Residents, Health & Care Services Committee

Date: Wednesday 17 June 2015
Time: 7:30 pm
Place: Guildhall, Kingston upon Thames KT1 1EU

Members of the Committee
Councillor Julie Pickering (Chair)
Councillor Cathy Roberts (Vice Chair)

Councillor Jack Cheetham
Councillor Mary Clark
Councillor Andrew Day
Councillor Ian George
Councillor Chris Hayes
Councillor Sushila Abraham
Councillor Patricia Bamford
Councillor Lorraine Rolfe
Councillor Thay Thayalan
Councillor Yogan

Advisory Members:
Ray Austin
Richard Grosvenor
Dr Naz Jivani

Everyone is welcome to attend the meeting

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AGENDA

1. **Apologies for Absence and Attendance by Substitute Members**

2. **Minutes**
   
   To confirm the minutes of the meeting of the Committee held on 26 March 2015.

3. **Declarations of Interest**
   
   Members are invited to declare any disclosable pecuniary interests and any other non-pecuniary interests (personal interests) relevant to items on this agenda.

4. **Directors Update**
   
   To update the Committee on significant activity and forthcoming issues on matter across its remit.

5. **Housing Estates Regeneration Programme**
   
   To agree to develop proposals for a Housing Estate Regeneration Programme on behalf of the Council.

6. **Garages Pricing Policy**
   
   To consider proposals to standardise the Council’s garage rental cost across the borough

7. **Leasehold Policies**
   
   This report seeks agreement to introduce three policies to clarify the Council’s position on various matters pertaining to leaseholders to enable the more effective management of RBK’s leasehold properties.

8. **Kingston Co-ordinated Care Programme**
   
   To approve the Kingston Coordinated Care Programme

9. **Dementia Strategy**
   
   To seek the views of the Committee on the dementia strategy.

10. **Urgent Items Authorised by the Chair**
    
    To consider any items which, in the view of the Chair, should be dealt with as a matter of urgency because of special circumstances in accordance with S100B(4) of the Local Government Act 1972.
11. Exclusion of Press and Public

The following resolution is included if any exempt matter is to be considered at the meeting for which the Committee wish to resolve to exclude the press and public:

To exclude the public from the meeting under Section 100(A)(4) of the Local Government Act 1972 on the grounds that it is likely that exempt information, as defined in paragraph *….of Part I of Schedule 12A to the Act, would be disclosed and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

(*relevant regulatory paragraph to be indicated)
Welcome to this meeting.

The following information explains the way some things are done at the meeting and some of the procedures.

Information about the Committee

The Committee is made up of your local elected Councillors. As one of five strategic committees of the Council, it helps to set the overall direction of the Council.

Public participation during the meeting

Do you want to ask a question?

There is a Question Time of up to 30 minutes from 7.30pm – 8pm. Questions may be submitted in writing before the meeting or handed in at the start of the meeting on the green forms provided. (There are some green slips on the chairs and there are more copies.) Please fill in the relevant part and hand this in to the Committee Officer at the top table.

Where a full reply cannot be given at the meeting, a written reply will be sent to the questioner, members of the Committee and the local press. The Chair may disallow any question which, in his/her opinion, is scurrilous, capricious, irrelevant or otherwise objectionable.

Running order

Are you here for a particular item? Items may be taken in a different order depending on the interests of the members of the public present at the meeting. Please fill out a green form at the start of the meeting and hand this to the Committee Officer if you would like to request that a particular item is heard earlier in the meeting.

Taking part in the meeting

During the course of the meeting, the Chair, at his/her discretion, may allow contributions, on items listed on the agenda. To attract the Chair’s attention, please raise your hand.

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More meeting information

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- For people who are deaf or have hearing impairments, there is an induction loop (depending on the building, this may only be available in the first 2 or 3 rows).
- A large print copy of the agenda can be requested in advance.

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Interests

Councillors must say if they have an interest in any of the items on the agenda. Interests may be personal or pecuniary. Depending on the interests declared, it might be necessary for the Councillor to leave the meeting. The detail on interests is in Part 5A of the Constitution - Members’ Code of Conduct.

Call In

Most of the decisions made at the Committee, except on decisions on planning applications/planning enforcement/tree preservation orders and any licensing applications, can be called in for review by 100 people who live, work or study in the Borough. The call in period is 5 days after the minutes have been published (the deadline for the call in of any of these decisions will be set out in the Minutes). Decisions are not, therefore, acted upon until it is clear that they are not going to be called in.

The call in means the decision will be reviewed by a full meeting of the Council. The Council at this meeting cannot change the original decision, it may decide that no further action is necessary, in which case the decision will be implemented or will refer the issue back to the Committee with its views and a request that the decision is reconsidered taking account of these views.

Minutes

The minutes briefly summarise the item and record the decision. They do not record who said what during the debate.
Residents, Health and Care Services Committee  
17 June 2015  

Directors Update  
Report by Director of Adult Services, Director of Public Health, Head of Housing

Purpose  
To update the Committee on significant activity and forthcoming issues on matters across its remit.

For Information

Key Points

A. This update presents the Committee with information on significant activity in the fields of Adult Services, Housing and Public Health and an early opportunity to note items of potential significance which may need to come forward for decision at a later date.

Director of Adult Services

1) Older People’s Accommodation Strategy – Hobkirk House and Murray House

Introduction:

At the Residents, Health and Care Services Committee meeting in March it was agreed

• That the target date for the closure of Hobkirk House would be 31 July 2015

• That engagement with NHS colleagues should continue on a joint approach to secure short term beds for the future

• As part of the wider Older People Accommodation Strategy it was agreed that consultation with the wider community should be carried out on future options for accommodation

Progress

The planned closure of Hobkirk House is currently on target

Permanent Residents:

One to one support has continued for the remaining permanent residents to help them find alternative accommodation of their choice.

• A dedicated social worker is providing support to the remaining five residents (there were six but one has recently died)

• Each resident has had their needs assessed to help identify the most suitable future placement and we have met with people and their families to discuss their wishes
Three of the five residents have chosen to move to a nursing home by the end of May, one of the five is being supported by an advocate to identify their wishes and the fifth resident is considering choices.

Detailed follow up of those people moving into a new home has been planned to ensure people’s needs are met and they have a smooth transition of care.

**Short Term Beds**

Following the closure of Hobkirk House people will be supported in their own homes which may involve 24 hour care to assess their ongoing needs. Short term placements for people unable to be at home will be sourced via the independent sector.

**Health Rehabilitation Beds**

Needs analysis indicates that the majority of current placements into health rehabilitation beds at Hobkirk could be supported at home by the Reablement Service or by the Cedars Unit at Tolworth Community Hospital. The Kingston Clinical Commissioning Group commissions these services from Your Healthcare.

The Kingston Clinical Commissioning Group have confirmed that they have sufficient capacity at Cedars Unit to fulfil their health related bed needs and community based provision.

**Consultation with wider community on future options for accommodation**

A coordinated approach between Social Care and Housing colleagues will aim, through focussed consultation, to establish base data on resident’s views for future needs, demands and options for older people’s accommodation.

The Communications Team will support and host the consultation platform online and will work with service areas to interrogate responses that will provide relevant information to inform future provision.

The consultation will be supported by the Neighbourhood Managers who will lead on community engagement that promotes the consultation and provides face to face opportunities for residents to have their say. A draft Communication/Engagement Plan has been prepared which sets out the range of service users, providers and associated organisations that will be consulted in the first phase of consultation. Engagement will include at least one open public meeting in each Neighbourhood.

Community Engagement activities will commence immediately following the launch of the consultation on the online platform.

2) Better Care Fund

Delivering the commitments and targets in Kingston’s Better Care Fund (BCF) plan remains a priority. The Kingston Coordinated Care programme will result in the design and implementation of a new model of care and operating model that is expected to result in improvements for all five of the BCF indicators. However, the timescale will not deliver the progress against the BCF targets required, and committed to, for 2015/16. The Quarter One report of progress against the BCF targets and commitments has been submitted nationally, subject to the sign-off by the Health and Wellbeing Board on 24 June with the biggest risk to achievement being reducing delayed transfers of care.
A health, social care and public health group has been meeting, under Dr Annette Pautz's leadership, to maintain momentum in delivering the BCF targets. This team has considered the evaluation of the risk stratification and case management pilot in detail and commissioned two evidence reviews from public health. One refreshes the evidence base for integrated care, the other provides a deep dive into care coordination. The group has reviewed the two BCF schemes in the light of the learning from 14/15 and recognising that work in 15/16 needs to align with the design of a new model of care and operating model as part of the Kingston Coordinated Care programme. It is leading the implementation of the BCF schemes, focusing on pragmatic to enable Kingston to meet the BCF targets during 15/16 and maintain the headroom we require to focus on the Kingston Coordinated Care programme.

The achievement of the BCF targets and commitments will be extremely challenging. Addressing the issues that underlie the BCF targets requires the longer-term and transformational change within the Kingston Coordinated Care programme.

**Director of Public Health**

1) The CLeaR Model for Alcohol - pilot in Kingston

The CLeaR model is a methodology that has previously been used in tobacco control. Kingston has been involved in a pilot project commissioned by Public Health England to test using the model to review how local areas tackle alcohol issues.

CLeaR arises from the following 3 domains within the model:

- **Challenge** - for existing services, based on the evidence of their utilisation of the most effective components of comprehensive alcohol prevention and treatment service as outlined by organisations such as the National Institute for Health and Care Excellence (NICE).
- **Leadership** - for comprehensive action to tackle alcohol
- **Results** - demonstrated by outcomes delivered against national and local priorities

These 3 domains are underpinned by a central core of local priorities, which encourages the consideration of the broader aims of local authorities and health and wellbeing boards to complement and support strategies to tackle alcohol.

CLeaR participants begin by evaluate their work to tackle alcohol by completing a self-assessment, scoring their activity against a range of questions that use local priorities to evaluate existing services, leadership and results.

Following completion of the self-assessment, a peer-assessment team, led by a nationally recognised expert, review the self-assessment and produce a CLeaR report.

The goal of the peer-assessment is to provide an insight into existing strengths and opportunities for further action. The assessment scrutinises the following areas: Vision and Leadership; Partnership; Commissioning and Planning; Licensing and compliance; Identification and Brief Advice; Treatment; Young People; Communication; Data and Innovation.

In Kingston, members of the Public Health team held one-to-one meetings with key partners to start to complete the self assessment and rate local activity according to: strong / some / no evidence. This was further added to at workshop attended by 20 members of the Kingston Alcohol Strategy Group, after which the completed the self-
assessments proforma was submitted for peer review, along with supporting evidence for the scores.

The peer assessment day took place on 21st May 2015 and a number of the Alcohol Steering Group partners attended for their part of the assessment. The peer review panel comprised:

Ghazaleh Pashmi (Core Assessor) – Safe Sociable London Partnership (SSLP)
Matthew Andrews - Director of SSLP
Andrew Taylor - Policy & Campaigns Manager - Drinkwise UK
Liz Offer – Public Health England (London Team)
Bill Geer – Drug and Alcohol Strategy Manager, North East Lincs
Maria Smolar – Licensing Lead - Public Health England Alcohol Team

Verbal feedback at the end of the peer assessment was positive with the strength of the partnership working in Kingston cited as a particular strength. A written report is expected within 4 weeks of the peer assessment day.

2) Health & Wellbeing Board – Peer Review

In March 2014 our expression of interest to the LGA to participate in a peer review of the Health and Wellbeing Board (HWB) and its system leadership role was accepted.

The LGA peer review team were on site in Kingston from 17 – 20 March 2015. The peer review comprised of pre-site analysis, document review, position statement, focus groups and meetings. Around 70 people were involved in 40 sessions over the four day period.

The peer review covered five areas:

1. Is there a clear and appropriate approach to improving the health and wellbeing of local residents?
2. Is the Health and Well-being Board at the heart of an effective governance system? Does leadership work well across the local system?
3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?
5. Are there effective arrangements for evaluating impacts and for underpinning accountability of the public?

The final Feedback Letter was received on 12 May. Many examples of good practice and strengths were highlighted. A number of recommendations were suggested which fall into the following broad areas:

- Partnerships and Working Together – Bring greater clarity to our partnership structures ensuring they all link together and that people and partners are working together across the system. Involving wider partners and communities in the work of the HWB
- Strategic leadership: Communicate the vision and promote HWB priorities and ensure that strategies and activities are aligned to joint priorities to achieve impact. Giving more prominence to children and young people within HWB work programme and embed entire life course across HWB system
- Communication, Citizen Voice and Accountability: Making best use of existing engagement and communication mechanisms within partner organisations to get message out to community, raise profile of Board and develop the role and capability of Health Overview Panel
- Monitoring the Impact: Incorporate the user voice in monitoring the impact and identify and monitor performance measures that help us to answer the ‘so what’ question
Enablers: Simplifying commissioning and procurement processes, more effective agenda planning to achieve a balance across HWB agenda and incorporating children and young people issues

The HWB at its meeting on 24 June 2015 will agree an action plan in response to the recommendations

**Head of Housing**

1) Housing Transformation Programme

Phase 2 of the Housing transformation programme is progressing in keeping with planned expectations. Implementation started in January and good inroads have been made in filling vacant posts. The new structure has been supported by a number of general management and learning and development courses and the new structure is embedding well. Residents are beginning to report improvements in services via current resident feedback forums.

2) Performance

All Housing services are now fully signed up to the Performance Framework and the intention in 2015/16 is to make sure this is embedded and working well. We will continue to review and strive for continuous improvement through the regular review of monthly/quarterly performance indicators captured in the Performance Digest with the year’s objective to embed the performance framework and make sure performance monitoring in line with the Performance Framework becomes 'business as usual' fairly swiftly.

Continuous improvement will be further supported by 'Performance Clinics', which will challenge delivery and maintain a strong focus on RBK’s corporate objectives as outlined in Destination Kingston. These challenge sessions are already in place and fully functional in Community Housing and needed to be rolled out in both Strategic Housing and Housing Operations by the end of Quarter 1.

3) Housing 2014/15 Year-End Out-turn:

A total of 29 Performance Indicators were monitored across housing collectively in 2014/15. At year end there were 5 PI's rated Red (i.e. below the agreed target); 7 rated Amber (i.e. within threshold for meeting the target) land 16 rated Green (i.e. the target was met or exceeded). This means that at year-end approx 55% of PIs measured ended the year on or above target.

Areas of strength at the end of 2014/15 include:

- Delivery of Better Homes
- Delivery of new affordable homes (187 new units built)
- Bringing long term empty homes back into use (Private Sector)
- Repairs (urgent and right first time)
- Homeless prevention via Housing Advice
- Gas safety - Issue of CP12s
- Up to date Fire Risk assessments
- Contact centre call handling
- Average void turnaround times (PLS and HRA)
- Number of S1 complaints received

We know from year-end out-turn in 2014/15, that all of the following areas need a stronger focus in 2015/16:
4) Key Challenges for 2015/16

In 2015/16 one key challenges for Housing will be to make sure the new structure is embedded and teams continue to deliver on expected outcomes – in particular the embedding of the new performance framework. This will need to sit alongside other key challenges facing housing such as:

- **Community Housing Trust:**

  In 2015/16 housing is championing the development of a resident led community housing trust. A shadow board has been set up and recruitment to the vacant board places is progressing smoothly. The intention is to begin the process of canvassing support of tenants and leaseholders over the summer with a view to reaching a decision on viability in November. If considered viable and approved, mobilisation is expected to take place in 2016. There may be some reconfiguration needed to relocate services into the trust and to develop governance and fiduciary clienting arrangements with RBK.

- **Estate Regeneration:**

  2015/16 will see RBK embark on its first estate regeneration programme in many years. The programme supports the Council’s wider growth agenda and presents significant opportunities but will face pressures in the form of the delivery timescales as well as continued pressures on financial resources. This item is covered in more detail separately on the agenda.

- **Roll out of Universal Credit**

  We expect Universal Credit to start affecting RBK residents in late 2015. This is going to put even further pressure on our use of social housing, temporary accommodation and use of bed and breakfast. This will need to be closely monitored and we are currently working to improve the way in which we work with residents who are likely to be affected.

- **Sheltered Housing**

  We will continue to look at the options for improving our sheltered stock and ensuring our current offer matches the aspirations and needs of an aging population. Housing and ASC are working closely together to broaden the understanding of requirements. Housing will be returning to the September Committee with further recommendations on two of our sheltered schemes, as outlined in the March committee report, following more intensive options appraisal work.

**Background papers** – None

**Authors of report** – Sue Redmond, Director of Adult Services, Jonathan Hildebrand, Director of Public Health and Darren Welsh, Head of Housing
Residents, Health and Care Services Committee
17 June 2015

Housing Estate Regeneration Programme
Report by the Director of Place

Purpose

To agree to develop proposals for a Housing Estate Regeneration Programme on behalf of the Council.

Recommendations of the Lead Member for Housing

To RESOLVE that -

1. the Aims and Objectives set out in this report be agreed and form the basis of the Housing Estate Regeneration Programme

2. the Director of Place be authorised to commence the preparatory work on the Programme, as outlined in paragraph 27.

3. the Programme be delivered on a phased basis with Phase 1 comprising the Cambridge Road estate

4. An initial budget of £250,000 be allocated from the Housing Revenue Account to undertake initial feasibility, due diligence, viability and strategy work

5. In respect of Phase 1 the Cambridge Road estate be allocated Priority Decant status with new void properties let for temporary accommodation and short-term lets only and Right-To-Buy applications no longer accepted in accordance with the requirements of the Housing Act 1985.

Key Points

A. The GLA estimates that an additional 42,000 new homes are required in London every year.

B. The draft Further Alterations to the London Plan (FALP) projects that by 2036 there will be 180,000 residents living in the Kingston Borough, an increase in number of over 13,000 above those currently living in Kingston.

C. The implications for Kingston are as follows:
   • Increased overcrowding within existing housing
   • Growing demand for housing of different tenures and types
   • Competing need for support services
   • Insufficient housing supply both now and in the pipeline
• Not enough land allocated to meet the longer term need
• Pressure on supply continuing to increase housing costs for both purchase and rental markets
• Declining affordability pricing out 80% of those who earn in the Borough
• Increasing homelessness.

D. Destination Kingston confirms the need for growth in the borough. The Council needs to maximise the use of its assets to enable housing growth and provide more affordable housing.

E. There is currently very limited information including Council policy to help shape the estate regeneration proposals. Early work is required to understand the current situation, the range of benefits the programme will bring and to help meet stakeholders’ aspirations.

F. The completion of preparatory work, including feasibility work, strategies for communications and the acquisition of third party interests and the production of clear briefs for development will help ensure the housing regeneration works are of a high quality and meet the Council’s requirements.

G. Stakeholder engagement will be a fundamental part of the programme’s development.

H. This report seeks agreement on the underlying principles that support the housing estate regeneration programme, on delivery through a phased approach and requests authority for officers to commence the necessary work to enable proposals to be developed for Phase 1.

Aims and Objectives

1. An emerging set of outcomes, principles, and priorities have been established and are set out below. The Committee is requested to agree that these will form the basis of the Housing Estate Renewal Programme.

2. **Outcomes:**
   i. Provide additional housing for the borough as an important aspect of our planning for growth strategy
   ii. Providing more choice of size and type of homes including affordable rented, shared ownership and home ownership
   iii. More efficient use of Housing Revenue Account (HRA) land asset with an increased income stream
   iv. Building sustainable homes and communities where people want to live
   v. Improving the physical character of the borough
   vi. Environmental improvements with more energy efficient homes.

3. **Key Principles**
   i. Any development proposals need to be able to absorb the onsite re-housing and decanting requirements
   ii. Any development proposals need to include covering the costs of leasehold buy-backs with an option considered of offering like-for-like replacement in lieu of re-purchase with the appropriate support for leaseholders
iii. As a minimum any development proposals must replace on site the existing social rented units (and leasehold units too if like-for-like replacement is offered)

iv. Subject to viability appraisals the development proposals should seek to increase the amount of on-site affordable housing through a range of affordable tenures

v. The Council will retain a legal interest in the development sites

4. **Priorities:**
   i. Affordability
   ii. Resident involvement
   iii. Delivering growth
   iv. Quality
   v. Speed of delivery
   vi. Sustainability
   vii. Mixed communities
   viii. Financial gain

   The hierarchy of these priorities will be tested through the option and viability appraisal process.

**Context**

5. Estate regeneration is essential to provide much needed additional housing and improve the condition of our housing estates to make them places where people want to live. A phased programme is proposed over the next 15 years for the Council’s four largest estates.

6. The estate regeneration programme comprises three housing estates – Cambridge Road, Kingsnympton Park and Sheephouse Way. Inclusion of the School Lane and Alpha Road estates is under review.

7. The Council’s policy programme commitments to housing provision, which will be reflected in the emerging 2015 – 2019 Destination Kingston Medium Term Financial Plan and Policy Programme, are as follows:

   i. **Commitment 1.9** – We are committed to building affordable homes to help our teachers, nurses and members of police and other forces so they can continue to enjoy living and working in the borough.
      
      Action: Increase the supply of Affordable Housing

   ii. **Commitment 3.6** – We will finish the Better Homes refurbishment of the Borough’s social housing.
      
      Action: Better Homes programme completion and consideration of regeneration for all council owned estates

   iii. **Commitment 5.6** - Ensure that as our Borough expands we spend enough money to provide infrastructure such as schools, leisure, community, health and suitable housing.

8. The anticipated new housing target is taken from a combination of the Further Alterations to the London Plan (FALP) and the draft London Infrastructure Plan 2050. Using the higher figure from the draft Infrastructure Plan these are likely to generate
an annual housing requirement of a minimum of 673 houses per year, or 3,350 houses every five years. This sets a minimum increase in housing numbers equivalent to approximately 26,000 houses from 2011 – 2050, based on current predictions.

9. There are currently high levels of home ownership in the borough; 64%, which is higher than the London average. However, this figure will start to change as many are priced out of the house buying market. The average house price is now 11.3 times the average wage.

10. Currently only 11% of total housing in the borough is social or affordable housing. The London average is 24%. Housing is considered to be ‘affordable’ if it costs for rent / mortgage and other service charges / council tax no more than 35% of net income (although in the current climate, for London, this figure can creep up to just over 40%). The average income of 60% of residents in Kingston is less than £36,000. On this basis only a one or two bedroom unit shared by 2 working adults is truly affordable in the borough although this will change dependant on location within the borough.

11. Since the start of the recession, Kingston has struggled to deliver its required affordable housing completions each year. Whilst 2014/15 saw the highest number of completions in a single year for some time, this will still fall well short of what we actually need. At present, our only sources of affordable housing have been through Registered Provider Partners and off the back of successful S106 negotiations.

12. The Council is on average losing 1% of its own stock to Right to Buy every year which equates to approximately 40 homes.

13. Response to growth is set out in the ‘Kingston Futures’ vision for the borough. ‘Our consistent vision has been for a Kingston which has a national reputation as the best place to live and work. The fact that people continue to want to come here in great numbers to experience everything that Kingston has to offer is a clear sign of our success. Our Borough has expanded considerably over the past twenty years and the indications are that our population will continue to grow even faster in the next ten years’

14. ‘While the Better Homes programme will go a long way to improve the condition and fabric of our resident’s homes, it has always been acknowledged that for some of our estates, a more fundamental rethink of layout, density and design is what is really required to make the estates a more pleasant place to live.

15. It is intended that the Council continues its Better Homes programme on the estate, forecast to be complete within 2015/16. Additionally it will undertake its conversion programme on the estate to decrease overcrowding, also forecast to be complete this financial year. The GLA has agreed this approach, that the allocated spend for both the Better Homes programme and the conversions on the estate will proceed on the basis that both projects will deliver improved housing in the near future, directly benefitting tenants now well before the extent of any estate regeneration works are confirmed.

16. Redeveloping our estates offers a unique opportunity to meet increasing demands for more housing while also improving the lives of our current residents.

Implementation proposal

17. An initial assessment has been undertaken of the potential routes to delivering the programme. It is proposed that a development partner is procured to minimise risk to the Council and to contribute valuable knowledge and experience to the process. There are a number of ways in which this development partner could be procured and
these methods and appropriate legal structure, with their advantages and disadvantages, will be further assessed as part of the feasibility process.

18. **Key pre-procurement activities** will be as follows:
   i. Completion of the outline project plan
   ii. Committee approval to proceed
   iii. Preparation of communications and acquisitions strategies
   iv. Preparation of decant, rents and letting policies
   v. Stakeholder engagement
   vi. Due diligence work (establishing case, tenancy audit, ownership/reports on title, initial site surveys, scoping and massing studies)
   vii. Outline project briefs approved to confirm council requirements
   viii. Soft market testing and outline procurement strategy
   ix. Option appraisals, risk assessments and financial viability assessments
   x. Approval of preferred options, legal structure and final procurement strategy

19. The **outline project brief** will cover as a minimum the following key outputs and outcomes:
   i. Delivery of minimum number of residential units and the tenure mix (e.g., % market sale, % PRS, % affordable rent, % intermediate)
   ii. Other requirements as appropriate, e.g., community facilities, schools, healthcare provisions, public open space, commercial space
   iii. Design and other quality standards
   iv. Requirements for tenant relocation and leaseholder acquisition
   v. The Council’s outline financial expectations e.g., capital receipt, revenue generation, profit share, overage
   vi. Draft communications strategy
   vii. Delivery timescales

20. The **soft market test** will involve a number of interested developers. A soft market test can provide input on a range of issues and the GLA’s LDP handbook describes these as follows:
   i. Attractiveness of the opportunity
   ii. Key local experience
   iii. Perceived challenges
   iv. Local market demand
   v. Design requirements and sustainability
   vi. Viability
   vii. Contract and terms
   viii. Mix and phasing
   ix. Development constraints
   x. How to improve chances of success
xi. Initial ideas for adding value

The results of the soft market test will help to inform the options analysis, preferred option and procurement strategy.

21. Work on the **options appraisals, viability and legal structure** will benefit the programme in the following ways:

i. Due diligence work including capacity studies will enable different options to be investigated and cost estimates to be established, essential to inform the preferred option.

ii. Financial viability appraisals will help determine the project’s feasibility and the criteria applied to agreeing preferred options (ie quality/financial considerations).

iii. Best value and consideration for the Council will be assessed through appraisals of different financial models and factors such as capital receipts, revenue income, profit share including overage and cash-flow as well as other external funding sources such as GLA grant.

iv. Potential legal structures for delivery of the preferred option will be investigated and will inform the procurement strategy, including compatibility with framework agreements.

v. The work will ensure the procurement process includes a requirement for a bid compliant with the brief, ensuring a clear basis for competition between developers, but may also include the opportunity for tendering developers to submit a variant bid if appropriate in accordance with the Public Contracts Regulations 2015.

**Packaging and scope**

22. The Council will be procuring:

i. Appropriate technical and other support (viability, site surveys, scoping and massing studies, strategies).

ii. The housing estate regeneration programme comprising four distinct regeneration projects.

23. It is proposed that the programme is delivered in phases for the following reasons:

i. This is the first large scale estate regeneration programme for the Council and as such would benefit from careful consideration of the best method of delivery, with lessons learned from the first phase incorporated into later phases.

ii. Extensive resources will be required to ensure the Council is an intelligent and informed client. There are no planning frameworks in place for the estates and work is necessary to establish the Council’s requirements and ensure the procurement process delivers high quality new development.

iii. The programme will necessitate a large proportion of the Borough’s estate residents having to leave their homes, through the decanting of Council tenants either on or off site and also the re-purchase or reprovision of leaseholders’ interests. There will need to be clear guidance established on procedures, sensitivity employed in communications, an intensive consultation exercise and a recognition of the resources required to undertake this work well.

iv. It is proposed that Phase 1 of the Housing Estate Renewal Programme comprises the Cambridge Road Estate only. This estate has the largest concentration of council housing in the borough, is well located close to Kingston Town Centre and both Norbiton and Kingston train stations supporting the principle of increased density,
contains less other freehold and leasehold interests than the other estates and is recognised as an area which would benefit from better planning and urban design

v. Subject to progress it is suggested that preparation works for Phase 2 of the programme could commence once a development partner for Phase 1 had been appointed and a separate request for approval would be submitted at that stage

vi. The Committee is requested to approve the phased approach and that delivering the Cambridge Road Estate regeneration will be Phase 1 of the programme.

Table 1: Estimated Initial Project Costs

<table>
<thead>
<tr>
<th>Initial Support Requirements</th>
<th>2015/2016 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due diligence work including surveys, scoping and massing studies</td>
<td>140</td>
</tr>
<tr>
<td>Production of a Consultation and Communications Strategy</td>
<td>30</td>
</tr>
<tr>
<td>Preparation of an Acquisitions Strategy</td>
<td>30</td>
</tr>
<tr>
<td>Consultancy support</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>250</td>
</tr>
</tbody>
</table>

Consultation

24 The Council's intention to deliver an estate regeneration programme has been incorporated within public documents including the Housing Strategy 2011-2015 and 'Destination Kingston'. The proposed Consultation and Communications Strategy will establish the programme’s key messages, assess the key partners and stakeholders with whom the Council should engage and confirm the consultation process and programme. Key stakeholders will be engaged in development of the Strategy.

25 The Council’s ambition to regenerate its housing estates will mean a substantial period of change for some residents and their families. This requires an equally ambitious approach to engaging with them that goes beyond exercising influence and offers a genuine and substantial contribution to decision-making

26 The Strategy will be reviewed and updated at key programme stages.

Initial work timescales

27 Initial timescales for the initial feasibility work are currently as follows but are subject to completion and agreement of the project plan:

i. Outline project plan – June 2015

ii. Initial Committee approval to proceed – June 2015

iii. Outline project brief approved to confirm council requirements – June to September 2015

iv. Due diligence work (establishing case, tenancy audit, ownership/reports on title, initial site surveys, scoping and massing studies) – June to December 2015

vi. Acquisitions Strategy – September to December 2015
vii. Committee approval of project brief – January to February 2016
viii. Option appraisals, risk assessments and financial viability assessments – December 2015 to June 2016
ix. Approval of preferred option, legal structure and final procurement strategy – August to December 2016.

Resource Implications
28 The 2015/16 HRA budget (revenue side) already includes £150k to support the Housing Estate Regeneration Programme (including Programme Manager costs).
29 The £250k estimated initial project costs contained in this report (due diligence work, consultation and communications strategy, acquisitions strategy, consultation support) will need to be funded in the first instance from within existing HRA budgets (revenue) or if there are insufficient resources then possibly from HRA reserves. If the project does not proceed after the feasibility stage then the costs will be borne by the HRA (revenue). If after the feasibility stage the project proceeds as a live project it may be possible to capitalise the £250k costs as part of the wider project costs and fund it from capital resources.
30 Further financial implications will need to be analysed and reported as the project progresses through its various phases.

Legal Implications
31 The legal implications will be reviewed and updated as the project progresses and a route forward is determined.
32 In determining the route forward careful consideration will need to be made to ensure compliance with all relevant property legislation including the Housing Act 1985 which will apply at various stages of the project as well as compliance with planning law provisions.
33 Once a full scope is determined, an analysis of the legal structure and procurement route will then need to be determined in accordance with the Councils contract standing orders and the Public Contracts Regulations 2015.

Risk Assessment
34 An assessment of risks and issues will be developed as part of the detailed planning for this project. It is anticipated that key risks will relate to funding availability, meeting stakeholders’ aspirations, managing communications with residents and the need to ensure high quality redevelopment.

Equalities Impact Assessment
35 The programme is currently at a feasibility stage. A tenancy audit and housing needs survey will be undertaken to inform the scheme’s development. Relevant equality issues will be identified through this process and will help inform the initial stages of this exercise.
36 An equality impact assessment will be undertaken to support this programme of work to identified equality related issues and incorporate these into the scheme. The Communication and Consultation Strategy and Acquisitions Strategy will need to make sure that equality principles are incorporated.
Environmental Implications

37 An environmental implications assessment will be undertaken as part of the development stage of the project.

Background papers - None

Author of report – Julia Nunes-Carvalho, 020 8547 5439; email: Julia.nunes-carvalho@kingston.gov.uk
Residents, Health and Care Services Committee  
17 June 2015  
Garages Pricing Policy

Report by Director of Place

**Purpose:**

To consider proposals to standardise the Council's garage rental cost across the borough and agree the proposed standard charge

**Recommendations of the Lead Member for Housing**

To RESOLVE that -

- the Council standardise the cost of renting a garage in the borough
- the removal of the 50% discount currently applied to garages that were considered to be “hard to let” be agreed
- If particular garages are in a poor state of repair, they will continue to benefit from the 50% discount until such time as that particular garage is brought up to a decent standard
- Garages that are earmarked for disposal also remain at the discounted rate, if already in place.
- Any additional income that is generated by standardising the cost of garages (including any linked to abolishing the discounts that have been applied to garages in some areas) be ring-fenced to the ongoing garage maintenance programme
- All new tenancies be let at the new standard rate of £16 (£16 plus VAT for non-tenants and non-leaseholders) from July 2015 and current tenancy rents, in areas that are not earmarked for disposal, be amended to the new rate from April 2016, subject to improvement work being completed (see recommendation below).

**Key Points**

1. In April 2014 the Kingston Residents Scrutiny Panel (KRiSP) investigated RBK’s garage service and made a number of recommendations, including the introduction of a single garage rental fee across the borough.
2. The differential rental fee for garages was introduced fifteen years ago in response to a low demand for garages in some areas. This has never been adjusted and there is now little correlation between the lower rate and low demand - April 2014 KRiSP Garage Report.
3. Currently garages range in cost from £15.74-£21.44 per week (the current average is £16.65 per week). In some areas a discount of 50% has been applied to encourage lettings.
4. A rolling garage repairs and maintenance programme is already in progress and all garages will be brought up to a Lettable Standard over the next 3 years.
5. There is widespread support from garage tenants (i.e. residents and private tenants) to standardise the garage charges.

6. The proposed standard charge is £16 per week. Non residents will be required to pay VAT on top of this and the £16 will increase every April in line with CPI.

**Context**

1. In April 2014, KRiSP undertook a review of the way in which the Council manages its garage lettings and made some recommendations for improvement. These recommendations are summarised in Annex 1, along with a brief update on progress made over the past 12 months.

2. KRiSP made 9 recommendations (accepted by Housing Management Team), which when fully implemented will help to improve the garage service. Improvements relate to rental procedures and costs, repairs and maintenance, which, if successfully implemented, will support the aspiration of residents and the Council to maximise rental income and minimise the time garages spend in the void process.

3. To fully realise all KRiSP recommendations RBK will need to undertake a complete audit of garages not earmarked for disposal, complete all repair works and move from a responsive to a more planned rolling repair and maintenance programme. In 2014/15 RBK was given a budget of £100,000 to put towards the repair of garages. A growth item of £100,000 has been identified for garage repairs in 2015/16. Additionally, it is proposed that rental income from garages is ring fenced to fund a rolling repair and maintenance programme.

4. There are over 1,100 Council garages on 113 sites available for rent in Kingston. Following a review of all 113 sites in 2014, 56 sites were earmarked for disposal, development into affordable housing or re-provision as car parking (for further details please refer to the HRA Affordable Housing strategy 2015-17). The remainder are available to let.

5. Table 1 below details current rental position along with potential income. Income has been calculated at the current garage rent in the 11 months of 2014/15 up to February 2015.

<table>
<thead>
<tr>
<th>Total Number of Garages</th>
<th>Total Garages Identified for Disposal</th>
<th>Total Garages Identified for Disposal</th>
<th>Sum of Maximum Rent Receivable for Period</th>
<th>Sum of Actual Rent Charged for Period</th>
<th>Sum of Void Rent Lost in Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,161</td>
<td>596</td>
<td>565</td>
<td>£661,442</td>
<td>£276,641</td>
<td>£384,828</td>
</tr>
</tbody>
</table>

**Table 1**

6. As of April 2015, a total of 482 garages are rented out and earned RBK approximately £310,000 in 2014/15. Garage rents have increased in line with CPI as agreed through the annual budget setting process.

7. One of the recommendations KRiSP made was to standardise the garage rents to a single charge with VAT added on for private residents. This approach was agreed by the Housing Management Team and this report seeks the approval of the Resident, Health and Care Services Committee to implement this change.
8. Historically, RBK garages have been rented for a range of prices. Annual increases have been in line with CPI (see annual HRA budget papers). Over the past 15 years, discounts have been applied to garages in some areas which have traditionally been hard to let, for example Sheephouse Way, New Malden and School Lane, Tolworth. However, there is now a waiting list in many areas. This discount has not been reviewed and discounts have remained in place regardless of whether or not the garages are still hard to let. As a result the actual garage rent varies between £8.71 and £21.44 (as of 2015/16) throughout the borough. There are currently 242 garages rented with the 50% discount.

9. Demand for garages has increased substantially over the years and, with a reasonable amount of advertising, it is felt many void garages can be rented out without discount allowing RBK to maximise rental income. However this is unlikely to happen until all garages are brought up to a ‘reasonable’ or Lettable standard. To this end there needs to be a commitment to audit the current condition of garages and use this to inform the current repair programme.

10. In support of point 9 above a ‘draft Lettable Standard’ has been developed and is included at Annex 2 of this report. This will need to be fully consulted on with residents.

11. It is proposed that RBK introduces a standard rental fee of £16 per week (£16 plus VAT for non-tenants and non-leaseholders). This is based on the average of the current rental levels excluding the discount and the cost of garages across other local boroughs, see Table 2 below. Based on the current rental of 482 garages this will bring in a minimum of £400,000 per annum. It is expected that this sum if ring-fenced would cover RBK’s cost of repairs and maintenance along with the cost of any associated administration, including the application process and offset some of the cost of resourcing the programme.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Tenant</th>
<th>Non-resident (inc VAT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking and Dagenham</td>
<td>£11.00</td>
<td>£13.20</td>
</tr>
<tr>
<td>Croydon</td>
<td>£12.50</td>
<td>£15.00</td>
</tr>
<tr>
<td>Harrow</td>
<td>£14.05</td>
<td>£16.86</td>
</tr>
<tr>
<td>Southwark</td>
<td>£18.62</td>
<td>£33.00</td>
</tr>
<tr>
<td>Islington</td>
<td>£16.32</td>
<td>£31.09</td>
</tr>
<tr>
<td>Hackney Homes</td>
<td>£12.53</td>
<td>£15.04</td>
</tr>
<tr>
<td>Hammersmith and Fulham</td>
<td>£23.08</td>
<td>£27.70</td>
</tr>
<tr>
<td>Hounslow</td>
<td>£12.60</td>
<td>£15.72</td>
</tr>
<tr>
<td>Newham</td>
<td>£11.99</td>
<td>£17.22</td>
</tr>
<tr>
<td>Lambeth Living</td>
<td>£12.23</td>
<td>£19.06</td>
</tr>
<tr>
<td>Sutton Housing</td>
<td>£11.55</td>
<td>£13.86</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>£14.22</strong></td>
<td><strong>£19.79</strong></td>
</tr>
</tbody>
</table>

Table 2

12. It is proposed that this flat rent be introduced immediately for all new garage tenancies – i.e. with effect from July 2015, and apply the new rate to existing tenancies from April 2016. This is primarily to allow RBK to:

- give notice under terms of the current agreement
• allow for the updates of standing orders and direct debit mandates
• update the website, revise the garage application forms and begin an audit of all garages.
• Bring in changes in line with the annual rent setting and budget processes

13. In 2014/15 a budget of £100,000 was identified from the repairs budget and put towards the repair of garages. Many garages have already benefitted from replacement doors, lighting and roof works, but there is a significant way to go to ensure all garages meet RBKs draft “Lettable Garage” standard.

A further minimum budget of £100k will be needed each year until 2017/18 to meet the cost of the 3 year rolling maintenance programme.

Financial Analysis

14. In order to calculate the proposed garage rental charge a spreadsheet was produced listing the current rental charge of all the garages currently let. Any garages that were let at a discount had that discount removed. The average (mean) rental charge was then calculated to be £16.65.

15. Research was also carried out into the cost of renting other garages or places to park cars around the London area. These figures range from £11.00 - £23.08 per week for tenants and from £11.00 - £37.99 plus VAT per week for non-tenants. Their analysis can be seen in Table 2.

16. It is recommended that £16 is adopted as the new standard charge for residents and £16 + VAT for non residents (residents being defined as tenants or leaseholders living on our estates). While this is a reduction on the average cost, it will still be an increase for a significant number of users and it is anticipated that the increase in renters at the new proposed charge will offset any potential loss.

Consultations

17. Under RBK’s existing ‘garage rental contract’, renters are entitled to 14 days notice of any changes or alterations. We would recommend no less than 1 month’s notice is given to all renters if proposed changes are to be implemented across existing renters. This would allow renters sufficient time to resolve and update payment methods – i.e. standing order mandates and direct debits.

18. By way of research in March 2015, a survey questionnaire was posted to garage renters (as well as to the Chairs of Resident Associations and Kingston Federation for information purposes). A total of 413 surveys were sent out and 161 responses received representing a response rate of 39%. The questionnaire and summary of responses can be found online through the following link;


19. To summarise the response to the survey, residents overwhelmingly support a standardised approach to garage rental with 67% of respondents in favour of a standardised rental fee for garages. Of the 33% who disagreed (50 respondents) all except one respondent said they would be subject to an increase in rental fee if the standard rate of £16 per week is introduced.

20. 67% of those polled indicated that they would not be put off renting or continuing to rent a garage at £16 per week. Based on comments made on the surveys, this
figure would be higher if the rental charge was not increased until the tenant’s own garage was repaired.

21. Interestingly, although 63% of respondents said the standard charge would represent an increase in their rental fee, only 33% of those respondents disagreed with its introduction.

22. Some garages are in a poor state of repair and some tenants have complained via the survey about a rent increase before their garage is repaired. This is a fair comment and addressed as part of the report recommendations.

23. There has been some initial feedback from the Federation of Residents that residents were unhappy with the survey letter and questions. This has been addressed separately. As there has been a 39% response rate with no negative feedback coming directly to RBK, we have acknowledged the concerns raised and addressed these in full by correspondence.

24. As well as consultation on the initial proposals, this report has been discussed with the Resident’s Participation Review Group (RPRG) and there have been no substantial changes as a result of being discussed at RPRG. The report is also due for discussion at the Housing Consultative Committee on 15 June 2015.

Timescale

25. If the above proposals are approved by the Committee new tenancies will be advertised at the new standardised rental rate from 1 July 2015. It is proposed to write to existing garage tenants to notify them of changes in line with existing policy and to ensure all website information is updated as well as ensuring finance processes are in place to handle the changes by March 2016 with a view to all garages that have been brought up to a lettable standard being charged at the standard rate from 1 April 2016.

Resource Implications

The following modelling assumes demand stays the same:

- If 100% of renters keep their garages and pay £16 pw RBK will make an additional profit of approximately £86,000 p.a. This money comes from the abolition of the discount on the 242 garages currently let at a discount.
- If the rent of garages that are currently let at a discount remains unchanged but all others are let at £16 pw the Council would make a loss of £5,430.
- If the rent is changed to £16 pw and the 50% discount is applied to the new rate (i.e. any garage that is currently let at a discount is let at £8 pw.) then the Council would make a loss of £14,736.

26. The reality of the potential situation is very likely to lie between the above scenarios because an unknown number of people may give up their garage when the price increases regardless of the state of repair and, at this stage, it is not known how many people will continue to receive the discount.

27. There is a waiting list for garages, from which many people will accept a garage at the new price. There are currently 70 people on the garage waiting list. If RBK is able to let 18 new garages the above potential loss of £14,736 p.a. will be entirely recouped.

28. If RBK is able to let all the 565 garages that are not earmarked for disposal at £16 per week then the annual income will be £470,000.

29. Additionally, those garages that are earmarked for disposal can be let on a short-term basis until such time as their disposal is imminent. If only those that are ready
to let and those requiring very minor works are let then there will be no need to spend any of the garage repair budget bringing any up to a lettable standard.

29. RBK had a repair budget of £100,000 for the 2014/15 financial year. The repair budget growth item for 2015/16 is £100,000 in order to carry out repairs to garage stock. This is funded through the Housing Revenue Account.

30. It is proposed that any additional income generated through rental be ring-fenced to fund a garage maintenance programme, until such a time as garage rental can sustain itself.

31. Any changes need to be reflected in the supporting administrative processes, for example the RBK website, application form, etc.

**Legal Implications**

32. There are no legal implications arising as a result of standardising the garage charges, as long as the terms of existing rental agreement are not breached.

**Risk Assessment**

33. There is a slight risk that up to 33% of garage renters may hand back their garages following the application of a standardised rental charge. It is proposed to mitigate this by not abolishing the 50% discount immediately, but instead to leave the discount in place until any reported repairs or maintenance have been carried out or, alternatively, to introduce changes to new rentals only.

34. Should existing renters fail to engage fully in the change process e.g. amending standing orders or direct debit mandates not being in place at the go-live date, RBK will need to consider how it will handle such cases. The best way to mitigate this would be to ensure that any change is supported by a clear communication plan and that this is implemented and monitored closely in the run up to, and throughout, the transition period. Again, this has been mitigated by ensuring a long lead in time before full implementation.

**Equalities Impact Assessment**

35. There are no equalities impacts arising from introducing a standardised garage rent.

**Environmental implications**

36. Improvements made to the garage stock will improve the immediate environments on our estate.

**Background papers** - None

**Author of report** – Stewart Toop, Voids Senior Professional. Tel; 0208 547 5549

This action plan supports the KRiSP review of garages and the nine recommendations which the Council has accepted. The aim of the action plan will be to deliver the majority of improvements by the end of October 2014 with any big policy changes to come into force from 1 April 2015.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Management Actions</th>
<th>Responsible Officer</th>
<th>Date to begin</th>
<th>Status</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommendation 1</strong>&lt;br&gt;RBK brings in a dedicated Garages Manager to run the garages service.</td>
<td>Voids Project Manager recruited&lt;br&gt;Voids Coordinator in new structure&lt;br&gt;Voids Project Manager to lead on developing new process for garage lettings, including setting appropriate targets for business support</td>
<td>Reniera O’Donnell&lt;br&gt;Reniera O’Donnell&lt;br&gt;Stewart Toop</td>
<td>01/05/14&lt;br&gt;16/6/14&lt;br&gt;4/7/14</td>
<td>COMPLETE&lt;br&gt;COMPLETE&lt;br&gt;COMPLETE</td>
<td>A Senior Voids Professional was appointed in January 2015. This role has oversight on void administrations and management.</td>
</tr>
<tr>
<td><strong>Recommendation 2</strong>&lt;br&gt;RBK introduce a policy of advertising vacant garages in a more innovative way to increase usage and income.</td>
<td>Discuss with Communications teams appropriate forums for advertising&lt;br&gt;Work with Business Support to identify vacant garages and advertise on estates.</td>
<td>Stewart Toop / John Haynes&lt;br&gt;Stewart Toop</td>
<td>4/7/14&lt;br&gt;4/7/14</td>
<td>COMPLETE&lt;br&gt;PARTIALLY COMPLETE</td>
<td>Ready to let garages are being identified and applicants on the current garage waiting list are being offered tenancies. Expanding advertising onto estates and through pictures on the website is being worked on.</td>
</tr>
<tr>
<td><strong>Recommendation 3</strong>&lt;br&gt;That RBK introduce a simple and user friendly application process.</td>
<td>Review current process&lt;br&gt;Recommend changes to application process to be agreed by HMT&lt;br&gt;Implement new process</td>
<td>Stewart Toop&lt;br&gt;Stewart Toop&lt;br&gt;Stewart Toop / Business Support/ Contact Centre</td>
<td>1/8/14&lt;br&gt;3/9/14&lt;br&gt;1/10/14</td>
<td>COMPLETE&lt;br&gt;COMPLETE&lt;br&gt;PARTIALLY COMPLETE</td>
<td>Applicants are being sent an application form to complete while ICT set up an online application.</td>
</tr>
<tr>
<td><strong>Recommendation 4</strong></td>
<td>Undertake further work to</td>
<td>Andrew Donaldson /</td>
<td>4/7/14</td>
<td>COMPLETE</td>
<td></td>
</tr>
<tr>
<td>Recommendation 5</td>
<td>That RBK agree the principle of having a single fee for tenants and a higher fee for non-tenants.</td>
<td>Further review work undertaken on current charges, single charge and financial implications</td>
<td>Stewart Toop</td>
<td>01/07/14</td>
<td>COMPLETE</td>
</tr>
<tr>
<td>Recommendation 6</td>
<td>That RBK develop a clear policy on storage and should consult current and prospective users on</td>
<td>Review of garage usage undertaken</td>
<td>Stewart Toop</td>
<td>1/4/15</td>
<td>COMPLETE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy changes recommended following consultation</td>
<td>Reniera O’Donnell</td>
<td>1/1/15</td>
<td>INCOMPLETE</td>
</tr>
<tr>
<td>Recommendation 7</td>
<td>Full consultation with all garage lessees and estate residents prior to any demolition or changes</td>
<td>Reniera O'Donnell</td>
<td>1/4/15</td>
<td>INCOMPLETE</td>
<td></td>
</tr>
<tr>
<td>Recommendation 8</td>
<td>Proposals recommended to HMT for contract and service promise</td>
<td>Reniera O'Donnell</td>
<td>3/9/14</td>
<td>INCOMPLETE</td>
<td></td>
</tr>
<tr>
<td>Recommendation 8</td>
<td>Consultation on proposals</td>
<td>Stewart Toop</td>
<td>1/10/14</td>
<td>INCOMPLETE</td>
<td></td>
</tr>
<tr>
<td>Recommendation 8</td>
<td>New proposals implemented</td>
<td>Reniera O'Donnell</td>
<td>30/11/14</td>
<td>INCOMPLETE</td>
<td></td>
</tr>
<tr>
<td>Recommendation 9</td>
<td>Audit undertaken summer 2014</td>
<td>Stewart Toop</td>
<td>4/7/14</td>
<td>PARTIALLY COMPLETE</td>
<td></td>
</tr>
<tr>
<td>Recommendation 9</td>
<td>Findings presented to HMT</td>
<td>Reniera O'Donnell</td>
<td>3/9/14</td>
<td>INCOMPLETE</td>
<td></td>
</tr>
</tbody>
</table>
Annex 2 – The Garage Lettable Standard

Garage Lettable Standard

Every council garage should be clean and in a good state of repair when rented out. The RBK Lettable Standard sets out what garage tenants can expect before they move in. RBK commits to checking the garage being rented is, secure, clean and in a good state of repair.

In doing so RBK will make sure the garage rented meets the following standard:

External
1. Where free standing the roof is in a sound condition
2. Exterior walls are in a sound condition: no bricks missing, free from large cracks and any offensive graffiti (other forms of graffiti may not be removed)
3. Doors – open (and can be secured in an open position), closes and locks

Internal
Garages are to be clean, secure and weather resistant.

4. Roof is in sound condition
5. Walls are in a sound condition: no bricks missing, no sign of dampness, free from large cracks and offensive graffiti
6. Doors – all moving parts are in working order
7. Floor is sound

If maintenance to a garage to bring it back to a lettable standard is considered not to be cost effective then the garage will be withdrawn from the lettable stock until the work can be completed within a programme.
Purpose:

This report seeks agreement to introduce three policies to clarify the Council’s position on various matters pertaining to leaseholders to enable the more effective management of RBK’s leasehold properties.

Recommendations of the Lead Member for Housing

TO RESOLVE that -

1) the following policies be approved:
   a) Policy to replace Front Entrance Doors with Fire Compliant doors in all flats accessed via an enclosed stairwell.
   b) Policy to install Door Entry Systems in blocks of flats with an enclosed stairwell.
   c) Policy on extensions and loft conversions.

TO RECOMMEND to Council that -

2) the Head of Housing be authorised to make any further changes to these policies in consultation with the Lead Member for Housing, the Housing Consultative Committee, and the Leaseholder Forum.

Key Points

A. At present there are very few policies written specifically dealing with leasehold issues. This is partly due to the fact that most issues can be dealt with through the lease but also that there has not been a permanent Leasehold Service team for some time at RBK to ensure that robust policies are in place and readily available to leaseholders.

B. Dealing with issues through the lease is acceptable however, over the years and with a number of staff changes, leases have been interpreted differently which has led to a number of difficulties and situations not being handled consistently.

C. Over the next 12-18 months, the new Leasehold Services team will be reviewing all aspects of the lease and any existing policies to ensure they are up to date, relevant and clear. This Committee can expect a batch of policies at each meeting to ensure that within 18 months, all Leasehold Policies have been reviewed (or developed where none currently exist) and that these are approved and widely published.

D. All proposed policies will be taken firstly to the Leasehold Forum and then via the usual channels of RPRG, HCC and onto Committee for final decision.

E. This report seeks approval on the first three of the policies:
   • Front entrance door replacement programme
Door Entry Systems

Extensions and loft conversions

Context

1. The Council is the freeholder of approximately 1,500 leasehold properties across the borough. The Council is responsible under the terms of the leases for carrying out any necessary works to the structural load bearing elements: the roof, external facade, windows and doors. Leaseholders are liable to contribute toward the cost of any works the Council carries out as well as being directly responsible for the non-structural interior. This is detailed within the individual property leases. It is worth noting that there are some variations on this as a variety of leases have been issued since Right To Buy (RTB) began in the 1980s.

2. The lease on each property details what leaseholders are responsible for as well as what leaseholders are entitled to change with regard to their property. In recent times, it has become necessary for the Council to put into policy some issues which leaseholders may interpret differently to the Council. As well as this recent changes in health and safety legislation now require the Council to make changes to leaseholder’s dwellings in order that we are able to protect our capital asset as well as the other residents within the blocks.

3. Following the Housing Service Transformation, which went live in early 2015, RBK now has a dedicated leasehold services team which supports tenants through the RTB process into becoming leaseholders and then supports leaseholders ongoing. This team is now permanently written into the structure and will ensure leaseholders receive and improved service moving forward. Part of this new invigorated team’s role is to ensure that we communicate better with leaseholders and that all policies and procedures are up to date and readily available.

4. Over the next 12-18 months, the team will be revising or developing a raft of policies to support improved services to leaseholders. It is anticipated that bundles of policies will be coming forward to future Committees for consideration. As outlined above, these will all be consulted on through the Leasehold Forum and then follow the usual consultation route through RPRG and HCC before being finally presented to committee for decision. Once agreed, all policies will be published on the RBK website.

5. There are three policies to be approved as part of this paper and these are outlined in detail below and the full policies are available as Annexes 1-3 attached to this report:

6. Policy 1: Replacement of Front Entrance doors

The Council is currently replacing flat entrance doors in enclosed stairwells across the borough to meet the following requirements:

- The Council has a statutory duty to comply with The Regulatory Reform (Fire Safety) Order 2005.
- Our strategy of Defending Place. Under the above legislation doors must meet the FD30S standard (integrity to resist a fire entering or exiting a flat for 30 minutes) to improve compartmentalisation and limit the spread of fire through the building.

The Council retains ownership of, and the responsibility to maintain, front entrance doors of individual leasehold properties except where the leaseholder has obtained a Deed of Variation. Deeds of Variation transfer the ownership and responsibility for the door to the leaseholder.
Doors replaced by the leaseholders under Deeds of Variation may not meet the FD30S standard therefore placing the Council at risk of prosecution in the event of a fire or an inspection by the Fire Brigade.

To comply with its statutory duty the Council will undertake a programme to replace all leasehold property front entrance doors following consultation, and recharge the full costs to leaseholders. This will include doors where the leaseholder has a Deed of Variation unless the leaseholder has proven that it meets the FD30S standard. Leaseholders have previously been given the opportunity to provide this information to the Council.

Note, for some properties, the back doors also open onto an enclosed, communal area and in these circumstances, rear doors will also be replaced.

The full policy is outlined as Annex 1

7. **Policy 2: Door Entry Systems**

Only some RBK blocks of flats have door entry systems. During a survey as part of the Better Homes programme in 2014, door entry systems came up as the work the majority of residents (tenants and leaseholders) would like to see undertaken. For leaseholders as a group, the desire for door entry systems was third on the list and has been incorporated as part of the Better Homes Environment work from 2015. For leaseholders, this work will be recharged.

For the purposes of property leases the installation of a door entry system is considered as an improvement to a block, and is not accepted as a replacement of an existing communal entrance door.

The leases do not allow the Council to charge for improvements. However, there is a clause to enable the Council to carry out works to facilitate the better management or administration of the property and include the charges within the service charge. In order to rely on this clause we would have to be able to evidence the necessity of installing a system and the benefit(s) to the building and leaseholders. As outlined above, during a recent consultation, as part of the Better Homes programme, the Council received positive feedback from leaseholders regarding possible door entry systems.

This policy therefore proposes that the Council will install door entry systems in all blocks of flats over time to improve security, reduce anti-social behaviour and improve the ability to manage the properties. This will be subject to consultation with leaseholders on a block-by-block basis and through the section 20 process which will enable the Council to recharge the costs according to the lease percentage.

The full policy is outlined as Annex 2

8. **Extensions and Loft conversions**

The lease determines the Council’s policy on alterations. The RTB leases issued by the Council do not allow leaseholders to carry out any alterations to the structure of the flat without prior consent from the Landlord. Requests for alterations generally relate to, but are not limited to, ground floor extensions or loft conversions. The Council does not give consent to leaseholders to carry out structural alterations for a number of reasons:

- As freeholder the Council would be forced to adopt responsibility for the maintenance and structural integrity of any additions or alterations (including structures erected illegally).
• The Council’s procurement policy does not allow for structural work to be carried out by parties not appointed by the council.

• The Council’s buildings insurance policy does not allow for structural work to be carried out by parties not appointed by the council.

• Any increase to the size of one property alters the ratio of individual flats within the building and renders the service charge percentages imbalanced.

• Extensions and other additions to the structure demand additional scaffolding increasing the cost of future maintenance to the Council and other leaseholders.

This policy merely clarifies the Council’s position to not allow external structural changes or loft conversions in flatted properties. To note, as raised at the leasehold forum, this policy would also preclude the addition of solar panels to roofs and any structural changes to balconies as these are not demised within the lease.

The full policy is outlined as Annex 3

Options

9. In looking at these three policies, the options for each were considered. These options are discussed in further detail below and indicate why the preferred policy route is being proposed.

10. Replacement of Front Entrance doors

• The Council must comply with the Regulatory Reform (Fire Safety) Order 2005. Therefore all front entrance doors that do not currently meet the standard must be replaced. This includes the front doors for those leaseholders who have obtained a deed of variation to be responsible for their own front door.

• If, as a responsible Landlord, RBK did not ensure all front and rear doors that open onto enclosed communal spaces were fire regulation compliant, we could be held liable should a fire break out and the appropriate doors were not in place. This is a significant risk to RBK and therefore ensuring all relevant doors comply is vital.

11. Door Entry Systems

• Cease further installation of Door Entry Systems. This would not require a change in policy however would not improve the way in which the Council is able to actively manage issues such as vagrancy, anti-social behaviour, trespassing and other issues associated with lack of control of entry to many blocks.

• Proceed to install Door Entry Systems in all essential locations and some non-essential locations where the leaseholders and residents have demonstrated support. While this will bring a cost to the Council and the leaseholders, it will significantly improve the ability of the Council to manage access to blocks and thus reduce unwelcome anti-social behaviour.

12. Extensions and Loft conversions

• This policy merely redefines the Council’s current position as per the leases. Over the years, the leases have been subject to a number of interpretations which as left the Council vulnerable in terms of legal and financial responsibilities in relation to to structural changes leaseholders have made.

• Clearly defining and reinforcing the Council’s policy to not approve any requests to make structural alterations or additions to Council owned leasehold properties leaves no room for misinterpretation and leaseholders are clear that their requests for such changes will not be approved.
Consultation

13. On 20 May 2015, all three proposed policies were discussed at the Leasehold Forum. The policies have also been discussed at RPRG and following both these discussions, a number of tweaks have been made:

Policy 1: This policy now reflects that where relevant, RBK will also be replacing rear doors as part of the Fire Door Replacement programme.

Policy 2: This policy has received significant support from leaseholders. A housing management issue was identified in that it will still be possible for residents to ‘prop’ open doors and thus render any door entry system obsolete. Housing Management has committed to ensuring tenants and leaseholders are provided with appropriate information in relation to the successful operation of door entry systems and that this will be enforced.

Policy 3: This policy has been updated to include reference to balconies and adding items such as solar panels to roofs.

14. For policies 1 and 2, leaseholders will be consulted as per the S20 process on a project-by-project basis in line with housing legislation.

15. For Policy 1, as the works are to meet a statutory requirement no specific consultation or test of opinion is required.

16. For Policy 2, 786 residents responded as part of the consultation on the Better Homes environment work in June 2014. Door Entry System installation was the work most frequently requested by residents as a whole and the third most frequently requested by leaseholders specifically. Housing is therefore confident that installing door entry systems across the stock will be supported by leaseholders. Leaseholders will be consulted through the usual S20 process prior to work commencing. Table 1 below outlines the headline results from that survey.
Table 1. Major works most frequently requested by residents

<table>
<thead>
<tr>
<th>Improvements</th>
<th>Council tenant</th>
<th>Leaseholder</th>
<th>Private tenant</th>
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<tr>
<td>Stairwells and corridors decoration (flooring and painting)</td>
<td>187</td>
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<td>223</td>
<td>47</td>
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<td>276</td>
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<td>258</td>
<td>46</td>
<td>4</td>
<td>308</td>
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<td>Parking</td>
<td>189</td>
<td>46</td>
<td>3</td>
<td>238</td>
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<td>Ground works / landscaping</td>
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<td>44</td>
<td>7</td>
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<td>107</td>
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<td>Estate lighting</td>
<td>152</td>
<td>30</td>
<td>5</td>
<td>187</td>
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<td>Lifts where there currently aren't any</td>
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<td>8</td>
<td>0</td>
<td>109</td>
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<td>50</td>
<td>8</td>
<td>2</td>
<td>60</td>
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<td>Access alterations</td>
<td>40</td>
<td>4</td>
<td>2</td>
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</tr>
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</table>

(Table 1. Taken from: Kingston Better Homes Standard – Defining the Environmental Works component Report on the results of the resident consultation September 2014)

17. For policy 3, there is no change in policy and therefore this requires no further consultation.

Timescale

18. Replacement of Front Entrance doors
   Over the following 6 months from June to November 2015

19. Door Entry Systems
   As part of the capital programme and over the next 2 years to June 2017

20. Extensions and Loft conversions
   Policy is already in place therefore this Committee decision would just reinforce current practice.

Resource Implications

21. Replacement of Front Entrance doors & Door Entry Systems
   Funds have already been allocated as part of the current capital programme.
   Leasehold contributions to capital expenditure will be recovered through usual charge processes

22. Door Entry Systems
   The Better Homes programme will pump prime the initial funding for works to blocks and leaseholders will be recharged through the usual charge processes.
23. Extensions and Loft conversions
   This requires no additional resources and will save money in administration, surveying, legal fees and future maintenance costs.

Legal Implications

24. Replacement of Front Entrance doors
   Failure to replace relevant front and back entrance doors will place the Council at risk of prosecution in the event of a fire or an inspection by the Fire Brigade.

25. Door Entry Systems
   There are no direct legal implications, however, any possible action taken against the Council by residents as a result of persistent anti-social behaviour may highlight the Council as partially responsible if we have not installed a system where one has been repeatedly requested.

26. Extensions and Loft conversions
   Failure to clarify the Council’s position may lead to:
   
   - The Council being forced to adopt responsibility for the maintenance and structural integrity of any additions or alterations (including structures erected illegally).
   - Invalidation of the Council’s buildings insurance policy at affected blocks.

Risk Assessment

27. Replacement of Front Entrance doors
   Failure to replace relevant front and back entrance doors will reduce compartmentalisation and therefore increase the risk of fire spreading within blocks.

28. Door Entry Systems
   Continued or increased anti-social behaviour and subsequent maintenance and social costs. Risk that improvements made within blocks where door entry is not installed may be vandalised.

29. Extensions and Loft conversions
   Failure to clarify the Council’s position may lead to:
   
   - An inability to collect service charges as the property percentages will be imbalanced.
   - Extensions and other additions to the structure demand additional scaffolding increasing the cost of future maintenance to the Council and other leaseholders.

Equalities Impact assessment

30. No equalities impact assessments have yet been carried out in relation to each of the above proposals but will be carried out as and when required.

Author of report – Robert Richmond, Lead Officer Leasehold Services, x5566

Background papers

None
Appendix 1

Name of policy / procedure: Replacement of Front Entrance doors to flats in enclosed stairwells

Effective date: June 2015

Review Date: June 2017

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Section 1 - Introduction

1.1 Purpose
   - To ensure The Royal Borough of Kingston upon Thames complies with new fire regulations in relation to front doors opening into communal areas
   - To ensure the ongoing health and safety of all our residents, including leaseholders.

The Royal Borough of Kingston upon Thames (RBK) is required to ensure that all its tenants and leaseholders living in buildings with enclosed entrances are able to remain safe in their homes on outbreak of fire for 30 minutes. This is in line with the Council’s Staying Put or Defending Place strategy as recommended by the London Fire Brigade. The Council will be replacing Front Entrance doors in enclosed stairwells to all flats including those leasehold properties with a Deed of Variation as the council needs to be sure that all doors meet the FD30S standard which gives the door the integrity to resist a fire entering or exiting a flat for 30 minutes.

Where there are also back entrance doors that open onto communal areas, these too will be replaced.

1.2 Scope
   This policy applies to all of the boroughs tenants and leaseholders living in buildings with enclosed entrances.

1.3 Legislative context

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The Regulatory Reform (Fire Safety) Order 2005</td>
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<tr>
<td>• Section 20 Landlord and Tenant Act 1985 (as amended by Commonhold and Leasehold Reform Act 2002)</td>
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</table>

Section 2 Policy Principles and statement

2.1 Policy Principles
   The Right To Buy (RTB) leases issued by RBK do not demise the front (or rear) doors to the flats to the leaseholder. The lease provides an obligation to the Council to repair “the structure and exterior of the Flat and of the property”. Leaseholders have in the past been entitled to apply for a Deed of Variation to take on the maintenance and repair of their own front and rear doors. This policy intends to clarify the circumstances where the Royal Borough of Kingston upon Thames will replace the Front Entrance door (and where relevant the rear door) to a flat that has a such Deed of Variation.

   The Council will
   • Replace doors to all leasehold flats with enclosed stairwells
   • Replace doors to all Leasehold flats that have a Deed of Variation for their windows and doors unless the leaseholder can prove the current door meets the FD30S standard

2.2 Policy statement
   Replacement of Front Entrance Doors for flats opening into enclosed Stairwells

   The Council has a statutory duty to comply with The Regulatory Reform (Fire Safety) Order 2005. The Council will be replacing Front Entrance doors to all of its leasehold properties with a Deed of Variation as the council needs to be sure that all doors meet the FD30S standard which gives the door the integrity to resist a fire entering or exiting a flat for 30 minutes.
2.3 To comply with its statutory duty the Council will undertake a total replacement programme of doors following consultation and recharge the full costs to leaseholders.

2.4 Full section 20 statutory consultation will be carried out before the doors are replaced.

2.5 For leaseholders with a Deed of Variation the Council will replace the doors to ensure RBK can meet its statutory commitment to Health and Safety. This will additionally provide a robust door at reasonable cost to the leaseholder.

2.6 Where leaseholders, with a Deed of Variation, can prove their existing front or rear door meets the FD30S standard, RBK will not replace the door and will not charge the leaseholder.

2.7 Resident leaseholders can spread the cost over 3 years without interest. Non resident leaseholders can spread the costs over three years paying interest at 5% above base rate.

Leaseholders who dispute this policy may challenge it through the First Tier Tribunal.

Section 3 - Governance

3.1 Responsibility

| Policy Owner | Group Manager Strategic Housing |

3.2 Version control and change history

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Appendix 2

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<th>Name of policy / procedure:</th>
<th>Installation of Door Entry phone systems</th>
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<tr>
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<td>June 2015</td>
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<td>Review Date</td>
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<tr>
<td>1.7 Definitions</td>
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<td>1.8 Legislative context</td>
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<td>3.1 Responsibility</td>
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<tr>
<td>3.2 Version control and change history</td>
<td>3</td>
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</table>
Section 1 - Introduction

1.1 Purpose
- To improve the safety and security of tenants and leaseholders living in blocks of flats with enclosed communal spaces.
- To improve the ability to manage and maintain the buildings
- To drive down anti-social behaviour.

The Royal Borough of Kingston upon Thames will install a Door Entry system in blocks of flats where there currently isn’t one. This is being done to improve the ability to manage and maintain our estates, particularly where there is a history of significant and continued anti social behaviour from members of the Public entering the building. A 2014 Borough-wide survey, as part of the Better Homes programme, indicated there is support from leaseholders for installing such systems.

1.2 Scope
This policy applies to all of the boroughs tenants and leaseholders living in buildings with enclosed communal entrances.

1.3 Legislative context

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>The Lease</td>
</tr>
<tr>
<td>Section 20 Landlord and Tenant Act 1985 (as amended by Commonhold and Leasehold Reform Act 2002)</td>
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</tbody>
</table>

Section 2 Policy Principles and statement

2.1 Policy Principles
The Right To Buy (RTB) leases issued by the Royal Borough of Kingston upon Thames (RBK) do not include the right to carry out improvements which door entry systems could be seen as. However the Council can use a clause in the lease to enable it to carry out works to facilitate the better management or administration of the property and include the charges within the service charge. In order to rely on this clause we would need to be able to show the necessity or desirability to install a door entry system as a benefit to the building and leaseholders. Following a 2014 consultation as part of the Better Homes programme, the Council knows that leaseholders desire door entry systems. As well as this, the Council is aware that in many places, door entry would significantly reduce anti-social behaviour and therefore facilitate better management of our estates and protection of our assets.

2.2 Policy statement
Installation of a door entry system in blocks to increase security

2.2.1 The standard RTB leases contain obligations on the Council to repair and maintain the main structure of the building. There is no improvement covenant relating to the structure. However Courts have held that in some cases it is acceptable to carry out an improvement rather than a repair, if it produces a cost effective saving in the long run (LB
2.2.2 The standard leases contains a clause in the lease to enable it to provide “any services for the benefit of the Flat or any installation of any other thing for the benefit of the Property or the undertaking of any matter which in the reasonable opinion of the Lessor is necessary or desirable for the proper repair maintenance management or administration of the Property... (Sch 6 para 2(a)).

2.2.3 The Council has been made aware of certain areas where, due to location and lack of current secure access arrangements, the blocks have become attractive to vagrants, drug dealers, fly tipping and graffiti and the Council has been asked, by both tenants and leaseholders, to act to increase security.

2.2.4 The Council aims to install door entry systems in all blocks of flats over time to improve security, reduce anti-social behaviour and improve the ability to manage the properties. This will be subject to consultation with leaseholders on a block-by-block basis through the section 20 process.

2.2.5 RBK will carry out full section 20 consultation processes which will give leaseholders the opportunity to raise observations on the proposed works. Unless there is significant opposition to the installation of door entry systems, RBK will undertake to make these management improvements and charge leaseholders accordingly.

2.2.6 The installation of door entry systems will become part of the annual budget cycle with appropriate capital funding made available to fund a rolling programme.

2.2.7 Resident leaseholders can spread the cost over 3 years in line with the current lessee payment scheme. Non resident leaseholders can also repay on a deferred payment with interest at 5% above base rate over three years.

Section 3 - Governance

3.1 Responsibility

| Policy Owner | Group Manager Strategic Housing |

3.2 Version control and change history

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Appendix 3

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<th>Name of policy / procedure:</th>
<th>Extensions and loft conversions in Leasehold properties.</th>
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Section 1 - Introduction

1.1 Purpose

• To clarify what the Royal Borough of Kingston upon Thames (RBK) will and will not allow leaseholders to do in terms of alterations and extensions to their properties.
• To protect the Council’s asset interests and reduce legal and administrative burdens placed on the Council as a result of these requests.
• To protect other tenants and leaseholders from incurring higher service charge fees as a result of any changes a single leaseholder may make by altering the size and nature of the property.

This policy confirms the conditions in the lease to prevent leaseholders carrying out extensions or loft conversions to leasehold properties. The policy also makes clear that RBK will not consent to extensions or alterations that affect the externals of leasehold flats or maisonettes. For clarity, external alterations also include alterations to balconies and the addition of items such as solar panels to roofs.

This policy covers the following types of alterations or structural changes. Please note this list is not exhaustive:

- Loft conversions
- External extensions to the property
- Solid foundation conservatories
- Balcony alterations
- Fixtures to roofs such as solar panels

1.2 Scope

This policy applies to all of the boroughs leaseholders living in flats/maisonettes.

1.3 Legislative context

Name

- The Lease

Section 2 Policy Principles and statement

2.1 Policy Principles

The lease determines the Council’s policy on alterations. Alterations require the Council’s consent. The Council does not give consent to leaseholders to carry out external structural alterations as outlined in 1.1 above.

Note, it is possible for leaseholders to apply for and obtain planning permission to carry out changes of this nature to their properties. This does not represent consent on the part of the Landlord (RBK Housing).

2.2 Policy statement

2.2.1 The RTB leases issued by RB Kingston do not allow leaseholders to carry out any alterations to the structure of the flat without consent from the Landlord. The lease sets out the restrictive covenants on the leaseholder in this respect and it is a breach of lease if such works are carried out without the Council’s
2.2.2 In some leases, flats on the top floor are demised the loft. However the loft is not demised as habitable space, only for storage. If a leaseholder carries out a loft conversion it will involve structural alterations to the roof which is the Council’s repairing obligation.

2.2.3 RBK will not allow external structural changes to flats or maisonettes in relation to the list below (however, this list is not exhaustive and leaseholders would do well to always check with RBK before any changes to their properties)

- Loft conversions
- External extensions to the property
- Solid foundation conservatories
- Balcony alterations
- Fixtures to roofs such as solar panels

2.2.4 For internal alterations and changes, leaseholders are still required to obtain permission from RBK before embarking on any works. This may include the need to obtain planning permission, building control sign off and Landlord’s consent.

Section 3 - Governance

3.1 Responsibility

Policy Owner Group Manager Strategic Housing

3.2 Version control and change history

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Residents Health and Care Services Committee
17 June 2015

Kingston Coordinated Care Programme
Report by: Director of Health and Adult Services

Purpose
To approve the Kingston Coordinated Care Programme

Recommendations of the Lead Member for Health and Social Care

To RESOLVE that -

1. the approach proposed in this report to develop a transformed and sustainable health and care system be endorsed;
2. reports, as the programme progresses, including legal and financial issues, be brought back to future meetings of this Committee; and
3. the Health and Wellbeing Board, be requested to jointly agree, at its meeting on 24 June, its support for the ongoing direction of travel and to provide strategic oversight, support and advice on the integration of adult health and social care proposed by this programme.

Key Points

A. Recent insights from the Voice of the Customer project provide a compelling case for transforming health and social care services. Additional imperatives for transforming services include demographic growth, increasing levels of need and constrained resources.

B. The Kingston Coordinated Care Programme provides system wide response to this context, led by the Council and the Kingston Clinical Commissioning Group (CCG) and supported by statutory, voluntary and community providers of services. The aims of the programme are to:

1. Support the development of active and supportive communities in which people are enabled to stay healthy and well, living independently as part of thriving and resilient communities
2. Develop truly customer-centred care that supports people with complex needs to achieve the best possible quality of life and the goals that matter to them with an increased focus on prevention, proactive care and self-reliance

C. The KCCG has endorsed the mandate for this programme.

Context

1. Kingston’s Health and Wellbeing Board has made clear its commitment to develop a coordinated and sustainable health and care system. This has been discussed at Health and Wellbeing Board workshops in December and January.

2. In March, the outputs from the Voice of the Customer project were received. This project, jointly commissioned by health and social care commissioners, engaged with over 80 customers in Kingston and more than 100 staff. Customers state that their journey within and across the health and social care system requires
significant improvement to ensure their fundamental expectations and needs are met; staff have reinforced this very clearly.

3. Customers expressed a range of needs, creating over 200 individual statements of need across the journey through health and care services. These relate to 4 main themes:-

A. **Understanding**

This theme is about first being understood and then being able to understand what is going to happen. It is typified by the need to be really listened to, to create understanding and then a plan developed that is clearly understood by the person and centred on their individual needs.

B. **Coordination**

This theme is about each of the organisations relevant to a person’s needs working together in an integrated way. It relates strongly to a need for easy access to relevant support, which is truly joined up and available in one place.

C. **Control**

This theme is about providing the person with choices, enabling them to influence the package of care they receive and the actions taken by the organisations supporting them. In this way, they feel control over the outcomes. Fundamentally, those outcomes relate to the ability to maximise their independence and normality.

D. **Quality**

This theme has two aspects. First, in relation to the delivery of care and support, that help is provided in a timely way by staff who demonstrate an understanding of the person and their needs. Consistency (of staff) is an essential element in this. Secondly, the perceived quality of that support is related largely to the extent to which it enables the person to achieve the outcomes that they wish to achieve. There are concerns that quality will diminish because funding will be cut.

When asked to rate each theme, customers rated each one as very important to them. However, for each theme, the current performance of each theme was rated as being done well only some of the time. Customers frequently commented that they are not adequately listened to and their needs understood. They believe this prevents them receiving care and support which is relevant and supports the outcomes they want to achieve. They feel that they have insufficient control and choice in the shaping and delivery of their care and support. Furthermore, services are difficult to access and inconsistent in quality and the organisational system hard to navigate. Customers were clear that the vast majority of these needs are core, rather than ‘nice-to-have’ and when they are not met, there is a significant emotional impact.

Staff in Kingston have a good awareness of the themes that are important to customers and the issue they face. Staff understand that a significant gap in performance exists and have highlighted a number of factors that are likely to be driving this. Primarily, this relates to the complexity of the organisational system and the processes that run across it, the absence and conflicting nature of information and the lack of a consistent customer oriented culture.
4. The insights from the Voice of the Customer project make a compelling case-for-change. Significant benefits will be delivered by structuring a change programme in response to these insights, evolving a truly customer centred model of care for people in Kingston. In response, the Kingston Coordinated Care programme has been developed (this is a working title).

5. There is recognition that the health and care system needs to change if we are to meet the needs of our growing population. People are living longer and spending many years in poor health, suffering from multiple long-term preventable conditions with implications for both mental and physical health.

6. There is insufficient focus on prevention; supporting people to stay healthy and well, independent and resilient and to remain part of active and supportive communities. Commissioning and provision of services is fragmented which leads to complexity, duplication and gaps with objectives and incentives that are not aligned. And statutory sector funding is constrained or reducing.

7. Meeting these challenges requires a truly customer-centred culture. It will require joint commissioning by health and social care, with aligned health and social care governance and budgets. Commissioners wish to facilitate a new culture that focuses on outcomes and not current professional roles and disciplines and organisational boundaries and budgets. As a system, we will all need to take on the challenge of managing within a fixed amount of resource and shifting that resource over time to prevention and proactive care.

Proposal

8. It is proposed that the Council and CCG jointly lead the Kingston Coordinated Care programme, which has the following elements:

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<td>• Universal services accessible to everyone</td>
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<td>• Better information and advice</td>
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| Strengthening joint health and social care commissioning |
9. **The Kingston Coordinated Care Programme will achieve the following objectives:**

- Putting in place a customer centred approach to everything we do that complements our current analysis and understanding of people’s needs
- Building resilience in Kingston's communities so that people can remain independent and healthy for as long as possible and are able to access a variety of community support when and if needed
- Designing and implementing a new model of integrated services that delivers what is needed by people in Kingston, is simpler, streamlined and cost effective.

9. **Key Aspects of the Programme – Project 1. Active and Supportive Communities**

This project is an integral part of this programme but is slightly further forward in it’s development and has previously been presented to this Committee. There are three workstreams:

*Building resilient communities through engagement, involvement and local decision making*

Through genuinely collaborative ways of working together communities, public service providers and the voluntary and the community sector will create an environment where people have a voice, feel they are listened to and can influence decision making about things that affect their lives and families. Kingston will be a place where people are socially engaged and feel they can make a contribution to their community, support themselves and each other to stay healthy, independent and active.

By ensuring wide access to good quality, current information and advice we will be better able to maximise the use of the wide range of resources that are available in communities, including practical support, social, cultural and leisure activities, and specialist advice.

*Providing a universal offer to people across the borough, that will target people who might have low level needs to enable them to access a variety of support through being active and involved in their community*

This workstream recognises the breadth and level of different needs across communities and places major importance on the delivery of activities, social networks and support to organisations that can help everyone needing some support to enable them to stay independent and healthy. There needs to be a different relationship between service providers, the voluntary sector and local communities that places more emphasis on self-care, personal and family reliance and neighbourhood support.
Health and social care services will be maintained for people who need them but there will be a different role for the public and voluntary sector that facilitates people to access a range of networks, relationships and activities that support independence, health and well-being and community connections including public health.

**Targeting more disadvantaged and marginalised groups and individuals at risk of social isolation and ill health**

There will be an appropriate level of investment in community activity and community based care and support which involves and is contributed to by people who use services, their families and carers. Alongside this there will be effective programmes available that maximise people’s health and wellbeing and enables them to recover and stay well. It is important that there is a shift in resourcing to supportive community activity that includes longer term planned community support and not just what might be needed in an immediate crisis. There will also be a review of existing commissioning arrangements and development of joint commissioning intentions across service areas and organisations, so that we can invest in achieving the project deliverables.

10. **Project 2. Care for people with Complex Needs**  
*Designing a new model of care and operating model*

This new workstream will build on what customers and staff have told us, to design a new model of care that is simple and joint and delivers a better user and carer experience. At a recent workshop attended by the Chief Officers from the main Health and Social care organisations (CCG, RBK, Kingston Hospital, Your Healthcare, South West London and St George’s Mental Health Trust, the Voluntary and Community Sector, and the 3 main Home Care commissioned agencies) commitment was given to embarking on a 6 month intensive project together. Front line staff from all the organisations will come together and will co-design with customers a new way of working.

**Commissioning and contracting for the new operating model**

The new model of care and the operating model that delivers this change will require:

- Commissioning intentions that describes the new model of care to providers of health and care services and details the expectations of the organisations that deliver it;
- New contracts with the providers which create incentives that will make the new model more likely to succeed; and
- Systems of governance and management that promote good working relationships between the commissioners, providers and people who use the services.

10. **Project 3. Strengthening Joint Commissioning**

Building on the existing joint commissioning arrangements we already have in place, joint commissioning between the council and the KCCG will be strengthened.
to enable the delivery of shared outcomes and priorities across health and care. Work will take place to ensure we streamline processes, reduce duplication and make better use of our limited resources.

11. Legal Implications

Legal support will be required as we develop integrated care models and strengthen joint commissioning between the council and the KCCG. The legal implications will be kept under review as the Kingston Coordinated Care Programme progresses and legal advice will be sought at appropriate stages.

Financial Implications

The move towards a new integrated model of joint commissioning and delivery must be supported by a robust evidence-based business case that explores different options. The options will be presented to a future committee as appropriate as decisions need to be made.

● It is essential that Finance and Procurement advice from both commissioning partners (RBK and CCG) is sought throughout the process.

● Value for money and the need to make savings must be considered, in light of the challenging financial situation Kingston’s Health and Social Care economy is facing.

● It is expected that a new joined up care model, both operationally and in commissioning would lessen duplication, enable resources (financial and staff) to be shared across the pathways and thus be more efficient. These efficiencies could be “non-cashable” (i.e. providing an enhanced, more resilient service within the same budget) or cashable and will depend on the evidence presented in the business case.

● The potential procurement and commissioning savings from the integration must be carefully considered in the business case. While some local authorities across the country have been pursuing integration opportunities with their health partners for some time, there is a limited evidence base to draw from when considering the potential savings due to the lack of a robust methodology across the various pilot sites to measure savings and other unrelated legislative and policy changes in the care system.

13. Risk Assessment Implications

● An assessment of risks and issues will be developed as part of the detailed planning and governance arrangements for this programme.

● This is a major transformation programme and will require prioritisation by Kingston’s leaders and the commitment of significant capacity and resource if it is to deliver at the pace required.

14. Equalities Impact Assessment

The need for an Equalities Impact Assessment will be determined for individual aspects of this programme and will be brought back to Committee at an appropriate stage.
Author – Sue Redmond, Interim Director of Adult Social Care
Background Papers - None
Dementia Strategy

Report by Director of Public Health And Director of Health and Adult Services

Purpose

To seek the views of the Committee on the dementia strategy.

Recommendation of the Lead Member for Health and Social Care that -

the Committee considers and comments upon the Dementia Strategy and recommends its adoption to the Health and Wellbeing Board.

Key Points

A. Kingston Council and Kingston CCG have worked jointly to develop a local vision that ‘people with dementia and their carers and family feel that Kingston is a place where they can live well in the community, and is one of the best boroughs in the country for dementia care and support.’

B. To understand the needs of local people with dementia and their carers, a consultation was held with 200 people and their carers in Summer 2014.

C. The draft dementia strategy for Kingston, attached at Annex 1, draws heavily on this consultation.

D. The draft strategy will be reviewed and revised with partners at a workshop on 11th June, before the production of a final version for adoption by the Health and Wellbeing Board at its meeting on 24th June.

E. The strategy has 9 outcomes for people with dementia which are:
   • I was diagnosed early
   • I understand, so I make good decisions and provide for future decision making
   • I get the treatment and support which are best for my dementia
   • Those around me and looking after me are well supported
   • I am treated with dignity and respect
   • I know what I can do to help myself and who else can help me
   • I can enjoy life
   • I feel part of a community and I am inspired to give something back
   • I am confident my end wishes will be respected, I can expect a good death

F. The first component of the strategy is about improving wellbeing, raising awareness and understanding, and reducing dementia risk, within a dementia –friendly community.

G. The second component of the strategy is about timely diagnosis, assessment and intervention

H. The third component of the strategy is about living well – increasing support in the community for those living with dementia, and their carers.
I. The fourth component of the strategy is about high quality care for high needs - in times of crisis, in settings such as care homes and at the end of life.

**Context**

1. In Kingston there are approximately 1,600 residents over the age of 65 with dementia and a small number under 65 with early onset dementia. This number is expected to rise to over 1,800 by 2020.

**Timescale**

2. Summer 2014, Age-related Mental Health Board consults people with dementia and their carers on their views about having dementia and dementia care in Kingston
3. Spring 2015, Age-Related Mental Health Board prepares first draft of strategy
4. 11th June 2015, Stakeholder event (please send requests to attend to liz.trayhorn@kingston.gov.uk) to review strategy
5. 24th June 2015, Health and Wellbeing Board considers strategy
6. Summer 2015 onwards, Partners work together to develop an action plan to address the priorities within the strategy

**Resource Implications**

7. There are likely to be some resource implications for the Council, the CCG, and partners. These will be identified at the action planning stage from Summer 2015. Recognising that resources are limited, any proposed investments will have to demonstrably contribute to the 9 outcomes (set out in E.), be achievable, and where possible offer a return on investment.

**Background papers** held by the Author of the report – Helen Raison, Consultant in Public Health, on behalf of the Age-Related Mental Health Board (Kingston Council and Kingston CCG)

Dementia Strategy
for Kingston upon Thames
2015-2020
Introduction

Dementia is a set of symptoms that may include memory loss and difficulties with thinking, problems-solving or language. Dementia is caused when the brain is damaged by disease such as Alzheimer’s disease or a series of strokes. Dementia is progressive, which means the symptoms will gradually get worse.

This draft strategy for dementia in Kingston has been drawn up following a review of the trends in dementia in Kingston, a consultation with patients and carers, and in discussion with various organisations and individuals working to support people with dementia and their carers locally.

The purpose of the strategy is to describe the current situation and what will change or develop over the next five years to reflect the views of local people, legislation, policy, the rise in demand from increased numbers of people with dementia, and the resources available.

This strategy build on our vision that

people with dementia, their carers and family feel Kingston is a place where they can live well in the community, and is one of the best boroughs in the country for dementia care and support.

The vision document emphasises that people with dementia tell us that they wish to live in the home of their choice, near to family and carers, and to receive the best quality care at the right time and in the right place. Holistic support should be available and that it must be extended to carers, for whom the caring role can be extremely demanding and stressful. The vision document also sets out the aim of changing the culture on Kingston to one that is truly supportive of people with dementia.

The wider mental and physical health needs of people cannot be separated out from a person’s dementia needs and this strategy recognises that any changes to dementia care will need to be aligned to other changes planned for the health and social care of the population of Kingston.

This strategy aims to create a parity of esteem for people with dementia: that is people with dementia can expect the same level of care, support and dignity as someone with a physical illness. This strategy will ensure good quality joined up care for people regardless of age, sex, ethnic group or disability.

Background

The National Dementia Strategy was published in 2009, setting out the vision of transforming dementia services and enabling improved recognition of people with dementia diagnosis earlier in the course of the disease and better quality treatment at all stages of the disease for people with dementia, their family and carers.
The national strategy set out 9 national outcomes which have become the benchmark for measuring the success of local strategies across the country, and which we will be adopting. They are:

- I was diagnosed early
- I understand, so I make good decisions and provide for future decision making
- I get the treatment and support which are best for my dementia
- Those around me and looking after me are well supported
- I am treated with dignity and respect
- I know what I can do to help myself and who else can help me
- I can enjoy life
- I feel part of a community and I am inspired to give something back
- I am confident my end wishes will be respected, I can expect a good death

This local dementia strategy also links directly to the Kingston Health and Wellbeing Strategy, and takes account of the Prime Ministers Dementia Challenge 2020.

Local Picture

In Kingston there are approximately 1600 residents over the age of 65 who have dementia (diagnosed and undiagnosed) which is expected to rise to over 1800 by 2020. Additionally there are more people registered with Kingston general practitioners than live in the borough and that means that the estimated number of people with dementia (diagnosed and undiagnosed) who are registered with general practitioners is already 1826 (Year 2014/2015) and will rise to 1900 by 2015/2016.

The prevalence of dementia among older people with learning disabilities is much higher (21.6%) than the general older population. There is also a small number of younger people with early-onset dementia.

Most people with dementia have at least one other co-existing illness and 59% of patients with dementia have two or more co-existing illnesses, both physical and mental. The most common mental health problem in people in Kingston is depression, and depression can occur in people with dementia, although it may often be missed. Falls, mobility problems, urinary tract infections and long term illnesses such as diabetes may also be present. When providing care or treatment for someone with dementia, other conditions or illnesses must be taken into account.

An estimated 12% of people over 65 are from black and minority ethnic groups. Access to services may be challenging due to language barriers, knowledge of services availability, attitudes and practices of service providers and cultural factors.
Views of local people with Dementia and their Carers

We have listened to Kingston people who have dementia and their families and carers, to help us understand how Kingston can be a better place to live and how we can deliver better quality services for people with dementia and their carers.

In 2014 more than 200 people took part in a consultation process where they told us that there were good aspects of health and social care and that community support from the third sector was particularly valued, but they also highlighted challenges that we need to address. They include:

1. **Improving Well-Being and Awareness** for example by raising public awareness of dementia and other mental health conditions, and providing education and training to family and carers of people with dementia.

2. **Timely Diagnosis and Assessment** by shortening the time between seeing GPs and being assessed by specialists, by involving carers in this process, ensuring people receive a clear diagnosis, with explanations of what to expect next and what support is available.

   ‘Diagnosis in May and assessment not until September. Mother is 87 living alone. Been/still is very stressful and difficult.’
   
   *(Family member of: 80-94, Dementia & Memory Problems)*

   ‘Nobody explained. I was just given medication and once I was sent to a mindfulness clinic.’
   
   *(Patient: 65-79, Memory Problems and Depression)*

3. **Increasing Support in the Community** by providing up-to-date, accessible directories of services, improving linkages and information-sharing between services, and addressing isolation and loneliness.

   ‘Most of this you learn as you go along either word of mouth or months down the line, we need to know about these services from the start.’
   
   *(Carer of: 65-79, Dementia)*

   ‘There seemed to be no link between support services and the homes she was resident in.’
   
   *(Carer for: 80-94, Anxiety, Dementia and Depression)*

   ‘Lonely as only support workers visit. Extra support in April and June needed as anniversaries of family deaths.’
   
   *(Patient: 50-64, Depression & Memory Problems)*
4. **High Quality Long-Term and Acute Care** by ensuring that staff who are working with patients have the necessary training and understanding to support dementia and other mental health needs, and that staff can take a holistic view (social needs and other aspirations, not just medical needs) and have the time to do so.

‘The services are quick to respond and have proved to be essential for making it possible for my husband to live at home.’

*(Family member of: 80-94, Memory Problems & Dementia)*

A full report on this consultation with patients and carers is available.

The views of staff and organisations who deliver dementia care services are critical to ensuring that we have services that are whole system in their design, employing staff that are skilled in delivering high quality dementia care, and working within a dementia-friendly community. We will include dementia care service staff in the refinement of this strategy and in developing the action plan.

**Co-ordinated Care for people with dementia**

This Dementia Strategy is aligned to Kingston Co-ordinated Care (KCC), which is an extensive programme of transformation in Kingston. KCC aims to:

- support the development of active and supportive communities in which people are enabled to stay healthy and well, living independently as part of thriving and resilient communities
- develop truly customer-centred care that supports people with complex needs to achieve the best possible quality of life and the goals that matter to them with an increased focus on prevention, proactive care and self-reliance.

People with dementia and their carer’s have some dementia-specific needs, and these are set out and addressed in this dementia strategy. More generic needs that are shared with people who have other complex conditions and illnesses, are primarily covered in the KCC programme, but are referred to here.

**This strategy**

This joint strategy between Health and Social Care services in Kingston sets out a direction for the next five years, and recognises the challenges of delivering a seamless service to people with dementia and their carers in an economic climate where demands for services are increasing and public funding is decreasing.
For the person with dementia and their carers, this strategy is about a person-centred, response as depicted in Figure 1.

![Dementia friendly environments – towns, transport, shops, hospitals](image1)

**Figure 1. Support and care for a person with dementia and their carer(s)**

This strategy proposes a whole-system care pathway for people with dementia, with four inter-dependent component parts that together describe the journey that individuals and their carers will experience.

The four component parts of this strategy are shown below and are considered in more detail on the following pages:

1. Improving wellbeing, raising awareness and understanding, reducing dementia risk
2. Timely diagnosis, assessment and intervention
3. Living well - Increasing support in the community for living with dementia
4. High quality care – in times of crisis, care home care and end of life care

The objectives of this strategy cannot be realised without working in partnership with people with dementia, their carers, voluntary organisations, independent organisations in dementia care, and the wider community.
Improving Wellbeing, Raising Awareness and Understanding, Reducing risk

Case for change

There is generally a low level of public and non-specialist professional understanding of dementia. The stigma of dementia creates a background where people find it hard to talk about dementia, and avoid addressing the possibility that someone is affected. There tends to be a mis-attribution of symptoms to ‘old age’, an unwillingness to seek or offer help, and a false view that nothing can be done to assist people with dementia and their carers.

Our local consultation found that awareness-raising was important to both reduce stigma and make communities more accepting of dementia and mental illness, as well helping people to recognise symptoms.

A dementia friendly community is one where its residents have an awareness and understanding of dementia and how they can be helped. Nationally the ‘forget-me-not symbol is a way for communities and organisations to show they are serious about becoming dementia friendly’.

There are risk factors that can be modified to reduce the risk of developing some types of dementia, particularly vascular dementia. These risk factors include smoking, physical inactivity, high blood pressure and diabetes.

The National Dementia Strategy identified that professional and vocational training are key.

What we want to achieve (our objectives)

1. Improve awareness and understanding of dementia by public and professionals, to reduce stigma and to improve recognition of dementia and the ways to seek help.
2. Reduce risk of developing dementia (particularly vascular dementia) and other mental health problems
3. Enable people to be as resilient as possible by promoting good physical and mental health and wellbeing
4. Empower people with dementia and their carers to have a voice and a role in developing support and services that enable them to ‘live well’
5. Achieve a dementia-friendly Kingston through working with others

‘The more, as you say, its talked about, about well-known people having it, the better it’s accepted as part of life.’ (Carer, national)

‘More information on what I should have to deal with and what services I could call upon to help’ (Local person with dementia, 2014)
Case for change

Only 6 out of 10 people with dementia have a formal diagnosis in Kingston. A diagnosis is often made at a time of crisis, and may come too late for people with dementia to make choices. Memory services offer timely diagnosis and management before a crisis has occurred – this can improve quality of life, delay progression of dementia, allow the person and their family to plan for the future, delay unnecessary admission to care homes (of people who want to stay in their own home) and are cost-effective. Memory services should be available to people of any age and background including those with learning disabilities. Local people have told us that they would like a shorter time between referral, diagnosis and ongoing management and support, including social care support. Meaningful care following a diagnosis of dementia should be co-ordinated and meet national quality standards.

Good quality information helps people and their carers to direct their own care. Local people and carers have told us of their desire to have someone they can approach for help and advice to navigate through services and support at any stage in their illness, including at diagnosis. Navigators, such as Dementia Advisors have been shown to be effective in improving the wellbeing and quality of life of people with dementia and their carers.

We have also identified the need for training for a broad range of people who care for and work with people who have dementia, such as primary care staff including GPs, community health, hospital and social care staff, carers, the voluntary sector, home care agencies and care home staff. Training needs range from diagnosis, person-centred treatment, understanding behaviours, and respectful support of people with dementia. Good training should help people with dementia in crisis to remain at home, or return home after a hospital admission.

We know that some people with dementia will need management for other mental health problems, including depression and anxiety. This should be provided by people who understand dementia, and we should ensure people do not fall between services such as Community Mental Health Teams and Kingston Wellbeing Service.

What we want to achieve (our objectives)

1. Improve identification and timely diagnosis of dementia, using a good quality memory service for people of all ages and backgrounds
2. Ensure people with dementia and their carers are able to navigate and understand the range of support available, by sustainably providing easily accessible, good quality, timely information about the illness, as well as the services available at diagnosis and throughout the course of their care
3. Improve skills and knowledge of health and social care staff, voluntary sector, home care agencies, care homes and carers about the diagnosis, treatment, care, and interaction with, people who have dementia
4. Improve the co-ordination of care for people with dementia and their carers, particularly the links between dementia care and mental health, learning disability services and physical health care
Case for change

Two thirds of people with dementia live in their own homes in the community. Some will be in the early stages of their illness, and others near the end of their lives. It is important to give them choice and control over decisions about their lives, and keep them connected to social networks that they enjoyed prior to the onset of dementia.

Their needs range from access to universal services such as transport, housing, and support maintaining their property and gardens, to help with their physical health including personal care, rehabilitation and reablement and maintaining their peer support networks.

Third sector organisation/the voluntary sector provide a variety of support to people with dementia and their carers. People are often more willing to engage with these organisations, rather than statutory services. This is important for peer support as well as other activities such as home care. Our local consultation found that these services were well-liked. Kingston is developing an Active and Supportive Communities strategy that should reflect the needs of people with dementia.

As dementia progresses, peoples wishes should be at the centre of how support to them and their carers is provided. The support should be provided with dignity, respect and take account of their broader family circumstances, an offer choice, control and flexibility. People should be supported to live in their place of choice, usually at home, for as long as possible.

Family members and carers provide the main support to people with dementia living at home. Good community personal support services are beneficial to people with dementia and their carers. Home care¹ services provided by skilled staff (both main stream services and specialist dementia services) that provide continuity, reliability and flexibility are very important. They can contribute to maintaining a person’s independence, reducing social isolation, preventing admission to care homes and hospital, and supporting carers xvii. Care workers needed to be trained in dementia.

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¹ Home care services include personal care such as washing, dressing, house-keeping, cooking, companionship and some health care
People living alone need an approach that recognises their needs can change abruptly and unexpectedly.

**Specialist dementia homecare and outreach** providing person-centred care (instead of standard home care) reduces stress and risk of crises for carers and extends the capacity for independent living at home. Commissioning should be outcome rather than task/time based.

**Meaningful day time activity** can come in the form of day care, or other activities that are accessible to people with dementia. Local people have told us that they would like access to a range of activities. The provision of mainstream and specialist day services that keep people connected to local communities and activities such as leisure pursuits is best practice, as set out by the Department of Health and NICE.

Sheltered or extra-care housing that provide opportunities for social interaction, and telecare may help people with dementia remain in their communities. The needs of people with dementia should be considered in the development of housing options.

**Carers’ support** can help maintain a person with dementia in their own home whilst ensuring the needs of the carer are met. Our local consultation found that carers would like a way of meeting for moral support, financial support, practical help at home, information to help decision-making and help with sign-posting to specific help (for example for difficult behaviour) and support navigating services. Support for carers to help them deal with crises, and the changing nature and severity of people’s symptoms, as well as access to psychological therapies are all needed. It is also essential that carer’s can access flexible respite and relief care that best suits their situation or needs, including for people of all ages, ethnic groups and those with physical or learning disabilities. A consistent and co-ordinated approach to carers across all agencies in Kingston is important.

Nationally it is estimated that 40% of people in general hospitals have dementia. People with dementia cost more and many have co-morbid medical conditions and stay longer in hospital. Where ever possible admission to hospital should be avoided. Where this is not possible, people should receive compassionate care by skilled staff, in dementia-friendly environments that minimise the stress and disorientation exacerbated by being in hospital. Kingston Hospital has developed a dementia strategy for the hospital. People showing symptoms of dementia should be referred to the Memory Assessment Service, so that those people, their families and carers receive the same level of support as those whose...
What we want to achieve (our objectives)

1. Ensure equitable access for people with dementia to the full range of universal support services, such as handy person services, transport, housing, falls services, reablement and advocacy support.
2. Ensure sustainable local peer support and learning networks for the exchange of practical advice and emotional support for people with dementia and their carers, regardless of age, sex, ethnic group or disability.
3. Listen to carers of people with dementia, and understand their needs, and provide the information, advice, training and support that they identify they need at all stages of dementia in a co-ordinated way across all agencies.
4. Decrease social isolation and loneliness of people with dementia and their carers.
5. Enable people to live at home for as long as they choose, including those who live alone.
6. Ensure there is a choice of good quality community personal support services for people living at home and their carers, including personal home care, day care and respite care.
7. Improve the quality of care in general hospitals for patients who have dementia.
8. Ensure co-ordinated timely discharge from hospital, reducing hospital length of stay for patients with dementia and increasing the proportion of people able to return to their usual place of residence following hospital treatment.
Case for change

Crisis

It is essential that there are robust co-ordinated services that are equipped to provide rapid support to people and their carers in times of crisis, regardless of the cause, be it due to deterioration in their physical health, their mental health, a change to social circumstances or the needs of their carer. Advanced decisions and contingency/crisis planning will help manage unexpected crises. People with dementia and their carers need to know how to access timely information, families and carers need to know about common changes, what to do to avoid a crisis, who to contact and the care and support options available. Crisis response services for people with dementia will need to be aligned with services for other frail people and people with long-term conditions.

Challenging behaviour and psychotic symptoms

Some people with dementia may develop challenging behaviours such as aggression, damaging property, incontinence, or become withdrawn and difficult to engage. Some people with dementia may have sleeplessness or wandering.

The cause of these behaviours is often distress, but may also be caused by pain or infection. People caring for those with dementia should be made aware of these issues and how to respond to them, either through a scheme for training staff and carers, or through the use of a specialist service for challenging behaviour.

A proportion of people with dementia will have psychotic symptoms, particularly hallucinations. Anti-psychotic medicines should only be prescribed in exceptional circumstances. In 2009 it was estimated that only about one third of people with dementia who are on antipsychotic medication are getting any benefit from them, and they can have bad side effects. Since then the use of antipsychotics nationally has reduced, and we would wish to see this trend maintained in Kingston.

Care Homes

Two thirds of people in care homes have dementia. Dependency is increasing, and nationally it is estimated that over half of people in care homes are not well occupied during waking hours, with behavioural disturbances being common and often treated with antipsychotic medicines.

Kingston borough has a large number of registered residential and care homes, and sheltered housing. The Council supports eligible people to live in these places (6.8 people per 1000 in residential homes and 5.6 per 1000 in nursing homes), although many people pay privately. Many of these people have dementia, but they may not have a formal
What we want to achieve (our objectives)

1. Improve services and the system response for individuals and their carers experiencing or at risk of a crisis, meeting their needs and keeping them connected to their local community.
2. Improve the quality of long term care (care homes) for people with dementia and mental health issues, including reducing avoidable admissions to hospital.
3. Ensure appropriate care of people with challenging behaviour, wherever they live.
4. Raise the standards of care for people with dementia reaching the end of life.
5. Improve the availability of and access to create alternative accommodation to prevent early entry into residents/nursing care.
6. Ensure the appropriate use, and prevent over-use, of anti-psychotics in dementia.

‘There seems to be no link between the support services and the [care] home she was resident in’

Dementia care homes do not have to provide evidence to CQC of the ability to care for people dementia when they register. In Kingston it is important that every care home provides high quality care, which is joined up with other dementia services.

End of life care

Early conversations with people with dementia are important so that people can plan ahead for their future care, including palliative and end of life care. This reduces the likelihood that difficult and emotional decisions have to be made in crisis, when the wishes of the person with dementia cannot be taken into account.

diagnosis. Often these care home residents have high needs and may develop challenging behaviour, have co-existing physical problems, are at risk of falls, and deterioration resulting in hospital admission. Some of these admissions are avoidable. Some people in receipt of ‘continuing care’ will have dementia.
Summary of what we want to achieve across the whole system

### Improving wellbeing and raising awareness, reducing risk

1. Improve awareness and understanding of dementia by public and professionals, to reduce stigma and to improve recognition of dementia and the ways to seek help.
2. Reduce risk of developing dementia (particularly vascular dementia) and other mental health problems.
3. Enable people to be as resilient as possible by promoting good physical and mental health and wellbeing.
4. Empower people with dementia and their carers to have a voice and a role in developing support and services that enable them to ‘live well’, for example through groups.
5. Achieve a dementia-friendly Kingston through working with others.

### Timely diagnosis, assessment and intervention

1. Improve identification and timely diagnosis of dementia, using a good quality memory service for people of all ages and backgrounds.
2. Ensure people with dementia and their carers are able to navigate and understand the range of support available, by sustainably providing easily accessible, good quality, timely information about the illness, as well as the services available at diagnosis and throughout the course of their care.
3. Improve skills and knowledge of health and social care staff, voluntary sector, home care agencies, care homes and carers about the diagnosis, treatment, care, and interaction with people who have dementia.
4. Improve the co-ordination of care for people with dementia and their carers, particularly the links between dementia care and mental health, learning disabilities services and physical health care.

### Living well - Increasing support in the community living with dementia

1. Ensure equitable access for people with dementia to the full range of universal support services, such as handy person services, transport, housing, falls services, reablement and advocacy support.
2. Ensure sustainable local peer support and learning networks for the exchange of practical advice and emotional support for people with dementia and their carers, regardless of age, sex, ethnic group or disability.
3. Listen to carers of people with dementia, and understand their needs, and provide the information, advice, training and support that they identify they need at all stages of dementia in a co-ordinated way across all agencies.
4. Decrease social isolation and loneliness of people with dementia and their carers.
5. Enable people to live at home for as long as they choose, including those who live alone.
6. Ensure there is a choice of good quality community personal support services for people living at home and their carers, including personal home care, day care and respite care.
7. Improve the quality of care in general hospitals for patients who have dementia.
8. Ensure co-ordinated timely discharge from hospital, reducing hospital length of stay for patients with dementia and increasing the proportion of people able to return to their usual place of residence following hospital treatment.

### Care for high needs – crisis care and end of life care

1. Improve services and the system response for individuals and their carers experiencing or at risk of a crisis, meeting their needs and keeping them connected to their local community.
2. Improve the quality of long term care (care homes) for people with dementia and mental health issues, including reducing avoidable admissions to hospital.
3. Ensure appropriate care of people with challenging behaviour, wherever they live.
4. Raise the standards of care for people with dementia reaching the end of life.
5. Improve the availability of and access to create alternative accommodation to prevent early entry into residents/nursing care.
Dementia in Kingston - pathway

1. Improving Wellbeing, Raising Awareness, Reducing risk
   - Reducing dementia risk
   - Recognising there is a memory problem

2. Timely Diagnosis, Assessment and Intervention
   - Day time activities
   - Social, befriending groups
   - Community and Voluntary sector
   - Flexible respite

3. Living well with dementia – increasing Support in the Community
   - Co-ordinated, informed, person-centred review and support
   - Information (accessible)
   - GPs (physical and mental health needs)
   - Dementia Navigators (advisors)
   - Carer support
   - Specialist needs including hospital, mental health

4. High Needs: High quality crisis care and end of life care
   - Co-ordinated health and social care support
   - Crisis response
   - Stay at home
   - Residential/Nursing Home
   - Extra care housing

Dementia-friendly Kingston
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