

**Report of:** Strategic Director, Housing, Health & Community

**To:** Executive Board

**Date:** 19<sup>th</sup> June 2007

**Item No:**

**Title of Report :** Response to Families in Temporary Accommodation Oxford City Health Scrutiny Review



### Summary and Recommendations



**Purpose of report:** This report provides officer comments on the recommendation arising from the Oxford City Health Scrutiny Review of Families in Temporary Accommodation.



**Key decision:** No

**Portfolio Holder:** Councillor Patrick Murray, Portfolio Holder for Housing  
Councillor Caroline Van Zyl, Portfolio Holder for Children and Young People



**Scrutiny Responsibility:** Oxford City Health Scrutiny Committee

**Ward(s) affected:** All



#### Report Approved by

**Portfolio Holder:** Mr. Patrick Murray, Portfolio Holder for Housing and Cllr Caroline Van Zyl, Portfolio for Children and Young People

**Legal:** Jeremy King, Supervising Lawyer

**Finance:** Sarah Fogden, Business Manager, Finance and Asset Management

**Strategic Director:** Michael Lawrence, Strategic Director, Housing Health and Communities



**Policy Framework:** This report supports the Council's vision statement to "have 'better housing for all' and to 'improve the quality of life'. The Oxford Plan 2007-10.



**Recommendation(s):** That the Executive Board endorse the actions proposed in the officer responses set out in this report.



## **Introduction**

1. A report was submitted to Oxford City Health Scrutiny Committee on 26<sup>th</sup> April 2007 that detailed the findings and recommendations arising from the recent review into Families in Temporary Accommodation Accessing Health Services.
2. Members of the Committee made the following observations:
  - (1) The report was good and the recommendations were useful.
  - (2) Issues around the Children's Centres were possible topics for scrutiny by the Committee. It would be useful to examine means by which the health of children in Oxford could be improved.
  - (3) Cathy Mumby-Croft introduced leaflets that had been produced for families going into temporary accommodation. These offered useful information for people facing this situation.
  - (4) Concern was expressed about the caseload facing health visitors in the City. Cathy Mumby-Croft explained that the PCT was aware of this, and was already investigating what could be done to help alleviate the problem. Councillor McManners observed that this was something with which the Committee might become involved.
  - (5) Val Johnson explained that consideration was being given to the recommendations contained in the Healthcare Commission report "Better Safe than Sorry" concerning safety equipment and the avoidance of unintentional injury. There was a desire to extend this, if possible to older people.

## **Recommendations and Officer responses**

3. It was resolved to agree the following recommendations. Officer responses to the recommendations are contained under each recommendation in italics.
4. In some cases recommendations have been made regarding other partner agencies. Scrutiny Officers have stated that Scrutiny Committee is not expecting Council Officers to advise Executive Board on whether these recommendations are feasible within the organisation or not. Rather Officers should recommend whether Executive Board should support Scrutiny in sending the recommendations to the relevant organisations or Partnership Boards.

## **Recommendations to the Oxfordshire Primary Care Trust (PCT)**

- 4.1 Oxfordshire PCT to contact all GP Surgeries and clarify the position regarding patient registration and moves out of the locality.

*Response: Officers understand that this recommendation relates to a perceived lack of clarity within the PCT about a patients right to remain with their surgery if the move out of the catchment area for this surgery.*

*Officers recommend that the PCT be asked to clarify the position in relation to this matter.*

- 4.2 Oxfordshire PCT and GP Commissioning clusters, particularly in areas such as East Oxford, to take an active role in signposting vulnerable families to relevant health clinics / sessions within their own surgeries and at local Children's centres.

*Response: Officers understand that Practice Based Commissioning Consortia (GP Commissioning Clusters) have been established for the purpose of promoting good practice amongst the doctors surgeries within the Consortia. Each doctor's surgery is encouraged to provide services that meet the needs of their local communities, and in particular vulnerable groups in their areas. These services will vary according to the different needs within an area. Cathy Mumby-Croft has been working closely with GP Practices to enable them to promote services to families in temporary accommodation, in those areas where a need for this has been identified.*

*Officers recommend that the scrutiny recommendation is not passed onto the PCT Officer responsible for the Commissioning Clusters.*

## **Recommendations to Community Housing Services**

- 4.3 Community Housing Services to consider targeted random inspections of Home Choice and OSLA properties. (Housing was willing to consider this as a future service change).

*Response: There is some scope for limited informal inspections by officers at the time the property is first let. However, Officers need to be clear about what powers can be used to carry out the random inspections proposed. Environmental Health has a duty to inspect disrepair when asked to do so by members of the public. They do not have the power to inspect premises where a tenant has not complained.*

*Community Housing Services are able to consider random inspections of Home Choice and OSLA properties. This would need to be by the consent of the landlord, agent or tenant, but given that the Council has*

*provided a deposit (for Home Choice properties )and they have a contract with OSLA to provide properties that are 'fit for purpose', it would seam a reasonable request. There is a staffing implication however, especially in relation to the Home Choice Team that are not currently resourced to provide this service at present.*

*It is recommended that, if the Executive Board wishes to consider developing this service change, Officers will need to come back to Executive Board with firm proposals and costs.*

### **Recommendations to Health Clinics and GPs**

- 4.4. Access targets ensuring patients are able to see a healthcare professional within 24 hours and make an appointment with a GP within 48 hours.

*Response: These targets are currently in place as Health Care Commission Standards.*

*Officers understand that the concern is about how patients and professionals are informed about the standards. The PCT recognise that this information may need further promotion. They are currently in the process of updating their web site and will be publishing these standards on it. They have a statutory duty to publish annually the how well they have met these standards.*

*Officers recommend that the Scrutiny recommendation is not passed onto the PCT as they are already aware of this as an issue.*

- 4.5. Providing clinics that are targeted towards young parents and children, in conjunction with Oxfordshire PCT.

*Response: Officers consider that this recommendation is similar to that in recommendation 4.2. on the dissemination of good practice and the need for services to be related to the needs of specific areas.*

*Officers recommend that this Scrutiny recommendation is not passed onto the PCT.*

- 4.6. The provision of GP clinics that are targeted towards mental health, substance misuse problems.

*Response: Officers consider that this recommendation is similar to that in recommendation 4.2. on the dissemination of good practice and the need for services to be related to the needs of specific areas.*

*Officers recommend this Scrutiny recommendation is not passed onto the PCT.*

- 4.7. Oxfordshire PCT to review health visitor provision in areas of high need such as East and South East Oxford. Anecdotal evidence suggests that increasingly large and complex caseloads are impacting on health visitors' ability to offer health visitor clinics / drop in sessions.

*Response: There is currently uncertainty as to how the development of Locality Teams will impact upon the workloads of a number of professionals, including health visitors. The Family and Children's Directorate and PCT will be monitoring this as the Teams develop.*

*Officers recommend that the Scrutiny recommendation is not passed onto the Children and Young People's Board or the PCT as they are aware of the issue.*

- 4.8. On-line information on local Surgeries needs to be updated to include all special clinic / sessions.

*Response: Officers understand that this recommendation relates to information contained on the NHS Direct web site. The PCT are aware that this information is out of date and have already taken this up with NHS Direct, although without success.*

*Officers recommend that the scrutiny recommendation is not passed onto the PCT as they are aware of the issue.*

### **Improving Data Sharing**

- 4.9. Data sharing needs to be developed /improved between Community Housing and Children's Centres so that Children's Centres are informed about families placed in Stages One and Two Accommodation. (An information sharing protocol has been drawn up see Appendix 6 of the Review). The consent form attached to this protocol could be utilised by Community Housing to enable data sharing on vulnerable families and young people).

*Response: Officers consider that very few authorities have such an effective notification system in place and that there are few housing teams in the country that have a Health Visitor Seconded one day a week.*

*Data sharing with Children's Centres is possible if Officers seek consent and enter into a protocol with the Children's Centres. However, this may not be the best approach. Applicants already have to sign numerous declarations (please see the recommendation below).*

- 4.10 The Temporary Accommodation Team (TAMS) in Community Housing to signpost families in Stage One accommodation to the local Children Centres services. The TAMS could also be consulted

to find out what these families need in terms of more targeted health services. Increasingly families in Stage 1 are young single mums who would provide good information about the shaping of young parent services / sessions.

*Response: Officers do not agree that the statement on 'increasingly it is single mums in first stage accommodation' is correct. It is single people that are increasing in numbers in first stage accommodation.*

*The approach outlined above, whereby TAMs actively signpost clients to Children's Centres and then follow this up at the next visit is a far better way of achieving the objective as it is more tailored to the individuals needs than the above proposal. It helps to assure people that they/ their details are not being pushed into taking a service that they may not want (in particular confidentiality of address is of importance to women fleeing domestic violence).*

*It is recommended that the Business Manager for Neighbourhood Renewal approach the relevant Officers in the Children and Families Directorate and the PCT to see if they can provide the relevant training to the TAMs Team to enable them to provide an effective sign posting service to Children's Centres and health services .*

#### **Recommendations for the Children and Young People and Families Directorate**

It is recommended that The Children, Young People and Families Directorate (Oxfordshire County Council) consider the following actions in relation to the development of Children's Centres:-

4. 11. Children's Centres to review and develop more specialised services, based on demographics and health need. Families in Stage One and Stage Two temporary accommodation (a significant proportion of whom are under 20 years old) are placed predominantly in: Blackbird Leys / Greater Leys, Littlemore, Rose Hill & Cowley. Children's Centres in these areas could act as Lead Centres' in developing services for young parents / parents to be. DfES guidance suggests the following targeted services: improving self-esteem, improving family relationships and parenting skills. Interview evidence suggests this also needs to include: sexual health, basic household management / budget management skills, routes to work / college and childcare.

*Response: Established Children Centres have used a range of information as a basis of service development, including demographics and feedback from users and local communities.*

*Many of the new Children's Centres are still in the early stages of development and are aimed at meeting the needs within their local communities.*

*The Children and Young People's Partnership and the PCT are currently developing 'locality working'. This involves building 'a team around the child' providing specialist services. Locality working will also enable the development of joint planning for services. However, this will require a substantial change in the way that staff and professionals work and it is taking time to develop.*

*The Children's Centres and Locality Teams are looking to develop services based on demographics and identified needs within their local communities and they are still in the process of development,*

*Officers recommend that the Scrutiny recommendation is not passed onto the Children and Young People's Board.*

- 4.12 Appointing a dedicated young parent support worker to co-ordinate services for young parents and to offer one-one advice and support in cases of high need. (This worker should be in addition to and complimentary to the existing Teenage Parent Support Worker – see Section in the Review on Young Parents) The funding for this should be multi – agency and based on current support levels and numbers of young parents and be viewed by the Children & Young People's Board as a priority.

*Response: If the Executive Board agrees to pass this recommendation onto the Children and Young People's Board there would be an expectation for the City Council to make a financial contribution to this post.*

*If the Executive Board wishes to consider developing this service change, Officers will need to come back to Executive Board with a firm proposals and costs.*

*However, given that there is no existing budget available for this, Officers recommend that the Scrutiny recommendation is not passed onto the Children and Young People's Board.*

- 4.13 Centres are realistically to take their enabling function forward and encourage vulnerable families to use the services a dedicated outreach worker needs to be attached to every Full Service Centre.

*Response: There are Outreach Workers attached to some Children's Centres (for example in Blackbird Leys) However, the Children's Centres and Locality Teams are still in the process of development and there is no additional resource to implement this recommendation.*

*Officers recommend that the Scrutiny recommendation is not passed onto the Children and Young People's Board.*

- 4.14 Developing service level agreements with health agencies and local authorities. The Children's and Young People's Partnership Board should investigate developing service level agreements between local authorities and health agencies in relation to the delivery of health / support services within Children's Centres in order to provide stability to these services and encourage a broader spread of health / support services across all Centres. They would also help agencies to deliver the priorities on health inequality / social inclusion set via local strategic partnerships.

*Response: Officers understand that in the longer term it would be the intension of the Children and Young People's Board to develop joint service level agreements to deliver health / support services. Indeed there is already an existing service level agreement in place between the Children and Families Directorate and Neighbourhood Renewal to jointly fund the Asian Outreach Coordinator for Children's Centres in the City.*

*Officers recommend that the Scrutiny recommendation is not passed onto the Children and Young People's Board.*

- 4.15 The local Connexions Service to comment on the lack of Connexion Worker involvement in support planning for teenage parents and parents to be and plans to redress this.

*Response: The Connexions Service have recently been restructured to become a part of the Children and Families Directorate and come under the remit of the Children and Young People's Board. It is anticipated the restructure will result in service improvements*

*Officers recommend that the Scrutiny recommendation is not passed onto the Children and Young People's Board.*

### **Further recommendations for Community Housing Services**

- 4.16 Oxford City Council – Community Housing Service to consider the viability of subsidising the utility charge for 16 – 17 year olds placed in Stage 1 PSL properties. (The suggested revised charge for 07 / 08 would affect around 30 young people and involve a weekly subsidy of £465)

*Response: Officers understand that there is currently 63 tenants under 21 of which 45 are under 18 ).*

*If the Executive Board wish to consider this service change a further report to Executive Board setting out how the scheme would work with costs and the potential legal issues (see also recommendation 4.24).*



- 4.17 Community Housing Services to consider security checks on properties used to accommodate families fleeing domestic violence.

*Response: Officers are pleased to consider this recommendation which can be taken forward within current discussions around the Sanctuary Scheme.*

- 4.18 Community Housing Services to ensure contracts with private landlords and Housing Trusts have basic security features as part of their specifications e.g. British Standard locks on all access doors, access door chains, window locks, smoke detectors.

*Response: There is already a clause in the PSL agreements as landlords to accord to most of this. Officers would need to approach OSLA regarding their landlords. Officers can also consider introducing a clause in lease renewals.*

- 4.19 The Temporary Accommodation Management Team to be trained in domestic violence awareness.

*Response: The TAMs are very well trained in Domestic Violence Awareness.*

- 4.20 In addition to recommendation 5 the Common Assessment Framework process is used for all teenage parents / parents to be.

*Response: There is currently a new scheme that has been introduced by Community Housing and Social Services aimed at developing a Joint Assessment process for young people in need of housing and support. This scheme does cover teenage parents and parents to be. Officers understand the concern to be that the form does not adequately allow for making referrals to other agencies.*

*Officers would suggest that this scheme is in its infancy and working well. With the development of Locality Teams there will be opportunities to broaden out the referral process.*

- 4.21 Nominating a representative from Community Housing Services to each new Children & Young People's services locality within Oxford City

*Response: The membership of Locality Teams are still in the process of being agreed.*

*Officers recommend that the relevant members and officers on the Children and Young People's Board and Partnership Board take this recommendation forward.*

## **Recommendations relating to unintentional injuries**

- 4.22 The Children's and Young People's Board review the findings and recommendations contained in the Healthcare Commission Report. 'Better safe than sorry' and consider:

The development of joint strategic plans and action plans for all strategies aimed at preventing unintentional injury.

*Response: Effective arrangements are in place, targeting the provision of safety equipment in areas of deprivation. The Safety Equipment scheme served 116 families in the City in 2006-07 at a cost of £500. There is close working between health visitors, the Fire Service and Oxford City Council. The provision of this services is constantly reviewed by the Steering Group overseeing it's delivery.*

*Officers recommend that this Scrutiny recommendation is not passed onto the Children and Young People's Board.*

- 4.23 The development of pooled resources between District Councils, Oxfordshire County Council and Oxfordshire Primary Care Trust targeted to reduce rates of unintentional injury.

*Response: If the Executive Board pass this recommendation onto the Children and Young People's Board there would be an expectation for the City Council to make a financial contribution to this work. There is no existing budget available for this contribution and this would require a budget bid.*

*Officers recommend that the Scrutiny recommendation is not passed onto the Children and Young People's Board.*

- 4.24 To ask the Scrutiny Officer to discuss with Legal Services the costs of obtaining Counsel's advice concerning the subsidy of the utility charge for 16-17 year olds placed in Stage 1 PSL properties.

*Response: Counsel's opinion could cost up to £1,500 plus VAT as the issue is complicated. There have been major problems with this type of subsidy in the past. It may be possible to establish a discretionary fund to help with charges that vulnerable young people can apply to. However, there is no budget currently available to support this activity.*

## **Recommendations**

- 5.1 That the Executive Board endorse the actions proposed in the officer responses set out in this report.

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**Background papers**

Health Scrutiny Review of families in temporary Accommodation.

