



HILLINGDON
LONDON



Social Services, Health and Housing Policy Overview Committee

Councillors on the Committee

Judith Cooper (Chairman)
Michael Markham
Patricia Jackson
Peter Kemp
John Major
Anthony Way

Date: THURSDAY, 25 MARCH
2010

Time: 7.00 PM

Venue: COMMITTEE ROOM 4 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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Policy Overview

About this Committee

This Policy Overview Committee (POC) will undertake reviews in the areas of Social Services, Health & Housing and can establish a working party (with another POC if desired) to undertake reviews if, for example, a topic is cross-cutting.

This Policy Overview Committee will consider performance reports and comment on budget and service plan proposals for the Council's Adult Social Care, Health and Housing Department.

The Cabinet Forward Plan is a standing item on the Committee's agenda.

The Committee will not consider call-ins of Executive decisions or investigate individual complaints about the Council's services.

Terms of Reference

To perform the following policy overview role:

1. 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. monitor the performance of the Council services within their remit (including the management of finances and risk);
3. comment on the proposed annual service and budget plans for the Council services within their remit before final approval by Cabinet and Council;
4. 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. review or scrutinise the effects of decisions made or actions taken by the Cabinet, a Cabinet Member, a Council Committee or an officer.
6. make reports and recommendations to the Council, the Leader, the Cabinet or any other Council Committee arising from the exercise of the preceding terms of reference.

In relation to the following services:

1. social care services for elderly people, people with physical disabilities, people with mental health problems and people with learning difficulties;
2. provision of meals to vulnerable and elderly members of the community;
3. Healthy Hillingdon and any other health promotion work undertaken by the Council and partners to improve the health and well-being of Hillingdon residents;
4. asylum seekers;
5. the Council's Housing functions including: landlord services (currently provided by Hillingdon Homes), private sector housing, the 'Supporting People' programme, benefits, housing needs, tenancy allocations and homelessness and to recommend to the Cabinet any conditions to be placed on the exercise of the delegations by Hillingdon Homes.

Policy Overview Committees will not investigate individual complaints.

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 meeting held on 16 February 2010 1 - 8
- 4 To confirm that the items of business marked in Part I will be considered in Public and that the items marked Part II will be considered in Private
- 5 Witness Session 9 - 18
- 6 Disabled Facilities Grant 19 - 28
- 7 Support, Choice and Independence - The Future of Adult Social Care 29 - 38
- 8 2009/10 Work Programme 39 - 42
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Agenda Item 3

Social Services, Health and Housing Policy Overview Committee

16 February 2010



HILLINGDON
LONDON

Minutes -

1.	<p>Members Present: Councillors Judith Cooper (Chairman), Kenneth Bartram, Pat Jackson, Michael Markham, John Major and Anthony Way</p> <p>Apologies: Councillor Peter Kemp (Councillor Kenneth Bartram substituting)</p> <p>Officers Present: Neil Stubbings (Deputy Director ASCHH), Brian Doughty (Interim Deputy Director ASCHH), Paul Fevan (Head of Commissioning) and Beverley Grayley (Joint Commissioning Manager) and Nav Johal (Democratic Services)</p>	
2.	<p>Declarations of Interest</p> <p>Councillor Anthony Way declared an interest for item 8, The Future of Hillingdon Homes as he is a Board member.</p>	
3.	<p>Minutes of the meeting held on 28 January 2010</p> <p>Agreed as an accurate record.</p> <p>The information on ex hostel sites requested by Members at the meeting had been provided separately by the Deputy Director of Adult Social Care, Healthy and Housing.</p>	
4.	<p>Exclusion of the press and public</p> <p>It was agreed that all items of business were considered in public.</p>	
5.	<p>Background Report on the Hillingdon Centre for Independent Living</p> <p>The Joint Commissioning Manager presented the background report on the Hillingdon Centre for Independent Living (HCIL).</p> <p>The centre had been in existence since 1990, and was re-launched in September 2009 following funding that was made available. The centre operates 4 days a week, with one late evening opening also available to users. The Centre was used for people to go to for advice and to try out equipment that may be available to them.</p> <p>Since the re-launch staff had updated some of the equipment and were looking to expand this service. Simple daily aids, such as bath seats and kettle aids could be provided on prescription to service</p>	<p>Action By:</p>

	<p>users. This prescription exchange would not come into place until 2012.</p> <p>Members commented that the number of 'not known' comments on the monitoring information provided was high. The information was 'not known' because those users that called up requesting information were not asked the monitoring questions, just those that visited the centre.</p> <p>The first user-led group meeting was held yesterday. The aim of this meeting was to develop HCIL as a user led organisation.</p> <p>Members requested further information on what the cost was per service user, the time spent with each service user on average, and the range of cost and time.</p> <p>Resolved –</p> <ol style="list-style-type: none"> 1. That the Committee noted the contents of the report. 2. That the Committee questioned officers on the report. 	<p>Joint Commissioning Manager</p>
<p>6.</p>	<p>Witness Session</p> <p>The Chairman thanked the witnesses, and particularly the service users, for attending the meeting. The witnesses that were in attendance were:</p> <ul style="list-style-type: none"> • Grace Adjekum, Service User • Maureen Eames, Services User • Angela Wegener, Chief Officer DASH • Heather Russell, HCIL Manager • Gill Dickinson, Head of Adult Services NHS Hillingdon • Beverley Grayley, Joint Commissioning Manager <p>The officers spoke of how HCIL was operating and future developments and answered Members questions.</p> <p>Services users spoke of their experience of HCIL and answered Members questions.</p> <p>A longer term goal was to provide users with more choice in the range and type of equipment available. This related to the prescription model that was discussed, and the timescale for implementing this was around 12-18 months. Other Boroughs would be monitored beforehand so that Hillingdon could do this in the best possible way. It was at the early stages of discussion.</p> <p>Members and Officers spoke about advertising the service. The service was used more by older people; DASH and Age Concern were closed worked with, and LINKs too. Officers were looking at developing web presence for HCIL. There was close working with Community Services and Social Services.</p>	<p>Action By:</p>

There were links with staff at Adult Social Care, and HCIL were working with people in different teams to ensure they had new and current equipment. There was also a trust of assessors from DASH. The information on equipment was provided in a database and this information could be explained to service users in detail. Other services and information available was also provided to service users.

It was stressed by Members and Officers that partnership was crucial and key to the working, and that it had always been present. It also brought about funding. HCIL had information about other organisations and private businesses that may be of use to service users.

HCIL did not provide transport to and from the centre. It was on a bus route and there was on-site parking available. Transport was something that could be looked at in the future. The centre did provide assistance to users by giving access to taxis and dial-a-ride services.

An outreach service was discussed. Staff from HCIL would go out to a service users home if it was required, but they were not replacing the services of Social Services. Although there would be some overlap.

It was hoped that in the future HCIL would be recruiting volunteers, particularly disabled people. This would give them good work experience and with a view to paid employment in the future.

An area for improvement highlighted was links with hospitals and how information was passed to patients post-discharge.

The centre had PC and internet access to show the service users information and pictures of equipment that they do not have on site.

HCIL had the capacity to do more. It was not stretched or over-used. Especially during the winter months were not very busy. Staff had taken the winter months as an opportunity to signpost the centre. More people were wanted through the doors to use the service. HCIL would consider expanding opening hours and days to suit.

A West London wide service was discussed by Members and officers. This had pro's and con's. There were already a number of centres across West London, and the Borough needed to ensure we had this service available at a local level too.

Temporary users were also assisted at in the centre, there was a need to look at those with high needs as a priority. Officers needed to go into day centres, doctor surgeries to promote HCIL, also advertise in different places such as Hillingdon People. It was very much a leaflet based campaign originally but officers were looking at

**Interim Deputy
Director
ASCHH**

expanding this using the web and other ways.

Maureen Eames, Service User, cares for her husband who is disabled. She saw HCIL advertised at an open day. She had not had much success previously when she requested it through Social Services. HCIL helped a lot in providing equipment, information, advice and general assistance. The service that HCIL provided her and her husband had made life a lot easier for them, from simple things to frames for the bed and toilet to a recliner chair for sleeping downstairs. HCIL gave advice on eating, showed different equipment available and gave suggestions on changing things to make life easier, e.g. heightening the table. Maureen was asked to bring her husband to the centre where they showed them the range of things that may help them.

Maureen had been touch with Social Service prior to contacting HCIL but she felt they washed their hands with her as she was not available for any funding after being means-tested. No further advice or support was given to her from Social Services. Officers apologised for this bad experience and hoped that the advice and support she would get now from Social Services would be much improved. Regardless of the financial support available for the service user, Social Services should still be providing the same level of support to all. Officers will look into this and use this as a case study to ensure that Social Services provide a service to all, not just those eligible for grants.

A year later she found out about HCIL after seeing an advertisement. She felt very at ease when she entered the centre.

Grace Adjekum, Service User, had found out about HCIL from DASH. She originally thought it was part of DASH. She wanted to be more independent, and wanted the equipment to be able to do this. She called HCIL and they asked her to visit the centre. A DASH representative was also present at the centre and welcomed her at the gate.

Grace said the service she was provided with was very, very good. That she felt she could not have got that kind of service from Social Services. 95% of the time her social worker cannot answer her questions and that Social Services give do not give her the time she would like.

At HCIL they gave Grace time and talked her through the different equipment she could use. She found out a lot of information from HCIL, they showed her things through the internet and where to get equipment from. They also sent her a catalogue and were very helpful.

The service user believed that HCIL should be more known so that others were aware of the services it provided. She commented that it felt like the HCIL staff were like friends who knew what they were

**Interim Deputy
Director
ASCHH**

	<p>talking about. There was a human touch and they were very understanding.</p> <p>She also commented that when she was in rehabilitation in hospital they expected her to find out a lot of things herself without providing much support. Grace believed that HCIL should be broadcasted in hospitals so patients would know about the service provided to them. She also believed there should be closer working with Social Services so that social workers can see what HCIL could provide for them.</p> <p>Both service users were extremely happy with the service that was provided by HCIL. They commented that simple things from information provided by HCIL made things so much easier. The staff at the centre explained things very well and this service should be advertised more widely so that others could benefit from the service.</p> <p>The Council wished to improve the service provided by HCIL, whereas the PCT were happy with the service as it is. There is a good partnership with the PCT on this. It is very much a user-led organisation.</p> <p>Resolved –</p> <ol style="list-style-type: none"> 1. That the chairman and the committee thanked the service users and officers for attending and providing useful information on HCIL. 2. The Committee recommended that the HCIL service be more widely advertised so that more people could get the benefits they offered. 3. The Committee recommended that more awareness of the service was needed in other organisations such as hospitals and doctors surgeries. 4. The Committee recommended that there be closer working with Social Services. 5. The Committee recommended that web access be explored and advertising the service be improved using the internet. 6. The Committee recommended there be strong links with the customer engagement team on improvements for HCIL. 7. The Committee asked officers to come back to the committee on how the 3 organisations will work together to provide for the user. 8. The Committee recommended that HCIL follow up Carers Assessment and any other input from Social Services that service users should be having. 	
7.	<p>Carers Assessment</p> <p>The Interim Director for Adult Social Care, Health and Housing provide the committee with a verbal update on Carers Assessment.</p> <p>The Council was on track to achieve its target, but they wished to exceed the target set. Therefore additional assessors were</p>	<p>Action By:</p>

	<p>appointed from funds received.</p> <p>Respite had been provided to an 100 additional families. There was still a long way to go for carers and for some groups in particular (such as mental illness).</p> <p>It was commented that all services users are entitled to prevented support and carers will need support in supporting others.</p> <p>Resolved –</p> <ol style="list-style-type: none"> 1. That a factual report be provided to members by the end of the year on the progress of Carers Assessment. 2. The Committee recommended that Officers ensured that people who are not eligible for funding still received the information, support and advice they are entitled to from Social Services. 3. Officers to use the Service User from the witness session as a case study on how to improve the service offered to carers and the results of this to come back to the committee. 	<p>Democratic Services</p> <p>Department Officers</p> <p>Department Officers</p>
8.	<p>The Future of Hillingdon Homes</p> <p>The Deputy Director of Adult Social Care, Health & Housing introduced the report on the future of Hillingdon Homes that was going to Cabinet on the 18th February 2010. A previous report went to Cabinet in September which set out the background and rationale for returning the Housing Management Services to the Council.</p> <p>Officers explained that the strategic need for Almo's was disappearing. There were also savings included in the business case for this. Officers felt that 6 months to complete this process should be adequate.</p> <p>The contract with the council deals with the termination clause on a return date, and the legal and financial process must be completed. Staff would be returning to the council under the terms of TUPE legislation. Members stressed the importance of services not being affected by the change.</p> <p>There was an annual savings expectation of around £300,000 per year, which would be re-invested into the service. Officers anticipated that the tenants will have input to the way these savings are used.</p> <p>Risks assessment was discussed and how this would be measured. There would be a direct relationship between the service and the provider. The Council could also bid for social housing grants and have been successful in doing so. Hillingdon had the 2nd biggest grant in the country.</p> <p>Resolved –</p>	<p>Action By:</p>

	<p>That the Committee supported Cabinet's proposals and made the following comments to Cabinet:</p> <ol style="list-style-type: none"> 1. The Committee noted the value of effective tenant and leaseholder engagement and recommended that measures to facilitate robust tenant/leaseholder engagement were incorporated into the plan. 2. Committee requested that Cabinet recognise the potential offered by the proposals to enable a strategic, joined up approach to services across ASCH&H, the Council and its Partners. 3. The committee suggested that one advantage of an early return date would be to reduce the negative impacts on staff, service users and residents who may feel uncertain about their futures. 	
9.	<p>Work programme 2009/10</p> <p>This is a standard item.</p> <p>Resolved –</p> <ol style="list-style-type: none"> 1. That the timetable of meetings and proposed work programme for 2009/10 be noted. 	Action By:
10.	<p>Forward Plan</p> <p>Members considered a condensed copy of the latest Forward Plan covering December 2009 to March 2010. This is a standard item.</p> <p>Resolved -</p> <ol style="list-style-type: none"> 1. That the report be noted. 2. That the Interim Deputy Director of Adult Social Care, Health & Housing report at the next committee on 'Support, Choice and Independence – The Future of Adult Social Care' report going to Cabinet in March. 	<p>Action By:</p> <p>Interim Deputy Director ASCHH</p>
	<p>Meeting closed at Meeting closed at: 9.07pm</p> <p>Next meeting: 25th March 2010</p>	

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

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HILLINGDON CENTRE FOR INDEPENDENT LIVING: WITNESS SESSION 2

Contact Officers: Nav Johal / Beverley Grayley
Telephone: 0692 / 0565

REASON FOR ITEM

To hear from witnesses, as part of the Committee's 2009/10 review of the Hillingdon Centre for Independent Living (HCIL).

OPTIONS AVAILABLE TO THE COMMITTEE

To question the witness about partnership working, future challenges, identify key issues and investigate any gaps in service provision. (Suggested questions attached as Annex A).

INFORMATION

1. The Committee is responsible for undertaking the 'policy overview' role in relation to Social Services, Health and Housing. This role is outlined at the start of the agenda.
2. Previous experience from both Hillingdon and other Councils indicates that the Committee can have the greatest impact by focusing on a particular topic at one or several meetings.
3. Following discussion at the Committee's meeting on 16th December 2009, Members decided to review the Hillingdon Centre for Independent Living as their second review during 2009/10.

This is the second witness session for the review. This session will examine what the Council might do differently, partnership working and future challenges faced by the Department to deliver excellent services for disabled people.

4. The following will be attending to give evidence to the Committee:
 - Sam Taylor - Change Manager, Transformation Team
 - Naeem Arif - Executive Director, Ideal of All, Sandwell
 - Chris Commerford - Chief Officer, Age Concern
 - Steve Cross – E-Communications Manager, ICT

5. Questions (attached as Annex A) have been sent to the witness in advance. Members are not constrained by these and may wish to ask supplementary questions. A copy of the amended Scoping Report is attached as Annex B.

Attachments:

Annex A: Questions for the witness
Annex B: Copy of the scoping report

SUGGESTED SCRUTINY ACTIVITY

- Question the witness, adding supplementary questions as appropriate.

THE ROLE AND FUNCTION OF HCIL - POTENTIAL AREAS FOR IMPROVEMENT
QUESTIONS FOR THE WITNESSES

1. What partnership arrangements are in place for your service and how do these work?
 2. How does the Centre for Independent Living work in your experience?
 3. Do you have all the information, advice and guidance you need to give information to service users about HCIL?
 4. How do you think that promotion of the service could be developed?/ How is information and advice currently given to your service users?
 5. What could the Council do differently and what could it change / adapt to what it does already to improve the service?
 6. What future challenges do you think the service may face?
-

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London Borough of Hillingdon

**SOCIAL SERVICES, HEALTH & HOUSING
POLICY OVERVIEW COMMITTEE**

2009/10

REVIEW SCOPING REPORT

Proposed review title:

HILLINGDON CENTRE FOR INDEPENDENT LIVING

Aim of the Review

To examine the Hillingdon Centre for Independent Living (HCIL) as a case study of the modernisation process and to make recommendations that will strengthen the delivery of services to people with physical and sensory disabilities.

Terms of Reference

1. To review how the existing HCIL arrangements in Hillingdon are working, including, services, (provision to) client groups and access to information, advice and guidance
2. To identify opportunities to strengthen the role and function of HCIL arrangements in Hillingdon
3. To make recommendations that will help officers and partners address any identified gaps on the role and function of HCIL to improve access to services.
4. To make recommendations to Cabinet / Cabinet members based upon the findings of this review.

Background and importance

Joint work undertaken by Social Services & Housing and Hillingdon Primary Care Trust (PCT) as part of the 2002 Best Value Review of Aids and Adaptations identified the need for an enhanced Independent Living Centre for Hillingdon residents with a disability.

In August 2007 Cordis Bright consulting produced a report identifying a range of service models for an enhanced centre for independent living as a replacement for the existing service that started in 1993.

HCIL aspires to provide a one-stop shop for people with physical and sensory disability of all ages. Services currently on offer at HCIL include:

- assessment services for equipment related needs
- advice and information about equipment and services and how to obtain them.
- opportunities to try out aids and equipment, including telecare

The following services are available through the Disablement Association Hillingdon (which is based on the same site as HCIL, but are not provided under the HCIL umbrella:

- access to information about direct payments
- advice and information about a range of disability issues
- information about services provided for disabled people and/or their carers by statutory and/or third sector organisations.
- Direct Payments Support Service

Potential services on offer at HCIL include:

- access to and support with self-assessment
- access to an equipment retail facility
- pre-employment brokerage support and advice
- opportunities to try out equipment that would support disabled people in employment
- short term rehabilitation programmes and training for carers
- information regarding a range of statutory and voluntary services for users and their carers.
- volunteering and employment opportunities for disabled people
- user led and run provision, such as an internet café

The implementation of HCIL addresses key Government objectives arising from 'Modernising Social Services' (1998) the NHS Plan (1999), the Green Paper 'Independence, Wellbeing & Choice' (2005), Cabinet Office report 'Improving Life chances for Disabled People' (2005), the White Paper 'Our Health, Our Care, Our Say' (2006) and the Office for Disability Issues' 'Independent Living Strategy' (2008). The 2007 government concordat focuses on the reform of the adult social care system in England and Wales, emphasising the need for personalised services that promote choice and independence. The 2009 Green Paper- 'Shaping the Future of Care Together' emphasised the importance to many older and disabled people of being able to live independently in their own homes.

HCIL also contributes to the delivery of the objectives contained within the Leader's statement to develop Hillingdon as a Borough with improving health, housing and social care and a Borough where opportunities are open to all.

Reasons for the review

In 2006/07 the Committee conducted a review entitled 'Hillingdon Independent Living Centre'. The review provided Members with an

opportunity to suggest ways in which services for people with physical and sensory disabilities might be accessed and delivered.

This new review sets out the progress made (to date), outlines the 'ideal' position for the Authority as detailed in the previous review and sets out those steps (which are feasible in the current economic climate) which are required to improve services for HCIL users.

Key questions

- What is the role and function of HCIL?
- What services does HCIL currently provide (including)?
 - I. To whom?
 - II. The location of the service?
 - III. How are these services accessed?
- What gaps are there in current service provision?
- What measures is the Council taking to address these?
- What can the Council do differently and what can it change/adapt to what it already does to improve services?
- How does the Council work in partnership with NHS Hillingdon/Hillingdon Hospital and other stakeholders?
- [Bearing in mind the current economic climate] what future challenges does the Council face in delivering excellent services?

Methodology

- Introductory report from Social Services & Housing officers included in the papers for the first witness session.
- Evidence gathering sessions from range of witnesses including:
 - Joint Commissioning Manager Physical and/or Sensory Disabilities
 - HCIL Manager/Head of Adult Services, NHS Hillingdon
 - Chief Officer, Disablement Association Hillingdon
 - Chief Officer, Age Concern
 - Adult Social Care Transformation Team
- Research into best practice elsewhere, e.g. look at websites for Ideal for All, Sandwell (www.idealforall.co.uk) and the Inspire Independent Living Centre, Bexley (www.inspirecommunitytrust.org)
- Read summary findings from Cordice Bright 2007 report

Stakeholders and consultation plan

It is proposed to invite the following witnesses to give evidence:

First session

This first session (including an officer background report) will provide an overview of the role and function of HCIL, an update on progress made, identify key issues and investigate any gaps in service provision.

- Witnesses will include:
 - Joint Commissioning Manager Physical and/or Sensory Disabilities
 - HCIL Manager/Head of Adult Services, NHS Hillingdon
 - Chief Officer, Disablement Association Hillingdon
 - Service users

Second session

This session will examine what the Council might do differently, partnership working and future challenges faced by the Department to deliver excellent services for disabled people.

- Witnesses will include:
 - Change Manager, Transformation Team
 - Chief Executive, Inspire Centre, Bexley or Ideal for All, Sandwell
 - Chief Officer, Age Concern
 - ICT

In addition, representative groups and service users will be offered the opportunity to comment outside of the formal committee process e.g Disabled People's Assembly Steering Group, FORCe (Fifties and Over Representative Committee), the Steering Group for the Older People's Assembly.

Connected work (recently completed, planned or ongoing)

Work is currently in progress on the development of a strategy for personalisation. This includes future access to universal advice, information and advocacy services. A review of the Direct Payments Support Service and the most appropriate model to promote the self-directed support (SDS) agenda is also in progress.

The Transforming Community Equipment Services (TCES) programme introduced the retail prescription model. This model of equipment provision allows service users and/or their carers to take a prescription for a piece of equipment to an approved outlet and exchange the prescription for the specified equipment. Service users may choose to pay for additional extras (for example a toilet seat that matches the colour of the bath room). There is potential for H-CIL to develop in becoming an accredited outlet to exchange prescriptions.

Proposed review timeframe

Meeting	Action	Purpose / Outcome
28.01.10	Agree Scoping Report	Key questions, potential witnesses and terms of reference agreed

16.02.10	Introductory Report / Witness Session	Brief Members on the background to the review / Evidence gathering
25.03.10	Witness session	Evidence gathering
22.04.10	Draft Report	Agree recommendations and draft report

Risk assessment

A risk that the Committee's impact may be reduced if the scope of the review is too broad.

The delivery of HCIL is a partnership responsibility, and can only be effective with a range of organisations working together, underpinned by strong leadership and effective governance arrangements.

For this reason, Members are recommended to focus on:

- how these partnerships can be strengthened and developed to improve outcomes for disabled people;
- HCIL's fit within the broader strategic context of improving the health and wellbeing of borough residents.

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DISABLED FACILITIES GRANTS

Contact Officer: David McCulloch
Telephone: 01895 277199

REASON FOR ITEM

At its meeting of the 16th December, Policy Overview requested officers to provide a background report relating to the availability of Disabled Facilities Grants in Hillingdon.

OPTIONS OPEN TO THE COMMITTEE

Officers are currently reviewing the issues of supply and demand in relation to Disabled Facilities Grants and are providing this report to Committee for information and comment.

INFORMATION

Amount of Grant and Reason for DFGs

1. Our 2008 Housing Needs Survey looked at the circumstances of households considered to have special needs. Special Needs are defined as including the frail elderly, disability, mental health and people with a severe sensory disability. Overall, 18,220 (17%) households in Hillingdon included one or more persons with a special need.
2. The survey also shows that over a third of owner-occupier households with no mortgage have at least one member with a special need. Over half of all special needs households include an older person or are households composed only of older people.
3. Clearly, with over 15,000 people who are either frail elderly, or who have a disability, there will be a consistent demand for assistance with both equipment and adaptations to the home.
4. Disabled Facilities Grants are mandatory provided applicants meet certain statutory criteria. They are available to owner- occupiers, private and housing association tenants to allow adaptations to enable the person with a disability to live as safely and independently as possible. In practice, housing associations are expected to fund their own adaptations.
5. Adaptations to the home allow clients to live in a safe and adapted environment. They also prevent the need for expensive residential care or complex Care Packages in some cases.

6. For instance, in an exercise carried out 2 years ago, a sample of 25 complex Hillingdon cases with detailed Care Packages was selected. Some of these cases might otherwise have required residential care. Disabled Facilities Grants not only allowed people to remain at home, their preferred choice, but were also the most economic option. The DFG capital on these particular cases totaled £485k. Eight cases had no reduction in the Care Package. Of the 17 cases that did, there was a total annual Care Package saving of £625k. The break-even point for these cases was 41 weeks.

7. Disabled Facilities Grants are mandatory for certain cases worth up to a limit of £30,000 and subject to a national statutory means test. Hillingdon also makes available 'top-up' grants, where essential and mandatory work takes the cost over the £30,000 limit. These are also means tested and the top-up is repayable on sale of the property.

Criteria and Process

8. Disabled Facilities Grants are governed by statutory criteria. They must be 'necessary and appropriate' for the needs of the client and 'reasonable and practical' in terms of costs and scope.

9. The client assessment side of these criteria is carried out by Occupational Therapists and the scope and costs of the work by Disabled Facilities Grants surveyors. Hillingdon Homes has its own team of surveyors doing similar work, generally to the same criteria, for Hillingdon Homes tenants in Council owned stock.

10. The client entry point is through Social Services where the initial assessment is carried out within the 28 day period. If a major adaptation is found necessary a referral is made to Housing, either as a Category 1 'urgent' case or a Category 2 'normal case'.

11. Category 1 cases are actioned wherever possible on arrival, and an appointment made with the Disabled Facilities Grant Officer and Occupational Therapist. The means test is carried out before this visit.

12. If resources allow, Category 2 cases are also actioned on arrival but, in practice, usually have to go on the waiting list as demand has exceeded the Disabled Facilities Grants budget in recent years. Again, the means test is carried out before the first visit.

Budgets and Outturn

13. Table 1 below shows DFG budgets and grants completed over the last 5 years. All the budgets were spent in full.

Table 1: DFG Budgets and Outturn

Year	Total Budget	Grants Completed
2005/2006	£1907k	122
2006/2007	£1938k	141
2007/2008	£2080k	196
2008/2009	£2350k	238
2009/2010	£2033k	208
2010/2011	(£3000k) Approved by Cabinet subject to Government contribution	

14. Of the completed DFGs for 2009/2010, 7 are Children's cases, 65 cases for Clients aged 19-59 and 136 cases for clients aged 60 or over.

Client Demand

15. Table 2 below shows referrals from Social Service for DFGs from 2006/2007.

16. The level of referrals has varied according to client demand for different types of assistance.

Table 2 : DFG Referrals From Social Services

Year	Cases Referred
2005/2006	350
2006/2007	278
2007/2008	259
2008/2009	317
2009/2010	135 to date

17. If the higher allocation of £3m is supported by the Government, the waiting list will be cleared during 2010/2011.

Waiting Times and Care Quality Commission Target of 25 weeks

18. The Care Quality Commission has a target measuring the time between referral to the Housing service for a grant or adaptation and approval of the Disabled Facilities Grant or adaptation. The target for Hillingdon is 25 weeks or under for both DFGs and adaptations carried out by Hillingdon Homes. The target was met in 2008/2009 at 21 weeks. For 2009/2010 it will be met again but at 23 weeks, reflecting the current need to keep a waiting list.

Client Feedback

19. Every completed Disabled Facilities Grant client and family receives a feedback questionnaire. This includes client satisfaction scores, which have remained at over 90% as 'satisfied or very satisfied' with their adaptation and approach of the Council.

20. A number of clients are visited at home each year to get a more detailed account of the work. In particular, approach of the contractor, arrangements made, communications, views on the grants officer etc. These are being completed at the moment.

21. During 2009/2010 client feedback meetings have also been held with DASH and Age Concern.

22. One issue raised by DASH was the affect of the statutory means test on a minority of cases. In particular, people on very low incomes, with no capital and substantial outgoings in the form of existing mortgages who find themselves excluded from grant aid, but unable to pay for the work to be done. This is similar to the position of the client who attended a recent POC and gave evidence on behalf of her husband, who needs stair lift.

23. Officers have since visited the client at home. We are reviewing all our grant polices at the moment and are looking at an equitable solution to this issue

Comparative Costs, Savings and Efficiencies

Hillingdon Costs

24. Table 3 below shows the average cost of Mandatory DFGs between 2002/2003 and 2008/2009. Costs have come down in cash terms by £1000 over the period. In real terms the reduction is very much higher given increases in building costs and general price inflation over the period. This has been

achieved by reducing specifications, use of tendered schedules of rates and bulk order contracts.

Table 3: Average Mandatory DFG Costs 2002/2003 to 2008/2009

Year	Average Grant
2002-2003	£ 10,657
2003-2004	£ 11,972
2004-2005	£ 10,059
2005-2006	£ 10,885
2006-2007	£ 10,926
2007-2008	£ 10,980
2008-2009	£ 9,695

25. The range of costs for work involved is shown by Table 4 below. Most grants are under £10,000, with only 10% over £20,000.

Table 4: Percentage of Grants within Certain Cost Ranges.

April 2007 to June 2009	Disabled Facilities Grant
Amount of grant paid	Jobs within this band of costs
Less than £5000	28%
£5000 to £10,000	41%
£10,000 to £20,000	22%
Over £20,000	10%
Total	100%

Comparative Disabled Facilities Grant Costs

26. It is not helpful to compare 'average' adaptation costs between boroughs as the stock profile and work carried out is very different. For instance, Bexley, which has an initial lower cost, includes all of its local authority stock within the DFG programme, and 70% of its work is walk- in showers only. Some other council's do not include, or charge, fees.

27. What is helpful to compare is like for like building costs and the scope of work included within DFGs. To this end a West London comparison exercise was carried out recently and the officer conducting the research also visited L.B. Wandsworth, which appeared an example of good practice. The summarised results of this exercise are shown in Table 5 below.

Table 5: West London Cost and Practice Exercise September 2009

Authority	West London Cost and Practice Exercise September 2009 Summary
Brent	Operate a system where everything is tendered, they do not have schedule of rates or bulk orders. The officers have a series of indicative costings to ensure the costs are reasonable. They use 3 contractors on the tender list. They don't do crossovers but they do hard standings. They were not able to provide costings for the indicative amounts used as they said every job in Brent is different.
Ealing	Do not operate a schedule of rates but wish to develop one equivalent to Hillingdon's. Their average DFG is currently £14K inclusive. They do crossovers and hardstandings. All DFGs are through their in-house agency. In an attempt to control costs a cabinet paper is being prepared with jobs over £30k being subject to a whole household means tested for any discretionary element.
Kensington And Chelsea	Use Shepherds Bush 'Staying Put' as the delivery vehicle for DFGs. Staying Put charge between 12.5% to 15%, depending on the size of the job.. They do not operate a schedule of rates but tender everything. The nature of the housing stock and planning controls means that most DFG work is walk-in showers. These have been coming in at between £6k-£6.5k. Recently prices have dropped by 10% to reflect market conditions.
Hammersmith and Fulham	They operate a system of schedule of rates and there are 8 contractors used in an in-house agency arrangement. The agency has to share the work with Staying Put Care and Repair. They do crossovers. The typical price for a walk in shower is £7-9K. All contractors work off a schedule of rates. LBH&F will not be approving any discretionary DFGs over £30,000 from 2010
Harrow	Have no schedule of rates but use a maximum combined discretionary/ mandatory DFG of £80k. There is little limit on the size of their DFG's at the moment. Most jobs are channelled through their in-house agency. The costs for walk in showers are coming in at £5-6k. They operate a list of 10 contractors and they carry out the full range of works similar to Hillingdon.

Wandsworth	A visit was carried out to Wandsworth. Their operation mirrors Hillingdon in many ways. They have a schedule of rates and all jobs are carried out through an in-house agency. However, one team carries out all the adaptations in the borough, for both the private and the local authority stock. They charge 20% fees through their agency. They add an extra means tested sum of £10k, as their maximum discretionary element above the £30k mandatory DFG. Their walk in showers cost between £6-7k.
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28. Part of this work involved cost comparisons. The results for stairlifts and through floor lifts are shown in Tables 6 and 7 below. Hillingdon had the second cheapest stairlift costs for DFGs, only £15 per stairlift less than the cheapest borough, and 23% cheaper than the average cost of a stairlift.

Table 6: West London Stairlift Costs 2007/2008 to 2008/2009

Average stairlift costs 07-09		
Ranking	Borough	Average cost
1	Brent	£ 3,125.00
2	Hillingdon	£ 3,139.53
3	H&F	£ 4,597.85
4	Harrow	£ 4,666.67
5	Hounslow	£ 4,923.69
6	Ealing	£ 5,500.00
Overall average (for all stairlifts in the boroughs in 07-09)		£ 4,078.58

29. A comparison on 'through floor lifts' shows that we were second equal in pricing for these. There is scope for keener pricing given Brent's notably lower cost, but this would have little overall impact due to the low numbers involved ((2 to 3 per year).

30. It was decided not to try to do a direct comparison of walk- in showers as each boroughs specification was very different. For instance, one borough includes full tiling, Hillingdon only part tiling etc. Also, Hillingdon does a much higher proportion of shower cubicles than those surveyed, which are considerably cheaper. Our cost for a basic shower cubicle is £3000 and £5,500 for a walk-in shower (from bulk order tender and schedule of rates costs)

31. Work is being carried out between West London boroughs to introduce consistency and bring down costs through economies of scale. In particular, on

a standard specification for stair lifts, with the intention of having one contract for the whole of West London. Partnering is also being considered.

32. A similar exercise will follow for walk-in showers, where only Hillingdon, Hammersmith and Kensington and Chelsea (Staying Put) use priced schedules of rates.

Table 7: West London Through Floor Lift Costs 2007/2008 to 2008/2009

Average through floor lift costs 2007-09			
Ranking	Borough	No Installed	Average cost
1	Brent	15	£ 8,333.33
2=	Hillingdon	4	£ 10,000.00
2=	Ealing	12	£ 10,000.00
4	Harrow	3	£ 10,666.67
5	Hounslow	3	£ 11,428.67
Overall average		37	£ 9,494.22

33. From both exercises and continuing West London work, the main conclusions that have emerged are:

- Hillingdon's costs give as good value for money, or better, than other boroughs. This is largely as a result of either schedules of rates or bulk order tenders for walk-in showers, shower cubicles, over bath showers, stairlifts and central heating, the main elements of DFG work.
- Our speed of processing has been greatly improved through the use of schedules of rates and bulk order contracts (as opposed to individual tendering)
- Further savings appear possible through West London tendering for stairlifts and walk-in showers. Partnering arrangements will form part of this exercise.
- Reducing non-essential elements in specifications where possible will further reduce costs
- Overall, Hillingdon parallels reasonably well with and the other West London Boroughs.

Potential Savings and Efficiencies

34. Real term reductions in costs have been achieved through the use of schedules of rates, bulk order tenders and improved specification. The

comparison exercises carried out show that Hillingdon's costs are as good value compared to other boroughs (and Tables 5 and 6).

Some other efficiencies being considered.

a) Reducing materials and equipment costs.

35. Specialist bathroom fittings for people with a disability, such as rails, wash basins and toilets, are already price controlled through a shared joint specification with Hillingdon Homes, and schedule of rates it was tendered upon.

36. However, there is scope to further reduce non- essential or very expensive specialist fittings. One company has just offered a 30% reduction in costs if we use their bathroom fittings and equipment, and they are already good value.

b) Reduce Grant Spent on Registered Social Landlords.

37. Last year we paid £260,000 in DFGs to RSLs. Current Communities and Local Government (CLG) guidance expects us to pay DFGs to RSLs, but this has been under review. A CLG announcement is imminent. It is anticipated that councils will be expected to pay for 60% of adaptation costs through DFGs and RSLs to pay for the remaining 40%.

38. This would bring a considerable saving in the Disabled Facilities Grants budget. Depending on the decision this could be in the region of £100,000, equivalent to 30 stairlifts.

BACKING DOCUMENTS

Hillingdon Housing Needs Survey 2008

SUGGESTED SCRUTINY ACTIVITY

Question the officers on the contents of this report.

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SUPPORT, CHOICE AND INDEPENDENCE - THE FUTURE OF ADULT SOCIAL CARE

Cabinet Member	Councillor Phillip Corthorne
Cabinet Portfolio	Social Services, Health and Housing
Officer Contact	Dave King & Sam Taylor, Adult Social Care, Health and Housing
Papers with report	None

HEADLINE INFORMATION

Purpose of report	<p>The personalisation agenda in Adult Social Care will transform service delivery for 6,000 residents receiving social care services over the coming years. We are proposing to build our new services around the themes of support, choice and independence - becoming a more enabling organisation that supports residents to have more control over what services they receive and enjoy greater autonomy in their lives.</p> <p>A key juncture in achieving these aims is the council's decision over the legal framework the council employs to support the new way of working, Self Directed Support.</p> <p>There are two options: 1) Direct Payments legislation and 2) the Local Authority's Wellbeing power under the Local Government Act 2000.</p>
Contribution to our plans and strategies	<p>The Support, Choice and Independence programme to transform Adult Social Care is making a direct contribution towards achieving Theme 1 of Hillingdon Partners Sustainable Community Strategy 2008-18, "A borough with improving health and wellbeing".</p> <p>The programme is also aligned with Business Improvement Delivery (BID), as a key means of redesigning our business processes to become a modern, effective and efficient organisation delivering excellent services.</p> <p>Finally, the programme has been informed by the Social Services, Health and Housing Policy Overview Committee's wide-ranging review of the Transformation Agenda and Direct Payments.</p>
Financial Cost	<p>The decision on the legal framework for Self Directed Support does not have a direct cost implication. There are no additional financial implications as the one off costs of implementing Self Directed Support are contained within the Social Care Reform Grant provided by the Department of Health; and the allocation of an individuals personal budget is included within the departments revenue budget.</p>

Relevant Policy Overview Committee	Social Services, Health and Housing
Ward(s) affected	All

RECOMMENDATION

That Cabinet:

1. Agree that the current legal framework for Direct Payments is the most robust option for implementing Self Directed Support.

2. Agree that, in those cases where Direct Payments legislation is not sufficient in achieving support, choice and independence for social care customers, the use of the Well Being power should be investigated in partnership with the council's Legal Services.

INFORMATION

Reasons for recommendation

3. The recommendation above has been informed by extensive research into the differing legal frameworks, as set out in this report.

4. The revised guidance for Direct Payments, issued in November 2009, puts a strong emphasis on flexibility and creativity in finding the right support options for social care customers.

5. Our own experience in Hillingdon - and the experience of other councils - indicates that this is sufficient to deliver the desired benefits from the Transformation of Adult Social Care.

6. The use of the Well Being power promises even greater choice for residents in their use of a personal budget. However, the legal complexities of doing so are potentially high, with work necessary to ensure that the budget would not be in breach of any other, pre-existing legal frameworks.

7. The Well Being power should therefore be reserved for exceptional instances and impasse situations.

Alternative options considered / risk management

8. Use of the Well Being power under section 2 of the Local Government Act 2000 as the primary legal framework for Self Directed Support in Hillingdon.

Comments of Policy Overview Committee

A Policy Overview Committee review of Transformation agenda and Direct Payments in Hillingdon has recently been completed and a report is being presented to Cabinet as part of this agenda. Officers have worked with Members of the Committee in helping shape their

recommendations, which if endorsed by Cabinet, will be taken forward as part of the Support, Choice and Independence - the Future of Adult Social Care agenda.

Supporting Information

9. Over the last five years, a growing expectation has been placed on local authorities across the United Kingdom to provide more personalised Adult Social Care services. The national commitment to this has been reiterated and developed through a sequence of major policy documents, including:

- i. ***Improving the Life Chances of Disabled People*** (Prime Minister's Strategy Unit, January 2005);
- ii. ***Opportunity Age*** (Department for Works and Pensions, March 2005);
- iii. ***Independence, Well-being and Choice*** (Green Paper, Department of Health, March 2005)
- iv. ***Our Health, Our Care, Our Say*** (White Paper, Department of Health, January 2006)
- v. ***Putting People First: a shared vision and commitment to the transformation of adult social care*** (Department of Health, 2007)

10. The last of these documents, Putting People First, was published as a cross-government concordat requiring local authorities to transform their Adult Social Care services through the introduction of personal budgets or Self Directed Support (SDS).

11. A national series of pilots and the experience of other local authorities in the United Kingdom has indicated that this approach can lead to better outcomes for individuals, maximising their choice, control and independence and potentially reducing the ongoing cost of their support.

12. The success of this scheme across adult social care services has resulted in pilots for personal budgets being extended to health, welfare, education and beyond, with some Local Authorities adopting it as a mainstream service delivery model.

Support, Choice and Independence

13. In Hillingdon, the Support, Choice and Independence (SCI) programme has been put in place to deliver a whole systems approach to transformation that prioritises increases in customer choice and control while taking a strong approach to the Council's overall financial management.

14. The aims of the programme are to:

- Provide full **support** for people to make the most of the new approach to social care and find the right support options
- Give people real **choice** in the range of support options available and control in how they are received
- Help people maintain **independence** and enjoy fuller lives

15. The programme is aligned with the Business Improvement Delivery (BID) project geared towards developing new systems and re-designing back office processes to make the council a more modern and effective organisation.

16. In line with the principles of Putting People First, partnership working with customers and staff (co-design) is an integral way of developing the new ways of working. The full involvement of all stakeholders in this process is helping the entire local social care network to be more flexible, creative and innovative to improve the lives of people who receive social care services.

17. A number of pilots and test phases are underway to most effectively manage the change process. The implications for residents, the social care workforce, partners and providers are extremely wide-ranging, and will be felt across the following four areas:

Mainstreaming a new way of working: Self Directed Support

18. Self-Directed Support places greater control in the hands of customers of social care services. Through a Resource Allocation System, customers are allocated a personal budget: a sum of funds to be used on meeting their social care needs. Social care practitioners and a new function, brokers, play a key role in supporting them to find the right options so they can have the most effective, personalised package of support to help them live their life and maintain independence.

19. In Hillingdon, implementation of this new approach has been split into two parts:

- From August 2010, Self Directed support will be introduced for existing adult social care customers receiving domiciliary and/or day care.
- Following this, Self Directed support will be provided to all new social care customers from April 2011.

20. A comprehensive programme of communications and training is underway to support customers and staff through this change.

Shaping the social care provider market

21. For Self Directed Support to be effective, there must be true choice in the market place to permit truly personalised, innovative and cost-effective solutions to be found.

22. The Council's commissioning role will undergo a major change as a result of Self Directed Support. Overall, the contractual relationship between care provider and the council will start to shift to a relationship between the care provider and the individual. As a result, the Council will increasingly focus on partnership working with providers and strategic market development at local and pan-regional levels, rather than direct contract management. Work towards this is currently taking place through the West London Alliance.

Putting in place universal information and advice services

23. Through the transformation of Adult Social Care, there is an expectation on councils to review and improve their information and advice services such that they are of a high quality and are known and accessible to the entire population, including self-funders.

24. All residents should be able to easily find locally relevant quality information and advice about their care and support needs in order to enable control and inform choice. Work is taking place with the voluntary sector, libraries, GPs, Hillingdon Social Care Direct and Corporate Communications to ensure information is available in a range of formats and through channels to make it accessible to all groups. In order to achieve this, provision of information, advice and

guidance is being brought together to a single coherent Commissioning for Personalisation Strategy for Hillingdon.

A focus on prevention and reablement

25. The Support, Choice and Independence programme is taking a whole systems approach to prevention and early intervention. Together, this suite of services is aimed at supporting residents to stay independent for as long as possible.

26. Examples of early intervention include reablement type services that help people regain independence to live in their own home. Reablement also helps people to avoid becoming dependent on council provided services with national studies demonstrating many people finish this six-week service with either a reduced need for care, or no ongoing requirement at all. Reablement is being introduced as a key part of the social care process in Hillingdon, through in-house home care.

A key part of this is ensuring council-wide and partnership approaches to universal services e.g. leisure, adult education, transport, employment, healthy living and health improvement (backed by targeted intervention), along with housing and supported living options.

The legal framework for Self Directed Support

27. Central to the implementation of Self Directed Support is the legal framework we employ as a council to release funding in the form of a personal budget, for people to meet their social care needs.

28. No change has been made to the legal framework for social care to facilitate personalisation, other than the introduction of a new piece of legislation extending Direct Payments to people lacking capacity, which came into force in November 2009.

29. In the course of 2009, certain councils had been employing the Well Being power under section 2 of the Local Government Act 2000 as the legal mechanism to release funding to customers in the form of a personal budget.

30. However, since the introduction of new Direct Payments guidance in November 2009, most councils have now opted to use Direct Payments legislation as the tool to achieve this.

31. According to recent Association of Directors of Adult Social Services (ADASS) guidance, a personal budget can be released to an eligible person in the following ways:

- In the form of a Direct Payment, held directly by the person or where they lack capacity, by a "suitable person"
- By way of an "account" held and managed by the council in line with the person's wishes
- As a mixture of the above
- For impasse situations - those instances where community care and continuing health care legislation do not meet the need - a "Well Being grant" through the Local Government Act 2000

32. In line with this approach, if the person wishes to manage the personal budget themselves, they must take the amount as a Direct Payment subject to the national Direct Payments regulations and Hillingdon's local policies and procedures.

33. Locally, research has been taking place to ascertain whether the Direct Payments legislation is sufficient to achieve the potential benefits of Self Directed Support, or whether an alternative route should be sought via the Local Government Act 2000.

34. The remaining information in this paper focuses on whether Direct Payments legislation offers sufficient flexibility to provide people the real choice and independence they need from Adult Social Care services; or whether the Local Government Act 2000 is viable as a mainstream legal framework for Self Directed Support.

Option 1: Use of the new Direct Payments guidance – November 2009 (DH)

35. Direct Payments guidance has been altered for the implementation of Self Directed Support.

Specifically, councils are encouraged to be as flexible, creative and innovative as possible:

*“In discussions with individuals about how their needs might be met through direct payments, **councils should be prepared to be open to new ideas and be as flexible as possible. By exploring innovative and creative options, people should be encouraged to identify how they might most effectively achieve outcomes in a way that aligns with their personal wishes and preferences.**”*

Additionally, councils are recommended to keep the burden of regulation as low as possible:

*“Councils may set reasonable conditions on the direct payments, but need to bear in mind when doing so that the aim of direct payments is to give people more choice and control over their support and how it is delivered. For example, individual choice and control would not be delivered were a condition to be set that someone who receives direct payments might only use certain providers. **Conditions should be proportionate and no more extensive, in terms or number, than is reasonably necessary. Councils should also avoid setting up disproportionately intensive monitoring procedures.**”*

Possible uses for Direct Payments

According to the November 2009 Direct Payments Guidance and the ADASS legal advice, the following uses of a Direct Payment are permissible:

- Personal care
- Equipment
- Modifications to the home
- Help with personal activities
- Help with domestic activities
- Support to return to work (e.g. an educational course to improve skills)
- Social inclusion activities
- General well being activities (e.g. fitness classes, arts, cultural activities)
- Meals

Conversely, the following services are not able to be bought with a Direct Payment:

- Registered nursing care
- Long-term non-respite residential care
- Services or equipment for which the council is not responsible (e.g. those the NHS is required to provide)
- Illegal activities

36. The Direct Payment is a “conditional resource entitlement” - activities funded in this way will need to demonstrably meet social care needs and be balanced against other priorities for the individual.

37. The Council is currently developing local policies and procedures to determine how this is implemented in Hillingdon, so appropriate uses of Direct Payments under the new guidance are very clear.

Option 2) Use of the Well Being Power instead of Direct Payments

38. The principal benefits of using the Well Being Power are 1) increased flexibility and 2) the decreased requirement for monitoring. Up to this point, Essex County Council have deployed their personal budgets according to this power. However, there is a lack of clarity about the legality of this approach.

A legal article on the Well Being power from King’s Bench Walk Temple states:

‘The well-being power conferred upon local authorities in section 2 of the Local Government Act 2000 provides that:

“Every local authority are to have power to do anything which they consider is likely to achieve any one or more of the following objects –

(a) the promotion or improvement of the economic well-being of their area;

(b) the promotion or improvement of the social well-being of their area;

(c) the promotion or improvement of the environmental well-being of their area.”

39. Section 2(4) of the 2000 Act makes it clear that the well-being power includes a power to incur expenditure, to provide financial assistance and to provide staff, goods, services or accommodation to any person.’

40. This is a “power of first resort” for local authorities. However, the ADASS legal advice “Personalisation and the law” argues the Well Being power should be used by exception for Self-Directed Support, not as the core vehicle for its delivery:

*“A **well-being grant** under s2 Local Government Act 2000 is a different legal vehicle altogether and should not be confused with a personal budget or a Direct Payment for community care services. It is a form of financial assistance which can be given to an individual, so long as the authority believes it will inure to the benefit of the area, and so long as there is no other legislative bar in statute or regulations preventing the desired outcome. These grants cannot be made without regard to the authority’s Sustainable Communities Strategy. They cannot be made if any existing enactment prohibits, restricts or limits the achieving of the desired outcome, and they do not, therefore, overcome difficulties with the existing legal framework, for clients who have actually been assessed as eligible for community care services.*

Advice should be sought from one’s legal team as to whether it could be said that the desired outcome is one which there is no power at all to achieve within the current framework, because it is strongly arguable that s2 can be used in such circumstances to supply the power. Advice has been obtained to this effect and can be requested from ADASS.”

Recommendation

41. Overall and on the basis of the research undertaken, it is advised that the framework for Direct Payments is the most robust option for implementing Self Directed Support.

42. However, in those cases where Direct Payments legislation is not sufficient to meet the required flexibility and benefits, the use of the Well Being power should be investigated in partnership with the council's Legal Services.

43. The revised guidance for Direct Payments puts a strong emphasis on flexibility and creativity in finding the right support options for social care customers. This is sufficient to deliver the desired benefits from the Transformation of Adult Social Care.

44. While the Well Being power would mean a personal budget could be used for any activity so long as it met the social, economic and environmental needs of the area (or individual within that area), the legal complexities of doing so are potentially high, with work necessary to ensure that the budget would not be in breach of any other, pre-existing legal frameworks. The Well Being power should therefore be reserved for exceptional instances and impasse situations.

Financial Implications

45. The decision on the legal framework for Self Directed Support does not have a direct cost implication. There are no additional financial implications as the one off costs of implementing Self Directed Support are contained within the Social Care Reform Grant provided by the Department of Health; and the allocation of an individual's personal budget is included within the department's revenue budget.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

46. As set out above, the Support, Choice and Independence programme to transform Adult Social Care will have a major positive effect on the lives of Hillingdon's residents and social care customers.

47. The implementation of Self Directed Support through the revised guidance for Direct Payments will permit people eligible for social care funding to have greater choice and control in developing appropriate, personalised packages of support for themselves, improving their wellbeing and helping them to maintain independence.

Consultation Carried Out or Required

48. A consultation has been undertaken with the think tank Demos and the Centre for Disability Research at the University of Lancaster, entitled "What support do you want?". This consultation was aimed at finding out social care customers' level of awareness relating to Self Directed Support and what choices they were likely to make once they had been allocated a personal budget.

CORPORATE IMPLICATIONS

Corporate Finance

The recommendation of a decision over the appropriate legal framework for the implementation of self-directed support does not have any specific financial implications. However, it is probable that the alternative option considered in the report of generally applying well-being powers rather than direct payment powers would result in additional legal costs being incurred by the Council. The wider transformation agenda that this decision underpins, through the implementation of self-directed support, is likely to have significant positive financial implications in terms of greater effectiveness, value for money and improved service outcomes from service delivery.

Legal

The main Direct Payments legislation referred to in this report is the Health and Social Care Act 2001 and The Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2009 (the "Regulations") which came into force on 9th November 2009 and which, in turn, relates to the Council's powers and duties to provide services under the Mental Health Act 2003, the Children Act 1989 and the National Health Service and Community Care Act 1990.

The Regulations provide a specific statutory framework that enables local authorities to make direct payments in respect of relevant services to persons who appear to the authority to be capable of managing a direct payment by themselves or with such assistance as may be available to them and provided that the authority has their consent. It is the view of the Borough Solicitor, and of ADASS referred to in the body of this report, that the best way of implementing Self Directed Support is to use the specific legislation that has been created. However, if the Service subsequently encounters a situation which it is unable to deal with under the Regulations then the Borough Solicitor will explore the use of the well being powers with the Service to see if a more flexible solution can be provided.

BACKGROUND PAPERS

- "Personalisation and the law", Association of Directors of Adult Social Services (ADASS), October 2009
- "Guidance on direct payments", Department of Health (DH), November 2009

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Agenda Item 8

2009/10 WORK PROGRAMME

Contact Officer: Nav Johal
Telephone: 01895 250692

REASON FOR ITEM

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

OPTIONS AVAILABLE TO THE COMMITTEE

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

INFORMATION

All meetings to start at 7.00pm unless otherwise indicated.

Meetings	Room
16 th June 2009	CR 4
9 th July 2009	CR 5
2 nd September 2009	CR 6
14 th October 2009	CR 6
4 th November 2009 <i>starting at 5:15pm</i>	CR 3
17 th November 2009	CR 6
16 th December 2009 <i>starting at 6 pm</i>	CR 4
28 th January 2010	CR 4
16 th February 2010	CR 4
25 th March 2010	CR 4
22 nd April 2010	CR 4

Social Services, Health & Housing Policy Overview Committee

2009/10 Work Programme

Meeting Date	Item
16th June 2009	Aims & Challenges
	Transformation Agenda - Presentation
	Brief update report on Hillingdon Independent Living Centre (HILC)
	Work Programme for 2009/10
	Cabinet Forward Plan

9th July 2009	Quarterly Performance and Budget Report
	Major Reviews in 2009/10 - Scoping Reports
	Work Programme
	Cabinet Forward Plan

2nd September 2009	
	Major Reviews in 2009/10 – First Review Witness Session 1
	Annual Complaints Report - ASCH&H
	Cabinet Forward Plan
	Work Programme

14th October 2009	
	Major Reviews in 2009/10 – First Review Witness Session 2
	Safeguarding Vulnerable Adults – Annual Report including update on the POC review recommendations
	HCIL – Update report
	Cabinet Forward Plan – Item 356

	Work Programme Mental Health Assessments – <i>verbal update</i>
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4th November 2009	<i>Additional meeting</i>
	Major Reviews in 2009/10 – First Review Witness Session 3

17th November 2009	Major Reviews in 2009/10 – First Review Witness Session 4
	Cabinet Forward Plan
	Work Programme (including discussion of possible second review)

16th December 2009	Major Reviews in 2009/10 – First Review Draft Report
	Adult Social Care Performance Assessment 2008/09
	Cabinet Forward Plan
	2 nd Review Options Paper
	Work Programme

28th January 2010	Budget and Service Plan
	Performance report
	Major Reviews in 2009/10 – First Review Final Report
	Carers Assessments and the Disabled People's Plan – Update reports
	Cabinet Forward Plan
	Work Programme / Agree 2 nd Review Scoping report

16th February 2010	Major Reviews in 2009/10 – Second Review Witness Session 1
	Carers Assessment
	Cabinet Forward Plan
	Work Programme

25th March 2010	Major Reviews in 2009/10 – Second Review Witness Session 2
	Cabinet Forward Plan
	Disabled Facilities Grant – information report
	Work Programme

22nd April 2010	Major Reviews in 2009/10 – Draft Final Report
	Cabinet Forward Plan
	Valuing Employment Now – information report
	Care Quality Commission Report
	Work Programme

CABINET FORWARD PLAN

Contact Officer: Nav Johal
Telephone: 01895 250692

REASON FOR ITEM

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

OPTIONS OPEN TO THE COMMITTEE

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

INFORMATION

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

SUGGESTED COMMITTEE ACTIVITY

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

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The Cabinet Forward Plan

Period of Plan: March 2010 to June 2010 inclusive

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
<small>ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; E&CP = Env't & Consumer Protection; F&R = Finance & Resources; P&CS = Planning & Community Services</small>									
CABINET - 18 MARCH 2010									
434	Section 75 Agreement for the Community Equipment Service	Cabinet will be asked to approve a pooled budget arrangement for the Community Equipment Service between the Council and the PCT under section 75 of the National Health Services act 2006.	All		Cllr Philip Corthorne	Beverley Grayley	Community Health Staff, Hillingdon Hospital NHS Trust		NEW
SI	Social Services, Health & Housing Policy Overview Committee Major Review	The Policy Overview Committee will be presenting their report on a review on the transformation agenda and direct payments in Hillingdon with recommendations to Cabinet for consideration (in conjunction with a related report no. 419 on the Forward Plan below).	All		Cllr Philip Corthorne	DCEO Charles Francis / Morgan Einon			NEW

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419	Support, Choice and Independence - The Future Of Adult Social Care	Over the next few years the personalisation agenda in Adult Social Care will transform service delivery for 6,000 residents receiving social services. We are proposing to build our new services around the themes of support, choice and independence - becoming a more enabling organisation that supports residents to have more control over what services they receive and enjoy greater autonomy in their lives. A key juncture in achieving this is the choice over which legislation we use to achieve these outcomes. There are two options: 1) Direct Payments legislation and 2) the Local Authority's Wellbeing power under the Local Government Act 2000. The Cabinet paper would address these two options and advise Cabinet on which to choose. This is an important decision for the council as it goes live with personalised budgets for a significant portion of its social care customers from August 2010. This paper is in line with the Social Services, Health and Housing Policy Overview Committee's review of Transforming Adult Social Care and is being developed in consultation with the Committee.	All		Cllr Philip Corthorne	ASCH&H Dave King	There is a wide-ranging engagement and consultation as part of the transformation of adult social care. Residents and their families, carers, staff, partners and providers are all part of this process.	Making progress with Putting People First: Self-directed support Personalisation and the law: Implementing Putting People First (current legal framework)	

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390	Older Peoples Plan - Update	This report provides an update to Cabinet of the Older Peoples Plan targets for 2009/10	All		Cllr Philip Corthorne / Cllr Ray Puddifoot	ASCH&H Dan Kennedy	Engagement of Older People in the delivery of service improvements and close working with voluntary sector leads and officer leads for the Older Peoples Plan across the Council	The Older Peoples Plan 2008-2011	
CABINET MEMBER DECISIONS - MARCH 2010									
438 Page 47	Write-off of former tenant arrears	This report will ask the Cabinet Member to agree that rent arrears owed by specific former tenants, for which there is no reasonable prospect of recovery, should be written off.	N/A		Cllr Philip Corthorne	Huw Thomas			NEW
366	Private Sector Renewal Strategy 2009 to 2012	Hillingdon is required to have a Private Sector Renewal Strategy and to review and update it when major changes are proposed. This report updates our current strategy in respect of private sector housing enforcement, houses in multiple-occupation, empty property, grants and energy efficiency.	All		Cllr Philip Corthorne	ASCH&H David McCulloch	Age Concern, DASH, Hillingdon Carers, Private Landlords Forum, Paradigm Housing, Departments within Hillingdon	Hillingdon Private Sector Renewal Strategy 2005-2009, Hillingdon Housing Strategy 2007-2010	
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	DCEO Democratic Services	Various	Various	
CABINET - 15 APRIL 2010									

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437	National HRA Review Implications for Hillingdon Council	The Department for Local Government and Communities have been reviewing the Housing Revenue Account financing model over the past few years with a view to making changes. One of the possible changes was for local authorities to buy their way out of the HRA subsidy scheme by agreeing to take on additional debt as part of a national re-allocation. In return, local authorities would be able to keep all proceeds from rents and other charges. For those LAs who currently have to pay back subsidy to DCLG as part of the annual settlement (termed negative subsidy) this would cease, with the additional income being used to finance the additional debt repayments. Hillingdon is one such authority and such a move could be beneficial to this authority. A consultation paper in 2009 suggested that local authorities would be invited by DCLG to opt out of the subsidy system in the first half of 2010. The invitation to opt out is expected in March 2010 and this report details the impact on the HRA within Hillingdon, recommending appropriate action depending on the detail of the offer made.	All		Cllr Philip Corthorne	Maqsood Sheikh			NEW
440	Disabled People's Plan - update	Cabinet will receive an update on the Disabled People's Plan & Action Plan approved by Cabinet in July 2009. The plan was developed this by disabled people to give them opportunity to influence the changes that will improve their health, wellbeing and quality of life.	All		Cllr Philip Corthorne	ASCH&H Gary Collier x0570	Disabled People's Champion, Cllr Peter Kemp, all service managers, partners, disabled groups, disabled people's assembly and all caring groups		NEW

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SI	Reports from Policy Overview Committees	Major Policy Review recommendations for consideration by the Cabinet as and when completed.	TBC		as appropriate	DCEO Democratic Services			
CABINET MEMBER DECISIONS - APRIL 2010									
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	DCEO Democratic Services	Various	Various	
CABINET - 27 MAY 2010									
435	Single Conversation Agreement including the Local Investment Plan for engagement with the Homes and Communities Agency	The report seeks approval for a Single Conversation Agreement including a Local Investment Plan (LIP), a document which the Homes and Communities Agency (HCA) requires to assist in their funding allocation decisions for housing and regeneration in Hillingdon. The HCA is the government's housing and regeneration agency and the council benefits from significant amounts of their funding for affordable housing. The LIP is intended to capture all the councils investment priorities for places and communities in one document. This will form the basis of an ongoing process of future engagement with the HCA called the "Single Conversation". Eventually a Local Investment Agreement will be developed between the council and the HCA as a result.	All		Cllr Philip Corthorne	Marcia Gillings			NEW
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SI	Reports from Policy Overview Committees	Major Policy Review recommendations for consideration by the Cabinet as and when completed.	TBC		as appropriate	DCEO Democratic Services			
CABINET MEMBER DECISIONS - MAY 2010									

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SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	DCEO Democratic Services	Various	Various	
CABINET - 24 JUNE 2010									
SI	Reports from Policy Overview Committees	Major Policy Review recommendations for consideration by the Cabinet as and when completed.	TBC		as appropriate	DCEO Democratic Services			
CABINET MEMBER DECISIONS - JUNE 2010									
SI Page 50	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	DCEO Democratic Services	Various	Various	
CABINET MEMBER - LIST OF STANDARD ITEMS CONSIDERED EACH MONTH									
SI	Supporting People Update Report on a Quarterly Basis	Regular report to the Cabinet Member on what the Council is doing in respect of the "Supporting People" agenda. The SP programme seeks to provide the delivery of a quality of life and promotion of independence for vulnerable people.			Cllr Philip Corthorne	ASCH&H Barry Newitt 01895 277323			