



HILLINGDON
LONDON



Cabinet

Date: THURSDAY, 26 APRIL 2012

Time: 7.00 PM

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

**Please note the change in
venue for this meeting only**

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

Councillors in the Cabinet:

Ray Puddifoot (Chairman)
Leader of the Council

David Simmonds (Vice-Chairman)
Deputy Leader / Education & Children's Services

Jonathan Bianco
Finance, Property & Business Services

Keith Burrows
Planning, Transportation & Recycling

Philip Corthorne
Social Services, Health & Housing

Henry Higgins
Culture, Sport & Leisure

Douglas Mills
Improvement, Partnerships & Community Safety

Scott Seaman-Digby
Co-ordination & Central Services

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This Agenda is available online at: www.hillingdon.gov.uk

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Agenda

- 1 Apologies for Absence
- 2 Declarations of Interest in matters before this meeting
- 3 To approve the minutes of the last Cabinet meeting 1 - 12
- 4 To confirm that the items of business marked Part 1 will be considered in public and that the items of business marked Part 2 in private

Cabinet Reports - Part 1 (Public)

- 5 Policy Overview Committee Review: Mitigating the Environmental Effects of Telecommunication Masts and Cabinets in Hillingdon and Beyond (Cllr Burrows) 13 - 40
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The reports listed above in Part 2 are not made public because they contains exempt information under Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it.

20 Any other items the Chairman agrees are relevant or urgent

Minutes

Cabinet

Thursday, 29 March 2012

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge, UB8 1UW



HILLINGDON
LONDON

Published on: 30th March 2012

Decisions come into effect on: 10 April 2012 *

Cabinet Members Present:

Ray Puddifoot (Chairman)
David Simmonds (Vice-Chairman)
Jonathan Bianco
Keith Burrows
Philip Corthorne
Henry Higgins
Douglas Mills
Scott Seaman-Digby

Members also Present:

John Riley
George Cooper
Judith Cooper
Brian Crowe
Paul Harmsworth
Mo Khursheed
Edward Lavery
Brian Stead

505. APOLOGIES FOR ABSENCE

All Members were present.

506. DECLARATIONS OF INTEREST IN MATTERS BEFORE THIS MEETING

Councillors Judith Cooper, George Cooper and Philip Corthorne all declared personal interests in item 13 (minute 517) as School Governors.

507. TO APPROVE THE MINUTES OF THE LAST CABINET MEETING HELD ON 16 FEBRUARY 2012

The minutes and decisions of the Cabinet meeting held on 16 February 2012 were approved as a correct record.

508. TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED PART 1 WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS OF BUSINESS MARKED PART 2 IN PRIVATE

The business of the meeting was confirmed and it was agreed that Item 15 (minute 519) was withdrawn from consideration at the meeting.

509. TOWARDS A COMMUNITY INFRASTRUCTURE LEVY FOR HILLINGDON

RESOLVED:

That the Cabinet:

- 1. Notes the content of the Draft Planning Obligations SPD and the Preliminary Draft Charging Schedule.**
- 2. Authorises officers to undertake public consultation on the Draft Planning Obligations Supplementary Planning Document and Preliminary Draft Charging schedule.**
- 3. Instructs officers to report back to a future meeting of Cabinet on the outcome of the public consultation.**
- 4. Grants delegated authority to the Deputy Chief Executive and Corporate Director of Planning, Environment, Education and Community Services to agree, in conjunction with the Cabinet Member for Planning, Transportation and Recycling, to make any minor editing and textual changes to both documents, before they are formally published for public consultation.**

Reasons for decision

In April 2011, Cabinet instructed officers to prepare draft proposals for a Community Infrastructure Levy for Hillingdon. At the meeting, Cabinet welcomed the draft proposals, including a Preliminary Draft Charging Schedule and accompanying economic viability assessment. Cabinet agreed that it be issued for public consultation.

Cabinet noted that the introduction of the levy would result in significant changes to the operation of the existing planning obligations procedures.

Alternative options considered and rejected

Cabinet could have decided not to approve the Preliminary Draft Charging Schedule for public consultation, but it was considered that this option would not have been in the best interests of the Borough.

Officer to action:

James Gleave: Planning, Environment, Education and Community Services.

510. OLDER PEOPLE'S PLAN - UPDATE

RESOLVED

That Cabinet notes the significant achievements to deliver the Older People's Action Plan during 2011/12 to date to improve the quality of life of older people.

Reasons for decision

Cabinet welcomed the progress on the Older People's Plan and the commitment by the Council and its partners to the continued development and improvement of services designed to create a better quality of life for older people in Hillingdon.

Alternative options considered and rejected

None.

Officer to action:

Dan Kennedy, Central Services

511. DISABLED PEOPLE'S PLAN - UPDATE

RESOLVED:

That Cabinet notes the progress made on the delivery of the 2011/12 Disabled People's Plan to date.

Reasons for decision

Cabinet welcomed the progress on the delivery of the Disabled People's Plan and the commitment by the Council and its partners to the continued development and improvement of services designed to create a better quality of life for disabled people in Hillingdon. Cabinet also requested that officers review how best to assist Disabled People who had never worked due to their disability and how the Council could help steer Disabled People to the most suitable courses and training opportunities.

Alternative options considered and rejected

None.

Officer to action:

Daniel Kennedy, Deputy Chief Executive's Office

512. HILLINGDON'S EQUALITY AND DIVERSITY POLICY

RESOLVED:

That the Cabinet approve the Equality and Diversity Policy including the objectives presented within the policy.

Reasons for decision

Cabinet endorsed the Council's equality and diversity policy, which had been updated to reflect changes in equality legislation and requirements under the Equality Act 2010 Public Sector Equality Duty.

Cabinet noted that the policy fully supported the Council's vision of "putting our residents first".

Alternative options considered and rejected

Cabinet could have decided to stay with the existing policy, but given the recent changes in legislation this option was dismissed.

Officer to action:

Vicky Trott, Central Services

513. PLANNING DELIVERY AGREEMENT - REDEVELOPMENT OF THE FORMER NATIONAL AIR TRAFFIC SERVICES SITE, WEST DRAYTON

RESOLVED:

That Cabinet accepts the offer of a gift from Weston Homes in accordance with the provisions of Section 93 of the Local Government Act 2003

Reasons for decision

Cabinet agreed to receive a small amount of monies to assist with the further development of the former National Air Traffic Services site in West Drayton. Cabinet felt it justifiable for the developer to contribute to the public cost of carrying out its planning functions.

Alternative options considered and rejected

Cabinet could have refused the gift, which would have not been in the best interests of the local communities, tax-payers or the Council.

Officer to action:

James Rodger –
Planning, Environment, Education and Community Services

**514. TOWARDS A FRAMEWORK CONTRACT FOR THE PROVISION OF
INDEPENDENT AGENCY PLACEMENTS ACROSS WEST LONDON BOROUGHS**

RESOLVED:

That Cabinet:

- 1. Agree that Hillingdon Council will lead the project to develop and tender a West London framework contract for the provision of Independent Fostering Agency placements on behalf of 9 West London boroughs, including committing procurement, legal, finance and commissioning resources to the project.**
- 2. Note the Cabinet Member for Co-ordination and Central Services' approval that the evaluation split for the tender process will be 60/40 in favour of price vs. quality in view of this being the preferred approach within the other local authorities participating in this project**

Reasons for decision

Cabinet gave its approval to lead a project designed to shape the Independent Fostering Agency provider market in West London. Cabinet noted that Hillingdon's expertise would ensure that the needs of local authorities for fostering placements would be met with a future supply of providers offering good quality and value for money services. Cabinet also noted the variation of the Council's usual procurement rules, which had been agreed by the Cabinet Member.

Alternative options considered and rejected

Cabinet could have decided that Hillingdon Council would not to lead the development of this project or not to vary the standard procurement rules to progress this with the other West London Boroughs.

Officer to action:

Merlin Joseph – Social Care, Health and Housing

515. PLANNING OBLIGATIONS - QUARTERLY MONITORING REPORT

RESOLVED:

That the Cabinet notes the updated financial information attached to the report.

Reasons for decision

Circular 05/05 and the accompanying best practice guidance requires local planning authorities to consider how they can inform Members and the public of progress in the allocation, provision and implementation of obligations whether they are provided by the developer in kind or through a financial contribution. Cabinet noted the report which detailed the financial planning obligations held by the Council and what progress had, and was, being made.

Alternative options considered and rejected

To not report to Cabinet. However, Cabinet believed it was an example of good practice to monitor income and expenditure against specific planning agreements.

Officer to action:

Nicola Wyatt, Planning, Environment, Education and Community Services

516. MONTH 10 2011/12 REVENUE AND CAPITAL MONITORING REPORT

RESOLVED:

That Cabinet:

- 1. Note the forecast budget position for revenue and capital as at Month 10;**
- 2. Note the treasury Month 10 update at Appendix B;**
- 3. Approve the retaining of agency staff as detailed in Appendix C**
- 4. Approve capital release of £100k from Property Works Programme to complete reinstatement works at Colne Valley Caravan Site**
- 5. Approve allocation of £40k from Capital General Contingency to fund remedial fire safety works at Merrifields Children's Respite Home**
- 6. Approve allocation of £288k from Capital General Contingency to fund rectification works at Hayes Civic Hall Car Park**
- 7. Notes the variation of £155,984.21 on the main contract with Breyer Group Plc for the construction of Triscott House**
- 8. Agree to the appointment of a consultant to undertake a review of Property and Major Construction Projects.**

Reasons for decision

Cabinet received an update on the Council's strong financial position and made a number of necessary decisions in relation to reinstatement works, safety works, car park works, contracts and agency staff appointments.

Alternative options considered and rejected

None.

Officer to action:

517. PRIMARY SCHOOL CAPITAL PROGRAMME UPDATE

RESOLVED:

That Cabinet:

- 1. Notes the progress made on phases 1a, 1, 2, 2a and 3 of the primary schools capital programme of works.**
- 2. Notes the use of the SmartEast framework as the procurement vehicle for Pinkwell Primary School, Charville Primary School and Harefield Infants School.**
- 3. Delegates authority to the Deputy Chief Executive and Corporate Director of Planning, Environment, Education and Community Services, in consultation with the Leader of the Council and Cabinet Member for Finance, Property and Business Services, to place a building contract for the 1FE temporary accommodation at Rosedale Primary School, up to the cost of £689k.**
- 4. Delegates authority to the Deputy Chief Executive and Corporate Director of Planning, Environment, Education and Community Services, in consultation with the Leader of the Council and Cabinet Member for Finance, Property and Business Services, to place a building contract for enabling works at Hermitage Primary School during the summer term of 2012 in preparation for the main works in January 2013, up to the sum of £170k,**
- 5. Delegates authority to the Leader of the Council and Cabinet Member for Finance, Property and Business Services, in consultation with the Deputy Chief Executive and Director of Planning, Environment, Education and Community Services, to place building contracts for Pinkwell Primary School (all phases), Charville Primary School and Harefield Infants School.**
- 6. Agree the appointment of Mace as the multi-disciplinary consultants to deliver the Phase 2a Temporary programme, including Hermitage Nursery, as outlined in this report, at a cost of £217k.**
- 7. Agree the appointment of Mace as the multi-disciplinary consultants RIBA stages E-H (tender stage only) for the delivery of both Pinkwell Primary and Harefield Infant school, as outlined in this report, at a cost of £38k.**
- 8. Agree the appointment of Mace as the multi-disciplinary consultants to deliver the Hermitage school enabling works, during the summer of 2012, at a cost of £15k.**

9. Approve the Phase 1 building contract variations as identified within the report, as previously reported to Cabinet.
10. Approve a grant, as outlined in the report, to the London Diocesan Board for the expansion of Cowley St Lawrence, which currently has a construction project onsite.
11. Authorise Council officers to commence a consultation exercise to identify potential Academy sponsors for the proposed Phase 3 new schools.
12. Agrees to release £208k of capital funds in order to progress recommendations for demolishing existing caretaker's bungalow, provision of staff car parking, drainage remedial works and relocation of an existing classroom by September 2012.

Reasons for decision

Cabinet received an update on the primary school capital programme and made a number of decisions to progress the provision of sufficient school places, including placing the necessary building contracts, approving a grant to the London Diocesan Board and authorising the start of consultation to identify potential Academy sponsors for new schools.

Alternative options considered and rejected

Cabinet could have decided to delay or not progress aspects of the building programme, which would have impacted upon the Council's ability to provide sufficient school places.

Officers to action:

Boe Williams-Obasi and Norman Benn - Planning, Environment, Education and Community Services

Exempt Information

This report was included in Part II as it contained information relating to the financial or business affairs of any particular person (including the Authority holding that information) and the public interest in withholding the information outweighed the public interest in disclosing it (exempt information under paragraph 3 of Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 as amended).

518. GRANGEWOOD AND MOORCROFT SPECIAL SCHOOLS - GRANT OF LEASES OF SCHOOL SITES FOR ACADEMY CONVERSION

RESOLVED:

That Cabinet:

- 1. Approves the grant of a 125 year lease of Grangewood Special School on the terms outlined in this report in order to facilitate the conversion of the school to an Academy.**
- 2. Approves the grant of a 125 year lease of Moorcroft Special School on the terms outlined in this report in order to facilitate the conversion of the school to an Academy.**

Reasons for decision

Cabinet agreed the grant of a 125 year lease to the two special schools to facilitate their conversion to Academy status. Cabinet noted that decisions regarding academies are made by the Secretary of State for Education and therefore the Council had no choice other than to progress with the transfer of the premises.

Alternative options to consider and action

None.

Officer to action:

Mike Paterson
Planning, Environment, Education and Community Services

Exempt Information

This report was included in Part II as it contained information relating to the financial or business affairs of any particular person (including the Authority holding that information) and the public interest in withholding the information outweighed the public interest in disclosing it (exempt information under paragraph 3 of Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 as amended.

519. AWARD OF CONTRACT FOR THE MAINTENANCE AND REPAIR OF FENCING AND GATES FOR HILLINGDON HOUSING REPAIRS SERVICE

This report was withdrawn from consideration at the meeting and therefore no decisions were made.

520. PROCUREMENT OF ENERGY SUPPLIES 2012-2016

RESOLVED:

That Cabinet:

- 1. Agree to purchase 7 Corporate Half Hourly electricity supplies, 1 Corporate gas supply and 4 (UMS) electricity supplies via the**

- Government Procurement Service. (GPS) for a contract term from October 2012-2015
2. Agree for Non-GPS supplies to remain with LASER under a new framework contract from October 2012-2016.
 3. Agrees to the use of the buying consortia as proposed for recommendations 1 and 2 rather than conduct its own tendering for these aspects of energy procurement
 4. Agree to tender all the Scottish & Southern (SSE) supplies under a new Fixed Term Fixed Price (FTFP) contract with a commencement date of 1 October 2012 for a contract term of up to 3 years.
 5. Notes that Academies will remain with LASER until contract end date, 30th September 2012 at such time, Academies are removed from Corporate liability and procure their own energy contracts going forward.
 6. Agrees the Council will not renew its bureau services contract with TEAM.
 7. Agrees that Officers will investigate on behalf of the Council energy management software and maintain an energy database to validate energy expenditure and maintain compliance with statutory requirements.
 8. Deems recommendations 1&2 as urgent and requests that the Chairman of the Executive Scrutiny Committee waives the scrutiny call-in period on these in order to instruct the organisations concerned of Hillingdon's requirements so that they are included in their necessary procurement arrangements by 31st March 2012.

Reasons for decision

Cabinet considered a report outlining the Council's energy procurement requirements prior to termination of the current contracts. Cabinet also noted the feedback from schools, the research and critical analysis of the options open to the Council and agreed the strategic direction for the Council to ensure continued best value energy purchasing for October 2012 -2016.

Alternative options considered and rejected

Cabinet could have decided to opt for alternative procurement options.

Officer to action:

David Haygarth -
Planning, Environment, Education and Community Services

Exempt Information

This report was included in Part II as it contained information relating to the financial or business affairs of any particular person (including the Authority holding that information) and the public interest in withholding the information outweighed the public interest in disclosing it (exempt information under paragraph 3 of Part 1 of

Schedule 12A to the Local Government (Access to Information) Act 1985 as amended.

521. IRRECOVERABLE BUSINESS RATES

RESOLVED:

That the Cabinet formally approves the writing off of irrecoverable debt of £1,226,078.38 in respect of National Non-Domestic Rates.

Reasons for decision

Cabinet gave approval for the write-off of irrecoverable debt in respect of certain non-domestic (business) rates valued over £50,000. Such write-offs were required as either the debtor had gone into insolvency or the debt had been statute barred. It was noted that there was no financial cost to the Council as the Government had already allowed for the cost of these write offs in its provision for irrecoverable debts.

Alternative options considered and rejected

None.

Officer to action:

Rob Smith, Central Services

Exempt Information

This report was included in Part II as it contained information relating to the financial or business affairs of any particular person (including the Authority holding that information) and the public interest in withholding the information outweighed the public interest in disclosing it (exempt information under paragraph 3 of Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 as amended.

522. ANY OTHER ITEMS THE CHAIRMAN AGREES ARE RELEVANT OR URGENT

No additional items were considered by the Cabinet.

The meeting closed at 7:27pm

IMPORTANT INFORMATION

DECISION AUTHORITY

Meeting after Cabinet, the Executive Scrutiny fully endorsed all of Cabinet's decisions.

*** Decisions on recommendations 1&2 of Item 16 (minute 520) were deemed urgent by the Cabinet and permission to waive the scrutiny-call in period was**

agreed by the Chairman of the Executive Scrutiny Committee after the meeting. These two decisions therefore come into immediate effect

The remaining decisions made by the Cabinet will come into effect from 5pm, Tuesday 10th April 2012.

Agenda Item 5

RESIDENTS' AND ENVIRONMENTAL SERVICES POLICY OVERVIEW COMMITTEE'S *Review of Mitigating the Environmental Effects of Telecommunication Masts and Cabinets in the London Borough of Hillingdon and beyond*

Cabinet Member	Councillor Keith Burrows
Cabinet Portfolio	Planning, Transportation and Recycling
Officer Contact	Natasha Dogra / Nadia Williams, Central Services
Papers with report	Residents' & Environmental Services Policy Overview Committee's final report on Mitigating the Environmental Effects of Telecommunication Masts and Cabinets in the London Borough of Hillingdon and beyond.

HEADLINE INFORMATION

Purpose of report	To receive the Residents' and Environmental Services Policy Overview Committee's report providing recommendations which seek to help Hillingdon mitigate the environmental effects of telecommunication masts and cabinets.
Contribution to our plans and strategies	This report contributes to the Council's priorities for a safe borough.
Financial Cost	No direct costs are associated with the recommendations of this report.
Relevant Policy Overview Committee	Residents' and Environmental Services Policy Overview Committee
Ward(s) affected	All

RECOMMENDATION:

That Cabinet welcome the report from the Residents' and Environmental Services Policy Overview Committee and agree the local and national recommendations to help Hillingdon mitigate the environmental effects of telecommunication masts and cabinets.

INFORMATION

Reasons for recommendations

The recommendations are aimed at allowing Cabinet to take forward the Policy Overview Committee's recommendations made in the final report.

Alternative options considered / risk management

The Cabinet could decide to reject or amend the Committee's recommendations.

Supporting Information

Although the demand for mobile and wireless products and services is increasing as technology develops and consumer demand increases, Hillingdon residents are increasingly concerned as to the escalating number of planning applications being received for larger masts and ancillary equipment and the effect these are having on the environment and landscape.

The aim of the review was to look into the future growth of mobile telephone masts and ancillary equipment and the effects on the residents and environment of Hillingdon and beyond. It is hoped that the recommendations will propose a better balance of regulation / control of mobile phone masts within local environments with the overwhelming public demand for such services, which will only grow into the future.

Recommendations

The review proposed the following recommendations.

i. Future Demand:

That the London Borough of Hillingdon Planning Service Officers monitor the development of wireless technology and industry updates and recommend to the Cabinet Member for Planning, Transportation & Recycling how the Council's planning policies may need to be adapted;

ii. Technical

That the London Borough of Hillingdon's Highways Department undertake periodic checks to ensure that masts and cabinets are sited where agreed/specified in original application.

That the London Borough of Hillingdon's Planning department works with Utility Operators to ensure that telecommunication and broadband cabinets are more secure;

That the London Borough of Hillingdon Planning Service requests that when Operators are asked to remove redundant masts and cabinet, they report such activity to the Local Authority Planning Department;

That the Head of Planning requests that operators, as part of their annual roll out plans, identify any obsolete equipment and a timescale for its removal;

That Hillingdon Planning department add a condition to mast approvals requiring obsolete equipment to be removed within one month. The Head of Planning has advised a condition wording which would ensure equipment is removed within one calendar month, thus removing the ambiguity: *"All equipment not required for telecommunication purposes shall be removed from the site in its entirety and the site returned to its former state either within one calendar month of the equipment no longer being required or as soon as is reasonably practical, whichever is the sooner."*

iii. Planning

That the Head of Planning requests that all agents submitting applications on behalf of mobile phone operators be required to ensure that all planning proposal coverage maps submitted with proposals tally with the operators most up to date coverage charts;

That Hillingdon's Corporate Property and Construction Service adopt a more flexible approach to the siting of masts and cabinets on Council owned land, with the Corporate Director for Planning, Environment, Education & Community Services arbitrating when a conflict of opinion

is created between the Planning department and the Corporate Property and Construction Service;

That the telecommunications policy in the Development Management Document (DMD) which is being prepared as part of the Local Development Framework reflects the Committee's recommendations;

That the department of Communities and Local Government is asked to provide more guidance to Local Planning Authorities on dealing with telecommunications infrastructure, taking into account the recommendations of this report;

The telecommunications operators submit with their International Commission on non-ionizing radiation protection (ICNIRP) certificates the signal strength and exclusion zone parameters with each planning application;

iv. Regulation

That Office for Communications (OFCOM) communicate their responsibilities under the Communications Act Section 73(3) to Local Authorities nationwide;

That the London Borough of Hillingdon Planning Department request OFCOM's support in ensuring the sharing of telecommunication equipment;

v. Design

That the results of the 'Street Art' research exercise using funding from the Hillingdon Champion for the Arts be reported back to the Committee and act as a model for future design of telecommunications cabinets exercises;

That Local Authorities ask operators to prepare a catalogue of designs for masts and cabinets from which Local Authority Planning Department's can choose a design appropriate to an area, particularly conservation and historic areas;

vi. Health

That the London Borough of Hillingdon use Freedom of Information (FOI) powers to require ICNIRP monitoring reports of a sample of existing masts in Hillingdon (from a limited sample of sites identified from the planning database) and to report back their findings to the RESPOC committee;

That OFCOM assume responsibility to independently verify that telecommunications operators are complying with ICNIRP health standard.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

The Committee's recommendations will provide a springboard for the Council to help Hillingdon mitigate the environmental effects of telecommunication masts and cabinets.

Consultation Carried Out or Required

The Committee took evidence from residents, officers and experts as described in the attached report.

CORPORATE IMPLICATIONS

Corporate Finance

There are no direct financial implications from the outcome of this report. However, it is possible that income streams from planning applications could be affected in the future due to the more stringent rules and procedures.

Legal Implications

The power to implement action plans such as those suggested in this report can be found in Section 1 of the Localism Act 2011 which includes a 'general power of competence'. It gives local authorities the legal capacity to do anything that an individual can do that is not specifically prohibited. These powers are not tied to the benefit of the local authority's area or its residents, and enable innovative responses to local needs.

BACKGROUND PAPERS

As set out in the Review

Mitigating the Environmental Effects of Telecommunication Masts and Cabinets in the London Borough of Hillingdon and beyond



The Review of Mobile Technology and Telecommunications Equipment in Hillingdon Borough and beyond

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Chairman's Foreword

We all use mobile phones and other wireless technology and there is no doubt that this technology is here to stay. However, the consequences are quite clear. To enable us to use this technology we need masts and cabinets. It's a paradox - on one hand we want mobile phones but on the other we don't want the necessary masts and cabinets to blot our environments.

It's not a Hillingdon problem. It's not just a UK problem, it is an International one. The issues we cover in this review and the recommendations made are just as pertinent to Harrogate, Hamburg, Helsinki, Houston and Havana.

I would like to thank my fellow Committee members for their diligence and patience in carrying out this review. There has been much to learn, question and debate. Thanks must also go to members of the Mobile Operators Association. They have been most supportive and given us much guidance and support.

Finally, our thanks go to external witnesses who attended evidence enquiry session and to internal officers including James Rodger, Head of Planning at Hillingdon, whose expertise and enthusiasm for this review was invaluable and to Natasha Dogra and Nadia Williams from Hillingdon's Democratic Services, whose support, particularly in researching facts and figures, has helped make this review possible. I commend the recommendations to Cabinet and beyond.



Councillor Michael Markham
Chairman, Residents' and Environmental Services Policy Overview Committee

Introduction

It's all about communication. The need for one person to connect to another person when they are beyond shouting distance.

Over time man has used hand signals, written on slate, papyrus and paper. We have used smoke, mirrors, flags, telegraphs, letters, the telephone and fax. Each channel of communication was, at the time of its launch, perceived to be the ultimate in technology.

We're in the same position today. With the introduction of new methods of communication. This time, however, it's about mobile phones, iPhones, laptops and iPads. It's about broadband, wireless, Facebook and Twitter, web sites, 'surfing', 'tweeting' and 'googling'.

Most of us use these methods and many of us can't survive without them for personal or business use. Additionally, we expect to be able to use this mobile technology whenever and wherever we want. The fact of the matter is that mobile and wireless technology is here to stay and we have to accept that.

However, the consequence with this march of technology is an increasing number of telephone masts and cabinets spreading throughout our geographical environment.

This has caused much upset with residents determined to protect their environment; and this is reflected by the number of objections made by them in relation to planning applications from mobile telephone operators.

What became clear during this review, is that whilst we couldn't stop progress, there were a number of relatively simple actions that could be undertaken by the London Borough of Hillingdon, other UK local authorities, as well as regional and national government and by telephone operators themselves, that would do a great deal to mitigate the environmental effects of mobile and broadband technology.

The main elements that the overview committee examined during this review are as follows:

- views of residents and key stakeholders
- the future demand for mobile technology
- the effect on transmission facilities required
- how technology could be shared by mobile phone operators
- how operators might be encouraged, by public opinion, or required by regulation, to use their technology in a way as to alleviate residents' concerns, particularly over siting and appearance
- current Hillingdon, regional and national planning policies

This review appears to be the first to take an impartial and pragmatic approach to a national and international problem. Further, the review puts forward recommendations that, if adopted, will do much to protect even to improve the environment whilst not inhibiting the growth of this industry.

EVIDENCE & ENQUIRY

Witnesses

The year long review by the Committee sought evidence from a number of witnesses ranging from Local Authority Planning Departments to private companies. Witnesses are listed below:

- T Mobile UK
- Orange
- Vodafone
- 3
- O2
- Mobile Operators Association
- Apple
- BT
- Virgin Mobile
- Ofcom
- Brunel University
- London School of Economics
- London Borough of Hillingdon ICT Service
- London Borough of Hillingdon Arts Service
- Birmingham City Council
- East Lincolnshire Council
- Haringey Council
- Greater London Authority
- European Union: Council for Communications
- London Borough of Hillingdon Local Development Framework team
- The Phone Mast Company
- Mobile Broadband Networks Limited
- Chairman of Hillingdon Planning Committees
- Residents' Associations
- London Borough of Hillingdon Corporate Property and Construction service
- Institute of Engineering and Technology
- Centre for Public Scrutiny
- Hillingdon Association of Residents' Associations
- Northwood Residents' Association
- Northwood Hills Residents' Association
- Ruislip Residents' Association
- Hillingdon Council of Leaseholders
- European Union Council for Communications
- Greater London Authority
- Imperial University London
- Sony UK
- Panasonic
- Airwave Solutions Ltd

Part I

Future demand

The UK telecommunications market is expected to see record growth over the next five years. In 2011, total revenue increased by 2% to £35.6 billion and is expected to see slightly stronger annual growth levels of between 3% and 4% in the following four years. In 2015, the value of the market is forecast to reach £40.7 billion (at 2010 prices), equivalent to cumulative growth of 17% in real terms compared with 2010.

Mobile phone and broadband uptake, along with technological advancements are believed to facilitate growth during the forecast period.

The market is expected to be particularly driven by the popularity of smart phones, mobile broadband services, and increased demand for data services and mobile applications. The recent surge in popularity of laptops and iPads has boosted the need for further telecommunications coverage across the UK and beyond. This demand has in turn led to an increase in telecommunications equipment erected nationwide. The services offered are used for business purposes, recreational use and even by Emergency Services and the Ministry of Defence.

In 2011 there were 4 planning applications for new masts and 23 applications for free-standing cabinets to be erected in Conservation Areas. The 4 masts received 41 individual objection letters from local residents.

There are now so many telecom cabinets that when asked BT and Virgin advised Council highway engineers they did not know how many thousands of cabinets were in Hillingdon. Data on telecom masts is more accurate though. The London Borough of Hillingdon now has a total of 118 T-mobile & 3 masts, 111 Vodafone masts, 103 O2 masts and 69 Orange masts located within the borough.

The future demand for these services is expected to increase and with services such as 4G and 5G being constantly developed, it is anticipated that the amount of telecommunications equipment will rise in Hillingdon and across the United Kingdom.

We are aware of the new products being introduced and in the pipe-line. It seems that almost every day we can read about some 'revolutionary' product that will assist us in communicating with each other. The growth of wireless technology within the home and workplace is constantly progressing: gadgets such as Smart televisions and accessing the internet through a television with a wireless keyboard are becoming very popular. The digital media receiver launched by Apple Inc is designed to play digital content straight on to a widescreen high definition television screen. This constant technological progression makes it very difficult to anticipate what the future holds - the only thing that is certain is that this industry will never stand still.

We were interested to learn how the 'experts' saw the future developing and contacted a number of professional institutions, universities and companies asking for them to do some 'blue sky' thinking and to let us know their views. There was no response. We have been led to believe that the reason why no one was sharing their ideas for the future was quite simple: they worked for the industry and were bound by confidentiality agreements or they were fearful of losing commercial advantages.

Thus, we have no idea what the future holds, other than it will be different. What is definite is that the reasons for carrying out this review are as valid today as they probably will be for some years to come.

1. The Committee recommend that the London Borough of Hillingdon Planning Service Officers monitor the development of wireless technology and industry updates and recommend to the Cabinet Member for Planning, Transportation & Recycling how the Council's planning policies may need to be adapted.

Part II

Technical

2012 will see the introduction of 4G technology, operated on two new frequencies - 800MHz and 2600MHz. The lower frequency will travel further while higher frequencies are less powerful. The frequency for National Rail radios was 900MHz while the Police operated at the frequency of 450MHz. Witnesses said the 4G technology was still being investigated and the frequencies and issues of mast sharing were yet to be determined.

Operators are increasingly sharing masts with different companies: '3' and 'T-mobile' shared almost 100% of their telecommunication masts and ancillary equipment. Vodafone and O2 were also investigating ways of developing joint sites.

Whilst masts and boxes are being shared, there is a limit on how much equipment can be stored inside a roadside cabinet - or a POW (Portastor Optima Weatherproof cabinet) i.e. 12 data cards, the size of an average laptop, could be kept within one cabinet. The amount of data on each site is different and therefore the amount of equipment differs. The depth of most cabinets is 1.5m, increasing to 2.2m when the cabinet door is open. The preferred location for a cabinet is on the grass verge. Cabinets must be located 1.5m away from the road, with an absolute minimum distance of 1.2m.

Applications for cabinets are usually received by the London Borough of Hillingdon electronically from mobile operators e.g. Vodafone and 3, and utility companies e.g. BT and Virgin. The application describes the exact location of the cabinet in relation to the phone mast (if applicable) and the adjoining footway.

Following the current procedure, the relevant companies apply for works on the public highway to be undertaken. This application is processed online via software used nationally that all utilities companies are privy to. In this application, the company specifies when the work will be carried out, what work is to be performed, traffic management issues, the date and time of the work and checks to be undertaken at the site.

Once the work has been completed spot checks on the site are carried by Council Officers within a 2 year guarantee period. During this time if there is a fault with the site the operator would be contacted to fix the fault. If the fault poses a danger to the public there is a 2 hour time limit within which the site must be accessed by the operator. For non-dangerous damage there is a 10-day time limit. For dangerous damage, Council Officers remain at the site until the operator arrives. If the operator does not attend within the time limit they are charged. The operator would also be charged for the make-safe actions taken on the site, along with, officer time, traffic management issues and any other inconvenience caused.

Approximately 250 applications are received for cabinets used in conjunction with phone masts and cabinet repairs each year. Over 200 site visits by Council officers each year are undertaken to check for site safety and cabinet maintenance.

Planning officers have an influence over the placement of a cabinet when it is being located within a conservation area; otherwise, all applications are considered by Highways Engineers.

As new technology is introduced, existing masts and cabinets can become redundant. However, we were most concerned to learn that much of this redundant equipment is left in-situ, even though companies are required to remove it.

Telecommunication operators are required to remove equipment ‘as soon as reasonably practical after it is no longer required for telecommunications purposes’ under the Town and Country Planning (General Permitted Development) Order. In practice this means there is no precise timeframe for equipment to be removed, nor is there any way for Councils to know if equipment has become obsolete. The matter of whether a condition is required to ensure removal of obsolete telecommunications equipment has been discussed at Committee meetings. In short the Legislation does require its removal, but to no specified timescale, the legislation does also require the land to be restored to its former state (which in practice means the operator would have to plant grass seed if appropriate etc..)

The Head of Planning has advised a condition wording which would ensure equipment is removed within one calendar month, thus removing the ambiguity:

“All equipment not required for telecommunication purposes shall be removed from the site in its entirety and the site returned to its former state either within one calendar month of the equipment no longer being required or as soon as is reasonably practical, whichever is the sooner.”

There is a high rate of cabinet vandalism, with doors and wires sometimes being stolen. These issues are faced by most Local Authorities nationwide, and are not specific to Hillingdon alone.

We questioned that cabinet manufacturers appeared to be unable to produce more secure products. Bearing in mind the cost to operators in paying for the Council to oversee damaged cabinets and subsequent repair charges and it appeared to us that it must be more economical to purchase more secure cabinets.

Utility companies pay the Borough in the region of £120,000 per annum for sample inspection costs. New parliamentary legislation brought in on 29 November 2011 awarded Local Authorities new powers to impose on utilities companies and require payment of approximately £250,000 to the Borough to carry out the works for cabinets.

2. The Committee Recommend:

i. that the London Borough of Hillingdon’s Highways Department undertake periodic checks to ensure that masts and cabinets are sited where agreed/specified in original application.

ii. that the London Borough of Hillingdon’s Planning department works with Utility Operators to ensure that telecommunication and broadband cabinets are more secure.

iii. that the London Borough of Hillingdon Planning Service requests that when Operators are asked to remove redundant masts and cabinet, they report such activity to the Local Authority Planning Department.

iv. that the Head of Planning requests that operators, as part of their annual roll out plans, identify any obsolete equipment and a timescale for its removal.

v. that Hillingdon Planning department add a condition to mast approvals requiring obsolete equipment to be removed within one month. The Head of Planning has advised a condition wording which would ensure equipment is removed within one calendar month, thus removing the ambiguity:

“All equipment not required for telecommunication purposes shall be removed from the site in its entirety and the site returned to its former state either within one calendar month of the equipment no longer being required or as soon as is reasonably practical, whichever is the sooner.”

Part III

Planning

The London Borough of Hillingdon is responsible for dealing with all applications for telecommunications development in the borough and working towards minimising the visual impacts of such development.

The majority of telecommunications applications dealt with in Hillingdon are for prior approval. These are smaller developments, such as new phone masts under 15m in height, which are classed as permitted development under Part 24 of the Town and Country Planning (General Permitted Development) Order 1995 as amended, subject to detailed consideration of their siting and design. These applications must be determined within 56 days or they are automatically permitted.

Major telecommunications development (e.g. masts over 15m high), proposals in Conservation Areas, on Listed Buildings or on buildings/structures where there is already a significant amount of telecommunications development, require full planning permission and are dealt with in the same way as a normal planning application. Some minor development such as the erection of an additional equipment cabinet, additional dishes or antennas to an existing installation, the erection of some antennas on the roof of a building, or very small installations are not subject to any planning control. Full details of what telecommunications equipment requires planning permission is contained within Part 24 of the Town and Country Planning (General Permitted Development) Order.

Planning applications and prior approval applications are determined by the Council's area planning committees.

As Local Authorities are the responsible authority for telecommunication masts located within their boroughs, any questions regarding planning and environmental issues raised by residents are conveyed to the Council.

Although a number of questions relate to the location of masts, Hillingdon residents have contacted the Council on numerous occasions to record concerns in respect of the installation of cabinets.

The main concerns about cabinets were:

- The size and locations of the cabinet
- Health and safety for pedestrians using the street
- Vandalism of the equipment
- Environmental damage
- Visual pollution

The Council's Corporate Property and Construction Service manage the land, properties and assets owned by the Council. In 2007, a moratorium on the siting of masts and cabinets on Council owned land and properties was lifted. The Corporate Property and Construction Service informed the Committee that there were occasions when the installation of a mast or cabinet could devalue the land.

Operators may request to place masts on Council owned land or properties for a rental fee. Last year some £15,000 was paid to the Council for use of such land and property.

Each telecommunications application considered by the Planning Authority must hold an ICNIRP certificate to indicate that the mast site had been investigated and does not pose any health and safety issues. Mast applications received by the London Borough of Hillingdon did include ICNIRP certificates but did not state what the signal strength would be or what exclusion zone had been decided.

An exclusion zone emanating from a transmitting antenna is the physical area either partially or completely enclosing the antenna where the power density exceeds the relevant guidelines [ICNIRP]. The shape of these zones is determined by the type of antenna. The size of the zone is determined by the amount of power being transmitted by the antenna.

Most modern communications systems have varying power levels depending on the amount of traffic on the site. This means that the exclusion zones are actually changing size during operation, and may for instance be negligible in off peak hours.

We are of the view that such certificates submitted with planning applications should include signal strength and exclusion zone parameters. The Head of Planning has advised that the Council maintains what is called a 'local list'. The local list indicates what documents are required to support different types of planning application to enable them to be registered (re: Applicants must submit the required information to get their application determined). The Head of Planning advises that the local list can be adapted to require this information for telecom masts that require full planning permission.

As cabinets are, arguably, more environmentally intrusive than masts, there is increasing concern at the number and size of cabinets being installed.

Outside of conservation areas, there appears to be little that a local authority can do to influence the size: this is dictated by the technical aspects and, particularly in the case of BT and Virgin, their location. Furthermore, it appears that these two companies are under no obligation to seek approval from a local authority as to where they install their cabinets.

We have been unable to discover when such freedom was given or by whom. It is of great concern that Planning departments have no control over the siting of their cabinets and we are of the view that this should change.

The Committee submitted a survey to Local Authority Planning departments London wide and further afield in order to get their views on telecommunication masts in their areas.

The majority of respondents did not think that full planning permission should be required for all telecommunication installations (as is the case in Scotland and Northern Ireland).

This was because they considered that there would be a complete lack of resources to deal with the sheer volume of applications that would be received. Furthermore, some installations should continue to benefit from permitted development rights and where relevant, the prior approval process.

Results from the survey indicated that respondents believed that the scope of what could be covered by a prior approval application should be tightened to require full planning permission in more cases.

With regards to communication between the Local Authority and operators, the majority of respondents suggested that there was partnership work between the local authority and mobile phone operators evident in planning applications received by their council most of the time.

Coverage charts

We were advised that very often in the applicant's written evidence the 2006 coverage map is submitted to support a need for a stronger 3G signal in an area, i.e. "*... a new mast...is out of date.*"

Current information carried on the Mobile Broadband Coverage checker website frequently shows a stronger coverage than the 2006 map submitted with the application.

The above point is pertinent, as quite simply, in deciding whether to approve a scheme, the Planning department checks whether there is, in fact, a need for the mast by looking at coverage diagrams submitted by the applicant. If there was really very little benefit in terms of coverage, we were told that the local Planning Authority would be less willing to approve masts which impact on visual amenity, but that it doing this based on what it assumes are accurate coverage diagrams.

The operators all have coverage maps which are required by OFCOM to be kept up to date showing their network coverage. This suggests that decisions are being made by the Planning department based upon out of date or misleading information.

National Planning Policy

The National Planning Policy Framework has very limited guidance on how local Planning Authorities should deal with telecommunications proposals. What policy there is encourages growth of telecommunications infra-structure and reduces local planning caveats.

Subsequently, local Councils have to consider policies individually to deal with the issues that arise from telecommunications infra-structure growth. This method however is problematic as telecommunications growth is a National issue. At the moment there is widespread proliferation of cabinets in local streets and issues such as having more than one design for cabinets would be easier led at a National level than a local level. It is therefore the Committee's view that the Government should re-consider whether it is appropriate to have a policy vacuum on telecommunications infra-structure.

3. The Committee Recommend:

- i. that the Head of Planning requests that all agents submitting applications on behalf of mobile phone operators be required to ensure that all planning proposal coverage maps submitted with proposals tally with the operators most up to date coverage charts**
- ii. that Hillingdon's Corporate Property and Construction Service adopt a more flexible approach to the siting of masts and cabinets on Council owned land, with the Corporate Director for Planning, Environment, Education & Community Services arbitrating when a conflict of opinion is created between the Planning department and the Corporate Property and Construction Service.**
- iii. that the telecommunications policy in the Development Management Document (DMD) which is being prepared as part of the Local Development Framework reflects the recommendations in this report.**

The DMD will cover the Councils detailed development control policies, including those covering telecommunications. Such policy would be expected to be designed to protect the character and appearance of the Borough, but it is also considered that such policy should include:

(a) The need for telecommunication operators to utilise technologies to miniaturise/camouflage or improve the visual appearance of any telecommunications apparatus, in particular cabinets which should be appropriately designed, coloured and landscaped to take account of their setting.

(b) That development proposals should have the right information on ICNIRP/ signal strength and exclusion zone parameters

(b) The policy should emphasise the importance of sharing facilities, such as masts, cabinet boxes and antennas and that telecom operators must demonstrate they have fully considered all possible options for equipment sharing

(d) That full account is given of heritage assets and whether different materials or colours should be used for telecom masts and cabinets because of the location of the proposed equipment

(e) That interference with television and other telecommunications equipment is properly considered.

(e) That security of equipment, in particular of cabinets should be considered as part of the planning process

iv. that the department of Communities and Local Government is asked to provide more guidance to Local Planning Authorities on dealing with telecommunications infrastructure, taking into account the recommendations of this report

v. the telecommunications operators submit with their ICNIRP certificates the signal strength and exclusion zone parameters with each planning application

Part IV

Regulation

Mobile operators are regulated by OFCOM under the Communications Act 2003. OFCOM is an independent-of-government body and is answerable to Parliament. It has followed government policy in encouraging the development of wireless technology across the UK. Its remit from Parliament gives it special powers in relation to the sharing of equipment.

Their powers are contained in the Communications Act Section 73(3). In summary, it states that if providers of electronic communications networks and associated facilities with code powers put up barriers to sharing, then the Director (of OFCOM) has the power to impose a condition to secure sharing of apparatus, where there are no viable alternative arrangements.

We were of the view that this was an interesting fact as we had been told by a representative of the London Planning Association that its members were under the impression that they alone were championing the sharing of telecommunications equipment - it appears that OFCOM have been rather tardy in publicising its powers.

In detail the Act states:

(2) Access-related conditions may include conditions relating to the provision of such network access and service interoperability as appears to OFCOM appropriate for the purpose of securing—

(a) efficiency on the part of communications providers and persons making associated facilities available;

(b) sustainable competition between them; and

(c) the greatest possible benefit for the end-users of public electronic communications services.

(3) Access-related conditions may include conditions appearing to OFCOM to be appropriate for securing that persons to whom the electronic communications code applies participate, in cases where there are no viable alternative arrangements that may be made, in arrangements for—

(a) sharing the use of electronic communications apparatus; and

(b) apportioning and making contributions towards costs incurred in relation to shared electronic communications apparatus.

4. The Committee Recommend:

i. that OFCOM communicate their responsibilities under the Communications Act Section 73(3) to Local Authorities nationwide.

ii. that the London Borough of Hillingdon Planning Department request OFCOM's support in ensuring the sharing of telecommunication equipment.

Part V

Design

There is considerable resident concern as to the appearance of masts and, particularly, of roadside or pavement based cabinets - including those used by BT and Virgin for their broadband services.

Operators are well aware of these concerns and much has been written about the various ways that operators have, for example, 'disguised' masts.

The most common suggestion has been to make masts appear to be trees, particularly evergreen fir trees. This may well work in an area where such trees are common but would look very out of place in Hillingdon. Indeed, we were told that masts could be 'disguised' as other tree species. The problem being that such trees would be man-made with leaf covered branches and whilst they might not look too out of place in summer, come autumn they would be the only 'trees'; with leaves on.

We were also told that some antenna have been placed inside church towers or clock towers or, in the case of Guildford Cathedral, to have the appearance of an Angel on the roof top.

Operators are, it seems, able to 'disguise' masts, but are reluctant to do so, generally in view of the additional costs they will have to bear.

It is also important to bear in mind, that masts are not just placed in what one might call 'rural' areas. They are also placed on top of buildings and rooftop antenna can be particularly visually intrusive.

We understand that many rooftop based short antennas' could be 'hidden' by placing glass fibre 'domes' over them. We appreciate that such action might create further planning and environmental issues, however, we are of the view that the benefits might out-way the disadvantages and that this is an approach that might be adopted where applicable.

When it comes to cabinets, the same point is made. Cabinets are simple metal boxes that are painted green.

No one knows why that colour was chosen or, indeed, which government department sanctioned the colour. It just seems to be a practice that has developed over time and which follows the original green brand colour of the General Post Office (the Government department responsible for both postal and telephone services until split into the Royal Mail and British Telecommunication -BT)

Cabinets are used to store technical equipment that makes the system work. They have to be a certain shape and they have to be a certain size, although they are getting bigger as the demand grows and the technology develops. However, they are only metal boxes - they are just the packaging in which the product is delivered.

Whilst the physical size and design of a cabinet is dictated by technical issues, we are of the opinion that the colour can be an aspect that could be changed. The appearance of cabinets could reflect the environment in which they are placed i.e. areas of historic interest or the countryside.

A representative of the Mobile Phone Operators Association confirmed at a committee meeting that giving authorities colour options was, indeed, an option that could be explored. The London boroughs of Southwark and Kensington and Chelsea have showed that with imagination and collaboration with operators, cabinets can, in fact, be made an integral part of the urban landscape.

In Southwark both BT OpenWorld and Virgin Media were active partners in a project led by Southwark Council. Local artists were invited to put forward a design for cabinets as part of a street art competition with the winning designs being applied.

Hammersmith and Fulham Council introduced a similar scheme to combat graffiti and fly-posting.

Both boroughs report positive feedback from residents. To date none of the cabinets have been graffiti-ed, vandalised or fly posted.

The agreement between Southwark council and BT (see appendix 2) shows that, for this project, there were no costs to BT and we see no reason why this type of agreement cannot be reached with all telephone and mobile operators.

Indeed, we would argue that it is in the interest of mobile and telephone/broadband operators to take a pro-active approach to the issue of mast and cabinet design.

To see for ourselves the benefits of 'painting' cabinets to reduce detrimental environmental effects, a research exercise is being carried out with the support of the London Borough of Hillingdon's Arts Service.

Three BT cabinets have been identified in Uxbridge town centre and are to be the subject of a design competition. The winning designs being implemented during summer 2012.

Comments from residents suggest that such schemes would be broadly welcomed, with the caveat that designs applied to cabinets should reflect the local environment and not all be the basis for street art.

Much time and therefore money, not least on fees charged by their planning consultants, is spent in dealing with issues raised by residents, councillors and planning departments, in making planning applications that are then turned down, in identifying alternative sites, in resubmitting applications and in taking refused applications to appeal.

Bearing in mind, the sums the industry spends on promoting their products and services it would seem logical that a very small percentage of the industry's promotional budget should be allocated to building and maintaining better relationships with residents and planning departments by encouraging better design of the public face of the technology - masts and cabinets.

5. The Committee Recommend:

i. that the results of the 'Street Art' research exercise using funding from the Hillingdon Champion for the Arts be reported back to the Committee and act as a model for future design exercises.

ii. that Local Authorities ask operators to prepare a catalogue of designs and colours for cabinets from which Local Authority Planning Department's can choose a design appropriate to an area, particularly conservation and historic areas.

Part VI

Health

Research from Central Government, the World Health Organisation and ICNIRP suggested that the frequencies of these waves are very low and therefore not harmful to humans.

Each antenna had either an 'occupational exclusion zone' or 'public exclusion zone' set around it. Occupational exclusion zones were for people working close to the top of the antenna where the equipment was situated. The exclusion perimeter was dependant on the strength of the waves. Special equipment is worn by antenna maintenance personnel.

Public exclusion zones were set for members of the public. For example, for 3G signal the occupational equipment was situated. The exclusion perimeter was dependant on the strength of the waves. Special precautions are taken by antenna maintenance personnel.

Public exclusion zones were set for members of the public. For example, for 3G signal the occupational exclusion zone was set at 1m in front of the top of the antenna. The point made to us was that the public cannot access the top of masts unless they climbed the pole. We obtained no evidence that the poles themselves were harmful.

National Government had indicated that so long as base stations conform to International Commission on Non-Ionizing Radiation Protection (ICNIRP) guidelines they were not dangerous to health.

These guidelines were issued in 1998 and were constantly reviewed by ICNIRP which consists of scientists from across the world. In 2009/10 ICNIRP undertook a full scientific review of their guidelines which resulted in no major changes being made to their policy. The organisation set guidelines for every frequency.

A majority of survey respondents thought that the International Commission on Non-Ionizing Radiation Protection (ICNIRP) compliance certificates should be verified by an independent authority rather than the present system of self certification by the telecommunications operator.

ICNIRP would be holding their first ever meeting in the UK in 2012 in Edinburgh to undertake a full scientific review of their policies.

Therefore, current science is that as the danger point is at the very top of the masts, many metres off the ground, anyone walking past a mast is quite safe.

Health concerns are often one of the main concerns of objectors to proposed installations. The London Borough of Hillingdon follows the following Government advice on telecommunications developments as set out in the National Planning Policy Framework

"...the planning system is not the place for determining health safeguards. It remains central Government's responsibility to decide what measures are necessary to protect public health. In the Government's view, if a proposed development meets the ICNIRP (International Commission on Non-Ionising Radiation Protection) guidelines for public exposure, it should not be necessary for a local planning authority, in processing an application for planning permission or prior approval, to consider further the health aspects and concerns about them."

As such, providing an application meets ICNIRP guidelines the Council cannot reasonably refuse an application on the basis of direct health grounds. This approach has been confirmed by numerous planning appeal decisions and in the courts

6. The Committee Recommend:

i. that the London Borough of Hillingdon use FOI powers to require ICNIRP monitoring reports of a sample of existing masts in Hillingdon (from a limited sample of sites identified from the planning database) and to report back their findings to the RESPOC committee.

ii. that OFCOM assume responsibility to independently verify that telecommunications operators are complying with ICNIRP health standard.

A mast is a freestanding structure which supports antennas at a height where they can transmit and receive radio waves. When you make a call, your mobile phone transmits a signal to the nearest base station; the signal is then transmitted through mobile and fixed line networks to connect to the person receiving the call.

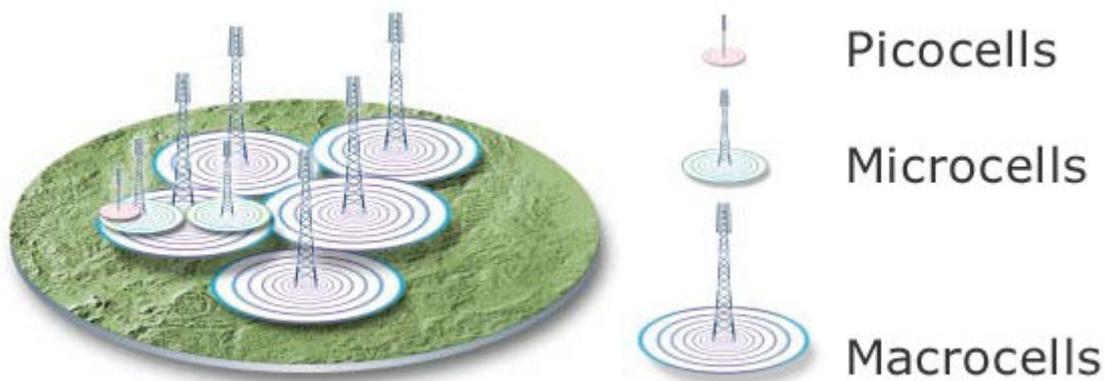
There are about 70 million mobile phones in use in the UK - more than one phone for every person. Many people have a work and a personal mobile, or a mobile and a laptop data card, and mobile phones are used in at least 85 per cent of all households.

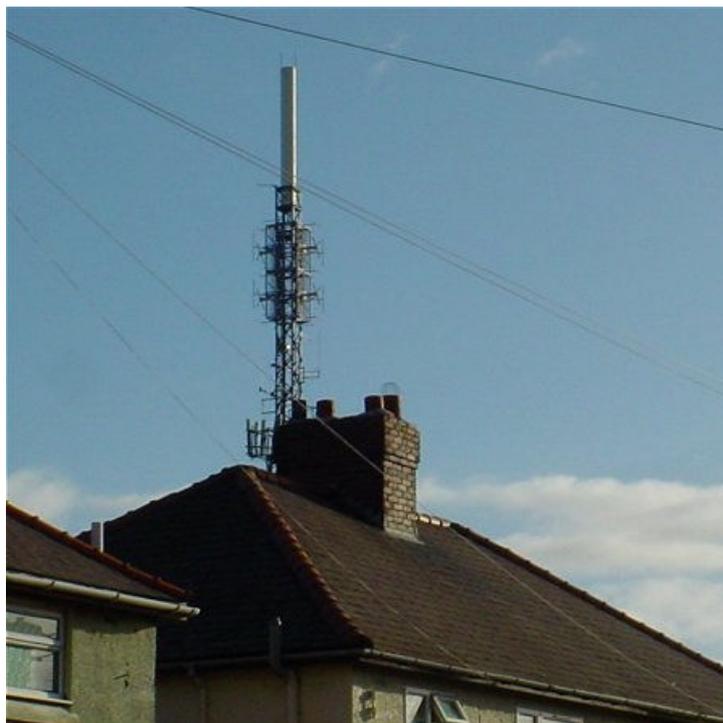
This large number of mobile phones cannot work without the network infrastructure needed to route connections. And installations must be placed close to where people use their phones.

Government policy is to help the growth of new and existing telecommunications systems while minimizing the environmental impact.

How mobile phone networks operate

A mobile phone must have a wireless connection to a base station in order to make a call. A base station is no more than a wireless telephone exchange, designed to provide local connections, with wider links to other national and international networks.





Each base station provides coverage over a limited area, or cell, in the area around the site. That's why in some countries mobile phones are called cell phones. To offer comprehensive network coverage, the cells must overlap each other like a patchwork quilt, so that users can move from one cell to another without breaking connection. As each cell can only handle a limited number of calls, the density of base stations has to be high in areas of heavy use.

The UK government received £22.6 billion from selling the 3rd generation licences in 2000, and total mobile phone related tax revenue now exceeds 20 billion pounds per year. Neither Government nor industry wants to restrict the use of phones or the location of the base stations.

There are many factors that affect the signal levels at any location. These include the number of operators and systems; the tilt and angle of the antennas; the geography of the area and the distance the base-station needs to cover. Microwaves are reflected off flat surfaces. The level of microwaves in an area will depend on things like metal roofs, lamp posts and other structures, building materials and structural additions, cars and lorries, etc.

The only way to know for certain how a particular place, such as a house, flat, school or workplace, is affected by environmental microwave radiation is to measure the exposure.

There is a UK government website which has a reasonably accurate map of the masts currently integrated into the national network. Details are only put up when the mast is up and running. Ofcom, which maintains the site, depends on the phone operators to give them accurate information about the base station. They update the site every 3 months.

Some mobile phone operators are going to extraordinary lengths to conceal the masts that form their networks. They are being disguised as chimneys, clocks, windows, drainpipes, even as weathervanes, all in an effort to meet the demands of planning departments.

Controversy often surrounds applications to site phone networks. Mobile operators were recently barred from putting the masts close to schools in the UK; many parents had said they were

worried about health and safety implications. But the number of masts around the country is set to increase, as networks upgrade to second and third generation mobile technologies.

Each British mobile network has about 8,000 cells, which means about as many masts, and the maximum size of a cell is 35km. In third generation (3G) mobile networks the cell can be a maximum of 8km wide, which means they need lots more masts.

Masts used to be about 30 metres high but as technology improves shrink. Some operators have used fake trees as masts, particularly Scots pines, together with bird droppings and visual effects of pollution. The result is that phone masts almost become invisible.

Indeed, the support pole for the golden angel weathervane on Guildford Cathedral is actually a mobile mast and supports several antennas. In return for using the site, which sits on a hilltop and is a coveted location, the angel was regilded. The street sign for Northumberland Avenue in Westminster is also a plastic sign hiding a few antennas. Dotted around Britain are fake chimney pots, fake flagpoles, fake drainpipes and fake signs all made of glass-reinforced plastic and concealing mobile antennas.

At the Town Hall clock in Hungerford in Berkshire antennas are mounted at the centre of each of the four faces of the clock next to the hands. The four faces have been renewed and the clock hands themselves have been replaced with glass-reinforced plastic versions that have been balanced to ensure the clock keeps the right time.





Definitions

Antenna

The part of the radio system through which a radio signal is transmitted and received.

Transmitter

The electronic equipment needed to generate and send radio waves which are fed to the antenna.

Mast

The structure that supports the antenna in a position high enough for signals to reach over a wide area.

Base station

Mast, transmitter, receiver, antenna and any other supporting equipment.

GSM

Global System for Mobile communications, the second generation (2G) digital technology originally developed for Europe but which now has in excess of 71 per cent of the world market.

3G

A new standard for mobile phones that will allow the transmission of much larger amounts of data - a type of mobile 'broadband'. With 3G internet service, download speeds tend to average slightly more than 1 mbps (megabits per second). The average upload speed on a 3G connection is approximately 225 kbps, depending on signal strength and network congestion.

4G

This is the fourth generation of cellular mobile communications standards. It is a successor of the third generation (3G) standards. A 4G system provides mobile ultra-broadband Internet access, for example to laptops with USB wireless modems, to smartphones, and to other mobile devices. Conceivable applications include amended mobile web access, IP telephony, gaming services,

high-definition mobile TV, video conferencing and 3D television, with average download speeds of 3 to 6 mbps.

Microwave

Microwave means 'very small wave' and refers to the fact that radio signals in this band have shorter wavelengths - and higher frequencies - than long, medium or short-wave radio.

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MAJOR SCRUTINY REVIEW: *DEMENTIA*

Cabinet Member	Councillor Philip Corthorne
Cabinet Portfolio	Social Services, Health and Housing
Officer Contact	Nikki O'Halloran/Nav Johal, Central Services
Papers with report	Appendix A: Dementia Working Group Final Report

HEADLINE INFORMATION

Purpose of report	To receive the Dementia Working Group's report providing recommendations for improvements to the way in which dementia services are currently provided in the Borough.
Contribution to our plans and strategies	Putting our residents first: Our People
Financial Cost	There are no direct cost implications arising from this report.
Relevant Scrutiny Committee(s)	External Services Scrutiny Committee and Social Services, Health and Housing POC
Ward(s) affected	All

RECOMMENDATIONS

That Cabinet:

1. Welcomes the announcement by the Prime Minister on 26 March 2012 that Government funding for dementia research will double to £66m by 2015 and believes this funding will be vital in increasing public awareness and understanding of the disease;
2. Welcomes the report of the Dementia Working Group; and
3. Accepts the recommendations of the Working Group report as reflected below:
 - i) To ensure timely assessment, diagnosis and treatment of dementia, Cabinet requests that NHS Hillingdon and the Local Clinical Commissioning Group be asked to explore the expansion of memory clinic services in Hillingdon and that this be done on a multi-disciplinary, multi-agency basis, reporting back to the Health and Wellbeing Board.
 - ii) That Cabinet gives its full support for the development of a single point of access through the Council's on-line information portal (which will be provided in partnership with the West London Alliance) to ensure that people with dementia and their carers/families can access timely information, advice and

sign-posting to the memory clinic and other appropriate services to aid early diagnosis.

- iii) That Cabinet endorses the Working Group's enthusiastic support for the wider distribution as well as online publication of the dementia information booklet (the 'red book') to GPs, other professionals and voluntary organisations and, in particular, to people with dementia and their carers. As such, Cabinet agrees that officers work with NHS partners to encourage them to identify funding streams to enable this wider distribution.**
- iv) That Cabinet takes into consideration the increasing pressure on those voluntary sector organisations that deliver services to people with dementia when developing its budget proposals for 2013/2014 onwards.**
- v) That Cabinet agrees that the information gathered from the Dementia Stakeholder Event held on 12 January 2012 and throughout this review be used to form the foundation of Hillingdon's Dementia Strategy.**
- vi) That Cabinet endorses the provision of a programme of effective basic training and continuous professional and vocational development in relation to dementia for community health and social care staff, GPs and staff within care homes to be developed jointly by the Council and NHS Hillingdon.**

INFORMATION

Reasons for recommendation

The recommendations are aimed at building upon the work currently undertaken by the Council and partner agencies in relation to the provision of services in the Borough for people with dementia and their carers and families. An improved service will contribute to improvements in residents' health and wellbeing.

Alternative options considered / risk management

The Cabinet could decide to reject or amend one or more of the Working Group's recommendations.

Supporting Information

1. The Dementia Working Group was set up by the External Services Scrutiny Committee to review and recommend improvements and formalisation of the Council's arrangement for addressing the issue of dementia in the Borough.
2. There are estimated to be 600,000 people in England with dementia and the numbers are expected to double in the next 30 years. Approximately one third of those with dementia have been formally diagnosed – therefore, two thirds of people with dementia remain undiagnosed and untreated. The estimated costs of dementia are expected to increase from £15.9 billion in 2009 (of which around £8.2 billion are direct health and social care costs) to £34.8 billion by 2026 – this is an increase of approximately 119%.
3. This increase in the number of cases of dementia will put increasing pressure on carers and the voluntary sector, as well as having significant financial implications for the Council and the health services.

4. The Working Group set out to establish what services and information were needed and valued by individuals with dementia and their families/carers and gained this information from the Stakeholder Event. The witness sessions were then used to speak to the voluntary, public and private sector service providers to establish what services were currently available for people with dementia and their families/carers.
5. The review took place between January 2012 and March 2012 and was presented to the External Services Scrutiny Committee on 28 March 2012 for its endorsement before submission to the Cabinet.
6. Relevant officers have been contacted and are happy to progress and follow up the recommendations within the report.
7. The Committee's report (attached) gives full details of the review.

Financial Implications

At this stage, there are no financial implications relating to this report. Any further developments of this service will have to apply for funding through the appropriate methods.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The Committee's recommendations will provide a springboard for the Council to take those steps necessary to improve support offered to people with dementia and their carers and families.

Consultation Carried Out or Required

Following a successful bid for three days of expert advisor support from the Centre for Public Scrutiny (CfPS), a dementia stakeholder event was held on 12 January 2012. Approximately 140 people attended the event. Although the majority of these attendees were carers of people with dementia, there were also representatives present from a range of statutory and voluntary organisations that work with individuals with dementia. The comments and suggestions gathered at the event identified a number of key areas of concern. These issues were the main focus for the Working Group.

During the course of the two site visits and the four witness sessions, the Committee also received evidence from residents, officers and experts as described in the attached report.

CORPORATE IMPLICATIONS

Corporate Finance

Corporate Finance has reviewed this report and is satisfied that there are no direct financial implications arising from this report. Any further developments of this service will have to apply for funding through the appropriate methods.

Legal

Under the Council's Constitution, the Cabinet has the appropriate powers to agree the recommendations proposed at the outset of this report. There are no other significant legal implications arising out of this report to bring to Cabinet's attention.

BACKGROUND PAPERS

None.

Dementia

Report of the Dementia Working Group



A Working Group established by
the External Services Scrutiny Committee

Members of the working group

Cllr Peter Kemp (Chairman)

Cllr Dominic Gilham

Cllr Phoday Jarjussey

Cllr John Major

Cllr Michael White



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Report of the Dementia Working Group

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Chairman's Foreword

This Working Group was set up to review the provision of dementia services in the Borough. I was appointed to chair the Group which would investigate the issues and report back to the parent Committee, the External Services Scrutiny Committee.

We started the review with a Dementia Stakeholder Event which was attended by 140 individuals, the majority of whom were carers of people with dementia. The comments and suggestions gathered at the Event identified a number of key areas of concern to carers. These issues were the main focus for our Working Group.

It is clear that only a small percentage of people with dementia have actually been formally diagnosed and are receiving the support that they need. Whilst some of those that remain undiagnosed are already in the care system, there is a large number that are being cared for by their spouse or other family members, many of whom are managing without any support at all. The work undertaken by all carers should be applauded as they are enabling the people they care for to remain in familiar surroundings and improving their quality of life.

We are very grateful to the many witnesses and Council officers who came to our meetings to provide us with the information needed to make our recommendations and we particularly thank:

Natalie Fox, CNWL; Dr Lawrence Woo, Woodland Centre, CNWL; Keith Bullen, NHS Hillingdon; Joan Veysey, NHS Hillingdon; Dr Ellis Friedman, NHS Hillingdon/LBH; Jules Jones, Admiral Nurses; Linda Matthews, Alzheimer's Society; Joyce Moon, Age UK Hillingdon; Stephanie Collins, Age UK Hillingdon; Jill Patel, Hillingdon MIND; Penny Chubb, Parkfield Nursing Home; Andrew Campbell, Woodlands; Dr Patricia Hurton, Hillingdon CCG; Derval Russell, The Hillingdon Hospitals NHS Foundation Trust; Lorna Kelly, The Hillingdon Hospitals NHS Foundation Trust; Claire Thomas, Hillingdon Carers; Paul Feven, LBH; Gary Collier, LBH; Belinda Norris, LBH; Brian Barry, LBH; Hari Pillai, LBH; Sandra Lake, LBH; Angela Woolley, LBH; and Nikki O'Halloran and Nav Johal, Democratic Services, LBH.

A very special 'thank you' goes to all of those people that have been involved in the different stages of this review. These people very kindly gave up their time to talk to us about their personal experiences of dementia - both the positives and the negatives, from personal and professional perspectives - and how this impacted them. All these people have clarified the importance of this review and shown the need for the recommendations that we have made.

During the course of our review, it has become clear that the number of people with dementia is increasing and is not going to go away. As such, the status quo is not an option.

Cllr Peter Kemp



Summary of Conclusions

As part of the Dementia Working Group's review, Members have reached the following key conclusions:

- a. Unpaid carers are hugely important in maximising the time that people living with dementia can remain independent in the community and should be recognised as such. Work is also being undertaken by Council officers to increase flexibility for carers in the support options available to them through the extension of personalisation in the form of Personal Budgets to carers. It should be noted that the NHS will also be providing support to carers of people with dementia who meet eligibility criteria for Continuing Healthcare.
- b. It is important to hold regular reviews of people with dementia on anti-psychotic medication to prevent avoidable loss of functionality and independence. Furthermore, it is important that regular, multi-agency reviews of the needs of people with dementia are undertaken. The Working Group believes that the voluntary sector has an important role in providing post-review support.
- c. There is already significant work being undertaken by partners across the Council, NHS and voluntary sector to review the models of care to ensure that people with dementia receive support in the community and get the right help from the right person at the right time, including:
 - development of extra care as a viable alternative to institutional care for people with dementia;
 - development of specialist resource centres for people with dementia that will also provide short break opportunities for carers of older people with more complex needs, the details of which will be set out in the Older People's Commissioning Plan to be considered by Cabinet in the autumn;
 - specialist dementia services with voluntary sector organisations such as the Alzheimer's Society and the WRVS to prevent admission (and readmission) into hospital and care homes;
 - development of bed and non-bed based intermediate care services for people with dementia; and
 - inclusion of psychiatric support within the Rapid Response Service to enable it provide crisis intervention to prevent avoidable hospital admissions.
- d. As well as there being a need to provide of a programme of training for community health and social care staff, GPs and staff within care homes, the Committee is pleased to note that the NHS will be encouraging the development specialisms within general practice. The training available to GP practices through the GP National Programme will be important in ensuring that GPs' skills are kept up to date with regard to dementia.
- e. It is intended that a particular focus of provision for Council provided services for older people will be on people with dementia in the greatest need. This is in accordance with the Adult Social Care Personalisation and Commissioning Plan 2011 - 2015 approved by Cabinet on 26 January 2012 and reflects the projected increase in the numbers of people with dementia. Support for people with a variety of eligible needs will be provided in partnership with the private and voluntary sectors, e.g. accessing day activities in care

homes, through Personal Budgets. The level of Personal Budgets will reflect the need for contingency plans to cover emergency situations.

- f. Cabinet's decision in January 2012 to provide initial funding of £50k to the WRVS in 2012/13 is greatly welcomed. This funding will help to train and grow the number of volunteers to provide a dementia monitoring and befriending service.

Summary of Recommendations

Cabinet is requested to give its backing to the following recommendations from the Working Group in order for them to be wholeheartedly taken forward:

Recommendation 1

To ensure timely assessment, diagnosis and treatment of dementia, Cabinet requests that NHS Hillingdon and the Local Clinical Commissioning Group be asked to explore the expansion of memory clinic services in Hillingdon and that this be done on a multi-disciplinary, multi-agency basis, reporting back to the Health and Wellbeing Board.

Recommendation 2

That Cabinet gives its full support for the development of a single point of access through the Council's on-line information portal (which will be provided in partnership with the West London Alliance) to ensure that people with dementia and their carers/families can access timely information, advice and sign-posting to the memory clinic and other appropriate services to aid early diagnosis.

Recommendation 3

That Cabinet endorses the Working Group's enthusiastic support for the wider distribution as well as online publication of the dementia information booklet (the 'red book') to GPs, other professionals and voluntary organisations and, in particular, to people with dementia and their carers. As such, Cabinet agrees that officers work with NHS partners to encourage them to identify funding streams to enable this wider distribution.

Recommendation 4

That Cabinet takes into consideration the increasing pressure on those voluntary sector organisations that deliver services to people with dementia when developing its budget proposals for 2013/2014 onwards.

Recommendation 5

That Cabinet agrees that the information gathered from the Dementia Stakeholder Event held on 12 January 2012 and throughout this review be used to form the foundation of Hillingdon's Dementia Strategy.

Recommendation 6

That Cabinet endorses the provision of a programme of effective basic training and continuous professional and vocational development in relation to dementia for community health and social care staff, GPs and staff within care homes to be developed jointly by the Council and NHS Hillingdon.

Introduction

1. This report presents the findings of the Dementia Working Group which was established by the External Services Scrutiny Committee to review and recommend improvements and formalisation of the Council's arrangement for addressing the issue of dementia in the Borough.
2. Dementia is used to describe a number of different symptoms, defined by Healthcare for London as including changes in memory, reasoning and communication skills, with a gradual loss of ability to carry out daily activities. These symptoms are caused by changes to the brain due to physical diseases such as Alzheimer's Disease. It should be noted that around two thirds of individuals diagnosed with dementia have Alzheimer's; the majority of the remainder have vascular dementia.
3. Given the cross-cutting nature of the review, the Working Group comprised Members of the External Services Scrutiny Committee and the Social Services, Health and Housing Policy Overview Committee.

Reason for the Review

4. Although individuals with learning disabilities that have dementia are more likely to have developed dementia at a much younger age, this review will focus on older people. It will look at what the Council and other organisations are currently doing to diagnose dementia and what support is available to these individuals and their carers. Consideration should also be given to possible improvements to joint working across the different sectors.
5. There are estimated to be 600,000 people in England with dementia and the numbers are expected to double in the next 30 years. Approximately one third of those with dementia have been formally diagnosed – therefore, two thirds of people with dementia remain undiagnosed and untreated. The estimated costs of dementia are expected to increase from £15.9 billion in 2009 (of which around £8.2 billion are direct health and social care costs) to £34.8 billion by 2026 – this is an increase of approximately 119%.
6. This increase in the number of cases of dementia will put increasing pressure on carers and the voluntary sector, as well as having significant financial implications for the Council and the health services.

Aim of the Review

7. The review sought to answer a series of questions including:
 - i. Are residents' expectations and concerns about dementia care and diagnosis reflected in the Council's services?
 - ii. How well developed are local strategies and partnerships with regard to dementia?

- iii. How are instances of dementia currently identified and dealt with in the Borough and is there any additional scope for this to be improved and standardised?
- iv. How have other areas/councils successfully dealt with the issue of dementia care?
- v. What training is available to staff to properly detect and assess dementia cases?
- vi. How can education and training in relation to dementia for health and social care professionals, care home staff, dementia patients and their carers be improved?
- vii. What progress, if any, is being made with the development of a Dementia Gateway?
- viii. How could the use of anti-psychotic drugs, telecare/health/medicine, coordination of care between health and social care ensure a higher quality of care/life for individuals with dementia? What other support would be advantageous to individuals with dementia and their carers?
- ix. How can dementia-related hospital admissions and unscheduled care costs (on the health side) and care home admissions (on the Local Authority side) be reduced? What impact would this have on individuals with dementia and their carers?
- x. How good are local awareness, early identification and diagnosis?
- xi. What information and advice is available locally? What treatment and support services are available?
- xii. How good is care for people with dementia in hospital? How are people with dementia supported in living at home? What is the quality of life for people with dementia in care homes?
- xiii. How are people with dementia involved in their communities and civil society?
- xiv. What support is available for the carers of people with dementia? Is this support sufficient/how could this be improved?

The aim of the review was to review and recommend improvements and formalisation of the Council's arrangements for addressing the issue of dementia in the Borough.

Terms of Reference

8. The Working Group's Terms of Reference were agreed as follows:

- To consider existing internal and external arrangements in the Borough with regard to dementia care and diagnosis and any improvements that could be made;
- To review whether dementia care and diagnosis arrangements are timely, effective and cost efficient;
- To review the guidance and support that is currently available from the NHS and the Council to those with dementia and their carers;
- To seek out the views on this subject from residents and partner organisations, including the voluntary sector, using a variety of existing and contemporary consultation mechanisms;
- To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits; and
- After due consideration of the above, to bring forward cost conscious, innovative and practical recommendations to the Cabinet in relation to dementia care and diagnosis arrangements in the Borough.

Methodology

9. There were a number of methods used to collect evidence for this review:
 - a series of four witness sessions were held in January and February 2012;
 - research was undertaken through relevant literature and websites; and
 - a dementia stakeholder event was held on 12 January 2012.
10. In the latter part of 2011, the Centre for Public Scrutiny (CfPS) made a national offer of two days free expert advisor support for 10 local authorities for scrutiny reviews in relation to Ageing Well. Hillingdon made a successful bid for this support, which was subsequently increased to 3 days. It was agreed by the External Services Scrutiny Committee that the support would be used to facilitate a stakeholder event which would take place prior to the start of the review. The information gathered at this event has been used as part of the review. Approximately 140 people attended the event which involved carers, individuals with dementia and representatives from a range of organisations. Those present at the event received presentations from Linda Sanders, the Council's Director of Social Care, Health and Housing, and Laura Murphy, a facilitator from CfPS, to set out the national and local situation with regard to dementia.
11. In addition to this work, the Working Group attended two site visits: one to the Woodland Centre and the other to the Templeton Café in Hayes. These visits gave Members the opportunity to speak to individuals with dementia and their carers about their experiences.
12. This report presents the findings from these meetings and the Stakeholder Event. It sets out the background to how the review was undertaken and presents the Working Group's findings from the witness sessions. The recommendations contained within this report address the main issues that arose in the discussions.
13. The Working Group is incredibly grateful to those people who gave up their time to attend the meetings and advise Members on the key issues. In addition to those people who attended the meetings, the Working Group is also grateful to those people that spent time discussing their personal experience of dementia with Members.

14. The Working Group set out to establish what services and information were needed and valued by individuals with dementia and their families/carers and gained this information from the Stakeholder Event. The witness sessions were then used to speak to the voluntary, public and private sector service providers to establish what services were currently available for people with dementia and their families/carers.
15. The Working Group looked at:
 - a) improvements that could be made to the awareness and understanding of dementia for members of the public and professionals;
 - b) early diagnosis of dementia; and
 - c) the breadth, quality and availability of information and services for people with dementia and their families/carers.
16. It became clear that the earlier a person receives a diagnosis for their dementia, the more that can be done to help them to live fulfilling lives. However, this also meant that the right information, support and advice had to be in place and easily accessible.

Evidence & Findings

BACKGROUND

17. It should be noted that dementia is primarily a condition faced by older people. The ageing population in Hillingdon indicates that this is going to be a major cause of need in the future. Projections suggest that the number of older people in Hillingdon is likely to increase by over 8% to 37,000 in the next 5 years.
18. Furthermore, there are currently approximately 4,700 residents in Hillingdon that are aged 85 or over, which equates to 13.6% of the over 65 population. Two thirds of the anticipated increase in dementia cases in the next five years will be attributed to this over 85s group (which is expected to grow by 11% during this period).
19. People with learning disabilities are more susceptible to dementias as they get older. Projections suggest that the number of people with learning disabilities living into old age is increasing and it is predicted that there will be an increase in Hillingdon of 7.6% between 2010 and 2015.
20. As the older population in Hillingdon grows, so does the number of people living with long-term conditions:
 - 4,093 people are living with the impact of stroke – approximately 250 new incidences annually;
 - 57,119 people are living with high blood pressure; and
 - It is expected that the number of dementia patients will increase by 9% to 2,710 people in the next five years, and 16% by 2020.
21. This will mean that there will be a growth in the demand for care services in the Borough. In 2010/11, 3,375 older people accessed care services, including 2,076 Home Care Packages. During the course of that year, £36m was spent on older people's care services (£22m on residential/nursing care). It is anticipated that the expenditure on people with dementia will increase to £7m by the end of 2011/12.
22. Despite the increasing number of people with dementia and the huge impact it has on them, on their families and on health and social care services and budgets, as a society, we may not be doing as well as we could to support people with dementia and those who care for them. It is suggested that coordinated services such as rapid response, intermediate care, rehab/re-ablement, supported housing, Admiral Nurses and other carer support services could reduce dementia-related hospital admissions and unscheduled care costs on the health side and care home admissions on the Local Authority side. As well as reducing costs, it is anticipated that early intervention, diagnosis and support could improve the quality of life for the individuals and their carers.
23. Changes currently proposed in the Health and Social Care Bill are likely to result in 80% of NHS commissioning budget transferring to Local Clinical Commissioning Groups. Given that dementia is expected to have such a significantly increased impact on Social Services and NHS budgets, it is essential that all partners work together and that GPs

are involved in the production of joint strategic needs assessments (JSNAs) and health and wellbeing strategies.

Resources available

24. The Working Group believes that it is important to remember that the Council's resources (and those of other public and voluntary sector bodies) are limited and that any action taken to address issues in relation to dementia should not raise residents' expectations too high.
25. As well as commissioning dementia services from Admiral Nurses, Alzheimer's Society, Enara and Hillingdon Carers, Cabinet has recently provided financial support for the provision of additional dementia services by WRVS. However, these resources are limited. As such, any work undertaken as a result of this review would have to be fulfilled within the current budgetary constraints and subsumed within the workloads of existing officers.
26. There is no new money available in Hillingdon to fund the local dementia strategy and any improvements in pathways and services to improve outcomes for people living with dementia and their carers will have to be funded by existing resources being utilised differently.

CURRENT WORK

Dementia Gateway

27. The London Borough of Hillingdon is currently developing a Dementia Gateway. This Gateway would be a set of resources created to support people with dementia, their carers and staff working in dementia services. The Gateway would provide practical tips, tools and activities in relation to dementia. It would also enable individuals with suspected cognitive impairment to be assessed and a diagnosis undertaken at an early stage of the condition. If an individual is diagnosed as having dementia, the service would then review the person within appropriate time scales. In addition the service would signpost people to services which would support them in preventing their mental health deteriorating for as long as possible. As well as improving the individual's quality of life, preventing this deterioration would reduce the financial impact on the health and social care sector.

National Work

28. The 'Living well with dementia - a National Dementia Strategy' was published in February 2009. It set out a vision for transforming dementia services with the aim of achieving better awareness of dementia, early diagnosis and high quality treatment at whatever stage of the illness and in whatever setting.
29. In addition to this Strategy, scrutiny reviews have been undertaken by various Local Authorities including Lincolnshire County Council, Middlesbrough Council, Brighton & Hove City Council and Warwickshire County Council.

Council

30. Although the exact figure is unknown, there is a significant number of people who are undiagnosed. It is anticipated that there will be a vast increase in the number of dementia patients as the years progressed which means that there is an increasing need for a formal assessment process for dementia.
31. The Council has contact with a large number of clients with dementia and the social care team attempts to prioritise them. There is a need for a balanced range of cost effective services – which is difficult to achieve as there are already delays for those that require the service. The economic environment has deteriorated since the dementia model was described so this resource allocation needs to be looked at again. It is likely that, if the current service provision remains in situ, the issues faced by both the service users and the service providers will increase.
32. It is thought that roughly two thirds of dementia patients have Alzheimer's and that the majority of the remaining third have vascular dementia, for which there is no treatment at all. Around 70% of those patients with dementia that were admitted to hospital do not go home, but instead are placed in institutional care.
33. An integrated dementia plan is required in social care. The Council is seeking to support people more in the community and in their own homes in order to prolong their independence. However, this work is hindered in that a lot of resources are locked into institutional care.
34. Mental stimulation is a key factor for improving the care for dementia patients - these patients also benefit from physical activity.
35. The Council funds a number of voluntary organisations to provide services and is looking at the provision of a specialised dementia service. Advice and information is already being provided by a number of organisations in the voluntary sector. Although the Council currently provides a respite at home service for carers of those people with dementia, the Council is looking to re-model the existing service.
36. Services are already under pressure and there is a large number of people that are not using the service as they have not been diagnosed with dementia. It should be noted that the effect of dementia on life expectancy is very modest and the financial burden is more on social care rather than on medical care. As such, it is thought better to concentrate on those known to the system rather than trying to find those that are not known as this would be a very difficult task and there are not enough resources to meet the un-met need.
37. There is an increasing older population in Hillingdon with approximately 34,000 residents aged over 65. Although the census information due for publication in September 2012 will provide a more accurate current figure, a dramatic increase in this group is expected over the next 10 years.
38. 3,375 older people accessed care services in Hillingdon in 2010/11 – this figure includes 2,076 Home Care Packages. Of the £36m spent on Older People's Care Services in 2010/11, £22m was spent on residential/nursing care and £6.2m was spent on people

with dementia. In 2011/12, there was a total of 4,114 older people receiving a care service:

- of the 2,531 older people receiving domiciliary care, 156 had been diagnosed with dementia.
- of the 290 older people attending day services, 97 had been diagnosed with dementia.
- of the 575 permanent placements, 163 were in dementia residential homes and 86 were in dementia nursing homes.

39. The projected spend on Older People’s Care Services in 2011/12 is £30m – this is £6m lower than the previous year and is thought to be achievable, in part, as a result of improvements in the support available for people with complex care needs in their own homes. The projected spend on people with dementia in 2011/12 is estimated to be over £7m (which is an increase on the previous year).
40. The Council’s Older People’s Service (OPS) is involved in a range of work including risk assessments, mental capacity assessments and best interest assessments. OPS also works in partnership with a range of individuals and services including: Safeguarding Adults Service; Community Health Team/Woodland Centre; carers; acute health providers; OPS Provider Services; Housing; private and voluntary care agencies; and organisations representing carers and service users. Some of this work enables the provision of services to support carers.
41. With regard to the support provided for carers, carer assessments are undertaken by OPS and, where applicable, referrals are then made to additional services such as Admiral Nurses. Carers are also signposted to voluntary organisations offering services that are suitable to the individual’s needs. Further consideration needs to be given to focussing more on the prevention of crises.
42. Practical support offered by OPS after the assessment process includes:
- Telecareline – bed sensors and mobile response (this was the subject of a previous Police Overview Committee review)
 - Occupational therapy interventions – specialist seating, home adaptations, etc
 - Extra care sheltered housing
43. The Council has three day centres: Grassy Meadow, Poplar Farm and Asha. Grassy Meadow is not a specialist dementia day centre as it is also used by the frail elderly and younger people with sensory and/or physical disabilities. Poplar Farm is a specialist centre for dementia. Further detail in relation to capacity and attendance is as follows:

Day Centre	Capacity (on a week day)	Capacity (on a Saturday)	Total No. Of Service Users (each week)	Total No. Of Service Users With Dementia (each week)	Total No. Of Service Users With Other Cognitive Impairments (each week)
Grassy Meadow	60	0	139	44	26
Poplar Farm	12	12	42	42	0
Asha	40	40	109	11	21

44. There are 259 service users supported by the mobile response service (MRS) which operates 24 hours a day, seven days a week and is available to individuals that do not have responders or relatives that can be contacted (these individuals have to have a key safe fitted outside their homes to enable access). The service is provided in conjunction with Telecareline so that, where necessary, a member of the Telecareline team will visit the property with a member of the MRS team.
45. With regard to staff training, training workshops are held in the day centres (two have been held at Grassy Meadow in the last three months). Other training is provided for staff in relation to dementia awareness and challenging behaviour. Westminster Training & Development has also been commissioned to deliver training in relation to quality drivers, the provision of a centred approach to care, communication and interaction.
46. Other work currently being undertaken includes the development of an Older People's Commissioning Plan. The Older People's Personalised Service (OPPS) will be focussing on providing day services to those with the highest needs and those with diagnosed dementia.
47. There is concern about the provision of services for individuals with undiagnosed dementia, although there will be a number of these individuals that are already in the care system. Furthermore, it is acknowledged that there will be a number that remain undiagnosed and are self-managing their condition.
48. The provision of support for carers is essential as the carers save the Council and the NHS a lot of money. The Council needs to understand the concerns of the carers to ensure that their needs are met. With regard to social care support, there are eligibility criteria which need to be met. Although the OPS facilitate the process of obtaining social care support, the situation can be more complicated, for instance, where the person has a dual diagnosis, e.g., where an individual has been diagnosed with dementia and Parkinson's disease. It is acknowledged that more needs to be done to establish where there are individuals with dementia that are living alone so that adequate support can be provided.

Council – Inspection Team

49. The Council's Care Services Inspectors undertake inspections in relation to domiciliary care to ensure that the services that have been commissioned by a user are actually being delivered. The inspector's findings are then included in a report that includes any recommendations for improvement.
50. The inspections undertaken in nursing homes and residential homes involved observing staff interacting with the service users to ensure that they are providing the care as detailed in each resident's care plan. Any issues are included in an action plan with timescales attributed to each action. Progress on these actions will then be checked at a later date and support provided where necessary. This work with the homes provides an objective perspective and helps to deliver improvements to the quality of life for their residents.

51. The inspectors attend relatives meetings, provider forums and carers' monthly supervision meetings and liaised with the Council's Safeguarding Team and the Care Quality Commission (CQC).
52. Currently, two inspections of each home are completed every year – one of these will be announced and the other is unannounced. Regular inspections, which are all unannounced and are undertaken at various times of the day and night (e.g., 5am and weekends), are also undertaken with regard to domiciliary care.
53. Many other local authorities do not have an inspection team. A number of West London councils are looking at the possibility of paying Hillingdon to provide an inspection service for them. If agreed, it is likely that an additional post will be created in the team.

Woodland Centre – Memory Clinic (CNWL)

54. A shared strategy has been developed across the Borough and a lot of work has been carried out over the last 2 years to examine issues across the Borough and look at what dementia services are needed. CNWL is aware of what the model for dementia care needs to look like in the future but there are issues to consider around resourcing the model and the work around the partnership to enable resourcing.
55. The Borough has a limited memory service for residents; this has been echoed in the feedback received from the Dementia Stakeholder event on Thursday 12 January 2012. There are long waiting lists for patients; whilst an initial assessment can be carried out quickly, the follow-up appointments can take some time and the waiting list is getting bigger.
56. The service provided by the Memory Clinic is mainly around medication but also offers advice. The Woodland Centre does not have the resources to deal with the number of patients coming though so the waiting lists are growing. In the last 3 years, the number of patients has increased, particularly in the last year. The services provided to dementia patients at the Centre include diagnosis, explanation and containment of people's anxiety. The immediate needs of the condition are often not met.
57. It should be noted that the number of people with dementia in the Borough is around 2,400 and the Memory Clinic has seen around 411 people in the last year. The remaining 2,000 or so patients are likely to be seen elsewhere in the health system (e.g., GP surgeries) and will not necessarily require a psychiatrist but could need care-based assistance. The onward process for dementia patients can be very slow, e.g., the process after hospital discharge and referral to social services.
58. A Clinic patient will be seen initially, have a follow-up appointment 4-6 months later and then have yearly reviews. If there are other issues or the patient becomes progressive, then they will go back to the community team. There is very little space for patients to re-schedule missed or cancelled appointments as the diaries are very full. It is estimated that around two thirds of people with dementia remain undiagnosed so work needs to be undertaken to resolve this and to look at resourcing the service effectively to meet this need.
59. As people are getting older and living longer, and as peoples' awareness is increasing, the demand for the memory service is also increasing. This also means that people are

becoming more demanding in what they want and expect from the health service. There has also been an increase in demand for more support.

60. Dementia training is provided for CNWL staff and there are bids for training which members of the public have access to – this is a tier-based process for training that is carried out in partnership with other organisations, e.g., Dementia UK. Training courses are being co-produced with carers and there are two Admiral Nurses locally who run regular training sessions and raise awareness across the Borough. However, there is no respite care routinely available for the individuals with dementia so that their carers can attend the training provided by the Admiral Nurses. Carers currently need to make alternative arrangements or take the individual with dementia with them to the training course. Carers are made aware of training that is available to them through advertising, voluntary sector, leaflets, etc.
61. Medication currently available can slow down the process for those with dementia, or appears to slow down the signs. In reality, it is rare for a patient to show any signs of improvement and the medication does not cure patients as it does not address the underlying brain deterioration of dementia sufferers. New treatments are being tested but will not be available in the immediate future.
62. As the main benefit of medication is that it helps to slow down the process, it therefore can delay the point at which patients need more personal care and are taken into care homes. This has an enormous economic benefit if the length of time that a patient spends in institutionalised care is reduced. If there are no foreseeable improvements to the quality of life of a patient, medication should not be prescribed. The prescribing of medication also needs to be balanced with the patient's needs and those of the carer.
63. Medication can have negative side effects and it often sedates patients. There are limits to how helpful medication can be as it can affect movement and increase the risk of falls and accidents. There has also been recent press coverage regarding the increase in the chance of having a stroke when taking a certain medication for dementia (Risperdal).
64. NHS Hillingdon currently commissions a memory assessment service in the Borough – although it is a differing model from that highlighted in the National Dementia Strategy. The Department for Health will be releasing a framework for commissioning services for the memory service which will show what the service should look like.

Recommendation 1

To ensure timely assessment, diagnosis and treatment of dementia, Cabinet requests that NHS Hillingdon and the Local Clinical Commissioning Group be asked to explore the expansion of memory clinic services in Hillingdon and that this be done on a multi-disciplinary, multi-agency basis, reporting back to the Health and Wellbeing Board.

NHS Hillingdon

65. Although there has been a shift to up-streaming care and early diagnosis, there is still an over-reliance on institutional care. Joint working is already underway between CNWL, the Council and NHS Hillingdon to develop a model of care for dementia which

would take account of the demographic impact of a rising demand. Over the last 6 months, NHS Hillingdon has been looking at how to shift resources to meet the demand.

66. A lot of work has been undertaken in other boroughs with regard to the effect that admission into hospital or other medical care has on individuals with dementia. It should be noted that there is no bed based intermediate care service available in the Borough for people with dementia – this is a big gap in the service.
67. Work has been done around local strategy and partnership and NHS Hillingdon is looking at shifting away from dependency and into community care – GPs are a key group to take things forward. As such, training for GPs and providing support for them to recognise symptoms of dementia is important. Work is underway across London to commission training for the GPs.
68. Four key groups of people have been identified for training: GPs, hospital staff, community staff and care home staff. Any training provision will need to be targeted around these key groups. There is strong board leadership at NHS Hillingdon which is very engaged on the issues around dementia care. A Dementia Strategy, which has sign up from GPs, has been developed but consideration will need to be given to how savings can be made in order that it can be spent differently.
69. NHS Hillingdon is committed to review those patients on anti-psychotic medication. 30% of these patients have already been reviewed and it is anticipated that 60-70% of these patients will be reviewed by April 2012.
70. There is a possibility that a third sector group could be involved in the delivery of a memory assessment service. There could also be a key role for the voluntary sector once people are diagnosed with dementia, e.g., a dementia advisor role, follow-on support, case management and sign-posting.

Admiral Nurses

71. The charity Dementia UK was established around 20 years ago by the Levy family who personally experienced dementia. Joseph Levy, 'Admiral Joe' had vascular dementia and although his family were in the fortunate position where they could financially afford care for him, they felt that the support offered was very limited. The family struggled to find appropriate support so developed the charity Dementia UK; with research and carer involvement, the family also set up Admiral Nurses.
72. Dementia UK promotes and develops Admiral Nurses in the UK. Dementia UK Training provides high quality training by professionals working with older people, carers and people with dementia. There are currently 75 Admiral Nurses in the UK, two of which are located in Hillingdon.
73. Some time ago, John Suchet appeared on breakfast television to speak about his experiences of dementia and the importance of Admiral Nurses in supporting him. Following the broadcast, there was a lot of press coverage of the service provided by Admiral Nurses which resulted in a general increase in demand. Referrals to the Admiral Nurse service in Hillingdon during that year doubled and, as a result, the way the service works has since changed.

74. The Admiral Nurses in Hillingdon are employed by CNWL and are part funded by the London Borough of Hillingdon. They are based within Social Services at the Civic Centre – this is the only Admiral Nurses service that is based in Social Services and it works well.
75. The journey of dementia can be described as a ‘mystery tour’ as people don’t understand or appreciate the issues that they will face because of the uncertainties of the condition. Patterns do not exist and what happens to one person will not necessarily happen to another. The journey is not linear and there can be some particularly difficult times.
76. Admiral Nurses in Hillingdon use an open referral service: 80% of referrals come directly from the carers themselves; the remaining 20% are from professionals, social services, etc. An answer phone and email service is also used and this is always very busy.
77. The levels of support offered by Admiral Nurses vary. Originally the philosophy for Admiral Nurses was to support from pre-diagnoses to after death or when the person with dementia enters full time care. However, constraints have meant that carers ‘dip in and out’ of intensive support, and use other support that is available. The carers’ information programme is a seven week programme for carers to give them intensive support, guidance and information. Carers’ information days are also provided as a condensed version of the carers’ information to provide training for carers that can’t attend the 7 week programme to get support.
78. The Templeton Café gives carers an opportunity to socialise with their peers and access to an Admiral Nurse on a monthly basis. A carer clinic also enables carers to come into the Civic Centre and see the Admiral Nurses - rather than being open on particular days/times, carers can make arrangements to visit when it is suitable for them. Carers are encouraged to consider important legal aspects and advanced decision making, which includes preparing wills.
79. The Admiral Nurse service offers support, education and expertise to a variety of organisations and departments. Considerable education support is given to the Social Services department and Admiral Nurses work closely with the Duty Team and Safeguarding Adults.
80. More Admiral Nurses are needed to:
- work with primary care;
 - develop post diagnostic support groups for people with dementia and their carers to enable them to plan for the future; and
 - work more closely with palliative care.
81. Carers often miss out on respite care and find it difficult to secure. They appreciate the day centres as this gives them a break in their own homes and they are nervous that access to day centres is going to be withdrawn in the future.
82. Admiral Nurses received approximately 200 referrals in the last year but also provided support for many more that were on their books from previous years. It seems that people find out about the Admiral Nurse services through Dementia UK and CNWL websites and through information at the Woodland Centre and hospitals.

83. Admiral Nurses are currently working with Hillingdon Carers, CNWL, etc, to produce literature for carers and dementia sufferers. The Working Group believes that the service offered by Admiral Nurses could be highlighted in Hillingdon People and on the Council's website to raise the profile of the organisation.

Alzheimer's Society

84. The Alzheimer's Society has been established for about 30 years and started as a charity for carers. A support group was been set up locally and the Society grew from there. The Society has a day centre for young onset dementia patients which provides support for carers and cares for people with dementia of working age.
85. The day centre in Joel Street, Northwood Hills, is a unique cross-borough resource which is not particularly well used by Hillingdon residents. This day centre has some funding issues, although it does receive some funding from the Council.
86. The Alzheimer's Society has a telephone helpline which is available Monday to Friday, 9am to 5pm. Over the last 12 months, the Society has received 441 calls for support – which averages at about 36 per month. A national helpline is also available and it has been suggested that, if consideration is given to having a 24 hour helpline, it will need to be provided on a national basis.
87. In the Borough, there is a Saturday day support centre and two dementia cafés:
- Northwood Hills at the United Reform Church which is open on Tuesday mornings. This café had 1,374 visits last year, an average of 114 per month.
 - Hayes & Harlington Community Association which is open on Friday mornings. This café had 1,148 visits last year, an average of 94 per month.
88. The cafes do not have a funding stream in Hillingdon and the support group receive no funding. The majority of the cost of the cafés is for staffing rather than for the hire of the venues. These cafés are used as a source of information.
89. A monthly Sunday social function group has also been set up and has an average of around 20 people attending. These groups were set up as Sundays can be very lonely for people and often the social life of carers can dwindle to nothing.
90. Dementia Support Workers work with people with individuals with dementia, relatives, friends and carers to improve understanding of dementia. The service provides a personalised information and support service to people with dementia, their carers and families separately from statutory provision. Support Workers, over the past 12 months, started with a case load of 137 and received a total of 177 new referrals. 140 of those were referrals from families of those with dementia, 17 from Hillingdon Hospital, 9 from Social Services, 6 from GP's and 5 from Hillingdon Carers. There had also been 19 referrals for help with getting a diagnosis. The service is important for keeping dementia sufferers in the community and out of hospitals.
91. An analysis of the support work shows that, over 12 months, most people require advice, information and support to gain access to services: Respite Care, Day Care, Sitting Services and Home Care.

92. There is a current National campaign around early diagnosis. As part of this campaign a leaflet entitled 'Worried about your memory?' has been produced and has proven to be the most popular leaflet that the Service has produced. In the past, the Alzheimer's Society sent CDs to GPs about the benefits of early diagnosis, e.g., reducing costs, helping with support and preventing costly interventions later on with the illness. It is thought that awareness raising will help with early diagnosis and that early diagnosis will then open doors to the support services that are available.
93. A study undertaken by the Alzheimer's Society, in partnership with Tesco and Alzheimer's Society Scotland, provided projections and diagnosis rates for dementia – Hillingdon was rated 157th worst out of 169 with regard to diagnosis, measured at the current rate. The study estimated that 2,149 people would be undiagnosed with dementia in Hillingdon by 2021 if the current trend continued.
94. The Alzheimer's Society has some concerns that personal budgets might reduce the options available to service users as well as the resultant quality of care and services that are provided. However, this is still work in progress and the standard of care offered will be looked at closely by officers to ensure that the Council fulfilled its duty of care to residents.
95. There are concerns about GP care, how to get someone with suspected dementia to the doctor, and residents' perception of how good the doctor is and what action they will take. There are still some GPs who will tell patients that 'it is your age' rather than providing them with information in relation to referrals, waiting lists, etc.

Age UK Hillingdon

96. Although Age UK does not specifically target dementia sufferers, about 10% of the individuals dealt with by the organisation are thought to have dementia/memory problems (the majority of clients are 80-90 years old). As such, consideration is being given, subject to funding, to developing specific services for people with dementia which could include more transport availability to take individuals to day centres, singing for the brain and life stories.
97. The 'Willing Hands' service had originally been established by Age UK to provide a cleaning service (not for profit at £20 per hour) but the organisation is now getting enquiries about the provision of a sitting service. Although Hillingdon Carers provide a sitting service, Age UK Hillingdon has been advised by service users that there is a waiting list for the service.
98. Age UK has concerns that care packages for people with dementia are currently inadequate. For example, there appears to be a lack of available respite care and some carers find themselves desperate for a break. It is often difficult for carers to get a week to themselves as there are few respite beds available.
99. Age UK provides a befriending service where volunteers visit people in their own homes – the Council provides funding for this service. These volunteers will then take the person for walks, go to the hairdresser, etc. They also encourage their clients to drink to ensure that they do not dehydrate. There are currently 167 people using the service – 25 of these have dementia and 30 have memory problems.

100. The Active Ageing Group set up by Age UK in Ruislip Manor has 36 clients - 17% of which have dementia. The organisation also holds a Friday Fun-Day Group where around 20% of the users have dementia.
101. Although Age UK does not provide a respite service, the organisation is aware that there is a lack of respite service for carers. It is clear that there is a risk that carers will burn out and become ill if they are not adequately supported. This could result in care being needed for the carers of those with dementia as well as care being needed for the person with dementia.
102. As life expectancy increases, there is an increase in demand for services and action needs to be taken to manage this.

Private Nursing Homes

103. Parkfield Nursing Home cares for 44 individuals, 34 of whom have dementia (although only three of them have been formally diagnosed). Individuals tend to move into the home in the later stages of dementia.
104. Over the last four years there had been approximately 60 residents at Parkfield with dementia. The experience of access to services for these individuals had not been very good. It is thought that a single point of access would be hugely advantageous to those with dementia and their carers.
105. There are times when family members felt that they are unable to look after an individual with dementia, e.g., if a child has been abused by their parent, they should not automatically be expected to look after them later in life. In these circumstances, consideration needs to be given to what support can be provided.
106. It is important that a person with dementia is not ignored. Too often, the relatives are asked about an individual's preferences, likes and dislikes when they should be asking the person themselves. It is important that individuals with dementia are spoken to as equals.
107. Woodlands is a nursing home specifically for individuals with dementia which provides a homely, caring and safe environment for its residents. It is thought that there are a number of issues around emergency care, respite care and funding that need to be investigated.
108. The needs of each person with dementia need to be looked at in isolation to ensure that the services they receive are what is best for them. This might mean that they are placed in a private nursing home. Relatives often worry about someone going into a care home, particularly when the home doesn't meet the needs of that person and they then need to be moved. Adequate interventions need to be in place in these situations.
109. In the past, there has been little choice for individuals in crisis and there has been an excessive and unnecessary use of institutionalised care. Research into extra care housing with 24 hour care and support on site shows that this form of housing is capable of delivering better outcomes and similar or lower costs for people who would normally move into residential care homes. In the future, there will be a range of

options available which will include sheltered housing, extra care housing, residential provision and nursing homes.

Hillingdon Carers

110. Hillingdon Carers support around 4,000 adults and 400 children that are carers - this is around 13% of all carers in the Borough and 1 in 8 households in Hillingdon Borough has carers of some kind. The organisation provides a range of services and has a contract with Hillingdon Council to provide this. It should be noted that one size does not fit all.
111. Hillingdon Carers offer a range of services including a newspaper posted to carers, a carers handbook, access to a named support worker and a specialist support worker, appointments to consider carers situation and needs, referrals to partner organisations, access to training, access to its Wellbeing Service and access to one-to-one intensive support if this is required. The organisation also offers one of the largest young carers' services in West London. Quite a lot of people do not realise the impact that dementia has on children and that most of the young carers that go to Hillingdon Carers for support and advice are primary carers.
112. Over 50% of referrals to Hillingdon Carers in last year were for carers looking after people with dementia. This figure has significantly increased year on year with around 20% of the organisation's current case load being in relation to those with dementia.
113. Hillingdon Carers provides a generic service for any carers, regardless of the need. The service is not specialised for dementia patients. The organisation works closely with the Alzheimer's Society, which provides specialist information on dementia.
114. Hillingdon Carers issues cards at locations across the whole Borough for front line services (e.g., GP surgeries and Hillingdon Hospital). These cards include contact details for the Alzheimer's Society and Hillingdon Carers. It is important to locate services close enough to carers to ensure ease of access.
115. As a result of constraints, the service provided by Hillingdon Carers has changed focus in last year. Previously, the focus was on carers that needed a break but, due to the lack of services available, this focus has had to change. The service has had to think of ways to give carers something meaningful and at the same time be able to bring the individual with dementia with them - examples of such services include the Carers Café.
116. There are six Carers Café's across the Borough which are run in conjunction with the Alzheimer's Society. The purpose of these cafés is to provide a place for carers to go that is close to where they live and where they can take the person they are caring for with them. The cafés offer support, somewhere for people to socialise, provide information and include bite sized training sessions. Staff and volunteers are present at the cafés.
117. The cafés fulfil a need and are more specifically targeted at an older age group. As such, Hillingdon Carers is looking at providing different ways to support younger people that need the service. It should be noted that carers with highest care burden are often the ones that are not getting the kind of service that is necessary for them. Unless a

really robust break service is provided, carers can often find it difficult to leave the house to do things that others take for granted, e.g., the weekly shopping.

118. There is a lot of confusion around the information that is available and people often ask Hillingdon Carers about the services that are available to support them and the person that they care for. There is also confusion about the eligibility criteria for services and how the criteria could be met. Hillingdon Carers have contact with a lot of people that are confused by the information and services that are provided, including the service providers themselves.
119. Although there are carers that meet the criteria for a break, there are often issues about the flexibility of the service to ensure that carers get a break at the right time and for the right amount of time. Quite a lot of carers are middle-aged and were unaware of the break provision.
120. Carers, especially younger adult carers, often feel that they are not told by the Council that the person they care for can be taken into institutionalised care (rather than being cared for in their homes) when they want a break but do not want to go away. This means that carers believe that they can't have a break in their own homes. There has been a general reduction in the number of breaks for people having care relief in their homes. There has also been a reduction in short breaks and in availability and there are long waiting lists for respite care placements. This results in carers who want a small break being unable to have one, even for a few hours, as the services are not able to provide this break.
121. Consideration needs to be given to carers' needs and how providing care for someone on a 24/7 basis affects carers. As Hillingdon Carers has contact with a number of carers that are at crisis point, it provides a counselling service for them.
122. Dementia is a terminal illness so carers for individuals with dementia have a lot of needs. Even though dementia is a terminal illness, it is not seen in the same way as diseases such as cancer (which can be terminal) and the range of care and services offered in support of the illness is more limited.

Clinical Commissioning Group

123. The Hillingdon Clinical Commissioning Group (CCG) has been set up in shadow form and has appointed Dr Tricia Hurton as its GP Dementia Lead. Dr Hurton has the lead role on the CCG for dementia in the Borough and, as a GP, has a lot of personal involvement with patients with dementia.
124. The issues around dementia care are often in relation to clinical care and social care. Patients with dementia often need a lot of social care at short notice and, as it is not planned, this is often not available. As such, patients will often go into hospital as there was nowhere else for them to go.
125. There is an issue with the capacity of the memory service in that, whilst initial appointments for diagnosis are scheduled quickly, follow up appointments take longer to programme in. This meant that the ongoing support and treatment was not necessarily being provided at the right time.

126. GPs often see patients with dementia for other conditions they have. Furthermore, an important aspect of general practice is to prevent vascular dementia. However, there is still an issue with regard to the variability and under diagnosis of dementia in general practices. This then has implications as patients with dementia are not necessarily being identified and signposted to secondary care and follow up.
127. The CCG has set up a scheme to collect information for certain chronic dementia cases. In Hillingdon, about 780 patients were diagnosed with dementia by the end of March 2011 – this suggests that there has been an under diagnosis. A comparison study undertaken would now be undertaken.
128. About 80% of those patients diagnosed by GPs with dementia have a care plan or care review within 12 months. The quality of this care review is unknown so it is difficult to know the quality of care that is being received by patients.
129. There is currently no standard compulsory dementia training for GPs – this is a particular issue for young GPs and care home staff. In fact, although it is thought that there is generally not enough training with regard to dementia, national general and online dementia training is available and there are plans to try and improve the provision of training to GPs and nurses. Briefing papers were also regularly sent to GPs on a national basis but, given the volume of paperwork that they have to deal with, it is unclear how many of them read and digest the information contained therein.
130. A lot of work is needed in primary care with regard to dementia with regard to training, signposting and diagnosis. Hillingdon CCG is trying to get all general practices to undertake anti-psychotic drug training and further work needs to be undertaken to establish how much individuals know about dementia to begin with so that there is a base to start from. Although there is a lot of value in learning 'on the job', it would also be useful for more experienced practitioners to provide dementia training.
131. Work has been undertaken nationally over the last 18 months/2 years in relation to early diagnosis tests. GPs have been asked to ask patients some very basic questions which effectively identify individuals with a high probability of having dementia. The CCG is looking at the changes needed in general practice to ensure that all patients receive the same quality of care and service at all surgeries. This could be achieved through general practices working more closely together to share services and specialisms / expertise – this would mean that there would be no expectation for all GPs to have a specialist knowledge of dementia, but that that every practice would have a specialist.

The Hillingdon Hospitals NHS Foundation Trust (THH)

132. Staff at Hillingdon Hospital come across patients who have dementia on a daily basis and that, as such, a need has been identified for a high level of training. Investigations have been undertaken with regard to the provision of training and it should be noted that 18 members of staff have taken part in a training course designed by Sterling University which is specifically for dementia – these staff have become dementia champions. The 18 champions are now able to deal with all aspects of dementia and are cascading the training that they have received to their colleagues. These champions are deemed to be the local hospital experts and also take part in a dementia group.
133. In addition to the dementia champions disseminating information to their colleagues, every new member of THH staff is given dementia training within two days of starting in their new post. So far, 500 members of staff have been trained across all levels. An e-

learning module is also being introduced as mandatory training for all junior doctors. Although THH is proud of the progress made with regard dementia training, it needs to ensure that those that have received training now deliver what they have learnt.

134. A 4-point assessment tool is being used in A & E at Hillingdon Hospital, which is quicker and therefore a more suitable tool to use to look for signs for dementia in patients. Paperwork is also being re-designed to incorporated assessment tools.
135. The Butterfly Scheme was originally set up by a carer of a patient with dementia after their admission to hospital. This carer identified that staff needed to be more aware of dementia and the Scheme enabled patients in hospital with dementia to be identified with a discreet butterfly symbol. Although under consideration, the Butterfly Scheme has not yet been launched at THH.
136. THH is currently working with carers to produce a 'This is me' portfolio for dementia patients. The portfolio will include things such as: what the patient likes to be called, what they like to eat, their dislikes, etc. The hospital has had very good feedback from patients about the portfolios so this is something that will continue to be produced.
137. 'Life books' are also used by occupational therapists, in the longer term wards and by a lot of nursing homes. The books, which are a record of the person's life and include photos, remain with the patient to help anyone working with that individual to improve their patient experience.
138. Different colour name bands are issued to patients that are unable to discuss their care themselves – this discreetly highlights those individuals with dementia. Some of these patients are unable to tell staff that they are in pain and this sometimes resulted in challenging behaviour – as such, staff need to look for signs of pain. Clear signage placed at eye level (1.2m from the floor) is also useful, e.g., having a picture of a toilet on the door of the toilet and THH has introduced calendar clocks which include the time, day of week and date to give patients a perspective of time.
139. As moving individuals with dementia can be stressful, THH makes every effort to ensure that patients are not moved around the hospital too much. This can be particularly disorientating after a patients has familiarised themselves with their environment. Consideration has also been given to important little things such as coloured glasses and using the most appropriate method of communication with patients.
140. A short term pilot programme is currently underway at Hillingdon Hospital to look at putting in a mental health liaison team. This service provision is for all mental health care and will bring together physical care and mental health. The pilot will be evaluated in March 2012 with view to subsequently rolling it out.
141. A further piece of work is also underway to improve the pathway of care out of hospital. NHS Hillingdon is looking at what happens in a crisis as well as what happens when the patient is then well enough to leave hospital. Access and timely care is stressed as being important.

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FUTURE WORK

142. The following dementia priorities have been set by the Council and the NHS for the Borough:
- to increase awareness and understanding of dementia
 - to develop early diagnosis and intervention
 - to ensure a higher quality of care/living well with dementia
 - to reduce dementia-related hospital admissions and avoidable care costs
 - to support residents in the community
 - to facilitate future planning, i.e., finances/decisions

Information

143. It is important that very clear information is provided for individuals with dementia and their carers with regard to what services are available and what the criteria is for accessing these services. As there is currently a lot of misinformation and confusion, there is a need for a central point of contact and clearly signposted services.
144. There are concerns that the information in relation to the support/funding that is available to individuals with dementia and their carers/families is confusing and difficult to find. Consideration needs to be given to making this information more transparent and clearer signposting should be provided to reduce the number of crises that arise. An information board is being developed as part of the work being undertaken by the West London Alliance. The facility is called “Care Place” and will provide an access point for service users. The Council is currently working with the libraries and it is anticipated that the facility will go live in the next 2-3 months. Future possible developments to the functionality of “Care Place” could include the ability for carers to upload reviews.
145. Central & North West London NHS Foundation Trust (CNWL) publishes a detailed booklet containing information about the different types of dementia and the support services that are available locally. As this booklet is being given out at the point of diagnosis, there are many people with dementia that remain undiagnosed so Members are keen to ensure that these booklets are made available to GPs and other primary care providers. The Working Group is really keen to ensure that this booklet is widely available in both hard copy format and electronically. Ideally, as the first point of contact, GPs need to be able to pass on the booklets to those that they believe have dementia before they are formally diagnosed. As the booklet is not currently available electronically, it is suggested that work be undertaken to ensure that it is made available on the Internet – thus widening its availability.
146. The Council is looking at developing a Life Book for individuals with dementia. It is anticipated that these documents will provide a map of the person’s life from childhood through to the present day. This will then be useful for reminiscence, will identify the likes and dislikes of an individual and will provide useful information for any staff in contact with the individual.

Recommendation 2

That Cabinet gives its full support for the development of a single point of access through the Council's on-line information portal (which will be provided in partnership with the West London Alliance) to ensure that people with dementia and their carers/families can access timely information, advice and sign-posting to the memory clinic and other appropriate services to aid early diagnosis.

Recommendation 3

That Cabinet endorses the Working Group's enthusiastic support for the wider distribution as well as online publication of the dementia information booklet (the 'red book') to GPs, other professionals and voluntary organisations and, in particular, to people with dementia and their carers. As such, Cabinet agrees that officers work with NHS partners to encourage them to identify funding streams to enable this wider distribution.

Respite and Housing Provision

147. Consideration is being given to the number/types of units available for sheltered and extra care housing and what the need will be by 2020. This work is being undertaken as part of the Corporate review of land and property assets and will involve new build and remodelling work – it is important that developments include the right mix of extra care provision. Projections for the new build will include dementia provisions. For example, consideration will be given to the provision of two bedroom accommodation for couples where the condition has progressed so far that the individual with dementia does not recognise their spouse.
148. Holidays for carers are vital and it has been suggested that a mechanism be put in place to enable carers to have a break. This could mean that they are able to go on holiday but would also enable them to visit the doctor or go to bed for a few days when they are ill to allow them to recover.
149. When in crisis in the community, a person's situation can change dramatically. Consideration needs to be given to how the Council can work more effectively with partners (including GPs) to raise awareness and provide timely responses to these situations. Often, individuals will present at A & E when they feel that there are no other options available to them, e.g., respite care provision. As such, more work needs to be completed in relation to crisis care. If patients are admitted to hospital, they could be an in-patient for some time as it is often difficult for hospitals to find patients a suitable alternative.
150. Carers cannot currently book respite care a long time in advance. As such, it is suggested that the Council consider placing advance respite bookings for a small number of people so that those carers that want respite can book it in advance – conversely, there will be some carers that are very flexible about when they have a break. This booking system would potentially enable those that wanted to have a holiday with their family to do so.

151. Officers are currently looking at more flexible support options for carers through an extension of Personal Budgets and the provision of brokerage support, including within the voluntary sector, which would help to address some of the issues referred to above. Making a life changing decision about where a person should be cared for is not appropriate at the time of discharge from hospital. Further work needs to be undertaken to improve this process. As part of this, consideration will need to be given to ensuring that there are appropriate safe places for vulnerable people.

Resources

152. Resourcing is something that needs to be looked at and worked out between the service providers - there needs to be a shift in resources as funding is tight. CNWL is already working with the health commissioners and other partners on how to work better with what they have.
153. In order to meet the demand for dementia services, there will need to be a change in the way that money is spent. There is a need for more community based care, support for carers, training for carers, staffing at care homes, person-centred activities and therapies that help dementia patients. The unit spend on housing in Hillingdon is highest in relation to dementia care so work needs to be undertaken to plan how to use the money available more effectively in the community.
154. The input that carers have with regard to existing care provision needs to be recognised and improvements are needed in this area. It is recognised that carers are saving the Borough a lot of money with the care they provide for family members without (or with limited) support. Although some carers don't necessarily have the skills they need to provide care at home, they do try - these instances need to be identified and support needs to be provided where required.
155. With regard to commissioning, the key themes are integration and cost and how these are spread across different areas. It is clear that work needs to be undertaken to look at how funds can be better used, how dementia patients can be diagnosed earlier and how NHS Hillingdon can work with Social Services to provide independent care at home for patients.
156. It is anticipated that the Hillingdon's Dementia Strategy will be published in the autumn of 2012.

Recommendation 4

That Cabinet takes into consideration the increasing pressure on those voluntary sector organisations that deliver services to people with dementia when developing its budget proposals for 2013/2014 onwards.

Recommendation 5

That Cabinet agrees that the information gathered from the Dementia Stakeholder Event held on 12 January 2012 and throughout this review be used to form the foundation of Hillingdon's Dementia Strategy.

Training

157. The feedback about services provided by GPs is varied with some being more receptive than others. Admiral Nurses have been involved in GP training but it appears that the majority of those GPs that sign up for the training are the ones that are already aware of the signs of dementia and the support that is available to the patients and their carers. It is difficult to engage some GPs into taking up training so additional effort needs to be made to establish the training needs for GPs and primary care workers.
158. The Council has secured funding from the PCT to train staff that come into contact with dementia patients. Officers will be working with the PCT to establish the training needs of GPs, social workers, care homes, etc, and then making arrangements to meet these needs. The Council's Learning & Development team currently provide access to training packages but further awareness training is needed for staff, including those that visit residents in their homes. This could be done through e-learning where appropriate.

Recommendation 6

That Cabinet endorses the provision of a programme of effective basic training and continuous professional and vocational development in relation to dementia for community health and social care staff, GPs and staff within care homes to be developed jointly by the Council and NHS Hillingdon.

Carer Support

159. The eligibility criteria for different support services provided by Council is currently available in one place but will need to be reviewed once new legislation (arising from the Adult Social Care White Paper due to be published in the spring of 2012) has been ratified.
160. The provision of support for carers is important - the alternative is that a carer could go into crisis and the statutory authority will then have to care for them as well as the person that the carers cares for. In the long term, providing support for carers is a cheaper and more effective solution. It is noted that carers save the authority a lot of money as they provide care through the night, which is often the most expensive time to provide care. As such, it makes financial sense to support carers, within an assessment framework, to ensure that those people with more complex needs receive breaks and are not waiting for services. The burden on these carers is significant and service providers need to ensure that they meet their needs as closely as possible.
161. Services are commissioned by the Council from Admiral Nurses, Alzheimer's Society, Enara and Hillingdon Carers. It is anticipated that additional dementia services will be provided in the future by WRVS – this will include targeted signposting and the provision of support for individuals being admitted to, or being discharged from, hospital. Improvements in service provision are needed and could be achieved through better partnership working. It has been suggested that private providers will be part of the solution to cope with the increasing demands on services.

162. It is anticipated that the support provided by Hillingdon Carers will move towards the older carers as the number of people with dementia increases. This increasing demand will also mean that the organisation will have to target its resources and potentially reduce the amount of support directly provided to concentrate more on lower cost services, e.g., cafés.

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Closing word

163. It is clear that the implementation of the recommendations contained within this report will not be something that can be completed overnight. The approach to implementing change is likely to be slow to ensure that we get it right first time and to manage the expectations of those affected by dementia.
164. Given the continuing increase in the number of people with dementia, it is clear that doing nothing is not an option and supporting people to remain in their homes is a clear way forward. This will mean that carers will need more support than they currently receive.
165. On 26 March 2012, the Prime Minister pledged that the Government's dementia research budget would be doubled to £66m by 2015. Mr Cameron is keen to see improvements in diagnosis and awareness of the condition and is encouraging the creation of 20 "dementia friendly communities" where individuals, businesses and the state work together to support people with dementia.
166. It should be noted that, as part of these plans, the Department of Health will be running a public awareness campaign in the autumn. Hospitals will also be given financial incentives to carry out checks on patients to see if they have the condition. It is hoped that the steps that are being taken will enable Britain to become a "world leader in dementia research and care".

Comments of the External Services Scrutiny Committee

167. The External Services Scrutiny Committee established this Working Group to examine the services currently provided in the Borough for individuals with dementia and their carers and families. We, the Committee, have considered the Working Group's findings outlined in this report and are delighted to present these to Cabinet and the Council's partners. The report clearly outlines the scale of the situation in Hillingdon and, given the anticipated increase in the number of people being diagnosed with dementia, the areas of growing need that need to be addressed. We fully endorse the recommendations.



Appendix 1: Glossary & Further Reading

Glossary

CCG	Clinical Commissioning Group
CfPS	Centre for Public Scrutiny
CNWL	Central and North West London NHS Foundation Trust
CQC	Care Quality Commission
GP	General Practitioner
JSNA	Joint Strategic Needs Assessment
LBH	London Borough of Hillingdon
MRS	Mobile Response Service
NHS	National Health Service
OPPS	Older People's Personalised Service
OPS	Older People's Service
OSC	Overview and Scrutiny Committee
PCT	Primary Care Trust
THH	The Hillingdon Hospitals NHS Foundation Trust

Further reading

- Hillingdon Joint Strategic Needs Assessment 2009-2014; <http://www.hillingdon.gov.uk/index.jsp?articleid=21833>; 2010 Refresh
- Dementia in Middlesbrough Final Report; **Middlesbrough Council**; August 2009
- Review of Dementia Care for Older People in Warwickshire; Report of the Adult & Community Services Overview and Scrutiny Committee, **Warwickshire County Council**; October 2007
- Scrutiny Select Committee on Dementia; Report of the Adult Social Care & Housing Overview and Scrutiny Panel, **Brighton & Hove City Council**; September 2010
- Services for Older People with Dementia; Adults' Services Select Committee Task Force, **West Sussex County Council**; April 2007
- Dementia Services in Buckinghamshire – Everyone's Responsibility; Public Health Overview and Scrutiny Committee, **Buckinghamshire County Council**; 8 June 2011
- They Killed My Dad; **Daily Mirror**; 27 February 2012
- Fiona: My Story; **Daily Mirror**; 28 February 2012
- "Guide to services for people in later life", "Welcome to Age UK Hillingdon", "Handyperson Service", "Nailcutting Service", "Home from Hospital Service", "Helping Hand Service", "Tidy Gardens Service"; **Age UK Hillingdon**
- Con artists are 'targeting dementia sufferers'; **BBC News** – www.bbc.co.uk/news/business-16167995; 14 December 2011
- Dementia: PM promises push to tackle 'national crisis'; **BBC News** – <http://www.bbc.co.uk/news/health-17507678>; 26 March 2012
- Dementia patients being cheated; **London Evening Standard**; 14 December 2011
- <http://www.hillingdoncarers.org.uk>
- <http://www.mind.org.uk/about>
- <http://dementiaaction.org.uk/>
- <http://www.dementiauk.org/>
- <http://www.ageuk.org.uk/hillingdon/>
- http://www.cnwl.nhs.uk/Hillingdon_Admiral_Nurse.html

Appendix 2:



HILLINGDON
LONDON



Review of internal and external services for Dementia Care in Hillingdon

Summary of stakeholder event held on the 12 January 2012

Introduction

Hillingdon Council External Services Scrutiny Committee in partnership with Hillingdon NHS and the Centre for Public Scrutiny hosted a stakeholder event to contribute to a review of internal and external services for dementia care in the London Borough of Hillingdon (LBH). The event was held on the 12 January 2012 at the LBH and was attended by 140 stakeholders, including over 90 residents (mostly carers of people with dementia), members, staff (across health and social services) and partners with strong links to dementia such as the Hillingdon Alzheimer Society and Age UK, and the Mayor of Hillingdon.

The event was primarily for us to gather resident feedback to enable us to review Dementia Services in Hillingdon in line with customer experience. The event focused on the following key themes:

1. Diagnosis and Medication
2. Early Intervention and Support
3. Crisis Situations and Emergency Help

The role of the external scrutiny function within the LBH

Two of the primary roles of the External Services Scrutiny Committee are to scrutinise local NHS organisations (in line with the health powers conferred by the Health and Social Care Act 2001) as well as examine the work of non-Council agencies whose actions affect residents of the Borough.

The Committee is charged with identifying areas of concern to the community within its remit and instigating an appropriate review process. In this instance, the Committee has chosen to undertake a review of the provision of dementia services in the Borough.

The role of the Centre for Public Scrutiny (CfPS)

The Centre for Public Scrutiny (CfPS) supports and promotes scrutiny and accountability throughout the public sector family. Hillingdon was one of 28 areas who bid for support from the CfPS under the national Ageing Well Programme launched by the Government in July 2010 and sponsored by the Department for Work and Pensions. The objective of the scheme was to aid

Local Authorities in identifying solutions that overview and scrutiny could bring to the challenges of the ageing society. The support built on the CfPS/LGID publications 'A good place to grow older?' and '10 questions to ask if you are scrutinising local preparation for an ageing society': (<http://www.cfps.org.uk/what-we-do/ageing-well-programme/>).

Hillingdon wished to use the available support to arrange a stakeholder conference, the information from which would set the scene for a forthcoming review of dementia services. This fitted with the Ageing Well programme of actively involving older people in the assessment, design and delivery of services. The Expert Adviser worked alongside Hillingdon Council in setting up and facilitating the event.

Summary from Centre for Public Scrutiny (CFPS)

Scrutiny reviews of services can often focus on strategy and physical aspects of delivery without truly understanding the needs of the individual. The comments expressed here illustrate the real benefit of engaging with users and carers at an early stage. Key points have been raised about communicating what the user actually wants, so that the service is personalised, rather than assuming the needs are known.

This goes to the heart of health commissioning for dementia care and the role that hospitals play regarding A&E and in-patient care. It has also highlighted the unmet need of carers' responsibilities when they are at crisis. With the health care reforms scrutiny has a vital role to play in ensuring that issues such as these are recognised and action taken.

The inter-relationship between user and carer amply demonstrates the importance of the Ageing well agenda. It is not just about providing services for the already elderly but preparing for old age. Addressing the issues raised here will benefit not only those who are already elderly but those who will reach retirement. Both groups should therefore be considered under the ageing well agenda. The event also illustrates how ageing well crosses organisational and service boundaries and that it is a theme that should permeate every aspect of an organisation's operations.

So many of these issues transcend the Borough's boundaries and have a common source (and probably a common solution). As I have been taking the ageing well agenda through other authorities, they also recognise that dementia care is an issue that needs tackling. It may be advantageous to consider running joint scrutiny investigations into various aspects of dementia care so that one Borough can focus on one aspect this, whilst another Borough addresses a second. Both resources and recommendations could then be shared across Boroughs.

Feedback from the event

Initial feedback from the event showed that 100% of the people that attended were 'satisfied' that event was worthwhile and they felt their views were heard. Over 80% of these said they were 'very satisfied'. Over a third of people who attended the event said they would like to continue to be involved in the development and improvement of local services. The majority of residents who commented valued the information given by speakers, the opportunity to listen to the experiences of other carers and to talk about their experiences as a carer for a person with dementia.

1. Key issues: Diagnosis and Medication

The following issues about diagnosis and medication were highlighted by carers who attended the event:

1. Listen to carers as their experience and knowledge of the cared for person could be valuable in the diagnosis process. If carers feel listened to and their opinions valued it will improve relationships with health professionals. Developing positive relationships in this way will increase trust and make the carer feel more supported.
2. Train Health care professionals on dementia including the different types of dementia and how to communicate appropriately with patients and carers.
3. Review memory tests with a view to improving:
 - Consistency of tests
 - Length of time of tests
 - Reviews
 - Availability of tests for people of a certain age
4. Consider issues that relate to waiting times and appropriate referrals:
 - Increase access to specialists if the health care professional dealing with the case does not have the right training and experience of dementia
 - Improve referral processes so that services can refer directly to one another and avoid going back to GPs to start the process again
 - Improve waiting times for appointments
 - Review progress of patients more frequently
5. Improve access to and quality of information and advice. Carers have different experiences of this; some health care professionals are signposting people to local services and support groups early on in the process. However, many carers say that they were not signposted early on in the process and if they have not been made aware of services, it is taking carers a long time to access support. Many carers at the event still didn't know about local support organisations such as the Alzheimer's society, Hillingdon Carers and Age UK despite caring for family members for a considerable length of time.
6. Promote information about access to services and advice. Ensure that social and health care professionals have access to up to date relevant information. GPs are often the first point of contact and they need to have the right information to give to people at the point of diagnosis so that people can access local services and information.
7. Give information packs at the point of diagnosis. These should include information about:
 - The various dementia conditions
 - Stages of dementia
 - Medication
 - Local services and support groups
 - Financial issues (power of attorney etc)
 - Benefits
 - Housing options
 - General information for disabilities (e.g. blue badge scheme, TeleCareLine, Reablement, accessing social services, local health centres)
8. Improve our understanding of unmet need. What are we doing to meet the need of vulnerable, isolated people living in Hillingdon with dementia without support?
9. Increase accuracy of diagnosis of dementia as many carers feel that the condition is not diagnosed accurately and that there is a considerable amount of time that elapses before an accurate diagnosis is given. Misdiagnosis can lead to inappropriate treatment, hospital stays and medication as well as increased stress and anxiety for carers and patients
10. Publicise in easy read format the medication available for dementia conditions, including the benefits and possible side effects. Have open forums where carers can share their experiences of medication. Include in information packs

2. Key issues: Early Intervention and Support

The following issues about early intervention and support were highlighted by carers who attended the event:

11. Standardise the way carers are signposted to support and information. From comments made at the event there is a lack of consistency in the way carers are signposted to support and information. Often it depends on who the carer spoke to, to whether they received appropriate signposting to relevant services.
12. Ensure all carers are given information about the local voluntary and community services such as services run by the Alzheimer's Society, Hillingdon Carers, the Red Cross and Age UK. These are highly recommended by carers as valuable services that enable them to get information, advice and support as well as giving them the opportunity to meet and share experiences with other carers and access activities that give them a break from their caring responsibilities.
13. Promote Admiral Nurses as these are highly valued by carers who have had a service from them.
14. Promote training provided by Woodlands and Hillingdon carers as these are valued by carers. Several carers mentioned the value of moving and handling courses.
15. Provide services that help people to remain at home as independently as possible. Reducing the need for hospital stays and the need for residential care home settings.
16. Increase public awareness of dementia with the following aims:
 - Reducing stigma
 - Enabling people to recognise early onset
 - Taking responsibility, such as being good neighbour, raising the alarm if a person is concerned about a vulnerable person in their local community
 - Getting people talking
 - Highlighting local services and support networks
17. Develop training about the different stages of dementia for carers so that they know what to expect and what they need to put in place to enable them to cope.
18. Host and promote events/activities (such as this event) to enable carers to get together to talk to each other and to learn about changes to local service provision and national issues that relate to the condition
19. Increase the information available on respite to include, how carers can access respite, what is the eligibility and any entitlements and also what respite options there are.
20. Review the local voluntary and community support services available to ensure they adequately meet the needs of carers in Hillingdon.

The requests raised here are common reflections across services i.e. a seamless transition between agencies, consistency, security of knowing that the information you have been given is accurate. It also illustrates the level of expert knowledge within the community as a whole. Scrutiny frequently looks for failures in service provision. Here is an ideal opportunity to utilise the appreciative enquiry approach to build on those community assets already identified through this event.

3. Key issues: Crisis Situations and Emergency Help

21. Review hospital dementia policy/procedures relating to hospital stays for people with dementia including:
 - What needs to be in place to safeguard patients with dementia
 - Assistance and support to eat and drink

- Personal care and toileting
 - What to do if a patient goes missing
 - Checks so that patients with dementia do not discharge themselves
 - Dementia training for all staff
 - Putting care in place before being discharged from hospital
 - The importance of listening to carers
22. Better training for staff in hospital to ensure dementia patients receive the right care and support
23. Review and publish information about what to do in a crisis situation, for example (include in the information pack):
- When the main carer is unable to provide care due to illness or a hospital stay
 - Who to contact if a person with dementia is missing
 - What to do if the cared for person becomes aggressive
 - Emergency numbers, covering 24 hour periods for different situations
24. Consider the possibility of a team of specialists who could react quickly to the needs of a person with dementia. To avoid the need to visit accident and emergency and/or hospital stays
25. Develop forward plans for patients and their carers that cover what will happen in the event that the main carer dies or becomes unable to provide care due to old age and/or ill health
26. Provide information on what will happen in the event that main carer dies or becomes unable to provide care due to old age and/or ill health, including:
What the process would be
- Housing options
 - Care options
 - Emergency respite
 - How points 2 and 3 would be financed and organised
 - Contact details

Appendix 1

Literal comments recorded at the event

1. Diagnosis and Medication

Diagnosis: Listening and respecting the views and experience of carers

- The group felt that when their cared for person developed dementia (and it took them a long time for them to realise what was happening) that GP's and other professional people did not listen to what they had to say and did not give enough weight to their experience and opinions.
- Use carers views to assist in assessment process
- Recognised that carers and families should be listened to at this early stage as they understand and are aware of the patient's condition
- A cared for person was admitted to the Woodlands Centre after being diagnosed with depression. The client received 3 batches of Electroconvulsive therapy (36 sessions in all). During this time (a 2 year period) the family became increasingly unhappy with the diagnosis and raised the issue with doctors, they felt that their concerns were not taken seriously. After 18 months of treatment the family asked for a scan and offered to pay. Eventually another doctor was brought in to investigate the condition and diagnosed dementia. The family want

to stress that the staff at Woodside were amazing but unfortunately they were treating the wrong condition.

- At what stage do professionals decide that a person has dementia?
- 4 years ago a wife approached her GP because she was concerned her husband was suffering from dementia. The GP said your husband has depression. She tried to convince the doctor that due to her experience of being with her husband (they are 80+ years old) that she was sure that he was not depressed and that in fact he had a form of dementia. The doctor could not be convinced and he prescribed anti depressants. After discussions with the wider family, the wife felt she couldn't give the prescribed drugs. They challenged the doctor again and eventually the husband spoke to two consultants at his home for 3 hours. They agreed that he had a problem of the brain and he was given an MRI scan and was diagnosed with dementia. No medication was given but he was told to increase exercise and his change diet.
- The carers first instance of visiting a GP with her 80 year old husband with unrelated query was dismissed as symptoms of old age.
- The GP said the symptoms were due to old age and didn't take it seriously, this situation is now improving.
- It seems there is a great reluctance to accept the partners view and as a consequence time is wasted trying to prove this view, instead of offering medication. I believe, in a large percentage of cases, the partners view is likely to be more accurate than the professional view.
- Some GP surgeries dismiss people and say "you are just getting older", this demonstrates the importance of training.
- Carers need to be listened to, understood and trusted.
- Carers are not always involved in the process of diagnosis and treatment.
- Having someone in the GP service to talk and listen to the family
- Observations from relatives, neighbours need to be taken into account.

Diagnosis: Training

- GPs should be more aware of signs for dementia – it took some persuading for my father in law's doctor to see there was anything wrong with him. He eventually had to go into a home but not before he had many falls after being found wandering the streets. We have found that not all staff are trained to understand dementia and still treat patients like naughty children in both the homes he eventually went into and especially in the hospital during his many visits.
- Hold study days for GPs, nurses and professionals about dementia.
- Look at which healthcare professionals need training, including GPs.
- Attitudes to older people need to improve e.g. in nurse training/care staff development.
- Doctor stated that patient was not as bad as other patients; more training required for Doctors in how to communicate with patients and carers.
- There is a huge variation of what a GP will pick up during diagnosis; more training will help GPs have a consistent approach.
- Doctors, health and social care professionals need training on different types of dementia to help with diagnosis.
- General hospital staff should have further training when dealing with Dementia patients.
- Staff need more training and awareness of infections such as urinary tract infections and the impact this has on patients with dementia.
- Getting an accurate diagnosis with depends on the GP you have, this is not how it should be and giving GPs updated training is very important as a way improving the situation.
- Hospital staff need additional and improved training when for diagnosis of dementia.

- GPs require training on the issue of diagnosis of dementia.
- GPs need more information and training

Diagnosis: Dementia Tests

- It might be worth doctors having an early diagnosis test.
- Dementia tests are very limited at the GP surgeries.
- Dementia tests at GPs to be looked at.
- The test sheets issued to, or used by GP's, are totally inadequate.
- Someone came to the house which was a positive experience and carried out tests and asked questions. We received letters with confirmation.
- We went to Mill House and had tests, there was no follow up.
- This happened in the London Borough of Ealing: A carer was told by a doctor that "you can't be 100% sure if a person has Alzheimer's until they are dead" doctor said at this time tests can confirm the disease.
- We require a national dementia test.
- Memory tests can be disorientating and increase anxiety of the person with dementia.
- Memory test too long – 1½ hours too long.
- Memory tests can be oppressive and make patients angry and anxious.
- Carry out yearly memory tests for dementia patients.
- Tests to be made more generally available at 60 years old.
- More frequent health check up and related to age
- People aged 80+ should be called in for annual check that include dementia

Diagnosis: Waiting times and referrals

- Appointment slots are sometimes only on a yearly basis (Woodlands).
- The consultant thought her husband had Parkinson's disease, but could not refer her had to go back to the GP for another referral. Services need to be linked up within and across health and social care.
- GP had no real knowledge of dementia, he said yes you have dementia but patient was not referred to a specialist unit or offered any medication, counselling or support.
- GP experience was good, referred to go the Woodlands Centre which was also a good experience. The only problem is getting there by taxi, Dr came to the house which was very helpful.
- The GP did not have the specialty to diagnose dementia and he should have made a referral to a specialist unit if he was unsure.
- Lengthy delays for appointments - where do you go when awaiting for help?
- It was a long time to wait to see a specialist.
- Carer said that the cared for person was waiting at home for an assessment from the GP and psychiatrist, once they arrived they said to the client "you have to come to hospital to be assessed, if you don't come we will take you by force". She was taken to the hospital and stayed there 3 weeks, she didn't have any clothes. The result of the assessment was that she might have Alzheimer's.
- Kings College did not want to step on Hillingdon's toes but didn't get MRI appointment for 8 months (appointment at 7 months was cancelled).
- Getting an appointment can be a long process after visiting the GP.
- Lack of access to early diagnosis, time between appointments and assessment too long.
- Length between follow up appointments too long, limited information provided between appointments
- It was a slow experience.

- It took 4 years to diagnose, had to wait 6 months before a scan and had to pay for it.
- Carer rang Social Services and asked to be referred for her husband's diagnosed dementia. Someone came from the council, agreed the problem but said couldn't do anything immediately, but was referred to Woodlands.
- There was a long period to wait for the review with the Specialist – 9 month interval between appointments.
- Distance between checks to be reduced.
- Getting seen on time at any hospital or doctor's appointment helps with the patient or carer

Diagnosis: Access to information and support during early diagnosis

- Carer's father-in-law was admitted to hospital for a stroke and following scans was diagnosed with vascular dementia. From then on the carer was left to her own devices with no further support, information or advice offered.
- Hillingdon carers and support groups provided guidance and information.
- Second GP investigated and Consultant gave details of several organisations who worked in the community.
- People need more instructions and information on dementia and diagnosis.
- Information on the symptoms on early diagnosis needs to be available.
- People living alone – who will help them/signpost them to the voluntary sector?
- There is a lack of support for carers.
- It is difficult to know what help is out there because it's not advertised.
- What are the community resources?
- Information should be there when you need it e.g. caring for family member and didn't know about support available/day centre etc; it took me 2 years to find out.
- In political ward surgeries, Councillors signpost to local services and people are totally unaware of the services.
- Prevention is better than cure, isolation can make you depressed etc. Need support to know what help and support is available.
- Isolation is a key factor. How do we encourage people to get support? Who knows about them, are they registered with a GP?
- There should be more support/ services available for families and carers at this early stage.
- Information for the public about dementia and symptoms to have sufficient knowledge to lead to a referral.
- People are not promptly signposted to relevant services after diagnosis.
- It is not easy to access information about care support and advice.
- Different GPs having different views, there is a big issue about information from different doctors, as a carer it is difficult to know who is right as you get different messages.

Accepting the diagnosis

- Husband is refusing diagnosis as he suffers from alcoholism.
- Some dementia sufferers won't accept they have a problem and carers have to pick up the pieces.
- Patients are fearful of being told they will their lives.
- The person doesn't want to/can't admit/see what is happening to them.
- Once diagnosed the family didn't want to tell the patient that they were suffering from dementia but the doctor said that they had a duty to tell her.
- Lack of understanding about dementia combined with a fear of talking about issues and feeling embarrassed about talking of forgetting things.

Clarity in diagnosis

- Carers recognise symptoms of dementia first.
- There were some assumptions about signs of ageing but the onset was not diagnosed.
- There is an assumption that older people have dementia because they may have forgotten something.
- Lots of people present with symptoms (confusion etc) and they need a timely diagnosis.
- What is the difference between dementia, Alzheimer's and Parkinson's as the symptoms can be similar and difficult for carers to understand?
- The carer was told the patient was too young for dementia. GP put a question mark against the diagnosis.
- The diagnosis was by chance at the GP surgery, Well done to the GP for recognising this and referring to the Memory Clinic
- Only 1 in 3 dementia diagnoses happening correctly so 2 out of 3 people are not being diagnosed.
- It is equally obvious to me that if I hadn't been aware of and made an approach to, the Alzheimer's office in Northwood Hills I would probably still be waiting for a diagnosis.
- One person went to India to get a quicker diagnosis
- The diagnosis can sometimes be rushed and come to the wrong conclusion
- Patchy diagnosis, not too confident about experience of diagnosis
- Need to get the right diagnosis, and if people aren't diagnosed then it won't inform the commissioning process
- Encourage individuals to go to GP but they are dismissive mixed stories around Non diagnosis has affected ongoing care

Dementia diagnosis other

- Doctor knows patient so knew behaviour was out of character, that's why having a relationship (GP – patient) is important.
- Problems for people living on their own, who can identify dementia signs and put care and support in place?
- The disease gets worse and people don't know what to expect in order to manage these changes.
- A client lost the use of English language through dementia.
- My involvement has been in supporting my parents, who lived in Ickenham; while my mother had Alzheimer's for the last 5 years and was cared for by my father (in his 80's). Observing and helping them I saw first hand how much work is involved in looking after someone with Alzheimer's. This is the case even if the carer is in full health but becomes especially difficult when the health of the carer is declining too.
My father died of a heart failure in October 2011 and I cannot help but feel that this was brought on partly from the exhaustion of caring for my mother with Alzheimer's.
- Family members were recognising different behaviours, including moving items around the house and the person was able to 'cover up' the symptoms at early onset. The behaviour included not only moving items around the house but clearing out and getting rid of items
- Husband calls wife a liar when she tries to explain to doctors about his condition.
- Professionals/neighbours etc all need to raise the alarm if they haven't seen someone for a while.
- Woodlands centre highly qualified although they have limited resources.
- Experience of being put on tablets for depression as dementia was mis-diagnosed.
- We had to pay for brain scans before any diagnosis was given.
- There is a lack of empathy from (medical) staff.

Medication

- Dementia patients are prone to urinary tract infections. How can this be addressed?
- We received advice on medication through the hospital and it was good advice.
- Departments should have study days about medication.
- We did not experience any issues with medication it was all adequately explained.
- Dr from Woodlands was very helpful.
- In care homes they like to keep dementia patients in a docile state and this is achieved with medication
- We were directed to a course by occupational health delivered by 'Admiral Nurses'. Admiral Nurses are excellent.
- Admiral Nurses have been brilliant but they struggle to provide courses with very limited resources and we need to build on this.
- There is a presumption that carers already know that there are Admiral Nurse courses at held in the Middlesex Suite.
- Patient prescribed Aricept, there were no side effects and the condition improved at start but can only stay on them for 2 years. What happens next?
- Patient prescribed Sodium Valporate some years ago and had a bad experience.
- You need to take Aricept early to slow down the process.
- More advice and information needs to be available about medication.
- One carer was told that Medication does not work for advanced dementia
- The carer is not happy with anti psychotic drugs given to wife as he believes they are reducing her life span. The family reduce the amounts of drugs based on a daily observation of her behaviour that day.
- Husband won't take medication for other problems e.g. high blood pressure. He refuses to let wife speak to doctors. He is in denial. He hides his drinking.
- Husband used to flush away his medication. Care workers now ensure he takes it.
- Not offered medication - unspecified diagnosis - cannot be certain.
- Professionals are not listening to carers' concerns about side effects of medication, in one case medication led to a mini-stroke.
- Husband, who is blind, was prescribed medication that made him very ill, he was immediately not 'with it', unable to respond and despite a number of alternative drugs, nothing seems to have any effect other than to experience a 'drugged' effect. He is now on reduced strength, which the dementia unit claims is totally ineffective, but he cannot function on a higher dosage. Carer is hoping that they will soon be doing trials of other drugs without such severe side effects, particularly given the major sensory disability of the patient.
- Doctor from Woodlands recommended medications for Carer's father in law. The family saw a Panorama programme about using drugs for dementia and how it can shorten the life of the patient. Although the patient is disturbed throughout the night, shouting all night and day, the family made a decision not to pursue with the use of drugs. Patient's situation deteriorated further, from mild through now to severe, and screams all night long. The original dosage led the patient to remain asleep for 3 whole days which worried the family. He is now on ¼ of the dosage to gain some respite through the night, but the family are not comfortable with these drugs although the dose has been reduced with the agreement of the medical staff.
- Worried that when first memory medication ceases what about the ramifications of what will happen then, they know that the patient will deteriorate and are concerned about what to expect and the extent of this when the medications stop working.
- Concerned that due to the cessation of medication it may require the person to go into a care home.

- The medication made the patient sick, depressed and emotional and they didn't want to take it.
- The Pharmacy gave advice on medication not the GP.
- There was not much improvement from the medication.
- As I am not registered with the same practice it was initially difficult to arrange a home visit by my mother's GP on the grounds that I felt she was in need of a diagnosis to access medication to alleviate her terrible anxiety and mood swings.
- I decided that I should talk to my GP about my wife and my suspicions that she was showing signs of dementia. This resulted in my GP testing my wife using a memory test chart. After this was completed my GP told me that my suspicions were unfounded. Some 10 or 12 months later, I requested my GP to repeat the tests and once again using her magic chart she reaffirmed her previous finding. I questioned my GP on the results and she told me that if she sent my wife to Woodland centre, they would laugh at her being sent there. Some two months later I discovered an Alzheimer's office in Northward Hills which I visited and they arranged for a home check to be made by a qualified interviewer who confirmed my suspicions. They wrote a report and sent copies to myself and my GP. Woodlands Centre sent yet another assessor to my home this resulted in an appointment at Woodlands Centre approximately two years after expressing my original concerns. The treatment at the centre consisted of yet another assessment interview. Some time after I heard, on the BBC news, of a drug being accepted by a committee for use by the NHS, for dementia, so I went to my GP to request a supply of this drug and was told that this could only be prescribed by the Woodlands Centre, who I contacted, which meant yet another assessment interview. I still think the name of the drug on the BBC broadcast was REMINYL, but nobody seems to have heard of it. A new drug was supplied at that time called Aricept or DONEPEZIL HYDROCHLORIDE. This caused stomach problems which it was hoped would subdue once the body got used to it. This failed to happen and when I had to wash three pairs of trousers in one morning, all occurring in the toilet, i.e. not incontinence, I stopped my wife taking the pills and informed the doctor at the Woodlands Centre of my action and the reason for it. I believe there are some drugs for protecting the stomach lining for so conditions such as lansoprazole and derivatives but nothing was suggested. Another appointment has been made for the 24th Jan... I'm hoping it not just another assessment test but I believe whatever is suggested will fail. My wife's condition has worsened considerably, which I believe is largely due to the massive delays in diagnosis and lack of quick and adequate treatment.
- My mother was prescribed Aricept. The timing of the original prescription was just before my parents were to go on caravan holiday abroad. My father who was caring for my mother decided to start giving my mother the Aricept while they were away on holiday without any support. My mother had some strong initial reactions to the drug which caused some quite alarming and potentially dangerous situations for them (near collapse and psychotic episodes while away in a foreign country without any help to hand). The decision to go ahead with starting the drug while on holiday and away from any support was his but I'm not sure that the risks of doing so were emphasised enough. In retrospect it would have been really helpful if the period of the first 2 weeks when starting on Aricept would have been much more closely supervised with medical advice to hand.
- My other comment is that one of the major side effects of the Aricept was to make my mother doubly incontinent. This put a huge burden on my father (in his 80's) in caring for my mother over the next 5 years. Given that there are very few options in the treatment of Alzheimer's its debateable what could be done differently once the choice is taken to follow a drug treatment with Aricept (maybe there were other drug options that could have been explored?). I just wanted to highlight the issue for consideration by those with more knowledge in the area (and offering advice to others) as the incontinence side effect of Aricept had a very detrimental impact on their quality of life.

- If prescribed drug treatment presents additional problems there seems to be no experience of this among the specialist professions and consequentially no instant telephone advice to overcome the problem.
- Positive that medication is not being used in the same way as previously and there is more opportunity to investigate the reasons behind the behaviour.
- Once you get the diagnosis medication and information, the service is good
- Power of Attorney to be done as soon as possible when diagnosed
- Issuing of medication is sometime dependent on cost to GP, example given of a hospital threatening to take medication away as it was “not doing any good” and costly.
- The responsibility of seeing if the medication works is left to the carers to decide, not always want to make these judgements
- Use of anti psychotic drugs/medication in nursing homes – side effects can be as bad as the illness and needs more medication to counteract the side effects. Patients need monitoring/follow up after diagnosis
- Information should be available about side effects for professionals going into the area of dementia care – what to expect, what to look out for – bullet points for staff.
- People with quite sever dementia may be reluctant to take medication
- There should be medication management for people in the latter stages.
- Medication can do more harm than good, sometimes given by GPs to get rid of them
- Issue about ensuring the correct medication is given
- Concern that some personality changes can be side effects of medication.
- Woodlands was a good experience, I got the correct medication, however the medication was not successful.
- Dosage for medications need to be managed
- Medication – anti psychotic drug – had to research the side effects on own was not told by GP, more advice needed.
- Lack of information, need to look at the care being given before medication is given
- Drugs slow down process – don’t want it – prolong agony. New drug should halt disease and may restore/regress.
- Someone with memory loss living on their own may forget to take their medication.

What would improve diagnosis process?

- Each GP practice has a dementia specialist
- “Catch it early, treat it fast” as the slogan for cancer.
- Recognise symptoms early so it can be dealt with
- Timing needs to be improved
- Speedier process would be better
- The referral process needs to be improved
- GPs should be more prepared to look at signs of dementia when diagnosing other ailments
- Improved and quicker assessment
- Greater alertness of presenting symptoms e.g. memory loss or confusion or disorientation.
- Reducing stigma – staff, patients and the community
- Carry out questionnaires – brief 4 or 5 questions at first visit would help
- To build into all people’s yearly assessments at GPs a very short simple memory test
- Memory clinics
- Receive timely information
- It would be good to receive community occupational health information
- There is a lack of understanding of what benefits you can access e.g. Carers allowance
- More information and support especially around benefits, blue badge etc

- To receive an information pack when diagnosed
- We are not on-line, we have no PC so need alternative methods to get information
- More information on the long term positive outlook for patients
- Information
- Checklist – you've become a 'carer'
- More information for core professionals (GPs, nurses etc)
- The GP is the first point of contact – should be able to provide all of the information the person needs, confidence, treatment etc. Doctor should stay in touch throughout the process
- We used to have a Hillingdon handbook for people with dementia (red book) – it was handed out when diagnosis was made and was very useful. Is it still in print?
- News sheet from the council at the GP surgery – to advise people what they are entitled to – council need to do this to help
- Voluntary sector support e.g. for cancer you know to go to MacMillan, do people know who to turn to for dementia support for carers?
- Information given out on strokes and heart attacks.
- A point of contact – who to go to
- Information not given at time of diagnosis
- It all starts with the GP they need to direct you to advice
- Offer help and assistance once diagnosed and following periodic review
- More publicity on dementia
- Dementia needs to be talked about more
- Profile raising
- Need public campaign to look out for signs for dementia.
- Treatment/Education – get it out in the open
- Events such as this are very valuable. The table generally agreed they're important and we need more.
- We should educate police etc about behaviour – it can be different/unusual but it might not be dangerous (linked to stigma)
- Increased awareness of dementia with health staff
- Education – what is the difference between and dementia
- Routine referral for confirmed diagnosis to specialist services.
- Services should talk to each other GPs talk to Consultants, both to talk to the Council etc.
- Communication skills of health staff with older people
- Routine CT/MRI scanning regardless of age
- Regular testing/screening
- Blood test for dementia?
- GP surgery to have nurses/CPN who have the time and who could go out and pinpoint; using their experience knowledge and skills to signpost onto psychiatrist.
- More support from Woodlands Centre
- More frequent consultation with specialist.
- One stop clinics
- Specialist clinics
- The importance of dignity and compassion in giving the diagnosis and in giving information
- Additional coping support for carers- often left on their own after original diagnosis
- Ways of recording behaviour to show doctor symptoms. Not always evident during appointments.
- Carers are a vital element – as country is focussed on less money, carers care is vital.

- Future planning – making decisions e.g. money, power of attorney etc, people need information about what to do when things happen or change in the future
- GPs having sufficient time to explore the issue with their patients
- Being able to see the same doctor, establishing a relationship with the GP
- Clear diagnosis – possibly not by GP maybe other specialist
- People living on their own – importance of care and support staff being able to recognise symptoms
- More inter-links
- Learn from diabetes care
- Facilities
- Expertise/Experience

2. Early intervention and support

Finding out about Services and information for Carers

- What are dementia services? - Not aware of what this means
- Had information from Woodland.
- Social workers very good they listen to you.
- You can find all the information that you need about dementia on the internet and by doing research. You have to have the skills experience and motivation to do this. This is hard when you are a carer and are just getting through the day
- Events like today help people as good networking opportunities.
- Council staff gave contact details of support services – right through to renewal of blue badge.
- The council was very supportive.
- No information or support from the Woodland Centre – they never said anything about benefits available.
- Church was very helpful – the community
- Told information from a hospital admission
- Patient diagnosed with dementia who has been offered no other support would like to know more about the illness, what is likely to happen to him.
- It took 2 months to process any financial support
- Not knowing where to go to
- Need someone to talk to – but don't know where to go
- We don't have any specialist dementia services – need to have right services with the right people in them
- Best to find out yourself online
- Wanted someone to tell more about what would happen rather than receive a booklet that is a year out of date.
- Can GPs print out a list of support services for families
- At the point of GP appointment – if any indication of memory loss or dementia a 'pop up' onto computer screen as an 'aide memo ire' to signpost the patient to support services

Experience of Support and Service Providers

- Templeton Café was good at providing information and helping to understand the stages of Alzheimer's
- Templeton Café are a really good community support group

- Templeton Centre (Joel Street, Northwood) - The most important thing that the Templeton Centre provided was the opportunity for my parents to meet once a week with other carers in a similar situation. The process of losing a partner to Alzheimer's and becoming their carer is a difficult emotionally as well as practically. My father found it very supportive just being able to meet with other people who were experiencing the same things and to know that he was not so alone. As well, it provided a forum to learn from each other what services were available, how to handle situations and to be more prepared for future.
- Templeton café, very good
- Hillingdon Carers are my lifeline. The Carers cafes that have been formed are as helpful as some of the best advice I've had has come from other Carers. More opportunity for this type of interaction is vital.
- Found out about Hillingdon Carers through Woodlands and got an information booklet, benefits and pads
- Do not know about Admiral Nurse Team or how to contact them or what they do
- Age concern, very good, daily centres held but daughter felt that she had to organise everything as she couldn't trust social services
- Eastbury Road Day Centre - and Poplar Farm day centres were a fantastic help to my father while caring for my mother. Out of all the services this was the one he found most helpful. My father was full time carer in his 80's for my mother. He knew that his wife was being well looked after while at the day centres and the activities put on provided experiences for her that he could not provide. The time she was away at the Day Centre was a real relief for him as the stage my mothers Alzheimer's was at required him to be with her all the time. On those days where it was provided it enabled him to have some time during the day to catch up with all the jobs that needed doing and also, at times, to get some rest.

Improving the service: What is provided at the Day Centres is really excellent. The main problem is shortage of places and their availability in the borough.

It would enable more people to get this help if there were more places available in the borough. There seems to be a long waiting list to get access to places at the day centres. Indeed, after the closure of the facility at Eastbury Road, there are now even fewer locations and places. It would have been a great help for my parents to have had more days at the day centre and for them to have been organised more quickly rather than a long wait (3 to 6 months) to be given additional days. They started on one day a week and then increased to 2 after a year or so and then eventually to 3 days a week. 3 days a week seemed to be the maximum while other boroughs (e.g. Watford) provided up to 5 days and my father, as carer, would have found it very helpful to have had more days. I expect that there are many other people who would really benefit from this support but are unable to do so because of the lack of places.

If I was to make only one suggestion in this review it would be to find an additional location and staff to provide more places for Day Care. (It appeared that there were not enough places in the borough even before the loss of the 20 places at the Eastbury Road Day Centre)

One other small improvement would be to make the days 1 hour longer. While at the Eastbury Road Day Centre my mother was picked up at about 9.30 to 10am and dropped off at about 4pm and this worked well. After the move to Poplar Farm, however, she would be dropped off at about 3pm which meant that the afternoon was too short for my father to do anything substantial in it. It would be much better for him if the Day Care service had continued to about 5pm giving a full afternoon to the carer to be able to attend to other things.

- Have had experience of Homecare - help with getting up and showering, Respite Care at a residential Care home (to give recovery time for the carer) and Alzheimer's Society

- Support groups available for carers run by the Red Cross
- Not all homes take dementia patients – makes it difficult to find a home.
- Some services when you call up are not experienced and don't necessarily give the correct advice e.g. social services
- Social services – some bad feedback so services offered
- Services in Hillingdon are good – but you have to find them yourself
- Day care – some people may want this. The carers need the day care as respite. Good experiences of day care.
- I do not think the services available now are much help
- These are the dementia services we have heard about or use:
Hillingdon Carers, Admiral nurses, Templeton Café, Alzheimer's Society, Bell Farm lunch club – Donna offered excellent support, PALS
- The only groups I have had any contact with are Alzheimer's Society & Hillingdon Carers who have given me assistance. I have no experience of the other organisations referred to in this paragraph. I would greatly value someone to talk to, experienced enough to advise with Alzheimer's and the combination problems of Alzheimer's/Diabetes/Arthritis, especially if this was available, for emergencies, on a daily basis.
- Felt as if left 'high and dry' with no support
- Access to personal care is not timely from Social care, health and housing
- Assessments for personal care from SCH&H needs to be timely
- Once you start receiving dementia services they are excellent
- Admiral nurses are very good
- Admiral service needs to be promoted more
- Use of Voluntary groups very good, give support and clear information
- Best support for carers is from the Voluntary sector
- Hillingdon is a good borough for services-
- Sign posting is OK, Libraries a good source of information
- Rapid Response has been used, good
- After initial assessment, left to carers to find out their own information, lack of IT skills for some people means it is difficult to access all the information provided on line.
- Funding: should be prioritised jointly with health services / support to carers. Need to work closely with health – economies of scale – reconfiguring what we've got
- Keeping people at home, preventing them going into hospital or residential care
- Support in the community for people with an early diagnosis
- Carers need confidence to maintain their family member at home – instead of feeling they need to go into hospital
- Resources/respite for carers to give them a break is so important
- Nurses could only take in critical cases, not all.
- Social services organised home care package for 30 minutes day. Carer used this time to make private calls on the house phone.
- Wife was previously allocated 4 hours a week sit-in service, this has been reduced to 4 despite her husband's health deteriorating. The couple are in their eighties. Carer is already unable to cope with her husband's dementia. He has a day at Asha Day Centre but would like 2. She is waiting to hear from a social care assessment to see if she can get some help with personal care for her husband.

Changing perception and removing stigma

- Have not experienced stigma at this stage for some.
- Stigma attached to dementia.

- What has been good is the media coverage from public figures – (leaders of nations and people in the media publicising – authors etc like Terry Pratchett)
- Sharing how dementia has affected people
- Set up in the local community stalls for drop in information in public places
- Do not think there is a stigma.
- Husband refusing to accept illness.
- There is more awareness now about the condition – there is not as much stigma as in the past.
- Take a holistic approach to people with dementia (conflicting performance frameworks do not help)
- Changing mindsets to working with people who have dementia – seeing the person with dementia as a person
- Dementia is not talked about enough
- We can change perceptions by talking about it more
- The subject is widely discussed
- Group not aware of any stigma
- General public to be more aware of the signs of dementia would help to remove the stigma
- Education events on dementia will help alleviate stigma
- Additional information/ publicity
- Promote more positive outcomes, different levels of Dementia
- Improve general awareness, this is a national problem that needs to be improved
- Raising awareness – being more open
- Society doesn't general accept behaviour – an example of extra care resident being stopped by police and returned to extra care scheme because he looked confused (but he was just walking to the bus stop and was quite ok)
- Campaign needed to change public perceptions
- Carers fairs and conferences help to raise awareness
- Should get reassurance from GPs - patients should not feel stigmatised
- Perceptions around building nursing homes etc. people don't want to live next door – need to change the perception
- Councillors go to Riverside Centre to talk to people – they can share knowledge afterwards when they go on to visit other residents at tenant and resident meetings etc.
- Public health advertising – similar to cancer/stroke campaigns
- Very difficult
- The stigma is very difficult
- Because you can not see it – people who do not know who has it
- Need to talk about it more – rather than hiding, inform people more
- Local level – council run events need to ask the carers if they need support for caring while they can attend events such as these.
- Stigma families do not want to share i.e. with others
- Need to be afraid to tell people as this can improve support worker
- Support worker to help/advice
- Case stories of individuals and meetings with carers and patients with dementia
- Dementia community group
- Better publicity
- Always tell people when we meet them that my wife has dementia
- Education – a lot of residents and older people even don't know what it is
- Teach locally and nationally
- National campaign needed

- Joined up thinking
- Did not know a lot about dementia before today
- Heard from others what experience was
- People think it's just forgetfulness – becomes a joke
- Cultural differences – some cultures don't understand there is such a condition (e.g. Indian – ALLEGEDLY)
- People need to ask questions
- Improve awareness through publicity
- National campaigns
- Covered in schools to raise awareness
- Awareness in health and social care that some older people 'hide' problems as they are afraid that they will lose their house if they have to pay for services
- Joined up thinking
- Notices in public – amenable

Support and Training for Carers

- Woodlands run training every evening. Not chosen to go. But needed a sitter for husband to attend. Not easy to get.
- Carer went to Hillingdon Carers for training on moving and handling for her family member. However she could not remember how to do it when she go home – and she feels it would be better to have someone come to the home so that you can see how to do it in your own personal situation – she said that the training had a trained person the other side, so they always took the lead, so could not implement what she learned.
- Employing agency staff does not ensure that they know how to handle the patient – insufficiently trained agency staff do not know how to use the sling to move patient – and only learned how to do it when attending Hillingdon Centre for Independent Living.
- Carer's information day at Admiral Nursing very positive
- You can get training through Hillingdon Carers through LBH – was signposted but Carer able to go to Civic on own volition
- Admiral Nurses course - learnt what to expect etc - appreciated the support from everyone else e.g. other carers.
- What happens when the carer needs to go out and the person with dementia refuses?
- Training in practical aspects of caring e.g. moving and handling needs to be improved
- Support is out there but more awareness needed on services available
- Need training to support some with dementia what to expect, how to deal with it etc
- Woodlands have a 6 week programme for carers - difficult to access as limited places
- Support from Admiral nurses
- Not enough support for carers
- Further resources required for training
- Additional crisis intervention
- Single point of contact
- Quicker initial assessment
- More information about future patient outcomes
- More consultation with families
- More support for carers after a bereavement, as all their support is taken away, unable to continue to access clubs i.e. Cafes due to funding
- Support for care home providers – psychiatric input? – how is medication reviewed?
- Right training for dementia care
- Training staff – would cost less to invest in training than put people in residential care.

- Staff – low or no cost – working with mental health teams – Woodlands etc making best use of skilled staff in mental health teams to support interventions in a community or care home setting
- Closer liaison between ward staff and nursing home – time to ask questions during transition, how did you manage that particular behaviour? etc
- Admiral nurses provide specialist training – understanding conditions, complex behaviour, etc How widespread is this?
- Reconfiguring services to cater for increasing demand for dementia care – reablement etc.
- Yes – through the Alzheimer’s society and NHS
- 6 week course
- Help while the course was being undertaken
- Nurses – help with training
- Alzheimer’s society have support group
- Booklets – given by Hillingdon carers
- Learnt a lot by going online and researching by myself
- Only from carer – none from LA/NHS
- Crossroad services – for Carer
- Self funders difficulty around knowing carers and choosing the right one
- Support from care agency – sitting service and early morning care
- Reduced and paying for private carer
- Moving and handling training
- Support from admiral nurses
- Support often comes from friends and family
- 4 hrs per week
- Templeton Centre – paid for social things/activities for a day.
- Most support is from day centres – without this patient would have gone home.
- Carers group available in Hillingdon Hospital foyer once a week.
- Respite care provided for 2 weeks.
- No training available at present
- How do Carers access support?
- Where do carers go to get this information (about training)?
- No training offered.
- No training – only what she found out herself
- I have not been offered any training
- I have not received any training at all to prepare me.
- Feel as don’t know what to expect next

What would improve dementia services/ what further support required?

Information and training

- We need information about handrail and adaptations for home e.g. bath/bed hoist
- Knowing what is available and where to go to get information
- Better information for self funders
- Need to know about what is available
- GP should have information packs
- Need to know who to contact for worries
- The information in GP surgeries is not enough
- Need people to explain to you what happens
- Need to tackle the lack of information

- Need a helpline advertised
- Get information early on – it is vital
- It's not knowing what the next stage is – not knowing what to expect. This is huge for carers. It would improve the stresses of caring if you know what comes next.
- More knowledge for carers on dementia and how to support people with carers
- Carer's information day is very useful.
- Knowing points of contact
- Where do you get a blue badge?
- Need more Dementia information days as held in January 2011
- Information about what services available and how to access
- A central point to go to for information
- Better information/advice around the condition what to expect
- Event like this for end of life review
- Event like this for staff who work with people with dementia – information about background and review of dementia
- Training in understanding the condition and what to expect
- A small thing that I feel would be helpful would be some form of counselling or training that helps carers not only provide for the person they are caring for but also care for themselves. Also having someone assigned that the carer at home can get to know personally as a contact point into the whole range of services to act as their personal advocate and advisor would be a great help in interfacing with the services available.
- Need help with falls - causing carer injuries when lifting
- The council to have a list of all residents who are over 65 – send out an information pack of who to contact if you are worried
- Knowledge, knowing what's available early on
- Need to have and understand the importance of having information and advice e.g. re opportunities for socialisation.
- Potential for long-term care and financial implications from this needs to be looked at i.e. Access to sound financial advice
- Additional support for carers in a crisis situation, there is no where to go for quick information in a crisis so patients end up in hospital/A& E
- More knowledge up front about options and issues.
- Telephone helpline and support groups.
- Limited understanding – need education
- Support isn't well publicised – needs to be advised at point of diagnosis.
- Pack of information from Hillingdon Carers.
- More training from Admiral Nurses specifically on dementia training

Transport

- Transport is an issue. Dial a ride refuse to walk the people to the door, this was 5 and over years ago and sometimes the clients wander off.
- Need help with transport as cared for persons mobility can deteriorate with dementia as coordination gets increasingly difficult
- Lack of transport – need transport to help within the borough
- Day care is also important – services should be expanded, and transport services to back up day care
- Transport – would not take carer in transport.
- Transport to day care

- Alzheimer's Concern in LB of Ealing was really good with help and support, functions to enable carers to go out and transport to get carers and cared for to and from functions.

Respite

- Help with funding and respite – on what resources are available
- Respite - carers should be able to stay at home. Sufferer should go somewhere else. Not vice versa (see as cost reduction).
- Carer has tried to book respite care services. However, the details and mechanics of this have never been explained and she has waiting for 3 months to have the date confirmed (next week). She is not sure of what if any entitlement she might have to caring for a husband who is blind and who also has dementia. Carer also claims that she 'hears' that name tabs have to be put on every item of clothing, including pants – and wants to know where you get them from, etc and if this is true.
- People work – therefore respite is vital
- When a carer falls ill and needs emergency respite care
- Confirmation of respite care is a problem. One carer arranges for care in their own home as father in law cannot be moved out to residential. Although a lot of notice is given with regard to dates, flights etc confirmation is often not received until after she returns from the trip – and therefore she arranges her own care prior to leaving and applies for a retrospective account to be settled by direct payment so that she can pay the agency involved.
- There is undue stress on Carers to know when respite dates/and/or payment is going through to arrange privately.
- More respite time - carer's own health is deteriorating - more post-hospital admission help
- Respite is full - Hillingdon Carers would like more and it is evident that some carers are not aware of it.
- Respite - needs to be regular and frequent.
- Carers do not have time have time for training - need respite in order to attend.
- No chance of a life without respite.
- Even social/leisure time is a break as always looking out for the sufferer.
- Restricts movements - "No time for myself".
- Respite – no one to call or rely on
- Respite care is important so the carers can have time off
- More respite for users
- More access to short breaks
- Emergency respite
- Respite and support
- Respite when they give it may not be suitable time/day
- Respite for women who work and would be carers.

Voluntary and Professional staff and Centres providing specialist care

- Better and more care services within the community
- More physiotherapy services and exercise programmes/other programmes that will support the person with dementia to be more active
- More intermediate care/rehab that are available for people with dementia
- More opportunities for mental stimulation
- Community to have a sitting service by a group of volunteers
- Outreach nursing provision for district nursing
- Designated social worker/allocated needs to be on point of contact

- We need culturally/ethnically sensitive person to contact – so I can talk in my own language and they understand the needs of my household
- Need an Alzheimer's Services for Hillingdon or on the council web site
- Provide nursing support along the lines of MacMillan nurses/Marie Curie nurses
- Expansion of Admiral Services and commitment to funding for Admiral services
- A regular visit from the social services etc to come and visit
- Training for social care staff – making decisions about support needs, intervention, medication especially physical health staff – may not be aware of needs of dementia patients
- Specialist dementia team/staff
- Needs somewhere where we can go to talk to similar people who have Alzheimer's
- We urgently need rehab for people with dementia in Hillingdon. It currently doesn't exist and we have generic services but need specialist services - both bed based and community, psychiatric/psychologist – to reduce hospital admissions
- Need people with skills to assess otherwise interventions won't be long standing (revolving door cases – need to reduce/prevent this)
- Consistency of care workers providing short breaks or domiciliary care
- More day centre availability – worried about closures
- Locate day care in residential setting rather than hospital. Respite could then be in familiar surroundings.
- More contact e.g. like district nurses did with post-natal
- Volunteers
- Volunteers – Ash retired nursing – keep expertise on board and fresh. Had to go volunteer herself – no one asked. DASH.
- Need to identify those suitable for volunteering.
- 24hr support – immediate
- 24 hour support – Immediate support
- Care homes nearby homes – closer
- Network group for carers of patients that go to day centres would be good.

Other support services

- More support for carers/feeling responsible for exercise programmes/activities
- Support for carers needs to be improved.
- Provide care support for people who are physically able but have limited cognitive ability
- More support in personal care e.g. washing sheets/clothes etc
- More support on personal care and personal hygiene
- Extra care for self funders
- Review assessment of carer needs
- In care homes – take in things from home so it feels like home
- GPMS technology – especially those living on their own
- If support was offered to those that want to live at home it would give them that option

Comments

- Media coverage is good
- As a carer feeling penalised for being a carers – sometimes this is financial.
- Find it difficult to get help when there is denial - carer having to cope in absence of support - self help - support through Hillingdon Carers café
- For hospital stays, discharge planning should start at admission stage.
- Need to reduce hospital/residential care admissions and/or reduce length of stay
- More individual care packages (moving away from breakfast at 12 and bed at 6)

- Dementia services needs to be advertised more
- There are lots of untapped resources – people don't have confidence or knowledge to use them
- TeleCareLine is good but cannot replace human element. People may struggle with technology
- Mobile response team attached to TeleCareLine is such a positive thing
- People may be going into care homes too early – need to tackle this
- Examples of people moving into sheltered/extra care from residential may have been in residential for a year and find it hard to adjust afterwards – totally different way of life. Talking, socialising, own equipment choices, positive, but still need to adapt
- Support for carers who are working/would like to go back to work – difficult to manage time
- Free fitting service – this is a risk if you do not know the person, need to have the same person each time.
- Crossroads very expensive
- Expensive to pay for the basic services, e.g. time out of the house to go shopping
- Need stability in the people you are dealing with
- Alzheimer's Society are good – 10 minute chat every so often
- Can't take things in isolation. Decisions can't be made in isolation as impact patients and carers.
- Carers can have mental breakdown
- Worry and stress – carers – needs to be considered
- Telecare – only free to over 85s
- Telecare free to all
- More proactive about publicising services.
- Concern how some people may be able to afford support as changes become more common

3. Crisis/Emergency Help

Experiences of crisis

- GPs are not the best person to speak to about a crisis – you have to make an appointment – it is not 'now' but in a few days time.
- Hospital staff were told about patient's dementia but unsure if consciously took this into account or not.
- Exhaustion of coping with the situation
- Not knowing where to go and who to turn to
- Hillingdon Hospital now have an 'assessment centre' – separated off and shorter waiting times
- When carer falls ill
- Husband didn't want to go to hospital - discharged he - tries to return home by bus - last time she arrived he had disappeared.
- Mother (92 yrs) was admitted - Communication problems (non-English speaker) - diet problems (no Indian vegetarian food) - carer brought in food for her to eat - staff took her toilet bell away from her as she was ringing too often (continence problems).
- Carers worry more when they are in hospital.
- Presumption that families are helping but carers are alone.
- When husband was in hospital - "There were no problems. I did everything myself."
- Hospital stays complicate carers' lives.

- When person went missing the relevant services needed to communicate with each other - Hospitals should have sent the information to the police and also the GPs watch would have helped in this situation
- Hip fracture – could have been prevented if there was the right diagnosis and respite home was aware of situation
- Better communication from health professionals
- 2 ambulances did not provide good services, they would not pick up the patient
- Bad experience in Hillingdon hospital
- Good experience of ambulance service – good carers
- Mother, Wales – hospital for 4 days – received a letter from hospital saying that carer had given permission to let patient go. This was not the case, received an office apology
- Lack of support – can lead to hospital admissions need consistent sup port.
- Patient in a lot of pain admitted to hospital – when he came out he had lost all of his confidence – he was a different person – it was caused from impacted faeces so carer would have known this. Patient taken to hospital and police called because they couldn't cope with challenging behaviour.
- Problems managing personal care (feeding/continence) leading to a hospital admission. Did not seek intervention and concerned their property will have to be sold
- Patient admitted to hospital – family could not find staff to talk to for updates (admitted for 7 days). When they wanted to discharge the patient, family had three nurse updates in one hour.
- Staff seem to forget they need food and water – no use leaving water on the side, they need to give it to them to drink e.g. in care homes
- Does best to help carers – Bora's care champion
- "Hope I die after the person I'm caring for". Don't want them to be left alone
- Added strain for carers when they are ill.
- If dementia patient going in for another condition, nurses need to understand how dementia affects the patient.
- Should be at school in national curriculum – part of life studies. What happens when you get older – when your grandparents/parent get older

What is a crisis or emergency or what causes it? Examples

- Admission to hospital through a fall is a crisis
- A crisis is wandering off – it causes a lot of anxiety and stress for the carer
- Attending A & E through having an accident
- Confusion about situations
- Not recognising people, family or places
- A carers stress – being unable to cope and bringing loved ones to A & E where they state they cannot cope any more
- Sudden onset of UTIs etc
- Crisis is more about if something happens to the Carer, more than the patient
- We went to A& E following a fall – there were no x rays carried out only an ECG and tests. No overnight stay required.
- The issues, dangers and stress associated with wandering and getting lost
- Attending hospitals and the issues with safety that this has, like wandering, not eating and/or drinking because patients with dementia are not being adequately supervised or watched.
- A client discharged herself from hospital after convincing a doctor that she was perfectly well and in good health. She later got lost and was confused miles away from the hospital and

her home. This meant involving the police to find her, lost keys, collecting and returning the client and the stress and anxiety for client and the carers.

- Husband has dementia and he gets very angry, he can get violent sometimes. Had to call the police on 3 occasions. The police have always been helpful but this is not a good use of their time. The police do not like attending to this type of call as they know it is not really their job. Person was told at a support group that if their husband becomes violent then they need to stay calm and be polite.
- Carer themselves becomes unwell – this is then a crisis
- A person leaving the gas on constantly
- Difficult behaviour that can escalate to violence
- People need to admit/be aware that there is an emergency situation
- Changing a light bulb when there is no one there to do this – can be a crisis for someone
- Where the carer can no longer care for their relative and that is when you need to look at residential care
- If you have a crisis during Christmas, where do you go? Need an emergency contact.
- Some people with dementia can retain physical mobility and strength – someone becomes unwell and attacks a loved one or day centre staff. No clear pathway of who then needs to act. If social services get involved then we put other residents at risk if we put them into a care home.
- Lady, who is acutely unwell, refuses to allow carers to care for her, even refusing continence pads. No joint team to manage this person – leads to pressure sore, malnourished, PCT may say pathway is through the GP, but what will the GP do?
- Messages between police, ambulance service and hospital is not filtered through like someone goes missing – communications need to be improved.
- There is no Emergency contact number for patient issues
- There is no Emergency contact number for carers in a crisis situation- example of using A&E in one situation
- Not aware of where to go when a situation changes unexpectedly
- Issue of who to contact “out of hours”
- Issue of sharing information between different trusts, i.e. MH, VS, PCT
- Length of time it can take A/E and or Hospital ward to gain patient information is between 24 hrs and 5 days
- If a patient is admitted to hospital without a carer, can take a while for hospital staff to identify patient needs
- People are going to A&E at times of crisis– this is not the right place for diagnosis – but people are ending up there because of a crisis situation as there are no alternatives
- Do carers know what to do in an emergency? What are they currently doing? What should they be doing? Reflections if something has gone wrong?
- Discharged person from hospital, but no support in place.
- What happens in an emergency? Hospitals are changing? Once someone has been admitted they need time to make decisions.
- Fractures, casualties
- Carer not being well, not being able to attend
- Break down in carer relationship
- Someone needs to pick up immediately that this is a carer and someone at home needs care

Actions to take when having a crisis or needing emergency help

- Call 999

- Have family and friends who can help
- Would be helpful to have some information of who to contact
- Use TeleCareLine, Rapid Response etc – needs to be developed more to assist with people to allow them to stay at home
- In an emergency our neighbour has a key
- I do not know where to go or what to do in an emergency or crisis (several contributions to this point)
- I need a list of emergency numbers for different situations
- Need access to the GIS monitor for people who wander. This gadget needs to be offered to people who wander.
- I need more information about what to do in an emergency
- So far my mother has not needed any crisis or emergency help and I'm really not sure what I would or should do if I was unable to cope. Admission to A&E would I feel be terrifying for a dementia sufferer. I would like to think that there is a helpline in such a situation to fast track onto a specialist dementia care service.
- I do not understand about crisis situations. I not know of any action other than 999 if I have a crisis or need emergency help due to my wife's Alzheimer's condition
- Call NHS direct - when wife has falls - paramedic
- Carry carer's card - with phone numbers of people to contact
- Message in a bottle (Rotary Club scheme)
- Message in a bottle (Green Cross)
- Emergency replacement carer's plan – where is this publicised?
- Age UK Handy person scheme
- Neighbour and family support (less so)
- No central point of contact
- Too long to have access to a social worker
- There should be a strategy to managing caring for these people – an integrated team
- Support needs to be very quick – can't wait if GP is at surgery
- Joint team – integrate resources for a quick response
- Regular review – carers may not see changes as can be gradual
- Plan for crisis situations
- Who needs to act? (team will work together because its in best interest of person, but a joint team would be better)
- Hotline to joint team to avoid A & E admissions
- Links to personalisation – building in contingency planning, Hillingdon Carers doing some work around this. Carers' assessments – looking at planning if something goes wrong.
- Call ambulance
- Family would take over
- Phone emergency number as advised by Hillingdon – need to inform people of this number – remind people of the number
- Ring social services – time delay waiting for the social worker to contact
- Don't know what to do in a real emergency, other than calling A & E. People do not know what to do in a real crisis
- Neighbours good support
- People do not know what to do if a patient 'falls' at home, need help lifting patients. Carers risk damage to them
- TeleCareLine – need to know the contact and telephone number
- Identifying potential crisis and possible responses
- "Message in a bottle" sticker somewhere obvious, front door and fridge. Info re: medication

- “SOS” bracelets – cost and keeping info updated
- Can be distressing for visitors etc to see how they can be treated
- Is it possible for a GP to diagnose?
- Lack of sleep for carers
- Telecare – has been helpful
- Crisis is often about what will happen to patient if something happens to carer.
- A&E is often the only place to go but not necessarily the best way.
- A&E attendance, often as last resort because no help from elsewhere
- Carers’ health and wellbeing gradually deteriorates and then can not support
- Local health centre
- NHS direct/111
- Friends/Neighbours (circles of support)
- Admiral Nurses (limited access)
- The Admiral Nurses do not return calls. We have 2 nurses but one has been on maternity leave and there doesn’t appear to be a replacement. Why can’t you recruit more Admiral Nurses as they are the specialists?
- Telecare – Neighbour helped with care for patient when carer suffered anaphylactic shock.
- Difficulty is when carer has an emergency rather than patient – what would happen to patient? Would council step in?
- Make provisions with own resources e.g. family, friends, and neighbours – have to be prepared.
- Patient taken into have dental work under general anaesthetic – signed consent form and took out SEVEN teeth – only went in for one
- Council – social care
- Outreach services – voluntary sector
- Carers have expressed concern that no organisation will take responsibility in a crisis
- How do families who have a full-time job support a parent with dementia in crisis situations?
- What happens to that need care when their carers pass away or can’t look after them? Worried about this.
- Hillingdon Carers have a card: “I’m a carer” and includes contact numbers
- Hillingdon Carers: Produce simple plan to keep at home – includes medicines, care needs etc
- Would call social services. Get pushed pillar to post and then forget them and deal with it. Needs someone in social services who has a good knowledge of dementia

Hospital stays for dementia patients

- For one family the needs of the patient were not met. The medical condition was treated very well but not the dementia issues which caused a great deal of stress for the carer who felt the only time her husband was cared for appropriately was when she was there – very worrying.
- This is a training issue – nurses should know and be sensitive to people with dementia needs.
- Those who enter care homes to ensure they have regular check ups to ensure not ‘dumped’ and left.
- Importance of dignity and privacy
- Time spent with an individual can be more valuable than providing medication
- Dementia patients’ needs are not met in general hospitals
- Staff in the hospital need to know when someone has dementia – this includes the catering staff as well

- Nursing staff need to tell catering staff when someone has dementia – as they may not be able to pick the right food etc
- Dementia needs profile raising between different sectors of staff within the hospital
- Nursing staff need to be better trained in dementia issues
- It would be helpful if people with dementia were in the same wards at the hospital
- Low staffing levels
- Lack of staff trained in Dementia care
- Need to treat the patient as an individual
- Staff need to engage and listen more to carers and families
- Information needs to be passed between staff, Dementia sometimes written on hospital notes but not made aware to all staff.
- Hospital procedures need to be discussed with carers /families e.g. Ward/Bed moves can be distressing for patients, example of a patient being moved at night when told by carer this would be a problem, move still went ahead causing distress to patient.
- “Butterfly scheme” being introduced at Hillingdon hospital identifying patients that need additional care.
- Best interest meetings should be held – professionals and families meet to discuss. This was started for people who did not have their affairs in order, no power of attorney etc.
- Promote the need to write a will/arrange power of attorney so it is in place if/when needed – series of articles about forward planning, - legal to be involved.
- Care service – UTI – this was left untreated and led to further infections/problem – patient care in hospital
- Respite – referred to A & E – difficulty getting information on the ambulance – took 7 hours had to undertake the caring in the hospital – poor caring at the hospital
- Poor treatment in the hospital, dementia patients should not be put in general wards with other patients. Wrote a letter of complaint to hospital – no response. A & E staff are not trained for this (Hillingdon hospital)
- Accommodate patients in the Woodlands centre – have Woodlands got all the relevant equipment?
- Woodlands cannot accept as patients
- Need to ensure there is a consistent service
- Word care non existent –nurses didn’t understand dementia or know how to deal with the patient
- Difficulties around feeding patients and assisting patients to choose from menus
- Disability not taken in to consideration
- Understanding of patient needs
- Depression being in hospital
- Sent sheet of information about illness of patient with them when they went into hospital so that this was readily available – this helped.
- Patients often restless so wander.
- No wards just for dementia patients as they have different medical needs (e.g. cancer, broken bones etc).
- No – needs are not met
- Misdiagnosis or no diagnosis of other conditions
- Relatives expect to carry out personal care (feeding/changing)
- Hospital acquired infections
- People with dementia are invisible to some staff
- Extensive trolley waits leading to other health issues e.g. pressure sores
- How can things improve if cuts to nursing staff?

- Nursing cover at night is poor
- What happens when carer get too old and is struggling to look after someone.
- Immediate, emergency respite care
- From care homes have been sent after fall to A&E – have been left there. Should be someone from care home travelling with them.
- Car park – in hospital is far from department in hospital they need to be in.
- Always a pharmacist on shift in hospital
- Does not think there is a smooth process when admitted to A&E.
- Big question – have to try to explain to triage nurse with person standing next to them – explaining their condition with them there to a triage nurse can be difficult
- Problems when dementia patient is in general hospital – nurse doesn't understand dementia patient (specialist department is fine)
- Behaviour – carer can be in fear – this can lead to crisis situation
- Carer can be unable to care anymore and reach a crisis situation - they can't go on – invention
- Council need support carers more – give a crisis pathway need support for carers
- Delays – need to know what to do 'right now'
- Lack of response by the local authorities – leads to crisis
- (Seizure) wife becomes unresponsive; call 999, has happened 5 times, first went to the hospital has since learned how to deal with the situation

What help needed in a crisis?

- To know if someone has trouble passing urine for example – to get medical help?
- How can we avoid a crisis?
- Early intervention is crucial
- What would help would be a buddy system – someone with some medical knowledge or qualified through their own experience who you can ask general questions of – for instance if you ask about a particular subject, they might advise taking to the GP or they might suggest coming round to put your mind at rest.
- Is there an alternative to NHS Direct – such as a helpline? Someone to talk to.
- Support for carers
- Emergency respite plan/service is vital to support carers
- Day services – carers peace of mind and respite
- Care homes – variable quality (staffing/training/knowledge)
- Decision taken in isolation – impact carers/sufferers of dementia

What would improve Crisis situations for people with dementia?

- Helping Alzheimer's carers to plan ahead for what to do in the eventuality of a crisis.
For a long time my father did not have a plan for what would happen if he became ill and unable to care for my mother. It would have been helpful to have had given some thought and to have a plan for what actions to take in this eventuality. In the end, when the need did arise, I (their son) was able to move in for a couple of weeks to care for them but that was only because I was available as I was not working at the time. There were also times when I was away abroad and I don't know what would have happened if he had become ill while I was away? So, in conclusion, I feel that it would be helpful if support was given by someone to coach the carer at home to make sure they have a plan for such eventualities.
- Emergency TeleCareLine support - In the last year he did have a TeleCareLine installed. There was an emergency situation where my father collapsed at home and he did use it but he was surprised to hear that the only options were for them to phone a neighbour or phone

for an ambulance. He turned down the option of the ambulance because he couldn't see how his wife would get looked after if he went to hospital. What he really wanted and expected was for someone to visit and check him over. At the time he was not aware that the ambulance could come and attend to him without necessarily going to hospital (and the person on the TeleCareLine didn't explain that to him either). So my suggestion for the TeleCareLine service is to add the ability for someone to visit the house of the person in distress and to educate subscribers ahead of time that if they need it the ambulance can be called but doesn't have to take them to hospital.

- In the days that followed I was in contact with Social Services Emergency support to arrange for respite care for my mother so that my father could recover his own health. In the end they did find a care home that turned out to be excellent (Seymour House, Rickmansworth) but the process of interaction with the service is quite stressful. The front-line staff are not able to take decisions themselves (or get a quick answer after referral) but instead then have to prepare a submission to a meeting which allocates resources before a decision is made (I get the impression these decision meetings only take place twice a week and are very dependent on particular staff being in the office). This means a considerable delay and a period of stress for the "client" not knowing whether the needed help will be provided or not. In their communications the front-line staff have to be very cautious not to promise anything which adds to the feeling of uncertainty for the "client" and gives the impression that "it's all about saving money". At the time I was able to help intermediate with these communications but if my father had been on his own this would have been very stressful and not helpful to his own health as he had a heart condition. One suggestion would be to find a way to either empower the front-line staff to be able to take these decisions or to have a mechanism of decision support that is faster.
- I'd also like to raise the issue that my father did not give enough time to caring for himself on an ongoing basis (there are many examples including: he stopped washing himself for more than a month saying that there was not time; he didn't go to the doctor to get health issues checked because of the difficulties getting there and looking after his wife at the same time). With all of his focus on caring for my mother he neglected aspects of his self care. My suggestion for this would be for more coaching in this area – perhaps a periodic visit where this and other issues above are discussed. It's so easy to put these things off in the difficult day to day situation of caring for someone with Alzheimer's.

Appendix 3: Hillingdon Care Homes

Dementia Housing Needs Info

There are currently 2,552 people with dementia living in Hillingdon. According to population projections, this will increase by 9% to 2,710 people in the next five years, and 16% by 2020.

The majority of these individuals can be supported to live at home in the community, as long as they are diagnosed early and receive timely care and support (e.g., medication, telecare, intermediate care, home care, respite, day care, information and advice). A proportion of people will require more intensive care and support than can be provided at home due to a variety of reasons (e.g. challenging behaviour, wandering, 24hr monitoring, break down in the caring relationship). There were 135 new dementia residential placements in 2010/11; this is projected to decrease in 2011/12 with 97 new placements into dementia residential.

Research has shown that approximately 60% of placements can be avoided with the availability of suitable extra care housing for people with dementia. Extra Care Housing provides 24 hr care and support to residents as and when required and is a flexible model of meeting the changing needs of people. It is projected that 58 units of extra care are required specifically for people with dementia. Future demand for additional schemes developed specifically for people with dementia will be reduced by the extension of telecare and intermediate care services, as these services will enable people to stay in their own homes for much longer or remove the need to move at all.

Summary of requested Dementia information

Number of carers receiving support	649	Below figures combined
Information & Advice: (2011/12 estimate based on figures to end Feb 2012)	204	Alzheimers Society
Day Service	4	Alzheimers Society
Drop-in Cafes: (Average attendance - 2011/12 based on figures to end Feb 2012)	112	Alzheimers Society
Generic: (2011/12 estimate based on figures to 6/3/10)	253	Hillingdon Carers
Respite at Home: (2011/12 estimate based on figures to end Jan 2012)	76	Enara

Projections of housing need for people with dementia	58
The Commissioning Team project that 58 units of Extra Care are required specifically for people with dementia.	

Numbers of people in residential and nursing provision outside of the borough (including those with dementia)	159
There are 159 older residents (including those with dementia) in residential and nursing placements outside borough boundaries	

Number of care homes in the borough:	26
There are 26 care homes for older people in LBH.	

Number of specialist dementia homes in the borough:	20
The majority of homes in Hillingdon accept people with dementia. 20 care homes specialise in dementia care.	

Number of both of the above in which LBH has placements	26
Hillingdon Council has placements in all of the care homes for older people operating in Hillingdon; i.e. in 20 homes that provide dementia care and in 6 homes that do not provide dementia	

Number of home care agencies operating in the borough:	16
There are 16 homecare agencies operating in the borough. The Council does not use all of them. The Council is also using a small number of agencies operating outside borough boundaries.	

Support for carers of people with dementia

Data for Members 08/03/12

	Service type	Carers Supported 2010/11	Carers Supported 2011/12	
Alzheimer's Society	Information & Advice	195	204	2011/12 estimate based on figures to end Feb 2012
	Day Service	4	4	
	Drop-in Cafes	70	112	Average attendance - 2011/12 based on figures to end Feb 2012
Hillingdon Carers	Generic	251	253	2011/12 estimate based on figures to 6/3/10
Enara	Respite at Home - dementia	80	76	2011/12 estimate based on figures to end Jan 2012
Notes:	These figures show the total number of carers supported, not the number of contacts			
	Please note that there will be double-counting in these figures, as cross-referral between generic and specialist services is encouraged to ensure carers have access to services relevant to their need			
	2011/12 figures are extrapolated from part year figures, as shown above Alzheimer's Society figures do not include ad hoc requests for support via telephone			

Service Name	Type of care	Address 1	Address 2	Town	County	Post Code	Tel Number
Aronmore Residential Care Home	Res/Res Dem	64/66 Hallowell Rd		Northwood	Middx	HA6 1DS	01923 825940
Ashwood Care Centre	Nur/Res/Res Dem	1a Derwent Drive		Hayes	Middx	UB4 8DU	020 8573 1313
Aston House Care Home	Nur/Nur Dem	Angel Lane		Hayes	Middx	UB3 2QX	020 8569 1499
Blenheim Care Centre	Nur/Nur Dem/Res/Res Dem/YPD	Ickenham Road		Ruislip	Middx	HA4 7DP	01895 622167
Brackenbridge House	Re/Res Dem	Victoria Road		South Ruislip	Middx	HA4 0JH	020 8422 3630
Cedar House Nursing Home	Nur/Nur Dem	39 High Street		Harefield	Middx	UB9 6EB	01895 820700
Clare House	Nursing/Dementia	Harefield Road		Uxbridge	Middx	UB8 1PP	01895 272766
Coppermill Care Centre	Res/Res Dem	Summer House Lane		Harefield	Middx	UB9 6TG	01895 820130
Denville Hall	Nur/Nur Dem/Res/Res Dem	62 Ducks Hill Road		Northwood	Middx	HA6 2SB	01923 825843
Franklin House	Nur/Rehab	The Green		West Drayton	Middx	UB7 7PW	01895 452480
Frithwood Nursing Home	Nur/Nur Dem	21 Frithwood Avenue		Northwood	Middx	HA6 3LY	01923 820955
The Harefield Nursing Home	Nur/Nur Dem	Hill End Road		Harefield	Middx	UB9 6UX	01895 825750
Hayes Cottage Nursing Home	Nur	Grange Road		Hayes	Middx	UB3 2RR	020 8573 2052
James House	Res	2 Sandy Lodge Way		Northwood	Middx	HA6 2AJ	01923 823122
Kingsley Court Care Home	Nur/Nur Dem/Res Dem	855 Uxbridge Road		Hayes	Middx	UB4 8HZ	020 8561 6681
Marian House	Res/Res Dem/Nur/Nur Dem	100 Kingston Lane		Uxbridge	Middx	UB8 3PW	01895 253299
Parkfield House Nursing Home	Nur/Nur Dem	Charville Lane West		Hillingdon	Middx	UB10 0BY	01895 811199
Ruislip Nursing Home	Nur/Nur Dem	173 West End Road		Ruislip	Middx	HA4 6LB	01895 676442
Sweetcroft Residential Care Home	Res/Res Dem	53 Sweetcroft Lane		Hillingdon	Middx	UB10 9LE	01895 230009
St Vincents Nursing Home	Nur/Nur Dem	Wiltshire Lane	Eastcote	Pinner	Middx	HA5 2NB	020 8872 4900 / 90

Service Name	Type of care	Address 1	Address 2	Town	County	Post Code	Tel Number
The Boyne Residential Care Home	Res/Res Dem	38 Park Way	Ruislip Manor	Ruislip	Middx	HA4 8NU	01895 621732
The Burroughs	Res/Res Dem	Mill Road		West Drayton	Middx	UB7 7EQ	01895 435610
The Fairways	Res/Res Dem	64 Ickenham Road		Ruislip	Middx	HA4 7DQ	01895 675885
The Poplars	Res/Res Dem	15 Ickenham Road		Ruislip	Middx	HA4 7BZ	01895 635284
Whitby Dene	Res/Res Dem	316 Whitby Road	Eastcote	Ruislip	Middx	HA4 9EE	020 8868 3712
Woodlands	Res/Res Dem	84-84A Long Lane		Ickenham	Middx	UB10 8SX	01895 634830 07968 078616

Total homes

26

Home	Home Capacity	Residential Dem Beds	Nursing Dem Beds	LBH Clients in Total	LBH Dem Clients
Aronmore Residential	27	8	0	11	5
Ashwood Care Centre	70	35	12	49	20
Blenheim Care Centre	64	12	10	41	16
The Boyne	25	25	0	7	6
Brackenbridge House	36	0	0	1	0
The Burroughs	75	35	0	56	30
Coppermill Care Centre	52	44	0	14	5
The Fairways	27	0	0	4	0
James House	12	0	0	2	0
Kingsley Court	85	25	30	41	32
Poplars	27	27	0	1	0
Sweetcroft Residential Home	20	20	0	5	1
Whitby Dene	60	30	0	41	25
Woodlands	18	17	0	8	3
Aston House	48	0	40	22	16
Cedar House	42	0	42	11	3
Clare House	40	0	0	7	0
Denville Hall	40	0	15	4	0
Franklin House	66	0	0	34	0
Frithwood Nursing Home	20	0	0	4	1
Harefield Nursing Centre	40	0	20	11	2
Hayes Cottage	51	0	0	21	0
Marian House	25	0	5	7	1
Parkfield House	44	0	44	18	11
Ruislip Nursing Home	24	0	24	3	1
St Vincents Nursing Home	60	0	5	8	0
Totals	1098	278	247	431	178

Domiciliary Care Agencies with offices in London Borough of Hillingdon

1	Accurocre
2	Adolphus Care
3	Allied Healthcare
4	Aquaflo
5	Cross Roads
6	Elite Total Care Services
7	Hayes Staff
8	Home Instead Senior Care
9	Northwood Nursing & Care Services Ltd (Dom Care)
10	Plan Care
11	R&S Medical & Allied Services Ltd
12	Reablement Team (LBH)
13	Signet Healthcare Ltd
14	Specialist Care
15	Tageero
16	Trinity Noir

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Agenda Item 7

CORPORATE SERVICES & PARTNERSHIPS POLICY OVERVIEW COMMITTEE REVIEW OF THE EFFECTIVENESS OF THE AUDIT COMMITTEE AND ITS TERMS OF REFERENCE

Cabinet Member	Councillor Jonathan Bianco
Cabinet Portfolio	Finance, Property and Business Services
Officer Contact	Khalid Ahmed, Democratic Services
Papers with report	Corporate Services & Partnerships Policy Overview Committee review of the Effectiveness of the Audit Committee and its Terms of Reference

HEADLINE INFORMATION

Purpose of report	To receive the Corporate Services & Partnerships Policy Overview Committee's report providing recommendations on the review undertaken on the Effectiveness of the Audit Committee and its Terms of Reference
Contribution to our plans and strategies	The Audit Committee is responsible for independently reviewing the adequacy of the arrangements for the financial management of the Council and its system of internal control. This also includes consideration of risk management issues that are covered under the Cabinet's responsibility. The Audit Committee executes its review role independently from the Cabinet and other Committees of the Council.
Financial Cost	The remuneration for the proposed additional Independent Member.
Relevant Policy Overview Committee	Corporate Services & Partnerships Policy Overview Committee
Ward(s) affected	N/A.

RECOMMENDATIONS

That Cabinet:

1. Welcomes the report from the Corporate Services & Partnerships Policy Overview Committee (as in Appendix 1) on the review into the Effectiveness of the Audit Committee and its Terms of Reference and
2. Notes that the Leader of the Council and Cabinet Member for Finance, Property and Business Services will fully consider the recommendations of the Policy Overview Committee and, where appropriate, present proposals to a future meeting of Council for approval.

PART I - MEMBERS, PUBLIC & PRESS

Policy Overview Committee Recommendations

- a) That the membership of the Audit Committee be increased to 8 Members, which would include 2 Independent Members.**
- b) That the quorum rules for the Audit Committee be changed so that no business can be transacted unless half of the number of Committee Members are present, which is in line with the quorum rules for Policy Overview Committees.**
- c) That the number of substitute Members for the Audit Committee is increased to 5 and they be provided with copies of agenda to enable them to retain their expertise and knowledge.**
- d) To ensure continuity of the membership of the Audit Committee, there is no limit on the Terms of Office of Members of the Audit Committee.**
- e) That the Terms of Reference of the Audit Committee be amended to include the receipt of full Internal Audit reports, if requested by the Committee.**
- f) That the Terms of Reference of the Audit Committee be amended to include the power to invite relevant Heads of Service, Corporate Directors and Cabinet Members to answer questions on the implementation of outstanding audit recommendations where satisfactory assurance levels have not been received.**
- g) That the Terms of Reference of the Audit Committee be amended to include reference to both the external auditor and the Head of Audit and Enforcement meeting separately and in private with the Audit Committee.**
- h) That the Terms of Reference of the Audit Committee be amended to include the role of the Audit Committee in the effective scrutiny of the Council's Treasury Management function.**
- l) That a skills audit be carried out on the membership of the Audit Committee on an annual basis to ascertain the relevant experiences to feed into any future decisions on the membership of the Committee.**
- j) That London Councils be asked to give consideration to the development of a Pan-London Network of Chairmen of Audit Committees.**

Reasons for recommendation

The Audit Committee and its Terms of Reference were agreed by the Council at its meeting on 25 January 2007. This stemmed from a review by the Corporate Services & Partnerships Policy Overview which looked at the role of Members in Audit and suggested Terms of Reference for the Audit Committee, which Council agreed.

This follow up review assessed the Audit Committee's effectiveness and its Terms of Reference and in particular how effective the Committee was in relation to governance, financial reporting and audit issues. The review was also timely in view of the recent proposals contained in the Department for Communities and Local Government (DCLG) consultation on the future of local public audit, whereby the Government wishes to refocus the audit of public bodies and give local people the power to hold public bodies to account for local spending decisions.

Alternative options considered / risk management

The Cabinet could decide to reject some or all of the Committee's recommendations.

Supporting Information

1. The Terms of Reference of the review were as follows:
 - To review the Terms of Reference of the Audit Committee and whether they are fit for purpose and have delivered the recommendations arising from the original Policy Overview Committee review of 2006
 - To fully examine the Department for Communities and Local Government's (DCLG) recent proposals on the Future of Local Public Audit and the likely impact on local authority Audit Committees
 - To assess the value (or otherwise) that the Audit Committee adds to this Council's financial and non-financial performance, the financial reporting process, financial compliance, governance and risk management procedures.
 - To examine the role of the Audit Committee within the Council's decision making structure and reporting arrangements.
 - To examine the roles and responsibilities of Officers advising the Committee and the External Auditor.
 - To investigate best practice in Audit arrangements in the private sector and public sector.
 - To make recommendations to Cabinet on the outcome of this review, and where there are any constitutional changes required, onto full Council following Cabinet approval.
2. The DCLG proposals, whilst not yet enacted, were considered significant and relevant to the review and allied to this were the practical experiences which the various witnesses reported to the Committee.
3. The review took place between July 2011 and November 2011 and received evidence from the Independent Chairman of the Audit Committee at Hillingdon, an experienced Member from the Audit Committee at Hillingdon, the Head of Audit and Enforcement at Hillingdon, the Senior Audit Manager from the Council's External Auditor and from an Independent Member of the Royal Borough of Kensington & Chelsea's Audit Committee and Vice-Chairman of the City of London's Audit and Risk Management Committee.

4. Subject to Cabinet's endorsement of the review's recommendations a) to h) which relate to changes to the Terms of Reference to the Audit Committee and changes to the Council's Constitution, Council will be recommended to approve the changes at the Annual Council meeting to be held on 12 May 2012.
5. Implementation of Recommendation i) which relates to carrying out a skills audit on the membership of the Audit Committee on an annual basis to ascertain the financial experience of Members would be carried out by the Head Audit and Enforcement after each Annual Council, when the membership of the Audit Committee is determined. This would be useful and would provide a guide for officers on the areas of expertise of Members, and the gaps in expertise (if any) which existed. This would identify any training needs or requirements for membership and would provide a record of relevant financial experience.
6. In relation to recommendation j) and the setting up a Pan-London Network of Chairmen of Audit Committees, the review heard from witnesses who commented that it would be very useful for Chairmen of London Borough Audit Committees to meet and exchange views. London Councils would be best placed to facilitate this and subject to Cabinet endorsement, officers will approach London Councils with this request.
7. This review has the support of the Head of Audit & Enforcement, who participated significantly in this review.

Financial Implications

There are no direct financial implications within this report other than the additional cost associated with appointing a further independent committee member (£2-3k). Such costs would be contained within existing revenue budgets and will be offset by a reduction in external audit fee following the abolition of the Audit Commission.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

The effectiveness of the Audit Committee in relation to its role on governance, financial reporting and audit issues will be increased further with the implementation of these recommendations.

Consultation Carried Out or Required

The Committee took evidence from a number of witnesses.

CORPORATE IMPLICATIONS

Corporate Finance

Corporate Finance has closely liaised in the authorship of this report and concurs with the financial implications outlined above. Following the publication of the DCLG consultation 'Future of Local Public Audit' in March 2011 it became clear that the role of Local Authorities audit committees would become increasingly focussed on providing local and independent audit scrutiny and it is towards facilitating this that the Policy Overview Recommendations are made.

Legal

The main purpose of an Audit Committee, in general terms, is to provide independent assurance to Members and the public of the Council's risk management framework, to provide independent scrutiny of the Council's financial and non-financial performance and to oversee the Council's financial reporting process.

The Audit Committee is a non-executive Committee and its functions are delegated to it by full Council. The Audit Committee's current terms of reference can be found at Paragraph 8.08 of Article 8 of the Council's Constitution.

The Corporate Services and Partnerships Policy Overview and Scrutiny Committee has carried out an in-depth review into the effectiveness of the Audit Committee and its terms of reference.

Cabinet will note that the DCLG has issued a Consultation document on the Future of Local Public Audit. Although the proposals contained within the Consultation Document have yet to be translated into legislation, this has not precluded the Policy Overview Committee from taking them into account as part of its overall review.

The first eight recommendations of the Policy Overview Committee would require a change to the Council's Constitution and they would therefore have to be formally agreed by full Council.

BACKGROUND PAPERS

None.

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Effectiveness of the Audit Committee and its Terms of Reference

Report of the Corporate Services & Partnerships Policy Overview Committee 2011/12



Members of the Committee

Cllr Richard Lewis (Chairman)
Cllr Michael White (Vice-Chairman)
Cllr Beulah East
Cllr Neil Fyfe
Cllr Robin Sansarpuri
Cllr Raymond Graham
Cllr Shirley Harper-O'Neill
Cllr Richard Mills



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Review page 2

Corporate Services & Partnerships Policy Overview Committee

Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

Chairman's Foreword



This review has given the Council the opportunity to review for the first time the effectiveness of the Audit Committee and its Terms of Reference, which were suggested by this Committee and endorsed by Full Council at the establishment of the Audit Committee in 2006.

It is an appropriate time to re-look at the Committee structure given the recent Government proposals on the future of local public audit and the forthcoming abolition of the Audit Commission.

As a Member also of the Audit Committee I have first hand knowledge and experience on the workings of the Audit Committee and its role in relation to governance, financial reporting and audit issues. I believe sound financial controls are essential if our residents are to receive the services they deserve, and that as elected Members we have a key role in ensuring that this Council spends its money wisely. The elected Members and independent Committee Members of the Audit Committee fulfil this vital role on behalf of the residents of Hillingdon.

I would like to sincerely thank the witnesses who gave evidence to the Committee and to the officers who so ably supported us during this review.

I am pleased to submit the review's recommendations to Cabinet for its endorsement.

A handwritten signature in blue ink, appearing to read 'R. Lewis'.

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Corporate Services & Partnerships Policy Overview Committee

Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

RECOMMENDATIONS

RECOMMENDATION 1 – That the membership of the Audit Committee be increased to 8 Members, which would include 2 Independent Members.

RECOMMENDATION 2 – That the quorum rules for the Audit Committee be changed so that no business can be transacted unless half of the number of Committee Members are present, which is in line with the quorum rules for Policy Overview Committees.

RECOMMENDATION 3 – That the number of substitute Members for the Audit Committee be increased to 5 and they be provided with copies of agenda to enable them to retain their expertise and knowledge.

RECOMMENDATION 4 – To ensure continuity of the membership of the Audit Committee, there be no limit on the Terms of Office of Members of the Audit Committee.

RECOMMENDATION 5 – That the Terms of Reference of the Audit Committee be amended to include the receipt of full Internal Audit reports, if requested by the Committee.

RECOMMENDATION 6 – That the Terms of Reference of the Audit Committee be amended to include the power to invite relevant Heads of Service, Corporate Directors and Cabinet Members to answer questions on the implementation of outstanding audit recommendations where satisfactory assurance levels have not been received.

RECOMMENDATION 7 – That the Terms of Reference of the Audit Committee be amended to include reference to both the external auditor and the Head of Audit and Enforcement meeting separately and in private with the Audit Committee.

RECOMMENDATION 8 – That the Terms of Reference of the Audit Committee be amended to include the role of the Audit Committee in the effective scrutiny of the Council's Treasury Management function.

RECOMMENDATION 9 – That a skills audit be carried out on the membership of the Audit Committee on an annual basis to ascertain the relevant experiences to feed into any future decisions on the membership of the Committee.

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Corporate Services & Partnerships Policy Overview Committee

Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

RECOMMENDATION 10 – That London Councils be asked to give consideration to the development of a Pan-London Network of Chairmen of Audit Committees.

Review page 5

Corporate Services & Partnerships Policy Overview Committee

Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

BACKGROUND

The London Borough of Hillingdon's Audit Committee was first established at the Annual Council meeting on 18 May 2006. The Council asked that the Corporate Services & Partnerships Policy Overview Committee (POC) look at the proposed terms of reference of the Audit Committee. To this end, the Committee undertook a review in 2006/7 looking at the Role of Members in Audit and suggesting Terms of Reference of the Audit Committee.

At the Cabinet meeting on 12 December 2006 the recommendations of the POC review were agreed and the Audit Committee was formally established and its Terms of Reference agreed at the Council meeting in January 2007.

On 21 July 2011 the Corporate Services & Partnerships Policy Overview Committee began its follow-up review to assess the Audit Committee's effectiveness and its Terms of Reference and in particular, the independent assurance it provided on the Council's risk management framework and associated internal control environment. In addition it looked at how effective it was in relation to governance, financial reporting and audit issues.

The review was timely in view of recent proposals launched and consultation undertaken by the Department for Communities and Local Government (DCLG) on the future of local public audit. With this proposal and the recent announcement of the abolition of the Audit Commission, the Government wished to refocus the audit of public bodies and give local people the power to hold local public bodies to account for local spending decisions.

The Government's proposals are for a new audit framework which would be designed to be more closely aligned with the statutory arrangements, professional ethical and technical standards that currently apply to the private sector.

The review noted that the proposals contained in the DCLG consultation would not become legislation during the time span of the review but recognised the positives of the proposals in relation to improving local public audit.

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Corporate Services & Partnerships Policy Overview Committee

Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

OBJECTIVES

The main objective of the review was to assess the effectiveness of the Audit Committee and its terms of reference since it was set up by this Council at its meeting on 25 January 2007. The review also looked at the Audit Committee's role in terms of its responsibilities for audit activity, the regulatory framework and the annual statement of accounts.

The **Terms of Reference** of the review were as follows:

- To review the Terms of Reference of the Audit Committee and whether they are fit for purpose and have delivered the recommendations arising from the original Policy Overview Committee review of 2006
- To fully examine the Department for Communities and Local Government's (DCLG) recent proposals on the Future of Local Public Audit and the likely impact on local authority Audit Committees
- To assess the value (or otherwise) that the Audit Committee adds to this Council's financial and non-financial performance, the financial reporting process, financial compliance, governance and risk management procedures.
- To examine the role of the Audit Committee within the Council's decision making structure and reporting arrangements.
- To examine the roles and responsibilities of Officers advising the Committee and the External Auditor.
- To investigate best practice in Audit arrangements in the private sector and public sector.
- To make recommendations to Cabinet on the outcome of this review, and where there are any constitutional changes required, onto full Council following Cabinet approval.

Supporting the Cabinet & Council's policies and objectives

The Audit Committee is responsible for independently reviewing the adequacy of the arrangements for the financial management of the Council and its system of internal control. This also includes consideration of risk management issues that are covered under the Cabinet's responsibility.

It executes its review role independently from the Cabinet and other Committees of the Council. It provides an annual report to full Council each year.

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Corporate Services & Partnerships Policy Overview Committee

Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

To achieve the above objectives, Members held four meetings on 21 July, 13 September, 20 October and 10 November 2011 when background reports and evidence were received to help Members in formulating the review's findings.

The information, evidence and findings of the review are set out in the next sections under the following headings:

1. Information and analysis
2. Evidence and enquiry
3. Recommendations

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Corporate Services & Partnerships Policy Overview Committee

Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

INFORMATION AND ANALYSIS

The review's first meeting took place on 21 July 2011 when the Head of Audit and Enforcement provided Members with a general overview of the responsibilities of the Audit Committee. Included in this initial information gathering meeting was the existing Terms of Reference which are attached to this report as an appendix.

As a result of the initial meeting Members identified a number of key issues which the review would examine:

- Looking at how the Audit Committee fitted into the Council decision-making structure
- The independence of the Audit Committee and the experience of the Members of the Committee
- The implications of the DCLG consultation on the Future of Local Public Audit on the role of local audit, particularly in relation to the Audit Committee having a role in the appointment and monitoring of the External Auditors
- The transparency of the audit process within the Council and giving careful consideration to whether the results of local audit work was easily accessible
- How effective were the assurances the Committee received from Council officers that appropriate action had been taken to address risk and control issues and to respond to issues raised by the external auditor
- How does the Audit Committee provide effective challenge across the Council, independent assurance on the risk management framework and associated internal control environment and effective monitoring on governance, financial reporting and audit issues?
- To look at the workings of other local authority Audit Committees and best practise used

Government Consultation on Local Public Audit

The DCLG Consultation document on the Future of Local Public Audit contained proposals relating to the structure of audit committees and Independent Members of the Committee. In relation to the structure of an audit committee it envisaged by the Government that in the new system an audit committee could be structured in the following way:

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Corporate Services & Partnerships Policy Overview Committee

Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

- The Chairman should be independent of the local public body. The vice-chairman would also be independent, to allow for the possible absence of the chairman
- The elected members on the audit committee should be non-executive, non-cabinet members, sourced from the audited body and at least one should have recent and relevant financial experience (it also recommended that a third of members have recent and relevant financial experience where possible)
- There should be a majority of members of the committee who were independent of the local public body

In relation to Independent Members of the Committee it was suggested by the Government that when choosing an Independent Member of the Committee, a person should only be considered for the position if he or she;

- has not been a member nor an officer of the local authority / public body within five years before the date of the appointment
- Is not a member nor an officer of that or any other relevant authority
- Is not a relative nor a close friend of a member or an officer of the body / authority
- Has applied for the appointment
- Has been approved by a majority of the members of the council
- Has responded to an advert for the position which has been advertised in at least one newspaper distributed in the local area and in other similar publications or on websites that the body / local authority considered appropriate

Whilst noting that these proposals would not become legislation before the end of the review, Members noted their significance and relevance to the findings of the review and these suggestions were put to witnesses to gauge their opinions.

To enable Members of the Corporate Services & Partnerships Policy Overview Committee to have a greater understanding on the role of an Audit Committee, Members were invited to attend a meeting of the Audit Committee to observe proceedings. In addition background material was provided to further help Members' knowledge of the Audit Committee. This included:

- Report to Audit Committee on 27 June 2011 on "Briefing Note on the Consultation on the Future of Local Public Audit"
- Report to Council on the Work of the Audit Committee 2010/11
- DCLG – "Consultation on Future of Local Public Audit"

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Corporate Services & Partnerships Policy Overview Committee

Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

- “Practical Guidance for Local Authorities” produced by Chartered Institute for Public Finance & Accountancy (CIPFA)
- “Audit Committee Update No.5” – Issued by CIPFA better governance forum

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Corporate Services & Partnerships Policy Overview Committee

Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

EVIDENCE & ENQUIRY

For the witness sessions held on 13 September, 20 October and 10 November 2011, the review received evidence from:

- John Morley, Independent Chairman of LBH's Audit Committee
- Jonathan Gooding, Senior Audit Manager for the Council from Deloitte
- Councillor George Cooper, experienced Member of Hillingdon's Audit Committee
- Ian Luder, Independent Member of the Royal Borough of Kensington & Chelsea's Audit Committee and Vice-Chairman of the City of London's Audit and Risk Management Committee.

A summary of the evidence from those witnesses are included as Appendix ii to this report.

Membership of an Audit Committee

The current Membership of Hillingdon's Audit Committee is 5 Members, which consists of 1 Independent Member who is the Chairman, and 4 Members of the Council who are non-executive Members. To assist the review Members were provided with details of the memberships of other London Borough Audit Committees as follows:

Local Authority	Number of Cllrs	Independent Members
City of London	11	3 (1 vacancy)
Hounslow	10	0
Camden	10	0
Haringey	10	0
Croydon	7	1
Bromley	7	0
Greenwich	7	1
Newham	7	3
Enfield	7	0
Harrow	7	0
Bexley	6	0
Hammersmith and Fulham	6	1
Tower Hamlets	6	0
Hackney	6	0
Lewisham	6	0
Havering	6	0
Barking and Dagenham	6	1
Waltham Forest	6	0

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Corporate Services & Partnerships Policy Overview Committee

Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

Hillingdon	4	1
Lambeth	5	0
City of Westminster	5	0
Wandsworth	5	0
Southwark	5	0
Ealing	5	1
Richmond	5	0
Kingston	5	0
Sutton	5	0
Redbridge	5	0
Merton	4	1
Islington	4	2
Kensington & Chelsea	4	3 (co-opted)
Barnet	7	2
Brent	3	1

The Council's Policy Overview Committees currently each have a membership of 8 Members and the membership of the Audit Committee could be brought in line with these Committees.

There have been some issues regarding the present Audit Committee being quorate for some meetings as the rules for the Audit Committee regarding a quorum are that 4 Members (out of the 5 Members) have to be present to ensure business can be transacted at a meeting. This is a particularly high figure when compared to say the quorum rules for the Council's Policy Overview Committees, whereby the rules state that no business can be transacted unless half of the number of Committee Members are present. (Policy Overview and Scrutiny Procedure Rules – Schedule E of the Council's Constitution).

The consensus of opinion of all witnesses was that 5 Members for LBH's Audit Committee was a small number by comparison to other local authorities and a more realistic number would be around 7-9 Members. This would bring the Audit Committee in line with the Council's Policy Overview Committees.

Increasing the membership of the Audit Committee to 8 Members and bringing the rules on a quorum in line with the rules for Policy Overview Committees, would reduce the risk of meetings being inquorate.

In addition having more Members on the Audit Committee would spread the knowledge and expertise needed for oversight in the areas of financial and operational control, risk management and fraud.

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Corporate Services & Partnerships Policy Overview Committee

Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

Independent Members on Audit Committees

Independent Members are neither elected Members nor officers of the Authority. The current Chairman of the Audit Committee is an Independent Member. This has strengthened the Audit Committee and has ensured the transparency and impartiality of its working. However, having just one Independent Member places an over reliance on one person's expertise, which would be absent were he not able to attend.

Although the terms of office of the present Independent Member is not time limited, having one Independent Member could create a problem in relation to succession planning.

The DCLG consultation on the Future of Local Audit does propose that local authority Audit Committees should have more than one Independent Member and this approach was supported by all witnesses during the review. The consultation also proposes that the Vice-Chairman of the Audit Committee should also be an Independent Member, to allow for the possible absence of the Chairman.

By way of comparison, at the time this review took place, this Authority's Standards Committee had three Independent Members, which included both the Chairman and Vice-Chairman of the Committee and this approach could be applied to the Audit Committee. In the private sector, Audit Committees also include Independent Members who have no connection with the body concerned.

RECOMMENDATION 1 – That the membership of the Audit Committee be increased to 8 Members, which would include 2 Independent Members.

RECOMMENDATION 2 – That the quorum rules for the Audit Committee be changed so that no business can be transacted unless half of the number of Committee Members are present, which is in line with the quorum rules for Policy Overview Committees

Substitute Members

The Audit Committee under its present guise also has 4 substitute Members who are appointed to the Committee at the Annual Meeting of Council. These substitute Members only attended the Audit Committee meetings when

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required to attend as substitutes, however it was raised during the review that these Members should also be invited to attend meetings as observers to enable them to understand the workings of the Committee. The review was informed that the Head of Audit and Enforcement did provide training to substitute Members but it was felt that the best way for Members to become sufficiently skilled, would be to receive agenda and reports, and to attend the occasional meeting.

To further spread the audit and financial management expertise and skills, the review felt that the number of substitute Members be increased to five Members. This would also reduce the risk of an absent Member not finding a suitable Member to substitute for him or her.

RECOMMENDATION 3 – That the number of substitute Members for the Audit Committee be increased to 5 and they be provided with copies of agenda to enable them to retain their expertise and knowledge.

Terms of Office

When the Audit Committee was set up it was agreed that the terms of office of elected Members should be for a fixed period and the Council's Constitution does state that Members should not serve for longer than four years. However, during this review, a number of witnesses talked about the need for the continuity of service of Members to ensure that the knowledge and expertise that they had built up was not lost.

An option for this could be to stagger the terms of office of Members to ensure that there was not a risk of losing all Members with relevant experience of the Audit Committee. This was a strategy used by local authorities who had regular local elections which meant there was a risk that experienced Members could lose their seats on the Council. This was not the case for Hillingdon as Council elections were held every four years when all Members of the Council contested their seats.

Another option considered was the general rotation of a group of Members to ensure that there was a wide group of Members with suitable skills and expertise to fulfil their duties as an Audit Committee Member and to provide the Council with a larger number of Members with relevant experience.

It was therefore felt on balance, that the fixed time limit on membership be removed to enable the skills and expertise of the limited number of Members to be retained. This would require an amendment to Article 8 – Council Committees and Bodies – 8.07 – Audit Committee Membership and the

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removal of “No elected Member may serve for more than four consecutive years on the Audit Committee.”

RECOMMENDATION 4 – To ensure continuity of the membership of the Audit Committee, there be no limit on the Terms of Office of Members of the Audit Committee.

Terms of Reference

The present Terms of Reference of the Audit Committee are attached to this report as Appendix i.

They are largely based on the guidance on Audit Committees which was produced by The Chartered Institute of Public Finance & Accountants (CIPFA). The guidance stressed that Audit Committees have a key role in corporate governance and therefore should be clearly integrated into a local authority’s governance framework.

The main purposes of an Audit Committee include giving independent assurance to Members and the public, scrutinising financial management and reporting and providing challenges across the Council. In addition to internal and external audit, the Audit Committee also has functions in relation to a number of control strategies such as risk management, the authority’s governance and assurance statements and anti-fraud and anti-corruption arrangements.

During the witness sessions for the review discussion took place on the appropriateness of the Audit Committee’s Terms of Reference. Overall the consensus of opinion was that the Terms of Reference helped the Committee fulfil their role and duties effectively; however, there were a couple of areas where this effectiveness could be strengthened.

The Council’s Internal Audit service is mainly provided by an in-house team. High levels of assurance are important to the Head of Audit and Enforcement’s assurance statement, which in turn supports the Council’s Annual Governance Statement. The acceptance and implementation of audit recommendations is a key element of improving overall financial controls.

At present during the year, the Audit Committee receives regular updates on performance and summaries of Internal audit reports which also include the main recommendations as suggested by the Head of Audit and Enforcement. The Committee plays an important role in raising the profile of Internal Audit by supporting it in its role of assisting management in the Council.

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In the main this works very well, and the Committee receives excellent summary reports and explanations from the Head of Audit and Enforcement. However, it was suggested that consideration should be given to the provision of more detailed full Internal Audit reports, if requested by the Committee.

This could be in relation to any high risk or unsatisfactory assurance levels which had been received to any internal audit. The counter argument to this would be that Internal Audit reports were very detailed and the Committee would find it difficult to scrutinise these highly detailed and complex audits. However, provision should be contained within the Committee's Terms of Reference to allow the Committee to request full reports, if required and on an occasional rather than consistent basis.

RECOMMENDATION 5 – That the Terms of Reference of the Audit Committee be amended to include the receipt of full Internal Audit reports, if requested by the Committee.

The present arrangements for the Audit Committee are that where the Committee are not satisfied with the implementation of outstanding audit recommendations and do not receive satisfactory assurance levels, Corporate Director and Head of Services are invited to attend the Audit Committee to answer Members' questions. This arrangement on the whole has worked very well and the Audit Committee has received sufficient assurance from senior officers on outstanding recommendations but this arrangement is not specifically included in the Audit Committee's Terms of Reference.

The review was informed that there are powers which are included in Part 4, Schedule B of the Council's Constitution, whereby the Audit Committee can require relevant Cabinet Members and officers to attend the Committee to answer questions. The review agreed that for completeness the Audit Committee's Terms of Reference should explicitly include this power under its "Audit Activity" responsibility.

RECOMMENDATION 6 – That the Terms of Reference of the Audit Committee be amended to include the power to invite relevant Heads of Service, Corporate Directors and Cabinet Members to answer questions on the implementation of outstanding audit recommendations where satisfactory assurance levels have not been received.

Overall, from the evidence received, there seemed to be general agreement with the existing Terms of Reference of the Audit Committee and that the

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Committee was working effectively to ensure the financial management of the Council was to the required standard.

External Audit

Another role of the Audit Committee is to receive and consider the work of the Council's external auditor. Included in this is the Audit Committee's contribution to the Council's response to the External Auditor's annual audit and inspection letter, reports and opinion. Hillingdon's external auditors attend each of the meetings of the Audit Committee and an excellent relationship has been built up between the Head of Audit and Enforcement and the Audit Manager of the external auditors.

CIPFA guidance on Audit Committees for local authorities includes reference to there being an opportunity for the Audit Committee to meet privately and separately with the external auditor, independent of the presence of those officers with whom the auditor must retain a working relationship. This already takes place in Hillingdon and it was suggested during the review that this should be identified in the Committee's Terms of Reference. In addition, the Audit Committee also meets in private and separately with the Head of Internal Audit and Enforcement and again the review agreed that this should also be included in the Committee's Terms of Reference.

RECOMMENDATION 7 – That the Terms of Reference of the Audit Committee be amended to include reference to both the external auditor and the Head of Audit and Enforcement meeting separately and in private with the Audit Committee.

The Annual Treasury Management Strategy is agreed by Council as part of Budget setting each February. The strategy is also considered by the Audit Committee in advance of it being taken to Council in order to allow greater scrutiny of it. This particular role which the Audit Committee has in relation to the Treasury Management strategy is not contained within its terms of reference and the review agreed that for completeness this be added to the Audit Committee's Terms of Reference.

RECOMMENDATION 8 – That the Terms of Reference of the Audit Committee be amended to include the role of the Audit Committee in the effective scrutiny of the Council's Treasury Management function.

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Financial Experience and training

Members of the Audit Committee have a key role in ensuring that the Council has sound financial controls in place to provide the services which residents deserve.

It was acknowledged during the witness sessions that local government finance and the accounting process were complex and different from the private sector, and having some Members of the Audit Committee with a financial background would be advantageous. However it was also acknowledged that other skills such as business acumen, IT skills, accountancy, audit, risk management and governance, etc were also important.

The DCLG proposals in the consultation on the “Future of Local Audit” envisaged that the structure of the Audit Committee should compose of at least one third of elected Members having recent and relevant financial experience. The present membership of the Audit Committee fulfils these requirements.

The review received details of the level of training which all Members of the Audit Committee received. The Head of Audit and Enforcement ensures that any new Member of the Audit Committee who had been appointed by Annual Council, receives, as an introduction to the Audit Committee and the work of Internal Audit, a one to one session to identify possible training needs.

In Hillingdon, throughout the Municipal Year training sessions take place at Audit Committee meetings to add further to Members’ knowledge. Sessions had taken place on the Treasury Management Strategy and the International Financial Reporting Standards and last year, the Committee held a workshop which looked at the effectiveness of the workings of the Audit Committee. The point was made at one of the witness sessions that attendance at Audit Committee meetings provided practical training for Members and that through the Municipal Year Members would build up a knowledge base to enable them to carry out their duties effectively.

It would be useful for a skills audit to be carried out for Audit Committee Members which could provide details on the skills and knowledge of Members and provide a guide for officers on the areas of expertise of Members, and the gaps in expertise (if any) which existed. This would identify any training needs or requirements for a membership and would provide a record of relevant financial experience.

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RECOMMENDATION 9 – That a skills audit be carried out on the membership of the Audit Committee on an annual basis to ascertain the relevant experiences to feed into any future decisions on the membership of the Committee.

Pan-London Network of Chairmen of Audit Committees

During the review, a number of witnesses made the comment that it would be useful for Chairmen of London Borough Audit Committees to have the opportunity to meet and exchange views and to develop best practise in the field of local authority Audit Committees. It was suggested that London Councils be approached to consider the setting up a Pan- London Network of Chairmen of Audit Committees.

RECOMMENDATION 10 – That London Councils be asked to give consideration to the development of a Pan-London Network of Chairmen of Audit Committees.

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Final Report on the Effectiveness of the Audit Committee and its Terms of Reference

Appendix i

Terms of Reference of the Audit Committee

This Committee will be responsible for ensuring that the financial management of the Council is adequate and effective and that the Council has a sound system of internal control. This Committee will also consider risk management issues and performance reports.

The Constitution defines the terms of reference for the Audit Committee as:

Statement of Purpose

The purpose of Audit Committee is to:

- provide independent assurance of the adequacy of the Council's risk management framework and the associated control environment
- provide independent scrutiny of the Authority's financial and non-financial performance to the extent that it affects the Authority's exposure to risk and weakens the control environment
- oversee the financial reporting process.

Audit Activity

The Audit Committee will:

1. Approve but not direct Internal Audit's strategy and plans, ensuring that work is planned with due regard to risk, materiality and coverage. This will not prevent Cabinet directing Internal Audit to review a particular matter.
2. Review the Head of Internal Audit's Annual Report and Opinion and Summary of Internal Audit Activity (actual and proposed) and the level of assurance this can give over the Council's corporate governance arrangements.
3. Review summaries of Internal Audit reports and the main recommendations arising.
4. Review a report from Internal Audit on agreed recommendations not implemented within a reasonable timescale.

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5. Consider reports dealing with the management and performance of the providers of internal audit services.
6. Receive and consider the External Auditor's annual letter, relevant reports and the report to those charged with governance.
7. Monitor management action in response to issues raised by External Audit.
8. Receive and consider specific reports as agreed with the External Auditor.
9. Comment on the scope and depth of External Audit work and ensure that it gives value for money.
10. Liaise with the Audit Commission over the appointment of the Council's External Auditor.
11. Commission work from Internal and External Audit, following a formal request by the Committee to and a joint decision from the Leader of the Council and Cabinet Member for Finance & Business Services.
12. Ensure that there are effective arrangements for ensuring liaison between Internal and External audit.

Regulatory Framework

The Audit Committee will:

1. Maintain an overview of the Council's Constitution in respect of contract procedure rules, financial regulations and codes of conduct and behaviour. And, where necessary, bring proposals to the Cabinet and/or Council for their development.
2. Review any issue referred to it by the Chief Executive or a Director, or any Council body.
3. Approve and regularly review the Authority's risk management arrangements, including regularly reviewing the corporate risk register and seeking assurances that action is being taken on risk related issues.

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4. Review and monitor Council policies on 'Raising Concerns at Work' and anti-fraud and anti-corruption strategy and the Council's complaints process.
5. Oversee the production of the Authority's Statement of Internal Control and recommend its adoption.
6. Review the Council's arrangements for corporate governance and agree necessary actions to ensure compliance with best practice.
7. Consider the Council's compliance with its own and other published standards and controls.

Accounts

The Audit Committee will:

1. Review and approve the annual statement of accounts. Specifically, to consider whether appropriate accounting policies have been followed and whether there are concerns arising from financial statements or from the auditor that need to be brought to the attention of the Council.
2. Consider the External Auditor's report to those charged with governance on issues arising from the audit of the accounts.

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Summary of views from witnesses

John Morley – Chairman of LBH’s Audit Committee

- Audit Committees in the public sector was a relatively new phenomena, although the NHS and Universities had had Audit Committees for considerably longer than local authorities
- The membership of the Audit Committee should be larger and consideration should be given to the appointment of an additional Independent Member. This would balance up the Committee and would fit in with the proposals contained in the Department for Communities and Local Government consultation on the future of local public audit which included a proposal for an Independent Vice-Chairman
- Reference was made to the recent problems with a meeting of the Audit Committee which would have been inquorate due to the absence of three Members. Increasing the membership, the number of substitute Members and making the quorum rules less restrictive would eradicate this problem
- Reference was made to some sectors where Audit Committees had developed much further and Audit Committees looked at strategic risks. Hillingdon’s Audit Committee did not get involved in detailed reviews of Council departments
- Members of Audit Committees should preferably have a financial background which would help Members in their role on the Audit Committee. This should be extended to substitutes.
- Training was given to substitute Members as well as to newly appointed Members of the Audit Committee and this should be continued
- There should be continuity of service with the membership of the Audit Committee to ensure Members were sufficiently skilled to carry out their duties, particularly as local authority accounts were complex
- The Audit Committee received a summary of Internal Audit reports as full reports would contain too much detail to enable Members to scrutinise effectively
- Consideration could be given to providing more than a summary of Internal reports if requested by the Committee
- The Audit Committee invited officers to their meetings if unsatisfactory levels of assurance were received for internal audits. This, however was not written into the Committee’s Terms of Reference although officers always attended if asked to do so. It was agreed that a recommendation of the review could be adding to the Audit Committee’s Terms of Reference, the invitation of officers to meetings to be questioned on unsatisfactory assurance levels received from Internal Audit

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- Peer reviews were useful tools to assess the effectiveness of the Audit Committee and the Head of Audit at Southend on Sea Borough Council had carried one out on this authority's Audit Committee
- A national forum of Chairmen of local authority Audit Committees could help in terms of networking and best practice
- Consideration needed to be given to where the Audit Committee fitted into the Council's Committee structure and which Council decision making body scrutinised Audit Committee minutes
- The Audit Committee met in private, both with the External Auditors and the Head of Audit and Enforcement which was good practice and should be written into the Committee's Terms of Reference

Jonathan Gooding – Senior Audit Manager for the Council (Deloitte)

- The External Auditor's partnership with the Audit Committee was effective and there was a good relationship
- Deloitte was primarily responsible for auditing the Council's Statement of Accounts and considering whether the Council was delivering value for money. The Audit Committee reviewed the External Auditor's reports
- The accounting process for local authorities was complex and different to the private sector and the NHS. Local authorities found it a challenge to appoint Independent Members with the knowledge of local government finance
- The External Auditor reviewed the work of Internal Audit and used the work of Internal Audit to inform their audit and to assess where the risks were
- The membership of Audit Committee of five members was low in comparison to other Audit Committees

Councillor George Cooper – Member of LBH's Audit Committee from January 2007 to present

- The Audit Committee had an important role to play and provided reassurance that procedures were in place to protect the Council
- For example in relation to the Corporate Risk Register, the Audit Committee's role was to scrutinise the processes behind the risk register and to ensure processes were in place to protect the Council
- Reference was made to the Internal Audit service within the Council which tried to identify internal weaknesses before weaknesses were exposed. This was an important role of the Audit Committee
- It was important that Audit Committee Members were trained to ensure that they could carry out their duties efficiently
- Training needed to be on-going and the use of Internal Audit case studies would be a good means of giving Members practical training

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- Audit Committee substitutes had an important role to play and they also required training
- It would be beneficial for Substitute Members of the Audit Committee to attend Audit Committees, and to receive agenda, to ensure they were up-to-date on the workings of the Committee
- Reference was made to the importance of building up a number of suitably trained Substitute Members
- The membership of the Audit Committee, in relation to both Council and Independent Members could be increased
- A second Independent Member would balance up the membership of the Audit Committee and would also ensure that the task of succession planning was much easier should the present Independent Chairman step down
- The Chairmen of each of the Policy Overview Committees could be Members of the Audit Committee. Chairmen would have the knowledge and understanding of the service areas under their Policy Overview Committee remit which would be beneficial in their role as Members of the Audit Committee
- Reference was made to the proposal contained in the Department for Communities and Local Government consultation on the Future of Local Public Audit whereby local Audit Committees would be responsible for the appointment of External Auditors. An additional Independent Member would provide further impartiality for this task
- It would be preferable for Members (and Independent Members) to have auditing skills or a similar background
- The Audit Committee was reliant on the professionalism of the Audit officers who worked on a daily basis on audit issues. Therefore the balance was correct in terms of officers providing the agenda for the Audit Committee for Members to monitor and oversee
- The Audit Committee did receive sufficient assurances from officers on internal audit matters and there were occasions where Corporate Directors and Heads of Service attended Audit Committees to update Members on agreed recommendations from Internal Audit findings and opinion, which had not been implemented
- The summary of Internal Audit reports was sufficient in detail for the Audit Committee to scrutinise as full reports would be too detailed for the Audit Committee to scrutinise. Officers provided more detail if required
- The Audit Committee worked very well and made challenges to the Head of Audit and Enforcement when required

Ian Luder – Independent Member of the Royal Borough of Kensington & Chelsea’s Audit Committee and Vice-Chairman of the City of London’s Audit and Risk Management Committee

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- Kensington & Chelsea's Audit Committee consisted of 4 Council Members and 3 Independent Members
- The 3 Independent Members did not have the same terms of office which provided continuity and experience
- It was important for Independent Members to have a good understanding of the workings of an Authority. At Kensington & Chelsea (K & C) copies of agenda, including Cabinet agenda were sent out to Independent Members of the Audit Committee
- There should be provision within the Audit Committee's Terms of Reference for Members to commission reports
- Audit Committees should have effective means of challenge
- Summaries of Internal Audit reports were seen by K & C's Audit Committee. However, if there were high risk / unsatisfactory assurance levels received, Members would expect to see full reports
- The Audit Committee had the authority to invite the relevant Cabinet Member to the Committee if unsatisfactory assurance levels were received and if there was conflict between the Head of Audit and the department, both the relevant Cabinet Member and office holder would be invited to attend the Audit Committee
- The skills required for Audit Committee Members included business acumen, audit governance, IT, Internal Controls and accountancy. A skills audit should take place on those Members elected to an Audit Committee
- At K & C, Independent Members could not be residents of the Royal Borough or have been a Member or officer of the Council in the previous 5 years. This requirement would perhaps not work for all Local Authorities
- The terms of office of Members were staggered to ensure that the expertise and knowledge of the membership would not be lost with local elections and the possibility of Members losing their seats on the Council
- The training of Audit Committee Members was important to ensure the skills and knowledge base was good to enable Members to carry out their duties effectively
- At the City of London Authority interviews would be taking place shortly for another Independent Member, and Members of the Audit Committee would be interviewing candidates
- Reference was made to getting the balance right in terms of training and providing briefings for Independent Members, to ensure they remained impartial and not part of the Authority
- Reference was made to the Department for Communities and Local Government consultation on the Future of Local Audit and the proposal for Audit Committees to have more than one Independent Member
- An appropriate membership of Audit Committee would be 7-9 Members
- A positive development could be a Pan-London network of Chairmen of Audit Committees which would enable an exchange of views and best

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practise to be discussed. Such an idea could be discussed with London Councils

- With regard to Risk Management, K & C's Audit Committee looked at two strategic risks with the risk holder at each meeting
- A possible option for the membership of Audit Committees could be rotation of Members on Cabinet and on the Audit Committee or just a general rotation of a Group of Members. This would increase the skills and knowledge base and would provide a diversity of Member views
- Reference was made to elections which take place in Hillingdon every four years which potentially could mean that a number of experienced Members could lose their seats. Increasing the knowledge base with a number of Members could mitigate this

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MAJOR SCRUTINY REVIEW: RE-OFFENDING

Cabinet Member(s)	Councillor Douglas Mills
Cabinet Portfolio(s)	Cabinet Member for Improvement, Partnerships & Community Safety
Officer Contact(s)	Nikki O'Halloran/Nav Johal, Central Services
Papers with report	Appendix A: Re-offending Working Group Final Report

1. HEADLINE INFORMATION

Summary	To receive the Re-offending Working Group's report providing recommendations which seek to build upon the Borough's approach and strategy in dealing with the issues related to re-offending.
Contribution to our plans and strategies	The Hillingdon Sustainable Community Strategy
Financial Cost	There are no direct cost implications arising from this report.
Relevant Policy Overview Committee	External Services Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Cabinet welcomes the report of the Re-offending Working Group and accepts the recommendations of the Working Group report as reflected below:

1. commend the work carried out by Blue Sky to engage re-offenders into employment. In addition that Cabinet supports the proposal that the Council's lead in Reed in Partnership liaises with the Council's Anti Social Behaviour & Investigations Services Manager and the coordinators of the Community Payback Scheme to make links with organisations that work with re-offenders, so that referrals could be made to Reed to seek employment.
2. supports the proposal that the Corporate Director of Social Care, Health and Housing be asked to ensure that Housing officers continue to identify more private landlords that are prepared to lease suitable properties to ex-offenders.
3. agrees that improvements could be made in the services offered to those offenders with mental health issues and perpetrators of domestic violence. The Cabinet asks that the Hillingdon Reducing Re-offending Strategy Group work with CNWL and Hillingdon's

Domestic Violence Co-ordinator on how this service could be improved and this be reported back to the Cabinet Member for Improvement, Partnerships and Community Safety.

4. supports the proposal that offenders who receive a sentence of less than 12 months and those on community orders should have access to the same services and support as offenders who receive sentences of 12 months or more. The Hillingdon Reducing Re-offending Strategy Group be asked to investigate the gap in this service and work towards reducing this, and report back to the Cabinet Member on options for multi agencies to improve this.
5. agree that the Working Group conveys its findings to the London Probation Trust and draw their attention to the suggested increase of the Drug rehabilitation supervision order from 6 to 9 months to allow for effective treatment to be given. In addition the effectiveness of drug testing on arrest be reported back to Members. Subject to its success, consideration be given to lobbying for additional Government funding to continue the work.

Reasons for recommendation

The recommendations are aimed at building upon the work currently undertaken by the Council and partner agencies in relation to re-offenders and the services offered to them. An improved service will contribute to improvements in residents' wellbeing and ensure that residents are protected as much as possible from crime, anti-social behaviour, drugs and alcohol misuse and behaviour harmful to the environment

Alternative options considered / risk management

The Cabinet could decide to reject some or all of the Re-offending Working Group's recommendations.

Policy Overview Committee comments

External Services Scrutiny Committee comments are included in the final report. At the meeting on 28 March 2012 the External Services Scrutiny Committee reviewed and agreed the Re-offending Working Group's Final Report.

3. INFORMATION

Supporting Information

1. The Re-offending Working Group was set up by the External Services Scrutiny Committee to review, improve, recommend and formalise Hillingdon's arrangements for addressing re-offending. This review focused on over 18 year olds.
2. The review considered the support services provided for re-offenders and how re-offenders are made aware of procedures and advice that is available to help them. Current procedures needed to be reviewed to ensure that services available are not overlooked.

3. The aim of the review was to review and recommend improvements to local arrangements to address re-offending in the Borough. The Working Group sought to look at: establishing the expectations and concerns of residents' about re-offending and ensure that these are reflected in local service standards; how education and training in relation to re-offending for probation and prison professionals can be improved; what information, support and advice is available to those that may need it and how can this be improved; and how can people who have re-offended get more involved in their communities and play a positive role in society.
4. Working Group Members were aware of the need to not raise expectations too high. This, along with suggestions for improving the support currently available, was considered when devising the recommendations.
5. The review took place between November 2011 and January 2012 and was presented to the External Services Scrutiny Committee on 28 March 2012 for its endorsement before submission to the Cabinet.
6. Relevant officers have been contacted and are happy to progress and follow up the recommendations within the report.
7. The Committee's report (attached) gives full details of the review.

Financial Implications

At this stage, there are no direct financial implications relating to this report. Any further developments and improvements of these services could have costs attached but it is not possible to estimate the impact this will have on service budgets until further work on proposals has been completed.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The Committee's recommendations will provide a springboard for the Council to take those steps necessary to improve support offered to re-offenders. This in turn will contribute to improvements in residents' wellbeing.

Consultation Carried Out or Required

The Committee took evidence from residents, officers and experts as described in the attached report.

5. CORPORATE IMPLICATIONS

Corporate Finance

Corporate Finance has reviewed this report and confirms that there are no immediate financial implications arising from accepting the recommendations above. However, there are indirect costs and service provision implications if some or all of the proposals are progressed further. Any financial implications resulting from these would be subject to appraisal within the MTFP process once plans for such service improvements are further developed.

Legal

Legal Services work closely with Council Departments to ensure that the Council meets all its statutory obligations in relation to those convicted of criminal offences. There are, however, no specific legal implications arising from this report.

6. BACKGROUND PAPERS

None.

Re-offending

Report of the Re-offending Working Group



A Working Group established by
the External Services Scrutiny Committee

Members of the working group

Cllr Michael White (Chairman)

Cllr Lynne Allen

Cllr Josephine Barrett

Cllr Janet Gardner

Cllr Dominic Gilham

Cllr John Hensley

Cllr Peter Kemp

Cllr John Morgan



Report of the Re-offending Working Group

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Chairman's Foreword

This Working Group was set up by External Services Scrutiny Committee to review, improve, recommend and formalise Hillingdon's arrangements for addressing re-offending.

As Chairman of the External Services Scrutiny Committee I chaired this Working Group to investigate the issues and report back to the parent Committee.

I was glad of the opportunity to investigate such an important issue. It is difficult to know the extent of the problem and it was difficult to get accurate information on statistics, so we were very reliant on the witnesses that attended our meetings.



This review focused on over 18 year olds. The overall objective of the Working Group was to identify ways that Council could improve the services it offers to re-offenders and work better with organisations to provide this service.

From the several witness sessions held, the key points that came out from each were housing, employment, education and alcohol/drug abuse are important factors in re-offending rates.

We are very grateful to the many witnesses who came to our meetings to provide us with the information needed to make our recommendations and we particularly thank:

Andrea McCubbin, Development Director, Blue Sky; Marcia Whyte, Assistant Chief Officer, London Probation Trust; Azad Ahmed, Team Leader, Housing Options, LBH; Liz Jones, Community Safety & CCTV Manager, Community Safety Team, LBH; Ed Shaylor, ASB & Investigations Service Manager, LBH; Erica Rolle, Domestic Violence Strategic Coordinator, LBH; Mick May, Chief Executive, Blue Sky Development & Regeneration; Hitesh Dodhia, HM Prison Service; Andrew Wood, Senior Probation Officer, London Probation Trust; Debra Davies, Drug Intervention Programme Manager, Hillingdon Drug and Alcohol Services (HDAS); Sunny Mehmi, Lead for Reed in Partnership, LBH; David Brough, Chair, Hayes Town Partnership; Detective Inspector Jamie Kyffin-Topp, Metropolitan Police Service; Detective Constable Neil Sykes, Metropolitan Police Service; Linda Burgess, NACRO, Central & North West London NHS Foundation Trust;

A very special 'thank you' goes to the people that gave up their time to talk to us about their personal experiences of re-offending and how this impacted them.

All these people have clarified the importance of this review and shown the need for the recommendations that we have made.

Cllr Michael White

Summary of Recommendations

This is a composite list of the recommendations made by the Working Group.

Recommendation 1

That Cabinet commend the work carried out by Blue Sky to engage re-offenders into employment. In addition that Cabinet supports the proposal that the Council's lead in Reed in Partnership liaises with the Council's ASB & Investigations Services Manager and the coordinators of the Community Payback Scheme to make links with organisations that work with re-offenders, so that referrals could be made to Reed to seek employment.

Recommendation 2

That Cabinet supports the proposal that the Corporate Director of Social Care, Health and Housing be asked to ensure that Housing officers continue to identify more private landlords that are prepared to lease suitable properties to ex-offenders.

Recommendation 3

That Cabinet agrees that improvements could be made in the services offered to those offenders with mental health issues and perpetrators of domestic violence. The Cabinet asks that the Hillingdon Reducing Re-offending Strategy Group work with CNWL and Hillingdon's Domestic Violence Co-ordinator on how this service could be improved and this be reported back to the Cabinet Member for Improvement, Partnerships and Community Safety.

Recommendation 4

The Cabinet supports the proposal that offenders who receive a sentence of less than 12 months and those on community orders should have access to the same services and support as offenders who receive sentences of 12 months or more. The Hillingdon Reducing Re-offending Strategy Group be asked to investigate the gap in this service and work towards reducing this, and report back to the Cabinet Member on options for multi agencies to improve this.

Recommendation 5

The Cabinet agree that the Working Group conveys its findings to the London Probation Trust and draw their attention to the suggested increase of the Drug rehabilitation supervision order from 6 to 9 months to allow for effective treatment to be given. In addition the effectiveness of drug testing on arrest be reported back to Members. Subject to its success, consideration be given to lobbying for additional Government funding to continue the work.

Introduction

1. This report presents the findings of the Re-offending Working Group which was established by the External Services Scrutiny Committee to review the Council's arrangements for addressing re-offending in the Borough.
2. Some national facts on re-offending:
 - Re-offending costs the UK £12 billion each year.
 - England and Wales release 90,000 prisoners per annum - 60% re-offend within two years.
 - Employment reduces the probability of re-offending by 33-50%.
 - 75% of ex-offenders have no job on release.
 - The estimated cost for every single re-offender is approximately £200,000.
 - 25% of all prisoners leave prison to homelessness.
 - Employment and accommodation are the two most effective interventions in reducing re-offending.
3. Given the cross-cutting nature of the review the Working Group comprised Members who have experience of various Committees across the Council and the Chairman of the parent Committee, the External Services Scrutiny Committee.

Reason for the Review

4. More than half of offenders serving less than 12 months in prison or on community sentences re-offend within the first year following their release. This puts huge strain on both local and national resources.
5. Re-offenders returning to prison contribute significantly to the steady increase in the prison population and rising costs; handling an individual reconviction could cost the public as much as £65,000 followed by up to £37,500 per year in prison. The overall cost of re-offending to the economy is between £7 billion and £10 billion per year.
6. The Council is involved in: the employment of ex-offenders through Blue Sky / Groundwork UK; housing offenders on release from prison; and drug and alcohol rehabilitation by funding the NHS work of the Drug / Alcohol Action Team.
7. There is a London wide Reducing Re-offending Strategy that can be explored to see how this works in Hillingdon. The problem of how to reform adult offenders remains as a major contributor to the crime rate.
8. Work is currently being undertaken by various departments within the Council to address the issue of re-offending. Current procedures need to be reviewed to ensure that issues are not overlooked.

9. To ensure that the best possible support service is provided for re-offenders and ensure that re-offenders are made aware of procedures and advice that is available to help them.

Aim of the Review

10. The review sought to answer a series of questions including:
- Establish the expectations and concerns of residents' about re-offending and ensure that these are reflected in local service standards?
 - How are instances of re-offending currently identified and dealt with across the Borough and is there any additional scope for this to be improved and standardised?
 - How well developed are local strategies and partnerships with regard to re-offending?
 - How have other areas/councils successfully dealt with the issue of re-offending?
 - What joined-up or cross-borough work is the Council doing to ensure the re-offending rates are minimised?
 - What barriers are there to providing comprehensive support for re-offenders and for joined-up working across agencies?
 - What training is available to staff to support their work with re-offenders?
 - How can education and training in relation to re-offending for probation and prison professionals be improved?
 - What information, support and advice is available to those that may need it? How can this be improved?
 - How can people who have re-offended get more involved in their communities and play a positive role in society?
 - Balance of the 'nanny state' versus an individual's freedom.

Ultimately the aim of the review was to review and recommend improvements to local arrangements to address re-offending in the Borough.

Terms of Reference

11. The Working Group's Terms of Reference were agreed as follows:
- To consider existing local services and procedures which address re-offending and any improvements that could be made;
 - To review whether the local processes which address re-offending are timely, effective and cost efficient;

- To review the guidance and support that is currently available to these re-offenders and their families;
- To seek out the views on this subject from Residents and partner organisations using a variety of existing and contemporary consultation mechanisms;
- To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits;
- To improve awareness and understanding of re-offending for professionals;
- To explore ways that people who have re-offended can get more involved in their communities;
- To explore ideas for developing early intervention; and
- After due consideration of the above, to bring forward cost conscious, innovative and practical recommendations to the Cabinet in relation to the Council's procedure in dealing with cases of re-offending.

Methodology

12. The main method for collecting evidence for this review was through a series of witness sessions held in November and December 2011. Research was done through relevant literature and websites.
13. In addition, the Working Group attended a site visit to Blue Sky offices and visited a team of ex-offenders working at a site in Hayes. This gave Members the opportunity to speak to those directly affected by re-offending on their experiences.
14. This report presents the findings from these meetings and visits. It sets out the background to how the review was undertaken and presents the Working Group's findings from the witness sessions. The recommendations contained within this report address the main issues that arose in the discussions.
15. The Working Group is incredibly grateful to people who gave up their time to attend the meetings and advise Members on the key issues.
16. In addition to those people who attended the meetings, the Working Group is also grateful to the people that gave up their time to discuss their personal issues of re-offending with Members.
17. One of the main aims of this Working Group was to review the Council's arrangements for meeting the needs and requirements of people that re-offend, the agencies that support re-offenders and the services offered to re-offenders. The Working Group also sought to improve awareness and understanding of re-offending for professionals; developing and enhancing early intervention plans and strategies; and ways to reduce re-offending rates in the Borough and, in-turn, reducing the cost to the Local Authority.

This may be a long process and the impact may not be immediately clear, but the Working Group believes that re-offending is an issue that must be addressed.

Evidence & Findings

BACKGROUND

18. The Hillingdon Sustainable Community Strategy has five theme groups in 2011, and reducing re-offending is a priority in the Safer Hillingdon Partnership (SHP) Theme Group plan.
19. The SHP Annual Plan is the Community Safety Strategy for the Borough. An annual strategic assessment determines the priorities requiring attention and if existing ones are still relevant and important.
20. The priorities identified by the strategic assessment were considered and discussed at the SHP Board meeting on 25 January 2011. As a result of these discussions the Board agreed that a list of issues that should become the key priority areas for action over the coming 3-years. This list included: **Reducing re-offending:** Addressing reasons why some individuals or families have long histories of causing crime and/or anti social behaviour.
21. The Blue Sky Project, through Groundwork Thames Valley, Hillingdon Council and the Probation Service work together to provide paid work for people coming out of prison. The aim is to break the cycle of re-offending, achieving benefits for the individual and society in general.
22. Employment is probably the key intervention in breaking this cycle. The Blue Sky Project offers this for ex-offenders, with a focus on Priority and Prolific Offenders. Between 2007 and 2010, Blue Sky found employment for over 30 Hillingdon ex-offenders. This equates to an estimated £1 million saving to the taxpayer and a major contribution to the Borough's 64% reduction in offending for the Priority and Prolific group have been achieved.
23. The following national statistics are taken from the report, "Reducing Re-Offending by Ex-Prisoners" produced by the Social Exclusion Unit in 2002. Blue Sky operate in around 9 areas in England and are looking to expand with an increase in the demand of their service:
 - More than 350 ex-offenders have been employed on 6-month contracts since Blue Sky began in October 2005.
 - Only 15% of Blue Sky ex-employees have re-offended – a quarter of the national average.
 - 46% of Blue Sky employees move into sustained employment once they leave Blue Sky.
 - In 2009/10, 70% of Blue Sky employees left with an accredited vocational qualification.
 - Year on year employment in Blue Sky has risen by 87%.
24. Through various programmes, some London boroughs are working closely with their statutory partners to reduce re-offending in innovative ways. The Integrated Offender Management (IOM) model has enabled local authorities to develop a joined up

approach to working closely with local partners to tackle crime and reduce re-offending. Six boroughs also piloted the 'Diamond Initiative' to break cycles of re-offending using a multi-agency approach in 2008-10. Results were found to be mixed despite very large financial investment due to inconsistencies in the partnership arrangements. A report on the Diamond Districts project was published in 2011.

25. In December 2010, the Ministry of Justice (MOJ) published its Green Paper consultation, *Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders*. In the Green Paper, the MOJ committed to carrying out a minimum of six rehabilitation pilots across the country, based on a payment-by-results (PBR) approach, and to explore innovative ways for reducing re-offending.
26. Five London boroughs have agreed to be pilots for a financial incentives approach and will incorporate this into their programmes for tackling re-offending. Lewisham, Lambeth, Hackney, Croydon and Southwark have all committed to build on their work with offenders and to explore innovative ways of working with their local statutory partners so as to reduce the demand on the justice system caused by re-offending. The pilots began on 1 July 2011 and will run for two years until 30 June 2013.
27. In addition, scrutiny reviews on offending have been undertaken by various Local Authorities including Derbyshire, Bradford, East Sussex and Haringey. No in-depth work has yet been taken by the London Borough of Hillingdon with regard to re-offending.
28. The Ministry of Justice has released information relating to the re-offending rates of all adult offenders in Hillingdon. Over the course of a 12 month period (2009/10), Hillingdon's Probation Service dealt with 3,061 offenders. The predicted re-offending rate was 7.92%; Hillingdon Probation Service reduced the actual re-offending rate to 7.45%. This is a reduction of just over 6% from the baseline. This data shows Hillingdon out-performing neighbouring boroughs of Harrow (reducing 1.25% from baseline), Hammersmith and Fulham (reducing 0.27% from baseline), Brent (increasing 2.14% from baseline), Ealing (increasing 2.52% from baseline) and Hounslow (increasing 4.82% from baseline).

Resources available

29. The Working Group believes that it is important to remember that the Council's resources are limited and that any action taken to address re-offending should not raise residents' expectations too high.
30. There are currently no additional resources available within the Council to devote to identifying and tackling re-offending. As such, any work undertaken as a result of this review would have to be fulfilled within the current budgetary constraints and subsumed within the workloads of existing officers.
31. In the future, consideration could be given to how additional resources can be identified to deal with re-offending that could result from the recommendations of this review.

EMPLOYMENT

32. Employment is a key factor in reducing re-offending rates in the Borough. This is a key message that was delivered in each of the witness sessions and by various organisations.
33. The Working Group would like to praise the work of Blue Sky who directly employ ex-offenders to work on six month contracts. Ex-offenders are paid above minimum wage and produce good results quickly. The work enables ex-offenders to build their confidence and self-esteem and help them to develop work ethics. Further details of Blue Sky and the excellent work the organisation does can be found in the appendices of this report.
34. Reed has won a contract to deliver a programme to tackle long term worklessness in West London. Reed will be working with the Council and other partners to get individuals who have been unemployed into permanent employment by providing them with training. Although the programme is still in its infancy, it is anticipated that the Police, Probation Service and Council services will make referrals. The Council lead will liaise with the Council's ASB & Investigations Service Manager to make initial links with organisations that work with ex-offenders so that they can then make referrals to Reed.
35. The Working Group would like to highlight the work done by Pret A Manager who, in late 2011, set up an apprenticeship scheme. This scheme helps those who are homeless and/or are ex-offenders. Working in conjunction with charities and community groups, the food retailer is offering apprenticeship places to those people.
36. Pret A Manger say that they recognise how difficult it is for people from troubled backgrounds to get a foot on the employment ladder in normal times, so it's near impossible for these individuals to be given an opportunity in times of economic hardship such as now. The company say every apprentice starts with a clean slate, as they are offering these individuals a chance to rebuild their lives and careers. In addition to paying each apprentice a weekly wage, Pret A Manager will pay for the individual's travel to and from work, and will also give them £100 to buy new clothes for work.
37. Sir Richard Branson, Virgin companies, has for the last 2 years encouraged his managing directors to take on ex-offenders. Sir Richard Branson believes that society should do more to support positive initiatives to encourage the rehabilitation of prisoners.
38. Timpson are providing practical support to ex offenders, working closely with a number of prisons. They have set up a full time training facility at HMP Liverpool and HMP Wandsworth. Timpson colleagues train inmates in a workshop in a prison workshop environment. They also actively recruit ex offenders to work for them.
39. The Working Group feels that more organisations can be encouraged by the examples set by Virgin, Pret A Manager and Timpsons to offer employment to ex-offenders.
40. Further information on employment and the current work is included in Appendix 1 of this report.

HOUSING

41. A lack of housing is often one of the reasons that offenders re-offend. The prison service works closely with St Mungo's, which provides emergency shelter, to ensure that prisoners have somewhere to live when they are released.
42. As accommodation in Hillingdon is cheaper than in central London, councils in other boroughs are frequently housing their ex-offenders in Hillingdon. This has led to a reduction in the number of available properties for local ex-offenders.
43. Nationally, approximately 90% of offenders secure accommodation for when they are released; the suitability of this accommodation is unknown. It is suggested that, if this accommodation is unsuitable, it is more likely to influence the chances of the ex-offender re-offending. It is also important that ex-offenders are not in contact with groups that may encourage them to re-offend.
44. The review has highlighted that it would be useful if the Council could identify more private landlords that are prepared to lease their properties to ex-offenders.
45. The Housing Needs Service is an active participant in a range of panels including Multi-Agency Public Protection Arrangements (MAPPA), Integrated Offender Management (IOM) and Prolific and other Priority Offenders (PPO) in an effort to reduce the re-offending rates. The Service faces a number of challenges which include:
 - the risk of losing the focus on re-offenders now that the funding has ended and the re-offenders are absorbed into the mainstream;
 - the Welfare Reform Programme which would see those aged 35+ only being entitled to the single room rate, which means that more individuals will be entitled to less housing benefit. The number of ex-offenders who will be affected by the housing benefit changes is 19. These clients will be visited by the Council's Outreach services and Housing Needs and will be provided with alternative housing options; and
 - a reduction in the housing supply – the buoyancy of the rental market makes it more difficult to obtain properties for ex-offenders.
46. As ex-offenders are vulnerable, housing benefit payments are paid direct to ex-offenders' landlords – this is then reviewed after a period. This is often a more attractive proposition for landlords. Landlords would be more likely to lease their properties to ex-offenders if the rent was guaranteed and the probation service was supporting the individuals.
47. Those offenders that are given custodial sentences of less than six months and have Council tenancies are able to retain their tenancies. It is noted that the Hillingdon housing officers are usually very good at signposting ex-offenders to support services when they are released from prison.
48. Further information on housing and the current work is included in Appendix 1 of this report.

EDUCATION

49. Whilst effort is being made to get re-offenders into education and then employment, this is frequently aimed at too high a level. Offenders often benefit from basic reading and writing skills rather than obtaining qualifications as they will need these basic skills to improve their chances of gaining permanent employment.
50. Although prisoners are assessed in relation to literacy and numeracy and given advice with regard to careers, employment, housing needs and benefits, it is suggested that more work needs to be undertaken to improve interagency provision. The prison service already works with Job Centre Plus, Citizens Advice Bureau and the London Borough of Hillingdon but further work could be undertaken with the PCT to provide more follow-up support to ex-offenders that are given short-term sentences.
51. The London PIANO project (Providing Innovation And New Opportunities) is a two year £7.2m project funded by the European Social Fund and National Offender Management Co-Financing Organisation. The project is managed by the Resource Development Unit, a department of London Probation Trust, and provides employment and training opportunities in the community to be able to help prisoners when they are released.
52. During employment with Blue Sky, ex-offenders obtain life skills, tailored and accredited training and help with interview techniques, CV writing and career planning. If an ex-offender requests training for a specific work-related issue this will be investigated.
53. Reed in Partnership will be able to provide ex-offenders with training (for example, literacy skills, CV writing, completing application forms, IT skills, interaction with colleagues and interview skills). Reed will be providing a tailored service to individuals.
54. The Working Group has suggested that consideration be given to requesting that local adult education providers ensure that there is better promotion of the existing courses available to ex-offenders to enable them to develop employable skills.
55. Further information on education and the current work is included in Appendix 1 of this report.

DRUGS/ALCOHOL ABUSE

56. As there are a significant number of offenders that have mental health issues, it is suggested that the mental health services need to be more aware of ex-offenders. Re-offending is not high on these services' agendas so consideration could be given to how this can be changed. An offender's mental health issues need to be identified prior to release from prison so that they can be addressed in a timely manner.
57. Hillingdon has a high instance of drug use (56%) and it should be noted that 42% of that group also has mental health problems. Although those offenders with mental health problems are assessed in court for mental health care, negotiations are needed to secure the extra support required for these individuals.
58. It is requested that, rather than offenders receiving six month drug rehabilitation supervision orders, this be increased to nine months. This is discussed in further detail in the report.
59. Drug Intervention Programme (DIP) specifically works with ex-offenders to gain treatment for their drug and/or alcohol issues and reduce their chances of committing more crime. This is further explained in the appendices of this report.
60. The success of DIP can be measured in small steps which can have a significant impact on both the offender and the community, particularly if the individual stops committing crimes such as burglary as a result of receiving an opiate substitute prescription.
61. The DIP team work predominantly with the Police, the courts and Wormwood Scrubs to identify and target offenders. The aim is to get these individuals treated quickly to stop them from offending.
62. Targeted testing on arrest will mean that individuals that have committed certain crimes that are commonly related to substance misuse (e.g., trigger offences such as robbery, burglary, etc) would be tested for opiates and Class A drugs whilst in the custody suite. If they test positive, they would be required to attend a follow up appointment with the DIP and would subsequently enter into treatment. Failure to attend this appointment could lead to re-arrest and further sanctions.
63. The issue of dual diagnosis is also raised whereby re-offenders have mental health issues as well as drug and/or alcohol issues. As this will usually result in these individuals being seen by HDAS and CNWL, it is important that there are good links with the community treatment teams. There is also more scope for the service to consider looking at its provision specifically for re-offenders.
64. The Criminal Justice Integrated Team (CJIT) provides access to drug and alcohol treatment for offenders. Most, but not all, treatment is based upon an order of the court. At court, if an individual's offending behaviour is linked to drug or alcohol use, then the court could require treatment as a part of the sentence.
65. Further information on drugs/alcohol abuse and the current work is included in Appendix 1 of this report.

PERSONAL EXPERIENCE FROM BLUE SKY EMPLOYEES

66. Rick¹

The Working Group met with Rick who came across as very confident. He seemed to have a good family network and various different skills experience from previous jobs, training and his own interests. This included work as an electrician, an interest in music productions and gigs, and a keen interest in the gym which he wished to have a career in. Rick felt that his offending background and his age deterred employers from giving him a chance. He discovered Blue Sky via the Internet (Facebook), he thought he would give it a go, and so self-referred. He had been out of prison for some time before joining the Blue Sky project. Rick hoped that working with Blue Sky would give him references to gain future employment and also open up the various employment options that were available to him.

67. James¹

The Working Group met with James who was only released six months ago and was hoping to start up his own business in IT. He thought that before that he may need to be fully employed and in order to do that he needed a reference from an employer. James liked the chance to get a good reference from an employer, an employer who has contacts with other employers who do offer permanent work to known offenders. He enjoyed the camaraderie of the gang with new friendships being built and getting what he said was 'a second chance'. James also commented that he was optimistic about his future.

68. Mike¹

The Working Group met with Mike who had been out of prison since 2004 and was 5 months into his six months spell with Blue Sky. He had previously struggled to hold down steady employment, if he eventually got any, and he was happy with the assistance and guidance given by Blue Sky. He stressed the sense of self worth by working and gaining a wage was something that made him very happy. Mike wasn't exactly sure as to what line of work he wanted to do on a permanent basis, but liked that the people at Blue Sky advised him in 'a language he could understand' as to what could be his best options. Mike stated that he was optimistic about his future.

69. Further information on the site visit to Blue Sky is available in Appendix 4 of this report.

¹ These names are not the real names

FUTURE WORK

70. Having researched work done in other boroughs, there are very limited solutions that we found that Hillingdon could follow. We hope that our work at Hillingdon can help raise the awareness of the importance of the issue of re-offending within Hillingdon and beyond the Borough.
71. The issue of re-offending is a problem and has always been a problem. It is estimated that 10% of Prolific and other Priority Offenders commit 80% of the crime. How this can be prevented is something that needs to be looked at so that the effects of crime on society are minimised.
72. Further work also needs to be undertaken regarding what action the Council can take to improve the services it offers. Consideration needs to be given to how the Council can link in with other organisations to meet the needs of those who re-offend, and to look at early intervention strategies so that potential re-offencing is minimised.
73. It is stressed that sign-posting and multi agency working is crucial in order to get support and advice to re-offenders. The Council needs to look at ways that sign-posting and multi agency work can improve to ensure a much better service is provided.
74. There are offenders that are not getting any advice or support as they are not seen as a priority. These include those that have short sentences and/or those that do not receive custodial sentences. It is important that services are offered to all those that have committed an offence regardless of the punishment they receive, so to prevent re-offending.
75. Whilst there is currently a triage system for young offenders, this is not available for adults. This could potentially prevent some offenders from becoming re-offenders and it has been suggested that triage be extended to adults for their first offence.
76. A big improvement that could be made to help reduce re-offending is the co-location of the Police with the Probation Service, Council and other relevant services. This is something that would need careful consideration and has financial constraints, so is something that could be a future consideration. Further information on the Police and Probation Service can be found in Appendix 1 of this report.
77. All organisations are under pressure to perform with fewer resources so they have to be innovative with what they have available. Other avenues have to be considered if resources are not available including coordination, communication and multi agency working.

Closing word

78. Re-offending is an issue that not only affects the person committing the crime but society who will pay the economic and social costs of re-offending. The Working Group believes strongly that more information needs to be given to offenders to get the support they need and to try and prevent re-offending.
79. From the several witness sessions held, the key points that came out from each were that housing, employment, education and alcohol/drug abuse are important factors in re-offending rates.
80. It is hoped that the recommendations in this report have highlighted the need for advice to be given in a timely manner when dealing with re-offending. Signposting and knowing where to go for help, support and guidance is crucial in providing the help that is required.
81. It is noted that Reed in Partnership will be working with the Council and other partners to get individuals who have been unemployed into permanent employment by providing them with training. This work is at an early stage and it is anticipated that the Council's lead for this work will liaise with coordinators of the Community Payback Scheme (CPS). Further information on Reed in Partnership can be found in Appendix 1 of this report.
82. The Working Group would like to highlight the excellent work that has been done by organisations such as Blue Sky, who have made huge progress since 2005 when it was set up. The results produced by Blue Sky show what a positive impact the organisation has had on re-offenders. Further information on Blue Sky can be found in Appendix 1 of this report.
83. The Working Group would also like to highlight organisations such as Prêt-a-Manger, Virgin and Timpson's who have made a commitment to employing ex-offenders.
84. The Working Group acknowledges importance of the recent Government Alcohol Strategy. It is important to recognise the value of the strategy in reducing alcohol fuelled crime. A new minimum alcohol pricing system is being proposed which should reduce alcohol in-take, and comes at a time where alcohol can be cheaper than water to buy.
85. It is appreciated that the implementation of the recommendations contained within this report will not be something that can be completed overnight. The approach to implementing change is likely to be slow to ensure that we get it right first time and to manage the expectations of those affected by re-offending.

Comments of the External Services Scrutiny Committee

86. The External Services Scrutiny Committee established this Working Group to examine the issue of re-offending in the Borough. We, the Committee, have considered the Working Group's findings outlined in this report and are delighted to present these to Cabinet and the Council's partners. The report outlines the importance of providing a coordinated response to the needs of adults that re-offend and those affected by it. It highlights the main areas which affect re-offending and how improvements could be made. We fully endorse the recommendations.

Appendix 1: Current Work

Community Safety Team

87. The Community Safety Team (CST) supports the Safer Hillingdon Partnership (SHP) in its work to reduce crime in the Borough. The Council works closely with the Police and the Probation Service in relation to PPOs and the Integrated Offender Management (IOM) work which has recently started. This IOM programme addresses the provision of support for the whole family and looks at achieving sustained abstinence from re-offending by targeting specific offenders to achieve better outcomes. The CST facilitated these meetings and reports back to the SHP on the targets.
88. The national performance indicators have been deleted and each area is setting targets locally. In Hillingdon, re-offending is seen as a priority. The CST recognise that an inability to integrate is sometimes a barrier for offenders so the Family Intervention Project is being used to try to break the cycle of re-offending.
89. Reed has won a contract to deliver a programme to tackle long term worklessness in West London. This work is being integrated into the IOM programme.
90. After a long period of reductions in the crime rates in Hillingdon, the number of burglaries, robberies and violent crimes are increasing in the Borough. Although the long term trend is a continued reduction in the overall crime rates, it is anticipated that, if the current increases continues, the long term trend will also increase. One way of reversing this trend is to deal with re-offending and, as such, the CST is working with offenders to address this.

Anti-Social Behaviour (ASB) and Investigations

91. The Council has a lead role in the Safer Hillingdon Partnership. Crime rates could be kept down by preventing re-offending as the 50 most active offenders in the Borough are doing the most crime. Funding (£33k) has been made available for a post at the Probation Service to work with non-statutory supervision offenders with sentences of less than 12 months. £2k of this funding is available for emergency costs such as new shoes or Oyster cards for prisoners that have been released. An additional £5k is available for emergency housing costs.
92. Anyone can ask for help or refer themselves to the Hillingdon Drug Advisory Service (HDAS) or Hillingdon Action Group for Addiction Management (HAGAM) at Old Bank House in Uxbridge. Different drug dependencies require different treatment. It is noted that the majority of offenders that visit HDAS for scripting appointments generally attend the site in Belmont Road. The Council has provided funding for the refurbishment of Old Bank House from the LAA reward grant.
93. Safer Hillingdon Partnership has released £20,000 from LAA reward grant to enable compulsory drug tests on arrest. Other funding (total of £80k) for drugs and alcohol projects from the LAA Reward Grant is as follows:
- £9,550 towards building improvements at 65 Belmont Road
 - £1,200 for publicity and training materials
 - £13,600 accredited training package
 - £40,000 satellite accommodation
 - £5,000 resettlement packs
 - £2,000 voucher incentive scheme
 - £8,650 to improve the reception and conference room areas of Old Bank House
94. Landlords would be more likely to lease their properties to ex-offenders if the rent was guaranteed and the probation service was supporting the individuals.
95. With regards to the support provision, there are a range of organisations that work with all offenders in prison to provide them with information about services that are available on their release. This support could be enhanced by appointing a key-worker to bring these services together.
96. Although there is concern about a reduction in employment opportunities because of the recession, it is thought that there are fewer lower skilled jobs available anyway as a result of the improvements in technology. The provision of voluntary work for ex-offenders when they are released could help them gain paid employment in the longer term.

Housing Options

97. 154 offenders have approached the Council on 182 occasions between 1 April 2009 and 31 October 2011. Of the 28 individuals that approached the Council on more than one occasion (17%), 11 returned to prison. The outcomes for the 154 individuals are summarised as:
- 37 homeless applications (15 accepted and housed in temporary accommodation / 22 rejected)
 - 27 housed in the private rented sector
 - 10 housed in the social rented sector
 - 55 given advice on housing
 - 25 other homeless preventions
98. There are a number of reasons why individuals become homeless: just released from prison, evicted by their parents, other evictions, no fixed abode and other accommodation ended. A large number of the high risk housing clients are placed in out of Borough probation hostels. Once these individuals' probation ends, the Council needs to find more permanent accommodation for them.
99. With regard to those 22 individuals whose homeless applications were rejected, they have been given advice on renting in the private sector. There is concern that these individuals are very vulnerable and are often ostracised by society. This could lead to them committing more frequent or more serious crimes.
100. Between 2007 and 2010, funding was made available from the London Probation Trust (LPT) to establish partnership arrangements and a framework for housing offenders. Since 2010, the Council has held a Service Level Agreement (SLA) with the LPT the continue to framework and service standards.
101. The Housing Needs Service is an active participant in a range of panels including MAPPA, IOM and PPO in an effort to reduce the re-offending rates. The Service faces a number of challenges which include:
- the risk of losing the focus on re-offenders now that the funding has ended and the re-offenders are absorbed into the mainstream;
 - the Welfare Reform Programme which will see those aged 35+ only being entitled to the single room rate, which means that more individuals will be entitled to less housing benefit. The number of ex-offenders who will be affected by the housing benefit changes is 19. These clients will be visited by the Council's Outreach services and Housing Needs and will be provided with alternative housing options; and
 - a reduction in the housing supply – the buoyancy of the rental market makes it more difficult to obtain properties for ex-offenders.
102. As ex-offenders are vulnerable, housing benefit payments are paid direct to ex-offenders' landlords – this is then reviewed after a period. This is often a more attractive proposition for landlords. The LPT helps ex-offenders with their budgeting as part of the probation statutory supervision. The Housing Needs Service also ties ex-offenders into Look Ahead which provides a range of support services.

Domestic Violence

103. With regard to perpetrators of domestic violence (DV), the primary support service provided is the Domestic Violence Intervention Programme (DVIP). Further information has been sought with regard to how the programme can help perpetrators and victims of DV in the Borough and how the success of DVIP can be measured.
104. The Integrated Domestic Abuse Programme (IDAP) is available to try to change the behaviour of the perpetrators of domestic violence and stabilise the family unit over a period of 32 weeks. As participation in IDAP is on a voluntary basis, unless the courts request their participation, it is not obligatory for offenders to attend. In addition to IDAP, IDAPA has been developed in April 2011. The success of IDAPA is yet to be measured.
105. The Hillingdon Independent Domestic Violence Advocacy Project (HIDVAP) received referrals for 675 victims of domestic violence in 2010-2011. This volume has created 19 perpetrator referrals to IDAP and 21 referrals to IDAPA. In 2009/2010, 24 individuals were accepted onto IDAP, 13 of which successfully completed the programme and 11 failed to complete it. This is not a favourable result given that the offenders taking part on the programme were given this mandatory order by the court.
106. As IDAP and IDAPA are not clearing the backlog of referrals, the Probation Trust has introduced one-to-one sessions for individuals that request them. In 2010, 11 referrals were made to the one-to-one programme. The introduction of this programme is thought to be good as it has provided new options that had not previously been available to the courts.
107. In the majority of cases, perpetrators of domestic violence are already repeat offenders by the time they appear in court as initial instances of DV are often unreported by the victims. By agreeing to attend one-to-one sessions with a probation officer, it would appear to the courts that offenders are trying to change their behaviour.
108. The Council is working with Care to Talk (a counselling service) and Respect (which offer help to perpetrators of DV) to develop a drop-in support service in the Borough. This could potentially be situated within the Wellbeing Centre at Boots in Uxbridge.
109. Of the 118 cases of DV that have been reported to police in the last year in Hillingdon, only 12 have been considered by the courts. The courts have a number of options which include: fining, a custodial sentence, conditional discharge and Community Payback. When deciding on what action should be taken, the court also considers the impact that the sentence would have on the family of the offender.

Metropolitan Police Service

110. With regard to offender management, the Police currently work on Priority Prolific Offenders (PPOs) and, from 2012, will be working on Total Offender Management (TOM - previously known as Integrated Offender Management). It is anticipated that TOM will be in place by the end of January 2012. Once in place, the Police will be able to work a bit smarter by identifying key players and will be able to build up intelligence in relation to things like housing and drugs.
111. There are many different definitions of re-offending. The Metropolitan Police definition involves offenders having offended four or more times, but at least once in the last two weeks. The offences that are taken into account tend not to include those related to drugs. Technically, with this definition, Hillingdon has only had six re-offenders in the last two weeks.
112. Of the 850 re-offenders identified in the last two weeks across London, 520 have committed crimes in two or more boroughs in the last 12 months. This clearly indicates that offenders are not just committing crimes in the boroughs in which they live. The difficulty is deciding whether efforts should be concentrated on reducing the number of total notifiable offences (which would impact positively on other boroughs) or concentrate on the offenders that commit offences in Hillingdon.
113. Of the 800-900 offenders released from prison into Hillingdon each year, using the Offender Group Reconviction Scale (OGRS), 150 of them have an 80% chance of re-offending.
114. Currently the priorities of the Police revolve around burglary, robbery and motor vehicle crimes. As there are only a few officers dedicated to this work, they concentrate on those individuals that commit the most offences. These individuals are identified through a combination of OGRS and Police intelligence.
115. From a Police perspective, the biggest improvement that could be made to help reduce re-offending is the co-location of the Police with the Probation Service, Council and other relevant services. It is also suggested that tackling drugs and unemployment amongst offenders will reduce the instances of re-offending.
116. The Independent Advisory Groups (IAGs) and Ward Panels determine the policing priorities for an area. It is suggested that the IAGs and Ward Panels liaise with the Police Consultative Committee (PCC) to ensure that the PCC's priorities marry with those that have already been determined for an area.
117. Whilst there is currently a triage system for young offenders, this is not available for adults. It is suggested that triage be extended to adults for their first offence. This could potentially prevent some offenders from becoming re-offenders.
118. A new Youth Centre has been set up in South Ruislip. Whilst the Centre seems to be quite good with a strict door policy, this means that those young people that are not admitted are hanging around on the streets. Crime in the area has subsequently gone up.

119. It is acknowledged that re-offenders often have children. If the offender is sent to prison, this can result in the children being taken into care which has a financial impact on the Council. The Council is undertaking a holistic approach to family intervention services. The Police are completing MERLIN reports when children are coming to their attention and forwarding them to the Council so that action can be taken quickly to safeguard the children.
120. Consideration is being given by the Police to take things back to basics by working with the Probation Service to identify key nominals who have been overscored so are not actually prolific offenders. The Police will be producing a list of ward level nominals. This will result in the production of a map of the offenders that commit the majority of the crimes as well as where stolen goods are often handled, e.g., pawn brokers. It is anticipated that this will ensure that the Police know who and where the re-offenders are at any one time.
121. There have been issues where an offender has been released from prison and has had to wait for 3½ weeks before they could start a placement with Blue Sky. During that 3½ week period, this individual has re-offended. It is suggested that early intervention is provided at Wormwood Scrubs to get individuals referred to Reed in Partnership so that they have an appointment within three days of release. This will enable them to gain skills and training which will then help with securing permanent employment.

HM Prison Service

122. Offenders coming into Wormwood Scrubs are screened for drugs within 24 hours of admittance to the prison. It is noted that there are a number of ex-offenders that re-offend once released so that they can be sent back to prison to access the drug treatment programme there. This sometimes happen within a week of release. Some offenders that receive sentences of less than 12 months do not have access to the same services as other offenders.
123. Although prisoners are assessed in relation to literacy and numeracy and given advice with regard to careers, employment, housing needs and benefits, it is suggested that more work needs to be undertaken to improve interagency provision. The prison service already works with Job Centre Plus, Citizens Advice Bureau and the London Borough of Hillingdon but further work could be undertaken with the PCT to provide more follow-up support to ex-offenders that are given short-term sentences.
124. Improvements need to be made with regard to engaging with ex-offenders, early intervention and ensuring a seamless transition through the services available. Further improvements could be made to the communication and information flow between services such as CNWL and housing. A reduction in the risk of re-offending could be achieved through the provision of attitude, thinking and behaviour programmes.
125. The assessment process at the prison is good and the prison service has a good relationship with DAAT (Drug and Alcohol Action Team). However, there are some concerns about whether actions have taken place following the assessment.
126. It is noted that Wormwood Scrubs already has offender management processes in place, which include prison officers and probation officers. The Integrated Offender Management (IOM) work will create stronger links with the community. This positive work will also enable the sharing of information with officers from outside of the prison service. An IOM link worker with the prison could establish the community links that would enable work that has been done in custody to be continued back in the community on release.
127. There are issues with regard to the support that can be provided to individuals in the short term. As everyone is innocent until proven guilty, little can be done with individuals on remand at Wormwood Scrubs. If individuals on remand are sentenced, as they have already served part of their sentence, they are often not in prison for much longer which means that little support can be provided. It is noted that the prison service is not always aware of what other services are available in the community.
128. The London PIANO project (Providing Innovation And New Opportunities) is a two year £7.2m project funded by the European Social Fund and National Offender Management Co-Financing Organisation. The project is managed by the Resource Development Unit, a department of London Probation Trust, and provides employment and training opportunities in the community to help prisoners when they are released.
129. A lack of housing is often one of the reasons that offenders re-offended. The prison service works closely with St Mungo's, which provides emergency shelter, to ensure that prisoners have somewhere to live when they are released. It is noted that those

offenders that are given custodial sentences of less than six months and have Council tenancies are able to retain their tenancies. It is noted that the Hillingdon housing officers are usually very good at signposting ex-offenders when they are released from prison.

130. It is agreed that a reduction in the number of re-offenders can be achieved through improvements in the work that is undertaken with them and that this should be primarily focussed around:

- employment;
- education;
- housing;
- mental health care; and
- substance misuse support.

131. It is suggested that consideration be given to requesting that local adult education providers ensure that there are affordable course available for ex-offenders to enable them to develop employable skills.

London Probation Trust

132. The London Probation Trust (LPT) works interdependently. The Service aims to inspire confidence in reducing re-offending across London and helps ex-offenders to lead responsible, law-abiding lives, thus protecting the public. It is noted that the crime rates in Hillingdon are not rising at the same rate as other London boroughs. Although the latest data has been released, analysis on it has not yet been undertaken.
133. As of 27 October 2011, there is at last one measuring tool being used to record crimes. Data going back to 2009 will be entered into the database, which equates to 148,000 adult offenders across England and Wales.
134. Although the re-offending rate in Hillingdon is 8.43%, this does not tally with the 24.9% stated in the Ministry of Justice document entitled *Proven Re-offending Statistics Quarterly Bulletin: January to December 2009* published on 27 October 2011.
135. The LPT team works with the Police and other partners to influence a change in the behaviour of offenders, at the same time as ensuring that the victims are okay. The PPO and IOM partnership work helps to provide a responsive approach to criminality and therefore reduce re-offending. The LPT is looking to involve the voluntary sector in the IOM work.
136. The IOM Strategy Group involves a number of key stakeholders across London which include: London Crime Reduction Board; local authorities; London Councils; Metropolitan Police Service; LPT; Ministry of Justice; Home Office; Prison Service; PCTs; Youth Offending Service; and Youth Justice Board. It is anticipated that, in the next 12 months, this interagency working will result in a reduction in re-offending.
137. The assessment tool used by the LPT (OASYS) enables managers to produce a plan to work with individual offenders. Education and employment are used to help reduce the number of crimes perpetrated by prolific offenders. LPT regularly helps offenders to achieve basic levels of English and maths to assist them in their search for employment. Robust enforcement is used with those offenders that do not change their behaviour.
138. It is noted that the skills of re-offenders are often limited which hinders their ability to obtain employment. With regard to employment opportunities for re-offenders, it is suggested that consideration be given to how planning obligations can be used create jobs for re-offenders on building sites. Thought will also need to be given to how ex-offenders can secure work in the voluntary sector in a more formalised way which could make them feel more integrated in the community, e.g., talking at schools about offending.
139. It is acknowledged that accommodation is also important as it is more difficult to engage with prolific offenders in they are not securely housed. There are mechanisms in place across London boroughs to monitor the housing movements of offenders. This includes background checks to establish why the offender is moving and whether the accommodation that they are moving to is suitable. If an offender on probation has not advised the LPT that they are moving, they could be recalled to prison.

140. It is noted that there is prolific re-offending in the 15-21 age group. Probation Officers work with the Council's Youth Offending Team to reduce the number of re-offenders from this age group coming through to the LPT when they reach 18.
141. Hillingdon has a high instance of drug use (56%) and 42% of that group also has mental health problems. Although those offenders with mental health problems are assessed in court for mental health care, negotiations are needed to secure the extra support required for these individuals. It is requested that, rather than offenders receiving six month drug rehabilitation supervision orders, this be increased to nine months.
142. Domestic violence is more associated with alcohol misuse rather than drug misuse. Drug Rehabilitation Requirements (DRRs) are community orders that are used to provide treatment and support for an offender's crimes and drug use. A DRR is a voluntary punishment option for those facing criminal proceedings for drug related crimes. Although it is suggested that, rather than giving offenders a six month drug or alcohol rehabilitation supervision order, this should be increased to nine months. It is noted that approximately 50% of individuals with DRRs breach them. As such it would be beneficial to have a mental health worker attached to the Probation Service.
143. DV offenders are not usually given the Community Payback option as it could give the perpetrator time to develop additional negative feelings towards their victims. However, it is noted that, in these instances courts will often consider custodial sentences. The proportion of DV cases has increased significantly as awareness has grown that DV is unacceptable.
144. A national review of DRRs was published in November 2011. It is noted that guidance regarding treatment is limited and that alternative therapies need to be investigated.
145. With regard to IDAP, an offender needs to display an acceptance that what they have done is wrong before they would be included on the programme. If the offender has alcohol issues, they are often referred for treatment rather than inclusion on IDAP.
146. Although the number of individuals completing IDAP is not huge, it is thought that the programme's success rate in London has been good. It is recognised that IDAP is not suitable in all cases, which is why the one-to-one sessions have been developed.
147. The Probation Trust runs a range of programmes for different offences including: sex offending, drink driving, thinking skills and anger management. In addition, organisations such as J Training are on hand to provide advice to ex-offenders on educational opportunities.
148. The Trust has recently undertaken a survey of charities which provide employment advice to ex-offenders. It has become apparent that there is a need for more organisations to employ ex-offenders.
149. With regard to the statistics in relation to offending, there are two different measures:
- the local re-offending measure has been in place for 3-4 years and solely reflects the number of offenders under the supervision of the Trust. The figures are recorded over the four quarters of the year and, it is noted, could include a certain amount of 'double counting'. The 2009/2010 figure for this measure has

been recorded as 7.42% (3,061 offenders) - the predicted figure has been 7.92%; and

- the proven re-offending rates were first published by the Ministry of Justice (MoJ) on 27 October 2011 and included all offenders that have been given community penalties, e.g., fines, community service, etc. This re-offending figure has been recorded as 34% for London and 24% for Hillingdon.

150. These two measures are not directly comparable. However, it is possible to compare the MoJ figure for Hillingdon with that of other London boroughs.
151. Offenders that receive sentences of less than 12 months are not supervised after their release as there are no resources available to do this. The expectations of offenders after their release are set in statute. "At risk" offenders that are released after half of their custodial sentence would immediately be put back in prison if they were caught for another offence during the second half of their sentence.
152. The Integrated Offender Management programme is being set up. The programme includes a range of local agencies and identified those offenders that are most at risk of re-offending in the Borough. It is likely that the programme will target offenders in relation to burglary, vehicle crimes and violence.
153. The Criminal Justice Integrated Team (CJIT) provides access to drug and alcohol treatment for offenders. Most, but not all, treatment is based upon an order of the court. Arrest referral workers attend each custody centre and provide assessments and brief interventions. At court, if an individual's offending behaviour is linked to drug or alcohol use, then the court could require treatment as a part of the sentence. If an individual is imprisoned, treatment could continue during their sentence and on release.
154. The National Offender Management Service (NOMS) was established in 2004 by the MoJ as a way of bringing together the work of the correctional services. NOMS is responsible for contracting services out and is continuing to change shape. NOMS has not been hugely successful as it has not taken account of the difference in cultures between the prison service and the probation service.
155. It is noted that there used to be a housing officer at Hillingdon to whom the Trust made direct referrals. The Trust would send information to the officer prior to the offender's release so that he could assess them and provide assistance. As this post is no longer funded, the referral work is now absorbed by the wider housing team as part of their general duties.
156. A housing Service Level Agreement is now in place to give priority to MAPPA (Multi-Agency Public Protection Arrangements) offenders and PPOs (Prolific and other Priority Offenders). MAPPA offenders are risk managed by the Police, Probation Service, Social Services and health service. These organisations will discuss an individual offender approximately six months before their release to ensure that accommodation is secured for them. It is noted that the housing needs of other offenders might only be considered a few weeks before their release.
157. The Trust has floating support contracts in place with charities such as St Mungo's and Look Ahead. It is suggested that a greater input from the voluntary sector would be beneficial.

158. As accommodation in Hillingdon is cheaper than in central London, councils in other boroughs are frequently housing their ex-offenders in Hillingdon. This has led to a reduction in the number of available properties for local ex-offenders. Approximately 90% of offenders secured accommodation for when they were released; the suitability of this accommodation is unknown. It is suggested that, if this accommodation is unsuitable, it is more likely to influence the chances of the offender re-offending. As such it would be useful if the Council could identify more private landlords that are prepared to lease their properties to ex-offenders.

Blue Sky

159. Blue Sky is a social enterprise and a registered charity which was established in December 2005. The organisation has won Charity of the Year 2010 and Social Enterprise of the Year 2011.
160. Blue Sky directly (and solely) employ ex-offenders (those that have been given a custodial sentence) to work on six month contracts predominantly in the grounds maintenance and waste recycling sectors. Ex-offenders are paid above minimum wage and, because of the low-skilled nature of the work, produce good results relatively quickly. The length of the contracts have been set at six months as any longer would create a dependency on Blue Sky and any less would hinder the chances of embedding employability skills. The work enables ex-offenders to build their confidence and self-esteem and helps them to develop work ethics.
161. The programme is operational in West London, the South West, Manchester, Wakefield, Birmingham and the Thames Valley. To date, 500 ex-offenders have participated in the programme – 5% of which have been women. Of these 500, 89 have been residents of Hillingdon and have been employed in the Hillingdon grounds maintenance teams (55) and at the Harefield Civic Amenity site (34). Of these 89 individuals, 12 (13%) have re-offended (which is a quarter of the national average percentage), 43 (48%) have moved into sustainable employment and 72% have received accredited training. 8 of the 89 ex-offenders have been Prolific and other Priority Offenders (PPOs) and 16 have committed more serious crimes (MAPPAs).
162. Blue Sky has held the contract to supply a team at the Harefield Civic Amenity site since 2008. This work has diverted 1,500 tonnes of wood and 500 tonnes of metal from landfill in the last year which has reduced costs to the Council. Other work in the Borough undertaken by Blue Sky teams includes:
- grass cutting at Lake Farm Country Park and Minet Country Park;
 - maintenance of allotments, paths and bridleways;
 - maintenance of Public Rights of Way twice a year; and
 - working with Hillingdon Housing and the Community Safety Team to maintain gardens for the elderly in the Borough to reduce the risk of distraction burglary.
163. Blue Sky works in partnership with Wormwood Scrubs and the Probation Service. This work enables the organisations to identify individuals for inclusion in the programme. It also ensures that offenders are trained in things such as grounds maintenance before they are released from prison and referred to Blue Sky.
164. The teams are led by supervisors who are also ex-offenders. Individuals in each team are specifically chosen to ensure that the team dynamics remain stable. This has resulted in a form of peer-mentoring where the team members support each other to ensure that they do not re-offend as this could result in the contract being lost and the ex-offenders losing their jobs. Towards the end of their six month employment, Blue Sky helps the ex-offenders by job brokering. After the ex-offenders have left Blue Sky's employ, they are all given references and are then tracked for about 18 months (any longer than that is thought to be intrusive). Additional support is available to them during that tracked period if required.

165. During employment with Blue Sky, ex-offenders obtain life skills, tailored and accredited training (e.g., fork lift licences and pesticide spraying licences) and help with interview techniques, CV writing and career planning. If an ex-offender requests training for a specific work-related issue (e.g., car mechanics), this will be investigated. The SKIDZ Motor Project is already in operation in West Drayton and provides opportunities for young people to develop their passion for motor vehicle maintenance and safer road usage.
166. Analysis has suggested that Blue Sky's work creates £18 social value for every £1 invested. 86% of this is realised through a reduction in crime, the avoidance of further prison sentences and decreased support to the families of the offenders.
167. With regard to the selection procedure, Blue Sky receives a number of referrals of ex-offenders from Reed that have been long-term unemployed and receives regular referrals from the Probation Service and from Turning Point. Ex-offenders are also able to refer themselves to Blue Sky.
168. Employees with a history of substance or alcohol misuse are required to be 'clean' and on a treatment plan before they can start work as they often need to operate machinery. If these individuals lapse back into misuse, their employment is put on hold until they are 'clean' again. Their employment will then restart.
169. Blue Sky is proud of its strategic partnership with the London Borough of Hillingdon and the organisation highlights this partnership working as an exemplar of intelligent procurement in action. If any additional competitive tendering opportunities arise within the Council that fit the Blue Sky model (e.g., work in relation to graffiti, kerbside, fly-tipping, grounds maintenance, fencing, canal dredging, tree planting and cutting), the organisation would be interested in submitting a tender. The Council also helps Blue Sky by promoting its work in Hillingdon People.
170. Blue Sky is currently looking into the possibility of seeking employment for its ex-offenders in the catering industry. It is thought that this will encourage more women to get involved in the projects.
171. Blue Sky has previously secured work through British Waterways in the North West. Consideration could be given as to how Blue Sky could gain work with British Waterways in other areas.
172. There is a long waiting list for Blue Sky employment (about 3-4 months). Given the history of the employees, the organisation works closely with the Probation Service to manage the risks.
173. The organisation is looking at diversifying. Consideration needs to be given to the impact that an increase in the number of jobs undertaken by ex-offenders from Blue Sky would have on the wider unemployed population of the Borough. Blue Sky focuses on securing relatively low skilled employment for ex-offenders as there is less demand and the individuals doing these jobs require less training. Many ex-offenders are often very keen to gain regular employment.
174. Although the majority of Blue Sky ex-offenders have completed custodial sentences, the organisation also provides employment for some ex-offenders that have been given

community service orders. A pilot scheme is underway in Bristol, in partnership with Bristol council and the Probation Trust, to develop employment opportunities for individuals with community service orders.

175. Blue Sky has worked with Wormwood Scrubs and 30-40 individuals from that prison over the last four or five years. Blue Sky does not provide services to ex-offenders on issues such as drugs counselling or literacy. Individuals in need of these services are signposted to the appropriate organisation.

Reed in Partnership

176. The Department for Work and Pensions (DWP) has appointed Reed to deliver a new pan-London service which will start in the new year. In its tender submission, Reed has assured the DWP that it has staff in place that are trained to deal with complex family issues as well as issues such as drugs, alcohol and mental health. Reed will be working with the Council and other partners to get individuals who have been unemployed (or in receipt of benefits for six months or more) into permanent employment by providing them with training.
177. Reed will be paid for results – i.e., helping individuals who have been unemployed or in receipt of benefits for six or more months to maintain a job for at least 12 months. Often, re-offenders have very complex needs (e.g., mental health, drugs and alcohol) so would not be the easiest individuals to help gain permanent employment. Concern is expressed that, because of these complex needs and because Reed is paid by results, Reed's focus may err towards volume rather than dealing with the more difficult cases.
178. Although the programme is still in its infancy, it is anticipated that the Police, Probation Service and Council services will make referrals. The referral form is only one page and will need to be completed by the individuals and will include their name and National Insurance number so that confirmation can be sought from Job Centre Plus regarding their worklessness.
179. The Council lead has so far been meeting with various Council departments to advise them of this new option of being able to refer individuals to Reed in Partnership. The Council lead will liaise with the Council's ASB & Investigations Service Manager to make initial links with organisations that work with re-offenders so that they can then make referrals to Reed. It is noted that referrals will be on a voluntary basis.
180. Pre-sentence reports will identify if someone is a re-offender and can also highlight whether the individual has been unemployed for more than six months. As such, it is suggested that referrals could be used by courts as part of sentencing. Although a re-offender might come from a family, all of whom worked, as long as the offender has been unemployed or in receipt of benefits for six months, they would still be eligible for referral to Reed. However, offenders under the age of 18, those that are employed or those from a stable family that all work will not be eligible for a referral.
181. Blue Sky provides full time temporary employment for ex-offenders and Reed in Partnership will be able to provide ex-offenders with training (for example, literacy skills, CV writing, completing application forms, IT skills, interaction with colleagues and interview skills). Reed will be providing a tailored service to individuals.
182. It is suggested that the Council lead liaise with the coordinators of the Community Payback Scheme (CPS). Once an individual has completed two thirds of their CPS sentence/term, consideration could be given to asking them if they wanted to be referred to Reed.

Drug Intervention Programme

183. The Drug Intervention Programme (DIP) comprises five staff. DIP is just one part of Hillingdon Drug and Alcohol Services (HDAS) which is a multi-disciplinary team that comprises approximately 40 staff in total, including doctors and nurses. DIP specifically works with re-offenders to gain treatment for their drug and/or alcohol issues and reduce their chances of committing more crime. Many GP surgeries in the Borough display posters advertising the services offered by HDAS.
184. Although, in the past, the service has used a harm minimisation model, this has now been replaced by a recovery agenda. The new agenda means that effort is made to help individuals rehabilitate rather than just stabilise their drug or alcohol usage.
185. The success can be measured in small steps which can have a significant impact on both the offender and the community, particularly if the individual stops committing crimes such as burglary as a result of receiving an opiate substitute prescription. A Treatment Outcome Profile is completed for every person that use the DIP service. This means that comparisons can be made between an individual's condition at the start, midway and end of their treatment.
186. DIP works predominantly with the Police, the courts and Wormwood Scrubs to identify and target offenders. The aim is to get these individuals treated quickly to stop them from offending. It is noted that there is often only a small window of opportunity in which action can be taken, so time is of the essence. The time from identification to treatment could take up to three days.
187. The Home Office has been providing significantly more funding to Ealing and Hounslow for their drug intervention programmes for some time despite crime levels being comparable and, in some cases, higher in Hillingdon. This funding enables those councils to employ teams of about 16 staff. However, this funding is being reduced by the Home Office year-on-year.
188. Although the DIP team is already currently working to capacity and funding has been reduced over previous years, a request has been made to the Home Office to not reduce funding to the DIP in 2012/2013 as there are plans to implement test on arrest. Furthermore, £20k has been released from the Council's Local Area Agreement funding for the DIP to implement targeted testing on arrest at Uxbridge Police Station. This one year pilot to identify drug usage will start on 1 April 2012. All of the funding will be used for equipment and supplies.
189. Targeted testing on arrest will mean that individuals that have committed certain crimes (e.g., trigger offences such as robbery, burglary, etc) would be tested for opiates and Class A drugs whilst in the custody suite. If they test positive, they will be required to attend a follow up appointment with the DIP and will subsequently enter into treatment. Failure to attend this appointment could lead to re-arrest and further sanctions.
190. Other local authorities are not targeting their testing on arrest which means that they test all offenders. This results in a significant number of negative tests and unnecessary work. Targeted test on arrest could be used in Hillingdon for locally identified trigger offences in addition to those offences being targeted at the discretion of the Inspector.

191. The additional work created by the new targeted test on arrest provision will be absorbed by the existing staff at the Police Station and DIP. The DIP service does not currently cover weekends or bank holidays. As the testing will continue at the Police Station during these periods, consideration will need to be given to how a potential glut will be dealt with.
192. Individuals are currently enrolled on a drug intervention programme which last six weeks. Should a backlog be created by test on arrest, consideration could be given to condensing the treatment programme to three weeks. This will still be in addition to services such as provision of a group worker and group support. It is recognised that this could potentially impact on the workload of GPs and other teams within HDAS.

NACRO/Central and North West London NHS Foundation Trust

193. The core functions of the court diversion service promoted by NACRO, a national crime reduction charity, are to: provide signposting; facilitate access to mental health services; refer to other services; liaise and provide an information exchange; collect data and monitoring; provide post-sentence support and follow-up; provide screening; and undertake assessment.
194. Uxbridge has been taking part in a pilot court diversion service with a view to providing information for the Bradley Report. CNWL has been funding the pilot but it is unclear where future funding will be sourced for the expansion of the service. Referrals can be made in a number of ways which include from the Crown Prosecution Service, Police, Probation, Mental Health Teams and prisons. Self referrals can also be made by anyone with a mental health issue that is already known.
195. A bid has been submitted for £200k to the Department of Health for additional staff to develop the existing court diversion service in Uxbridge to make it more robust. The bid has gone through to the second stage of the assessment process and the outcome of whether or not it has been successful will be known by 16 December 2011. There is a possibility that, even if it was successful, the full £200k will not be granted.
196. Although Uxbridge court is already really busy, from 1 January 2012, it will start receiving remand and bail prisoners from other courts. A significant number of re-offenders have mental health issues. The issue of dual diagnosis is also raised whereby re-offenders have mental health issues as well as drug and/or alcohol issues. As this will usually result in these individuals being seen by HDAS and CNWL, it is important that there are good links with the community treatment teams. There is also more scope for the service to consider looking at its provision specifically for re-offenders.
197. The small team does not currently provide weekend or bank holiday cover. As the courts will start to open on Saturdays from 1 January 2012 (and soon after on Sundays too), consideration will need to be given to providing a seven day service.

Hayes Town Partnership

198. The Chairman of Hayes Town Partnership has been involved with Wormwood Scrubs and elements of the London Resettlement Strategy in relation to housing, employment, money management, education and training, health, drugs and alcohol. There are a number of lessons that have been learnt from the Strategy and it is suggested that more effective coordination of these issues could improve its impact. Agencies are now going into prison prior to an offender's release to identify their needs once they have been released (e.g., drugs services, mental health services).
199. As there are a significant number of offenders that have mental health issues, it is suggested that the mental health services need to be more aware of re-offenders. Re-offending is not high on these services' agendas so consideration could be given to how this can be changed. An offender's mental health issues need to be identified prior to release from prison.
200. Whilst effort is being made to get re-offenders into education and then employment, this is frequently aimed at too high a level. Offenders will often benefit from basic reading and writing skills rather than obtaining qualifications as they will need these basic skills to improve their chances of gaining permanent employment.
201. It is agreed that employment is one of the single biggest factors in stopping offenders from re-offending. There are a number of large companies that have made a commitment to employing ex-offenders. These organisations included Prêt-a-Manger, Virgin and Sainsbury's.
202. It is suggested that the Council's Chief Executive and the Local Strategic Partnership (LSP) be asked to make enquiries about the possibility of large organisations in Hillingdon reflecting the best practice illustrated by Virgin by employing ex-offenders. Furthermore, consideration could be given to including the employment of ex-offenders as a condition attached to certain non-domestic planning applications.
203. The Chairman of Hayes Town Partnership has been working in Hayes with the Cathedral Group to get the young people living at Jupiter House into employment. However, it is recognised that these young people are mostly under 18 and not necessarily offenders.
204. Housing is also an issue for offenders. It is suggested that a business case be made as, if offenders are not housed, they will gravitate back towards other offenders.
205. With regard to mentoring, consideration could be given to how reformed offenders could be involved in talking to young offenders to prevent their offending from escalating or to prevent them from offending in the first instance. There is a potential role for HAVS to develop a voluntary mentoring service along these lines.

Appendix 2:

Safer Hillingdon Partnership Plan 2011-2014 2011 - 2012 Annual Update



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INVESTOR IN PEOPLE

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Safer Hillingdon Partnership Plan 2011-14

2011 - 12 Annual Up-date

Contents

- Chapter 1 Introduction - Sustainable Community Strategy**
- Chapter 2 Terms of Reference for the Safer Hillingdon Partnership**
- Chapter 3 Governance structure**
- Chapter 4 Objectives and action grid for 2011/12**
- Chapter 5 Allocation of resources**
- Chapter 6 Community Engagement Plan**
- Chapter 7 Review of performance in 2010/11**
- Appendix Annual Strategic Assessment 2011**

Chapter 1

Introduction - Sustainable Community Strategy

Introduction

Hillingdon Partners brings together local public, private, voluntary and community sector organisations to improve the quality of life for all those who live in, work in, and visit Hillingdon.

The Hillingdon Partners Executive develops a shared strategic vision to advance the social, environmental and economic well-being of the London Borough of Hillingdon.

In the current economic climate it is more important than ever that we focus on the things that matter most to local people.

Our priorities for Hillingdon

We have identified ten priority areas for the focus of our joint work. Our priorities are to:

- Promote community-based provision, prevention, independence, recovery and reablement.
- Develop prevention strategy for young people undertaking risky behaviours.
- Increase Housing supply - with appropriate infrastructure.
- Reduce re-offending.
- Promote sport and leisure.
- Maintain resident satisfaction levels.
- Increase access to employment apprenticeships and skills.
- Promote and invest in town centres.
- Maintain parks and green spaces; preserve greenbelt.
- Promote resident-focused recycling.

Theme Groups

Action to address the priorities will be delivered through five theme groups. In some cases, priorities are the responsibility of more than one theme group. All groups have a key priority to maintain the current high resident satisfaction levels.

Safer Hillingdon Partnership

The Partnership brings together agencies with responsibility for reducing re-offending, reducing the harm caused by alcohol and drugs, reducing antisocial behaviour and youth crime.

Priority areas

Reduce re-offending

Develop prevention strategy for young people undertaking risky behaviours

Maintain resident satisfaction levels

Hillingdon Children & Families Trust

The Trust brings together services for children and young people. The Trust has responsibility for improving the health and well-being of young people, focusing on risky behaviour groups.

Priority Areas

Develop prevention strategy for young people undertaking risky behaviours

Maintain resident satisfaction levels

Health & Wellbeing Board

The Board's purpose is to provide leadership and direction across agencies that deliver services to improve the health and wellbeing of people in Hillingdon.

Priority Areas

Promote community-based provision, prevention, independence, recovery and reablement

Develop prevention strategy for young people undertaking risky behaviours

Increase housing supply with appropriate infrastructure

Maintain resident satisfaction levels

Sustain, Renew & Prosper Group
The Group is responsible for overseeing economic and regeneration objectives, including promoting employment and skills and our approach to town centres.
Priority areas
Increase access to employment, apprenticeships and skills
Promote and invest in town centres
Maintain resident satisfaction levels

Strong & Active Communities Partnership
The Partnership aims to make Hillingdon a borough with strong and cohesive communities, where local people have real opportunities to take an active part in local life, leisure and culture
Priority areas
Promote sport and leisure
Maintain parks and green spaces; preserve greenbelt
Promote resident-focused recycling
Maintain resident satisfaction levels

The SHP Annual Plan is the Community Safety Strategy for the Borough.

An annual strategic assessment ¹ determines the priorities requiring attention and if existing ones are still relevant and important.

The priorities identified by the matrix were considered and discussed at the SHP Board meeting on 25 January 2011. As a result of these discussions the Board agreed that the following focussed list of issues should become the key priority areas for action over the coming 3-years:

¹ See Appendix

- **Reducing harm caused by alcohol and drugs**
 - Misuse of alcohol and drugs generates a significant amount of acquisitive crime (burglary, robbery, motor vehicle crime) and violent crime.
- **Reducing anti social behaviour**
 - The Stakeholder Survey suggests vandalism, misuse of alcohol and drugs, nuisance behaviour, flytipping, noise and graffiti should be the priority areas for action.
- **Reducing youth crime**
 - Addressing crime and disorder issues that affect young people as both victims and perpetrators. Many young people have identified public transport around school travel times as particular areas of concern (through both Stakeholder Survey and past Your Shout surveys).
- **Reducing re-offending**
 - Addressing reasons why some individuals or families have long histories of causing crime and/or anti social behaviour.

Detailed action plans for each objective in the plan contain specific actions for partner agencies (see chapter 4).

Reducing harm caused by alcohol and drugs

Develop interventions and pathways that divert clients admitted to hospital for alcohol-specific reasons into structured treatment.

Develop early interventions targeting harmful and hazardous drinkers, making best use of existing resources in community services and primary care.

Develop the quarterly alcohol scorecard in order to measure numbers of clients diverted from acute settings

Implement a Responsible Retailer Scheme

Increase successful outcomes of drug treatment

Conduct Home Fire Safety Visits in priority households

Reducing anti social behaviour

Establish mechanisms to deal effectively with ASB reported to the Council

Establish mechanisms to deal effectively with ASB reported to the Police

Ensure vulnerable residents are offered appropriate support to deal with the impact of ASB

Run a diversionary programme including Acceptable Behaviour Contracts

Create ASB intelligence products using the London Information Exchange System

Implement a Partnership ASB Communications Campaign

Reducing youth crime

Ensure the Safer Transport Teams are deployed around transit routes for young people

Ensure safe routes to and from school

Establish a new Youth Offending Strategy

Reduce the number of first time entrants to the youth justice system

Reducing re-offending

Maintain the crime reductions achieved prior to 2011/12

Increase the number of offenders brought to justice

Reduce the re-offending rate of offenders

Ensure the Domestic Violence Action Plan is up dated and reported to the DV Executive each quarter

Operate a Specialist DV Court

Operate a Multi Agency Referral and Assessment Conference system for DV

Several milestones in the partnership plan refer to other related action plans. The partnership plan is meant to be high level, with considerable detail deferred to the action plans for specific issues such as domestic violence, drug treatment plan, alcohol strategy, youth crime prevention plan and Youth and Connexions plan.

A summary of the partnership plan will be published on the council's web site.

For more information about the current position please contact the London Borough of Hillingdon Community Safety Team at communitysafety@hillingdon.gov.uk or 01895 277295.

Appendix 3: Re-offending Statistics from Blue Sky

Statistics provided by Blue Sky for Hillingdon Employees from start (2005) to January 2012:

Employees	90
Still on	6
Left	84
Onward jobs	51
Accredited training	61
CSCS	27
Driving Licence	12
Wamitab	6
Literacy	4
Numeracy	3
Spraying	2
Drink/drug driving courses	3
Health & safety	4
Total courses delivered	86
Re-offended	5
Recalled	2
Total left to recall/offending	7
Total no. PPO	8
Of these re-offended	4

Appendix 4:

Site Visit: Blue Sky

The Employment and Training Manager and the Senior Operations Manager, of Blue Sky welcomed the Working Group to a site visit at Blue Sky. The Senior Operations Manager is the co-founder of the organisation. Both are ex-offenders.

The Senior Operations Manager previously worked as the New Deal works supervisor for Groundwork Thames Valley and has much experience in the grounds maintenance sector. He worked for the Royal Parks for ten years, gaining industry knowledge and experience. His role is to ensure that contracts are delivered to the correct quality standards and to manage employee recruitment.

The Employment and Training Manager has previously worked for A4E as an Ex-Offender Community Liaison Officer and was responsible for the Hertfordshire caseload of ex-offenders. He also devised and delivered training in motivation and employment skills. He was a tutor in South Bank University where he taught literacy and numeracy to City & Guilds Level 3 and 4. He devised Family Learning programmes for parents and teachers to teach, using different learning styles. At Blue Sky, the Employment and Training Manager liaises with potential employers to identify job-opportunities for employees after their contract with Blue Sky ends. He mentors team-members and also devises and delivers vocational training programmes to prepare them to enter long-term employment.

It is stressed that more education is needed in prison to deter offenders from re-offending. It is noted that 10% of PPO's commit 80% of crime. Offenders need to distance themselves from certain friends that may keep them in the cycle of offending.

Blue Sky has a revolving door policy and track people for 2 years after they have left Blue Sky. It is noted that a lot of offenders will not tell people that they have numeracy or literacy problems and this may be reasons that prevent them from gaining employment.

Blue Sky gives offenders a 6 month contract, this 6 month contract is in place to give other people a chance to come on board the programme. The offenders that enrol on the programme need to be committed to change their life. Offenders are risk assessed before they are brought on the programme. Certain types of offenders will not be offered certain jobs and some offenders will not be enrolled on the programme. If offenders have a drug programme they would need to be clean before they start on a programme with Blue Sky. Incentives will be offered to help and achieve this.

The teams that work together at Blue Sky police themselves and support each other. The supervisor of the group is an ex-offender and a lot of peer support is offered to each other. 4/5 months into the Blue Sky programme employees are engaging into looking at alternative employment.

It is noted that 28% of all employees at Blue Sky have been homeless but will have some sort of address (e.g. shelter).

The usual type of employment that is offered is low skilled work and Blue Sky is looking into catering. This may increase the number of women employed and diversify the organisation.

Appendix 5: Glossary, References & Further Reading

Glossary

ASB	Anti Social Behaviour
CJIT	Criminal Justice Integrated Team
CNWL	Central North West London NHS Foundation Trust
CPS	Community Payback Scheme
CST	Community Safety Team
DAAT	Drug and Alcohol Action Team
DIP	Drug Intervention Programme
DRRs	Drug Rehabilitation Requirements
DV	Domestic Violence
DVIP	Domestic Violence Intervention Programme
DWP	Department for Work and Pensions
GP	General Practitioner
HAGAM	Hillingdon Action Group for Addiction Management
HAVS	Hillingdon Association of Voluntary Services
HDAS	Hillingdon Drug and Alcohol Service
HIDVAP	Hillingdon Independent Domestic Violence Advocacy Project
IAGs	Independent Advisory Groups
IDAP	Integrated Domestic Abuse Programme
IDAPA	Integrated Domestic Abuse Programme Accelerated
IOM	Integrated Offender Management
LAA	Local Area Agreement

LPT	London Probation Trust
LSP	Local Strategic Partnership
NEET	Not in Education, Employment or Training
NOMS	National Offender Management Service
MoJ	Ministry of Justice
MAPPAs	Multi-Agency Public Protection Arrangements
OGRS	Offender Group Reconviction Scale
PCC	Police Consultative Committee
PCT	Primary Care Trust
POC	Policy Overview Committee
PIANO	Providing Innovation And New Opportunities
PPOs	Prolific and other Priority Offenders
SLA	Service Level Agreement
SHP	Safer Hillingdon Partnership
TOM	Total Offender Management

Further Reading

- Reducing Re-offending by Ex-Prisoners; **Report by the Social Exclusion Unit**; July 2002
- Proven Re-offending Statistics Quarterly Bulletin, January to December 2009, England and Wales; **Ministry of Justice**; October 2011
- The Families Programme, Supporting workless families in London West; **Reed in Partnership**
- Working with the Perpetrators of Domestic Violence, Reducing the risks and saving money; **Domestic Violence Intervention Project**; January 2011
- An evaluation of the Diamond Initiative: year two findings; **Criminal Justice Partnership**; April 2011
- Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system; **Department for Health**; April 2009
- Sainsbury's Centre for Mental Health, **Securing employment for offenders with mental health problems**; September 2009
- Improving the financial capability of offenders, **Consumer Financial Education Body**; October 2010
- Criminal Justice, **Homeless Link**; April 2009
- The Government's Alcohol Strategy, **HM Government**; March 2012

References

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<http://www.blueskydevelopment.co.uk/>

<http://www.groundwork.org.uk/>

<http://www.justice.gov.uk/downloads/publications/statistics-and-data/reoffending/proven-reoffending-jan-dec09.pdf>

<http://www.london-probation.org.uk/>

<http://www.reedinpartnership.co.uk/media/97771/the%20families%20programme%20in%20london%20west.pdf>

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<http://www.dailymail.co.uk/news/article-2089729/Tens-thousands-commit-new-crime-month-receiving-caution.html>

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http://www.pret.com/pret_foundation_trust/pret_apprentices/introduction.htm

<http://www.virgin.com/richard-branson/blog/employing-more-ex-offenders>

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694

<http://www.communitycare.co.uk/Articles/28/07/2009/112199/sainsbury-centre-too-few-offenders-get-mental-health-orders.htm>

http://homeless.org.uk/sites/default/files/Criminal_Justice_briefing_FINAL_0.pdf

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Agenda Item 9

SOCIAL SERVICES, HEALTH & HOUSING POLICY OVERVIEW COMMITTEE REVIEW OF PERSONALISATION AND DISABILITIES WITH REFERENCE TO TRANSITION

Cabinet Member	Councillor Philip Corthorne
Cabinet Portfolio	Social Services, Health & Housing
Officer Contact	Charles Francis, Democratic Services
Papers with report	Social Services, Health & Housing Policy Overview Committee's review of 'Personalisation and Disabilities with reference to Transition'.

HEADLINE INFORMATION

Purpose of report	To receive the Social Services, Health & Housing Policy Overview Committee's report providing recommendations which address the progress made in delivering the new agenda for self directed support in the delivery of Social Care.
Contribution to our plans and strategies	This report contributes to the Transformation of Adult Social Care in Hillingdon which is part of the Adult Social Care, Health and Housing Improvement Programme.
Financial Cost	There are no additional financial implications flowing from these recommendations not already included within the 2012/13 MTFF agreed by Council in February. The allocation of an individual's personal budget is included within the department's revenue budget.
Relevant Policy Overview Committee	Social Services, Health and Housing Policy Overview Committee
Ward(s) affected	All.

RECOMMENDATIONS

That Cabinet:

1. Welcomes the report from the Social Services, Health and Housing Policy Overview Committee (as in Appendix 1) and note the general consensus it found in favour of the steps currently being taken to provide self directed support; and
2. Accepts the recommendations of the Policy Overview Committee report highlighted below, noting the officer comments on their implementation.

Policy Overview Committee Recommendations

- a) That Cabinet welcome the positive difference that personalisation is making to individuals lives within the borough.
- b) That Cabinet notes the Committee's endorsement of the depth and range of consultations undertaken by officers to develop personalisation in Hillingdon and concur these need to be concluded within an agreed timeframe so certainty can be provided to Service Users and Carers.
- c) That Cabinet notes the Committee's endorsement of the approach taken by officers to ensure personal budget review periods are sufficiently flexible to meet needs – i.e. address any problems encountered during a) transition and b) associated with a more creative approach to budgets to ensure that the support plans are sufficiently flexible thereby reducing potentially unnecessary interim reviews.
- d) That to ensure that service user's needs can be met as they change over time, Cabinet be requested to ensure a mix of buildings based and activities centred service provision is available.
- e) That Cabinet recognise that a range of appropriate supported living units are integral to the success of the reduction in traditional buildings based day services.
- f) That Cabinet request that Officers ensure that market co-ordination and the development of a commissioning marketplace is incorporated into existing officer roles and therefore within existing budgets.
- g) That Cabinet request Children and Families and Adult Social Care officers undergo training and development in order to promote a culture of service users choice that enables responsible, supported and shared decision-making so that reasonable, every day risks, can be taken with confidence, to achieve positive outcomes for the service user. This positive risk taking within a supported framework of safeguarding will introduce a cultural change to the way the Council has previously viewed safeguarding concerns
- h) That Cabinet request that Officers be asked to investigate those opportunities to improve processes (e.g. information sharing / transfer between Children and Families and Adult Social Care) to ensure a smooth transition for a) young people to adulthood and b) users of personal budgets
- i) That Cabinet be requested to endorse the approach taken by officers in developing a market portal to ensure that relevant up to date information regarding services / activities across the Borough are available for residents, support planners, and care managers to access and enable them to develop effective support plans.
- j) That Cabinet be requested to endorse the approach taken by officers to develop support planning within the Voluntary Sector to promote choice and control and encourage the move away from statutory services to more flexible solutions wherever appropriate.

- k) That Cabinet acknowledge the valuable work conducted by carers and that their essential contribution to the development of the personalisation agenda will be facilitated by a) a separate carer's assessment and b) separate targeted advice for carers.**

Reasons for recommendation

The recommendations are aimed at enhancing Hillingdon's approach to providing personal budgets. There is a government commitment to ensure that all Local Authorities provide personal budgets to all social care users by April 2013. Personalised budgets will have a significant impact on the delivery of all elements of social care and beyond. Enhancing the delivery of personalised budgets will enable Hillingdon's social care customers to make informed life choices and create a support plan specifically tailored to their needs.

Alternative options considered / risk management

The Cabinet could decide to reject one or more of the Committee's recommendations.

Supporting Information

1. The Committee chose 'Personalisation and Disabilities with Reference to Transition' as a review topic in 2011/12 to assess the progress which had been made since the 2009/10 review and to focus on ways of enhancing the customer journey for those service users with a disability and undergoing transition.
2. The aim of this review was to review the progress in delivering the agenda for personalisation in the delivery of Social Care with particular reference to a) Youth in Transition between Children's and Adult Social Care and b) supporting Adults with Disabilities to access non-traditional social care services through a personal budget.
3. The review took place between August 2011 and January 2012. Since the review concluded in January 2012, significant progress has been made and thirty percent of users now have a personal budget.
4. The Committee heard from numerous Council officers including, the Corporate Director of Social Care, Health and Housing, the Head of Audit and Enforcement and the Head of Transformation as well for the organisation Look Ahead, DASH, Hillingdon Carers, service users and carers.
5. The Committee's recommendations with officer comments on their implementation are listed below:
 - a) **That Cabinet welcome the positive difference that personalisation is making to individuals lives within the borough.**

Officers are working towards achieving greater choice and control for residents. Current projections show that the Department is on track to deliver its target of all service users receiving a personal budget by 2013

- b) **That Cabinet notes the Committee's endorsement of the depth and range of consultations undertaken by officers to develop personalisation in Hillingdon and concur these need to be concluded within an agreed timeframe so certainty can be provided to Service Users and Carers.**

Officers have sought feedback from a variety of user groups and will continue to do so on an ongoing basis to understand service users views and ensure that their requirements around personalisation are met. Delivering personalisation is both an interactive and learning process.

- c) That Cabinet notes the Committee's endorsement of the approach taken by officers to ensure personal budget review periods are sufficiently flexible to meet needs – i.e. address any problems encountered during a) transition and b) associated with a more creative approach to budgets to ensure that the support plans are sufficiently flexible thereby reducing potentially unnecessary interim reviews.**

Officers acknowledge that ensuring there is sufficient in-built flexibility will be key to delivering personalisation. Interim reviews may still need to be conducted but the need will be driven from the support planning requirements ie service user needs led rather than as a separate administrative process

- d) That to ensure that service user's needs can be met as they change over time, Cabinet be requested to ensure a mix of buildings based and activities centred service provision is available.**

Officers recognise that service user's needs will inevitably change over time. Innovation and support planning will be essential elements of an integrated approach to ensure a variety of suitable and relevant service provision is available to users.

- e) That Cabinet recognise that a range of appropriate supported living units are integral to the success of the reduction in traditional buildings based day services.**

Officers recognise that modernising services for vulnerable adults includes enabling people to live active and fulfilled lives and exercising a wider range of choice over daily living options including accommodation and day opportunities.

- f) That Cabinet request that Officers ensure that market co-ordination and the development of a commissioning marketplace is incorporated into existing officer roles and therefore within existing budgets.**

This is beginning to happen. Officers are taking the lead and personalised budgets are becoming an integral aspect of officers' daily roles.

- g) That Cabinet request Children and Families and Adult Social Care officers undergo training and development in order to promote a culture of service users choice that enables responsible, supported and shared decision-making so that reasonable, every day risks, can be taken with confidence, to achieve positive outcomes for the service user. This positive risk taking within a supported framework of safeguarding will introduce a cultural change to the way the Council has previously viewed safeguarding concerns.**

All Adult Social Care Teams have undergone personal budget and risk enablement training. Further training is currently being undertaken around support planning and positive risk taking. All Children's Social Care Teams will be undergoing personal budget and risk enablement training in 2012/13 as personalised budgets are introduced for disabled children.

- h) That Cabinet request that Officers be asked to investigate those opportunities to improve processes (e.g. information sharing / transfer between Children and Families and Adult Social Care) to ensure a smooth transition for a) young people to adulthood and b) users of personal budgets**

Officers recognise the need to work closely across Departments to ensure smooth transitions occur and to enhance the user experience.

- i) That Cabinet be requested to endorse the approach taken by officers in developing a market portal to ensure that relevant up to date information regarding services / activities across the Borough are available for residents, support planners, and care managers to access and enable them to develop effective support plans.**

Work to develop the market portal continues to progress and officers are currently focusing their efforts so that the market portal becomes the primary information source / route for Hillingdon residents.

- j) That Cabinet be requested to endorse the approach taken by officers to develop support planning within the Voluntary Sector to promote choice and control and encourage the move away from statutory services to more flexible solutions wherever appropriate.**

The Voluntary Sector are currently undergoing training (late March/early April) and will be commencing with service users support planning from mid-April.

- k) That Cabinet acknowledge the valuable work conducted by carers and that their essential contribution to the development of the personalisation agenda will be facilitated by a) a separate carer's assessment and b) separate targeted advice for carers.**

Officers are continuing to develop a resource allocation system (RAS) so that carers where appropriate can have a personal budget. A personalisation leaflet for carers is available but further advice and guidance is planned.

Financial Implications

There are no additional financial implications flowing from these recommendations not already included within the 2012/13 MTFP agreed by Council in February. 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?

The Committee's recommendations will provide a springboard for the Council to take those steps necessary to improve the delivery of self directed support for vulnerable adults.

Consultation Carried Out or Required

The Committee took evidence from external organisations, officers and experts as described in the attached report (see page 9).

CORPORATE IMPLICATIONS

Corporate Finance

Corporate Finance has reviewed this report and concurs with the financial implications as stated.

Legal

Under the Council's Constitution, the Cabinet has the appropriate powers to agree the recommendations proposed at the outset of this report. There are no other significant legal implications arising out of this report to bring to Cabinet's attention at this stage.

BACKGROUND PAPERS

None.

Personalisation and Disabilities with Reference to Transition

Report of the Social Services, Health & Housing Policy Overview & Scrutiny Committee



Members of the Committee

Cllr Judith Cooper (Chairman)
Cllr Peter Kemp (Vice Chairman)
Cllr John Major (Labour Lead)
Cllr Pat Jackson
Cllr David Benson
Cllr Sukhpal Brar
Cllr Wayne Bridges
Cllr Kuldeep Lakhman



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CHAIRMAN'S FOREWORD



First and foremost, our review highlighted the positive difference that personalisation is making and how increased choice and control is improving resident's daily lives.

This Committee previously looked at the Transformation Agenda in 2009/10 and specifically looked at three particular areas. These were:

1. *Best practice and the organisational learning from the national series of pilot studies conducted by In Control*
2. *Commissioning and Market Development*
3. *An assessment of Safeguarding and Monitoring practice and how this will need to change and adapt to meet new market conditions*

Our current review not only sought to examine the progress made in these areas, but also to consider how we as a Council are delivering personalisation for those persons with disabilities and those in the transition (16 to 19) age group. To address these key questions we took evidence from a wide variety of sources including services users and carers, feedback arising from the ongoing Officer consultations and the Disability Association of Hillingdon. We also listened to Hillingdon Carers and Look Ahead who shared their experiences about innovative care planning and how this could be safe and liberating for users. All these views were used to inform ways in which personalisation can be enhanced in Hillingdon.

My view is that the proposals in this review, together with the developments that Officers have already put in place, indicate that Hillingdon is on track to meet the Government target and deliver personalised budgets to all service users by April 2013. Reshaping services and delivering these in innovative ways will also ensure the Authority is better placed to address demographic change and the challenge posed by an ageing population.

Finally, on behalf of the Committee, I would like to thank the external witness who contributed to our review, and also the officers who advised on the main issues from the Council's perspective. I commend the report and recommendations to Cabinet.



Social Services, Health and Housing Policy Overview Committee

Summary of Recommendations

This review examines the progress made in the delivery of Social Care with particular reference to: youth in transition and supporting adults with disabilities. Following the evidence received, we make the following recommendations to Cabinet:

- 1. That Cabinet welcome the positive difference that personalisation is making to individuals lives within the borough.**
- 2. That Cabinet notes the Committee's endorsement of the depth and range of consultations undertaken by officers to develop personalisation in Hillingdon and concur these need to be concluded within an agreed timeframe so certainty can be provided to Service Users and Carers.**
- 3. That Cabinet notes the Committee's endorsement of the approach taken by officers to ensure personal budget review periods are sufficiently flexible to meet needs – i.e. address any problems encountered during a) transition and b) associated with a more creative approach to budgets to ensure that the support plans are sufficiently flexible thereby reducing potentially unnecessary interim reviews.**
- 4. That to ensure that service user's needs can be met as they change over time, Cabinet be requested to ensure a mix of buildings based and activities centred service provision is available.**
- 5. That Cabinet recognise that a range of appropriate supported living units are integral to the success of the reduction in traditional buildings based day services.**
- 6. That Cabinet request that Officers ensure that market co-ordination and the development of a commissioning marketplace is incorporated into existing officer roles and therefore within existing budgets.**
- 7. That Cabinet request Children and Families and Adult Social Care officers undergo training and development in order to promote a culture of service users choice that enables responsible, supported and shared decision-making so that reasonable, every day risks, can be taken with confidence, to achieve positive outcomes for the service user. This positive risk taking within a supported framework of safeguarding will introduce a cultural change to the way the Council has previously viewed safeguarding concerns**

- 8. That Cabinet request that Officers be asked to investigate those opportunities to improve processes (e.g. information sharing / transfer between Children and Families and Adult Social Care) to ensure a smooth transition for a) young people to adulthood and b) users of personal budgets**
- 9. That Cabinet be requested to endorse the approach taken by officers in developing a market portal to ensure that relevant up to date information regarding services / activities across the Borough are available for residents, support planners, and care managers to access and enable them to develop effective support plans.**
- 10. That Cabinet be requested to endorse the approach taken by officers to develop support planning within the Voluntary Sector to promote choice and control and encourage the move away from statutory services to more flexible solutions wherever appropriate.**
- 11. That Cabinet acknowledge the valuable work conducted by carers and that their essential contribution to the development of the personalisation agenda will be facilitated by a) a separate carer's assessment and b) separate targeted advice for carers.**

BACKGROUND

Overview: What is the Personalisation agenda?

The personalisation agenda is about giving people who require social care services more control in their lives. Empowerment enables people to make their own decisions and choose the support which best meets their needs.

Personalisation sees each person as an individual with their own strengths and preferences and particular set of circumstances including their support network / resources, family and friends. Each individuals' circumstances will dictate whether they have their own funding sources or be eligible for state funding.

As a result, every person who receives social care support from the Council or funded by themselves will be able to shape the services they receive irrespective of how they receive it. It is hoped that this will lead to social care working more effectively and providing better value for money through the creation of a more competitive marketplace.

Why is the Personalisation Agenda Important?

In a nutshell, the personalisation agenda is important as it represents a response to what people need. For example, people need:

- Access to information and support (quickly and easily)
- Services that respond to their cultural and religious beliefs
- More choice and control
- To be treated with dignity and respect
- To maintain their independence
- To receive support at an early stage to avoid a crisis response such as a stay in hospital.

It is also important to consider the context of the social care transformation. Significant advances in science and technology together with demography mean that an increasing number of people are living longer, but with more complex conditions such as chronic illnesses and dementia. The Government Paper, Putting People First¹ has suggested by 2022, 20% of the English population will be over 65 and that by 2027 the number of over 85 year-olds will have increased by 60%. Older people, disabled people and people with mental health needs demand equality of citizenship in every aspect of their lives and the vast majority of people value and want to live independently for as long as possible so it is clear a reassessment is required to meet the growing pressure on service provision.

¹ Putting People First – A shared vision and commitment to the transformation of Adult Social Care

To address these needs social care and wider local government services need to work with a variety of partners including the NHS, the voluntary, community and independent sector to harness the capacity of the whole system. To be successful, personalisation needs to shift the focus of care and support, across the spectrum of need, away from intervention at the point of crisis to a more pro-active and preventative model centred on improved wellbeing, with greater choice and control for individuals.

Delivery of the national policy agenda for personalisation

All Local Authorities in England are responsible for the delivery of personalisation, as initiated by ***Putting People First: A shared vision and commitment to the transformation of adult social care*** (Department of Health, 2007). This paper set out the expectation that all Local Authorities would transit to a service delivery model for adult social care that was anchored around the provision of choice and control to service users through personal budgets.

Following the completion of the Putting People First period, progress has been achieved locally and nationally. However, it is acknowledged there remains some way to go until the agenda has been fully implemented.

The Coalition Government has reiterated the importance of personalisation and expressed its support for the successor to Putting People First, the partnership document ***Think Local, Act Personal: A sector-wide commitment to moving forward with personalisation and community-based support*** (January 2011).

In addition to this, the Government published ***A Vision for Adult Social Care: Capable Communities and Active Citizens*** (November 2011). The vision builds on the Government's commitments to:

- Break down barriers between health and social care funding to incentivise preventative action;
- Extend the greater rollout of personal budgets so that by April 2013 all social care users are in receipt of one; and
- Use direct payments to carers and better community-based provision to improve access to respite care.

A White Paper for Adult Social Care is planned for Spring 2012, which will set out further requirements for the delivery of personalisation, as well as measures for the future funding of long-term care and support.

Supporting Youth in Transition

A number of young people receiving Children's Services, including young people with disabilities and mental health problems, continue to need services when they are adults. This involves transferring responsibility for assessing needs and providing services from Children's Services to Adult Social Care. The process of transfer is referred to as Transition.

Personal budgets for young adults (16-19) provide a number of opportunities for support at an important point in their lives. Traditional social care services such as buildings-based day support, home care and residential care are often inflexible support solutions. Nationally, adults with learning and/or physical disabilities have a proportionately higher take-up of personal budgets than other care groups, as they are a way of accessing more personalised support packages.

Supporting social care service users to access non-traditional services through a Personal Budget

The total number of Personal Budgets delivered by councils across England **doubled in the last year to 339,000 in March 2011**. In March 2010 168,000 were being delivered and in March 2009, 93,000.

One third of approximately 1 million eligible people supported in community settings by English councils therefore now receive a personal budget, and half of these people are over 65 years of age. The rate of increase in personal budget delivery was much faster in the 2nd half of 2010/11 (rising by 100k) than the first (70k increase), indicating that the move to personal budgets is picking up speed.

Nearly all of the increase has been in 'managed' personal budgets, with no significant increase in direct payments numbers in the last year. The challenge nationally and in Hillingdon is to support increases in the number of individuals accessing direct payments, as this is the primary means of accessing non-traditional social care services such as Personal Assistants and integrated day opportunities.

The National Personal Budget Survey 2011 indicates that service users with direct payments report more positive outcomes than those with managed personal budgets,

The development of a market in non-traditional service providers, such as Personal Assistants, will be a key prerequisite of an effective system for personalisation.

Previous Review: The Transformation Agenda and Direct Payments in Hillingdon 2009/10.

The Social Services, Health and Housing Policy Overview Committee undertook a review of The Transformation Agenda and Direct Payments in Hillingdon 2009/10. This report proposed the following recommendations:

- 1. To note the implementation of the personalisation agenda will not change the eligibility criteria for those seeking adult social care.**
- 2. That Officers be requested to develop a comprehensive marketing strategy to ensure universal information, advice and guidance is available to all adults in need of adult care services.**
- 3. That Officers be requested to work in partnership with external organisations, and in particular within the West London Alliance when commissioning services, to deliver best value through economies of scale, whilst maintaining quality of service.**
- 4. That Officers be requested to ensure that at each stage of developing a personal budget for an individual, as well as reviewing the effectiveness of services purchased using this budget, the potential for abuse or exploitation is identified and minimised.**
- 5. That Officers ensure robust safeguarding and monitoring systems are in place that respond quickly and in a timely manner in order to protect clients, carers and providers from instances of abuse to avoid the Council potentially becoming liable for the acts or omissions of the service provider.**
- 6. That the Committee revisit this topic in 12 Months time to assess the progress made by the Council and for the Officer report back to the Committee to include any cases where there have been allegations of abuse within the pilot schemes.**

All the recommendations were accepted by Cabinet on 18 March 2010.

THE CURRENT REVIEW

The current review not only reflects on the progress which has been made in key areas such as market development, commissioning and safeguarding, but also examines the specific progress in delivering personalisation to youth in transition and adults with disabilities.

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OBJECTIVES

The main objective of the review was to review the progress in delivering the agenda for personalisation in the delivery of Social Care with particular reference to:

1. Youth in Transition between Children's and Adult Social Care
2. Supporting Adults with Disabilities to access non-traditional social care services through a Personal Budget

The review will inform the delivery of the personalisation agenda in Social Care, Health & Housing, which is part of the Business Improvement Delivery (BID) Medium Term Financial Forecast (MTFF) transformation programme. There will be linkages and implications relating to the commissioning of services.

The **Terms of Reference** of the review were as follows:

1. To monitor the progress in developing personalisation in the two areas above.
2. To understand the issues relating to social care service provision for the Disabilities and Transition client groups.
3. To identify opportunities to develop innovative options in the provision of services.
4. To make recommendations that will help officers and partners undertake effective monitoring and safeguarding.
5. To make recommendations to Cabinet/the Cabinet Member to address any issues arising from the above investigations

Supporting the Cabinet & Council's policies and objectives

Personalisation is a core part of the "Improving Health and Wellbeing" theme of the Hillingdon Partners Sustainable Community Strategy. It is also integral to the Health and Wellbeing Strategy for the borough.

The delivery of personalisation is central to the Social Care Health and Housing (SSCHH) Business Improvement Delivery (BID) Medium Term Financial Forecast (MTFF) programme and a modern and effective social care service.

To achieve the above objectives, Members held four meetings on 31 August,

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12 October, 8 November and 8 December when a series of reports and evidence were received to assist Members in formulating the review's findings.

The information, evidence and findings of the review are set out in the next sections under the following headings:

1. Information and analysis
2. Evidence and enquiry
3. Recommendations

INFORMATION AND ANALYSIS

The review's first meeting took place on 31 August 2011 when the Head of Transformation provided Members with an overview of the recent progress made in the personalisation agenda since the last review. This update also included information on a number of training and development work streams which were currently underway.

As a result of the initial meeting Members identified a number of key issues which the review would examine:

- Delivery of the personalisation agenda in Hillingdon
- The customer journey for Youth in Transition
- Views of customers who have accessed the service
- Increasing access to Direct Payments
- Increasing access to non-traditional community services
- Developing the market for personalisation
- A safety net for those not able to maximise their opportunities

To enable Members of the Social Services, Health and Housing Policy Overview Committee to have a greater understanding of the personalisation agenda, a background material was provided to the Committee to give it further insight into the key issues. This included:

Personalisation Agenda – background documents

Vision for Adult Social Care –

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508

Think Local, Act Personal Partnership Agreement -

http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/THINK_LOCAL_ACT_PERSONAL_5_4_11.pdf

National Personal Budgets Survey –

<http://www.incontrol.org.uk/media/92851/national%20personal%20budget%20survey%20report.pdf>

10 Questions To Ask If You Are Scrutinising the Transformation of Adult Social Care -

<http://www.cfps.org.uk/what-we-do/publications/cfps-health/?id=111>

Issues facing Youth in Transition – information resources

Transition Information Network – a website for parents, carers and people who work with and for disabled young people in transition to adulthood.

Transition Support programme – website for the National Transition Support team for disabled children

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EVIDENCE & ENQUIRY

For the witness sessions held on 31 August, 12 October and 8 November and 8 December 2011, the review received evidence from:

- Linda Sanders – (Corporate Director of Social Services, Health and Housing)
- Neil Stubbings – (Deputy Director of Social Services, Health and Housing)
- Helen Taylor – (Head of Audit and Enforcement)
- Gill Vickers (Interim Head of Transformation – out going)
- Helen Miller (Interim Head of Transformation – in coming)
- Sharon Townsend – (Head of Disability and Mental Health Services)
- Gary Collier - (Commissioning Service Manager)
- Jody Hawley – (Customer Engagement Manager)
- Chris Hampson – Look Ahead, Executive Director of Strategy, Performance and Operations
- Colum Friel – Look Ahead, Head of Operations Mental Health Services
- Ceri Sheppard – Look Ahead, Transformation Manager
- Angela Wegener Chief Officer, DASH
- Claire Thomas, Chief Executive, Hillingdon Carers
- Witness A, a service user and their carer
- Witness B, a service user and their carer
- Witness C, a carer

A general summary of the issues arising from those witness sessions are included as Appendix 1 to this report.

This report integrates the information provided by officers with the findings from the witness sessions and addresses each of the terms of reference in turn.

1. What progress has been made in developing personalisation with particular reference to a) Youth in Transition and b) supporting adults with disabilities?

Demographic information

In August, the Committee were informed that at the end of Quarter 1 2011/12, 21.3% of people accessing community services received a personal budget [based on full year figures].

Snapshot information as at 11th August 2011 indicates that 1,038 users were accessing a personal budget or a direct payment. 703 have been through an SDS process, of which 335 have accessed a direct payment.

Service users aged 18+ receiving direct payments and/or self directed support at 11 August 2011

Service	Ethnic Group	Male	Male	Female	Female	Total Persons
		18-64 Years	65+ Years	18-64 Years	65+ Years	
Direct Payment	Asian	14	10	31	31	86
Direct Payment	Black	5	3	15	5	28
Direct Payment	Chinese or Other Ethnicity	3	1	4	4	12
Direct Payment	Mixed	1		3	1	5
Direct Payment	Refused to disclose			1		1
Direct Payment	White	37	21	92	53	203
SDS	Asian	20	24	21	31	96
SDS	Black	6	6	6	7	25
SDS	Chinese or Other Ethnicity	4	4	2	4	14
SDS	Mixed	1	1	1		3
SDS	Refused to disclose		1			1
SDS	White	54	129	66	333	582
Total Persons		144	198	238	458	1038

Of these clients, just under 200 people with disabilities currently have a direct payment/personal budget. At present, there are 20 younger people aged between 16 - 19 years in receipt of a direct payment.

The Committee heard that in the period 1 Oct 2011 to 31 December 2011, there was an increase of 126 people in receipt of a self-directed support service and percentage increase had changed from 23% to 24% of people receiving an adult social care service in receipt of a self-directed support service. Officers reported that they expected the percentage take-up of service to increase as Self Directed Support is extended.

Based on the progress made during the course of the review and the experiences of service users, the Committee recommended:

That Cabinet welcome the positive difference that personalisation is making to individuals lives within the borough.

Personalisation – Position Statement and Update (since the 2009/10 review) -

Phase 1 (*Personal Budgets for people with learning disabilities, people with physical disabilities and older people*)

Phase 2 (*Personal Budgets for people with mental health issues and Carers*)

At the outset of the review, the scoping report suggested that the Resource Allocation System Phase 1 (*Personal Budgets for people with learning disabilities, people with physical disabilities and older people*) would be launched on 1st November 2011 and would include the necessary updates to system and operational processes to support this.

The intention of the launch included the introduction of payment cards (which operates like a debit card) so that personal budget holders could buy services from providers or get cash to pay for their needs. At the time, Officers explained that the cards had already been trialled and a group of 26 volunteers would be trying out the payment cards from a personal budget perspective in the next few weeks.

The scoping report also suggested that Resource Allocation System Phase 2 (*Personal Budgets for people with mental health issues*) would launch on 1st January 2012. Integral to this approach would be Carers who would also receive personal budgets to ensure their needs were clarified and avoid mix-up with service user needs.

The scoping report explained it was anticipated that two projects would be running alongside these phases to support full personalisation. These included:

1. Tiered case allocation system - a review and realignment of staffing skills mix;
2. Development of the marketplace – involving commissioners working with independent and voluntary organisations to provide services based on number of people rather than blocks of service - (*see later in the report*).

During the course of the review (between August and December 2011), the Committee were informed that the implementation of Phase 1 had moved from November 2011 to January 2012 and Phase 2 had changed from

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January 2012 to possibly June 2012. Officers explained these timescales had been revised because:

1. Further work was required to update the IAS Information Technology system to ensure there was more robust support of the Personal Budget process.
2. An initial pilot for the pre-payment card identified functionality issues with the Citibank card not having the functionality to pay personal assistants in a cashless manner.
3. Work conducted by the Customer Engagement Team with Members also identified a range of issues (such as payment and safeguarding concerns) which were used to inform and training and development processes for staff.
4. An outsourced provider with significant adult social care experience had been brought in to continue the pilot bringing an improved functional solution.

During the October witness session, the Look Ahead organisation suggested that one of the key barriers to the adoption and development of personalised budgets was the risk aversion mentality of many Local Authorities and in particular the safeguarding concerns which were prevalent in managing cash for clients with either disabilities or mental health needs. The Committee heard that it was essential to develop a new organisational mindset which was less risk averse and this freedom would enable the commissioning market to truly develop. To ensure this was the case, the Committee requested that the necessary steps be taken to encourage cultural change to occur:

That Cabinet request Children and Families and Adult Social Care officers undergo training and development in order to promote a culture of service users choice that enables responsible, supported and shared decision-making so that reasonable, every day risks, can be taken with confidence, to achieve positive outcomes for the service user. This positive risk taking within a supported framework of safeguarding will introduce a cultural change to the way the Council has previously viewed safeguarding concerns

The November witness session (attended by the Chief Executive of Hillingdon Carers) also affirmed how important it was to pursue further work with Carers and specifically to address the disjunction between the policies for service users and carers. The Committee heard that the current literature on assessments and the types of help which might be available did not explicitly state *the level of anticipated support would be means tested*. It was also significant that it was unclear that there was no absolute entitlement to a Carer's assessment. The Committee agreed it was important to highlight the valuable role played by Carers in delivering the personalisation agenda and that it was necessary to ensure information about Carer's Assessments were both clear and readily available:

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That Cabinet acknowledge the valuable work conducted by carers and that their essential contribution to the development of the personalisation agenda will be facilitated by a) a separate carer's assessment and b) separate targeted advice for carers.

Pre-paid Cards

The Committee heard that pre-paid cards were central to the delivery of personalisation. Direct payments onto a card rather than into a bank account allowed:

- a secure and convenient alternative to carrying around cash.
- a controlled spending tool, with a full transaction history available
- improved processing costs and times.

Pre-paid cards allow the allocation of the appropriate funds to the nominated cards effectively and efficiently, 24 hours a day. The diagram below illustrates how transactions and the associated technology have evolved over time. The right hand column underlines the advantages associated with the latest pre-payment cards.

Traditional Invoiced Accounts	Direct Payment Bank Accounts	Outsourced Budget Management Services
<ul style="list-style-type: none"> • Paid Gross • Risks • Debt potential • Inaccurate invoicing • Labour/system intensive • Needs expensive monitoring system • Delays in payments • Customer complaints • Provider complaints 	<ul style="list-style-type: none"> • Paid Gross/Net • Requires individual separate bank account • Risks with cash • Loss of funds to LA • Inefficient reclaim • Higher risk of fraud • Difficult to collect info on spend • Labour/system intensive • Manual records • Additional Burden on PB holder/family 	<ul style="list-style-type: none"> • Paid Net • Card order guaranteed • Funding account • Reduced risks • Improved reclaim • Management info • Improved audits • Safer/No loss of funds • Less debt potential • Immediate closedown • Automated records • Simple and easy to use • Telephone support

The Committee heard that due to the limited Banks Automated Clearing System (BACS) functionality of the Citibank card, the timescales for pilot had been extended. During the October meeting, the witness explained that they had been unable to use the card so alternative solutions had to be found. To

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improve the functionality of the card, officers explained that further piloting would take place in February 2012.

Personalisation Development Targets

Hillingdon's targets are based on national targets – which are 30% of service users are to be operating personal budgets by 2012. Officers reported that they were optimistic these would be achieved. The Committee heard that many councils had claimed they had exceeded these targets however there are other councils who are in exactly the same position as Hillingdon. Officers explained the national target for 2013 was to ensure all eligible service users had a personal budget in some form. The Committee was pleased to learn that officers thought this was a realistic target and work streams were on track to achieve this.

Officers explained that to achieve these targets, they would be looking at a variety of innovative options in addition to current service provision (e.g. day services). However, the Committee heard that based on experiences elsewhere, the process was going to be gradual. To date, many councils had found that alternative services per se actually were not required – rather than look to traditional solutions, officers had found through experience that it was about the imaginative use of existing community resources and what was available to the community generally at large.

How will personalisation deliver efficiencies?

The key goal of personalisation is to deliver increased choice, control independence and dignity. However, there are opportunities to deliver efficiencies by releasing funds tied up in building based services e.g. like day centres, which could then be utilised to meet the needs of more service users.

Alongside this strategy it would be possible to look at existing supported living units with a fresh approach and find innovative ways of using communal facilities to provide services. The Committee accepted there was a strong case to examine how existing facilities could be used differently, but Committee were concerned that steps would be required to ensure residents were aware that communal facilities might be opened to non-residents.

Officers acknowledged that they would need to investigate the terms of tenancy agreements as currently the use of communal areas was dictated by the clauses within the agreement and may not identify that additional organisations or persons not living in the supported housing unit are able to use these areas.

It was noted that the number of individuals with disabilities and older people was growing and personalisation was seen as a practical way to address the

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increasing demand on social care. However the way in which personalisation is implemented needs to be efficient.

The Committee heard that in the long term there were no additional costs anticipated at this stage but in the short to medium term there would be costs associated with implementation. It was noted that these costs were supposed to be covered by the transformation grant so councils could in effect 'break even' but in many cases this often hasn't happened.

2. What are the key issues relating to social care provision for these client groups?

There was general consensus amongst the witnesses that the journey into adult life for any person was a time of profound psychological and social change and as a result, was a challenging time for most young people and their families. It was noted that for those young people with disabilities, important changes in the care they need and the ways in which that care was provided, often made this transition period more difficult. One of the findings from the DASH's Transitions Project was that a person's age (as well as disability) was also very significant. DASH had found that service user's levels of expectation was significantly higher the younger they were and one of their key concerns was the desire for work experience. Witnesses also explained that the role of the young person in managing their disability was also likely to change. Often they would want to take a more proactive role and learn to be more independent of their parents.

The Committee highlighted that some groups might need a period of experimentation while they found the best way of using a personal budget. The Committee suggested that one way of doing this might be by offering the service user the opportunity to "try before you buy" so they could make an informed assessment about whether the service provision met their needs.

It was therefore suggested that a flexible approach over time which allowed for longer support and closer monitoring would be advisable to ensure they could maximise their potential and the value of their personal budget as much as possible. With these points in mind, the Committee thought it was important to recognise that user's needs would change over time and that innovative options would need to be available so that informed choices could be made:

That to ensure that service user's needs can be met as they change over time, that Cabinet be requested to ensure a mix of buildings based and activities centred service provision is available.

The Committee were aware that historically, many young people and their families had found it difficult to access the help and support they required from health and social services which were needed at this time. If the services provided fell short of their needs, their health might well suffer. For those who plan health and social services, a key challenge centred on ensuring there was continuous care through the transition from child to adult services. It has been shown that continuity of care enhances the effectiveness of the care and improves outcomes, as well as helping to minimise the uncertainty and distress for young people and their families.

During the transition phase young people, their families and those providing care are faced with a number of challenges. Although this list is not exhaustive, some of the key issues include:

- Maintaining lines of communication between services and professionals
- Assisting the younger person to develop as an individual, into a person who can take ownership in his or her own care to the maximum of their ability
- Continuity of care can break down at several levels – vital information can be lost during the transition phase if departments do not transfer records or there is a delay to the information transfer.
- Losing contact with key workers with whom the young person and their family has built up a significant relationship
- In some cases, the care provided for adults may be less proficient than the care which the young person has been used to receiving from children's services.
- Understanding the often complex issues about who provides and the funds the care. Both during and after the transition, and the point at which a young person is ready and able to transfer to adult services.
- Managing relationships between the young person and their families and peers as it is impossible to separate their physical, social and emotional development from transition.
- The way in which the every person will react differently to the changes they face. Whereas some will want to take ownership themselves and break free from the control of their families, others may rebel against their circumstances, their condition and those providing care.
- Healthcare and Social Services professionals will need to balance the young person's wish and ability to take control, with their safety, the quality of care they receive and the needs of their family.

As a result, it is essential that care providers identify the key issues for each particular group of young people and their families, integrate these issues into the respective care plans and ensure there is sufficient flexibility to resolve these:

That Cabinet notes the Committee's endorsement of the approach taken by officers to ensure personal budget review periods are sufficiently flexible to meet needs – i.e. address any problems encountered during a) transition and b) associated with a more creative approach to budgets to ensure that the support plans are sufficiently flexible thereby reducing potentially unnecessary interim reviews.

How realistic is it to have 100% clients on self directed support? What proportion of people say they'd prefer a managed budget, and why?

Officers explained that all service users would receive a budget based on FACE Resource Allocation System (RAS)². How each service user chooses to implement will vary; initially it is anticipated that most will want a managed budget due to the fear that doing it for yourself is more difficult / more time consuming or simply just different from what they are used to. However, this apprehension is likely to diminish over time as individuals see what others are doing with their budgets, learn from their experiences and begin to see the choice and flexibility it provides and how easy it can be to manage for themselves. Pre-paid cards will be easier to manage and using these will help determine whether true³ or mixed⁴ are used as opposed to managed⁵. The development of voluntary sector support planning (discussed in greater detail later in the report) will also evolve which will provide greater resources, assurance and assistance to service users during the support planning phases of personalisation.

Service Users Involvement to develop personalisation in Hillingdon

² The monetary amount for a Personal Budget will be calculated using an automated Resource Allocation System (RAS) developed by a company called FACE. The FACE RAS uses algorithms to allocate the funds that LBH has available according to needs identified during assessment. The RAS algorithms are based on data collected nationally and fine-tuned for LBH demographics and resources. The RAS generates an Indicative Personal Budget i.e. an indicator – in monetary terms – of the maximum amount available to support an individual's eligible social needs.

³ **A 'true' or 'full' Personal Budget** is where an individual is paid the monetary amount of the personal budget.

⁴ **A 'mixed' Personal Budget** is where an individual has some needs met by services arranged and paid for by the Council and the remainder of funds available for their needs paid to them

⁵ **A 'managed' Personal Budget** is where no payment is made to the individual. The Council arranges and pays for services to meet eligible needs of an individual.

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The Committee heard that a number of consultations had taken place, were planned or ongoing and it was important that these were not extended indefinitely as it would increase uncertainty amongst service user, their family and Carers:

That Cabinet notes the Committee's endorsement of the depth and range of consultations undertaken by officers to develop personalisation in Hillingdon and concur these need to be concluded within an agreed timeframe so certainty can be provided to Service Users and Carers.

Officers explained that a number of Strategic (Service User) Groups had received multiple presentations on personalisation and proposals to change existing services. The Committee welcomed the news that the comments made in these events had been included in the consultation summaries and responded to by the relevant services:

- Older Persons Assembly OPA and steering group
- Black and Minority Ethnic Elders Forum
- Disability Assembly and steering group
- Partnership Board (previously Valuing People now Group)
- Learning Disabilities Forum

The Committee heard that a Personal Budget Service User Group (this group was currently being set up). The draft Terms of References circulated for comment propose:

Purpose:

- To give people who are in receipt of a Personalised Budget the opportunity to share their views on how Personalised Budgets are working in Hillingdon
- To develop outcomes and agree ways to measure Personalised Budgets and review progress
- To support the value, purpose and principles of Personalised Budgets
- To review the guidelines for Personalised Budgets
- To work with Government and key agencies outside of the User Group to support delivery of Personalised Budgets

Further information was provided on the following events:

1. Service User Event - 17 August 2011

To discuss issues that relate to current policies and procedures with Direct Payments and to gather feedback to help officers ensure Personal Budgets are developed and delivered with the expert experience of Service Users. The purpose of the event also included to discuss and promote the use of the pre-paid cards and confirm the Council's intentions. This event was attended by

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over 30 users, chaired and facilitated by Cllr Kemp and the comments provided have been used to improve the way the Council are working.

2. Service User Event - 23 February 2012

A follow up event is scheduled to give service users the opportunity to tell officers if the actions taken as a result of the meeting held in August 2011 have improved service users experience and whether there are any outstanding issues remaining.

Engagement/consultation to inform commissioning intentions December 2010 to January 2011

Personalisation aims to provide service users with more choice and control over the services they require. Traditionally, this has been provided across a range of provision including buildings based services. Day care provision was reviewed with a view to modernise services to better reflect the personalisation agenda and ensure the most effective use of council resources. From December 2010 to January 2011, 197 service users and carers spoke to Community Peer Researchers, either face to face or over the telephone. This gave them the opportunity to share their concerns, tell the Council what they needed officers to do to support them through the modernisation of services and enable officers to provide an overview of personalisation and the wider agenda. The journey of young people through transition from children and families to Adult Social Care Services was an important aspect of these discussions. The surveys were designed to give respondents the maximum opportunity tell the Council what was important to them and for this reason the majority of the questions were open ended:

That Cabinet recognise that a range of appropriate supported living units are integral to the success of the reduction in traditional buildings based day services.

That Cabinet request that Officers be asked to investigate those opportunities to improve processes (e.g. information sharing / transfer between Children and Families and Adult Social Care) to ensure a smooth transition for a) young people to adulthood and b) users of personal budgets

Strategic Engagement/consultation that relates to commissioning intentions (ASC Personalisation and Commission Plan and Disabilities Commissioning Plan) September to December 2011

The table below shows all of the engagement/consultation that relates to the ASC Personalisation and Commission Plan and Disabilities Commissioning Plans. This engagement specifically talks about personalisation and the

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specific role of personal budgets. The views and opinions of over 300 individuals have been taken into account, including:

- service users
- carers
- service providers who work with relevant groups including
- the Disabled Association for Hillingdon
- Age UK
- the Local Involvement Network
- the Association for Multiple Sclerosis
- The Stroke Association
- Hillingdon Centre for Independent Living
- Ear4U and Perfect Start.

Date w/c	Consultation Activity
w/c 26 Sep 11	Key themes and frequently asked questions documents published
w/c 26 Sep	Easy read version of key themes and frequently asked questions published
3 rd October	Disabilities Commissioning Plan published on the 'Have Your Say' web pages with email link sent to over 900 stakeholders
5 th October	Consultation with Council staff affected by the proposals
7 th October	Information presented at the Learning Development Provider Group
7 th October	2 consultation meetings with Council staff affected by the proposals
14 th October	All carers/service users written to with information on how to access the information on line and how to request a paper copy
10 th October	Consultation with the Disability Assembly (92 people attended)
18 th October	Consultation with the Learning Disability Service User Forum – key themes presented in easy read version (30+ people attended)
20 th October	Consultation with the Adult Learners with Difficulties and Disabilities Forum – key themes presented in easy read version (20+ people attended)
25 th October	Consultation with Partnership Board / Valuing People Now Group – key themes presented in easy read version (15+ people attended)
1 st November	Consultation with the Parent Carer Reference Group
9 th November	Parent-Carer meeting at the Phoenix Day Service
10 th November	Special meeting of the Disability Assembly to discuss key themes from disabilities plan (120+ people attended)
16 th November	Service user meeting - Woodside Day Centre
17 th November	Parent-Carer meeting - Woodside (23 people attended)
18 th November	Service user meeting - Charles Curran House
21 st November	Parent-Carer meeting - Parkview (9 people attended)
22 nd November	Parent-Carer meeting - Charles Curran (17 people attended)

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Date w/c	Consultation Activity
22 nd November	Service user meeting - Phoenix Day Centre
23 rd November	Carers Meeting (35 people attended)
22 nd December	Meeting with Parents and Carers of children in Transition (51 attended)

Service Users Involvement to develop personalisation in Hillingdon - Outcomes

Committee Members attended several of the engagement activities and heard that Service Users and Carers had been given the opportunity to provide the Council with their views on personalised budgets. Based on the feedback from the service user involvement activities which included events, face to face interviews and phone interviews the Committee were pleased to learn that a number of positive themes had emerged in relation to what personal budgets had enabled some people to do including:

- Have increased independence in their lives
- Recruit and employ staff, leading to a greater continuity of staff
- Employ people who have the right skills and training to meet their identified need
- Enable access to universal services such as community activities, libraries, swimming and other leisure services
- Encourage the development of services and support being offered in the community that may not have been available before
- Provide access to employment
- Provide access to training and education
- Enable people to have travel training with a view to achieving independent travel (where possible)
- Pay for specialist services that may not be offered in the London Borough of Hillingdon
- Pool money to create greater economies of scale

In Look Ahead's experience, they had found that service user's experiences with personalised budgets had been mixed. They agreed the innovative uses of personalised budgets had been beneficial to service users and cited a case where a client had chosen to spend part of their allowance on attending 'gigs' for increased social interaction. At the other end of the spectrum, there had of course been some cases where a personalised budget had not markedly changed a service users circumstances.

The Committee heard that many DASH users felt empowered and more confident when they attended activities with limited assistance. Members heard that assistance with travel training and learning how to use mobile telephones were important skill sets to allow service users to assert their own independence.

3. Opportunities to Develop Innovative Options in the Personalisation of Services (examples of how the Authority are working with providers and partners)

During the course of the review, the Committee learnt that officers had run several training sessions to ensure providers and partners had a core understanding of personalisation. Officers explained that they were about to begin a support planning pilot with the voluntary sector to increase awareness of what assistance service users might need. In addition, officers reported that they were aware that service providers would require support, and so as part of developing marketplace, officers would be taking steps to identify what further assistance providers would need.

Developing the Voluntary Sector

Support Planning by the Voluntary Sector

Support planning refers to the planning, organisation and management of a person's Personal Budget and support package. The support planning process encompasses a number of key tasks people need to consider when directing their own support; how best to use a personal budget to meet persons eligible need and desired outcomes; to design and cost a plan to meet the Council's authorisation requirements. Following authorisation of the plan services these are then purchased to meet the identified need and outcomes stated in the plan this part of the process is called support brokerage. A range of ways of providing support planning will be available, one of which will be through the West London Alliance.

The West London Alliance (WLA)⁶ is confident that provider organisations have the ability and skills to deliver an innovative model of support planning which will improve outcomes for service users. The key question is how to ensure the operating model will ensure best possible value. The WLA Framework has a robust outcomes based Support Planning Service Specification to ensure that this happens but to gain some invaluable early learning. A Voluntary Sector Planning Pilot for 6 months is being planned in order to establish proof of concept and suitability of external support planning to deliver improved customer experience and outcomes. The pilot will provide a solid platform for the implementation of the external support planning process utilising the WLA framework which will be available from May/June 2012 onwards.

Pilot outline:

1. The pilot has a value base rooted in Person Centred Planning and will follow

⁶ The West London Alliance (WLA) was formed in 1998 and includes the London Boroughs of Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon and Hounslow. This aims to promote the economic, environmental and social well being of the West of London community.

- the principles Self Directed Support promoting greater choice and control.
2. The pilot will involve 20 service users including older people and people with a physical and/or a learning disability.
 3. The pilot will go live in March and consist of individuals from the voluntary sector who wish to gain more experience in support planning and are willing to volunteer to be part of the initial pilot that LBH will conduct.
 4. LBH will engage a Supporting Planning Expert who will train, support and provide challenge to the volunteers to ensure they are supporting and facilitating service users to develop the skills and confidence to manage as much of the Support Planning process themselves.
 5. The pilot approach will promote and actively encourage service users to maximise their ability to produce, control and direct their own plan by developing local support planning resource to compliment national resources, for example Peer Support.
 6. An important aspect of this will be to ensure that the support planning approach and process has integral to it contingency analysis / planning and ensures that in every case the service user has robust fallback options. All support planning will consider any potential risk associated with activities outlined in the plan.

The Committee agreed with officers views that a combination of the innovative use of the voluntary sector and innovative commissioning was required if the market was to develop at a quicker pace:

That Cabinet be requested to endorse the approach taken by officers to develop support planning within the Voluntary Sector to promote choice and control and encourage the move away from statutory services to more flexible solutions wherever appropriate

Developing the marketplace to support personal budgets

Developing the market place is essential. To stimulate this and address the under development of the current commissioning market place, the Look Ahead representative explained that ensuring the market developed and there were sufficient market coordinators in place was one of the greatest challenges facing all Local Authorities. Officers agreed that ensuring support plans were up to date and were flexible was also key to developing the marketplace so that the market could grow in response to clients changing needs. It was recognised that new models and approaches for meeting respite care needs would be likely to develop from the implementation of personalisation.

Developing and launching suitable activities within the community that Hillingdon residents could choose as viable alternatives to current day centre services was becoming critical as personal budgets start to roll out in mid January 2012. There have been several presentations and user group

sessions; however current officer thinking was now focused towards coordinated action leading to tangible results.

The following key issues and questions will need to be addressed

during the planning phases: How do residents know what they really want? In the past there was little choice and residents only know what they have experienced to date; day centres and other council managed services. How will I know what I want unless I can try different things then choose? What is the point of choice if there are only limited options or the current options aren't close to where I live?

The next stage is to trial a marketplace development initiative which will coordinate a pilot programme of activities across the Council delivered by the voluntary sector and the community. This pilot programme will seek to establish;

- gaps in the marketplace;
- activities that deliver the right outcomes and are preferred by residents;
- areas where the voluntary and private sector excel;
- areas where the voluntary and private sector require further support and guidance.

Elements of the trial will include:

- A calendar of activities utilising successful ideas from other boroughs/councils and current/ planned initiatives within the borough
- Coordinate voluntary and private sector providers to deliver pilot calendar of activities. This will include providing a simple set of templates and guidance to support the voluntary sector in developing, running and monitoring performance and outcomes
- Coordinate and contribute to development and promotion of the WLA portal to ensure information held is extended and improved
- Generate/stimulate involvement of local corporate social responsibility – volunteering by local companies. This will involve brokering relationships with the voluntary sector and promoting the use of the slivers of time facility within the WLA portal. It will also include developing a simple set of templates and guidance that companies can use to support them in setting up, managing a CSR scheme that delivers results
- Ensure personal assistant/carer numbers are grown to support rollout of personal budgets via support of pa agencies

Look Ahead explained that conventional thinking indicated that market development would be driven by the individual client. However, their experience had suggested that market development would be driven through a combination of support plans and brokerage and the market responding to these needs. The Committee suggested that service users might be given the opportunity to try services before these were bought as a block of provision. This approach would provide the service user with confidence that they would receive the services they needed and enable them to share and listen to the experiences of other service users. During the consultation, Members of the

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Committee heard that service users had suggested that a 'try before you buy' scheme in relation to supported housing would be helpful.

It was suggested that every Local Authority would need to experience the market place and make a series of judgements as to where they thought there were gaps in service provision. One way of doing this would be by ensuring providers worked in partnership with the Local Authority to create a Directory of Services. By doing this, it would not only effectively catalogue which services were available to Service User and Carers and provide an alternative source of information to the paper based leaflets, but by the same token, clearly identify where additional marketing and development activity was required. The Committee agreed that a Service Directory needed to be accessible and incorporate user feedback, detailing what people had used in the past to help inform user's choices and decisions.

The witness session also illustrated how important it was to ensure there were sufficient avenues for information sharing. Angela Wegner highlighted how recent work by DASH had included establishing closer ties with Hillingdon Mind and linking health and relaxation courses in Yoga to luncheon facilities based at Christ Church. The Committee agreed that these facilities were very important to provide service users with real world examples of what people had done in the past to help inform user's choices and decisions. The Committee recognised that the newly refurbished libraries across the borough were also a valuable resource which could be used as drop-in centres for networking purposes. This was especially true as the Committee heard most younger users of DASH did not attend Day Centres and did not go on to use Council Social Services when they reached adulthood.

Members agreed that managing the change programme was a significant challenge and advocated that incremental change was the most sensible way forward:

That Cabinet be requested to endorse the approach taken by officers in developing a market portal to ensure that relevant up to date information regarding services / activities across the Borough are available for residents, support planners, and care managers to access and enable them to develop effective support plans.

An issue of particular concern to the Committee was the sustainability of care provision. Members were aware that some care providers had closed down which had created a degree of uncertainty amongst service users and so the Committee sought reassurance on a number of points including:

- What responsibility would the Council have when personal budgets packages break down?
- Would there be a difference between packages that the Council have brokered and those that have been independently selected?
- What measures would be in place to ensure potential crisis situations are avoided and would personal budget holders be given clear, written information about what to do in such a situation?

In response, Officers assured the Committee that during support planning, adequate consideration would be given to planning and budgeting for unexpected events. This would include events that might preclude an individual or their carer and/or family from responsibly managing their personal budget. In addition, Officers explained that a plan of action would be included in the support plan in the event that an unexpected event or emergency might negatively impact on their ability to manage their personal budget. The Council will put the plan into action as necessary.

The Committee heard the Council would be responsible for identifying and responding to Customers who, for whatever reason or length of time, lacked the capacity to manage their personal budget.

It was noted that the Council still had a statutory duty to carry out a care assessment before Officers allocated funds and was responsible for authorising the budget and Support Plan that it applied to.

When completing the cost analysis in the Support Plan we will ensure that all eligible needs are covered. The resources chosen need to be effective to meet the agreed outcomes and be affordable.

How commissioning has changed since the last review?

What we said we would do	What has happened
Local Perspective	
Undertake a community mapping exercise.	In partnership with the voluntary sector, mapping of services has been undertaken. The results of this have been uploaded onto the Directory of Information database developed by the WLA which is currently known as <i>Careplace</i> . This is due to go live in Q4 2011/12.
Actively work in partnership with the voluntary sector to ensure that they are aware of SDS and will invite to bite size training sessions for providers.	Many events have taken place since the Committee's last review seeking to increase awareness of SDS. Feedback from some organisations suggests that there is still a lack of understanding, which may be related

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	to the delay in the implementation of Personal Budgets. Planning for a range of events for providers to take them through the implications of Personalisation is in progress with the intention of delivery in March/April 2012.
Regional Perspective	
Hillingdon will be using the WLA to deliver large scale contracts, e.g. domiciliary and residential care	Hillingdon has been a part of collaborative tender arrangements for the following high spend areas: <ul style="list-style-type: none"> • Home care. This has resulted in savings of £1.5m over three years. • Residential care - Cabinet approval was sought for the Accreditation, Procurement and Contracts (APC) scheme which seeks to achieve agreed prices and quality standards for residential and nursing accommodation. • Community equipment – worked initially with 5 London councils and will result in a saving of £150k over three years. 7 more councils have joined since the procurement exercise resulting in equipment costs reducing.
The WLA will present an opportunity to generate economies of scale	It is projected that WLA initiatives such as the community equipment tender, homecare framework, APC for residential care and residential and nursing care supply management will save the Council £6.4m between 2010 and 2015. These savings are reflected in MTFE targets.

	<p>Utilising the collective purchasing power of the WLA the Council is currently working with WLA partners to commission:</p> <ul style="list-style-type: none"> • A market portal that will contain a comprehensive directory of information about services and providers. • Support Planning and Brokerage service to support users and carers through the Personal Budget process. • Advocacy
<p>There will be a reduction in the number of block contracts</p>	<ul style="list-style-type: none"> • After 31/03/12 the only block contract for residential and nursing that the Council will have will be for intermediate care. • Cabinet decisions in October and December 2011 will see the personalisation of supported housing services for people with mental health needs as well as those for people with learning disabilities. There will also be a reduction in the number of block residential contracts with third sector providers as these are reconfigured into supported housing on a core and flexi model.
<p>WLA could provide an opportunity for a central WLA commissioning and contracting team to emerge.</p>	<p>This has so far not progressed, although the possibility of the Council's Care Service Inspection Team providing an inspection service on behalf of the WLA for APC scheme providers.</p>

Another key development since the last report is the extensive supported housing programme. This is seeking to achieve an extra 422 units of supported housing (including extra care) to be developed over the next three years as a realistic alternative to residential care. Care and support services will be provided on a core and flexi model in order to maximise the level of choice and control that residents have.

How have we involved service users (from strategic development to individual budget)? What feedback do we have from the above?

Residents are involved in the development of commissioning plans at a strategic level through the Health and Wellbeing Board. There are resident representatives from the Disabilities Assembly and also the Older People's Assembly who are members of the Board. There are also resident representatives on the Long-term Conditions and Mental Health Delivery Groups that are sub-groups of the Board and have responsibility for delivering on the priorities identified by the Board. There are other multi-agency strategic planning groups such as the Carers' Strategy Group, the Learning Disability Partnership Board and the Learning Disability Parent-Carer Reference Group that include resident representatives.

There are a range of resident forums that are used to develop commissioning plans and consult on commissioning proposals, e.g. Older People's Assembly, Disabilities Assembly, Learning Disabilities' User Forum, Mental Health User Group.

The views of users of services are canvassed in other ways as well, including the use of surveys and focus groups. Surveys can tell us how well a service is working, e.g. community equipment survey issued with every delivery and focus groups enable much more detail to be obtained. For example, a focus group of residents of Hayes Park Lodge and Hamlet Lodge in July 2011 showed that although residents were happy with the service, they wanted to have greater choice about their key worker. This has helped to inform the specification for the care and support services for these schemes which is based on a more personalised model. The specification for the Respite at Home Service was informed by a focus group of carers who told us that this should not simply be a sitting service but should provide meaningful activities for the cared-for person that is linked to their interests, such as visits to the cinema, walks and trips to the hairdresser.

Residents are also involved in the actual procurement process. For example, residents were involved in the interviews of potential providers in the community equipment tender, the tender for the Respite at Home Service and also the Carer Support Service. Provision will be made in the forthcoming WLA tenders for Support Planning and Brokerage and advocacy for residents to also be involved in provider interviews.

How have we calculated future need for supported housing?

There are a number of factors that we have looked at in developing our estimates and these include:

- Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) projections. This is a tool developed by Oxford Brookes University and the Institute of Public Care on behalf of the Department of Health.

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- Trends regarding the numbers of people accepted as being eligible for community care services
- Numbers of people in transition, i.e. young people moving from Children's to Adults' Services
- Numbers of people currently in residential care homes
- Rate of turnover, e.g. number of people leaving the service because of death, leaving the area, qualifying for Continuing Health Funding

That Cabinet request that Officers ensure that market co-ordination and the development of a commissioning marketplace is incorporated into existing officer roles and therefore within existing budgets.

4. Safeguarding and Monitoring

During the Committee's previous review, Member's identified, (in their recommendations), the need to ensure robust arrangements were in place for adults using personal budgets. This was with a view to ensure the monitoring of the effectiveness of services in meeting need, and to identify and minimise, as far as possible, any potential risks of abuse or exploitation. It was also the case that where allegations were raised, the Council could respond quickly and appropriately in order to protect adults and thereby protect the Council's potential liability for acts or omission of care providers.

The last review identified that the key stage in the process of ensuring protection was incorporated was when the support plan was drawn up. The Committee heard that had to be "signed off" by the care manager as the agreement between the Council and the person receiving the personal budget on how their needs were going to be met. Officers need to encourage a reasonable level of positive risk taking to achieve whatever outcomes have been identified, but balance this with adequate protection.

Officers explained a risk enablement framework had been drawn up to guide them in evaluating what risks were present in the way a person chooses to have their needs met in their support plan. This framework, based on tried and tested models of risk evaluation, quantifies the risk and this forms the basis for discussion with the person on what actions can be taken to manage and reduce this risk to acceptable levels.

Where agreement cannot be reached, officers highlighted that there was there was an escalation procedure to the line manager, in the first instance. If the matter still cannot be resolved a risk enablement panel would be convened of relevant operational managers to look at the risks presented, both in terms of risk to the person, any others, and any potential risk to the Council. The panel will decide on whether the needs of the person can be met in the way they are requesting. Should the person be unhappy with the decision of the panel, they can use the Council's complaints procedure to address their concerns.

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The Committee were pleased to learn that the monitoring of individual budgets will be straight forward for those adults who opt for the Council to manage their care arrangements. Where the adult chooses to manage their individual budget it is anticipated pre-loaded payment cards will be the main way of purchasing care. As explained earlier in the report, pre-loaded cards incorporate a number of advantages including the ability to monitor expenditure in real time and generate reports providing details on expenditure as they are used. This is a distinct advantage over, for example, Direct Payments, which relied on people submitting bank statements on a quarterly basis.

The Committee were assured to learn that there had been no significant increase of referrals to the safeguarding adult's service of adults who were managing their own budgets currently.

Closing Word

By April 2013 all social care users should be in receipt of a personal budget; and it is anticipated that direct payments to carers and improved community-based provision should improve access to respite care.

Our review has shown that personalisation, by delivering choice and control is already improving individual's lives within the borough. To ensure service user's needs are met as they change over time, it is essential that support plans are adaptable and personal budget review periods are sufficiently flexible to meet user's needs during transition.

We heard that interim reviews had been a source of stress to family members and carers in the past and were pleased to learn that support planning had developed in the intervening period since the Committee's transformation review which meant these were less likely to occur.

The review has shown that a depth and range of consultations has been undertaken by officers to develop personalisation in Hillingdon and we agreed these need to be concluded within an agreed timeframe so certainty can be provided to Service Users and Carers.

Innovative thinking, partnership working with the voluntary sector and the creative use of existing resources to provide services differently will be integral to the success of personalisation. To encourage these changes the Committee recognised a degree of positive risk taking within a supported framework of safeguarding will be necessary to introduce a cultural change to the way the Authority has previously viewed safeguarding concerns.

The review also highlighted how important the often unsung work of carer's was and their essential contribution to the development of the personalisation agenda. We were therefore pleased to learn that carers would receive a separate carer's assessment.

Finally, the review identified that although support is available, there is scope for officers to improve access to information, advice and guidance to ensure that we, as an Authority, do all we can to help clients make informed choices and monitor the services provided to mitigate risk. The review examined the steps currently under way to develop a market portal. This should ensure that relevant up to date information regarding services and activities across the Borough will be available for residents, support planners, and care managers and enable them to develop effective support plans.

**General points arising from the witness sessions held on:
12 October, 8 November and 8 December 2011**

- Personal budgets only applied to those clients which were FACS (Fair Access to Care) eligible
- Look Ahead explained that personalised budgets for Mental Health clients were not as advanced as those for clients with disabilities but were catching up quickly.
- In response to a question about the under development of the current commissioning market place, the Look Ahead representative explained that ensuring the market developed and there were sufficient market coordinators in place was one of the greatest challenges facing all Local Authorities.
- Ensuring support plans were up to date and were flexible was also key to developing the marketplace so that the market could grow in response to clients changing needs.
- One of the key barriers to the adoption and development personalised budgets was the risk aversion mentality of many Local Authorities and in particular the safeguarding concerns which were prevalent in managing cash for clients with either disabilities or mental health needs. Only when risk aversion could be overcome would the commissioning market truly develop. To overcome these barriers, Look Ahead explained that a change of organisational culture was required and a sea change of attitude amongst staff, to enable staff to take more informed risks than they had been used to doing previously. It was noted that this issue was a regular experience across all Authorities as all staff were naturally aware of statutory and personal responsibility they had to manage when assisting every client.
- Every Local Authority would need to 'experience' the marketplace and make judgements about where there were gaps in service provision to assist service providers. One way of doing this would be to ensure providers worked with Authorities to ensure a Directory of Services was maintained which could be used to identify where additional marketing activity was required.
- Look Ahead explained that conventional thinking indicated that market development would be driven by the individual client. However, their experience had suggested that market development would be driven through a combination of support plans and brokerage and the market responding to these needs.
- Look Ahead had found tremendous resistance amongst some Social Workers and especially those from block contract backgrounds. Members agreed that managing the change programme was a significant challenge and advocated that incremental change was the most sensible way forward.
- A further factor influencing the speed of market development across Authorities was the culture at each organisation. Whereas some would be

target driven, others might focus on the build up of relationships and the importance of developing infrastructure. Members were conscious that any risk assessment approach would need to ensure both users and staff were protected and there were protocols in place to support social workers. This also underlined the importance of thorough support planning and for this to be effective, ensuring risks were identified at an early stage.

- It was important that risk assessments were regularly reviewed and maintained as 'living documents'
- Officers highlighted it was important to note the Statutory Duty of Care had not changed. Look Ahead explained that one of the difficulties faced by staff was there was often reluctance amongst clients to speak out when their support plan was formulated and so to enable support plans to be as effective as possible clients would need to be encouraged to speak out in future.
- DASH's Transitions Project had found that disability was not the sole driver (for change) and a person's age was also very significant. DASH found that the level of expectation was significantly higher when people were younger and one of their key concerns was the desire for work experience.
- Most younger users of DASH did not attend Day Centres and did not go on to use Council Social Services when they reached adulthood.
- Recent work by DASH included establishing closer ties with Hillingdon Mind and linking health and relaxation courses in Yoga to luncheon facilities based at Christ Church.
- The innovative use of the voluntary sector was required to lessen the reliance on statutory services.
- Service directories (which Look Ahead and DASH had both mentioned) needed to be accessible and show users real examples of what people had done in the past to help inform user's choices and decisions.
- A personal budget was used to purchase additional care services
- Personalisation had enabled life skills to be developed such as doing laundry / bedding, to go shopping and enhance their reading skills. Greater choice and control had enabled the service user to pursue further education, develop self-confidence and to become more independent.
- Direct payments had provided families with the flexibility to pursue group activities such as cycling which had been very important for the emotional health of the family.
- On leaving school, a transitional social worker had provided help and support. Council officers had helped the Witness's carer by providing information and guidance which had then enabled the transitional social worker to be set up through DASH.
- To acclimatise to the services on offer, witnesses and their carers had visited a care home for afternoon tea as part of an initial visit to meet staff and view the premises, and this had developed further to include over night stays. This experience had enabled the witness to interact with other people and in doing so, develop their social skills.

- Needs assessments had to be flexible and adapt to service user's needs as they changed over time.
- In terms of managing a personal budget, the Committee heard that funding was deposited in an account in Witness's name but the carer could also access the account with a separate pin number.
- In terms of the personalisation experience to date, the Committee heard that the Witness felt supported and had confidence in backup services.
- Officers explained that to stop the abuse or fraud of preloaded cards, a facility existed whereby the Authority could set up a system of alerts to trace all transactions made on pre-loaded cards. Careful monitoring could then establish what likely purchase patterns might be and highlight any purchases which did not fit the user profile.
- Care plans needed to recognise the types of activity which the user might pursue. It was recognised that in some cases, it might be more beneficial for a service user to purchase additional time with a carer than use day centre facilities.
- Care plans needed to be flexible and a range of options had to be available to users.
- The option to purchase Day Centre places for a user was an important means of providing respite for carers. It was noted that Carers needed to be proactive about using care services at an early stage so the transition from children's to adult's services would be easier
- In addition to the service user having a needs assessment to help them access choice and control, Members heard that carers needed to have a separate assessment conducted.
- Increased choice / control and independence for the service user arising from personalisation was not necessarily positive for the carer.
- The role of the carer within the personalisation process needed further clarification. Many carers were simply not aware if they had an assessment (requirement).
- Dementia was a growing national concern with significant resource implications.
- A one size fits all approach to assessment would not work especially in some mental health scenarios, where in some cases the person suffering may fail to recognise that a problem existed and as such would not recognise the role played by their carer.
- It was important to recognise that the transition phase was a long process and to assist this group it was suggested that support needed to be built into this phase.
- It was noted that the transition phase may well amount to a whole life change for the carer and although Day Centres could provide some of the answers, they by no means provided them all.
- With reference to the transition age group, it was noted the automatic assumption was that someone became more independent the older they became. However, from a carer's perspective the reverse was often the case as care requirements increased as people got older.
- To assist carers, it was requested that the Council provide greater clarity and more easily understood information for carers. For example the

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current literature on assessments, and the types of help which might be available did not explicitly state that the level of anticipated support would be means tested. There was also no absolute entitlement for a carers assessment. These points must be overtly stated. Readily accessible information directories needed to be developed.

- Direct payments were adaptable and could be increased at times of greater need
- Processing the paperwork for direct payments was time consuming, repetitious and frustrating. Pre-loaded cards would overcome these difficulties
- Planning for respite care services was always complex and would pose a commissioning challenge.
- Officers had conducted a number of consultations with service users, carer's and partner organisations to measure people's perceptions of how personalisation was developing and these would continue into the New Year.

Glossary of Terms / Definitions

The Council will estimate the funding available to support an individual's eligible social care needs. This estimate will be based upon the results of their assessment and is calculated using the Resources Allocation System (RAS). It will be called the **Indicative Personal Budget**. It is the maximum amount in monetary terms available to support an individual's eligible social needs.

Following the assessment a plan will be drawn up, by the individual or someone chosen by them, that describes the support the individual needs for their eligible social care needs and outcomes to be met. This plan is called a **Support Plan**.

A financial assessment will be undertaken to establish whether an individual, under the Fairer Charging Policy, will need to contribute financially towards all or some of their assessed eligible needs. The funds PB Guidelines January 2012/3 that the Council allocates to implement the support plan is called the **Personal Budget**.

If an individual does not need to make a contribution towards their eligible needs **the indicative personal budget will be the same monetary amount as the personal budget**.

If an individual does need to make a financial contribution to their eligible needs the indicative personal budget amount is reduced by the value of their contribution and **the personal budget will be a lower monetary amount than the indicative personal budget**.

A 'true' or 'full' Personal Budget is where an individual is paid the monetary amount of the personal budget.

A 'mixed' Personal Budget is where an individual has some needs met by services arranged and paid for by the Council and the remainder of funds available for their needs paid to them

A 'managed' Personal Budget is where no payment is made to the individual. The Council arranges and pays for services to meet eligible needs of an individual.

Where the Council manages a personal budget on an individual's behalf and the individual needs to contribute financially there will be a charge for that element that the individual needs to fund.

Reablement is a short period of targeted coaching, assistance and support to provide individuals with skills (new or re-learned) that will enable them to live more independently and with less reliance upon social care as far as is practical and safe

Social Services, Health and Housing Policy Overview Committee

Brokerage - A support broker supports someone with an *estimated* personal budget to work out the best way to meet their social care needs and get the life they want. They can then support the individual to create a support plan to show how they would use their *estimated* budget to choose the right support to meet their eligible social care needs.

COUNCIL BUDGET - MONTH 11 2011/12 REVENUE AND CAPITAL MONITORING

Cabinet Member	Councillor Jonathan Bianco
Cabinet Portfolio	Finance, Property and Business Services
Report Author	Paul Whaymand, Central Services
Papers with report	None

HEADLINE INFORMATION

Purpose of report	The report sets out the Council's overall 2011/12 revenue & capital position, as forecast at the end of Month 11 (February). The in-year revenue position is forecast as an underspend of £5,761k. Total capital expenditure for 2011-15 is forecast to be £3,954k lower than the revised budget, including £3,672k of unallocated contingency, with a forecast underspend in 2011/12 of £6,773k, predominantly due to rephasing of expenditure into 2012/13.
Contribution to our plans and strategies	Achieving value for money is an important element of the Council's medium term financial plan.
Financial Cost	N/A
Relevant Policy Overview Committee	Corporate Services and Partnerships
Ward(s) affected	All

RECOMMENDATIONS

That Cabinet:

1. Note the forecast budget position for revenue and capital as at Month 11;
2. In relation to growth bids received to request additional grant funding be added to budgets –
 - a) Approve that the additional Disabled Facilities Grant of £128k be added to general capital contingency;
 - b) Approve that the Troubled Families Programme award of £100k per annum for the next three years be used to fund staffing for the new Hillingdon Families Service;
 - c) Approve that the HCA 2012-15 Empty Properties Grant be accepted and added to the capital programme to be applied to bringing empty properties back into use.
3. Note the treasury Month 11 update at Appendix B;
4. Approve the retaining of agency staff as detailed in Appendix C;

5. **Note the proposed social care transport grants for 2012/13 as detailed in Appendix D and delegate authority to approve these grants to the Leader of the Council, in consultation with the Corporate Director of Social Care, Health & Housing, following receipt of further information.**

INFORMATION

Reasons for Recommendations

1. The reason for the monitoring recommendation is to ensure that the Council achieves its budgetary objectives. The report informs Cabinet of the latest forecast revenue and capital position for the current year 2011/12.

Alternative options considered

2. There are no other options proposed for consideration.

SUMMARY

A) Revenue

3. The in year revenue monitoring position as at Month 11 (February) shows that forecast net expenditure for the year 2011/12 is £5,761k less than the budget. This is an improvement of £1,703k on normal activities and an adverse movement of £2,429k on exceptional items resulting in an overall adverse movement of £706k on month 10. There is a £5,924k forecast underspend on directorate budgets comprising an underspend of £2,136k (£778k favourable movement) in SCH&H, a £2,214k underspend (£293k favourable movement) in PEECS, and a £468k underspend (£5k favourable movement) in Central Services. In contingency there was an improvement of £647k primarily due to the fact that throughout the year the £1m provided for in general contingency has been forecast as being required in full in order to cater for potential new pressures. At this stage of the year it is unlikely that any new unforeseen pressures will arise that require funding in 2011/12 and as such the forecast has been revised. In effect this part funds the exceptional item referred to in the paragraph below.
4. The exceptional item of £2,429k relates to potential liabilities relating to the Council's insurer prior to 1993/94. During 1992/93, the Council's then insurers, Municipal Mutual Insurance (MMI), ceased accepting new business. During 1993/94, a scheme of arrangement was set up to ensure an orderly settlement of outstanding claims. Under this arrangement the Council would be required to repay MMI part of any claim met since 1 October 1993 (known as the clawback agreement). This repayment would only occur if MMI could not meet all claims against it. A contingent liability has been included in the accounts for this for the last 19 years. However, following the Supreme Court judgement on 28 March with regard to Mesothelioma claims, it now looks far more likely that the clawback will come into force. As a result it is now prudent to now make provision for the amount of this potential clawback which is currently estimated at £2,429k.
5. The remaining favourable variance is due to the projected underspend in capital financing costs of £2,250k (no change) due to budgets set aside in advance for schools capital financing and other priority projects, which are not forecast to be needed in this financial year.
6. The balances brought forward at 31st March 2011 were £17,022k. £1,793k of this sum was applied in support of the 2011/12 budget as part of the budget strategy, as agreed at Council Tax setting. The forecast balances as at 31st March 2012 are £20,990k (an adverse movement of £706k on Month 10), as a result of the budgeted drawdown from balances (-£1,793k) and the forecast in-year underspend (£5,761k).

7. Monitoring to date has assumed that the £800k HIP contingency and the £1m priority growth will be fully spent by the year end. As at Month 11 only £271k has been spent from the HIP contingency and £365k of priority growth. Therefore projected balances could be as high as £22,154k.

B) Capital

8. Forecast outturn on the 2011/12 General Fund Capital Programme is £40,485k, a variance of £11,341k on a revised budget of £51,826k. This variance has increased by £4,568k from that reported at Month 10, with significant changes to expenditure profiles reported across the programme.

9. Over the period 2011-15, an underspend of £217k is now reported on the General Fund Capital Programme (£37k underspend at Month 10) as a result of in-year outturn changes detailed in table 7 below. A further £3,672k of General Contingency remains unallocated.

10. £65k of uncommitted HCA grant funding available to support General Fund Housing projects is expected to be returned to the awarding body as conditions attached to the use of this grant are unlikely to be met.

11. General Fund Capital Receipts for 2011/12 are now forecast at £418k, a reduction from £6,669k at Month 10 as a number of high value disposals expected in March are expected to complete in early 2012/13.

12. A net pressure of £294k is reported on the HRA capital programme (£250k pressure at Month 10), which includes a number of pressures reported on new build developments. The increase in forecast pressure relates to Pipeline Phase 1.

A) REVENUE

13. Table 1 indicates the overall impact of the expenditure forecast now reported on the approved budget and the resulting balances position.

Table 1

2011/12 Original Budget	Budget Changes		2011/12 (As at Month 11)		% Var of budget	Variances (+ adv/- fav)		
			Current Budget	Forecast		Variance (As at Month 11)	Variance (As at Month 10)	Change from Month 10
£'000	£'000		£'000	£'000		£'000	£'000	£'000
239,453	-1,508	Directorates Budgets on normal activities	237,945	232,021	-2%	-5,924	-4,201	-1,723
-42,915	1,508	Corporate Budgets on normal activities	-41,407	-43,657	5%	-2,250	-2,250	0
196,539	0	Sub-total Normal Activities	196,538	188,364	-4%	-8,174	-6,451	-1,723
		Exceptional items:						
		Transfer from earmarked balance	0	-350		-350	-350	0
		Education initiatives	0	334		+334	+334	0
		MMI Insurance provision	0	2,429		+2,429	0	+2,429
0	0	Sub-Total	0	2,413		+2,413	-16	+2,429
196,539	0	Total net expenditure	196,538	190,777	-2%	-5,761	-6,467	+706
-194,746	0	Budget Requirement	-194,746	-194,746		0	0	0
1,793	0	Net total	1,793	-3,968		-5,761	-6,467	+706
-17,022		Balances b/f 1/4/011	-17,022	-17,022		0	0	0
		Transfer from earmarked reserves				0	0	0
-15,229	0	Balances c/f 31/3/12	-15,229	-20,990		-5,761	-6,467	+706

Directorates' Forecast Expenditure Month 11

14. Table 2 shows further details on the budget, forecast and variance at directorate level. Further detail on each directorate is shown in Appendix A. The group forecasts exclude sums provided for in contingency which are set out in table 3.

Table 2

2011/12 Original Budget	Budget changes	2011/12 Current Budget (as at Month 11)	Directorate		2011/12 Forecast (as at Month 11)	% Var of budget	Variances (+ adv/- fav)		
							Variance (As at Month 11)	Variance (As at Month 10)	Change from Month 10
£'000	£'000	£'000			£'000		£'000	£'000	£'000
326,915	-10,221	316,694	SCHH	Exp	321,841	2%	+5,147	+5,820	-673
-199,190	2,529	-196,661		Inc	-203,944	4%	-7,283	-7,178	-105
127,724	-7,691	120,033		Total	117,897	-2%	-2,136	-1,358	-778
396,479	-10,928	385,551	PEECS	Exp	383,319	-1%	-2,232	-1,989	-243
-301,269	7,850	-293,419		Inc	-293,401	0%	+18	+68	-50
95,210	-3,078	92,132		Total	89,918	-2%	-2,214	-1,921	-293
9,511	11,046	20,556	CS	Exp	20,645	0%	+89	-373	+462
-6,578	-1,784	-8,362		Inc	-8,919	7%	-557	-90	-467
2,933	9,262	12,195		Total	11,727	-4%	-468	-463	-5
11,786	0	11,786	Contingency		10,680	-1%	-1,106	-459	-747
1,800	0	1,800	Priority Growth		1,800	0%	0	0	0
239,453	-1,508	237,945	Sub-Total Normal Activities		232,021	-2%	-5,924	-4,201	-1,723

15. **Social Care, Health & Housing (SCH&H)** are projecting **an underspend of £2,136k (£778k improvement)**. The improvement in the SCH&H position is primarily due to an improvement in Children's and Family Services from challenging costs and fees for looked after children (£319k) and a further improvement in Older People's Service due to a reduction in numbers of people in long term placements and reduced forecast for homecare (£142k). There is an improvement of £218k in Learning Disability from a reduction in the number of funded residential/nursing placements and a further improvement in Housing benefit of £122k. The improvement is partially offset by a pressure of £153k in Housing Needs resulting from supply issues in temporary accommodation.

16. **Planning, Environment, Education & Community Services (PEECS)** are forecasting a **favourable variance of £2,214k (£293k improvement)** as at Month 11. The £293k favourable movement is predominately the result of a further £72k improvement in Education through the early delivery of 2012/13 Music Service savings; an improvement of £110k in Green Spaces and a £160k improvement in Public Safety & Environment, mainly from the BID review of business support. This is partially offset by a pressure of £87k in Fleet Management mainly due to a requirement for statutory modifications to vehicles arising from exhaust regulations.

17. **Central Services (CS)** is forecasting a **£468k favourable variance (£5k improvement)** as at Month 11, largely arising from a staffing underspend as the restructure of services are implemented as part of the BID programme.

Development & Risk Contingency: £1,106k underspend (£647k improvement)

18. £11,786k of potential calls on the Development & Risk Contingency was incorporated into the 2011/12 budget. Table 3 shows the amounts that have been allocated or earmarked as at Month 11. The £647k improvement is due to the fact that the £1,000k general contingency which was being forecast as potentially being required in full to fund potential new liabilities will now not be required. In addition there was an adverse movement of £250k in relation to a new pressure on public liability insurance and a further small increase in the contingency required for the shortfall in development control income due to a reduction in the forecast

number of minor applications and an adverse movement in the major application forecast compared to last month.

Table 3

Development and Risk Contingency	2011/12 Budget	Forecast as needed	Variance (+adv / - fav)	Group
<i>2011/12 allocations:</i>	£'000	£'000	£'000	
Commitments:				
General Contingency	1,000	0	-1,000	All
Golf Courses In-sourcing		50	+50	PEECS
Riots & Traveller Incursions		10	+10	PEECS
Public liability insurance		250	+250	CS
Employers' Pension Contributions	850	850	0	All
Pump priming for BID savings	400	400	0	ALL
Uninsured claims	420	420	0	CS
Carbon Reduction Commitment Energy Efficiency Scheme	460	210	-250	PEECS
Development Control Income	350	538	+188	PEECS
Cost Pressures on Recycling Service	150	0	-150	PEECS
Local Development Framework legal & consultancy fees	100	75	-25	PEECS
HS2 Challenge contingency	100	100	0	PEECS
Assisted searches	75	25	-50	PEECS
Potential new responsibilities in relation to Flood defence	50	5	-45	PEECS
Building Control Income	50	0	-50	PEECS
Social Care Pressures (Adults)	4,089	4,089	0	SCHH
Increase in Transitional Children due to Demographic Changes	1,254	1,254	0	SCHH
Asylum Funding Shortfall	880	1,799	+919	SCHH
Social Care Pressures (Children's)	500	500	0	SCHH
Contingency against delivery of grants savings	1,058	0	-1,058	ALL
Fuel	0	105	+105	PEECS
Total net contingency	11,786	10,680	-1,106	

19. A large proportion of the total contingency is expected to be required in full, however, a net underspend on a few items and the fact that the £1,058k contingency against delivery of grants savings and the £1,000k general contingency will not be need to be drawn down, have resulted in an overall underspend of £1,106k. Details of these variances are discussed below.

20. There has been no movement in the Asylum funding pressure since Month 10. There has been a significant downward movement in the number of UASC for whom LBH can claim funding from UKBA due to an individuals change in status. This relates to children who have Exhausted All Appeals (EAA) or have been Naturalised. Grant funding is no longer claimable for this group but the Authority still has a duty support them.

21. The additional £250k contingency item relates to an increase in the estimated value of public liability insurance claims incurred during 2011/12 that require provision.

22. The forecast position for Development Control Income is a pressure of £538k, which is £188k greater than the sum held in contingency. The major application forecast has an adverse movement of £98k compared to the previous month. Minor applications have reduced by £3k

in Month 11 compared to previous forecasts and are 16% lower than the 4 year average. The forecast for other applications has improved by £3k from Month 10, and applications are now above the 4 year average by 2%. Although not reported against this contingency, the pre-application income from developers shows a pressure of £49k, reflecting continuing uncertainty in the housing market.

23. The Flood and Water Management Act has conferred new responsibilities upon local authorities and the funding that the Council has received as part of the grant settlement for 2011/12 is £127k. The Council has completed the Preliminary Flood Risk Appraisal and this has been signed off by the Environment Agency. Recruitment is in progress for a flood management officer to fulfil the Council's ongoing responsibilities. However, the recruitment timetable means that the £55k full year cost can be reduced to £5k for the current year.

24. The fuel budget was increased by £108k for 2011/12 as part of the MTFF process. However prices have continued to rise in 2011/12 and current analysis shows that the fuel budget has a forecast pressure of £105k at the current bulk purchase price of £1.14 per litre.

25. Cabinet has also previously approved the draw down of £50k from contingency to support the interim in-house operation of three of the Council's golf courses and £10k to fund the cost of actions connected with the threat of riots in August and on preventing traveller incursions.

Priority Growth: Nil variance (no change)

26. £1,000k was included in the 2011/12 budget for priority growth and £800k for HIP Initiatives. Table 4 summarises the position with regards to each element of priority growth.

Table 4

Priority Growth	2011/12 Budget	Agreed draw downs	Commitments	Unallocated
<i>2011/12 Unallocated Priority Growth at start of the year</i>	£'000	£'000	£'000	£'000
HIP Initiatives New budget:	800			
Agreed:				
Environmental projects		41		
Heritage projects		185		
Customer experience		10		
Website cost		35		
HIP Initiatives unallocated balance	800	271	0	529
Unallocated non specific growth	1,000			
Ward budget scheme		330		
Gold bursaries		20		
Eastcote House		15		
Balance of unallocated growth	1,000	365	0	635
Total	1,800	636	0	1,164

27. HIP Steering Group has approved £271k of allocations so far this year leaving £529k as yet unallocated within the HIP initiatives budget. Cabinet have also agreed to allocate £330k of priority growth to fund a new Ward budget scheme, £20k of priority growth to fund Gold Bursaries and £15k for Eastcote House. This leaves £635k of priority growth budget

unallocated. The month 11 forecast assumes that the remaining unallocated budgets for both HIP contingency and priority growth will be spent or at least committed in full.

Corporate Budgets' Forecasts: £2,250k underspend (no change)

28. Table 5 shows budget, forecast and variance reported on corporate budgets as at Month 11.

Table 5

2011/12 Original Budget	Budget Changes	2011/12 Current Budget (as at month 11)	Corporate Budgets	2011/12 Forecast Outturn (as at month 11)	Variances (+ adv/- fav)		
					Variance (As at month 11)	Variance (As at month 10)	Change from month 10
£'000	£'000	£'000		£'000	£'000	£'000	£'000
-400	400	0	Unallocated savings	0	0	0	0
10,697	-584	10,113	Financing Costs	7,863	-2,250	-2,250	0
-3,322	0	-3,322	FRS 17 Pension Adjustment	-3,322	0	0	0
-35,169	2,462	-32,708	Asset Management A/c	-32,708	0	0	0
10,836	-384	10,453	Levy's & other corp budgets	10,453	0	0	0
-25,556	-87	-25,643	Corporate Govt Grants	-25,643	0	0	0
-42,915	1,808	-41,107	Corporate Budgets	-43,357	-2,250	-2,250	0

29. Financing costs show a forecast underspend of £2,250k at Month 11. This is primarily due to £2,000k being set aside for capital financing for schools or other priority projects which is not likely to be needed in 2011/12. Debt financing costs are forecast to be £2,250k underspent due to the rephasing of planned capital spend. Investment income remains forecast to be in line with the budget.

B) CAPITAL

General Fund Capital Programme

Programme Monitoring

30. Table 6 sets out the latest forecast outturn on current General Fund capital projects. Forecasts for future years include live capital projects and programmes of works as included in the draft programmes for 2012/13 to 2014/15 reported to Cabinet and Council in February 2011. Financial implications included within this report are measured against 2011/12 budgets and do not take into account further programme development for 2012/13 onwards approved by Council on 23 February 2012. These will be incorporated in the new financial year.

Table 6:

General Fund Capital Programme	2011/12	2012/13	2013/14	2014/15	Total (Month 11)	Total (Month 10)
Original Budget	78,907	34,364	29,420	28,305	170,996	170,996
Revised Budget	51,826	73,416	29,649	24,369	179,260	179,412
Forecast Outturn	40,485	82,410	29,042	23,369	175,306	175,375
Council Resourced Variance – see table 7	(8,566)	6,284	(607)	(1,000)	(3,889)	(4,037)
External Grants Variance	(2,175)	2,110	-	-	(65)	-
Other Resources Variance	(600)	600	-	-	-	-
Programme Variance	(11,341)	8,994	(607)	(1,000)	(3,954)	(4,037)

31. In-year General Fund capital expenditure as at the end of February had reached £30,232k (Month 10 £27,649k), representing 74.7% of current forecast outturn.
32. Forecast expenditure for the remainder of 2011/12 is to include year end valuations on a number of major construction projects, including Primary School Expansions, New Years Green Lane Civic Amenity Site, South Ruislip Development and Hayes End Library. In addition quarter 4 schools expenditure will be posted.
33. Primarily as a result of a number of underspends reported on current year programmes of works, the forecast variance against Council Resourced budgets is £37k lower than revised budget, an improvement on the previously reported pressure of £1,476k. Specific movements are detailed in Table 7 below.

Table 7:

Council Resourced Variance	2011/12	2012/13	2013/14	2014/15	Total (Mth 11)	Total (Mth 10)
Pressures:						
Botwell Green Lesiure Centre	450	350	-	-	800	800
Farm Barns	18	-	-	-	18	18
Hayes End Library	-	110	-	-	110	110
Highgrove Pool Phase II	-	-	-	-	-	-
Hillingdon Sports & Leisure Centre	-	43	-	-	43	43
Libraries Refurbishment	-	48	-	-	48	48
Minor Retentions on Completed Projects	20	-	-	-	20	-
Primary School Expansions - Phase 1	-	1,035	243	-	1,278	1,278
Primary School Expansions - Rosedale Temporary	-	7	-	-	7	7
South Ruislip Development	-	40	-	-	40	40
Total Council Resourced Pressures:	488	1,633	243	-	2,364	2,344
Underspends:						
Civic Centre Works Programme	(800)	-	-	-	(800)	(600)
ICT Single Development Plan	(378)	-	-	-	(378)	(378)
Laurel Lane (Longmead) Primary School Expansion	-	(247)	-	-	(247)	(247)
Manor Farm Stables Development	(30)	-	-	-	(30)	(30)
Primary School Expansions - Minor Works	(60)	-	-	-	(60)	(60)
Primary School Expansions - Phase 1A Temporary	(273)	-	-	-	(273)	(273)
Primary School Expansions - Phase 2	(267)	-	-	-	(267)	(267)
Property Works Programme	(250)	-	-	-	(250)	(250)
Road Safety Programme	(176)	-	-	-	(176)	(176)
Yiewsley Pool Self-financing Scheme	(100)	-	-	-	(100)	(100)
Total Council Resourced Underspends:	(2,334)	(247)	-	-	(2,581)	(2,381)
Projected Rephasing:	(5,720)	5,570	150	-	-	-
Main Programme Variance:	(7,566)	6,956	393	-	(217)	(37)
General Contingency:	(1,000)	(672)	(1,000)	(1,000)	(3,672)	(4,000)
Council Resourced Variance:	(8,566)	6,284	(607)	(1,000)	(3,889)	(4,037)

34. Forecast pressures on Botwell Green Leisure Centre and Hillingdon Sports & Leisure Centre are now expected to partially slip into 2012/13. In the case of Hillingdon Sports & Leisure Centre this is due to on-going review of defects with the main contractor. On Botwell Green,

negotiations around final contract settlement are approaching completion and it is expected that project officers will update members early in the new financial year.

35. The reported underspend on Civic Centre Works has been increased to £800k, from £600k as reported at month 10, with a number of projects scheduled for 2011/12 now expected to become a call on 2012/13 resources.
36. Contingency allocations of £40k to fund remedial works at Merrifields Children's Home and £288k for resurfacing of Hayes Civic Hall Car Park were approved by Cabinet on 29 March 2012. Unallocated general contingency for 2011/12 remains at £1,000k.
37. A significant increase in project rephasing from 2011/12 is reported at Month 10 as a result of expenditure profiles being updated across the capital programme. Project officers report that these changes are not expected to impact upon planned completion dates.
38. In addition to movements on Council Resourced projects, £65k of HCA empty properties grant is to be returned unspent as a result of the Council being unable to comply with grant terms and conditions. Although project officers had identified a charity with which to operate in partnership on bringing empty homes back into use, this group was not registered with the Tenants Services Authority and thus ineligible for receipt of this HCA grant.

Capital Financing

Table 8:

Capital Receipts					Total	Total
	2011/12	2012/13	2013/14	2014/15 – 15/16	(Month 11)	(Month 10)
Budget approved February 2011	21,319	21,646	10,851	388	54,204	54,204
Revised Budget	10,304	16,931	15,689	5,729	48,653	48,653
Forecast Disposals	418	24,409	12,675	6,504	44,006	44,006
Variance	9,886	(7,478)	3,014	(775)	4,647	4,647

39. Forecast capital receipts for 2011/12 have decreased to £418k from £6,669k reported at Month 10 due to the likelihood that major disposals will be deferred into early 2012/13. As previously noted any slippage in capital receipts leads to an equivalent increase in borrowing, resulting in a higher Minimum Revenue Provision (MRP) being chargeable to General Fund revenue in 2012/13. Each £1,000k movement in capital receipts would result in a £40k movement in MRP in 2012/13.
40. As previously reported, the shortfall of £4,647k against budgeted disposals for the period 2011-16 is due to sites previously earmarked for disposal being earmarked for the delivery of the supported housing programme which is designed to deliver significant revenue savings to the Council.
41. Table 9 below sets out a summary of variances against approved expenditure budgets and this shortfall in receipts, providing an indication of future revenue implications arising from the current capital programme. Overall levels of Prudential Borrowing are broadly consistent with approved budgets, although significant rephasing of expenditure from 2011/12 will defer revenue borrowing costs accordingly.

Table 9:

Prudential Borrowing Forecast	2011/12	2012/13	2013/14	2014/15	Total (Month 11)	Total (Month 10)
Revised Budget	13,567	20,841	(7,131)	1,484	28,761	28,761
Council Resourced Variance	(8,566)	6,284	(607)	(1,000)	(3,889)	(4,037)
Capital Receipts Variance	9,886	(7,478)	3,014	(775)	4,647	4,647
Forecast Borrowing	14,887	19,647	(4,724)	(291)	29,519	29,371
Variance	1,320	(1,194)	2,407	(1,775)	758	610
Future Revenue Impact	92	(84)	168	(124)	53	43

Housing Revenue Account Capital Programme

42. Table 10 sets out the latest forecast outturn for the HRA capital programme, which remains broadly consistent with the position reported at Month 10. As a result of a favourable in year revenue position on the HRA account, a revenue contribution of £1,085k towards new build projects is expected, mitigating the longer term financial impacts of pressures reported on these works.

Table 10:

Housing Revenue Account Capital Programme	2011/12	2012/13	2013/14	2014/15	Total (Month 11)	Total (Month 10)
Original Budget	14,850	2,326	2,150	2,235	21,561	21,561
Revised Budget	13,609	3,733	2,150	2,235	21,727	21,727
Forecast Outturn	10,366	7,270	2,150	2,235	22,021	21,977
HRA Resourced Variance	(3,586)	2,795	-	-	(791)	250
External Grants Variance	(622)	622	-	-	-	-
Other Resources Variance	965	120	-	-	1,085	-
Programme Variance	(3,243)	3,537	-	-	294	250

43. Expenditure to January 2012 on the HRA capital programme was £8,455k (Month 10 £7,724k), representing 81.6% of forecast outturn. Remaining expenditure will relate to the completion of Triscott House and the on-going works to stock programme.

44. Table 11 sets out latest variances reported within the HRA Capital Programme, with information on movements set out below.

Table 11:

HRA Resources	2011/12	2012/13	2013/14	2014/15	Total (Month 11)	Total (Month 10)
Pressures:						
HRA Pipeline Sites Phase 1	-	595	-	-	595	100
Extra Care Sites Phase 1 - Triscott House	-	144	-	-	144	595
HRA Pipeline Sites Learning Disability Sites	-	107	-	-	107	107
Pipeline Sites Phase 2 - Other Sites	-	228	-	-	228	228
Total Council Resourced Pressures:	-	1,074	-	-	1,074	1,030
Suspended Projects:						
Pipeline Sites Phase 2 - Denbigh Drive	(780)	-	-	-	(780)	(780)
Total Council Resourced Underspends:	(780)	-	-	-	(780)	(780)
Projected Rephasing:	(1,721)	1,721	-	-	-	-
HRA Programme Variance	(2,501)	2,795	0	0	294	250
Revenue Contribution:	(1,085)	-	-	-	(1,085)	-
HRA Resourced Variance:	(3,586)	2,795	-	-	(791)	250

45. The pressure reported on Pipeline Phase 1 projects has been increased by £44k as final contract settlement continues on this project. Officers report that this represents the upper end of any pressure on this project.

CORPORATE CONSULTATIONS CARRIED OUT

Financial Implications

6. The financial implications are contained in the body of the report.

CORPORATE IMPLICATIONS

Corporate Finance

7. This is a Corporate Finance report.

Legal

8. There are no legal implications arising from this report.

BACKGROUND PAPERS

9. Monitoring report submissions from Groups.

APPENDIX A – Detailed Group Forecasts

Social Care, Health and Housing Services

Revenue: £2,136k favourable (£778k favourable)

1. The month 11 revenue monitoring report for 2011/12 has been compiled following analysis of relevant activity trends and implementation of the MTF £11.4m savings programme. In summary there is a favourable movement of £778k from the month 10 position resulting in a forecast of £2,136k favourable as shown in the table below.
2. The improved position from last month is primarily due to continued improvement in Children and adult social care services as set out in the paragraphs below.

Services		2011/12 (As at Month 11)			Variances (+ adv/- fav)		
		Current Budget	Forecast	% Var of budget	Variance (As at Month 11)	Variance (As at Month 10)	Change from Month 10
		£'000	£'000		£'000	£'000	£'000
Children & Families Services	<i>Exp</i>	+31,676	+30,860	-3%	-816	-526	-290
	<i>Inc</i>	-3,709	-3,567	-4%	+142	+171	-29
	Total	+27,967	+27,293	-2%	-674	-355	-319
Asylum Services	<i>Exp</i>	+7,774	+7,707	-1%	-66	-66	-0
	<i>Inc</i>	-6,715	-6,649	-1%	+66	+66	-0
	Total	+1,058	+1,058	0%	-0	-0	-0
Older Peoples Services	<i>Exp</i>	+37,377	+39,313	5%	+1,936	+2,118	-182
	<i>Inc</i>	-8,463	-9,886	17%	-1,423	-1,462	+39
	Total	+28,914	+29,427	2%	+513	+656	-143
Physical & Sensory Disability Services	<i>Exp</i>	+8,983	+9,130	2%	+147	+125	+22
	<i>Inc</i>	-673	-845	26%	-172	-190	+18
	Total	+8,311	+8,285	0%	-26	-65	+39
Learning Disability Services	<i>Exp</i>	+31,695	+31,977	1%	+282	+426	-144
	<i>Inc</i>	-5,494	-5,679	3%	-185	-112	-74
	Total	+26,201	+26,297	0%	+96	+314	-218
Mental Health Services	<i>Exp</i>	+7,362	+7,245	-2%	-117	-117	-0
	<i>Inc</i>	-336	-392	17%	-56	-56	-0
	Total	+7,025	+6,852	-2%	-173	-173	-0
Housing Benefits	<i>Exp</i>	+161,640	+162,746	1%	+1,106	+1,128	-22
	<i>Inc</i>	-158,115	-161,074	2%	-2,959	-2,859	-100
	Total	+3,525	+1,672	-53%	-1,853	-1,731	-122
Housing Needs Services	<i>Exp</i>	+12,741	+15,878	25%	+3,137	+2,988	+149
	<i>Inc</i>	-10,021	-13,005	30%	-2,984	-2,988	+4
	Total	+2,720	+2,873	6%	+153	+0	+153
SCH&H Other Services	<i>Exp</i>	+17,447	+16,986	-3%	-461	-255	-206
	<i>Inc</i>	-3,135	-2,847	-9%	+288	+251	+37
	Total	+14,312	+14,139	-1%	-173	-4	-169
Total Expenditure		+316,694	+321,841	2%	+5,147	+5,820	-673
Total Income		-196,661	-203,944	4%	-7,283	-7,178	-105
SCH&H Total		+120,033	+117,897	-2%	-2,136	-1,358	-778

MTFF Savings

3. The group is delivering a savings programme totalling £11.4m and to date has banked £10,540k (92%). At the present time slippage into 2012/13 of £891k has been identified in Adult Social Care (excluding Mental Health) and is included in the forecasts set out below. The remainder of the programme has been delivered and represents major changes in service delivery for the group.

Children Services: £674k favourable (£319k favourable)

4. This favourable movement reflects the continuing pro-active management approach to the scrutiny of proposals including challenging fees and as a result the number of, and costs of, Looked after Children are lower than previously forecast. This positions the service in a favourable position to meet the objectives of the 2012/13 MTFF.

Asylum: £919k adverse (no change)

5. There has been no change to this forecast since last month.
6. At a meeting of senior LBH staff and the UKBA (8th March) good progress was made in establishing a mutual understanding of LBH issues and how they relate to UKBA objectives. The UKBA confirmed that although the numbers of UASC are very close to the 20% reduction from the baseline figure established as part of the Gateway agreement; the existing level of funding will not be adjusted for 2012/13.

Older People Services: £513k adverse (£142k favourable)

7. The £142k favourable movement primarily relates to a reduced forecast for Homecare coupled with a further improvement in the residential and nursing forecast.
8. The new TeleCareLine service has recently made its 1,000th new installation which with the Reablement service has enabled the number of long term residential/nursing placements supported by the department to have reduced by nearly 100 since April. As the reablement service is achieving 43% of people being successfully supported to regain independence there can be a positive impact on long term Homecare service commissioning which has recorded a reduction in spend of £500k from last year.
9. The success of TeleCareLine and Reablement in reducing the number of long term placements and reducing reliance on social care for people to live at home gives confidence that the MTFF for 2012/13 is deliverable.

Physical Disabilities: £26k favourable (£39k adverse)

10. The adverse movement relates to an increased pressure on the Homecare budget, there have been no other material changes to this forecast since last month.

Learning Disability: £96k adverse (£218k favourable)

11. The £218k favourable movement primarily relates to a net decrease in the number of placements being funded for residential/nursing care since M10 coupled with a number of small movements within the overall gross budget of £31.7m.
12. This favourable movement reflects the continuing pro-active management approach to the scrutiny of proposals including the use of tenancies where appropriate in advance of the supported housing programme being available.

Mental Health: £173k favourable (no change)

13. There has been no change to this forecast since last month.

Housing Benefit: £1,853k favourable (£122k favourable)

14. The primary reason for this £122k favourable movement relates to an improved forecast for housing benefit subsidy. This is due to the monthly percentage increase in claims from private tenants continuing to slow and is now at its lowest since April resulting in a favourable movement of £100k.

Housing Needs: £153k adverse (£153k adverse)

15. The Housing Needs budget has had a pressure resulting from supply issues in temporary accommodation. This has upward pressure on rents with landlords of the majority of those leases that have/are due to expire who will only renew at the higher LHA (local Housing Allowance) levels. The budget assumed procurement of properties at a lower rental level. This pressure was first identified in the summer and management action was undertaken in the expectation of being able to mitigate the impact. The management action, which has minimised voids, achieved a lower prevention unit cost and with various one-off savings is forecast to leave an adverse position of around £153k.

SCH&H Other Services: £169k favourable (£173k favourable)

16. The £173k favourable movement primarily relates to a number of budgets including a £50k favourable movement on first time buyers as the target of assisting 36 residents is achieved. Other favourable movements include £32k for Homes of Multiple Occupation, a £60k improved recharge position to the HRA from the General Fund, and various other improvements.

Housing HRA

17. The HRA has a gross budget of £59.8m and is forecasting a £820k favourable position at month 11, an improvement of £389k from the month 10 position.

Services		2011/12 Budget (as at Month 11) £000	2011/12 Forecast (as at Month 11) £000	% Var of budget	Variance (As at Month 11) £'000	Variance (As at Month 10) £000	Change from Month 10 £000
General and Special Services	Exp	+16,317	+15,417	-6%	-900	-820	-80
Repairs Services	Exp	+22,415	+21,651	-3%	-764	-625	-139
Subsidy Payment to Government	Exp	+15,492	+15,414	-1%	-78	-20	-58
Capital Funded from Revenue (RCCO)	Exp	+2,384	+2,264	-5%	-120	-120	0
Other Expenditure	Exp	+3,178	+3,247	2%	+69	-1	+70
Income	Inc	-57,303	-58,408	2%	-1,105	-987	-118
In Year (Surplus) / Deficit	Total	+2,483	-415	-117%	-2,898	-2,573	-325

The main reasons for this favourable variance of £325k relate to slippage in pre-construction costs associated with the new build and sheltered schemes (£80k); a decrease in asbestos work, voids and pest control within the Repairs service (£139k); and a favourable movement in income forecast for water commissions received Hillingdon from the water companies (£50k).

Planning Environment Education and Community Services

Revenue: **£2,214k underspend (£293k improvement)**

18. The Group has a projected outturn position of £2,214k underspend, excluding pressure areas that have identified contingency provisions.

Services		2011/12 (As at Month 11)		% Var of budget	Variances (+ adv/- fav)		
		Current Budget	Forecast		Variance (As at Month 11)	Variance (As at Month 10)	Change from Month 10
		£'000	£'000		£'000	£'000	£'000
Corporate Property & Construction	<i>Exp</i>	3,269	3,534	8%	+265	+223	+42
	<i>Inc</i>	-2,956	-2,956	0%	0	0	0
	Total	313	578	85%	+265	+223	+42
Education	<i>Exp</i>	290,083	288,535	-1%	-1,548	-1,476	-72
	<i>Inc</i>	-251,987	-252,779	0%	-792	-792	0
	Total	38,096	35,756	-6%	-2,340	-2,268	-72
ICT Highways & Business Services	<i>Exp</i>	29,299	29,509	1%	+210	+163	+47
	<i>Inc</i>	-12,012	-11,689	-3%	+323	+323	0
	Total	17,287	17,820	3%	+533	+486	+47
Planning Sport & Green Spaces	<i>Exp</i>	10,440	10,279	-2%	-161	-51	-110
	<i>Inc</i>	-4,113	-3,968	-4%	+145	+145	0
	Total	6,327	6,311	0%	-16	+94	-110
Public Safety & Environment	<i>Exp</i>	48,296	47,438	-2%	-858	-748	-110
	<i>Inc</i>	-19,391	-19,049	-2%	+342	+392	-50
	Total	28,906	28,390	-2%	-516	-356	-160
Transportation Planning Policy & Community Engagement	<i>Exp</i>	4,164	4,024	-3%	-140	-100	-40
	<i>Inc</i>	-2,961	-2,961	0%	0	0	0
	Total	1,203	1,063	-12%	-140	-100	-40
Total Expenditure		385,551	383,319	-1%	-2,232	-1,989	-243
Total Income		-293,419	-293,401	0%	+18	+68	-50
PEECS Total		92,132	89,918	-2%	-2,214	-1,921	-293

Corporate Property & Construction: £265k overspend (£42k adverse)

1. Property Disposal and empty buildings are forecasting a pressure of £35k which relates to the cost of maintaining vacant assets within the Estate. In addition, there is a pressure of £50k arising from unbudgeted consultancy costs being incurred to investigate a compensation claim for contaminated land at New Year's Green Lane, and a pressure of £40k on utilities costs that are not recoverable from certain tenants within the commercial property portfolio.
2. There is a £98k pressure which relates to the underachievement on the 2011/12 MTF savings target relating to the corporate landlord staffing review and which has been incorporated into the 2012/13 budget.
3. There is also a pressure of £42k relating to urgent revenue works to properties undertaken by the corporate construction team, which is an adverse movement compared to Month 10.

Education: £2,340k underspend (£72k improvement)

Schools: *variance not applicable*

4. The Schools Budget is ring fenced and funded from the DSG. Schools' expenditure is monitored quarterly with any forecast year-end deficits being the subject of detailed discussions with the schools concerned. Schools forecasting deficits are required to work with the Schools Finance Team and supply recovery plans identifying how they intend to eliminate their deficit. It should be noted that the DSG budgets are completely separate to the General Fund and no interaction between these two funds is allowable.
5. Any underspend or overspend of the Schools Budget in 2011/12 would be carried forward as the schools own balances into 2012/13 and would have no effect on the General Fund.
6. The retained DSG element follows the similar procedure but is carried forward as a whole for the Schools Forum then to decide how to allocate it in 2012/13.

Youth & Connexions: £99k overspend (no change)

7. The Connexions service has a pressure of £687k against the MTFF savings target. A reduced contract price has been agreed that has produced a saving for the current year, and continues to deliver the Connexions service. The youth service is reporting an underspend of £588k, no change compared to Month 10, due to the service having a significant number of staff vacancies, as the service is undergoing a major BID review. These have been held vacant where it does not affect service delivery, and assist with delivering the 2012/13 full year saving target, as well as providing a one-off in year saving.

Childcare, Early Years and Children's Centres: £1,028k underspend (no change)

8. Part of this service area was previously funded by the ringfenced Sure Start Grant - these budgets have now been incorporated into the base budget. Children's Centres budgets have been reviewed and a saving of £213k is included in the position and is part of the 2012/13 MTFF savings proposals.
9. Following a further review of the forecast expenditure within this service area, underspends have been identified consisting of £225k in the Children's Centres budget, which was earmarked for the completion of the Phase III Centres, which is no longer required as it can be met from one-off surplus funds that have been recouped; an one-off underspend of £267k in the Phase III Children's Centres that are still not fully operational, but were allocated a full year budget; and underspends of £140k on training providers, £120k on SEN / Inclusion and Disabled Access, and on central administration of £63k. All of these budgets will be subject to a zero based budget review and have targeted reductions included in the 2012/13 MTFF proposals.
10. The other part of this service area continues to be DSG funded and includes Hillingdon's three Early Years Centres and 3 & 4 Year Old Nursery grants. The Hillingdon's Early Years Centres are either confirmed Children's Centres or building up to Children's Centre status.

School Improvement Service: £500k underspend (no change)

11. A review of the service's budget and expenditure including a review of grant income has identified an underspend of £500k, which relates to the application of grant income to eligible expenditure up to August 2011 - this has released base budget to achieve a one-off saving for the current year.

Education Central Budget: £112k underspend (no change)

12. This area consists of the Education Central Support Cost budget, certain centrally managed items and corporate charges such as debt interest which will be charged at the year-end in line with the budget.
13. There is an underspend on the Barnhill PFI project revenue budget - the original General Fund allocation was to cover a range of associated costs amongst which included the FM contract and legal costs. The revised calculation of PFI credits produces a saving of £310k.
14. The remainder of the forecast for these items includes £148k representing the MTFF saving on extended schools support that can not be achieved, plus a £50k shortfall on the MTFF saving for the education business support review that is offset by brought forward savings on the group-wide review of support functions reported within Public Safety and Environment below.

Access & Inclusion: £558k underspend (no change)

15. The service is forecasting an underspend of £558k, comprising of a £308k underspend in the Educational Psychology service, an underspend of £102k in the Pupil Support Service and an underspend of £78k in the Parent Support Service, where there are a number of vacant posts, and an underspend of £70k where costs for hospital tuition will be met from the retained schools budget. Both the Educational Psychology position and the hospital tuition position reflect the bringing forward of savings targeted for 2012/13.

Organisation & Resources: £169k underspend (no change)

16. This service is reporting an underspend of £18k on staffing budgets due to the impact of staff on maternity leave. In addition, there is an underspend on ICT support costs of £115k, and a surplus on rental income from Hillingdon Manor independent school of £36k.

Music Service: £72k underspend (£72k improvement)

17. Following a review of demand for the service after the increase in fees for the new academic year, efficiencies have been made in the scheduling of sessional staff producing an underspend of £72k, which represents advanced delivery of the full year savings allocated to the service in 2012/13 in the MTFF.

ICT Highways & Business Services: £533k overspend (£47k adverse)

SEN Transport: £151k overspend (no change)

18. This is an area that has seen significant pressure in the last financial year and as a result growth monies were allocated to support the service for 2011/12. The service is currently reporting a pressure of £151k - there has been an increase of 13 routes compared to 2010/11, with the prospect of further routes being required due to the high level of in-year admissions and placements being made at this time. The service is endeavouring to minimise the cost impact by consolidating routes wherever possible.

Fleet Management: £87k overspend (£87k adverse)

19. A pressure of £87k is now forecast. The service has incurred additional costs of £117k for upgrading vehicles to meet the statutory modifications regarding exhaust regulations. This is offset by savings on the salaries budget of £30k which relates to posts included for deletion in the MTFF for 2012/13, but where staff have already been released this year. The service is actively managing the additional maintenance costs associated with an ageing fleet, but this

will not now be sufficient to offset the one-off exhaust modifications costs. The service also faces risks around insurance claims, where under revised arrangements this year there is a greater risk around accidental damage.

Facilities Management: £355k overspend (£20k adverse)

20. There is a forecast pressure of £270k across facilities management, maintenance and Borough Wide Maintenance budgets. The larger proportion of this is due to a pressure against the income target to sell services to the schools and other externally funded services, where schools have opted out and have purchased FM services directly. There are also pressures on maintenance budgets for day to day repairs.

21. The Middlesex Suite is forecasting a pressure of £65k. The pressure has been due to a general slow down in demand set against a challenging income target. The marketing of this service has been reviewed and updated, however the impact of this is yet to be reflected in additional hires.

22. In addition there is a pressure of £20k relating to increased postage prices, which can not be contained within budget, representing an adverse movement compared to Month 10.

Highways: £60k underspend (£60k improvement)

23. The unusually mild winter has meant that gritting requirements have been lower than average, producing an underspend on the winter maintenance budget of £60k.

Planning Sport & Green Spaces: £16k underspend (£110k improvement)

Sport & Green Spaces : £64k overspend (£110k improvement)

24. In December 2011 the Council took over the operation of three golf courses, where these have been re-possessed from the previous golf operator that had incurred significant rent arrears. £50k has been released from contingency to establish effective management of the courses, however there are pressures resulting from rent foregone due to the re-possession, consisting of two quarters rent income (£140k), plus the Council's share of turnover income for 2010/11 that is unlikely to be recovered (£110k). In addition, the turnover income target for 2011/12 of £100k has effectively transferred to the in-house operation. The staffing costs and income from this for the remainder of the year are currently assessed at £100k each, the business rates liability is £40k, with other supply costs contained within the applied contingency funding, therefore it is likely that there will be deficit over this winter period. Hence the total current pressure this financial year is estimated at £390k, an adverse movement of £40k compared to Month 10.

25. There are compensating savings elsewhere in the division arising from bringing litter collection in parks in-house (£30k), from one-off reduced maintenance commitments this financial year (£270k) and a retrospective business rate refund on Hayes Pool (£26k). This represents an improvement of £150k across green spaces compared to Month 10.

Planning: £80k underspend (no change)

26. There is an in-year surplus of £154k against the income target for Section 106 administration fees mainly due to the conclusion of two large agreements.

27. Pre-application advice income from developers shows a pressure of £49k, no change compared to Month 10, reflecting continuing uncertainty in the housing market.

28. Planning appeals costs are showing a pressure of £25k due to an increase in the number of costs appeals following changes to the appeals process made by the Planning Inspectorate. Appeals costs have been met from the general contingency in previous years.

Public Safety & Environment: £516k underspend (£160k improvement)

Waste Services: £545k underspend (£20k improvement)

29. Waste Disposal is forecasting a £380k underspend based on confirmation of the third quarter charges attributable to the variable tonnage element of the levy.

30. Overall the rest of the waste services are reporting a £165k underspend, after pressures in kerbside recycling of £50k have been absorbed that were previously assumed to be met from the corporate contingency of £150k. The Trade Waste service has increased its fees and has an associated MTFE savings target. The service has maintained its customer base and the target will be over-achieved, and this has been reflected in the 2012/13 budget proposals. It is also likely that there will be an underspend on graffiti removal, public conveniences and street cleansing based on current trends in expenditure for these services. The £20k improvement compared to Month 10 reflects lower maintenance costs for public conveniences that is delivering in advance a saving reflected in the MTFE for 2012/13.

Harlington Road Depot: £163k pressure (no change)

31. The forecast outturn for Harlington Road Depot is a pressure of £163k. The pressure chiefly relates to a reduction in the intensity of usage. This is due to the movement of some Council services to the Civic Centre, together with the loss of Hillingdon Homes contributions for space occupation at the depot and use of the Stores facility.

Parking: £150k overspend (no change)

32. There is a projected shortfall of around £150k on off-street parking, which is attributable to Cedars and Grainges multi-storey car parks in Uxbridge town centre, partly reflecting pressures reported last financial year, and a further reduction in consumer confidence among shoppers in view of the worsening economic outlook.

33. There is also a pressure of £50k for on-street parking income reflecting a similar trend in PCN income to last year. There are compensating savings of £50k on the expenditure side, and as a result it is anticipated that the PRA will break even.

Community Safety: £168k underspend (no change)

34. There is an underspend of £112k due to a realignment of the funding for police officers from the Housing Revenue Account to reflect activity levels, which has been reflected in the draft budget proposals for 2012/13. There is also an underspend of £56k across the staffing budget for the service, due to staff on maternity leave and other posts being held vacant.

Libraries: £64k overspend (no change)

35. There is an underlying pressure across the income streams, currently forecast at £64k which can not be contained within the overall Library budget. This relates to reduced fine income due to the implementation of on-line renewals, as well as the ongoing trend reduction in demand for audio-visual material.

Consumer Protection: £40k underspend (no change)

36. There is an underspend of £40k on salaries budgets across the service due to posts being held vacant in anticipation of BID savings for 2012/13 onwards.

Imported Food: nil variance (£50k improvement)

37. This is a service area where significant income targets were set as part of the MTFE savings programme, reflecting the new levies for catch certificates and perishable food certificates and inspections. Current indications of the projected outturn for these new income streams are that they will exceed their targets by around £250k, an improvement of £50k compared to Month 10. However, the targets for the existing business of the service continue to be under pressure as a result of the depressed economic conditions, which is estimated to be at least £250k based on current projections.

Directorate Support: £140k underspend (£90k improvement)

38. The BID reviews of business support and technical administration have been undertaken on a group-wide basis, and have now been implemented producing an additional saving of £140k this financial year, an improvement of £90k compared to Month 10. This represents the bringing forward of part of the saving identified for the 2012/13 financial year.

Transportation Planning Policy and Community Engagement: £140k underspend (£40k improvement)

39. The service is reporting a £60k favourable position due to the savings resulting from a restructure in the Road Safety service, which is included in the MTFE savings for 2012/13 reported to December Cabinet. In addition, there is a one-off underspend of £80k as a result of vacant posts across the rest of the service, an improvement of £40k compared to Month 10.

Central Services

Revenue: £468k favourable (£5k Improvement)

Services		2011/12 (As at Month 11)		% Var of budget	Variances (+ adv/- fav)		
		Current Budget	Forecast		Variance (As at Month 11)	Variance (As at Month 10)	Change from Month 10
		£'000	£'000		£'000	£'000	£'000
Chief Executive/Deputy Chief Executive	<i>Exp</i>	646	645	0%	-1	-1	0
	<i>Inc</i>	0	0		0	0	0
	<i>Rechgs</i>	-8	-8	0%	0	0	0
	Total	638	637		-1	-1	0
Audit & Enforcement	<i>Exp</i>	1,442	1,371	-5%	-71	-67	-4
	<i>Inc</i>	0	-12		-12	-9	-3
	<i>Rechgs</i>	-898	-898	0%	0	0	0
	Total	543	482		-83	-76	-7
Corporate Communications	<i>Exp</i>	919	804	-13%	-115	-114	-1
	<i>Inc</i>	-27	-24	-11%	3	1	2
	<i>Rechgs</i>	-862	-829	-4%	33	33	0
	Total	30	-38		-79	-80	1
Democratic Services	<i>Exp</i>	3,252	3,406	5%	154	57	97
	<i>Inc</i>	-754	-855	13%	-101	-36	-65
	<i>Rechgs</i>	719	719	0%	0	0	0
	Total	3,217	3,246		53	21	32
Finance & Procurement Services	<i>Exp</i>	10,803	11,440	6%	637	140	497
	<i>Inc</i>	-522	-994	90%	-472	-36	-436
	<i>Rechgs</i>	-6,107	-6,107	0%	0	0	0
	Total	4,124	4,153		165	104	61
Human Resources	<i>Exp</i>	4,802	4,624	-4%	-178	-31	-147
	<i>Inc</i>	-1,126	-1,084	-4%	42	-13	55
	<i>Rechgs</i>	-3,702	-3,702	0%	0	0	0
	Total	-26	-67		-136	-44	-92
Legal Services	<i>Exp</i>	1,934	1,992	3%	58	34	24
	<i>Inc</i>	-152	-173	14%	-21	-1	-20
	<i>Rechgs</i>	-1,819	-1,819	0%	0	0	0
	Total	-37	20		37	33	4
Policy & Performance	<i>Exp</i>	4,921	4,526	-8%	-395	-391	-4
	<i>Inc</i>	-533	-562	5%	-29	-29	0
	<i>Rechgs</i>	-734	-734	0%	0	0	0
	Total	3,926	3,531	0	-424	-420	-4
Total Expenditure		28,719	28,808	0%	89	-373	462
Total Income		-3,114	-3,704	19%	-590	-123	-467
Total Recharges		-13,411	-13,378	0%	33	33	0
CS Total		12,194	11,726	0	-468	-463	-5

Audit and Enforcement: £83k favourable (Improvement £7k)

1. This underspend relates primarily to vacant posts within the teams. Recruitment is in progress for graduate trainees which will bring the team to full establishment to ensure that controls are maintained during this period of restructuring. Also, there has been additional income received this month for Proceeds of Crime monies.

Finance and Procurement: £165k pressure (Adverse movement £61k)

2. The pressure in finance relates to one-off redundancy costs arising from the BID restructure of the service. The additional restructure within the Corporate Finance team has led to further projected redundancy costs being incurred within this financial year.

Corporate Communications: £79k favourable (Adverse movement £1k)

3. This underspend has arisen from staff vacancies continuing to be held open following the restructure and a review of the funding strategy of Hillingdon People.

Democratic Services: £53k pressure (Adverse movement £32k)

4. This overspend relates solely to an additional transfer that has been made this year to the Elections earmarked reserve in order to ensure that sufficient funding is in place to cover the expected increased costs of the next election.

Policy, Performance and Partnerships: £424k favourable (Improvement £4k)

5. The restructure of the Policy and Performance Team is now complete and set to deliver significant savings. There are also substantial staffing savings within the Partnerships team. These savings will be taken as part of the MTF 2012/13, but provide an in-year underspend in 2011/12. Further revisions to non-salaries expenditure forecasts within the service have resulted in this slight improvement in the monitoring position.

Human Resources: £136k favourable (Improvement £92k)

6. The significant improvement this month relates solely to the revision to redundancy cost estimates arising from the restructures within HR Payroll and Learning and Development. The estimates previously included were the 'worst-case scenario' in terms of costs, but the restructure has been implemented, the redundancy has come in £92k less than forecast.

Legal Services: £37k pressure (Adverse Movement £4k)

7. Salary overspends due to MVF and cover required for maternity leave, make up this overspend on Legal Services budgets. The adverse movement this month relates to February income coming in slightly less than was projected, although, overall is still overachieving on their income target. Reviews of business processes are continuing within Legal, focusing on court cost recovery and business processes within the support team with the aim of delivering efficiencies going forward.

APPENDIX B – Treasury Management Report

1. As at 29th February 2012 the Council's portfolio of deposits and debt were as follows:

Outstanding Deposits - Average Rate of Return on Deposits: 0.85%

	Actual £m	Actual %	Bench-mark %
Up to 1 Month	72.7	72.27	80.00
1-2 Months	17.4	17.30	20.00
2-3 Months	0.0	0.00	0.00
3-6 Months	2.0	1.99	0.00
6-9 Months	0.0	0.00	0.00
9-12 Months	0.0	0.00	0.00
12-18 Months	0.0	0.00	0.00
Subtotal	102.0	91.30	100.00
Unpaid Maturities	8.5	8.45	0.00
Total	100.6	100.00	100.00

2. During the month, maturities with Barclays Bank and Lloyds TSB brought investments falling below the Councils minimum credit criteria down from £13.3 to £2m. Unpaid Icelandic investments make up £8.5m of investments. The remaining £90.1m is held with UK institutions, which hold a minimum A+ (Fitch or equivalent) long-term credit rating.
3. Deposits are currently held with the following institutions; BlackRock MMF, Deutsche MMF, Fidelity MMF, Goldman Sachs MMF, HSBC MMF, Ignis MMF, PSDF MMF, HSBC Bank plc, Lloyds TSB Banking Group, Lancashire County Council, Birmingham City Council, West Yorkshire Police Authority, Wigan Council, Salford Council and the DMADF.
4. During February fixed-term deposits continued to mature in line with cash flow requirements. Surplus funds were either placed in instant access accounts or short fixed term deposits of up to two months in order to meet near term cash flow requirements.
5. The first interim dividend of £1,464k was received from the administrators of Landsbanki, which equated to just over 29% of the deposit value.

Outstanding Debt - Average Interest Rate on Debt: 3.60%

	Actual £m	Actual %
PWLB	117.96	71.08
Long-Term Market	48.00	28.92
Temporary	0.00	0.00
Total	165.96	100.00

6. There were no early debt repayments or rescheduling activities during February and there were no breaches of the prudential indicators during February.

Ongoing Strategy

7. To maintain liquidity for day-to day business operations, short-term balances will be placed in money market funds when capacity allows, as these are yielding a higher rate of interest than those offered on fixed term deposits of up to three months. Thereafter short-term fixed deposits will be placed to ensure counterparty limits are not breached
8. During February outstanding PWLB loans carried premiums and therefore made rescheduling of debit unfeasible. Early redemption opportunities will continue to be monitored; however it is unlikely the market will move to an extent which will make it viable.

APPENDIX C

Retaining of agency staff for Social Care, Health, and Housing Services

The following agency staff are required to be retained within Social Care and Housing to maintain essential services whilst recruitment is in process or to deliver key improvement projects. Posts 10 to 22 have been submitted to Cabinet previously but require further extensions due to recruitment difficulties, project implementation, or vacancy held pending restructuring. Posts 1 to 9 relate to new vacancies in key positions.

Posts 23 to 74 relate to posts within Residential Homes and Day Centres of these posts 23 to 34 have been submitted to Cabinet previously but require further extensions due to vacancies being held pending restructures and the need to have cover in front line services. Posts 35 to 74 now require Cabinet approval as previously the agency cost had not exceeded Cabinet member approval limit.

Ref	Post Title	Start Date	Proposed End Date	2010/11 Spend £000	2011/12 Est spend £000	2012/13 Est spend £000	Est Total Spend £000
1	Mental Health AMHP	01-May-10	02-Oct-12	22	22	10	54
2	Disabilities - Health & Sensory Speech & Language therapist	01-Nov-11	22-Sep-12	0	23	28	51
3	Asylum Deputy Team Manager	11-Jul-11	05-Aug-12	0	36	22	58
4	CWDC Social Work Practitioner	01-Apr-12	31-Dec-12	0	0	53	53
5	Referral & Assessment Team Senior Social Worker	19-Feb-12	31-Dec-12	0	20	39	59
6	Referral & Assessment Team Manager	01-Apr-12	31-Dec-12	0	0	62	62
7	C&F Safeguarding Project Manager	01-Aug-11	31-Jul-12	0	49	15	64
8	Direct Payments Administrator	01-Apr-10	05-Oct-12	19	19	13	51
9	Referral & Assessment Team Social Worker	01-Aug-11	31-Dec-12	0	33	36	69
10	IAS Interim Transformation Lead	01-Jul-11	31-Dec-12	0	100	93	193
11	Electrical and Mechanical Electrical Services Officer	04-Oct-10	28-Sep-12	22	44	25	91
12	Asylum Support Worker	01-Apr-10	16-Sep-12	41	49	21	111
13	TeleCareLine Project Manager	15-Mar-11	05-Oct-12	0	63	38	101
14	Mental Health AMHP	09-Aug-10	02-Oct-12	34	56	28	118
15	Access and Assessment AMHP	02-Aug-10	30-Sep-12	21	60	31	112
16	Access and Assessment Team Manager	02-Jan-12	31-Aug-12	0	28	35	63
17	Children In Need Team Senior Social Worker	01-Apr-10	31-Dec-12	45	48	36	129
18	Children In Need Team Social Worker	01-Apr-10	31-Dec-12	38	52	36	126
19	Referral & Assessment Team Senior Social Worker	01-Apr-11	31-Dec-12	0	58	36	94
20	Referral & Assessment Team Senior Social Worker	01-Apr-10	31-Dec-12	52	50	39	141
21	Fostering and Adoption Team Manager	01-Sep-11	30-Oct-12	0	41	44	85
22	C&F Safeguarding Disabled Children's Strategy	01-Apr-10	31-Jul-12	36	34	20	90
23	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	30	27	22	78
24	Disability and Mental Health Services Residential Care	01-Apr-10	31-Mar-13	30	27	22	78

Ref	Post Title	Start Date	Proposed End Date	2010/11 Spend £000	2011/12 Est spend £000	2012/13 Est spend £000	Est Total Spend £000
	Worker						
25	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	30	27	22	78
26	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	30	27	22	78
27	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	30	27	22	78
28	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	30	27	22	78
29	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	30	27	22	78
30	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	30	27	22	78
31	Disability and Mental Health Services Team Leader	01-Apr-10	31-Mar-13	22	28	25	76
32	Disability and Mental Health Services Team Leader	01-Apr-10	31-Mar-13	22	28	25	76
33	Disability and Mental Health Services Team Leader	01-Apr-10	31-Mar-13	22	28	25	76
34	Disability and Mental Health Services Support Worker	01-Apr-10	31-Mar-13	27	28	26	81
35	Disability and Mental Health Services Senior Support Worker	01-Apr-10	31-Mar-13	19	18	15	52
36	Disability and Mental Health Services Team Leader	01-Apr-10	31-Mar-13	23	22	17	62
37	Disability and Mental Health Services Night Care Worker	01-Apr-10	31-Mar-13	26	13	22	60
38	Disability and Mental Health Services Night Care Worker	01-Apr-10	31-Mar-13	26	13	22	60
39	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	25	21	26	73
40	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	25	21	26	73
41	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	25	21	26	73
42	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	25	21	26	73
43	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	25	21	26	73
44	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	25	21	26	73
45	Disability and Mental Health Services Team Leader	01-Apr-10	31-Mar-13	24	24	33	81
46	Disability and Mental Health Services Support Workers	01-Apr-10	31-Mar-13	23	21	17	61
47	Disability and Mental Health Services Support Worker	01-Apr-10	31-Mar-13	23	21	17	61

Ref	Post Title	Start Date	Proposed End Date	2010/11 Spend £000	2011/12 Est spend £000	2012/13 Est spend £000	Est Total Spend £000
48	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	10	26	26	62
49	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	10	26	26	62
50	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	10	26	26	62
51	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	10	26	26	62
52	Disability and Mental Health Services Residential Care Worker	01-Apr-10	31-Mar-13	10	26	26	62
53	Disability and Mental Health Services Day Centre Officer	01-Apr-10	31-Mar-13	1	24	33	58
54	Disability and Mental Health Services Day Centre Officer	01-Apr-10	31-Mar-13	1	24	33	58
55	Disability and Mental Health Services Day Centre Officer	01-Apr-10	31-Mar-13	1	24	33	58
56	Disability and Mental Health Services Day Centre Officer	01-Apr-10	31-Mar-13	21	19	26	65
57	Disability and Mental Health Services Day Centre Officer	01-Apr-10	31-Mar-13	21	19	26	65
58	Disability and Mental Health Services Day Centre Officer	01-Apr-10	31-Mar-13	21	19	26	65
59	Disability and Mental Health Services Day Centre Officer	01-Apr-10	31-Mar-13	21	19	26	65
60	Disability and Mental Health Services Day Centre Officer	01-Apr-10	31-Mar-13	21	19	26	65
61	Disability and Mental Health Services Support Worker	01-Apr-10	31-Mar-13	10	19	28	57
62	Disability and Mental Health Services Day Centre Officer	01-Apr-10	31-Mar-13	16	25	25	66
63	Disability and Mental Health Services Day Centre Officer	01-Apr-10	31-Mar-13	16	25	25	66
64	Disability and Mental Health Services Day Centre Officer	01-Apr-10	31-Mar-13	16	25	25	66
65	CLA - Childrens Homes In House Residential Care Worker	01-Apr-10	31-Mar-13	20	22	18	60
66	CLA - Childrens Homes In House Residential Care Worker	01-Apr-10	31-Mar-13	20	22	18	60
67	CLA - Childrens Homes In House Residential Care Worker	01-Apr-10	31-Mar-13	20	22	18	60
68	CLA - Childrens Homes Resp Residential Care Worker	01-Apr-10	31-Mar-13	23	19	26	68
69	CLA - Childrens Homes Resp Residential Care Worker	01-Apr-10	31-Mar-13	23	19	26	68
70	CLA - Childrens Homes Resp Residential Care Worker	01-Apr-10	31-Mar-13	23	19	26	68
71	CLA - Childrens Homes Resp Residential Care Worker	01-Apr-10	31-Mar-13	23	19	26	68
72	CLA - Childrens Homes Resp Residential Care Worker	01-Apr-10	31-Mar-13	23	19	26	68
73	CLA - Childrens Homes Resp Residential Care Worker	01-Apr-10	31-Mar-13	23	19	26	68
74	CLA - Childrens Homes Resp Residential Care Worker	01-Apr-10	31-Mar-13	23	19	26	68

Retaining of agency staff for Planning, Environment, Education and Community Services

The Delivery Officer is required to be retained within the Corporate Construction Team to provide co-ordinated project management across the corporate construction programme of works including leading on the supported housing programme. The contract started on the 17th March 2011, then extended to 27th April 2012. It is now being extended by twenty-two weeks to 30th September 2012.

The first Quantity Surveyor is the second agency appointment to the post. The initial contract started on the 13th March 2011 and the post holder left on the 14th February 2012. The replacement post holder will begin on 2nd April 2012 and the contract extended to the 30th September 2012.

The second Quantity Surveyor is providing co-ordinated cost management reports across all the projects including Primary Schools Programme. The contract started on the 4th April 2011, then extended to 27th April 2012. It is now being extended by twenty-two weeks to 30th September 2012.

The second Delivery Officer is to be retained to lead on the Primary Schools construction programme. The contract started on the 13th March 2011 and was extended to the 3rd August 2012. This additional request includes a £20 increase in the daily rate from 1st April 2012 and a contract extension to the 30th September 2012.

The Architect is to provide design support across the Corporate Construction Team, including South Ruislip and Hayes End library. The contract began on the 9th October 2011 and requires cabinet approval in order to be extended to the 30th September 2012.

Pupil Support Team Hospital and Homes - teacher required to cover vacancies left by two PST deputy heads. Teacher needed to provide subject learning to Centre's students in relation to ongoing education and GCSE studies as per curriculum. In addition, co-ordination required as per centre's requirements. The contract started on 7th of February 2011. It has been extended by another term.

Post Title	Start Date	Proposed end date	2010/11 Spend (£'000)	2011/12 Spend (£'000)	2012/13 Spend (£'000)	Current Request (£'000)	Total Spend (£'000)	Comment
Delivery Officer	17/03/11	30/09/12	2	74	6	33	115	Previously costing £82k
Quantity Surveyor	13/03/11	30/09/12	3	55	0	30	88	Previously costing £58k
Quantity Surveyor	04/04/11	30/09/12	0	49	0	30	79	
Delivery Officer	13/03/11	30/09/12	7	81	22	32	142	Previously costing £110k
Architect	09/10/11	30/09/12	0	26	0	26	52	
Teacher	07/02/11	31/08/12	7	44	14	14	58	Permanent recruitment in place.

Retaining of agency staff for Central Services

Following the departure of the Head of Procurement in December 2011, this role is being covered by the Procurement Manager for Planning, Environment, Education and Community Services. An additional interim resource was also recruited on a part time basis to support the Interim Head of Procurement and to provide targeted support on a number of strategic procurement projects where opportunities for continued development within the Council have been identified e.g. contract management and property related procurement issues. The initial approval was through a Cabinet Member report for 2 months. An extension for up to 6 months is now requested to allow for continued support to the service whilst the permanent recruitment to the Head of Procurement post is undertaken. The interim post is fully funded from the vacant Head of Procurement post.

Post Title	Start Date	Proposed end date	2010/11 Spend (£'000)	2011/12 Spend (£'000)	2012/13 Spend (£'000)	Total Spend (£'000)	Comment
Procurement officer	22/02/11	30/09/12	0	13	54	67	£19k already approved via Cabinet Member report

Supporting the Community Sector

Grant funding has been provided to the community organisations below for over ten years to contribute to transport costs which thereby enables disabled and older residents to attend social club activities. This in turn helps to prevent social isolation and avert potentially increased demand on community care services. Supporting community organisations to address the socialisation needs of disabled and older residents is compatible with the direction of travel set out in the Adult Social Care Personalisation and Commissioning Plan 2011 – 2015 and the Disabilities Commissioning Plan 2011 – 2015 approved by Cabinet on the 26th January 2012.

This funding was under the management of Community Resources until 2007 when it transferred to Social Care, Health and Housing.

	Organisation	Proposed 2012/13 Allocation
1.	As One Club	900
2.	Hayes and Harlington Social Club for the Blind	4,300
3.	Hayes Stroke Club	3,400
4.	Healing Gardens	800
5.	Jubilee Club	3,640
6.	Mencap (South)	8,500
7.	Mencap (North)	7,000
8.	Phoenix Blind Club	1,000
9.	Shopmobility	2,000
10.	Social Activities for Multiple Sclerosis (SAMS)	2,000
11.	Society for Disabled Artists (SODA)	5,000
12.	Uxbridge Social Club for the Blind	3,000
13.	Windmill Club for People with Disabilities.	13,000
	Total	54,540

The following provides additional information about the community organisations that it is recommended that the Council continue to fund for 2012/13 at the same level as in 2011/12:

1. *As One Club* – This club has been in existence since 1982. It supports 15 people with a physical disability aged over 25. The group meets once a month at Grassy Meadow Day Centre.
2. *Hayes and Harlington Social Club for the Blind* – This club was started in 1939. It supports 10 older residents and meets alternate Mondays at Barnhill Community Centre.
3. *Hayes Stroke Club* – This club has been in existence since 1978. It supports up to 18 people who are living with stroke and meets on a fortnightly basis at Barnhill Community Centre.
4. *Healing Gardens* – This was established in 1997. This organisation supports 13 people per month with learning and/or physical disabilities and also people with mental health needs and enables them to attend monthly outings at various gardens and indoor meetings at Christchurch, Uxbridge or the Iver Nature Reserve.
5. *Jubilee Club* – This club started in 1987. It meets on a monthly basis at Grassy Meadow Day Centre and Christchurch, Uxbridge and supports 20 disabled residents, most of whom are older people.
6. *Mencap (North)* - This club also started in 1958 and is based at the Wren Centre, Bourne Court in South Ruislip. This group supports up to 80 people with learning and physical disabilities and their families with weekly meetings on Tuesdays and Thursdays. It also provides 15 outings a year for up to 40 people and one holiday a year for up to 26 people.

7. *Mencap (South)* – This club started in 1958 and meets at Grassy Meadow Day Centre. It supports up to a 150 people with learning disabilities with evening clubs on Tuesdays and Wednesdays, dance classes on Saturdays and monthly meetings on a Sunday
8. *Phoenix Blind Club* - This group was established in 1997 and is for residents who are registered blind or partially sighted. It supports 21 residents and meets monthly at the 4th Ruislip Scout HQ.
9. *Shopmobility* – Shopmobility has been based in The Chimes since 2001 and provides access to powered and manual wheelchairs and powered scooters to anyone with limited mobility to enable them to mobilise around Uxbridge town centre. The funding contributes to the maintenance of equipment.
10. *Social Activities for Multiple Sclerosis (SAMS)* – SAMS started in 1989 and now supports 648 people living with MS and their partners/carers. The funding is for wheelchair accessible transport to enable club members to attend a social evening once a month and also a club outing once a month.
11. *Society for Disabled Artists (SODA)* – This group started in 1982 to encourage a greater understanding and appreciation of the visual arts by disabled people and to use these arts as a therapy, recreation and possible route to employment. The group supports 50 Hillingdon residents, most of whom are older people.
12. *Uxbridge Social Club for the Blind* – This group started in 1938. It meets once a month at Christchurch, Uxbridge and supports 11 residents over 75 who are blind or partially sighted.
13. *Windmill Club for People with Disabilities* – This group started in 1974. It meets once a week at Hillingdon Baptist Church and supports 19 disabled residents aged between 36 and 56.

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