



Housing Management and Almshouses Sub (Community and Children's Services) Committee

Date: MONDAY, 26 SEPTEMBER 2016
Time: 1.45 pm
Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL

Members: Virginia Rounding (Chairman)
Ann Holmes (Deputy Chairman)
Randall Anderson
Deputy John Barker
Deputy Billy Dove
John Fletcher
Deputy the Revd Stephen Haines
Deputy Henry Jones
Deputy Catherine McGuinness
Gareth Moore
Dhruv Patel
Deputy Elizabeth Rogula
Mark Wheatley

Enquiries: Philippa Sewell
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Lunch will be served in the Guildhall Club at 1pm
NB: Part of this meeting could be the subject of audio or video recording

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**
2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **MINUTES**
To approve the public minutes and non-public summary of the meeting on 4 July 2016.

For Decision
(Pages 1 - 6)
4. **PRESENTATION: SOUTHWARK MEDIATION**

For Information
5. **CITY OF LONDON ALMSHOUSES UPDATE**
Report of the Director of Community & Children's Services.

For Information
(Pages 7 - 8)
6. **MAIS HOUSE DECANT PROGRAMME - UPDATE**
Report of the Director of Community & Children's Services.

For Information
(Pages 9 - 10)
7. **ANNUAL REPORT FOR TENANTS 2015-16**
Report of the Director of Community & Children's Services.

For Information
(Pages 11 - 16)
8. **COMPENSATION POLICY**
Report of the Director of Community & Children's Services.

For Decision
(Pages 17 - 26)
9. **SELF-NEGLECT (AND CHRONIC HOARDING) PROTOCOL**
Report of the Director of Community & Children's Services.

For Information
(Pages 27 - 86)

10. **FIRE SAFETY PROTOCOL - COMMUNAL AREAS IN RESIDENTIAL BLOCKS**

Report of the Director of Community & Children's Services.

For Decision
(Pages 87 - 96)

11. **GATEWAY 3/4 OPTIONS APPRAISAL: MIDDLESEX STREET ESTATE,
PETTICOAT TOWER, REPLACEMENT OF WINDOWS AND BALCONY DOORS**

Report of the Director of Community & Children's Services.

For Decision
(Pages 97 - 106)

12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE SUB
COMMITTEE**

13. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

14. **EXCLUSION OF THE PUBLIC**

MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

Part 2 - Non-Public Reports

15. **NON-PUBLIC MINUTES**

To approve the non-public minutes of the meeting held on 4 July 2016.

For Decision
(Pages 107 - 108)

16. **THAMES WATER CONTRACT**

Report of the Director of Community & Children's Services.

For Information
(Pages 109 - 112)

17. **HORACE JONES HOUSE, TOWER BRIDGE - FIRST YEAR UPDATE**

Report of the Director of Community & Children's Services.

For Information
(Pages 113 - 116)

18. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE SUB
COMMITTEE**

19. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND
WHICH THE SUB COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE
PUBLIC ARE EXCLUDED**

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HOUSING MANAGEMENT AND ALMSHOUSES SUB (COMMUNITY AND CHILDREN'S SERVICES) COMMITTEE

Monday, 4 July 2016

Minutes of the meeting of the Housing Management and Almshouses Sub (Community and Children's Services) Committee held at Committee Rooms, West Wing, Guildhall on Monday, 4 July 2016 at 1.45 pm

Present

Members:

Randall Anderson
John Fletcher
Ann Holmes
Gareth Moore

Dhruv Patel
Deputy Elizabeth Rogula
Virginia Rounding
Mark Wheatley

Officers:

Philippa Sewell	- Town Clerk's Department
Mark Jarvis	- Chamberlain's Department
Paul Chadha	- Comptroller & City Solicitor's Department
Olajumoke Williams	- Comptroller & City Solicitor's Department
Jacquie Campbell	- Community & Children's Services Department
Amy Carter	- Community & Children's Services Department
Liane Coopey	- Community & Children's Services Department
Simon Cribbens	- Community & Children's Services Department
Paul Jackson	- Community & Children's Services Department
Adam Johnstone	- Community & Children's Services Department
Anne Mason	- Community & Children's Services Department
Paul Murtagh	- Community & Children's Services Department

1. APOLOGIES

Apologies were received from Deputy the Revd. Stephen Haines, Deputy Henry Jones, and Deputy Catherine McGuinness.

2. MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA

Mr Gareth Moore declared an interest in housing matters, as a tenant of Golden Lane Estate.

3. ELECTION OF CHAIRMAN

Members proceeded to elect a Chairman in accordance with Standing Order No. 29. A list of Members eligible to serve was read out and Virginia Rounding, being the only Member indicating her willingness to serve, was declared to have been elected for the ensuing year.

4. ELECTION OF DEPUTY CHAIRMAN

Members proceeded to elect a Deputy Chairman in accordance with Standing Order No. 30. A list of Members eligible to serve was read out and Ann Holmes,

being the only Member indicating her willingness to serve, was declared to have been elected for the ensuing year.

The Chairman welcomed new Members to the Sub Committee, Deputy John Barker and Deputy Billy Dove, and thanked the outgoing Members the Revd. Dr Martin Dudley and Alderman David Graves.

5. **TERMS OF REFERENCE AND ALLOCATED MEMBERS**

Members received the Terms of Reference, as agreed by the Community & Children's Services Committee at their meeting on 13 May 2016, and the Allocated Member guidelines and list for 2015/16, which was confirmed for another year.

RESOLVED – That the report be noted.

6. **MINUTES**

RESOLVED – That the public minutes and non-public summary of the meeting held on 25 April 2016 be approved as a correct record.

Matters Arising

Members noted that the waiting list for sheltered housing was not suspended, but that anyone wishing to join it was advised of the very long wait. In practice only those with exceptional circumstances were being added to the list.

7. **SOUTHWARK MEDIATION - LOOK AT MEDIATION SERVICE OVER LAST YEAR**

Members noted this item had been withdrawn from the agenda.

8. **MAIS HOUSE DECANT PROGRAMME - UPDATE**

The Sub Committee received a report of the Director of Community & Children's Services which provided an update on the Mais House Decant Programme. In response to a Member's query, officers advised all but one resident, who was currently abroad, had completed a housing application.

RESOLVED – That the report be noted.

9. **WELFARE BENEFITS UPDATE & FINANCIAL INCLUSION PROGRAMME**

The Sub Committee received a report of the Director of Community & Children's Services regarding the impact of the reforms to the welfare benefits system, the work taking place to help residents with the introduction of universal credit, and the Financial Inclusion Programme. In response to Members' queries, officers confirmed that payments were not borough-based and therefore the City of London Corporation paid for all residents of its estates, within and without the Square Mile.

Members discussed the report, and noted that Government funding to support local authorities through the impact of welfare benefit reform was reducing, which would severely limit the Corporation's ability to support vulnerable households. Members also noted that the grant of £37,000 awarded to the City Corporation by the Department for Work and Pensions to help pay for the cost

of extra support for residents affected by the changes was only paid at the end of the financial year, resulting in it appearing as an underspend in the budget, and risking it being lost to central resources. The intention is that these funds be used to appoint a case worker on a fixed term basis to provide specific support to households affected by the change to Universal Credit. If the funds are subsumed into central CoLC resources, this will not be possible. Therefore, the Sub Committee agreed unanimously to pass a resolution to the Grand Committee to ask for their support in urging the carry forward of these funds into next year's budget, so that they can be used for the purpose for which they were granted by the DWP.

RESOLVED – That the Community & Children's Services Committee be asked for their support in urging that the DWP grant allocated for Universal Credit Personal Support in 2015-16 but only received in March 2016 be carried forward into next year's budget in order to continue the financing for support given to vulnerable households transitioning to universal credit.

10. HOUSING SERVICE REVIEW - LEASEHOLDERS AND FREEHOLDERS

The Sub Committee received a report of the Director of Community & Children's Services regarding the review of Housing Services, which had identified a need to tailor services to meet the requirements of leaseholders and freeholders in different ways. Members noted that one of the proposals included was to appoint a Home Ownership Manager to work solely on the Housing Revenue Account (HRA) and provide a single point of contact for leaseholder queries.

RESOLVED – That the report be noted.

11. HOUSING AND PLANNING ACT

The Sub Committee received a report of the Director of Community & Children's Services regarding the Housing and Planning Act. Members discussed the report, noting that the Act required the sale of 'higher value' council homes to fund the Right to Buy for Housing Association tenants, increased social housing rents for tenants earning over £40k, replaced lifetime tenancies with fixed-term tenancies, and introduced a new type of affordable housing: Starter Homes. Members also noted that the details as to what this would mean on a practical basis (for instance, off-site provision for starter homes, or the definition of 'higher value') were yet to be specified, but it was likely that a substantial amount of the City Corporation's housing stock would be subject to the levy.

RESOLVED – That the report be noted.

12. MIDDLESEX STREET ESTATE PROGRAMME OF WORKS AND INTERNAL AND EXTERNAL REDECORATION

The Sub Committee considered a report of the Director of Community & Children's Services regarding internal and external refurbishment works programme at the Middlesex Street Estate. In response to a Member's question, officers confirmed that a communication strategy was being prepared

for this project and the Lift Refurbishment project (item 13). This would come to the Sub Committee meeting in September for consideration.

RESOLVED – That:

- a) it be noted that there will be separate Gateway 3/4 reports submitted for each project;
- b) it be noted that the options appraisal for each project may vary slightly to the original options appraisals outlined in the Gateway 1/2 report, as the original options may no longer be relevant; and
- c) revised budgets totalling £51,740, an increase of £40,470, be approved.

13. LIFT REFURBISHMENT - MIDDLESEX STREET ESTATE

The Sub Committee considered a report of the Director of Community & Children’s Services regarding the refurbishment of lifts at the Middlesex Street Estate.

RESOLVED – That:

- a) Option 1 is approved for proceeding to Procurement and Gateway 5;
- b) the estimated budget of £1,012,500 is noted; and
- c) a budget of £8,000 is approved to reach the next Gateway.

14. CITY OF LONDON ALMSHOUSES TRUST RISK REGISTER 2016

The Sub Committee considered the risk register for The City of London Almshouses Trust charity.

RESOLVED – That the Risk Register satisfactorily sets out the risks faced by The City of London Almshouses Trust charity, and appropriate measures are in place to mitigate those risks.

15. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE SUB COMMITTEE

There were no questions.

16. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There was no other business.

17. EXCLUSION OF THE PUBLIC

RESOLVED – That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.

Item	Paragraph
18-21	3
22-23	-

18. NON-PUBLIC MINUTES

RESOLVED – That the non-public minutes of the meeting held on 25 April 2016 be approved as a correct record.

19. **NEIGHBOURHOOD PATROL SERVICE**

The Sub Committee considered a report of the Director of Community & Children's Services.

20. **HOUSING - ALL ESTATES - DRAINAGE AND GULLIES WORKS**

The Sub Committee considered a report of the Director of Community & Children's Services.

21. **THAMES WATER**

The Sub Committee considered a report of the Director of Community & Children's Services.

22. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE SUB COMMITTEE**

There were no non-public questions.

23. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE SUB COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

There was no other business.

The meeting ended at 2.48 pm

Chairman

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Committee	Dated:
Housing Management & Almshouses Sub Committee	26 September 2016
Subject: City of London Almshouses Update	Public
Report of: Director of Community & Children's Services	For Information
Report author: Jacqueline Whitmore, Sheltered Housing Manager	

Summary

This report gives Members an information update on the City of London Almshouses, in Lambeth. Some of the information in the report also relates to the eight Gresham Almshouses on the estate.

Recommendation

Members are asked to note the report.

Main Report

Background

1. In February 2013 the City of London Almshouses Trustees Committee was merged with the Housing Management Sub-Committee to form the Housing Management & Almshouses Sub-Committee. This report is presented to alternate meetings of the Sub-Committee. It updates Members on operational matters relating to the Almshouses and their residents, and highlights any issues of concern, particularly where funding is required for which is not included in the current year's budget.

Current Position

2. Staff Development

Last June we employed a new scheme manager at Harman Close, Carl Newbold; as part of his training and development we have facilitated a swap in duties with Tracy Taylor the Almshouses Manager for a short period. Carl is currently undertaking some formal training and it has been a good experience to manage Almshouses for a short time as there are some differences in tenure. Carl has found this swap very helpful and is enjoying his time at the Almshouses.

3. Social activities

Carl, the Interim Almshouses Manager, has started weekly coffee morning, and has organised fish and chip lunches which have been popular. A day trip in August to Eastbourne was enjoyed by residents.

4. Estate meetings

Officers continue to hold meetings with residents and Southwark Mediation Centre staff, the latest topic for discussion was use and availability of the communal hall and how residents can become more involved in running the hall. A survey was sent out to residents to ask for views on activities and events and for volunteers to be nominated key holders which would allow access to the hall when staff are not on duty.

5. Refurbishment Programme

Officers will shortly be presenting a paper to the Gresham Trustees to request agreement for funding to allow the Gresham properties to be included in the two-year refurbishment programme for the CoL Almshouses. Property Services officers are, meanwhile, drafting a programme of work so that resident consultation can be started and the process for drawing up a specification to tender the work can commence.

6. Repairs

Property Services Team Manager continues to visit the Almshouses on a regular basis to check quality of repairs; no major issues have been reported

7. Rent Arrears

The current arrears have reduced since our last report, the majority of debt still relates to the previous report on two residents; officers can provide details to Committee Members on these arrears upon request.

8. Vacancies

There are currently three vacancies. These will be offered to residents of Mais House as a priority. Two of the properties require substantial work which is underway (replacement kitchens).

Jacqueline Whitmore
Sheltered Housing Manager

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Committee	Dated:
Housing Management and Almshouses Sub Committee	26 September 2016
Subject: Mais House Decant Programme - Update	Public
Report of: Director of Community and Children's Services	For Information
Report author: Paul Jackson – Department of Community and Children's Services	

Summary

Arrangements for decanting the sheltered housing scheme at Mais House began in May 2016. It was agreed that regular progress reports be brought to the Housing Management and Almshouses Sub- Committee. This is the second progress report covering the period for July and August. During this period five units have been vacated and a further three residents who have accepted offers are waiting to move. There are sixty-one units at Mais House. The current number of occupied units is forty-four.

Recommendation

Members are asked to note the report.

Main Report

Background

1. Arrangements for decanting the sheltered housing scheme at Mais House began in May 2016. It was agreed to bring regular progress reports on the decanting of Mais House to the Housing Management and Almshouses Sub- Committee. This is the second report and reflects activity during July and August 2016.
2. The preparatory work for the scheme decant was undertaken in May and June 2016. This included a housing needs survey and site visits for residents to City sheltered schemes and estates.

Current Position

3. A majority of residents have expressed a preference to be rehoused within the Corporation's own social rented stock, either in sheltered or general needs accommodation. Others have expressed a wish to be rehoused in areas in which the Corporation does not have any social rented housing. This will require the cooperation of other housing providers in the social rented and charitable sector if we are to meet these requirements.
4. Officers have established a reciprocal rehousing agreement with LB Lewisham to try to meet some of the demand. Officers have also held exploratory discussions with a large charitable provider of a newly-developed scheme at St Clement

Heights in Sydenham. The City does not have any nomination or reciprocal agreements with this provider. However a number of residents have expressed an interest in this scheme directly to the provider and officers will provide assistance to residents with their applications should they come under consideration for rehousing at this development.

Rehousing activity during this period and current levels of occupation

5. There are sixty-one units at Mais House. Forty-nine of these were occupied at the end of the last period. A number of residents who had accepted offers and whose moves were pending at that time have now been successfully rehoused. A number of other residents have accepted offers during this period. A summary of the rehousing activity for this period (July to August) is shown in the table below.

Occupied units at period start	Rehousing Activity			Vacated units	Occupied units at period end
	Offers	Refusals	Acceptances		
49	5	1	4	5	44

6. Of the four offers accepted one resident was rehoused into housing association accommodation. Three others have been offered City Almshouses or Corporation sheltered accommodation and are currently waiting to move.
7. Of the five units vacated in this period four are due to completed moves and one due to a deceased resident.

Redevelopment plans

8. Proposals for the redevelopment of the Mais House site are still at a very early stage and will be drawn up as part of the new homes building programme. It is intended that an officer/Member working group will be established to advise on the plans as they progress. There will also be consultation with residents – both those in situ, and those who have moved out and may wish to return.

Corporate & Strategic Implications

9. The redevelopment of Mais House is a key objective in the Community & Children’s Services Business Plan and contributes to the delivery of Strategic Priority 4 - *Supporting homes and communities: Developing strong neighbourhoods and ensuring people have a decent place to live.*
10. The development will contribute to the corporate commitment that the City will build 700 new homes on Housing Revenue Account land within the next 10 years.

Paul Jackson

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Committee	Dated:
Housing Management and Almshouses Sub Committee	26 September 2016
Subject: Annual Report for Tenants 2015-16	Public
Report of: Director of Community and Children's Services	For Information
Report author: Amy Carter, Community and Children's Services	

Summary

This report presents Members with our sixth Annual Report for Tenants.

Producing an Annual Report is a regulatory requirement and is good practice within the housing sector. It enables us to comply with national standards to ensure that social landlords are accountable to their tenants and provides tenants with clear information.

The report has been designed to be user-friendly and can be made available to residents in different formats if required.

Overall, we have delivered a high performing housing service.

Recommendation

Members are asked to:

- Note the content of the Annual Report, which will then be made available to tenants.

Main Report

Background

1. In 2010, the Tenant Services Authority (TSA) introduced a requirement for all housing providers to produce an annual performance report for their tenants. The TSA was abolished in April 2012, and its responsibilities transferred to the Homes & Communities Agency. However, the regulatory framework set out by the TSA remains in place and it is accepted practice that annual reports continue to be produced.

Current Position

2. Producing the report each year helps to build a picture of our work and achievements on a rolling basis for a range of stakeholders, including tenants, Members and the regulator.

3. The report for 2015-16 is attached as Appendix 1.

Summary of our performance

4. Overall, the City's Housing Services are provided to very high standards. Key achievements include:

- £13.1 million collected in rent. This represents a collection rate of 98.8%.
- 82% of our residents are satisfied or very satisfied with the cleanliness of their scheme or estate.
- 99% of our 24-hours emergency repairs completed in time.

5. The highlights of the satisfaction data included in this Annual Report for tenants have been gathered from the Annual Estate Satisfaction Survey. The data is currently being analysed, and a full report will be brought to members shortly.

Corporate & Strategic Implications

6. The Annual Report positively contributes to the Department's strategic objectives. Monitoring and reporting performance to tenants helps to ensure greater efficiencies, engagement with our service-users and on-going service improvements. This contributes towards Priority 4 - Homes and communities: Developing strong neighbourhoods and ensuring people have a decent place to live; and Priority 5 - Efficiency and effectiveness: Delivering value for money and outstanding services.

Implications

7. Producing the Annual Report meets a regulatory requirement and therefore reduces the risk of intervention from the regulator. Monitoring and reporting on performance on a regular basis reduces the risk of poor performance.

Conclusion

8. In conclusion, the Annual Report enables us to demonstrate the performance of our housing service to our residents. We would welcome members' views on the report for future editions.

Appendices

The Annual Report for Tenants 2015-16 is attached at Appendix 1.

Amy Carter

Projects & Improvements Manager, Housing & Neighbourhoods

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How did we do?

Annual report for City of London tenants 2015/16



HOW DID WE DO?

Customer complaints

43

Complaints received

Page 14

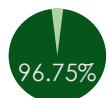
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Referred to the Housing Ombudsman

Repairing and maintaining your home



5,819 REPAIRS



96.75% overall satisfaction rate with our repairs and maintenance service.



96.34% satisfaction rate with repairs carried out in your homes.



95.25% of appointments made were kept.



100% of our 2-hour immediate repairs completed on time.



99% of our 24-hour emergency repairs completed in time.



99% of our 5-day routine repairs completed on time.



99.1% of our properties had a valid Gas Safety Certificate, or CP12, for gas safety.

Planned maintenance & improvement works

£4.088 million

Between April 2015 and the end of March 2016, we spent £4.088m investing in our housing stock. This included carrying out Decent Homes works. £3.105m was spent on responsive repairs and contract servicing.

Energy efficiency



Our Standard Assessment Procedure (SAP) rating is 67 out of a possible 69.

The SAP rating is the national calculation for measuring the energy efficiency of a home. Because of the type of dwellings we have we can only achieve a maximum rating of 69.



More than 80% of our residents are satisfied or very satisfied with the service provided by the City of London Housing Service.



82% of our residents are satisfied or very satisfied with the cleanliness of their scheme or estate.



92% of our tenants think their rent provides value for money.



75% of our residents are satisfied or very satisfied that we listen to their views and act upon them.

How we allocated and let our properties

159 
Properties let

96 
Properties let under Choice Based Lettings

815 
People on the housing waiting list


21 
Households living in temporary accommodation

Rent collection

Rent collected from City of London tenants

 £13.1m

Service charges collected from home owners

 £1.95m

OUR KEY ACHIEVEMENTS 2015/16



Work started on the re-cladding of Great Arthur House, Golden Lane Estate.



Finalised and distributed the updated Tenants' Handbook.



43 new social housing flats were let at Horace Jones House near Tower Bridge.



1 new flat was completed and let at Dron House.



Supported residents affected by benefit reform and achieved a record level of rent collection at 98.8%.



Addressed nuisance behaviour on our Square Mile and Islington estates by introducing a pilot of the Neighbourhood Patrol Service in partnership with Parkguard.



Introduced a new Complaints Policy to help residents to raise concerns.

KEY CHALLENGES 2016/17



Working with residents to decide the future use of the Golden Lane Community Centre.



Delivering the ambitious major works programme to homes across our estates.



Increased pressure on Housing Register due to high cost of housing in London.



Continuing to support residents affected by the introduction of Universal Credit and other benefit reforms.



Continuing to provide high quality services despite a reduction in income caused by the 1% reduction in rent.



Completion of a new community centre and 18 new flats at Avondale Square Estate.



Providing support and assistance to residents moving from Mais House prior to the redevelopment work.



Responding to the changes effected by the Housing and Planning Act 2016 – providing information to residents about their rights.



Continuing the work to upgrade our IT systems, providing electronic communications to residents wherever possible.

Agenda Item 8

Committee	Dated:
Housing Management and Almshouses Sub Committee	26 September 2016
Subject: Compensation Policy	Public
Report of: Director of Community and Children's Services	For Decision
Report author: Amy Carter, Community and Children's Services	

Summary

This report is presented to outline the purpose of the Compensation Policy.

Recommendation(s)

Members are asked to:

- Note the report.
- Approve the Compensation Policy for use by the Housing & Neighbourhoods and Barbican & Property Services department as part of the Complaints management process.

Main Report

Background

1. The Compensation Policy has been developed following the outcome of some complaints received by the department.
2. It became apparent that not having a consistent policy to adhere to made the process of justifying awarding or not awarding compensation more challenging for staff.
3. Furthermore, in the absence of an approved policy approach, robustly managing expectations of compensation amounts is more challenging.

Current Position

4. The Compensation Policy has now been developed. Consultation has been carried out with staff across the Housing & Neighbourhoods and Barbican & Property Services teams and with residents.

Options

5. There is no statutory or regulatory obligation to have a Compensation Policy. It is however good practice to have a policy to set a framework for the actions that may be taken by officers. There will be occasions where it is right to offer compensation, and having a policy in place assists fairness and transparency of decision making.

Corporate & Strategic Implications

6. The formulation and use of a Compensation Policy supports the Department of Community & Children's Service Business Plan Priority 5 – Efficiency and Effectiveness – delivering value for money and outstanding services.

Implications

7. Implementation of the policy has associated financial implications. However, it must be noted that offers of compensation are already used as part of the department's Complaint Management Process where appropriate. This policy seeks to formalise the activity.
8. There is a risk that some complainants may attempt to use this policy to generate income. We are comfortable that there are sufficient safeguards in place within the policy to protect against this potential risk, including the fact that the City is under no obligation to offer compensation for any discretionary scenario.

Conclusion

9. In conclusion, this policy has been developed as a matter of good practice to support officers in their work, and to assist with the understanding and expectations of our residents and service users.

Appendices

The Compensation Policy is attached at Appendix 1.

Amy Carter

Projects & Improvements Manager, Housing & Neighbourhoods

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City of London Housing Service

Compensation Policy

Approved:	
Review Date:	<i>2 years from approval date</i>
Author:	Amy Carter, Projects & Improvements Manager

1. Equal opportunities

The City of London Corporation operates an Equality & Diversity policy and this applies to all aspects of its services. We will ensure that no resident or service user is treated less favourably on the grounds of age, race, religion or belief, disability, sex, gender reassignment, sexual orientation, pregnancy or maternity, marriage or civil partnership status. This policy and all related information can be made available in different formats and languages on request.

2. Aims

We are committed to providing excellent services that meet agreed service standards.

The aims of this policy are:

- To provide a framework for the recompense that may be due to a customer where we fail to meet our own service standards or provide a poor service and a customer suffers an injustice or harm because of this failure.
- To assist staff in balancing the needs of the individual with a recognition that all compensation paid by the Department of Community and Children's Services will be funded by public money, in particular rent and service charges from all residents.

3. Legislative and regulatory framework

The Secure Tenants of Local Authorities (Right to Repair) Regulation 1994 (Please see Appendix 2).

This policy has been developed with regard to the Housing Ombudsman Service's previous decisions and with regard to good practice amongst other practitioners.

4. Scope of the policy

The policy covers the City of London Housing Service's residents - including tenants, leaseholders and freeholders of its social housing estates. In exceptional circumstances, it may also apply to non-residents, subject to the Assistant Directors' discretion.

5. Introduction

In most cases we can resolve complaints by:

- Apologising for the failure.
- Providing the service asked for.
- Changing the service provision or procedures for future use where a complaint has highlighted that a change is required.
- Reconsidering a decision which may have caused injustice.

In exceptional circumstances, where the situation cannot be rectified by apology or practical action; a means of compensation may be appropriate. The types of service failures that may trigger compensation, whether caused by City of London staff, or contractors or agents acting on our behalf, are as follows:

- Failing to deliver /provide a specified benefit, service or other entitlement.
- Loss of amenities.
- Loss or damage to personal property.
- Where a customer has incurred an expense as a result of our failure to provide a service.

Compensation will only be considered where it is clear that a service failing or a consequence of action or inaction on our part has caused injustice and harm to the resident and that compensation would offer an appropriate form of remedy.

6. What is compensation?

Compensation may take three forms:

- Direct replacement of items or payment to the value of those items.
- A goodwill gesture such as flowers or vouchers.
- Financial recompense for actual loss or in recognition of the significant distress and inconvenience caused.

7. When may compensation be considered?

Compensation may be considered at any stage in our complaints process – our complaints policy promotes resolution of the situation as rapidly as possible.

The event giving rise to the consideration of compensation should have occurred within the last six months. An exception may be made if there has been continuous contact with the resident or delays in bringing the matter to a conclusion have been as a result of actions (or inaction) by those working for the City. Compensation in respect of an event that happened more than six months previously should only be considered in exceptional circumstances.

8. Factors that will be taken into consideration

Compensation is discretionary. Each case is different and will be considered on its own merits. Staff may discuss the situation with the resident, and their views as to what would be an acceptable remedy will be taken into account.

The following will be taken into consideration when considering a compensation payment:

- **Money not paid**

Where money due to the resident has not been paid, the City will pay the money due.

- **Quantifiable Costs**

Where the resident may evidence incurred costs which would not have been necessary but for the service failure or maladministration, reimbursement of those costs is appropriate. The exception to this is where the resident takes action which incurs cost whilst a situation is on-going, without first raising this with the City.

- **Loss of a non-monetary benefit**

The resident may have been deprived of a non-monetary benefit, such as a service or amenity which under normal circumstances they would have received. An attempt should be made to quantify the loss of such benefits, to determine the amount of compensation due. It may be possible to base this on what it would have cost the City of London Corporation to make the appropriate provision for the relevant period or what value may be put on the facility.

- **Loss of value**

Where something owned by the resident has lost value as a result of the department's actions, an objective assessment of the loss may be possible. The matter may be referred for assessment where appropriate by an independent valuer.

- **Maladministration**

Maladministration is usually considered to be a fault with the way something has been done or not done, rather than the decision or outcome. It may occur where an organisation has failed to act reasonably in accordance with the law, its own policies and generally accepted standards.

- **Distress and Inconvenience**

In exceptional circumstances, compensation may be considered for distress or inconvenience. All the relevant circumstances will be considered, including the severity of the inconvenience, the length of time involved and the number of people affected.

It is important to note that severe inconvenience may be caused over long periods of time without fault – for example where the City are engaged in legitimate and timely repairs. In such instances, this does not warrant compensation if the City has managed the problem in a fair and proper way, for example, in accordance with our policies and procedures.

Please see Appendix 1 for examples of amounts of compensation that may be appropriate.

9. Who may offer compensation?

All members of staff are empowered to consider an offer of compensation and are encouraged to speak to their line manager where they think it may be appropriate.

The Estate Managers, the Customer Services & Support Manager and the Repairs & Maintenance Manager may authorise compensation to the value of £30.

The Head of Estates and the Head of Asset Management & Maintenance may authorise compensation to the value of £250.

The Assistant Directors may authorise compensation to the value of £500.

Any values above £500 would need to be discussed at a Departmental Leadership Team meeting which includes the Director of Community and Children's Services.

10. Offer of Compensation

Where an offer is made, it should be made clear to the intended recipient and confirmed in writing that it will be *'in full and final settlement'*.

Where a resident is reluctant to agree to this, it is good practice to discuss with them their reasons why. For example, if an aspect of the complaint has not yet been completed, the resident may wish to wait until all is resolved before agreeing. In exceptional circumstances, this requirement may be waived.

11. Offsetting Compensation

Any offers of financial compensation will be offset against arrears of rent, service charges or any other debts owed to the City of London Corporation Housing Service.

In exception circumstances, the Assistant Director of Housing & Neighbourhoods and the Assistant Director of Barbican & Property Services have the authority to override the offsetting against debts at their discretion.

12. Policy Exceptions:

This Compensation Policy will not apply in the following circumstances:

Legal: matters which are the subject of former, current or future legal action. It must be ensured that the compensation request is directly related to the legal matter before taking this decision.

Insurance: matters covered by the City of London's insurance policies or a resident's own household contents insurance policy.

13. Related Strategies and Policies

Complaints Policy

14. Monitoring the policy

The expenditure incurred through this policy will be monitored to seek information about service failures and use that information to adapt the service where necessary.

Appendix 1: Examples of Compensation Amounts

All service failures and requests for compensation are different and will be considered on their own merits in accordance with our policies, including the Compensation Policy.

The information provided below is to help officers to assess how much compensation may be due in different types of circumstance, and to provide a benchmark to ensure compensation for similar types of service failure is considered fairly.

The City is under no obligation to pay the compensation amounts outlined in this policy.

1. Distress and Inconvenience

We are aware that for any person to have had cause to make a complaint, they will have suffered some inconvenience or distress. In exceptional circumstances, or cases where disproportionate levels of distress and inconvenience have been caused, it may be appropriate to provide a goodwill gesture such as flowers or gift vouchers up to the value of £30. It may be appropriate to talk to the resident about what they would appreciate.

2. Missed Appointment – failure of contractor to attend appointment

If one appointment is missed, no compensation is due.

If more than one appointment is missed, or a second appointment is required because the contractor attended the first appointment but was unprepared, the value of £10 per missed appointment may be appropriate. The officer considering the complaint may add a further amount of up to £20 if there are other relevant factors, for example if the customer has suffered a high level of distress and inconvenience.

3. Failure to set up direct debit details correctly leading to rent arrears

If the City of London Corporation fail to set up a direct debit arrangement correctly, a tenant's account will go into rent arrears. Whilst the responsibility to pay rent lies with the tenant, where they think the arrangement is in place they may not check. Should a resident receive correspondence regarding rent arrears, the department will explain and resolve the situation.

Should there be a repeated failure, crediting some of the rent owed would be appropriate, linked to the amount of time that the failure had occurred. For example, if the direct debit had taken more than 6 months to resolve, the credit of an amount equivalent to 2 week's rent in recognition of the service failure, the distress and the inconvenience may be appropriate.

4. Failure to administrate steps in the Right to Buy process within published timescales

If the City of London Corporation fail to meet these timescales, and there is no negative impact on the sale, then no compensation would be due.

If we fail to meet these timescales and a negative impact is caused, then the City should look at the impact and determine what compensation may be due. For example, if a mortgage that

had been arranged is no longer available to the resident, we should recompense any fees charged for that mortgage arrangement.

5. Failure to place a bid on Choice Based Lettings on behalf of a person

If the City of London Corporation had agreed to place bids on appropriate properties on behalf of an applicant, and on a particular property we failed to do so, if the data shows that the applicant would not have won the bid, there is no negative impact and no compensation is due.

However, if the applicant would have had sufficient priority to win the bid and be offered first choice on the property, the service failure is more serious. In addition to an apology and an explanation, compensation or a goodwill gesture of up to £50 may be appropriate. It may be appropriate to talk to the resident about what they would appreciate.

Further Information

There are examples of case studies, the findings made by the Ombudsman and the levels of compensation paid on the Housing Ombudsman website:

<http://www.housing-ombudsman.org.uk/learning-faqs/case-studies/>

Appendix 2 – Right to Repair

This document provides a summary of The Secure Tenants of Local Authorities (Right to Repair) Regulation 1994.

The Right to Repair is a statutory compensation scheme. Therefore the process and amounts are not subject to discretion. The scheme only applies to 'qualifying repairs' including insecure windows and doors, unsafe power sockets or electrical fittings, leaking roofs and broken entry phone systems.

A repair only qualifies if the City of London Housing Service is responsible for it and it is estimated to cost less than £250.

If a resident states a repair should be subject to the scheme, we may inspect it before we decide. We should write to the resident to confirm if the scheme does not apply.

When a resident reports a qualifying repair, and we have confirmed it qualifies, we must issue a repair notice to a contractor and send the resident a copy with information on how the right to repair scheme works. The time limit for the contractor to do the work will be set by our established timescales for completing that type of repair.

If the repair work is not done within that specified time limit, the resident must bring that to our attention and request another contractor to do the work. We must then issue a repair notice to a second contractor, subject to procurement restrictions, and send the resident a copy.

If the second contractor does not do the repair work within the policy timescales, the resident must be paid £10 in compensation. For every extra day the repair is not done, the resident must be paid another £2. The most compensation that must be paid for any one repair job is £50.

If the resident is not at home to let the contractor in as arranged, the scheme no longer applies.

The compensation may be used to reduce rent arrears if there are any.

Committees:	Dated:
Housing Management & Almshouses Sub Committee Safeguarding Sub Committee	26 September 2016 17 November 2016
Subject: Self-Neglect (and Chronic Hoarding) Protocol	Public
Report of: Director of Community and Children's Services	For Information

Summary

This report summarises the City and Hackney Safeguarding Adults Board Self-Neglect (and Chronic Hoarding) Protocol, and describes its operational implementation through the City of London Multi-Agency Self-Neglect and Hoarding Panel which has met monthly since January 2016.

Recommendation

Members are asked to:

- Note the report and accompanying Self-Neglect Protocol.

Main Report

Background

1. The Care Act 2014 formally recognised self-neglect as a category of abuse and neglect, and has brought self-neglect within the statutorily constituted functions of the City and Hackney Safeguarding Adults Board (CHSAB).
2. A Self-Neglect Protocol was approved by the CHSAB in December 2016, and applies to all partner agencies represented on the CHSAB.
3. The City of London set up a Self-Neglect and Hoarding Panel in January 2016, chaired by the Service Manager Adult Social Care (ASC).

Current Position

The Panel

4. The Panel meets monthly and seeks to provide a person-centred and effective multi-agency response to situations where the person referred has been assessed as at a high level of risk as a result of complex self-neglect issues.
5. The Panel seeks to ensure that all relevant agencies work together to provide a co-ordinated and accountable response to the person presenting issues/risks.

6. The Panel, wherever possible, will focus on the outcomes that the person wants to achieve, given their individual circumstance and risks, including their mental capacity and right to make an unwise decision (if they have been assessed as having mental capacity), unless there is a clear risk of significant harm to that person or others. This work is carried out at all times in the least restrictive way possible.
7. The Panel will provide update reports to the CHSAB as requested, presenting high-risk issues and the number of referrals to the Panel, and reporting fully through the annual reporting process.
8. The City of London Panel has a core membership which comprises,
 - City of London Adult Social Care
 - City of London Housing
 - City of London Environmental health
 - City of London Public Health
 - City and Hackney Clinical Commissioning Group (CCG) or Tower Hamlets CCG GP (specific to case)
 - City of London Legal
 - MRS Independent Living (a voluntary organisation commissioned by One City Hackney)
 - City of London Fire Brigade

Other agency representatives may be required on a case-by-case basis, such as City of London Police, Tenancy Sustainment and Wellbeing co-ordinators, Drug and Alcohol services, Trading Standards etc.

9. Due to the complex and diverse nature of self-neglect, responses by a range of organisations are seen to be more effective than a single agency response. Sharing information between organisations will usually require the person's consent and each organisation must consider when it is appropriate to share information without the person's consent, for example if there is a public or vital interest.

The Protocol

10. The Protocol sets out the presenting difficulties of self-neglect and hoarding and seeks to give a range of explanations for these behaviours, including mental health and mental capacity; it also sets out good practice guidance for multi-agency practitioners.
11. The Protocol identifies the often difficult balance to be struck between respecting an individual's autonomy and having a duty of care. It is important to understand each individual's situation. Both the Care Act and *Making Safeguarding Personal* (Local Government Association, 2014) emphasise the importance of involving the person, wherever possible, in decision making and focusing on the outcomes that the person wants to achieve. If there is an assessed risk of significant harm to others, or if the person lacks the capacity to make the relevant decisions, the Protocol refers to the professionals' duty of care that may require them to override an individual's right to exercise choice and control.

12. Any restrictions imposed for the protection of the person or others must have the proper lawful authorisation, such as a decision by the police or a court order.
13. The Protocol goes on to describe the role of each service, examines the risks, and sets out the processes for practitioners to follow, which illustrate the pathway to a case being referred to the Panel.
14. The Protocol also sets out a useful legislative guide (appendix 4), listing all the multi-agency laws that can be enacted in relation to specific cases.
15. Appendix 6 of the Protocol is the London Fire Brigade's Clutter Image Rating, which has become a nationally recognised tool for assessing the extent and level of risk around hoarding and self-neglect.
16. Adult Safeguarding plays a crucial role within the City of London. As partners of the CHSAB, we have signed up to the Protocol and implemented the Panel which, since January 2016, has discussed five cases with successful ongoing plans of action for four of them. This has involved a full multi-agency response and full attendance at all monthly panels to date. Future performance information on the impact of the Protocol will be presented as part of the performance reporting to this Sub Committee.

Corporate & Strategic Implications

17. Safeguarding is priority 1 of the Department of Community and Children's Services Business Plan. The City of London is fully legally compliant with the statutory safeguarding requirements as set out in the Care Act 2014.

Conclusion

18. This report sets out how the new Protocol is being applied within the City of London.

Appendices

- Appendix 1 – The City and Hackney Safeguarding Adults Board Self-Neglect (and Chronic Hoarding) Protocol 2016

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**SELF- NEGLECT
(INCLUDING CHRONIC HOARDING)
PROTOCOL**

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1) Partners to the protocol

The London Borough of Hackney Council
The Metropolitan Police (City of London and Hackney)
The City of London Corporation
The London Fire Brigade
The London Probation Service
Hackney Council for Voluntary Services
Homerton University Hospital NHS Foundation Trust
East London NHS Foundation Trust
City and Hackney Clinical Commissioning Group
Care Quality Commission
Barts Health NHS Trust
Hackney Healthwatch
City of London Healthwatch
London Ambulance Service

2) Introduction

“Self-neglect covers a wide range of behaviour - neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.”

(Department of Health, 2014)

Self-neglect often involves an interplay between mental, physical, social and environmental factors. There is no clear point at which lifestyle patterns become self-neglect, and the term can apply to a wide range of behaviour and different degrees of self-neglect. Social and environmental factors and physical health issues such as visual impairment and restricted mobility often contribute towards self - neglect and hoarding. Key triggers include: disability, poverty, lack of physical space in the home, and inequalities in terms of access to health and social care services.

Sometimes professional concerns do not match the individual’s own perception of their situation. Adults that self-neglect usually have longstanding, recurring, complex needs and/or present with particular behaviours that mean they are difficult to work with.

Some people are difficult to engage with because of presenting behaviours associated with diagnosed or undiagnosed mental health problems, substance misuse/dependency issues, cognitive impairments or other anti-social behaviours.

Working with adults who self-neglect can be very time consuming and stressful for staff as there are no straightforward and proven approaches available to follow. In most instances of self-neglect the person is assessed as having the mental capacity to make relevant decisions in relation to their self-neglect. However, their behaviour may include not wishing to engage with services to make any changes to their

situation. Risks as a result of this lack of engagement include: social isolation, verbal abuse, homelessness and a risk to health and wellbeing.

Research (*Self-neglect and adult safeguarding: findings from research, SCIE report 46, 2011*) suggests that a multi-agency, multi professional and multidisciplinary approach to self-neglect is the most effective one.

The Care Act 2014 has formally recognised self-neglect as a category of abuse and neglect and has brought self-neglect within the statutorily constituted functions of the City and Hackney Safeguarding Adults Board (CHSAB). This protocol is issued by the CHSAB and applies to all agencies represented on the CHSAB. It is outcome focused and outlines who is best placed to engage with the vulnerable person who self-neglects and how a coordinated multi-agency/multi-disciplinary/multi-professional approach should assist in achieving the best possible result. It offers clear guidance to operational staff and managers on how the needs or presenting problems of difficult to engage vulnerable adults who self-neglect should be addressed.

3) Aims of the protocol:

- to improve the management of adults who self-neglect
- to engage with, and support, those in the local community such as friends, relatives and neighbours who are often best placed to work with the person who is self-neglecting
- to facilitate appropriate outcome focused, solution-based intervention and support
- to facilitate people to remain in their own homes and reduce the risk of homelessness as a result of self –neglect issues such as hoarding and rent arrears
- to improve the co-ordination of services between agencies in taking responsibility for the management and support of adults who self –neglect
- to establish best practice guidance
- to improve knowledge of the relevant legislation.

4) Key Principles of the protocol

This protocol is based on the following principles:

1. the most effective approach to self-neglect is to use consensual and relationship-based approaches. These may be more effective if carried out by, or in partnership with, non-statutory parties including family members, friends, housing officers, charities and voluntary sector organisations
2. the rights of individuals under the Human Rights Act (1998) should be supported and consensual, least restrictive interventions should be made unless there is evidence that a clear risk of significant harm exists to the person or others, which may require a non-consensual intervention
3. given the subjective nature of clutter, disarray and the value of possessions and life-styles, it is necessary to use an objective rating scale to assist communication and understanding of the level and impact of hoarding
4. risk of harm should always be considered in terms of harm to the individual and of harm to other people, for instance, neighbours
5. because of the heterogeneous nature of hoarding and self-neglect, it is necessary to co-ordinate interventions across multiple organisations when concerns of risk of harm arise and to do this, a lead organisation has to be identified
6. Particularly high risk is present where:
 - a. multiple organisations are involved, but their actions are not coordinated and there is no clear oversight and direction
 - b. a person who hoards or self-harms is of concern to numerous different organisations but does not meet their threshold criteria.

5) Sharing information

Due to the complex and diverse nature of self-neglect responses by arrange of organisations are likely to be more effective than a single agency response. Sharing information between organisations will usually require the person's consent and each organisation must consider when it is appropriate to share information without the person's consent, for example, if there is a public or vital interest.

6) Presenting problems of self-neglect

The presenting problems related to self-neglect can be wide ranging. For example:

- a person 'hoards' excessively and this impacts on the living environment causing health and safety concerns for them and for their neighbours
- signs of serious self-neglect are regularly reported by the public or other agencies but no change in the person's circumstances occur

- a person's actions/inactions indicate a high risk of fire
- a person's personal or domestic hygiene exacerbates a medical condition and could lead to a serious health problem
- the accommodation becomes filthy (including problems associated with cats/dogs and their excrement) and verminous causing a health risk or possible eviction
- the person has no heating or water and refuses to move to alternative accommodation
- the person appears unkempt and/or exhibits extreme weight loss
- there are structural problems with the property and the person cannot afford repairs or refuses to consider alternative accommodation
- financial debt issues which may lead to rent arrears and the possibility of eviction
- there are health and safety issues around gas or electricity and the person refuses or cannot afford to get the appliances repaired
- anti-social behaviour intimidates neighbours and causes social isolation
- the conditions in the property cause a potential risk to people providing support or services e.g. paid carers.

This list is not exhaustive and there may be other areas of concern or a mixture of the above that highlight a difficulty for the vulnerable person and those trying to assist them.

It is important to recognise that assessments of self-neglect are grounded in, and influenced by, personal, social and cultural values and workers should always reflect on how their own values might affect their own judgements.

7) Hoarding

For the purposes of this protocol, hoarding is considered as an element of self – neglect. Hoarding refers to the acquisition of items with an associated inability to discard things that appear to others to have little or no monetary value to the point where it interferes with use of their living space or activities of daily living. Hoarding can include new items that are purchased and hoarded. It can also include food items, items of no monetary value, refuse and animals.

It is important to distinguish between overcrowding and hoarding. The impact of overcrowding in a small living space may appear to workers as a hoarding issue when it is in fact a lack of living space for necessary possessions which is the presenting issue.

Hoarding Disorder has now been identified as a distinct diagnosis in the DSM 5 (American Psychiatric Association, 2013) but does not appear in the ICD 10 (World Health Organisation, 2010). Individuals may benefit from mental health intervention and should be encouraged to accept referral by their GP to psychological therapies or other relevant secondary mental health professionals for support.

Signs of hoarding:

Conditions of extreme clutter, especially where bathroom facilities, food storage, oven, heating sources, and entry and exits are blocked, inability to throw things away that may seem to be, or actually are, rubbish, empty food containers, or papers stacked up in the living space.

8) Reasons for self-neglecting behaviour

There are a range of explanations for self-neglect (*Self-neglect and adult safeguarding: findings from research, SCIE report 46, 2011*) and a reluctance to accept intervention, including:

- psychiatric aetiology
- underlying personality disorder, depression, dementia, obsessive-compulsive disorder, trauma response, severe mental distress
- diminishing social networks and/or economic resources
- attempts to maintain continuity and control
- physical and nutritional deterioration
- personal philosophy such as pride in self-sufficiency
- a sense of connectedness to place and possessions
- in some cases, shame and efforts to hide state of residence from others.

Unpaid carers may self-neglect as a result of their caring responsibilities and workers should be aware of the impact that caring for a vulnerable person might have on the carer and ensure that a carer's assessment is carried out and appropriate support offered.

9) Working with those who self-neglect

Challenges to practitioners working with self –neglect issues include:

- divergent agency thresholds for triggering concern and involvement
- competing value perspectives e.g. duty of care versus choice and control
- understanding complex family relationships
- dealing with the emotional effect of self-neglect on those experiencing it
- care management workflow arrangements
- care management models that do not recognise the amount of time required to build relationships and engage in what are often long, slow negotiations
- the need for legal literacy (knowledge of all relevant legislation, including the Mental Capacity Act 2005 and the Mental Health Act 1983)
- the need for creative interventions which are flexible, negotiated and proportionate.

10) Mental Capacity and self-neglect

If concerns are raised by anyone about self-neglect, the statutory agency must be clear about the person's mental capacity in respect to the key decisions that may require intervention.

If there are any doubts about the person's capacity especially with regard to their ability to 'choose' their living conditions or refuse support, then where possible a mental capacity assessment should be undertaken. There may be circumstances in which it is useful to involve therapists in capacity assessments, for example, where the decision is around managing the home environment or where the person has communication difficulties and speech and language therapists could be helpful.

Capacity assessments may not take full account of the complex nature of capacity. *Self-neglect and adult safeguarding: findings from research, SCIE report 46* highlights the difference between capacity to make a decision (decisional capacity) and capacity to actually carry out the decision (executive capacity). However, this distinction does not currently exist in policy or guidance. Good practice should involve considering whether the person has the capacity to act on a decision that they have made (executive capacity).

Strong emphasis needs to be placed by practitioners on the importance of inter-agency communication, collaboration and the sharing of risk. The autonomy of an adult with capacity should be respected including their right to make what others

might consider to be an “unwise decision”. However, this does not mean that no further action regarding the self-neglect is required. Efforts should be directed to building and maintaining supportive relationships through which services can in time be negotiated.

If the person is assessed as not having capacity to make decisions in relation to their self-neglect, then any decisions should be made following the best interests process, which includes taking into account the person’s views and taking the least restrictive action. Additionally, consideration should be given as to whether an Independent Mental Capacity Advocate (IMCA) should be instructed. IMCAs may be instructed in Safeguarding regardless of the level of involvement of family or friends.

11) Good practice

Good practice when working with self-neglect (*Self-neglect policy and practice: key research messages, SCIE, 2015*) is:

- taking the time to build rapport and a relationship of trust, through persistence, patience and continuity of involvement. The theme that emerged most consistently in the research carried out by Braye, Orr and Preston Shoot in 2014 was the importance of establishing a relationship to secure engagement and achieving interventions that could make a difference
- trying to ‘find’ the whole person and to understand the meaning of their self-neglect in the context of their life history, rather than just the particular need that might fit into an organisation’s specific role
- engaging with the individual’s family/friends/support network (with the person’s consent). Their knowledge and understanding of the person may assist with understanding the reasons for self-neglect and they may be best placed to provide support
- working at the individual’s pace and being able to spot moments of motivation that could facilitate change, even if the steps towards it are small
- offering choices and having respect for the individual’s judgements on the most appropriate form of help even when coercive measures are being taken. The degree to which the person is treated with respect can go a long way in creating a beneficial outcome
- ensuring an understanding of the nature of the individual’s mental capacity in respect of self-care decisions
- being honest, open and transparent about risks and options

- having in-depth understanding of legal mandates providing options for intervention
- making use of creative and flexible interventions, including family members and community resources where appropriate
- engaging in effective multi-agency working to ensure inter-disciplinary and specialist perspectives, and coordination of work towards shared goals. If there are children living in the home of someone who self-neglects then children's services should be informed and form part of the multi-agency response.

In order for good practice to occur there is a need for:

- flexibility (to fit individual circumstances)
- negotiation (of what the individual might tolerate)
- proportionality (to act only to contain risk, rather than to remove it altogether, in a way that preserves respect for autonomy).

The worker should:

- show humanity
- be reliable
- show empathy
- demonstrate patience
- be honest
- work at the individual's own pace.

12) Autonomy versus a duty of care

There is often a difficult balance to be struck between respecting an individual's autonomy and having a duty of care.

Balancing choice, control, independence and wellbeing calls for sensitive and carefully thought through decision-making. It is important to understand each individual's situation and to try and find a way of working effectively with them. Both the Care Act and Making Safeguarding Personal emphasise the importance of

involving the person in decision making and focusing on the outcomes that the person wants to achieve.

If there is a doubt about an individual's capacity to make a decision then a mental capacity assessment must be carried out. As referred to in section 10, the fact that an individual may be assessed as having capacity to make decisions around their lifestyle does not mean that professionals should withdraw from the situation. Individuals have the right to make what others may consider to be an "unwise" decision. However, where there are concerns about the impact of these decisions on the person's health and well-being or the health and well-being of others then professionals should continue to try and work with the person and people close to them (with their consent) to negotiate creative solutions. This requires appropriate and sensitive engagement by those involved with the person. Consideration should be given as to whether the person meets the requirement for a Care Act Advocate

In certain circumstances coercive action may be imposed by organisations such as the housing department even when the person has the capacity to make a decision, for example, eviction from the property. In a life or limb situation the police would have powers to intervene.

If there is an assessed risk of significant harm to others, or to the person themselves if they lack the capacity to make the relevant decisions, then the professional's duty of care may require them to override the individual's right to exercise choice and control. Any restrictions imposed must be necessary to prevent harm, and proportionate to the risk of that harm. Any restrictions imposed for the protection of others must have the proper authorisation, e.g. the decision of a police officer or a court order. The individual and their supporter/advocate should be kept informed of any decisions made and actions to be taken and solutions acceptable to the person sought wherever possible.

13) Key agencies and their roles

Environmental health service (EHS)

The EHS has a range of powers to intervene where a property is in a condition that is prejudicial to health, or where the premises is materially affecting neighbouring premises. EHS is a frontline agency in raising alerts and early identification of cases of self-neglect and hoarding. Where properties are verminous or pose a statutory nuisance EHS will take a leading role in case managing the necessary investigations and determining the most effective means of intervention.

Where the individual is residing in conditions that only pose a threat to their own welfare, the powers available to EHS may have limited or no effect. In cases involving persistent hoarders the powers may only temporarily address and/or contain the problem. Therefore utilising powers under public health legislation in isolation may not be the most effective use of resources, particularly where a

coordinated approach could provide immediate protection of the individual and others and also promote a long term solution.

Housing department

Under Part 1 of the Housing Act 2004, the housing department has powers to take enforcement action where there is any risk of harm to the health or safety of an actual or potential occupier of a dwelling or house of multiple occupation which arises from a deficiency in the dwelling or house of multiple occupation or in any building or land in the vicinity (whether the deficiency arises as a result of the construction of any building, an absence of maintenance or repair, or otherwise). The housing department can require access to residential premises in their district to assess if such a hazard exists.

The duty to inspect the property is restricted to where there is an official complaint made either to the Justice of the Peace or local council. However, where there is evidence that there is imminent risk of serious harm to the health and safety of the occupier, the local authority has emergency power to serve a remedial action notice or emergency probation notice prohibiting the use of the property.

There are also powers to serve a deferred action notice and take emergency remedial action. There is no requirement that the property is owned by the local authority, nor is the capacity of the inhabitant relevant to the exercise of these powers. However, use of these powers in isolation will have limited effect on those who have persistent behaviours. The Housing Act powers cannot be used to remove hoarded items or address any health and safety problems that are the result of the owner's actions.

Private landlords/housing associations/registered social landlords

Private landlords/housing associations and registered social landlords have an obligation to ensure that their properties are in a good state of repair and are fit for human habitation. Where the tenant is responsible for the disrepair the landlord has a right of action, including ultimately seeking possession of the premises. The role of the landlord/housing association and powers afforded to them means that they have a key role in alerting the statutory authorities to particular cases and that consideration should always be given to their inclusion within multi-agency discussions.

Adult social care

Adult social care will initially co-ordinate the multi-agency approach. In the majority of cases the usual community care assessment procedures will be the best route to provide an appropriate intervention. If assessed as having mental capacity to make informed decisions on the issues raised, then the person has the right to make their own choices. However, the assessor must ensure that the person has fully understood the risk and likely consequences if they refuse services. Involvement with the person should not stop at this point and efforts should be made to engage

the person in the management of risks and to form a relationship with them to do this.

If the person is assessed as not having capacity to make the relevant decisions then care should be provided in line with “best interest” principles (s.4 MCA). If any proposed care package might amount to a deprivation of liberty consideration must be given as to whether it would be necessary to obtain authorisation under the DoLS procedure or an order from the Court of Protection.

Assessment of self-neglect should include assessment of any health issues such as impaired sight and mobility, pain issues, or long term conditions that may be contributing towards the self-neglect.

Mental health services

Mental health services will be the lead agency where the individual is eligible or believed to be eligible for mental health services. Mental health services will also have a crucial role within many investigations under this protocol as for many individuals hoarding or self-neglect are the manifestations of an underlying mental health condition. Powers conferred by the Mental Health Act 1983 (MHA) to Approved Mental Health Professionals (AMHP) enable the mental health service to take such steps as they consider necessary and proportionate to protect a person from the immediate risk of significant harm.

Police

The police have powers of entry and so may be pivotal in gaining access to conduct assessments if all else fails. Under section 17 (1) (a) of the Police and Criminal Evidence Act 1984, the police have the power to enter without a warrant if required to save life or limb; or prevent serious damage to property; or to recapture a person who is unlawfully at large whilst liable to be detained.

Primary health services

In some cases of chronic or persistent self-neglect individuals who are reluctant to engage with adult social care may engage with primary health care services such as their GP, district nursing service etc. GPs and district nurses carry out home visits to vulnerable older people and may be the first people to notice a change in the person’s home environment. Alternatively, failure to keep health appointments or to comply with medication may indicate self-neglect. As well as raising alerts and providing information, primary health services can be very effective in forming a relationship with the person and in addressing underlying concerns.

Primary health services should monitor those individuals who are engaged with their service and show signs of self-neglect or hoarding. Monitoring might include a regular check in with, and offer of intervention to, someone who is reluctant to engage. If deterioration is such that risks to the person or to others are assessed as high by the health professional then a multi-agency response will be required.

Acute and community health services

Therapists who work in acute wards may observe hoarding and other self-neglect related behaviours when undertaking access visits or home visits to help inform the discharge planning process. Community based therapists and nursing staff are often the first people to observe hoarding and self-neglect related problems. These professionals are key to identifying triggers and changes in behaviour which are then fed into the multi-disciplinary team. Therapists can assess and report on how a client's self-neglect or environment impacts on their overall ability to be safe at home and help determine the level of risk posed to the client and others (family members, neighbours etc).

London fire brigade (LFB)

LFB is best placed to work with individuals to assess and address any unacceptable fire risk and to develop strategies to minimise significant harm caused by potential fire risks. LFB will also raise alerts when called to addresses repeatedly or where homes have significant damage because of a fire and the individual continues to live at that address. LFB will raise alerts, carry out fire risk assessments and offer advice to individuals assuring them of the necessity of fire protection and prevention. LFB may gain entry where home access is refused to other services.

Utility companies/building and maintenance workers

Utility companies/ building and maintenance workers have an important role in the identification of hoarding and self -neglect as they visit people's homes to read meters, carry out inspections or carry out building/maintenance work. Engagement of utility companies and other companies/workers who enter peoples' homes is therefore important so that reports of hording and self-neglect can be received and appropriate action taken.

Domiciliary care providers

Care agencies are commissioned by the London Boroughs of Hackney and City of London to provide support to people in their own homes and are also commissioned directly by people who fund their own care. They have a role in both identifying people who self-neglect and hoard and in working with them.

14) Self –neglect and risk

Low level risk

It is vital that low level risk is addressed in order to ensure that the self-neglect does not escalate and result in high level risk.

At a low level of risk the most effective approaches to self-neglect are based on a long-term approach. This involves developing a relationship with the person who hoards or self-neglects, sensitively raising the problems their behaviour causes for them or for others and working with them to find solutions and providing assistance to put these into action. It may include working with someone close to the person

who is able to assist the person to achieve change due to a long standing relationship with them.

Low-key monitoring of wellbeing may be the only form of assistance that is acceptable to the person. This may involve community-based voluntary organisations providing specific services such as visiting, floating support, befriending or support in managing finances, and will often involve members of the individual's social network. Support may also be provided to address mobility issues etc.

Interventions may include de-cluttering or cleaning, although any changes are likely to be temporary unless carried out in conjunction with other interventions such as relationship building with a worker from an appropriate agency e.g. floating support, or specialist psychological intervention.

Such approaches respect the legal right of people with mental capacity to have their autonomy respected, while still taking steps to assist with their safety and wellbeing.

Actions to help with daily living may help to build up relationships of trust. These actions might involve the provision of key items of furniture, or white goods such as fridges and microwaves. Ensuring that the person has medical attention to deal with specific health conditions is another way to build trust while acting to address concerns about wellbeing.

It is important to put a plan into place so that change can be maintained. This might take the form of a care package to ensure that help is provided on a regular basis, or involvement in meaningful activity that could replace but serve the same purpose as the person's previous lifestyle. For example, people who hoard could be linked into workshops or groups that make use of the hobbies or collecting passions that had led them to hoard in the first place. Recognition should be given to the attachment that people often have to their possessions or surroundings, and the need to replace what is being given up with forward-looking interventions focusing on lifestyle, companionship and activities.

During any intervention, it is essential that those involved remain alert to risk factors, especially fire. A referral should always be made for a fire safety check. If the person persistently self - neglects/hoards and, whilst currently the living conditions may not be posing a significant risk they would do if left unaddressed, then environmental health services (or the landlord if appropriate) should be involved.

Some situations deteriorate rapidly and may require urgent escalation. If the person's self-neglect does not pose a statutory nuisance and the risk of harm is low, then the key agencies that need to be involved with the individual should be notified of the concerns and requested to monitor or signpost to relevant support.

It is important that approaches are coordinated to avoid situations where activity takes place without any specific aim, or actually conflicts with the interventions of other organisations and so it is important that a lead agency is identified to ensure coordination. The lead agency will not necessarily be responsible for implementing action or interventions but will monitor the actions and interventions of the agencies involved. The lead agency in Hackney is Hackney adult social care and in the City is the City of London adult social care.

Significant risk

Where significant risks of harm have been identified at the point of referral or when low level risk has increased following failed interventions from a single agency, a multi-agency response is required. Options should be explored at a multi-agency meeting and a plan of action agreed specifying what will be done, by whom and by when.

High level risk

If there is a high risk of serious harm then a referral should be made to the community MARAC (London borough of Hackney only). This panel will meet monthly but can be convened on an extraordinary basis if an immediate response is required due to the urgency of the situation. Options should be explored and a plan of action agreed specifying what will be done, by whom and by when.

Statutory interventions may include, but are not limited to, using Public Health legislation, sectioning or removing the person to a place of safety under the Mental Health Act or obtaining Court of Protection approval to remove someone from their home under the Mental Capacity Act.

15) Process for practitioners

Identification and referral

1. Cases of hoarding, self-neglect may be raised by members of the public or by professionals.
2. If the person referred is not previously known to the agency referred to, the first step by the agency receiving the referral is to obtain as much information as possible and ascertain which, if any, agencies are already involved with the person.
3. A referral should be made to either Hackney or City of London adult social care as the initial lead agencies in relation to cases of self-neglect or other risk behaviour by vulnerable adults.

Hackney adult social care only:

- the information and assessment team will establish whether the person is known to adult social care or mental health services
- if the person is known then the information and assessment team will establish who is best placed to take on the work
- if the person is not known to adult social care or mental health services then the information and assessment team will carry out a screening assessment and take any appropriate actions. This may include referring on to a specialist service such as the mental health service.

Assessment

Sensitive and comprehensive assessment is of critical importance and should include an accurate assessment of the individual's mental and physical health status, family dynamics and family coping patterns and cultural beliefs.

The professional carrying out the assessment should:

1. ensure that the assessment is multi-agency/ multi-disciplinary and includes:
 - a detailed social and medical history
 - whether the presenting issue is self-neglect or is the result of underlying illness/disease
 - a historical perspective of the person and the situation
 - the person's perception of the situation, willingness to accept support, observation and self-reporting
 - liaison with family members and people in the individual's network such as friends and neighbours
2. carry out a risk assessment to determine the level of seriousness of each identified risk. This should include observation of the individual and the home, activities of daily living, functional and cognitive abilities, nutrition, social supports and the environment
3. share information with other relevant professionals who may have a contribution to make in managing or monitoring the risks
4. use the "assessment tool guidelines" (see appendix 7) and the clutter image scale guidelines (see appendix 6) to explore the extent and the impact of the presenting problem
5. carry out a Mental Capacity Act assessment, if justified under the Mental Capacity Act. This will inform the actions taken
6. make a decision in liaison with the Safeguarding Adults Manager (SAM) as to whether a safeguarding enquiry is required. Under the Care Act a safeguarding enquiry is required if the person concerned is unable to protect themselves due to a support need. For example, if the person's mental health status or lack of capacity to make a relevant decision is causing or impacting on the self-neglect or other risk behaviours. If all efforts to work with a person in minimising risk are failing and the level of risk is assessed as significant then a safeguarding enquiry may be appropriate.

Operationally, there is a need for flexibility and proportionality in the allocation of self-neglect cases to adult social care or specialist teams. Also, in deciding whether or not to follow the safeguarding process. Decisions will depend on the complexity of

the case and the nature of the self-neglect or other risk taking behaviour being presented.

Actions to make the person safer

Level 1 Signposting/referral/low level monitoring

Where the risk assessment identifies low level risk (for hoarding, images 1-3 on the clutter scale), a judgement will have to be made on whether or not any intervention is necessary. At this stage the best intervention is likely to be consensual, utilising friends, neighbours, family, health care assistants, district nurses, estate officers or the voluntary sector to engage and support the individual.

Signposting may include advising the individual to contact relevant organisations that may assist with repair and maintenance, or removal and cleaning or a professional making contact with these organisations themselves. A referral for a fire safety check should always be made if not already carried out. All decisions made and actions taken must be recorded.

Level 2 Refer for a multi-agency meeting

If the self-neglect is assessed as being significant (for hoarding, images 4-6 on the clutter scale) then a multi-agency meeting should be called to consider and co-ordinate any multiagency involvement. The involved worker should discuss the case with their line manager who will advise whether a multi-agency meeting should be convened.

The best intervention is still likely to be a consensual, collaborative one, utilising the person's support network. A fire safety check must always be considered and if there is a risk of fire or carbon monoxide poisoning, then an urgent multi-agency meeting must be arranged. Environmental health and housing input may be necessary.

The person at risk should be informed by the worker that a meeting will be taking place and why and this communication should be followed up in writing.

When the worker and the manager (from any organisation) have agreed that the situation requires a multi-agency approach, a multi-agency meeting should be convened, with all relevant agencies invited.

A manager should chair the multi-agency meeting

The meeting will aim to arrive at the "best possible decision" possible as it is acknowledged that in many circumstances there are no easy solutions. It is important that the meeting is accurately recorded so that the thinking and processes used in reaching the decisions made/action points are clear. Where a key person is identified to take the lead in engaging with the person at risk it is important that appropriate support is provided from relevant professionals when needed.

Before the multi-agency meeting concludes, any ongoing needs for the individual or their family and carers should be clearly identified and communicated to the relevant

agencies. If the agency was not part of the intervention the chair of the meeting should take responsibility for conveying the ongoing needs to the relevant agency.

It may be necessary to build a relationship with the person that self neglects before they can be encouraged to accept any practical help. Consideration should be given as to whom would be best placed to build that relationship.

Level 3 Urgent community MARAC

If there is high risk as identified by the risk assessment or “assessment tool guidelines” (images 7 – 9 on the cluster image rating) then it will be necessary to refer to the community MARAC to ensure the safety of the individual or others who may be affected.

Timescale: The community MARAC will meet monthly but can be convened on an extraordinary basis in an urgent situation.

Potential triggers of referral to the community MARAC are:

1. repeated problems of self – neglect. When an agency’s usual way of engaging with a vulnerable person has not worked and
 - (a) no other options appear available, or
 - (b) enforcement is being considered using statutory powers
2. serious concerns for health and wellbeing (of the person or others) that require an immediate response

The community MARAC will consider and agree:

- whether or not urgent action needs to be taken
- whether or not a consensual approach is possible
- the legal remedies that are available
- who will implement any actions
- timescales for action
- monitoring arrangements.

The core members of the community MARAC are:

- housing
- adult social care
- mental health services
- CCG
- CVS
- police
- other as appropriate e.g. One Hackney, fire brigade, ambulance service, trading standards.

A consensual, collaborative approach is still the most effective response and anyone who is able to get through the front door should be considered to be a key link. If there is high level risk then the meeting should consider whether or not coercive

intervention is necessary, and if so, how it can be applied lawfully and quickly. The meeting should consider risk to others as well as to the person themselves and consider whether there is the need for action to save life and limb. It is essential that a mental capacity assessment has taken place to determine how any intervention should be applied.

Where an individual is already in receipt of adult social care, known to the service or appears eligible for adult social care support the relevant social work team manager will ensure an allocated social worker is assigned to complete necessary assessments, including of the individual's mental capacity, community care or health needs. The allocated worker will act as lead in co-ordinating any plan for intervention.

Financial considerations

The financial implications of any agreed actions should not be a factor at the community MARAC in order to focus on the best outcome for the person at risk. Debates and disputes around funding should be resolved outside of the meeting.

16) Appendices

Appendix 1

Questions to ask about self-neglect and hoarding

Hoarding and self-neglect guidance for practitioners

The following is a list of questions to ask where you are concerned about someone's safety in their own home and where there may be a risk of self-neglect or hoarding.

Each question may lead to further questions such as finding out when the event occurred and what the outcome was.

1. How do you get in and out of your property, do you feel safe living here?
2. Have you ever had an accident, slipped, tripped up or fallen, how did it happen?
3. How have you made your home safer to prevent this (above) from happening again?
4. How do you move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards)?
5. How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?

6. How do you manage to keep yourself warm? Especially in winter?
7. Do you have an open bar fire or a convection heater?
8. When did you last go out in your garden? Do you feel safe to go out there?
9. Are you worried about other people getting in to your garden to try and break-in?
Has this ever happened?
10. Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
11. Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?
12. Can you prepare food, cook and wash up in your kitchen?
13. Do you use your fridge? Can I have look in it? How do you keep things cold in the hot weather?
14. How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok? Have a wash, bath? Shower?
15. Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (if there are any)
16. Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?
17. What do you do with your dirty washing?
18. How do you keep yourself warm enough at night? Have you got extra coverings to put on your bed if you are cold?
19. Are there any broken windows in your home? Any repairs that need to be done?
20. Have you experienced weight loss recently? How long ago?
21. When did you last see your GP?
22. Do you drink at home?

The following are questions regarding the imminent risk of fire. If the answer to any of these questions is yes, then this must be reported as a matter of urgency to the fire brigade and raised urgently through your line management system.

Significant danger

23. Has a fire ever started by accident?
24. Do you ever use candles or an open flame to heat and light here or cook on a camping gas or a barbeque inside your home?
25. Do you use your gas cooker to heat your home?
26. Do you smoke at home e.g. in bed?

Appendix 2

Terms of reference for the Community MARAC panel

Purpose of the panel

To provide a person-centred, timely and effective multi-agency response to situations where the person referred has been assessed at a high level of risk as a result of complex self - neglect issues or other high risk issues. To ensure that all relevant agencies work together to provide a co-ordinated and accountable response to the person's presenting issues/risks. To focus on the outcomes that the person wants to achieve to the greatest extent possible given the individual circumstances and risks. To feed up to the City and Hackney Safeguarding Adults Board (CHSAB) on presenting high risk issues and the number of referrals to the community MARAC.

Objectives

1. To share information to increase the safety, health and well-being of adults with care and support needs who have been assessed at high levels of risk.
2. To explore all options to minimise risk and ensure that all interventions possible are taken to maintain the safety of those who are assessed as being at a high level of risk due to issues of self –neglect or other risk taking behaviours.
3. To identify agencies that need to be involved to mitigate identified risks.

4. To ensure that any work undertaken with the person is in the least restrictive way possible to achieve their safety.
5. To ensure that the person has been made aware of all relevant information/options.
6. To ensure that any decisions made/proposed actions involve the person (and with their consent anyone close to them) to the greatest extent possible and that their view has been taken into account in the decision making process.
7. To be aware of a person's right to make an unwise decision if they have been assessed as having mental capacity to make this decision unless there is a clear risk of significant harm to that person or others.
8. To ensure that the person is aware of the implications of any decisions/proposed actions.
9. To ensure that appropriate measures (including coercive measures) are taken if there is a clear risk of significant harm to that person or others. These should always be the least restrictive measures possible in the circumstances.
10. To provide clear professional advice to the relevant agencies involved.
11. To review actions taken by the member agencies on specific cases at the next panel meeting.
12. To monitor the implementation of local policies in relation to specific cases.
13. To identify policy issues arising from casework and raise these through the appropriate channels.
14. To contribute to the development of best practice.
15. To provide feedback to the City and Hackney Safeguarding Board (CHSAB) via the Task and Finish Group on presenting high risk issues and number of referrals to the community MARAC etc.

Core membership

- Hackney adult social care
- Hackney Homes/private sector housing
- East London foundation trust
- Hackney CCG
- Hackney GP
- Hackney CVS
- Hackney metropolitan police

Other agency representatives may be required on a case by case basis e.g. HUH, LFB, LAS, drug and alcohol services, trading standards etc

Responsibilities of the core member agencies

1. The named member to attend all community MARAC meetings.
2. If the named member is unable to attend, an appropriate person in the agency must replace them.
3. To ensure that all referrals from their agency have been signed off by a manager and meet the threshold for the community MARAC.
4. To check their agencies records on all cases discussed at the community MARAC prior to the meeting.
5. To contribute to community MARAC discussions.
6. To make decisions on behalf of their agency and agree actions to be taken by their agency.
7. To follow up on actions agreed for their agency and provide feedback on the progress of these actions to the community MARAC co-ordinator.
8. To promote good practice within their agencies through updating colleagues about the community MARAC, addressing any issues about the quality of their agency's community MARAC referrals and supporting colleagues through the community MARAC process.

Responsibilities of the community MARAC co-ordinator

1. To collate the referrals to the community MARAC.
2. To record the referrals onto a community MARAC spreadsheet.
3. To invite non-core agencies to the community MARAC if requested to do so by the community MARAC chair.
4. To set up community MARAC meetings, including room bookings, sending out invites and papers. The papers should include the minutes of the last meeting, the agenda for the meeting and the completed referral forms.
5. To distribute an attendance sheet at each meeting.
6. To take minutes of the meeting and send these out to all Community MARAC members.
7. To check and record that agencies have completed their agreed actions.

8. To record any actions fed back by the community MARAC members onto the community MARAC spreadsheet.
9. To provide any data required for reporting purposes.

Responsibilities of the community MARAC chair

1. To read the referrals one week prior to the meeting and inform the co-ordinator if an agency which isn't a core member of the panel needs to attend e.g. the LFB.
2. To double check the referrals to ensure that that are appropriate for the community MARAC.
3. To emphasise confidentiality/information sharing agreement at the beginning of each meeting.
4. To manage the order of cases presented at the meeting.
5. To agree any actions to be taken.

Frequency of meetings

The community MARAC will sit monthly for the duration of a 6 month pilot.

Chair of the community MARAC

The chair of the community MARAC is the ASC service manager for long term services.

Referral process

1. The person referred (and if applicable, their advocate/informal carer/ someone close to them) should be informed that their case is being referred to the community MARAC.
2. Referrals are via the community MARAC Referral Form.
3. Referrals must be submitted by the manager of the allocated worker.
4. Referrals should be sent to: trisha.brooks@hackney.gov.uk
5. Referrals should be sent one week before the next community MARAC meeting. Referrals will be considered at shorter notice in exceptional circumstances.

During the MARAC meeting

1. All attendees will sign an attendance sheet and provide details of their contact number and email address.
2. The Chair will set out the confidentiality/information sharing agreement and the purpose of the community MARAC.
3. Any outstanding follow-up actions from the previous MARAC will be highlighted and new deadlines / actions agreed.
4. The Chair will go through the running order, enabling visiting agencies with no involvement on other cases to present cases before any cases being presented by core members.
5. Cases will be presented by the lead agency working with the person at risk. The allocated worker may be invited to present the case.
6. Cases will be presented verbally and in a clear way, focused on relevant facts, areas where there are gaps in knowledge and setting out the risk of harm. The adult at risk's experience/perspective will be represented.
7. All core member agencies will share information held by them on the person at risk
8. On all cases the Chair will invite professional opinion and actions from agencies and formulate a plan to reduce the risk. The Chair will agree specific and timed actions on each case including who will update the person at risk.
9. The community MARAC co-ordinator will take minutes during the meeting and will clarify any actions agreed with the Chair before the next case is heard.

Confidentiality

The community MARAC is not a public forum and attendance is limited to those agencies who are able to provide a contribution with regard to listed cases. All cases discussed at the community MARAC are strictly confidential and the information discussed should not be passed on to any individual or agency without the agreement of the Chair, with the following exception:

under the Criminal Procedure and Investigations Act 1986 (CPIA), if/when an individual is charged with an offence the police are required to disclose the existence of all material created as part of the investigation. As a result the existence of the community MARAC referral will be disclosed to the defence. However this will be listed as 'sensitive information' and will only be fully disclosed if a judge deems it absolutely necessary in the interests of justice. Even on the rare occasion when this may happen the defence will be issued with the following instructions:

'This material is disclosed to you in accordance with the provisions of the CPIA 1986, and you must not use or disclose it, or any information recorded in it, for any purpose

other than in connection with these criminal proceedings. If you do so without the permission of the court, you may commit an offence.'

It is the duty of referring agencies and core members to store and communicate information pertaining to the community MARAC safely.

Appendix 3

Community MARAC referral form

DETAILS OF PERSON AT RISK

NAME			MOSAIC/User ID	
Address				
AGE		DOB		GENDER
USER GROUP	Learning Disability			Mental Health
Tick	any	Older People		Physical & Sensory

appropriate user group	Substance Misuse			Other vulnerable people
ETHNIC ORIGIN	White British		White Irish	Other White
	White Traveller of Irish Heritage		White Gypsy/Roma	
	Black Caribbean		Black African	Other Black
	Indian		Pakistani	Bangladeshi
	Chinese		Other Asian	Mixed White and Black Caribbean
	Mixed White and Black African		Mixed White and Asian	Mixed White and Chinese
	Other			
DATE & TIME OF REFERRAL				
TENURE	Home Owner		Leasee	
	Council Tenant		Private rented	
	Housing Association Tenant		Temporary Accommodation	
	Other			
SOURCE OF INITIAL REFERRAL	Neighbour		GP	
	Estate Officer		Floating Support Worker	
	Social Worker/ Community Nurse		Police	
	Fire Service		Other	

DETAILS OF THE PERSON COMPLETING THIS FORM

NAME	JOB TITLE / PROFESSION	CONTACT DETAILS	DATE

DETAILS OF THE MANAGER AUTHORISING THIS REFERRAL

NAME	JOB TITLE / PROFESSION	CONTACT DETAILS	DATE

Up to date background information on the person at risk

Briefly outline the assessed high level risks (e.g. there is a likely risk of serious harm) to the person or others and their views of the identified risks. If no high level risks are identified **do not refer to community MARAC at this point**

Results of formal mental capacity assessment (including “executive capacity” i.e. the ability of the person to implement the decision)

Has the safeguarding adult's process been started and what stage is it at? If not started, why not?

What are the protective factors in the person's life? e.g. home care, placement, support from neighbours (if there are protective factors, briefly outline why a referral to the community MARAC is still required)

Briefly outline the interventions that have already been tried and what the outcomes were

Has a multi-agency meeting already taken place? (if no, outline why this referral needs to go straight to the community MARAC)

Does the person engage with services? (if yes, explain why a referral to the community MARAC is required)

What outcomes are you seeking from this referral?

Has your manager approved this referral to the community MARAC (if not, then do not proceed with referral)

YES/NO

Appendix 4

Legislation

Care Act 2014

The Care Act 2014 sets out a statutory framework for adult safeguarding which stipulates local authorities' responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect. It includes self-neglect as a category of abuse and neglect. There are new responsibilities for the Director of Public Health in relation to infection which may involve neglect. The Act does not contain powers to enter a person's property.

Public Health Act 1936

Contains the principal powers to deal with filthy and verminous premises.

Section 83 - Cleansing of Filthy or Verminous Premises:

i. where a local authority (LA), upon consideration of a report from any of their officers, or other information in their possession are satisfied that any premises –

- a) are in such a filthy or unwholesome condition as to be prejudicial to health, or
 - b) are verminous
- ii. the local authority (LA) shall give notice to the owner or occupier of the premises requiring him to take such steps as may be specified in the notice to remedy the condition of the premises

The steps which are required to be taken must be specified in the notice and may include:

- cleansing and disinfecting
- destruction or removal of vermin
- removal of wallpaper and wall coverings
- interior of any other premises to be painted, distempered or whitewashed

There is no appeal against a Section 83 notice and the LA has the power to carry out works in default and recover costs. The LA also has the power to prosecute.

Section 84 Cleansing or Destruction of Filthy or Verminous Articles: -

Applies to the cleansing, purification or destruction of articles necessary in order to prevent injury, or danger of injury, to health.

Section 85 Cleansing of Verminous Persons and Their Clothing: -

The person themselves can apply to be cleansed of vermin or, upon a report from an officer, the person can be removed to a cleansing station. A court order can be applied for where the person refuses to comply.

The Local Authority cannot charge for cleansing a verminous person and may provide a cleansing station under Section 86 of the Public Health Act 1936.

The Public Health Act 1936 Section 81 also gives Local Authority's power to make bylaws to prevent the occurrence of nuisances from filth, snow, dust, ashes and rubbish.

The Public Health Act 1961

The Public Health Act 1961 amended the 1936 Act and introduced:

Section 36 Power to Require Vacation of Premises During Fumigation: -

Makes provision for the Local Authority to serve notice requiring the vacation of verminous premises and adjoining premises for the purposes of fumigation to destroy vermin. Temporary accommodation must be provided and there is the right of appeal.

Section 37 Prohibition of Sale of Verminous Articles: -

Provides for household articles to be disinfested or destroyed at the expense of the dealer (owner).

Housing Act 2004

Allows Local Authorities to carry out a risk assessment of residential premises to identify any hazards that would likely cause harm and to take enforcement action where necessary to reduce the risk to harm. If the hazard is a category 1 there is a duty by the Local Authority to take action. If the hazard is a category 2 then there is

a power to take action. However an appeal is possible to the Residential Property Tribunal within 21 days.

Building Act 1984

Section 76 is available to deal with any premises which are in such a state as to be prejudicial to health. It provides an expedited procedure i.e. the Local Authority may undertake works after 9 days unless the owner or occupier states intention to undertake the works within 7 days.

There is no right of appeal and no penalty for non-compliance.

There is further legislation that relates specifically to people – both the living and the deceased.

Environment Protection Act 1990

Section 79(a) refers to any premises in such a state as to be prejudicial to health or a nuisance. Action is by a Section 80 abatement notice and the recipient has 21 days to appeal.

Prevention of Damage by Pests Act 1949

Local Authorities have a duty to take action against occupiers of premises where there is evidence of rats or mice. They have a duty to ensure that its District is free from rats and mice.

Public Health (Control of Disease) Act 1984

Section 46 imposes a duty on the Local Authority to bury or cremate the body of any person found dead in their area in any case where it appears that no suitable arrangements for the disposal of the body have been made. Costs may be reclaimed from the estate or any person liable to maintain the deceased.

Mental Health Act

Admission for assessment (section 2)

Duration of detention: 28 days maximum.

Application for admission: by an Approved Mental Health Practitioner (AMHP) or the patient's nearest relative. The applicant must have seen the patient within the previous 14 days.

Procedure: two doctors must confirm that:

- (a) the patient is suffering from a mental disorder of a nature or degree that warrants detention in hospital for assessment (or assessment followed by medical treatment) for at least a limited period; and
- (b) he or she ought to be detained in the interest of his or her own health or safety, or with a view to the protection of others.

Discharge: by any of the following:

Responsible clinician

Hospital manager

The nearest relative, who must give 72 hours' notice. The responsible clinician can prevent him or her discharging a patient by making a report to the hospital managers MHT. The patient can apply to a tribunal within the first 14 days of detention.

Admission for treatment (section 3)

Duration of detention: up to six months, renewable for a further six months, then for one year at a time.

Application for admission: by nearest relative, or AMHP in cases where the nearest relative does not object, or is displaced by County court, or it is not 'reasonably practicable' to consult him or her.

Procedure: two doctors must confirm that:

- (a) the patient is suffering from a mental disorder (see above) of a nature or degree that makes it appropriate for him or her to receive medical treatment in hospital; and
- (b) appropriate medical treatment is available for him or her; and
- (c) it is necessary for his or her own health or safety, or for the protection of others that he or she receives such treatment and it cannot be provided unless he or she is detained under this section.

Renewal: under section 20, the responsible clinician can renew a section 3 detention if the original criteria still apply and appropriate medical treatment is available for the patient's condition. The responsible clinician must consult another person of a different profession who has been professionally concerned with the patient's treatment.

Discharge: by any of the following:

Responsible clinician

Hospital managers

The nearest relative, who must give 72 hours' notice. If the responsible clinician prevents the nearest relative discharging the patient, by making a report to the hospital managers, the nearest relative can apply to an MHT within 28 days.

MHT. A patient can apply to a tribunal once during the first six months of his or her detention, once during the second six months and then once during each period of one year. If the patient does not apply in the first six months of detention, his or her case will be referred, automatically, to the MHT. After that, the case is automatically referred when a period of three years has passed since a tribunal last considered it (one year, if the patient is under 18).

Admission for assessment in cases of emergency (section 4)

Duration of detention: 72 hours maximum.

Application for admission: by an AMHP or the nearest relative. The applicant must have seen the patient within the previous 24 hours.

Procedure: one doctor must confirm that:

- a) it is of 'urgent necessity' for the patient to be admitted and detained under section 2 and
- b) waiting for a second doctor to confirm the need for an admission under section 2 would cause 'undesirable delay'

Note: the patient must be admitted within 24 hours of the medical examination or application, whichever is the earlier, or the application under section 4 is null and void.

Guardianship (sections 7-10)

Duration of guardianship order: up to six months, renewable for a further six months, then for one year at a time.

Application for reception into guardianship: by an AMHP or nearest relative.

Procedure: two doctors must confirm that:

- (a) the patient is suffering from a mental disorder (see above) of a nature or degree that warrants reception into guardianship; and
- (b) it is necessary in the interests of the patient's welfare or for the protection of others.

Note: the patient must be over 16. The guardian must a local social services authority, or person approved by the social services authority, for the area in which he or she (the guardian) lives. A guardian has the following powers

- to require a patient to live at a place specified by the guardian
- to require a patient to attend places specified by the guardian for occupation, training or medical treatment (although the guardian cannot force the patient to undergo treatment)
- to ensure that a doctor, social worker or other person specified by the guardian can see the patient at home.

Discharge: by any of the following

Responsible clinician

Local social services authority

Nearest relative

MHT. The patient can apply to a tribunal once during the first six months of guardianship, once during the second six months and then once during each period of one year.

Warrant to search for and remove patients (section 135)

Duration of detention: 72 hours maximum.

Procedure: if there is reasonable cause to suspect that a person is suffering from mental disorder and

- (a) is being ill-treated or neglected or not kept under proper control; or
- (b) is unable to care for him or herself and lives alone a magistrate can issue a warrant authorising a police officer (with a doctor and AMHP) to enter any premises where the person is believed to be and remove him or her to a place of s

Mentally disordered persons found in public places (section 136)

Duration of detention: 72 hours maximum

Procedure: if it appears to a police officer that a person in a public place is 'suffering from mental disorder' and is 'in immediate need of care or control', he or she can take that person to a 'place of safety', which is usually a hospital, but can be a police station.

Section 136 lasts for a maximum of 72 hours, so that the person can be examined by a doctor and interviewed by an AMHP and 'any necessary arrangements' made for his or her treatment or care.

Anti-Social Behaviour Orders

Anti-social behaviour is defined as where there is persistent conduct which causes or is likely to cause alarm, distress or harassment or an act or situation which is, or has the potential to be, detrimental to the quality of life of a resident or visitor to the area. Questions about whether an application for an Anti-Social Behaviour Order would be appropriate should be made to the Police Inspector responsible for Hate Crime and Anti-Social Behaviour or the Anti-Social Behaviour Officer.

Consider inviting the relevant Neighbourhood Policing Team to participate in multi-agency work for individual cases.

Misuse of Drugs Act 1971

Section 8

A person commits an offence if, being the occupier or concerned in the management of the premises, he knowingly permits or suffers any of the following activities to take place on those premises:

S8 (a) Producing or attempting to produce a controlled drug

S8 (b) Supplying or attempting to supply a controlled drug to another or offering to supply a controlled drug to another

S8 (c) Preparing opium for smoking

S8 (d) Smoking cannabis, cannabis resin or prepared opium

Mental Capacity Act 2005

"A person is not to be treated as unable to make a decision merely because he makes an unwise decision"

There are five underpinning principles of the Mental Capacity Act.

You must:

- 1) Assume the person has capacity unless proved otherwise
- 2) Do not treat people as incapable of making a decision unless you have tried all practicable steps to try to help them.
- 3) Allow people to make what may seem to you an unwise decision (if they have capacity)

- 4) Always do things, or take decisions for people without capacity in their best interest
- 5) Ensure that when doing something to someone, or making a decision on their behalf you choose the least restrictive

The two- stage test of capacity

You must use the following test to assess if the person has capacity:-

is there an impairment of, or disturbance in the functioning of the person's mind or brain? If so,

is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision at a given time (capacity is decision specific)

The person is able to make a decision and therefore has capacity if they:

- a. understand the information relevant to the decision,
- b. retain the information,
- c. use or weigh that information as part of the process of making the decision, or
- d. communicate his/her decision either by talking, signing, or any other means

It is very important to consider "executive capacity" – that is the ability of the individual to implement the action.

Best Interest Checklist

Where a person lacks capacity all decisions must be made in their best interest. The checklist below gives some common factors that you must always take into account where a decision is being made, or an act is being done for the person who lacks capacity.

- involve the person who lacks capacity
- be aware of the persons past and present wishes and feelings
- consult with others who are involved in the care of the person
- do not make assumptions based solely on the person's age, appearance, condition or behaviour
- is the person likely to regain capacity to make the decision in the future?

You must formally record your decision e.g. by completing the Mental Capacity Act Checklist template and store this within the service user's electronic or paper file.

Appendix 5



For the London Borough of Hackney only:

All referrals from Hackney Social Care will carry the source code **Hackney P1 – 01**

External: neareacfsteam@london-fire.gov.uk

Urgent Queries

Graham Scawthorn

NE Area Admin Team - CS

Operations Prevention and Response

London Fire Brigade
Rear of Stratford fire station
2 Ferns Road
Stratford E15 4LX

Tel: 020 8555 1200 Extn 35716

Mob: 07827 896 174

e-mail: graham.scawthorn@london-fire.gov.uk

OUT OF HOURS

0208 555 1200 Extn 88111

Appendix 6

Clutter Image Rating

Clutter Image Rating: Kitchen



1



2



3



4



5



6



7



8



9

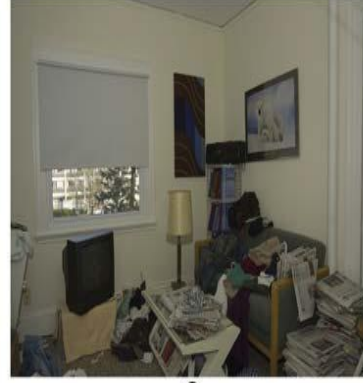
Clutter Image Rating: Living Room



1



2



3



4



5



6



7



8



9

Clutter Image Rating: Bedroom



1



2



3



4



5



6



7



8



9

Clutter Image Rating

Using the 3 series of pictures (CIR: Living Room, CIR: Kitchen, and CIR: Bedroom), please select the picture that best represents the amount of clutter for each of the rooms of your home. Put the number on the line below.

Please pick the picture that is closest to being accurate, even if it is not exactly right. If your home does not have one of the rooms listed, just put NA for "not applicable" on that line.

Room	Number of closest corresponding picture (1-9)
Living Room	_____
Kitchen	_____
Bedroom #1	_____
Bedroom #2	_____

Also, please rate other rooms in your house that are affected by clutter on the lines below. Use the CIR: Living Room pictures to make these ratings.

Dining room	_____	
Hallway	_____	
Garage	_____	
Basement	_____	
Attic	_____	
Car	_____	
Other Please specify:	_____	Please specify: _____

Assessment Tool Guidelines

<p>1. Property structure, services & garden area</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Assess the access to all entrances and exits for the property. (Note impact on any communal entrances & exits). Include access to roof space. <input type="checkbox"/> Does the property have a smoke alarm? <input type="checkbox"/> Visual Assessment (non-professional) of the condition of the Services (NPVAS) within the property e.g. plumbing, electrics, gas, air conditioning, heating, this will help inform your next course of action. <input type="checkbox"/> Are the services connected? <input type="checkbox"/> Assess the garden. size, access and condition.
<p>2. Household Functions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Assess the current functionality of the rooms and the safety for their proposed use e.g. can the kitchen be safely used for cooking or does the level of clutter within the room prevent it. <input type="checkbox"/> Select the appropriate rating on the clutter scale. <input type="checkbox"/> Please estimate the % of floor space covered by clutter <input type="checkbox"/> Please estimate the height of the clutter in each room
<p>3. Health and Safety</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Assess the level of sanitation in the property. <input type="checkbox"/> Are the floors clean? <input type="checkbox"/> Are the work surfaces clean? <input type="checkbox"/> Are you aware of any odours in the property? <input type="checkbox"/> Is there rotting food? <input type="checkbox"/> Does the resident use candles? <input type="checkbox"/> Did you witness a higher than expected number of flies? <input type="checkbox"/> Are household members struggling with personal care? <input type="checkbox"/> Is there random or chaotic writing on the walls on the property? <input type="checkbox"/> Are there unreasonable amounts of medication collected? Prescribed or over the counter? <input type="checkbox"/> Is the resident aware of any fire risk associated to the clutter in the property?
<p>4. Safeguard of Children & Family members</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Do any rooms rate 7 or above on the clutter rating scale? <input type="checkbox"/> Does the household contain young people or children?
<p>5. Animals and Pests</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Are there any pets at the property? <input type="checkbox"/> Are the pets well cared for, are you concerned

	<p>about their health?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is there evidence of any infestation? e.g bed bugs. rats, mice, etc. <input type="checkbox"/> Are animals being hoarded at the property? <input type="checkbox"/> Are outside areas seen by the resident as a wildlife area? <input type="checkbox"/> Does the resident leave food out in the garden to feed foxes etc.
<p>6. Personal Protective Equipment (PPE)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Following your assessment do you recommend the use of Personal Protective Equipment (PPE) at future visits? Please detail <input type="checkbox"/> Following your assessment do you recommend the resident is visited in pairs? Please detail

<p>Level 1 Clutter image rating 1 - 3</p>	<p>Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.</p>
<p>1. Property structure, services & garden area</p>	<ol style="list-style-type: none"> 1. All entrances and exits, stairways, roof space and windows accessible. 2. Smoke alarms fitted and functional or referrals made to fire brigade to visit and install. 3. All services functional and maintained in good working order. 4. Garden is accessible, tidy and maintained
<p>2. Household Functions</p>	<ol style="list-style-type: none"> 1. No excessive clutter, all rooms can be safely used for there intended purpose. 2. All rooms are rated 0-3 on the Clutter Rating Scale 3. No additional unused household appliances appear in unusual locations around the property 4. Property is maintained within terms of any lease or tenancy agreements where appropriate. 5. Property is not at risk of action by Environmental Health.
<p>3. Health and Safety</p>	<ol style="list-style-type: none"> 1. Property is clean with no odours, (pet or other) 2. No rotting food 3. No concerning use of candles 4. No concern over flies 5. Residents managing personal care 6. No writing on the walls 7. Quantities of medication are within appropriate limits, in date and stored appropriately.
<p>4.Safeguard of Children & Family members</p>	<ol style="list-style-type: none"> 1. No Concerns for household members
<p>5. Animals and Pests</p>	<ol style="list-style-type: none"> 1. Any pets at the property are well cared for 2. No pests or infestations at the property
<p>6. Personal Protective Equipment (PPE)</p>	<ol style="list-style-type: none"> 1. No PEP required 2. No visit in pairs required.

Actions	Level 1
Referring Agency	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss concerns with resident <input type="checkbox"/> Raise a request to the Fire Brigade for a home safety fire check <input type="checkbox"/> Refer for support assessment if appropriate. <input type="checkbox"/> Refer to GP if appropriate
Environmental Health	<ul style="list-style-type: none"> <input type="checkbox"/> No Action
Social Landlords	<ul style="list-style-type: none"> <input type="checkbox"/> Provide details on debt advice if appropriate to circumstances <input type="checkbox"/> Refer to GP if appropriate <input type="checkbox"/> Refer for support assessment if appropriate. <input type="checkbox"/> Provide details of support streams open to the resident via charities and self help groups. <input type="checkbox"/> Provide details on debt advice if appropriate to circumstances <input type="checkbox"/> Ensure residents are maintaining all tenancy conditions

<p>Level 2 Clutter Image Rating 4 – 6</p>	<p>Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.</p>
<p>1. Property structure, services & garden area</p>	<ol style="list-style-type: none"> 1. Only major exit is blocked 2. Only one of the services is not fully functional 3. Concern that services are not well maintained 4. Smoke alarms are not installed or not functioning 5. Garden is not accessible due to clutter, or is not maintained 6. Evidence of indoor items stored outside 7. Evidence of light structural damage including damp 8. Interior doors missing or blocked open
<p>2. Household Functions</p>	<ol style="list-style-type: none"> 1. Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. 2. Clutter is causing congestion between the rooms and entrances. 3. Room(s) score between 4-5 on the clutter scale. 4. Inconsistent levels of housekeeping throughout the property 5. Some household appliances are not functioning properly and there may be additional units in unusual places. 6. Property is not maintained within terms of lease or tenancy agreement where applicable. 7. Evidence of outdoor items being stored inside
<p>3. Health and Safety</p>	<ol style="list-style-type: none"> 1. Kitchen and bathroom are not kept clean 2. Offensive odour in the property 3. Resident is not maintaining safe cooking environment 4. Some concern with the quantity of medication, or its storage or expiry dates. 5. No rotting food 6. No concerning use of candles 7. Resident trying to manage personal care but struggling 8. No writing on the walls
<p>4.Safeguard of Children & Family members</p>	<ol style="list-style-type: none"> 1. Hoarding on clutter scale 4 -7 doesn't automatically constitute a Safeguarding Alert. 2. Please note all additional concerns for householders 3. Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk.

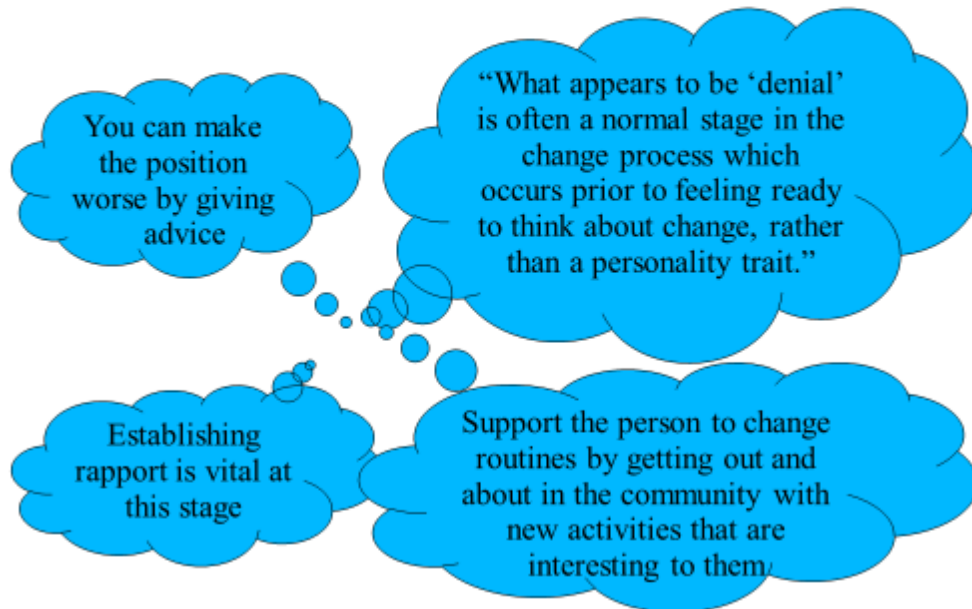
5. Animals and Pests	<ol style="list-style-type: none"> 1. Pets at the property are not well cared for 2. Resident is not unable to control the animals 3. Animal's living area is not maintained and smells 4. Animals appear to be under nourished or over fed 5. Sound of mice heard at the property. 6. Spider webs in house <ol style="list-style-type: none"> 1. Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc)
6. Personal Protective Equipment (PPE)	<ol style="list-style-type: none"> 1. Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. 2. VIP required
Level 2	Actions
Referring Agency	<ul style="list-style-type: none"> <input type="checkbox"/> Refer to landlord if resident is a tenant <input type="checkbox"/> Refer to Environmental Health is resident is a freeholder <input type="checkbox"/> Raise an alert to the Fire Brigade and request a HSFV <input type="checkbox"/> Provide details of garden services <input type="checkbox"/> Refer for support assessment <input type="checkbox"/> Referral to GP <input type="checkbox"/> Referral to debt advice if appropriate <input type="checkbox"/> Refer to Animal welfare if there are animals at the property. <input type="checkbox"/> Ensure information sharing with all agencies involved to ensure a

<p>Level 3 Clutter image rating 7 - 9</p>	<p>Household environment will require intervention with a collaborative multi agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.</p>
<p>1. Property structure, services & garden area</p>	<ol style="list-style-type: none"> 1. Limited access to the property due to extreme clutter 2. Evidence may be seen of extreme clutter seen at windows 3. Evidence may be seen of extreme clutter outside the property 4. Garden not accessible and extensively overgrown 5. Services not connected or not functioning properly 6. Smoke alarms not fitted or not functioning 7. Property lacks ventilation due to clutter 8. Evidence of structural damage or outstanding repairs including damp 9. Interior doors missing or blocked open 10. Evidence of indoor items stored outside
<p>2. Household Functions</p>	<ol style="list-style-type: none"> 1. Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. 2. Room(s) scores 7 - 9 on the clutter image scale 3. Rooms not used for intended purposes or very limited 4. Beds inaccessible or unusable due to clutter or infestation 5. Entrances, hallways and stairs blocked or difficult to pass 6. Toilets, sinks not functioning or not in use 7. Resident at risk due to living environment 8. Household appliances are not functioning or inaccessible 9. Resident has no safe cooking environment 10. Resident is using candles 11. Evidence of outdoor clutter being stored indoors. 12. No evidence of housekeeping being undertaken 13. Broken household items not discarded e.g. broken glass or plates 14. Concern for declining mental health 15. Property is not maintained within terms of lease or tenancy agreement where applicable 16. Property is at risk of notice being served by Environmental Health

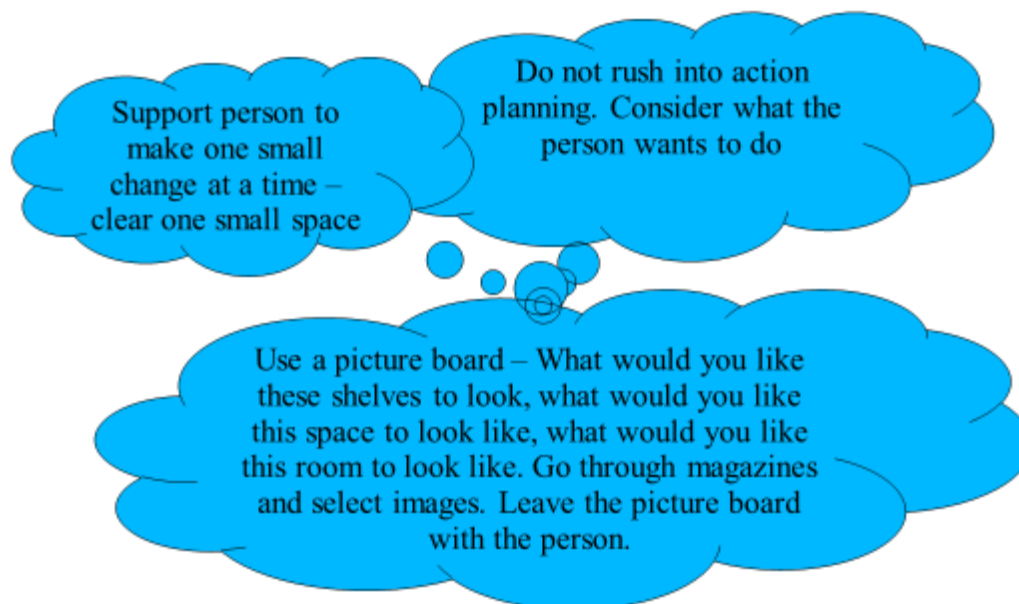
3. Health and Safety	<ol style="list-style-type: none"> 1. Human urine and or excrement may be present 2. Excessive odour in the property, may also be evident from the outside 3. Rotting food may be present 4. Evidence may be seen of unclean, unused and or buried plates & dishes. 5. Broken household items not discarded e.g. broken glass or plates 6. Inappropriate quantities or storage of medication. 7. Pungent odour can be smelt inside the property and possibly from outside. 8. Concern with the integrity of the electrics 9. Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. 10. Concern for declining mental health
4. Safeguard of Children & Family members	<ol style="list-style-type: none"> 1. Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. 2. Please note all additional concerns for householders
5. Animals and Pests	<ol style="list-style-type: none"> 1. Animals at the property at risk due the level of clutter in the property 2. Resident may not able to control the animals at the property

Supporting change

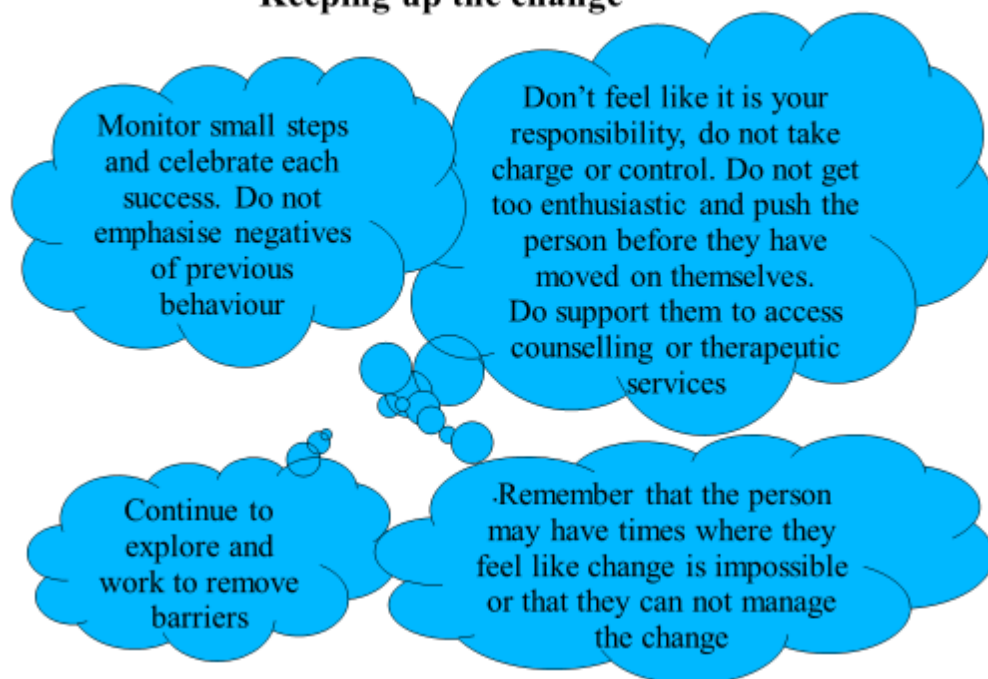
When a person is not considering change



Starting to consider change



Keeping up the change



Maintenance skills

Most useful:

- Be aware when support may still be required and when to let go
- Build regular support for the new behaviour
- Positive feedback on progress
- Affirm and praise
- Build new skills/behaviours
- Plan for coping and lapse
- Reinforcement of longer term goals

Fuller and Taylor 2005

Maintenance skills (cont.)

Least useful:

- Let go too early
- Over emphasise exploring previous behaviour
- Hold them in dependency
- A person is likely to have periods of relapse. If this happens start the process again building on the strengths gained – no blame

Fuller and Taylor 2005

When talking to someone who hoards

DO:

Imagine yourself in that person's shoes. How would you want others to talk to you to help you manage your anger, frustration, resentment, and embarrassment?

Match the person's language. Listen for the individual's manner of referring to his/her possessions (e.g. "my things", "my collections") and use the same language (i.e. "your things", "your collections").

Use encouraging language. In communicating with people who hoard about the consequences of hoarding, use language that reduces defensiveness and increases motivation to solve the problem (e.g. "I see that you have a pathway from your front door to your living room. That's great that you've kept things out of the way so that you don't slip or fall. I can see that you can walk through here pretty well by turning sideways. The thing is that somebody else that might need to come into your home, like a fire fighter or an emergency responder, would have a pretty difficult time getting through here. They have equipment they're usually carrying and fire fighters have protective clothes that are bulky. It's important to have a pathway that is wide enough so that they could get through to help you or anyone else who needed it. In fact, the safety law states that [insert wording about exits/ways out must be clear], so this is one important change that has to be made in your home".

Highlight strengths. All people have strengths, positive aspects of themselves, their behaviour, or even their homes. A visitor's ability to notice these strengths helps forge a good relationship and paves the way for resolving the hoarding problem (e.g. "I see that you can easily access your

bathroom sink and shower,” “What a beautiful painting!”, “I can see how much you care about your cat.”)

Focus the intervention initially on safety and organisation of possessions and later work on discarding. Discussion of the fate of the person’s possessions will be necessary at some point, but it is preferable for this discussion to follow work on safety and organisation.

When talking to someone who hoards

DO NOT:

Use judgmental language. Like anyone else, individuals with hoarding will not be receptive to negative comments about the state of their home or their character (e.g. “What a mess!” “What kind of person lives like this?”) Imagine your own response if someone came into your home and spoke in this manner, especially if you already felt ashamed.

Use words that devalue or negatively judge possessions. People who hoard are often aware that others do not view their possessions and homes as they do. They often react strongly to words that reference their possessions negatively, like “trash”, “garbage” and “junk”.

Let your non-verbal expression say what you’re thinking. Individuals with compulsive hoarding are likely to notice non-verbal messages that convey judgment, like frowns or grimaces.

Make suggestions about the person’s belongings. Even well-intentioned suggestions about discarding items are usually not well received by those with hoarding.

Try to persuade or argue with the person. Efforts to persuade individuals to make a change in their home or behaviour often have the opposite effect – the person actually talks themselves into keeping the items.

Touch the person’s belongings without explicit permission. Those who hoard often have strong feelings and beliefs about their possessions and often find it upsetting when another person touches their things. Anyone visiting the home of someone with hoarding should only touch the person’s belongings if they have the person’s explicit permission

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Committee	Dated:
Housing Management and Almshouses Sub Committee	26 September 2016
Subject: Fire Safety Protocol – Communal Areas in Residential Blocks	Public
Report of: Director of Community and Children’s Services	For Decision
Report author: Amy Carter, Community and Children’s Services	

Summary

The report asks Members to approve a new protocol relating to fire safety on our estates. In particular, it relates to the placing of plants, outdoor furniture and other items on landings and communal areas.

The protocol has been produced as a result of a recent London Fire Brigade inspection at one estate, where the inspecting officer expressed serious concern about the quantity of plant pots, garden furniture and other items on a communal area.

Whilst understanding that some residents who have no garden do like to have some plants in communal areas, this protocol seeks to restrict this to a reasonable and safe level, maintaining access at all times.

Recommendation

Members are asked to endorse the protocol, for immediate adoption and implementation.

Main Report

Background

1. Many of the flats on the City’s housing estates have no garden and very limited outdoor space. For this reason, some residents have placed containers of plants outside their properties and on communal areas.
2. This is not a problem, provided that the plants do not impede accessibility and do not pose a fire risk. However, there are occasions when the quantity and type of items do exceed what is safe and reasonable.

Current Position

3. In July 2016 an officer from the London Fire Brigade (LFB) arrived at one of the City’s estates to carry out an unannounced fire safety inspection. His inspection was largely satisfactory and he made only minor recommendations, except in relation to one area.

4. In this area, he noted a large display of plants, plant pots, garden furniture, candles, water features and other ornamental items, covering a significant area on a communal landing and taking up space on walkways. He expressed serious concern about accessibility, the hazards the items would pose to both residents and firefighters in the event of a fire, and the combined weight of these items on an upper floor.

5. His report stated that:

The Buildings Manager brought me to [location deleted] where on the top floor I was confronted by a garden centre. The landings and walkways were full of plants, furnishings seating, flooring, candles and quantities of Peat. The means of escape from flats and access for the Fire Brigade had been compromised and the fire loading on this floor is unacceptable. It had been accepted practice to allow some plant pots in the past but the tenants were now compromising the fire safety of the block. I required the building manager significantly reduce the fire loading.

6. Managers do monitor walkways and communal areas regularly on all estates, and residents are asked to remove items which are felt to be excessive. Most residents are happy to comply. However, as, at present, there is no clear protocol setting out exactly what is reasonable, it is difficult for managers to enforce restrictions if residents are resistant.

7. It is for this reason that a protocol has been drawn up and the endorsement of Members is requested.

Proposed Protocol

8. The draft protocol has been developed in liaison with the London Fire Brigade, the City's Fire Safety Advisor and the Barbican & Property Services Division.

9. Because this protocol is required on health and safety grounds, and is needed urgently to tackle the issues highlighted by the LFB inspection, it is not felt that resident consultation is appropriate.

10. The protocol allows residents to place a certain amount of plants in communal areas, thus recognising that this is important to some residents, and can enhance the appearance of an estate. However, it restricts the depth, height and location of any plant displays to quantities as advised by the Fire Safety Officer.

11. Certain items are not permitted in communal areas under the draft policy. These include:

- Flammable items of any kind;
- Furniture, other than that which can be removed and stored in residents' properties each evening;
- Barbeques except in gardens and podium areas where risk assessments have been carried out and insurance is in place.

12. The protocol sets out a procedure whereby managers can remove items after giving 7 days written notice, or if they are causing a fire risk or obstruction.

13. The protocol does allow exceptions to be made by the Estate Manager, in consultation with the Fire Safety Advisor. However, permission for such exceptions must be obtained in writing.

Corporate & Strategic Implications

14. The Comptroller has been consulted about this protocol and has no comments to add.

Conclusion

15. The approval and implementation of this protocol will allow residents to display plants in communal areas to a reasonable level, but will also give managers the authority they need to address any problems which arise and thus prevent further risks to the safety of all residents.

Jacquie Campbell

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City of London Housing Service

**Fire Safety Protocol
Communal Areas in Residential Buildings**

1. Equal Opportunities

The City of London Corporation operates an Equality & Diversity policy and this applies to all aspects of its services. We will ensure that no resident or service user is treated less favourably on the grounds of age, race, religion or belief, disability, sex, gender reassignment, sexual orientation, pregnancy or maternity, marriage or civil partnership status. This protocol and all related information can be made available in different formats and languages on request.

2. Aims

We are committed to providing safe homes for our residents.

The aims of this protocol are:

- To allow the landlord to carry out its obligations regarding the communal areas.
- To limit the 'allowable items' in communal areas in order to reduce both the risk and severity of fires, by controlling combustible materials.
- To remove the risk of items causing an obstruction to access or exit routes in the event of an emergency.
- To inform residents what steps will be taken where an item is inappropriately located or stored.
- To continue to allow residents to make their communal areas welcoming and encourage a sense of pride and value to the building while maintaining a safe environment.

3. Legislative and regulatory framework

- The Furniture and Furnishings (Fire Safety) Regulations 1988 (as amended in 1989, 1993 and 2010)
- Building Regulations 2010
- Housing Act 2004
- Regulatory Reform (Fire Safety) Order 2005 (FSO)

There is an overlap between the Housing Act and the FSO. The Housing Act applies to the common parts and the flats themselves; common parts also fall within the scope of the FSO

This protocol has been developed with regard to the London Fire Brigade's general good practice and where relevant, specific advice provided on the occasion of visits to our estates.

4. Scope of the protocol

The protocol applies to the City of London Housing Service's owned and managed residential properties on 12 social housing estates.

5. Access

All access routes including stairs, hallways, walkways and pathways in communal areas are to be kept clear at all times. The minimum width is 900mm. Where an access route is physically wider than 900mm, a clear width of 1200mm wide is required to enable access for persons using wheelchairs, mobility scooters or equivalent.

6. Doors

The front entrance door to each property is owned by the City of London Corporation. Residents must not alter the door without permission, this includes replacing the door or adding further security measures such as metal gates.

7. Alterations to Communal Areas

Residents may not make alterations to communal areas. Including, but not limited to actions such as propping a door open or installing items such as fencing.

8. Alterations to Shared Access Routes

The design of some properties incorporates an emergency exit route, for example across the balconies or through a wooden panel. Where these emergency exit routes are shared between properties, residents must ensure these routes are maintained, they must be kept free from obstruction and additional security measures such as locks must not be added onto them.

9. Items in Communal Areas

The City reserves the right to remove any items left/ disposed of in the communal areas without limitation should they be causing a fire risk or block access/exit routes. The list below sets out some common items that may be affected by this protocol, however, it is not exhaustive.

i. Highly Flammable Items

Highly flammable items including, but not limited to candles, tea lights, religious candles, lanterns, wick lights 'shrines' or equivalent are not permitted in communal areas.

ii. Plants and Trees

If placed on suitable surface, plants may be located adjacent to the external wall of a residents' property if they wish. The plants and containers they are stored in must not extend to a depth greater than 450mm. Foliage from plants must extend no higher than 1200mm. Trellises or climbing plants above the height of 1200mm are not permitted.

Trees in planters are not to exceed a height of 2100mm with a diameter of no more than 600mm. Planters for trees must be of a diameter of no more than 400mm.

Hanging baskets brackets are to project no further than 300mm and the bracket must have no section lower than 1975mm from the floor. The basket may hang lower.

Planters on railings must be securely affixed and not hang externally over railing.

No flower pots or equivalent are to be placed on window sills or ledges.

The City of London reserves the right, after undertaking a risk assessment to allow limited planters in demarcated areas designated by CoL staff. These will not extend to a depth of more than 450mm.

iii. Furniture

Depending on layout of an area, including ensuring the 900mm minimum width of any access routes is maintained at all points; some furniture may be used in the communal areas however it must be stored away within the residents' property when not in use.

Tenants with individual balconies may leave small quantities of patio or garden furniture outside. If any soft furnishings are used, they must comply with The Furniture and Furnishings (Fire Safety) Regulations 1988 (as amended in 1989, 1993 and 2010) which set levels of fire resistance for domestic upholstered furniture, furnishings and other products containing upholstery. No other items are to be stored on the balconies.

iv. Mobility Scooters, Prams, Buggies and Bicycles

All devices must be stored within the resident's home wherever possible. They may also be placed in designated sheds or garages where these are available and suitable for this use.

If they must be stored within the communal area, they are not allowed to be stored in the escape routes from the premises or block access through the communal access routes.

If the mobility scooter or equivalent device is required to be charged within a communal area, the charging location must not block access routes, the power lead must not create a trip hazard and a Residual Current Device (RCD) must be used.

v. Doormats

It is acceptable to place a single door mat outside each flat entrance door to assist people in protecting the inside of their property. The mat may only be placed directly in front of the door. Mats may not be placed at the top of stairs or cause a tripping hazard.

The mat must have a non-slip backing material, be in good condition and free from curling edges. A maximum size; the width of the door x 450mm (18in) depth (i.e. projecting into the communal area) is permitted. The placement of rugs, runners, carpet off cuts and carpet tiles within communal areas is not acceptable. Example below:



10. Barbeques

Barbeques are not permitted on balconies or communal walkways within residential buildings. Where appropriate risk assessments and insurance provisions are in place, events may be held which include barbeques in communal areas such as gardens or podiums.

11. Smoking in Communal Areas

It is illegal to smoke in all public enclosed or substantially enclosed areas. On estates this legislation extends to communal areas such as stairs, hallways, walkways, balconies, building under crofts, car parks and car park areas.

12. Risk Assessments

Fire Risk Assessments are carried out in every block, every year. Where there is a relevant change during the year, a further Risk Assessment will be carried out.

13. Enforcement Action

Where a breach of this protocol is noted, and the threat posed is immediate and/or it is high risk, the Estate Team will immediately remedy the breach.

Where a breach of this protocol is noted, and the threat posed is not immediate and/or it is medium to low risk, the Estate Team will write to the resident (where known), informing them of the breach, and giving the resident 7 days to remedy the situation. If an item is required to be removed to remedy a breach, a notice may also be placed on the item.

If the resident has not taken the appropriate action after 7 days, the Estate Team will remedy the breach, e.g. by removing inappropriately located items.

If remedying a breach involves removing any item, the Estate Team will store it elsewhere if it is safe to do so, or dispose of it where necessary. The resident, if known, will be informed regarding the action that has been taken and how they may retrieve their possessions.

If the Estate Team cannot remedy the breach, legal action will be undertaken in accordance with the applicable tenancy agreement or lease.

14. Exceptions

If any resident requests an exception to this protocol, the Estate Manager will consult with the City's Fire Safety Advisor and the Head of Estates. They may also carry out an additional Risk Assessment, or seek information from the London Fire Brigade before confirming the decision in writing.

15. Monitoring the protocol

Adherence with this protocol will be monitored by each Estate Manager and enforcement action taken as necessary.

DRAFT

Committees:	Dates:
Housing Management and Almshouses Sub Committee Projects Sub Committee	26 September 2016 11 October 2016
Subject: Gateway 3/4 Options Appraisal: Middlesex Street Estate, Petticoat Tower, Replacement of Windows and Balcony Doors	Public
Report of: Director of Community & Children's Services	For Decision

Summary

Project Status	Green
Time Line	Specification of works: October/November 2016 Undertake Procurement: January – April 2017 Contract Let: June 2017 Works Complete: September 2017
Programme status	Pending Approval of Gateway 3/4 – Options Appraisal
Latest estimated cost of works	£700,000
Expenditure to date	Survey & Specification Cost £7,500
Total Project Cost	£787,500

Progress to date (including resources expended and any changes since previous gateway)

A combined Issues report and Gateway 3/4 Options Appraisal for the Middlesex Street Estate Programme of Works and Internal and External Redecorations was previously submitted and approved at Project Sub 11 May 2016 and Housing Management and Almshouses Sub Committee 4 July 2016.

The issues report outlined that each of the projects detailed in the original Middlesex Street Sustainability Project (MSSP) would progress through the Gateway process independently.

A detailed survey of the existing windows and balcony doors was carried out by a firm of Chartered Surveyors. 21 out of 80 properties were surveyed. Following the survey, the resulting report was consulted upon with residents, and a technical specification has been completed.

The original approach around funding for the MSSP was structured in such a way that Leaseholders weren't going to be re-charged.

The City has taken legal advice on its repairing obligations under the lease in relation to the balcony doors and screens. The legal advice confirmed that the City is responsible for the maintenance and repair of the balcony doors and screens and that leaseholders could legitimately be recharged their proportion of the works.

It had originally been intended that the City would replace the balcony doors and windows to all properties in Petticoat Towers back in 2010. The cost of this work at that time would have been covered entirely by Section 106 monies from the Minerva Tower development. Leaseholders were advised that they would not be required to contribute towards the cost.

Given that it was the City of London's decision not to carry out this work back in 2010, leaseholders will be particularly aggrieved if they are now required to contribute towards the cost of the works that they were originally told would not be rechargeable. As such, the DCCS Department Leadership Team (DLT) has agreed that the works would proceed and the long leaseholders would not be re-charged.

Overview of options

The option to do nothing is not realistic because the existing single-glazed windows and doors are over 40 years old. They have performed well beyond their expected service life and the condition survey indicates that they need to be replaced.

Options 1 and 2 reflect the existing layout, Options 3 and 4 were originally devised when the previous sustainability project was proposed and some residents wished the options to remain available despite the fact the sustainability work was no longer going ahead.

Option 1

Replacing the existing windows and door with an equivalent layout, with triple glazing to match the windows that were installed to the building in 2010.

Option 2

Replacing the existing windows and door with an equivalent layout, with double glazing.

Option 3

Installing an open-able window across the opening in the balcony, to create a 'winter garden' or 'sun room', that may be used as a balcony when residents open the window.

Option 4

Installing an open-able window across the opening in the balcony, as per Option 3, and undertaking remedial work to remove the existing windows, panels and balcony door, and undertake alterations to make the former balcony part of the room.

Proposed Way forward and summary of recommended option

The residents were originally consulted on all the options outlined above with the caveat that more than 40 residents would need to opt for Options 3 or 4 to justify proceeding with the significant change of layout.

The reasoning behind this approach was to allow for the fact that many residents do not respond to consultation and it could be unsafe and potentially open to challenge if we decided to make major changes to all residents' homes without a significant response and a clear majority of residents wanting such changes.

The consultation process resulted in 38 responses with no clear majority for any of the options put forward. As such, it was decided to proceed with the option to replace the existing windows on a like-for-like basis with no change to the existing layout.

The balcony doors and screens are much less exposed to the external elements than the rest of the windows to the flats. As such, DLT has agreed that the new balcony doors and screens will be double-glazed and not triple glazed like the rest of the windows.

Therefore, Option 2 (like-for-like replacement with double glazing) is now the recommended approach.

Procurement Approach

The contract will be advertised via the City's Procurement Service. The works fall beneath the OJEU threshold, as such, the options for advertising are more varied – for example, a framework may be used if there is a suitable one available. Option 2 will be set out within the tender documentation.

Table with Financial Implications

Description	Option 2:
Works Costs	£700,000
Fees & Staff Costs	£87,500
Total	£787,500
Funding Strategy:	
Source	<ul style="list-style-type: none"> Funding from the remainder of the 'Minerva' development (Section 106) Housing Revenue Account (HRA) excluding proportional contributions from leaseholders.

Recommendations

- Note the budget of £787,500.
- That Option 2 is approved for proceeding to Procurement and Gateway 5.
- Approve the £14,000 resources required to reach next gateway, as detailed at section 20 of the options appraisal.

Options Appraisal Matrix

See attached.

Appendices

Appendix 1 - PT4 Report

Background Paper

Gateway 1-2 Project Proposal – internal and external refurbishment works programme at the Middlesex Street Estate.

Corporate Projects Board 7th November 2014

Projects Sub Committee 9th December 2014

Contact

Report Author	Jason Crawford, Asset Programme Manager
Email Address	Jason.Crawford@cityoflondon.gov.uk
Telephone Number	0207 332 3010

Options Appraisal Matrix

	Option 2 – replacing existing layout with double glazing			
1. Brief description	Replacing the existing windows and door with an equivalent layout, with double glazing.			
2. Scope and exclusions	<p>Scope: The project solely applies to Petticoat Tower, on the Middlesex Street Estate. There are 88 properties within Petticoat Tower, of which 80 are known to have the existing layout. Of these 80, 32 are leaseholders who have the opportunity to opt-in or out, depending upon their preferences. At this point, we will assume that all 80 properties will have the works done under the contract, and revise this accordingly following the consultation process.</p> <p>Exclusions: There are 8 properties within the block which were converted to residential use in 2014. These properties do not have the same balcony layout and therefore will not be included within the project scope.</p> <p>When the original survey was carried out and the option of creating an enclosed balcony or sun room were still being considered, it was noted that 13 of the 80 properties had already been converted by their occupants.</p> <p>These installations will be checked for safety and compliance. If they are not compliant, the occupiers will be compelled to make necessary repairs, either independently, or by allowing permission for the works to be carried out as part of the project. Both of the above will involve a re-charge to the resident.</p>			
Project Planning				
3. Programme and key dates	<p>Specification of works: October/November 2016</p> <p>Undertake Procurement: January – April 2017</p> <p>Contract Let: June 2017</p> <p>Works Complete: September 2017</p>			

	<i>Option 2 – replacing existing layout with double glazing</i>
4. Risk implications	<ul style="list-style-type: none"> • Weather delays. The contractor will be asked to set out a plan for reacting to the impacts of severe weather in the pre-contract negotiations. • Residents refuse access. To mitigate this, early engagement will be carried out with residents to make them aware of the upcoming works. Explanation will be provided of the benefits of the works, and any queries or concerns that residents may have will be answered. • Failure of supply chain to meet programme requirements due to changes in market conditions.
5. Benefits and disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> • Replication of existing facilities. • Double-glazing offers a higher level of thermal efficiency (than the existing). <p>Disbenefits:</p> <ul style="list-style-type: none"> • Not as thermally efficient as triple-glazing.
6. Stakeholders and consultees	<p>Residents, leaseholders and Members, including Ward Members.</p> <p>Departments of City Surveyor's, Comptroller and City Solicitor, Town Clerks and Chamberlain's (including City Procurement Service).</p>
<i>Resource Implications</i>	
7. Total Estimated cost	£787,500
8. Funding strategy	The project will be part-funded using the remainder of the funding supplied by a local development referred to as 'Minerva' or the 'Section 106 funding'. The initial funding was used for other improvements on the estate including replacement windows and doors.

	<i>Option 2 – replacing existing layout with double glazing</i>
	The remaining funding will come from the Housing Revenue Account (HRA) which is formed of tenant's rent payments.
9. Estimated capital value/return	N/A.
10. Ongoing revenue implications	The installations will be maintained under the City's existing repair and maintenance contracts. In accordance with average life cycles, the new installations will require replacement in 30-40 years.
11. Investment appraisal	The options are all costed within the department's 5 year asset management plan and the 30 year business plan for the Housing Revenue Account (HRA). The addition of the Minerva money to offset the cost.
12. Affordability	These works are a necessary part of rolling maintenance of the City of London Corporation's Housing stock and have been included in the 5 and 30 year Asset Management Plans.
13. Legal implications	<p>The City is required to ensure all tenanted properties are maintained in a 'decent' condition – as determined by the government's Decent Homes standard. All options outlined will ensure compliance with this requirement.</p> <p>Under the terms of the lease, the City does not have the right to compel leaseholders to replace the window and door within their properties. This is because the glazed area is recessed within the balcony and lies within the leaseholder's demise. The only exception to this would be if this facility was in a state of poor repair and necessary repairs were required.</p>
14. Corporate property implications	It is important that the City's assets remain in good, safe and statutory compliant condition. Therefore all necessary action should be taken to ensure that assets are kept as such throughout the assets' lifetime.
15. Traffic	The detail of the traffic plan and method statements for the installation phase will be agreed with the successful

	Option 2 – replacing existing layout with double glazing			
implications	contractor.			
16. Sustainability and energy implications	Double-glazing offers a slightly lower thermal value than triple-glazing; however it remains significantly more thermally efficient than the existing single-glazed unit, with u values of circa 1.8. (U-values of single glazing circa 4.8.)			
17. IS implications	N/A.			
18. Equality Impact Assessment	The delivery phase of the works will be carefully planned and implemented in conjunction with residents to ensure no adverse impacts. An equality assessment will be carried out and a Design Risk Assessment will be required as part of the specification process.			
19. Recommendation	Option 2 – replacing existing layout with double glazing			
20. Next Gateway	Gateway 5 - Authority to Start Work			
21. Resource requirements to reach next Gateway	Item	Reason	Cost (£)	Funding Source
	Staff Time	Managing the design, procurement and contract-letting process.	£5,000	HRA & Minerva
	Surveyor Cost	Undertaking specification work and setting final design including installation method.	£5,000	HRA & Minerva
	Principal Designer (formerly CDM)	Satisfy the legal requirements of the CDM Regulations 2015	£4,000	HRA & Minerva
	Total		£14,000	

PT4 - Committee Procurement Report

This document is to be used to identify the Procurement Strategy and Purchasing Routes associated with a project and only considers the option recommended on the associated Gateway report.

Introduction

Author:	Michael Harrington		
Project Title:	Middlesex Street Estate, Petticoat Tower, Replacement of Windows and Balcony Doors		
Summary of Goods or Services to be sourced			
Replacement of the existing windows and doors with an equivalent layout, with double glazing. At Middlesex Street Estate, Petticoat Tower			
Contract Duration:	12 weeks	Contract Value:	£787,000
Stakeholder information			
Project Lead & Contract Manager:	Category Manager:	Lead Department:	
Jason Crawford	Michael Harrington	DCCS – Housing	
Other Contact		Department	
N/A		N/A	

Specification Overview

Summary of the Specification:
Replacement of the existing windows and doors with an equivalent layout, with double glazing. At Middlesex Street Estate, Petticoat Tower
Project Objectives: To ensure high quality delivery of the project within budget and with the tenants experiencing the least amount of disruption.

Customer Requirements

Target completion date	April 2017	Target Contract award date	June 2017
Are there any time constraints which need to be taken into consideration?			
None			

Efficiencies Target with supporting information	
Engage with SME's to deliver this project	

City of London Initiatives

How will the Project meet the City of London's Obligation to
Adhere to the Corporation Social Responsibility:
N/A
Take into account the London Living Wage (LLW):
Yes
Consideration for Small to Medium Enterprises (SME):
Yes – Due to the location, this would be perfect for an SME as logistics would be to a minimum.
Other:

Procurement Route Options

Make v buy to be considered; also indicate any discarded or radical options

Option 1: Below OJEU Tender
Advantages to this Option:
<ul style="list-style-type: none"> Allows us to engage with the market as a whole. Allows the City to build the specification it requires and work to the timescales it requires. Allows us to engage with SME's as opposed to using a framework, which stereotypically have larger suppliers appointed to them.
Disadvantages to this Option:
<ul style="list-style-type: none"> Will take longer to engage with the market.

Appendix 1

<ul style="list-style-type: none">Tender may be seen as too much of a strain on resources for parties to participate.
Please highlight any possible risks associated with this option: <ul style="list-style-type: none">No guarantee of the quality of responses returned.Responses could possibly be over OJEU threshold.
Option 2: Appoint via a framework supplier
Advantages to this Option: <ul style="list-style-type: none">Quicker engagement with the market.Pre-vetted suppliers on the framework.
Disadvantages to this Option: <ul style="list-style-type: none">Less engagement with SME'sLarger Suppliers will subcontract the work as opposed to having employees working directly on the project.Supplier could be appointed who has no specialist experience in lift works.
Please highlight any possible risks associated with this option: <ul style="list-style-type: none">The quality of the service and works carried out could be lower than expected.

Procurement Route Recommendation

City Procurement team recommended option
Option 1: Below OJEU Tender – The budgets have been well worked and the possibility of an increased budget would require further Committee approval.

Sign Off

Date of Report:	09/05/2016
Reviewed By:	David Downing
Department:	DCCS – Housing
Reviewed By:	Michael Harrington
Department:	Chamberlain's Department

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