that UC and income maximisation in general are key challenges, supporting tenants with just the practicalities of making a claim is no guarantee of long-term tenancy sustainment or improved independence. In this context the Welfare Reform & Tenancy Support Team has continued to engage in joint support planning and delivery with partners including Community Mental Health Services, ARCH and DASH. Strong links with support providers ensure that a range of underlying issues are addressed and managed as an integral part of tenants migrating to and claiming UC.

By way of example the Housing Enforcement and Domestic Abuse Team within Tenancy Services provide a dedicated response to Council tenants who are experiencing Domestic Abuse. Between 1st April 2020 to 31 October 2020 a total of 122 cases were supported by the team. This compared with 51 cases during the same period in 2019. All new referrals are routinely checked with colleagues in Community Mental Health, ARCH, Children's Services, Probation and Adult Social Care. Supplementing the work of this team the Welfare Reform & Tenancy Support Team have been working with tenants on UC claims, income maximisation and money management where financial abuse is identified and to ensure that survivors of abuse engage with appropriate support providers. Supporting survivors who have been subjected to financial abuse by addressing debt issues and establishing financial independence and control adds significant value to casework management by re-establishing independence.

Collaborative working with the DWP and forging effective links with staff in the UC Service Centre

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has enabled the Housing Revenues & Charges Team to successfully apply for 'alternative payment arrangements' [APAs]. Direct payments from the DWP to the Council in the form of rent and arrears is possible for tenants who are in receipt of UC and are 8 weeks or more in arrears. Applications for APAs can also be made where the Council can demonstrate that the tenant is vulnerable and would be unable to manage their UC payments which could put their tenancy at risk. The number of APAs in place increased to a high of 520 in May 2020 which represented nearly 1 in 3 of all tenants claiming UC.

The DWP / JCP works closely with Citizens Advice, MIND and several voluntary organisations to support vulnerable claimants.

Although MIND took the decision early on to stop all face to face contact due to the pandemic, it continued to offer as much support as possible to existing clients and to new referrals. The counselling service continues but via phone or virtual / on-line meetings and has concentrated on mental wellbeing peer support. One-to-one employment coaching is available on the phone through a trained volunteer and on-line meetings are slowly being rolled-out for all groups and activities.

Hillingdon MIND continue to offer benefits advice and advocacy, including the limited management of online UC accounts for individuals where necessary in addition to signpost clients to other service providers.

Exploring opportunities for residents who lack access to ICT and or basic skills to apply for and manage a claim

A range of ICT Support is available to residents who need to claim and manage their UC. The DWP have ICT available to claimants in both the jobcentres and refer claimants to providers for basic ICT training. Uxbridge College provide free ICT training for beginners and Adult Learning in Hillingdon also run free courses. This is in addition to support from Citizens Advice to work with claimants on completing claims online remotely.

The CAB are acutely aware of the needs of those who are digitally excluded. However, it would be fair to say that many CAB clients have started to adapt to new technology with the patient assistance and coaching of staff and volunteers. This is very time consuming for the team – talking clients through the process of setting up email accounts, taking and uploading photos and scanning documents in support of applications for settled status which will assist European nationals in expediting their UC claims. Ultimately, if clients can be empowered to resolve more of their own issues, this will reduce long term demand on overstretched services.

Evidence from the height of the pandemic during the first quarter of 2020/21 suggested that Council tenants were able to make successful UC claims. The restrictions imposed by Government in March 2020 significantly impacted upon household finances within a short period of time which reflected the fragility of many household budgets. This resulted in a significant increase in new claims for UC from Council tenants. The DWP requires Local Authorities to verify UC claims made by their tenants. This process takes place via an online portal and includes several checks associated with the tenancy and the rent account. The Housing Revenues & Charges Team within Tenancy Services was verifying an average of 120 claims each month up to and including February 2020 and applies to the DWP for 'alternative payment arrangements' [APAs] associated with tenants who are in arrears or struggle to manage their finances through

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reasons of vulnerability. In March 2020 for example the total number of verifications requested increased to 248 and reached a high of 820 in April 2020.

Ensuring that staff resources were appropriately trained and deployed to meet this significant upturn in UC applications by Council tenants without any backlogs or delays presenting represented one of the most significant and practical elements of support provided to Council tenants and ultimately prevented tenants falling into unmanageable rent or Council Tax arrears

Applications for Council Tax Reduction (CTR) for working aged people can be made directly with the council or by the customer indicating they need assistance with their Council Tax on their UC claim form. This then produces a notification directly to the authority Benefit department, which is treated as a new claim and processed accordingly.

During this pandemic, the Benefit department has seen a 25% increase in their CTR caseload for the working aged claimants.

MIND is currently exploring how they can provide IT accessibility & skills training for those who do not have a home PC. On-line meeting software can be accessed on a tablet device and so Hillingdon MIND is purchasing tablets to allow group members to participate in peer support. Work is also underway with Hillingdon Adult Learning to see what training they may be able to provide to clients.

Developing clear processes and procedures for signposting residents to the right services and agencies through liaison and the establishment of key accountabilities

CAB advisers are regularly trained in signposting clients to organisations best placed to help them and generally this works well. Regular local signposting is to the Foodbank, charities dealing with debt and various council departments to resolve issues such as Discretionary Housing Payments. CAB also refer to nationwide organisations such as ACAS which provides specialist support around employment disputes (employment enquiries are up 50% since the start of the pandemic).

Teams across Tenancy Services have worked hard to develop and refine their operational practices to ensure seamless and effective support for tenants and to maximise income due the Council.

The restructure of staff groups across Tenancy Services was completed and delivered in March 2020. This included new staff structures and new ways of working in Rent Collection & Arrears Recovery and In Housing Revenues & Charges. Together with the Welfare Reform & Tenancy Support Team these staff groups are instrumental in ensuring that incomes are maximised, and tenants are supported to pay their rent. These teams have been at the forefront of the Council's approach to mitigating the wide-ranging impacts of the covid-19 pandemic on rent collection and rent arrears management since March 2020.

Whilst it is widely recognised that the most notable factor influencing rent arrears and operational practice in recent years has been the introduction of Universal Credit as part of a wider package of welfare reforms by Government, the impacts arising from covid-19 could not be anticipated and have been unprecedented. These impacts have proven to be the ultimate form of 'stress testing' which could have been imposed on new staffing structures and operational practices. These structures and working practices have proven to be agile, responsive and effective in managing

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workflow and supporting tenants to meet their tenancy obligations.

In April 2020 the average uplift in arrears owed by tenants claiming UC was £400 i.e. the difference in arrears owed at the date of claim compared with the current debt. This uplift has slowly reduced and by the end of October 2020 had reduced to an average uplift of £112. This is less than one week's average rent.

The overall impact on the Council's headline rent arrears was a weekly increase in arrears over the four weeks following 23rd March 2020 of £100k per week. By the end of June 2020, the headline rent arrears figure had stabilised and it was possible to quantify the overall uplift in debt due to covid-19 at £238k. Following a surge in UC claims between March and May 2020 there was a structural change in the rent arrears debt being managed. By early April 2020 the value of the rent arrears associated with the increasing number of tenants claiming UC nearly equated to the value of the debt associated with non-UC claiming tenants. Towards the end of June, and for the very first time, the value of this UC debt exceeded non-UC claiming tenants.

The focus of teams therefore shifted fundamentally to working with UC claimants from the earliest possible point through to ensuring that when their first payment was received, rent and other essentials were prioritised. The rent debt owed by tenants claiming UC exceeded £1m during the first quarter of 2020/21 and was successfully managed without recourse to the Court system given the protection given to all renters by Government under the provisions of the Coronavirus Act 2020. The Council's 'pre-covid' rent arrears debt was £1.888m. At the end of June total arrears were £2.216m. Arrears had by this time entered a 'stabilisation phase'. By the end of September 2020 total rent arrears were £2.118m. This reduction of £98k marked the transition into the rent arrears 'recovery phase' which remains ongoing. At the end of October 2020 total rent arrears had fallen to £2.031m representing a reduction of £185k on the quarter 1 position. This performance is testament to the hard work of the staff groups involved and demonstrates the value of well documented staff guidance, clarity of purpose, limited and defined casework 'hand-offs', effective collaborative working and a clear and positive communication climate with staff.

The Homelessness Prevention Service has robust links with statutory partners which include DWP and Job-centre plus and with voluntary sector partners to support customers on a day-to-day basis. Work instructions set out processes that must be followed in completing a comprehensive assessment. This would include information regarding Universal Credit and any potential issues with claims and associated debt and homelessness threats. Signposting and referral on to appropriate agencies will take place depending on the presenting circumstances

Exploring and developing further ways to increase awareness of debt management

DWP Work coaches have a brief to discuss debt management issues with all UC claimants. This approach is mirrored by the Welfare Reform & Tenancy Support Team who explore money management and debt management issues as an integral part of the needs assessment process relating to all new referrals and at the point of new tenant 'sign-up'.

CAB believe that one of the main issues around personal indebtedness is the chronic under-provision of debt advice. In Hillingdon, Money Advice Service estimates that unmet demand as a percentage of supply is 82% across all channels rising to 194% for face to face advice. Hillingdon Citizens Advice has 2.5 FTE debt advisers (with 0.5 being specific to mental health) but the service is still overwhelmed with demand. Raising awareness of debt management should only

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be undertaken alongside a corresponding increase in funding for local provision of advice. This does not preclude any work on debt prevention.

The Welfare Reform & Tenancy Support Team are continuing to develop their in-house knowledge and skills base in the context of debt management. During the period April 2020 to the end of October 2020 the Welfare Reform & Tenancy Support Team effectively sustained 222 high risk tenants who were referred into the service. Over 90% were referred in with financial risks in addition to underlying social and medical vulnerabilities. During the first quarter of 2020/21 referred cases had a combined debt of just under £200k. In the second quarter of the year new referrals had a combined debt of just under £260k. Along with other teams and staff across Tenancy Services the Welfare Reform & Tenancy Support Team have access to online resources through membership of 'Housing Systems'. Within 'Housing Systems' is a 'Money Matters' module giving practical advice and assistance to staff in relation to income maximisation, reducing outgoings, budget management and claiming Discretionary Housing Payment. The Welfare Reform & Tenancy Support Team have also made timely referrals to Citizens Advice, Stepchange, National Debt line and Turn2Us as an integral part of casework management in respect of more complex debt issues.

In addition, the Homelessness Prevention Service are also able to access these services for private sector tenants approaching with rent arrears or other debt issues which are impacting on their housing circumstances and threatens homelessness.

Appropriate training to be provided to staff across the Council so Officers can refer residents to the right services.

Supporting tenants to successfully claim and manage their UC is part of the 'rent first' culture within Tenancy Services. To effectively support tenants in this context all new staff receive training on UC as part of their induction. Tenancy Services are also members of 'Housing Systems' which has proven to be a valuable on-line tool for staff supporting them to give basic, consistent and up to date advice through to the management of more complex casework and 'trouble-shooting'. The 'Housing Systems' resource offers a wide range of modules including Welfare Reform, Universal Credit, benefit calculators, reference tools and a range of templates for engaging with DWP. The UC pages provide up to date details on; how the benefit works, claims, entitlement, payment, housing costs and changes in circumstances. This resource has supported the development of 'subject matter specialists' across teams in Tenancy Services. The online resources were particularly useful in ensuring that staff remained up to date and where able to give swift and accurate advice during periods where there was rapid change in the operating environment due to covid-19.

Impact of COVID-19 on Universal Credit

The restrictions that were introduced throughout the country as a result of the coronavirus (COVID-19) pandemic led to a large increase in the number of claims for Universal Credit. Combined numbers of claimants in the Hayes and Uxbridge Job Centre areas rose by almost 7,000 in month from March to April 2020 from 9,968 to 16,893. Claims have continued to rise at a slower rate to 21,400 in September 2020. The increase placed huge operational pressures on the Department for Work and Pensions (DWP). Following initial difficulties, the system has been able to withstand a sudden increase in demand where legacy systems may have struggled.

The government made a number of changes to Universal Credit to support people through the

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coronavirus (COVID-19) pandemic in March 2020, including increasing the standard allowance by £20 per week for 1 year from 6 April 2020. This temporary increase combined with an increase in Local Housing Allowance rates had the effect of bringing more people with higher earnings into eligibility for Universal Credit. This is because the more Universal Credit entitlement a household has, the more earnings the household can have before their award reduces to zero by the taper rate. There have been calls for these temporary changes to be made permanent.

UK wide analysis shows that in the early stages of the coronavirus pandemic claimants were typically in older age groups compared with before the coronavirus pandemic. However more recently the proportion of Universal Credit claimants aged between 16 and 24 has grown.

The DWP 'managed migration' pilot in Harrogate remains suspended and it is not yet known when it might resume. Before the outbreak of coronavirus, the DWP had revised its forecast for completing the full case rollout of UC to September 2024. It is not known if the crisis will have had any effect on this forecast.

Implications on related Council policies

A role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

How this report benefits Hillingdon residents

Policy Overview Committees directly engage residents in shaping policy and recommendations from the Committees seek to improve the way the Council provides services to residents.

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

None.

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UNIVERSAL CREDIT UPDATE - APPENDICES

Figure 1 – Rent arrears owed by all Council tenants by debt banding; February to October 2020

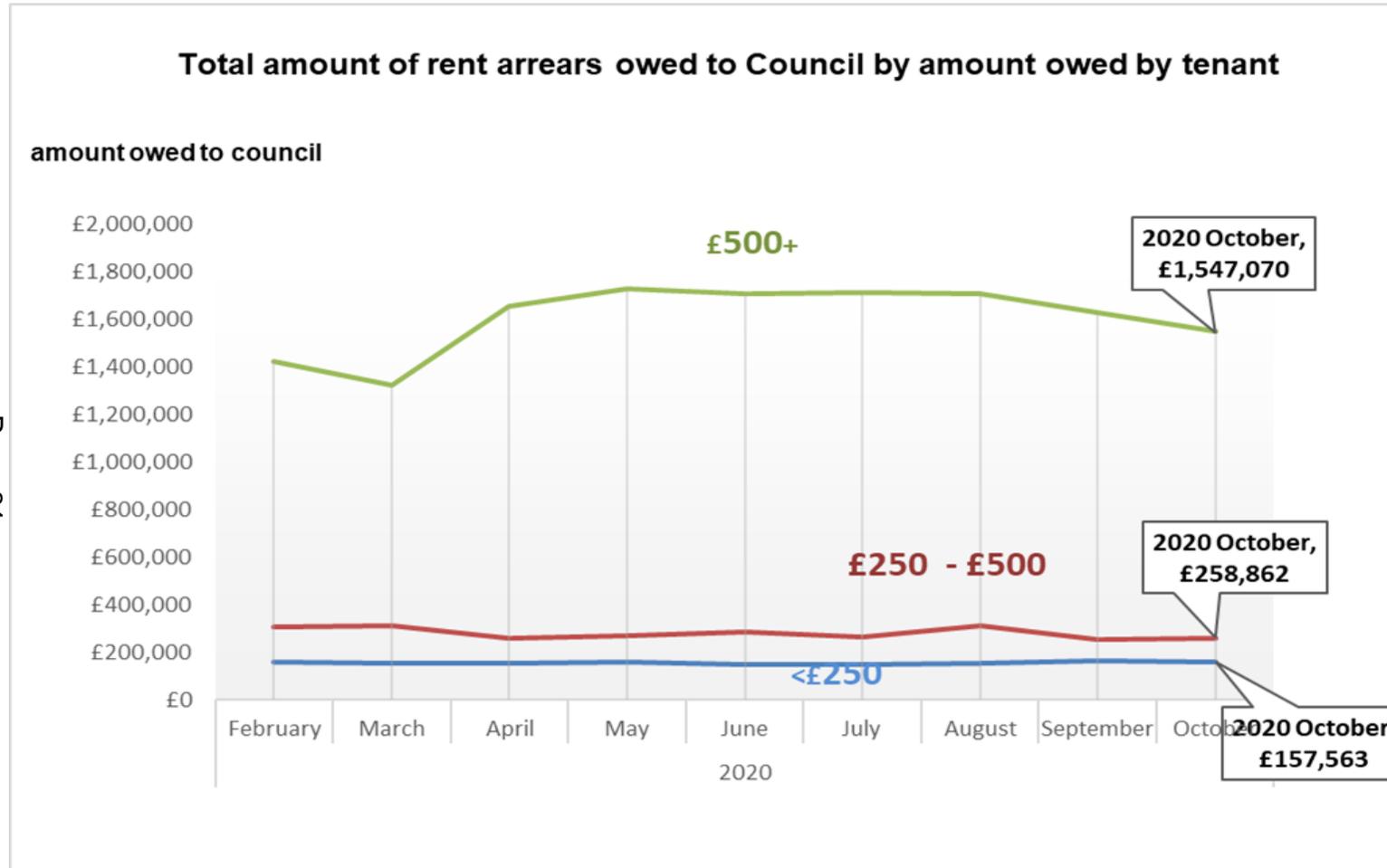


Figure 2 – Total rent arrears owed by tenants claiming UC and tenants not claiming UC; February to October 2020

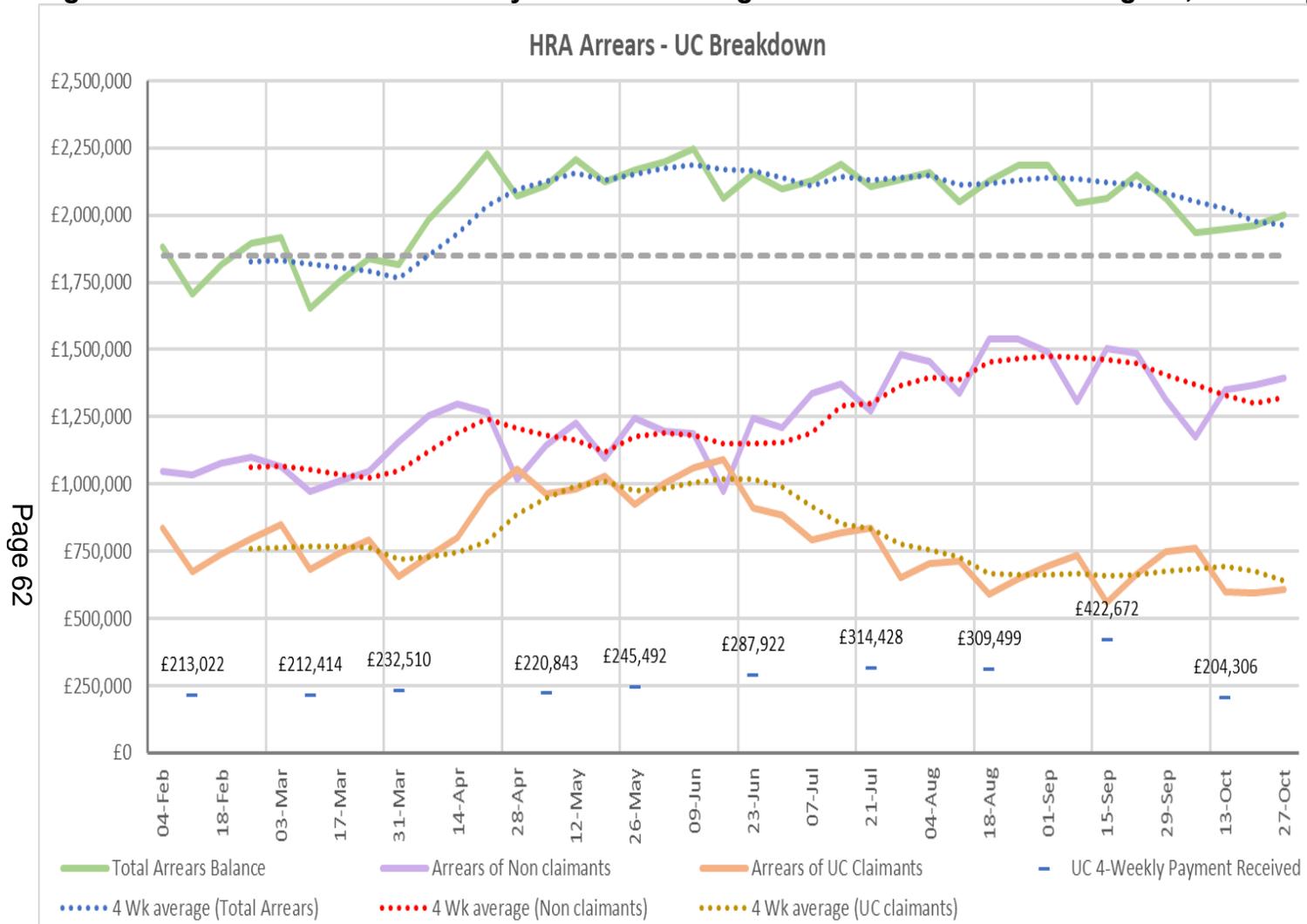


Figure 3 – Universal Credit trends for Council tenants; February to October 2020

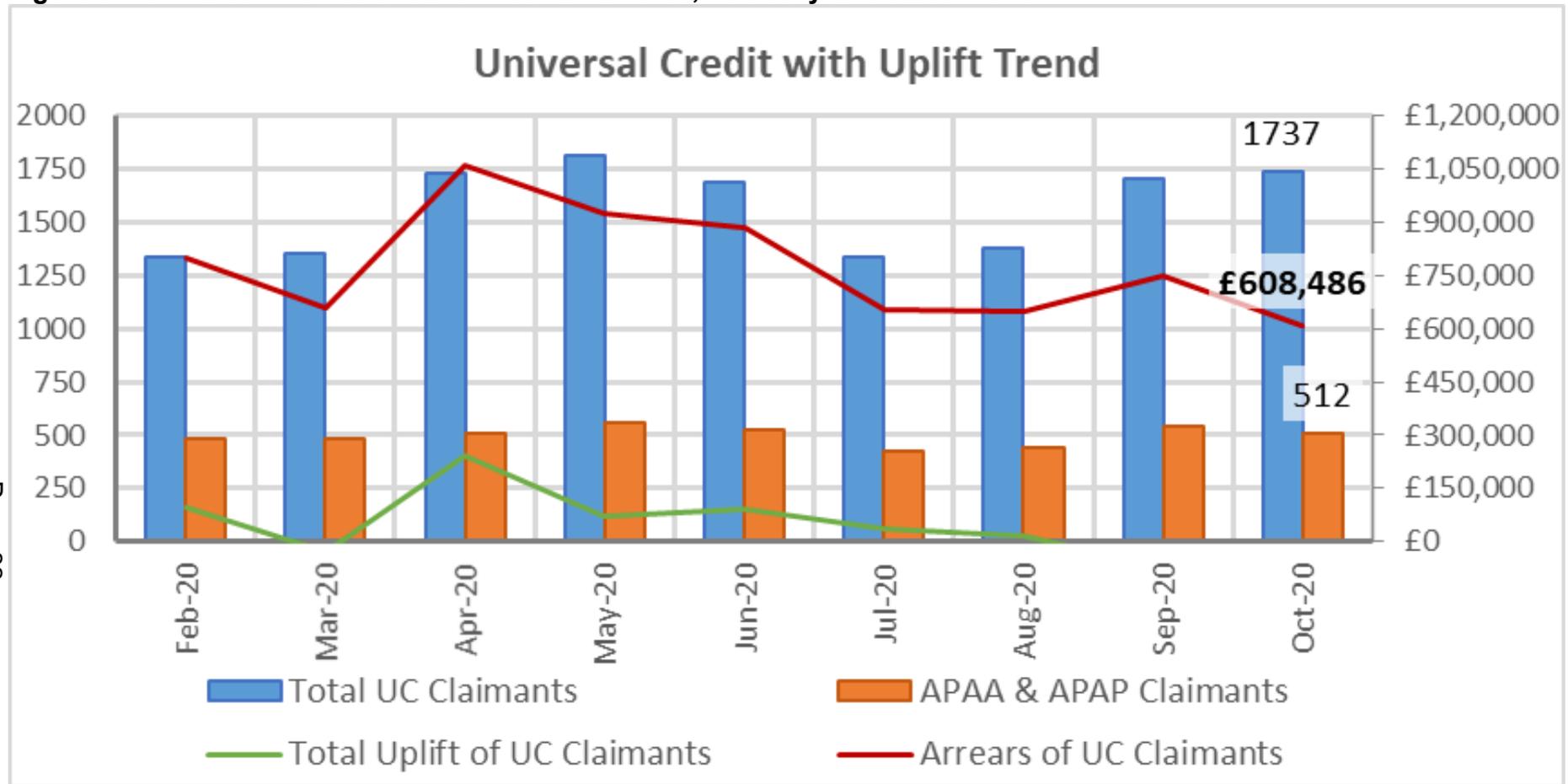


Figure 4 – Total UC Claims within the Hillingdon cluster; November 19 to September 20

Total UC - Claims											
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Hayes	3,403	3,633	3,824	3,990	4,560	7,493	8,433	8,844	8,913	9,191	9,545
Uxbridge	4,059	4,162	4,460	4,720	5,408	9,400	10,464	10,990	11,123	11,471	11,855
Cluster	7,462	7,795	8,284	8,710	9,968	16,893	18,897	19,834	20,036	20,662	21,400

SOCIAL CARE, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE - FORWARD PLAN

Committee name	Social Care, Housing and Public Health Policy Overview Committee
Officer reporting	Liz Penny, Democratic Services
Papers with report	Appendix A – Forward Plan
Ward	All

HEADLINES

The Committee is required by its Terms of Reference to consider the Forward Plan and comment as appropriate to the decision-maker on key decisions which relate to services within its remit (before they are taken by the Cabinet or by the Cabinet Member).

RECOMMENDATION

That the Social Care, Housing and Public Health Policy Overview Committee notes and comments on items going to Cabinet.

SUPPORTING INFORMATION

The latest published Forward Plan is attached, with items relevant to the Committee's brief.

Implications on related Council policies

A role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

How this report benefits Hillingdon residents

Policy Overview Committees directly engage residents and external partners in the work they do.

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

NIL.

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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 or Private (with reason)
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SI = Standard Item each month

Council Departments: RS = Residents Services SC = Social Care CR&S = Corporate Resources & Services FD= Finance

Cabinet meeting - Thursday 10 December 2020

040	Disability Facilities Grant & Adaptation Works within Private Dwellings and Council's Housing Stock	The report seeks approval to appoint the Council's preferred suppliers for the provision of Disabled Facilities Grant and Adaptation Works in both private dwellings and Council properties for those who are eligible in order for them to maintain independence in their own homes.	All		Cllr Jonathan Bianco	RS / FD - Gary Penticost / Michael Breen		NEW	Private (3)
44 Page 67	Contract to provide a Prepaid Card Solution	Cabinet is requested to consider the procurement of pre-paid cards for use by social care clients or their nominated person to enable them to manage their affairs more effectively and to give them more independence. The current contract expires in 2021 and a 2 year contract with possible extension is sought.	N/A		Cllr Jane Palmer / Cllr Susan O'Brien	SC - Darren Thorpe / Sasha Jeffries / Suzie Shardow / Susanne Maddox		NEW	Private (3)
020a	The Council's Budget - Medium Term Financial Forecast 2021/22 - 2025/26 (BUDGET FRAMEWORK)	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2021/22 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	TO FULL COUNCIL 25/2/21	Cllr Sir Ray Puddifoot MBE & Cllr Jonathan Bianco	FD - Paul Whaymand	Public consultation through the Policy Overview Committee process and statutory consultation with businesses & ratepayers		Public

021	Financial assistance to Hillingdon's local voluntary organisations	This report to Cabinet will make recommendations on the level of financial support to voluntary organisations for the 2020/21 financial year, demonstrating continued commitment to the vital work they do for residents in Hillingdon.	All		Cllr Douglas Mills	RS - Kevin Byrne			Public
SI	Monthly Council Budget - monitoring report	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position and other key financial decisions required.	All		Cllr Jonathan Bianco	FD - Paul Whaymand			Public

Cabinet meeting - Thursday 21 January 2021

SI	Monthly Council Budget - monitoring report	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position.	All		Cllr Jonathan Bianco	FD - Paul Whaymand			Public
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Cabinet meeting - Thursday 18 February 2021

019 020 020a	Contract extension - Revenues and Benefits Service	Cabinet will consider an extension to the current contract for the Revenue and Benefits service, which undertakes the collection and recovery of Council Tax, business rates, the processing of benefits claims and related queries.	All		Cllr Jonathan Bianco	FD - Muir Laurie			Private (3)
020a	The Council's Budget - Medium Term Financial Forecast 2021/22 - 2025/26 (BUDGET FRAMEWORK)	Following consultation, this report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2021/22 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	TO FULL COUNCIL 25/2/21	Cllr Sir Ray Puddifoot MBE & Cllr Jonathan Bianco	FD - Paul Whaymand	Public consultation through the Policy Overview Committee process and statutory consultation with businesses & ratepayers		Public

SI	Monthly Council Budget - monitoring report	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position.	All		Cllr Jonathan Bianco	FD - Paul Whaymand			Public
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Cabinet meeting - Thursday 18 March 2021

SI	Monthly Council Budget - monitoring report	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position.	All		Cllr Jonathan Bianco	FD - Paul Whaymand			Public
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Cabinet meeting - Thursday 22 April 2021

SI	Monthly Council Budget - monitoring report	The Cabinet receives a monthly report setting out in detail the Council's revenue and capital position.	All		Cllr Jonathan Bianco	FD - Paul Whaymand			Public
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SOCIAL CARE, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE - WORK PROGRAMME

Committee name	Social Care, Housing and Public Health Policy Overview Committee
Officer reporting	Liz Penny, Democratic Services
Papers with report	Appendix A – Work Programme
Ward	All

HEADLINES

To enable the Committee to track the progress of its work in 2020/21 and forward plan its work for the current municipal year.

RECOMMENDATION

That the Social Care, Housing and Public Health Policy Overview Committee considers the report and agrees any amendments.

SUPPORTING INFORMATION

- The Committee's meetings tend to start at 7pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. At present, meetings are being held virtually due to the Covid-19 pandemic. The meeting dates for this municipal year are as follows:

Meetings	Room
26 November 2020, 7pm	Virtual
19 January 2021, 7pm	TBC
9 February 2021, 7pm	TBC
25 March 2021, 7pm	TBC
13 April 2021, 7pm	TBC

Implications on related Council policies

A role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

How this report benefits Hillingdon residents

Policy Overview Committees directly engage residents and external partners in the work they do.

Financial Implications

None at this stage.

Legal Implications

None at this stage.

BACKGROUND PAPERS

NIL.

Multi year work programme

May 2018 - May 2022

2021

Social Care, Housing & Public Health Policy Overview Committee

September 23	October 21	November 26	December CABINET	January 19	February 9	March 25	April 13	May CABINET	June TBC
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REVIEW : Making the Council more autism friendly

Topic selection / scoping stage	Review update								
Witness / evidence / consultation stage		Witness 2	Witness 3						
Findings, conclusions and recommendations					Findings	Agree recommendations	Present draft report		
Final review report agreement								CABINET?	
Target Cabinet reporting									

Regular service & performance monitoring

Mid year Budget Update	X								
Annual complaints & service update report	X								
Children's Safeguarding Partnership (formerly the LSCB)	X								
Annual SAB (Adults Safeguarding Board report)	X								
Quality and Capacity of the Community Mental Health Services in Hillingdon		X							
Child & Adolescent Mental Health Services update		X							
Looked After Children Performance Data									
Report / minutes from the Corporate Parenting Panel		X	X				X		X
Cabinet's budget proposals for next financial year					X				
Cabinet Forward Plan Monthly Monitoring	X	X	X		X	X	X	X	X

One-off service monitoring

Hillingdon Homelessness Prevention and Rough Sleeping Review and Strategy							X		
Better Care Fund Plan									
Update on Telecare Line							X		
Semi - independent living for young people								X	
Update on the Carers Strategy Update			X						
Online Housing Benefit Applications			X						
Housing Briefing (update on housing stock and zero carbon commitment)						X			
Management of voids					X				
Covid-19 Local Outbreak Control Plan		X							

Multi year work programme										
May 2018 - May 2022					2021					
Social Care, Housing & Public Health Policy Overview Committee	September	October	November	December	January	February	March	April	May	June
	23	21	26	CABINET	19	9	25	13	CABINET	TBC
Past review delivery										
Universal Credit 1 year on (as per recommendation approved with claimant stats and experience)			X							
Becoming an Autism Friendly Council										
Internal use only										
Report deadline	11 Sept 2020	9 Oct 2020	13 Nov 20		6 Jan 21	27 Jan 20	12 March 21	1 April 21		
Agenda published	15 Sept 2020	13 Oct 2020	18 Nov 20		11 Jan 21	1 Feb 21	17 March 21	5 April 21		