

**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Town Hall, Main Road, Romford
11 April 2012 (7.30 - 9.15 pm)**

Present:

Councillors Wendy Brice-Thompson (Chairman), Linda Van den Hende (Vice-Chair), June Alexander, Jeffrey Brace, Pam Light and Keith Wells

Councillors Linda Hawthorn and Linda Trew were also present

There were no declarations of interest.

25 MINUTES

The minutes of the meeting of the Individuals Overview and Scrutiny Committee held on 7 February 2012 were agreed as a correct record and signed by the Chairman.

26 AGEING WELL REPORT

The Committee received a report detailing some themes arising from the Ageing Well Event which considered the priorities for older people in the borough. The Committee were informed that the appendix to the report showed the areas where things were going well, and those areas where things were not going well. The latter areas were potentially what the Committee needed to concentrate on. The strands of themes were discussed by members, and they agreed that there were areas which could be incorporated into their work programme for the next municipal year.

The areas that the Committee agreed would be good to scrutinise were:

- Impact on housing for the Elderly
- Dial a Ride
- Transportation
- Rogue Traders and the Safety of Individuals
- Banking Protocol
- IT for the Elderly

The Committee discussed the different areas, and where they felt information could be sought in relation to each. It was agreed to include these within the next work programme.

Officers stated that there would be opportunities for joint working with other Committees in some of the area discussed

27 **REVIEW OF DEMENTIA STRATEGY TOPIC GROUP**

The Committee received a report outlining the developments in Havering following the Dementia Strategy Topic Group report which was presented to the Committee on 12 April 2011.

The Committee were informed that the Lead Member for Individuals was taking the lead role in regard to people with dementia. The Joint Strategic Needs Assessment was being reviewed and was out for consultation. This would feed into the Health and Wellbeing Strategy which would form the work of the Shadow Health and Wellbeing Board.

A Dementia Implementation Group had been established which would look at the National Strategy in much the same way the topic group had. This included partner organisations including Health and the Voluntary Sector. The Committee raised concerns that there was no Member involvement on the group. Officers informed the Committee however that the Lead Member had commissioned the work and chaired the Health and Wellbeing Board which also comprised other Members.

The Committee had received a report of the audit of staff in care homes, at its meeting in November 2011.

The Committee were informed that the Health and Wellbeing Board had commissioned a range of activities for carers. These included:

Peer Support – This service would provide support for people with dementia and their carers by matching volunteers and others with dementia and their carers to others on the basis of shared need and preference. This service was being delivered by the Alzheimer's Society.

Information and Advice Outreach Service – This service was also delivered by the Alzheimer's Society and would improve the knowledge and awareness of dementia. It would refer increased numbers of patients to the available dementia services and provide support by giving people early access to relevant information via a preventative approach. The outreach service would be targeted and flexible to local needs and would average up to four hours of direct community information provision per week. This also tied in with the Care Point resource which had recently launched.

Additional Support for Carers – This service would be provided by Crossroads Care which offered a specialist, carer needs-led and client-centred service. This service, in the main, was for people who had moderate to advanced stage dementia and provided a home-based respite support.

The service aimed to reduce residential care admissions and to improve health and wellbeing of the carer.

The original topic group report requested that the NELFT Borough Director developed an action plan from the recommendations made. This was viewed by the Committee and the actions were explained. Members asked about the number of vacant posts that there were and how many were being recruited. Officers agreed to clarify this with NELFT and to circulate this information to Committee Members.

Members also queried the ethnic profile of paid care staff. Officers confirmed that staff within Adult Social Care and NELFT reflected the ethnic profile of the local population.

The Committee discussed issues around the standard of English, both written and spoken, and highlighted potential difficulties in communication with clients. A member outlined an example of communication problems and queried whether it was possible to enforce a standard of communication for staff given relevant equalities legislation. Officers indicated that communication was important and that a number of organisations had taken steps to improve the written and spoken standards of communication with their staff. Work was underway between Health and Social Care Commissioners to ensure basic service outcomes were in place to meet the needs of vulnerable adults in residential and nursing care.

The Committee asked about how the problem of abuse of people with dementia in their own home was dealt with, especially if other members of the family were involved in the incident. Officers indicated that it was important to distinguish between incidents of abuse, and to take a proportionate response to such incidents (alerts)

The Committee queried the funding for the various initiatives outlined during the discussions. Officers explained that this was funded from the Government grant to support such initiatives in partnership with Health. The Health and Wellbeing Board would be reviewing progress on these projects, and in conjunction with Health and other partner agencies clarifying future funding arrangements i.e. considering whether these were projects which would be funded in the long term by the local authority and/or the Clinical Commissioning Groups.

The Committee queried the membership and accountability of the Health and Wellbeing Board and whether they could receive copies of relevant reports which went to the Board for consideration. Officers indicated that this was an issue for the Committee to discuss with the Lead Member.

The Committee thanked the officers for their commitment and asked that an update on the progress of the work of the Dementia Strategy be brought to the Committee in 6 months time.

28 SAFEGUARDING AND DIGNITY IN CARE

The Committee received a presentation on Dignity in Care from the Quality and Safeguarding Service Manager. The Committee were reminded that dignity was not a new word or concept in care and health services and that the principle of dignity was how individuals in care are respected.

The Committee was informed of the eight main factors which promoted dignity in care. These were:

- Choice and Control
- Communication
- Eating and Nutritional Care
- Pain Management
- Personal Hygiene
- Practical Assistance
- Privacy
- Social Inclusion

The Committee were advised of how dignity was delivered and the challenges that can be faced in achieving this. Some of the factors that impacted on this were cross cultural, interpersonal and communication issues. Recruitment was also a problem and Job Centre data indicated that the largest numbers of vacancies were in the care sector. Nationally it was difficult to recruit care staff. Given the low status and pay of such work the consequence was that there was often reliance within the care sector on recruiting overseas. This could, on occasions, contribute to communication difficulties between service users and workers.

The manager for the Havering Reablement Service, gave an example of the application of principles of dignity in relation to a service user of the Reablement Service. A 68 year old retired health care professional, who had broken her wrist and then as a result of a fall had then broken her arm and dislocated her other shoulder. She had discharged herself from the hospital and had the support of a friend, but needed assistance in dressing and doing everyday tasks. The comments she fed back after the reablement at home service included the staff being very friendly, that they had introduced themselves, they explained what they were doing, and ensured that she retained her privacy/dignity when using the bathroom. They also assisted in pain management effectively. After a period of reablement the service user recovered enough to be able to use one arm and regained her independence.

The Committee asked if there were any staffing issues in relation to training or qualifications of paid carers. Officers explained that trained and qualified staff could be recruited. As there was however no specific reablement qualification much of the training was carried out in-house.

A member asked what happened if things went wrong, and if there was a "Whistle Blowing" policy. The officer explained that that all service providers were required to ensure that there were policies in place and that they were expected to support staff to feel able to speak out. If concerns were raised with the Council they were always taken seriously. The Adults Safeguarding Team screened all safeguarding concerns that were raised. Where appropriate full investigations were carried out to ascertain if there was a safeguarding issue. If it was not a safeguarding issue the query was passed (if appropriate) to another team for the matter to be looked into. If the concerns were about care quality and other issues to do with operation of care services, the Quality Assurance Team followed the query up. Where there were major and/ or frequent serious concerns which involved a particular Service Provider an embargo restricting new admissions/ placements could be put on the provider until the issue was resolved.

Members asked about the issue of "double-jobbing", whereby staff work in one care service during the day and then in care homes during the night, where they might try to catch up on sleep. Officers stated that having two part time jobs was not necessarily an issue, but working a full time day job and then a night job could cause problems. These situations needed to be dealt with on an individual basis. It was added that currently some people find it necessary for economic reasons to have more than one job.

Adult Social Care worked closely with care homes in a cooperative way in order to get the right balance. The Committee were informed that all care homes had detailed care plans for service users and that annual reviews were carried out by Social Workers who gave feedback on areas of care requiring future action.

A member raised an issue of the local Safer Neighbourhood Teams (SNT) trying to access information about vulnerable people in the area. This was so they could liaise with them, and give advice to keep them safe in their own homes. The SNT found that due to Data Protection Legislation, information could not be provided. Officers indicated that there were issues of client confidentiality which needed to be taken into account when disclosing information. It was felt however that this should not necessarily be an insurmountable problem in the context of Data Protection.

The Committee thanked the officers for the informative presentation.

29 **COMMITTEE'S ANNUAL REPORT**

The Committee received a report on the work that had been carried out over the last municipal year. The Committee was informed that the items

discussed at this meeting would be included before it was signed off by the Chairman.

The Committee agreed the contents and authorised the Chairman to sign off the final version.

30 FUTURE AGENDAS

A member requested that an item on Dial-a-Ride be included on a future agenda.

Chairman