MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Town Hall, Main Road, Romford
24 January 2017 (7.00 - 8.50 pm)

Present:

Councillors Linda Trew (Chairman), Ray Best (Vice-Chair), June Alexander, Linda Hawthorn, Keith Roberts, Patricia Rumble and Roger Westwood

Also present:
Pippa Brent-Isherwood, Head of Business and Performance
John Green, Head of Joint Commissioning
Barbara Nicholls, Director of Adult Services

Anthony Clements, Principal Democratic Services Officer

13 **MINUTES**

The minutes of the meeting of the Sub-Committee held on 1 November 2016 were agreed as a correct record and signed by the Chairman.

14 **DISCLOSURE OF INTERESTS**

There were no disclosures of pecuniary or personal interests.

15 **DEMENTIA STRATEGY UPDATE**

Officers presented details of the proposed dementia strategy 2017 for Havering. Dementia was defined as progressive memory loss compounded by a range of co-morbidities. Beyond the age of 65, the likelihood of developing dementia doubled every five years.

Given the age profile of Havering's population, it was important to have a local dementia strategy and this would be aligned with Havering's overarching Health and Wellbeing Strategy. The dementia strategy had been based on a number of principles including listening to dementia suffers and their carers, tackling the stigma associated with dementia and enabling people to make informed choices.

The Havering population aged over 65 was expected to rise by 26% over the next 15 years with the numbers of people agreed over 85 expected to increase by 46% over the same period. Demand for dementia services was also therefore likely to increase.

The current service provision in Havering included memory clinics provided by NELFT and a dementia advisory service provided by Tapestry. Neurology and mental health liaison services were available at BHRUT and GPs were also able to make initial diagnoses of memory problems. Blood tests were conducted as part of an overall assessment of dementia in order to exclude urinary tract infections which could exhibit similar symptoms. A CT scan could also be used to look for changes in the brain that were indicative of dementia.

Officers would confirm the timescales for treatment for dementia following a GP referral although the target period from GP referral to treatment at a memory clinic was 12 weeks. Officers would also confirm what treatments were currently offered at the memory clinics.

There was a need to have more joined up working between health and social care with for example telecare commissioned by the Council to support people with dementia to remain in their own homes where this was possible. Officers agreed that it was important to avoid people with dementia entering hospital as this was the worst place for their condition.

Support was also sought from the voluntary sector and there was a total of £120,000 available to commission community dementia services in Havering. An example was the Singing for the Brain programme which had led to some service users connecting with each other and had been very beneficial for people with dementia.

Other issues covered by the strategy included early onset dementia, instances of dementia in older people with learning disabilities, end of life care and cultural issues associated with dementia. It was planned to produce a joined up response to dementia with work being undertaken by social care, public health and the health sector. A robust data reporting system would be introduced for dementia services and it was hoped to raise awareness of dementia across the community. The Havering Dementia Action Alliance had been very successful and had worked with businesses to make services and facilities more dementia friendly. An example of this was the Tesco store at Roneo Corner where staff had been trained to assist customers who appeared confused etc. Awareness raising such as dementia friend training had helped with reducing any stigma around the condition and Members felt society was now kinder as regards dementia.

Officers could also supply details of the work the Dementia Action Alliance had undertaken in local schools. Havering CCG was now very active in making GPs aware of dementia and the GP diagnosis rate had now improved for dementia.

The new model was based on eight key elements of support for a person diagnosed with dementia. These included a named dementia practice coordinator for each person diagnosed, support for carers and improvements to a person's living environment to improve quality of life.

The final strategy had not yet been considered by the Health and Wellbeing Board and final implications of the new model were still being finalised. It was also hoped that all new dementia diagnoses would be recorded at the memory clinic.

The model was founded on an evidence base that that had included attending forums in Havering and researching best practice in dementia services elsewhere. It was noted that the figures assumed no major breakthroughs in new drugs or treatments for dementia.

The Sub-Committee welcomed the proposed strategy.

16 SUPPORT FOR CARERS

It was noted that the Carers Strategy had been agreed at Cabinet in the last week and officers would circulate this to the Sub-Committee. This included the experiences of local carers and Members felt it was important that support and breaks etc were offered to carers. Officers added that support was available via the Carers Trust and other organisations. The Council also had a Carers Partnership Board and Carers Forum where it could engage with carers. It was also planned to invest £200,000 into support for carers of people with various conditions including dementia.

It was noted that Central Government had allowed the raising of Council Tax to fund social care but officers added that the financial climate remained challenging. Officers would also seek to confirm the proportion of patients presenting at Queen's Hospital A&E who were elderly.

Rises in the national minimum wage also impacted on the care sector as care became more expensive for the Council to fund. Inflation growth had been agreed on care contracts but this had been taken up by increases in the national minimum wage.

The issue of houses being split into so-called supported living schemes was raised by Members but officers felt it was very difficult to prevent these entirely. The Council would however engage with providers over quality and safeguarding issues etc. Care for residents from outside Havering would continue to be paid for by the originating Authority. Placements could be suspended or people moved out if there were sufficient concerns about the quality of care being offered. It was clarified that supported living schemes were not covered by the established inspection regime unless they were registered providers of personal care. Residential homes were inspected by the Care Quality Commission.

Officers accepted that communication both with and within the Care Quality Commission could be better. The Carers Strategy also needed to be approved by the Clinical Commissioning Group and would then be published.

The Sub-Committee **NOTED** the update.

17 GOLD STANDARD AWARDS

The Gold Standard Framework was intended to improve end of life care in care homes. Training on the programme was provided locally by St Francis Hospice and 17 of the 40 older people's residential and nursing homes in Havering had now achieved Gold Standard accreditation.

It was confirmed by officers that GPs were subject to British Medical Association guidance re the verification of deaths in care homes but there was no specific time scale within which this should be done. Delays in carrying this out nationally had been an issue but officers had contacted local care homes and only one facility had reported any issues in excessive delays in registering a death. The particular issues relating to this case would be pursued by officers with the CCG. Officers would also seek to clarify if assessments were made by GPs of new care home residents.

Officers clarified that the Framework was voluntary and would provide further details of its requirements. Delays in GPs verifying a death in a care home were very isolated. Care homes were assessed by the CCG and most homes in Havering were of the required standard. A link to ratings on the Care Quality Commission website would be supplied to Members.

The Sub-Committee **NOTED** the position.

18 CORPORATE PERFORMANCE INFORMATION (Q3)

There were a total of twelve performance indicators within the Sub-Committee's remit. Whilst data for reablement would not be available until the next quarter, it was noted that nine of the eleven indicators had a green rating whilst performance on the remaining two had been given a red rating.

The percentage of adults in contact with secondary mental health services had been performing well due to the increased profile of mental health issues. There had also been a 23% increase in the take up of self-directed support with 100% of carers now receiving this. Other positive indicators included fewer permanent admissions to residential and nursing homes and only 18 delayed transfers of care being the responsibility of the Council.

The overall take-up of direct payments remained below target however and a payment card had been introduced to try and improve this. There had also

been a 22% rise in people over 65 being admitted to care homes which was considered a disappointing performance.

The proportion of adults with mental health issues in paid employment had gone up and the equivalent indicators for adults with learning disabilities was also on target.

Demand pressures had been seen for example in the increasing demand for longer term placements for older adults. Officers added that the take up of direct payments remained disappointing and there had also been a growing level of need required for older people being discharged from hospital.

The Sub-Committee **NOTED** the performance indicators.

19 **FUTURE AGENDAS**

The following items were suggested as part of the future work programme of the Sub-Committee:

An update on the Integrated Localities programme
The Open Dialogue treatment for mental health
An update on the integrated social care hub (including the Integrated Care Partnership)
The Havering older people's strategy

It was also suggested that it would be useful to hold a joint meeting with the Towns and Communities Overview and Scrutiny Sub-Committee in order to scrutinise support for the homeless and the role of hostels in Havering.

20 **URGENT BUSINESS**

There was no urgent business raised.

Chairman