

**MINUTES OF A MEETING OF THE  
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE  
Town Hall, Main Road, Romford  
12 January 2016 (7.00 - 9.00 pm)**

**Present:**

Councillors June Alexander (Chairman), Patricia Rumble (Vice-Chair), Ray Best, Viddy Persaud, Roger Westwood and Keith Roberts

Apologies for absence were received from Councillor Darren Wise

Councillor Philip Hyde was also present.

**12 MINUTES**

The minutes of the meeting of the Sub-Committee held on 22 September 2015 were agreed and signed by the Chairman.

**13 SAFEGUARDING ADULTS**

The Sub-Committee received a presentation on Safeguarding Adults. The officer outlined how introduction of the Care Act 2014 had put adults safeguarding on a statutory footing for the first time.

This laid the foundation for change in the way that care and support was provided. It encouraged greater self-determination, so people maintained independence and had real choice. There was now more emphasis on working with adults at risk of abuse and neglect to have greater control in their lives to both prevent it from happening and to give meaningful options of dealing with it should it occur.

The Sub-Committee noted that the London Multi Agency Adult Safeguarding Policy and Procedures had been produced. This set out the vision that safeguarding was everyone's business. This provided a shared approach to adult safeguarding through improved practice, feedback and procedures. It also aimed to encourage the continuous development of best practice in order to better safeguard adults throughout London. The London wide launch of the Policies and Procedures would be in February 2016, and locally cross-agency training sessions or/briefings would be arranged to ensure all partners and staff aware of them

The Sub-Committee was informed that the Integrated MASH (Multi Agency Safeguarding Hub) had been established for both children and adults following a recommendation of a previous serious case review in another borough. It ensured that if an alert came in all agencies involved could co-ordinate a response. It was noted that there had been 159 cases which had

been responded to by the MASH in 2015/16. There were 148 categorised as Amber (an individual who was at risk of harm) and these would be resolved in 1 working day, and 11 cases categorised as Green (if left unresolved could be at risk of harm); these would be resolved within 3 working days.

The Sub-Committee was informed that a new post of Principal Social Worker was now in place and the role of the postholder supported continuous professional development across adults and children's services to support improvements in social work and social care practices. They would focus on standards of practice and would lead in the following areas:

- Safeguarding and Service Standards Unit
- Quality Assurance (Audit and Practice Development) across Adults Services
- Learning and Development
- Business Management and support to the Safeguarding Adults Boards and dissemination of learning.

An overview of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) was given. The Mental Capacity Act 2005 was set around five statutory principles, these principles were:

- Principle 1: A presumption of capacity
- Principle 2: Individuals being supported to make their own decisions
- Principle 3: Unwise decisions
- Principle 4: Best interests
- Principle 5: Less restrictive option

The Sub-Committee was informed that there should never be a blanket decision around an individual's mental capacity; each decision about mental capacity should be relevant to the decision that has to be made. For example, an individual may not be able to decide about where they live, however they may be able to make decision about what they eat and do during the day.

The Deprivation of Liberty Safeguards was part of the Mental Capacity Act 2005. It was noted that the levels of DoLS referrals and reviews had increased from 33 in 2013/14 to 417 in 2015/16. This increase was in line with national figures. The best interest assessments were carried out by someone who was not involved in that person's care or in making any other decisions about it and must be a qualified social worker, nurse, occupational therapist or psychologist with appropriate training and experience. Each assessment or review took approximately 6-8 hours.

Members asked if the assessment/reviews were only for Havering residents. The officer explained that DoLS applied to Havering residents living in a residential, nursing or hospital setting. This also applied to Havering funded residents in residential or nursing accommodation outside of the borough

and those funding their own care in care homes based in Havering. It was noted that for all other settings such as supported living or someone living in their own home (where their liberty is being deprived) these had to be referred to the Court of Protection which was very costly and time consuming.

The Sub-Committee was provided with information on safeguarding performance. It was noted that as at the end of November 2015, 678 safeguarding concerns had been received with 76% progressing to enquiry. The most common locations for alleged abuse to occur were the victims' own homes (36.1%) and a Nursing or Residential care home setting (41%). Physical abuse was the most common type of abuse (40.6%) followed by neglect (30.6%).

The Havering Safeguarding Adults Board was now a statutory board with strong leadership. The main bodies included the CCG, Police and the Local Authority. A draft action plan for 2016/17 had been developed ensuring that there was early intervention rather than safeguarding allegations.

The presentation concluded with details of a Council-wide campaign to raise awareness, with hard hitting posters and a special business card that had been produced to make sure everyone knew who to contact if they suspected abuse or neglect. This information was being distributed to all staff.

The Sub-Committee thanked the officer for the very informative presentation.

#### **14      HEMOCARE SERVICES PROVIDED BY TAPESTRY**

The Sub-Committee received a brief from the Chief Executive Officer of Tapestry. It was provided with an overview of the Home Care Service available in Havering. It was explained that Tapestry was more than just a Home Care provider, it was a prevention focused individualised care and support service, working to keep people active, healthy and connected in their own homes. Investments had been made in new technologies so as to make the service more efficient and cost effective. A new Customer Relationship Management (CRM) system, which included a live roster system, managed all care and support through smart devices. It was hoped that outcome data could be produced from the system from April 2016. Investment in both training and salaries of care workers, with a commitment to meet the living wage (as defined by the Living Wage Foundation) by 2017 and payment of travel expenses and travel times as part of employment packages, ensured good quality and reliable staff.

Members were informed that the current hourly rate was £7.84, however Tapestry were looking for an increase of 5% year on year. The approximate unit cost for care was around £16-£17. Individual care could be bought by

anyone who was able to pay for it. Staff were all fully contracted however there were flexible contracts to fit around personal circumstances, often staff had caring responsibilities of their own.

Tapestry was working closely with external advisors to establish outstanding levels of service provision. They were currently awaiting a CQC assessment and were hoping to be rated outstanding. A new food service had been introduced which was capable of providing specialist food to individuals. This could be for individuals who had been discharged from hospital and required food prepared in a particular way.

New Care Co-ordinators had been highly trained to work with clients as part of an initial assessment to develop personalised care packages and to work proactively with stakeholders and clients to ensure that plans were regularly reviewed and adapted to meet the individual's changing needs. Care staff were also trained to notice and report changes in behaviour such as reduced activity, mobility or increased isolation.

The Sub-Committee thanked the Tapestry officer for the informative brief.

**15 TOPIC GROUP UPDATES**

The Sub-Committee noted the Cabinet responses in respect of the Dementia and Diagnosis Topic Group Report and the Learning Disabilities and Support Topic Group Report. It agreed that updates on the suggested recommendation should be brought to a future meeting.

The Sub-Committee agreed and approved the scoping document for the Social Isolation in Older People Topic Group.

**16 PERFORMANCE INDICATORS FOR INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE (Q1 AND Q2)**

The Sub-Committee considered the Corporate Performance Report for Quarters 1 & 2 of 2015. Officers explained that the report identified where the Council was performing well (Green rating) and not so well (Amber and Red) rating. There were 15 Corporate Performance Indicators that fell under the remit of the Individuals Overview and Scrutiny Sub-Committee. Officers explained that the levels of performance needed to be interpreted in context of increasing demands on services across the Council.

The Sub-Committee noted the improvements across a number of indicators and that there were particular challenges for Havering in the take up of direct payments for older people and also noted the increase in the number of people in the 85+ age range going into a permanent residential/nursing care setting.

**17 UPDATE ON DIAL A RIDE SERVICE IN HAVERING**

At the request of a Councillor who was not a Member of the Sub-Committee the current situation with Dial a Ride in Havering was discussed. Previously Transport for London (TfL) were looking at two pilots in London, of which Havering was one, to improve the current service by running it locally. In early December 2015, however, the Deputy Chief Executive, Communities and Resources had indicated that he had met with representatives from TfL with regard to the suggested pilot. It was noted that TfL had suggested that there would be three phases that they would wish to achieve. These included:

- a move to a strategic customer focused complaints and feedback service for all social transport needs including Dial a Ride, Taxicard, Capital Call, rather than manage them separately.
- work to introduce a single booking service for all of the above.
- seeking to expand the role of the operation and who the suppliers of the operation were. This was likely to be broken down into regional chunks, but not necessarily one per Borough. It was possible that Havering could be considered for one of the regional hubs.

The Sub-Committee agreed that they wished to meet with the Deputy Chief Executive, Communities and Resources to discuss the matter further.

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**Chairman**