



Havering

L O N D O N B O R O U G H

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm	Tuesday 24 January 2017	Town Hall, Main Road, Romford
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Members 7: Quorum 3

COUNCILLORS:

Linda Trew (Chairman)
Ray Best (Vice-Chair)
June Alexander
Linda Hawthorn

Keith Roberts
Patricia Rumble
Roger Westwood

**For information about the meeting please contact:
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Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview

and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference

The areas scrutinised by the Committee are:

- Personalised services agenda
- Adult Social Care
- Diversity
- Social inclusion
- Councillor Call for Action

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

NOTE: Although mobile phones are an essential part of many people's lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any items on the agenda at this point in the meeting.

Members may still disclose any interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 6)

To approve as a correct record the minutes of the meeting of the Sub-Committee held on 1 November 2016 and authorise the Chairman to sign them (attached).

5 DEMENTIA STRATEGY UPDATE

The Sub-Committee will receive an update from officers on the Council's dementia strategy.

6 SUPPORT FOR CARERS (Pages 7 - 12)

To consider a report (attached) on the support available to carers.

7 GOLD STANDARD AWARDS

To receive a presentation from officers on the Gold Standard Awards.

8 CORPORATE PERFORMANCE INFORMATION (Q3)

The Sub-Committee will receive details of Corporate Performance Information within its remit for Quarter 3 of 2016.

9 FUTURE AGENDAS

Committee Members are invited to indicate to the Chairman, items within this Sub-Committee's terms of reference they would like to see discussed at a future meeting. Note: it is not considered appropriate for issues relating to individuals to be discussed under this provision.

10 URGENT BUSINESS

To consider any other items in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

Andrew Beesley
Head of Democratic Services

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**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Town Hall, Main Road, Romford
1 November 2016 (7.00 - 8.30 pm)**

Present:

Councillors Linda Trew (Chairman), June Alexander, Linda Hawthorn, Roger Westwood and Carol Smith (In place of Ray Best)

Apologies for absence were received from Councillor Ray Best, Councillor Keith Roberts and Councillor Patricia Rumble

The Chairman informed the Sub-Committee that she had recently visited Avelon Road and Upminster Cemetery to gain a better insight into the different areas of work that Adult Social Care was responsible for. She had also visited the JAD at Queens Hospital, and met with all of the multi-disciplinary team. The team was very co-ordinated and both the care plan and the CCG were working well together. It was noted that there was a 72-hour turnaround time where a patient was assessed and then either allocated a bed or would be sent home ensuring that the correct equipment or care was in place in the allocated time.

The Chairman stated that if other members of the Sub-Committee wished to visit these areas it was worthwhile.

It was important that the Sub-Committee focussed on all areas and not just the older population.

8 MINUTES

The minutes of the meeting of the Sub-Committee held on 28 July 2016 were agreed and signed by the Chairman.

9 CORPORATE PERFORMANCE INFORMATION (Q2)

The Sub-Committee considered the Corporate Performance report for Quarter 2.

The report identified where the Council was performing well (Green rating) and not so well (Amber and Red rating). It noted that where RAG rating was Red, "Corrective Action" was including in the report, this highlighted the actions the Council would take to address poor performance.

There were 12 Corporate Indicators that fell under the remit of the Individuals Overview and Scrutiny Sub-Committee. 10 of these related to the Safe goal and 2 to the Proud goal.

The Sub-Committee noted that 10 of the quarter 2 performance figures were available. 8 (80%) of the indicators had been given a RAG status of Green and 2 (20%) had a RAG status of Red.

Officers drew the Sub-Committee's attention to the indicator relating to the rate of delayed transfers of care attributed to Adult Social Care. Whilst this indicator was currently rated Green, the definition and decision would be changing. It was noted that the decision was currently taken jointly by Health and Social Care however this would be changing to a purely medical decision; this may have an adverse impact on the performance.

The highlights of the indicators under the Safe goal included:

- 100% of carers were receiving their support via a direct payment, all of who were receiving their services via self-direction. This was a total of 93 carers
- 84.6% of service users were receiving their support via self-direction, which was above the target of 83%. There were 1,814 service users receiving their support via self-directions, compared with 1,368 service users last year. This was an increase of a third.
- There had been an increase of 9% of adults with learning disabilities living in their own home or with their family. At the end of Q2 there were 160 service users recorded as living in settled accommodation, whereas at the same stage last year there were 147.
- The rate of permanent admission to residential and nursing care homes for individuals aged between 18-64 was below target (where lower is better). There had been only 6 admissions into long term care, whereas at the same stage last year there had been 10, where was a 40% decrease.
- There had been an increase of a quarter in the number of service users in contact with secondary mental health living independently from 515 service users to 417 service users at the same stage last year.
- There had been a 5% decrease of direct payments as a percentage of self-directed support for service users and was performing worse than both last quarter and the same point last year. There were 698 service users receiving a direct payment this year, at the same stage last year there were 738. Officer attributed the large elderly population in the borough and stated that this was a national problem as it was often harder to engage with the older population.
- The number of service users aged 65+ who had been permanently admitted into residential and nursing care was higher than the Q2

target. This was an increase of 19% with 158 new admissions into long stay placements compared to 133 at the same stage last year.

The highlights of the indicators under the Proud goal included:

- The percentage of adults in contact with secondary mental health services in paid employment was significantly better than target and was better than both the previous quarter and the same stage last year.
- There had been a 58% increase in the number of service users in employment who were in contact with secondary mental health service. There were 41 service users at present compared with 26 at the same stage last year.

The Sub-Committee noted the contents of the Demand Pressures Dashboard.

10 ADULT SOCIAL CARE COMPLAINTS AND COMPLIMENTS REPORT

The Sub-Committee considered the Adult Social Care Annual Complaints Report 2015/16. It noted that the external home care complaints had remained high, although this had dropped by 6% in 2015/16 compared to 2014/15. This was a continuing trend.

The “Level of service” and “dispute decision” was the main reason for the complaints in 2015/16, and this showed an increase of 21% and 16% respectively. Complaints relating to charges had been a continuing trend and were also linked to the level of service provided and the incorrect information being given. Behaviour/ attitude of staff which had increased by 53% from 2014/15 was also high, however these related to the actions/ decisions of the social worker, rather than the behaviours, for example, lack of communication with the family or incorrect information being given.

The Sub-Committee noted that there were more complaints; however this was attributed to users knowing how to complain. Officers stated that more complaints were coming through the “front door” which could be address quicker.

Compliments had decreased overall in 2015/16 by 32% compared to 2014/15. Although within JAD and Learning Disabilities teams there had been an increase, with some of the new external provider agencies receiving compliments.

Officers explained that complaints continued to play an important role in providing management with useful information to help shape the service. It was noted that complaints were continuing a trend of complexity and therefore response times had suffered as a result. This was being address

and the team would be re-configured in early 2017. Regular meetings with the Head of Services were held to identify any issues.

Discussions were had by the Sub-Committee regarding complaints about care homes in the borough, it was agreed that this would be raised with Healthwatch Havering and if necessary the CQC.

11 INTEGRATED SOCIAL CARE HUBS - UPDATE ON PROGRESS

The Sub-Committee received a presentation updating it on the Integrated Social Care. It was noted that the Better Care Fund plan 2014/15 outlined the following objective:

“To develop a locality based integrated health and social care workforce comprising multi-disciplinary workforce across six GP cluster-based localities”

This approach aimed to remove organisational barriers so care can be joined up around individuals with the following key aims:

- Improve the service user experience, they “tell their story once”
- Eliminate duplication
- Streamline care pathways
- Intervene earlier and adopt a preventative approach; and
- Improve safeguarding.

Officers informed the Sub-Committee that the first phase was the co-location. There were four localities in Havering, two of which had 2 GP surgeries. These were in Cranham, Harold Hill, Elm Park and Romford, with 41 adult social care staff based in the community. It was noted that the co-location phase had been successful, but not without some challenges. ICT was one of the biggest challenges as the agile working arrangements for staff had been developed. This allowed staff to work from laptops and mobile devices so that they were not wholly office based.

Members asked if family members, or other concerned friends could speak to adult social care staff in each of the locations. Officers stated that all enquiries were routed to the “front door” and this advice would be given if anyone was to present at any of the localities. It was noted that where users were known to adult social care they would be aware of the change of locality of their assigned social worker, and letterheads were being changed to reflect this change.

Phase 2 was the integration phase, where the focus was on reviewing the current operational processes for both health and social care and identifying areas that can be joined up to support integrated working across health and social care. A project group was being developed over the next 3 months,

which would map the operational groups to establish areas of duplication across the teams.

In order to monitor the performance, successes and challenges of the co-localities, 38 performance indicators were being developed. This had been narrowed down to 18, and these would be reported monthly to the Integration Board. There were three key areas, Process metrics, Service user/ Staff satisfaction and Statutory metrics.

A survey had been developed and completed for staff prior to the co-location. This showed that staff were positive about the co-location with 66% agreeing that the co-location would deliver ICT solutions to help their work, 83% agreed that it would deliver improved planning for community packages of care and discharge planning, 88% agreed it would deliver a joined up approach towards assessing needs and 90% agreed it would result in improvements to working relationships across health and social care teams.

A second questionnaire would be released and completed together with staff feedback sessions being held to gather information on what had gone well so far and what else can be done to encourage further integration.

Officers shared with the Sub-Committee experience of the integration sought from members of staff so far.

The Sub-Committee were keen to hear how the second phase went, and a suggested visit to the Integrated Hubs would be set up. A progress report would be added to the work programme for January 2017.

12 FUTURE AGENDAS

The Chairman informed that Sub-Committee that she had had a very productive meeting with the Chief Executive regarding the situation of Dial a Ride service in Havering. It had been agreed that the situation would sit with the Chief Executive who would update the Chairman and Sub-Committee as things progressed.

The Social Inclusion Topic Group would have a concluding meeting and visit to the Improved Access to Psychological Therapies Team in order to conclude and produce a report that could feed into an action plan for the service.

The following were suggested as items to look at in the future:

- Homelessness for 18+ and what was in place
- Location of the JAD Team, as they needed to re-locate, it was suggested that this might be a joint scrutiny with Health OSSC.
- Gold Standard Awards for Care Homes.

Chairman

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 24 JANUARY 2017

Subject Heading:

Carers – final draft Havering Carers Strategy 2017-2019

CMT Lead:

Barbara Nicholls, Director of Adults and Health

Report Author and contact details:

Michelle Brown, Commissioning Manager for Carers and the Voluntary Sector, 01708 433113, michelle.brown@havering.gov.uk

Policy context:

Care Act compliance and best practice

SUMMARY

The Havering Council and the Havering Clinical Commissioning Group continue to work with key partners to develop support for carers.

The Havering Carers Forum and the Havering carers consultation group facilitated by Havering Council's Joint Commissioning Unit and attended by Adult Social Care frontline workers, provides carers and their relatives/friends across client groups, with opportunities to meet with Adult Social Care commissioners, to influence the design and commissioning of Adult Social Care services in Havering.

Carer membership is also part of the Havering Carers Partnership Board which has overseen development of the final draft Joint Havering Carers Strategy. The Carers Partnership Board is regularly attended by Havering Carers.

In January 2017, the final draft Joint Havering Carers Strategy 2017 to 2019 will be presented to Cabinet and their approval will be sought to launch it as the final Strategy.

RECOMMENDATIONS

It is recommended Overview & Scrutiny Individuals Sub-Committee members note the report and Strategy.

REPORT DETAIL

Background and Policy Context

According to the 2011 Census, 25,214 people, 11% of Havering's residents provide unpaid care, an increase from 23,253 in 2001.

Carers undertake a significant amount of support to adults with social care needs. It is widely recognized that supporting carers to continue in their caring role reduces the cost of support for those they care for which would otherwise fall on health and social care services saving up to £119 billion per year nationally.

The role of carers has been increasingly recognised in legislation. The Carers (Recognition and Services) Act 1995 established the right of carers who provided substantial care on a regular basis to request an assessment of their ability to care. The Carers (Equal Opportunities) Act 2004, which came into effect in April 2005, built on legislation by placing a duty on Councils to inform carers of their right to request an assessment and to take into account their wishes regarding employment, leisure and life-long learning.

The Care Act 2014, much of which came into effect from 1st April 2015, replaces all previous legislation relating to adult social care including carers. It also includes new rights for carers and how local authorities support them. Whilst previous legislation states carers must be providing "a substantial amount of care on a regular basis" in order to qualify for an assessment, the Care Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs.

The Joint Havering Carers Strategy 2017 to 2019, which is due to go to Cabinet on 18th January 2017 has been developed by carers, jointly with Havering Council and the Havering Clinical Commissioning Group and sets out our plans for the next three years.

The 8 outcomes identified by local carers that the final draft Strategy proposes to focus on are:

1. Carers have access to information, advice and support;
2. Carers feel less alone;

3. Carers balance the caring role and have a life outside of caring responsibilities;
4. Carers stay healthy;
5. Carers get enough sleep;
6. Carers manage stress and anxiety levels;
7. Carers have the skills, tools and confidence to carry out caring responsibilities;
8. Carers feel reassured about the health and well-being of the person(s) cared for, when carers are not with them.

Achievement of the above outcomes would support Havering carers to continue in their caring role and have a life of their own alongside their caring role, and ensure that Havering Council and partners are compliant with and promoting the principles of the Care Act.

The strategy does focus on Carers of adults 18+, however we do recognise young carers in the strategy and commit to working with relevant partners to identify and provide awareness of support to young people who have caring responsibilities, parents who are caring for children aged under 18, and young adults caring, and to support with the transition process into adulthood.

Safeguarding is also a key area in the Care Act 2014 and a priority for Havering Council and the Havering Clinical Commissioning Group. Our main emphasis is around making safeguarding personal and this is highlighted in the Strategy.

We are committed to raising awareness of how people who have any concerns about safeguarding issues or abuse, know how to speak to someone in confidence and/or raise an alert.

Budget and Demand

As stated above, according to the 2011 Census, 25,214 people, 11% of Havering's residents provide unpaid care, an increase from 23,253 in 2001. People take on caring responsibilities every day and it is recognised nationally that the number of people with caring responsibilities is set to rise, with everyone having caring responsibilities at some point in their lives. Havering has one of the highest carer populations in London.

Current and future spend on carers includes:

- Carers personal budgets;
- Carers events provided by commissioned providers and by Havering Joint Commissioning Unit;
- Voluntary and Community Sector (VCS) commissioned services supporting carers including carers support groups;
- London Borough of Havering officer time for commissioning and contract monitoring carers support;

- Social care assessors undertaking joint assessments and separate carers assessments;
- Statutory advocacy provision for clients who are carers;
- Respite, as part of the person(s) cared for care plan;
- Allocations for respite/carers outcomes within client (service user) direct payments.

Managing Demand and Budget

Financial investment for carers support ensures that Havering meets its' statutory obligations and is also linked with the demand management strategy, in that if carers are supported to continue in their caring roles and to maintain or improve their wellbeing, they are able to continue to provide care and support for Havering clients who may otherwise be eligible for statutory care and support from Adult Social Care.

Under the Care Act we also have statutory duties to provide eligible carers with needs for support in their own right.

Stakeholder Engagement

Carers of Havering residents have informed the final Joint Havering Carers Strategy through a period of consultation and engagement, spanning over a year, including through:

- Carers consultation events
- Carer workshops with Adult Social Care staff
- Carers and the Care Act presentations to carers and discussions thereafter
- Carer workshops with independent facilitators
- Meetings with Community and Voluntary partners funded by Havering Council and the Havering Clinical Commissioning Group
- Carers individually and group discussions
- Dedicated carers focus groups and events for people caring for people with specific needs
- Survey of Adult Carers in England 2014-15 and the responses from carers of Havering residents
- Havering Carers survey 2015 in relation to GP support for carers
- Havering Carers Week event and 'the Big Idea'
- Quarterly Havering Carers Forum meetings
- Dedicated work with an independent external agency, FutureGov, who engaged directly with carers around their experiences and with providers of services for carers.

A further 3 month consultation was undertaken from June 2016 to September 2016, with a range of stakeholders including carers of Havering residents, voluntary and community sector partners and public forums.

A detailed action plan has been developed following consultation around what carers themselves identified as priorities.

IMPLICATIONS AND RISKS

Financial implications and risks:

The spend on carers ensures Havering meets its statutory obligations and is also linked with the Council's Demand Management Strategy, in that if carers are supported to continue in their caring roles and to maintain or improve their wellbeing, they are able to continue to provide care and support for Havering clients who may otherwise be eligible for statutory care and support from Adult Social Care. We are also seeking to prevent the carers' own need for care and support, to ensure that carers are themselves supported to access training, work and recreation opportunities and able to manage their caring responsibilities with no or minimal impact on their health and wellbeing.

Legal implications and risks:

Local authorities have additional duties for carers under the Care Act 2014 as carers have the same legal rights as those for whom they care; the Care Act puts carers on an equal legal footing:

- Local authorities have a duty to assess carers who appear to have eligible needs;
- Local authorities must consider a carer's overall wellbeing, which includes physical, mental and emotional well-being, participation in work, education and training, and social and economic well-being;
- Carers who meet eligibility criteria will have a right to support to meet their eligible needs;
- Carers should be supported to retain and gain employment;
- Carers will have new rights to be consulted on the cared for person;
- Local authorities will have a duty to provide information and advice relating to training, coping with routing caring responsibilities, managing in the workplace, knowing where to go for local support and services, benefits and finance, and information on assistive technology.

In conjunction with the above, adults-focused Care Act, sections 96 and 97 of the Children and Families Act 2014 seeks to make sure young and parent carers get the support they need. Under this Act, local authorities are expected to try and identify young carers so they can be offered support and both adult and children's social services will need to work together on helping young carers.

Young people turning 18 and their carers may also become entitled to adult social care services; there is therefore cross over between the two acts in respect of the provision of support to young people between 18 and 25. The needs of carers, reflective of the changed circumstances of the young person as they move towards adulthood, should also be considered as part of transition planning.

The final draft Strategy is aligned to statutory requirements.

Human Resources implications and risks:

The final draft Joint Havering Carers Strategy does not give rise to any identifiable Human Resources risks or implications that would affect either the Council or its workforce.

Equalities implications and risks

The outcomes stated in the final draft Strategy will enable positive outcomes for those persons being cared for and for current or potential carers.

An Equality Impact Assessment has been undertaken alongside the final draft Strategy which sets out the positive impacts across the protected characteristics.

BACKGROUND PAPERS

Final draft Joint Havering Carers Strategy 2017-2019.

Care Act Statutory Guidance.

Department of Health Care and support statutory guidance:

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Carers UK State of Caring 2016 report: <http://www.carersuk.org/stateofcaring>