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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Wednesday 29 November 2017	Town Hall, Main Road, Romford

Members 7: Quorum 3

COUNCILLORS:

Linda Trew (Vice-Chair)
Ray Best (Chairman)
Linda Hawthorn
Keith Roberts
Patricia Rumble
Roger Westwood
John Wood

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 - 4)

To approve as a correct record the Minutes of the meeting of the Committee held on 26 September 2017 (attached) and authorise the Chairman to sign them.

5 INTEGRATED CARE PARTNERSHIP UPDATE (Pages 5 - 10)

Report attached.

6 COMPLAINTS ANNUAL REPORT (Pages 11 - 32)

Attached.

7 PERFORMANCE INFORMATION (Pages 33 - 46)

Report attached.

8 HEALTHWATCH HAVERING - SURVEY OF DOMICILIARY CARE USERS (Pages 47 - 60)

Report attached.

9 FUTURE AGENDAS

Committee Members are invited to indicate to the Chairman, items within this 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
26 September 2017 (7.00 - 9.15 pm)

Present:

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

Apologies for absence were received from Councillor John Wood.

Also present:
Barbara Nicholls, Director of Adult Services
Phillipa Brent-Isherwood, Head of Business and Performance
John Green, Head of Joint Commissioning
Ian Buckmaster, Director, Healthwatch Havering

7 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

8 **MINUTES**

The minutes of the meeting of the Sub-Committee were agreed as a correct record and signed by the Chairman.

9 **ADULT SOCIAL CARE FINANCE - BETTER CARE FUND**

The Better Care Fund had commenced in April 2015 and was an attempt by Central Government to bring together health and social care. In Havering, a joint plan had been developed with the Havering Clinical Commissioning Group for how the funding would be spent. The amount allocated to Havering under the Better Care Fund was in the region of £20 million.

In the coming financial year, it was planned to use the Better Care Fund monies to undertake more joint working across Havering, Redbridge and Barking & Dagenham. Havering's Better Care Fund submission was currently with NHS England for approval and it was noted that this was money that had been topsliced from the CCG budget. Adult Social Care in Havering received £3.3 million from the Better Care Fund but other nearby areas received double this allocation.

There were very few delayed transfers of care in Havering that were due to Adult Social Care and the Better Care Fund was helping to set a balanced

budget for social care. A lot of work had also been undertaken to improve the market for homecare in Havering which was now in a more stable and sustainable position. This meant there were fewer problems with homecare providers locally in Havering than were seen nationally. This was also assisted by innovations in the local NHS such as work at BHRUT to ensure people were sent home from hospital more quickly.

Care costs were paid at a unit rate of £16.43 per hour and officers confirmed it would be more expensive for the Council to provide care in-house. The Better Care Fund was also used to support work to increase and improve telecare.

The Better Care Fund plans showed the strong joint working in this area and linked with the existing cross-borough work on the Accountable Care System and with the Havering Localities Model. It was accepted that challenges also remained such as A & E performance and the legal directions placed on the Havering Clinical Commissioning Group.

The revised Better Care Fund formula took into account the elderly population in Havering and Havering's allocation would therefore rise to £24 million in 2018/19. Some work such as the Home First project at the Hospitals' Trust could be carried out more effectively in conjunction with neighbouring boroughs.

The Sub-Committee noted the position.

10 COUNCIL CONTINUOUS IMPROVEMENT MODEL: ESTABLISHMENT OF AN ACTIVE HOMECARE FRAMEWORK IN HAVERING

Officers advised that the Framework had been introduced in February 2017 and there were currently 1,143 homecare service users in Havering, receiving approximately 1 million visits per year. The total cost of the service was around £10 million per year.

Following a lack of positive relationships with homecare providers, the Active Homecare Framework had been established with an initial 14 providers. This had now risen to 18 and further providers were able to join the Framework each month. The Framework set quality targets that providers were required to meet. The current level of demand and number of existing providers was made known to any potential new entrants to the Framework and providers were required to have at least a 'good' rating from the Care Quality Commission. Providers could be suspended from the Framework if impropriety was found.

The Framework allowed the spreading of care packages across a wider range of organisations. It was possible to use the apprenticeship levy to

recruit home carers and the Council was also in the process of launching a Social Care Academy.

The Active Homecare Framework included an electronic system for placing packages. This allowed packages to be placed more quickly and efficiently and also allowed providers to see that they were treated efficiently. Placements were not awarded purely on the basis of lower cost. Members were welcome to attend meetings of the Homecare Provider Forum.

The joint assessment and discharge team worked Monday to Saturday and the emergency duty team provided cover out of hours. Providers were also required to have an on-call service. Providers could choose which areas of Havering they wished to work in but had to have the capacity to undertake the work. This linked with the Sub-Committee's proposed topic group scrutinising how homecare staff felt about their jobs and work conditions. Officers felt that they would value this feedback from carers. Feedback and comments from homecare service users had been very positive on the whole.

Reablement was not provided directly by the Council but via a mixed service with NELFT.

The Sub-Committee noted the progress with implementation of the Active Homecare Framework.

11 PERFORMANCE INFORMATION

It was noted that tolerances had been removed from the targets so the performance indicators no longer had an 'amber' indicator.

Admission to nursing homes was keeping below target and hence performing well. This was considered to be a significant achievement and was due in part to the reablement contract.

The use of direct payments remained below target and a personal assistance coordinator had been appointed to address this. People with learning disabilities were using direct payments more but take-up was lower among those people with dementia and with physical support needs. Use of direct payments by these groups had increased slightly in the most recent figures.

The Sub-Committee noted the position.

12 HEALTHWATCH HAVERING - ANNUAL REPORT

Healthwatch Havering had concentrated its work on Enter and View visits due to the large number of care homes and nursing homes in Havering.

These were undertaken using the organisation's legal powers to visit providers of health and social care. Visits had been made (by invitation) to the NELFT community rehabilitation wards at King George Hospital. Visits had also been undertaken to Queen's Hospital as part of a review of hospital food.

The standard had been found to be good generally with the exception of Bluebell A ward which cared for patients with dementia. A lack of variety in patient food had been identified on this ward and further visits were planned to Queen's Hospital. A Member added that she had encountered very poor food on Cornflower ward at Queen's Hospital.

Other visits undertaken had included to the NELFT street triage service which Healthwatch had found to be of a very good standard.

It was noted that Havering had the highest number in the UK of GP practices with low Care Quality Commission ratings and that three local practices were currently in special measures. It was accepted that this was being addressed by the Care Quality Commission and the Healthwatch representative felt that this may be due to the large number of single-handed GP practices in Havering. Situations such as four separate GP practices being based in the Harold Hill Health Centre were not fit for purpose. Healthwatch had noted with pleasure that situations such as this were being addressed by the Locality Development Group.

The Sub-Committee noted the annual report of Healthwatch Havering.

13 **URGENT BUSINESS**

There was no urgent business raised.

Chairman

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 29 NOVEMBER 2017

Subject Heading:	Integrated Care Partnership Update
CMT Lead:	Barbara Nicholls
Report Author and contact details:	**Barbara Nicholls, Director of Adult Services** **barbara.nicholls@havering.gov.uk**
Policy context:	**The information presented summarises the latest position with the Integrated Care Partnership.**
Financial summary:	**No financial implications of this covering report itself.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The Head of Service for Integration will give details of current work concerning the Integrated Care Partnership.

RECOMMENDATIONS

That the Sub-Committee:

Note the work being carried out in the Integrated Care Partnership and take any action it considers appropriate.

REPORT DETAIL

Officers will present and summarise the main features of work being undertaken concerning the Integrated Care Partnership.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

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HEALTH & WELLBEING BOARD

Subject Heading:	Integrated Care Partnership update
Board Lead:	Andrew Blake-Herbert, Chief Executive Barbara Nicholls, Director, Adult Social Care and Health Tim Aldridge, Director, Children Services
Report Author and contact details:	Keith Cheesman, Head of Integration Keith.Cheesman@Havering.gov.uk t. 01708 4337421

The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

The purpose of this report is to provide the Health and Wellbeing Board with a brief update on the progress being made through the Barking, Havering and Redbridge Integrated Care Partnership towards Locality working in Havering and the current activity to review Accountable Care System model of care.

RECOMMENDATIONS

1. To note the progress and to agree to receive further regular reports.

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REPORT DETAIL

1 Integrated Care Partnership Board Review of Accountable Care

The Integrated Care Partnership Board (ICPB) has considered reviews of both the Provider aspect of Accountable Care and of the future for Joint Commissioning, presented and discussed at its July workshop.

The Joint Commissioning presentation focussed on three phases and begins to provide clarity of what they mean for various system partners.

- Phase 1: Design September 2017 – March 2018
- Phase 2: Preparation & Testing (Shadow) April 2018 – March 2019
- Phase 3: Delivery (Accountable Care) April 2019 – March 2020

The Joint Commissioning Board plan sets out to balance:

- the need to set ambitious pace, but equally not to overcommit given other pressures and complexities faced by partners;
- the commitment to allow providers to shape the collaboration that defines the Accountable Care System for the future, whilst not ceding the importance of providing commissioner leadership into that process;
- the need to give some shape and vision to the end result, but being equally mindful that it needs to be shaped based on experience of operating shadow arrangements, and exploring important legal and contractual matters.

ICPB has subsequently received more detailed proposals around the intention to test three areas of joint commissioning and Accountable Care style provision through pilots.

The three areas are:

Proposition 1: Intermediate Care

To create a seamless intermediate care tier of services (from services currently commissioned separately by Local Authorities and CCGs) with a joint set of person-based outcomes, delivered by an Alliance of providers

Proposition 2: Special Educational Needs & Disabilities

To develop more integrated approaches to commissioning of therapies and mental health interventions for children and young people with SEND, across the health and social care boundaries and across the BHR partnership.

Proposition 3: Diabetes Prevention & Management

To establish a comprehensive integrated system with clear pathways for prevention and management of diabetes across the BHR landscape by interlinking services that are currently commissioned independently by local authorities and CCGs. In addition to improving the current quality of care to improve patient outcomes, it will also lead to savings due to preventing / delaying onset of diabetes, reduced A&E attendances and hospital admissions due to diabetes related complications as well as for CVD which occurs at much higher rates for those with diabetes.

The collective of providers – BHRUT, NELFT, GPs and Local Authorities – have also started to prepare to respond as an alliance to the commissioning intentions set out. It is expected that clear commissioning intentions are given to the provider alliance by early December for the alliance to respond to. In time, and as confidence builds, the alliance is expected to expand to include wider elements of social care provision such as home care and possibly residential care, as well and the voluntary sector. Ultimately, the provider alliance will need to take on a proportion of commissioning, leaving only the strategic commissioning with the commissioners.

2 Havering Localities

Work continues with partners across the Local Authority, NHS, local Pharmacies and Voluntary Sector to make changes to the way our local health and care services work together. We have been looking find the best ways of joining up services and are developing approaches built on the needs of local communities.

2.1 Children and Families

The pilot in the Gooshays and Heaton areas within 2-3 schools and the GP surgery is underway, seeking to ensure that any intervention should have measurable outcomes such as a change in negative behaviour patterns e.g. school attendance, behaviour issues and emotional concerns. The expected benefit will be to reduce referral to children's social care.

Further to this, steps are being taken to merge a range of areas of work to develop a more holistic and cohesive approach to offering early help.

In order to ensure there is a sustainable future beyond the pilot stage of the locality work, the localities work will be brought into the mainstream area of Early Help, under the existing Early Help Partnership board. This will bring together the existing strands on early years integration and children's centres, troubled families and the maturity matrix, and the review of education services (behaviour support and attendance).

Oversight of the merged approach is likely to be through the Early Help Partnership board. The aim is to reconfigure the shape and delivery of Early Help, and organise on a three-locality basis, developing a 'hub' for each locality, and to enable working in a more integrated way with other services.

2.2 Adults

For our Adult services, we are aiming to provide a more seamless 'virtual team' approach, drawing the right support from a range of options, dependent upon need. The model is centred on the Intermediate Care Tier, the suite of services from across NHS and local authority which seeks to provide up to six weeks of care and support to help people get back on their feet and to live independently following a hospital stay or a change in their physical ability through, perhaps through a fall or bout of illness. The Adults localities model seeks to ensure the links with the Council's Housing, Employment and Skills and Leisure teams, as well as GPs, Pharmacies, community groups and home care providers is clear.

Workshops continue to develop the mode and define the infrastructure requirements. Modelling and detailed design of a new Intermediate Care Tier begins in the next few weeks. It will draw together Reablement, Rehabilitation, Community Treatment Team, Voluntary Sector services and build a connected, single approach to support people in their own homes, to reduce unnecessary admissions to hospital and accelerate discharge if admission was necessary.

IMPLICATIONS AND RISKS

Financial implications and risks:
Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

Legal implications and risks:
Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

Human Resources implications and risks:
Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

Equalities implications and risks:
Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

BACKGROUND PAPERS

None

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE – 29 NOVEMBER 2017

Subject Heading:	Adult Social Care Annual Complaints Report 2016/17
SLT Lead:	Barbara Nicholls
Report Author and contact details:	Veronica Webb, 01708 432589 Veronica.webb@havering.gov.uk
Policy context:	An annual report is required as part of the remit of 'The Local Authority Social Services & NHS Complaints (England) Regulations 2009 and Health and Social Care (Community Health and Standards) Act 2003.
Financial summary:	There are no financial implications as this report is for information purposes and is required as part of the statutory complaints regulations

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The Adult Social Care Annual Complaints Report 2016-17 attached as Appendix 1 is for consideration and outlines the complaints, enquiries, compliments and Members correspondence received during the period April 2016 – March 2017.

Adult Social Care Annual Complaints fall within the remit of the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 with a requirement to publish the annual report.

RECOMMENDATIONS

1. That Members note the contents of the report and the continued work in resolving and learning from complaints and the challenges faced by the service with increasing demands.

2. That Members note the actions identified to improve services and the continued monitoring by the Service and the Complaints & Information Team to ensure these are implemented evidencing service improvements and with a view to reduce similar complaints.

3. That Members note the positive feedback to services by way of compliments received and highlighting good practice.

REPORT DETAIL

4. Adult Social Care has seen an increase in the number of complaints in 2016/17 of 30% from 93 in 2015/16 to 121 in 2016/17, although there has been a decrease in the number of service users from 7,684 in 2015/16 to 7,519 in 2016/17. Complaints escalating to the Ombudsman, although decreased overall from 10 in 2015/16 to 8 in 2016/17, four decisions were for maladministration injustice with no penalty, which related to charging disputes.

5. Increases in formal and informal complaints were reflected across all teams and particularly within the community teams who had the most notable increases. The community teams, Adult Community Team (ACT) North and ACT South, went through a major relocation programme during 2016/17, moving into locality areas in partnership with North East London Foundation Trust (NELFT). This impacted on the level of service, which was the main reason for complaint.

6. External provider complaints for home care and residential/nursing homes, increased slightly in 2016/17 by 19% and 11% respectively. Home care commissioned hours increased from 654,024 in 2015/16 to 711,679 in 2016/17 with the number of hours relating to home care complaints accounting for 1% of total care provided. For those within residential/nursing placements, the number of complaints accounted for 1% of the total number (1,098) using these provisions.

7. Information and explanation given still remains the main outcome and Adult Social Care, through learning from complaints, have taken steps to improve these areas, in particular information regarding charging which formed the majority of complaints received. A financial charging case note was

implemented in May 2016 to ensure that staff provides accurate and relevant information at the earliest opportunity. This is being monitored monthly and reported to the Operational Management Team with senior managers reiterating to staff the importance of recording what financial information and advice has been given and when. Although this started with only 10% being completed appropriately recorded in June 2016, by the end of March 2017 this had increased to 58.5%.

8. Continued involvement by the Complaints Team within Quality & Safeguarding meetings and providing support to external providers in dealing and responding to complaints, is anticipated to contribute to the reduction of complaints regarding quality of service, which had risen from 1 in 2015/16 to 9 in 2016/17 for home care and from 1 in 2015/16 to 8 in 2016/17 for residential/nursing placements.

9. Although some complaints relating to quality of service were linked to charging, there was an increase in those relating to the quality of care provided. Adult Social Care recognised the increasing pressures, through increased demand, budget pressures and difficulties in having a sustainable workforce and therefore agreed an uplift for both home care and residential/nursing homes.

10. Response times had not improved as anticipated, however of the 121 complaints received, 78 (64%) involved external agencies. Adult Social Care and the Complaints Team will be exploring how best to work with providers to improve response times.

11. Those aged 85+ showed a 46% increase from 37 in 2015/16 to 54 in 2016/17 which may be reflective of the increase in nursing home placements. Also increases were across ages 18-24 and 35-44. Those with a physical disability showed a significant increase from 8 in 2015/16 to 80 in 2016/17 which includes physical support – personal care and access and mobility. White British remains the highest and increased from 84 (20%) in 2015/16 to 101 in 2016/17. Representations from Asian-Indian and Asian Pakistan in 2016/17 with an increase of Black/Black British African from 1 in 2015/16 to five in 2016/17.

12. Monitoring information for age, disability and ethnicity will in future reports reflect the categories being reported on through the Performance Team.

13. Email was the preferred method of contact in 2016/17, with letter being the next preferred method.

14. Expenditure incurred for 2016/17 was a time and trouble payment of £250.

15. Compliments increased by 22% in 2016/17 and related to help and support, professionalism and quality of service and were across many teams. Some examples of compliments are given in Appendix 1.

16. Member enquiries increased from 56 in 2015/16 to 91 in 2016/17 with 71% being responded to within timescale compared to 73% in 2015/16.

17. Complaints continue to be used by senior management to highlight and identify areas for improvement, along with compliments highlighting good practice within teams.

IMPLICATIONS AND RISKS

Financial implications and risks:
There are no specific financial implications to this report, which is for information only. Costs incurred through complaints will be contained within Adult Social Care allocated budgets. However, the increased volumes of complaints highlighted in the report also increases the risks of consequential compensation payments, which is being managed in the service by ensuring lessons are learned and procedures reviewed to minimise the risk of future complaints that may result in compensation

Legal implications and risks:
There are no apparent direct legal implications arising from noting of this report

Human Resources implications and risks:
Adult Social Care continues to support a personalised approach to customer needs in the Havering community. Training and development opportunities for staff will focus on the skills that are essential for effectively undertaking this responsibility. It is of vital importance that existing, and potential, customers receive the highest quality of service delivery possible. The needs of Adult Social Care staff in relation to implementation of the Care Act, with greater integrated working with health services, have been captured within the new Workforce Development Strategy and Plan.

The Council uses monitoring data from the complaints process as an indicator of how well Adult Social Care is delivering its services to the community. To ensure that there is significant continuity, and consistency in advice, along with other areas of delivery, frontline and support staff across the service teams need to be part of a stabilised workforce that is able to meet service and quality standards. Relevant outcomes from the complaints process have been incorporated into the new Plan in order to aid learning and improve staff performance.

Equalities implications and risks:
We are regularly monitoring the equalities profile of our customers and it is encouraging that disclosure is improving year on year.

The most recent monitoring information has evidenced that the number of ethnic minorities accessing the complaints process is reflective of the population within Havering and therefore accessing information about our Complaints, Comments and Compliments Policy and Procedure or the facilities available to make a

complaint/compliment is available to these groups. Monitoring data shows that there has been a significant increase in complaints made by service users with physical disabilities and this has been linked to the increase in disabled freedom pass complaints, however this will need continued monitoring.

We will continue to ensure that our communication is clear, accessible and written in Plain English, and that translation and interpreting services or reasonable adjustments are provided upon request or where appropriate. We will need to ensure accurate and comprehensive monitoring data is maintained to cross-tabulate complaints data against protected characteristics. This will provide us with more detailed information on gaps/issues in service provision and barriers facing people with different protected characteristics, and will enable us to take targeted actions and make informed decisions on service improvement and future service provision.

BACKGROUND PAPERS

There are no background papers

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Havering
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ANNUAL REPORT
2016/17

ADULT SOCIAL CARE

Complaints, Comments and Compliments

Prepared for: Barbara Nicholls, Director Adult Social Care & Health

Prepared by: Veronica Webb
Complaints & Information Team Manager

Contents

1. Executive Summary

Adult Social Care has seen an increase in complaints and member enquiries and a slight decrease in general enquiries in 2016/17. Again, as in previous years a number of complaints are related to financial assessment for care and support provided. Continued efforts are being made to ensure that financial charging information is provided at the first point of contact, or as soon as services are being considered.

Although we saw an increase in complaints and a slight drop in enquiries, there has been a 2% decrease in 2016/17 of the total number of service users within Adult Social Care from 7,684 in 2015/16 to 7,519 in 2016/17. Across home care services and residential home placements there has been a decrease of 2% and 1% respectively in 2016/17, however there has been an increase of 26% in nursing home placements from 326 in 2015/16 to 411 in 2016/17. However there was an increase in complaints across both home care (19%), 16 in 2015/16 to 19 in 2016/17 and residential/nursing placements (11%) 9 in 2015/16 to 10 in 2016/17.

It has been highlighted that efforts will need to be made to improve response times within Adult Social Care, however many of those over timescale involved external agencies where information is required to reach decisions around charging disputes. Consideration needs to be given on how to improve response times, and also how the Complaints & Information Team and Adult Social Care can work more effectively with external agencies, to ensure timescales are met.

2. Introduction

Under the Local Authority Social Services and NHS Complaints Regulations 2009, made under powers in Sections 113 to 115 of the Health and Social Care (Community Health and Standards) Act 2003, it is a requirement for local authority Adult Social Care and Children's Services to have a system of receiving representations by, or on behalf of, users of those services. Havering Adult Social Care welcomes all feedback, whether this is a comment on improving the service, complaint on what has gone wrong, or compliment about how well a service or individual has performed.

Havering has adopted the statutory guidelines for complaints management as outlined by the Department of Health and good practice principles of the Local Government Ombudsman, and has encompassed this within its new procedures as follows:

Informal- Where a complaint involves a regulated service, or is a minor concern which can be dealt with within 5 working days, or where a complainant does not wish to take it through the formal process.

Formal - **Local resolution** – where the complaint is considered low-medium risk, we aim to respond within 10 working days where possible. Where a complaint is considered medium–high risk, we aim to respond within 10-20 working days. Where a complaint is considered complex and may require an independent investigation, we aim to respond within 25-65 working days. Timescales may vary in agreement with the complainant.

Although there is no longer a Stage 3 Review Panel in the regulations, it has been agreed within Havering to have an option for complaints to be reviewed by a Hearings Panel.

Complainants who remain dissatisfied will have the right to progress to the Local Government Ombudsman.

The time limit for complaints to be made has remained at 12 months.

3. Complaints Received

3.1 Ombudsman referrals

The number of Ombudsman enquiries dropped slightly to 8 in 2016/17 compared to 10 in 2015/16. These enquiries recorded as maladministration injustice with no penalty related to charging disputes in 2015.

	Apr 16 - Mar 17	Apr 15 - Mar 16	Apr 14 -Mar 15
Maladministration (no injustice)		3	2
Maladministration Injustice		1	
Maladministration injustice no penalty	4		
No maladministration after investigation		3	
Ombudsman discretion			
-Cases under investigation/ongoing			2
-Investigation not started/discontinued	1		1
No evidence of maladministration/service failure	1		2
Cases completed not premature			
Premature/Informal enquiries	2	3	3
Total	8	10	10

3.2 Total number of complaints

The number of complaints (formal and informal) increased in 2016/17 by 30% from 93 in 2015/16 to 121.

Total Number of complaints		
2016/17	**2015/16**	**2014/15**
121	93	92

3.3 Stages

Both informal and formal complaints have increased in 2016/17, formal by 34% from 64 in 2015/16 to 86 and informal by 9% from 29 in 2015/16 to 35, whereas the number of enquires decreased slightly.

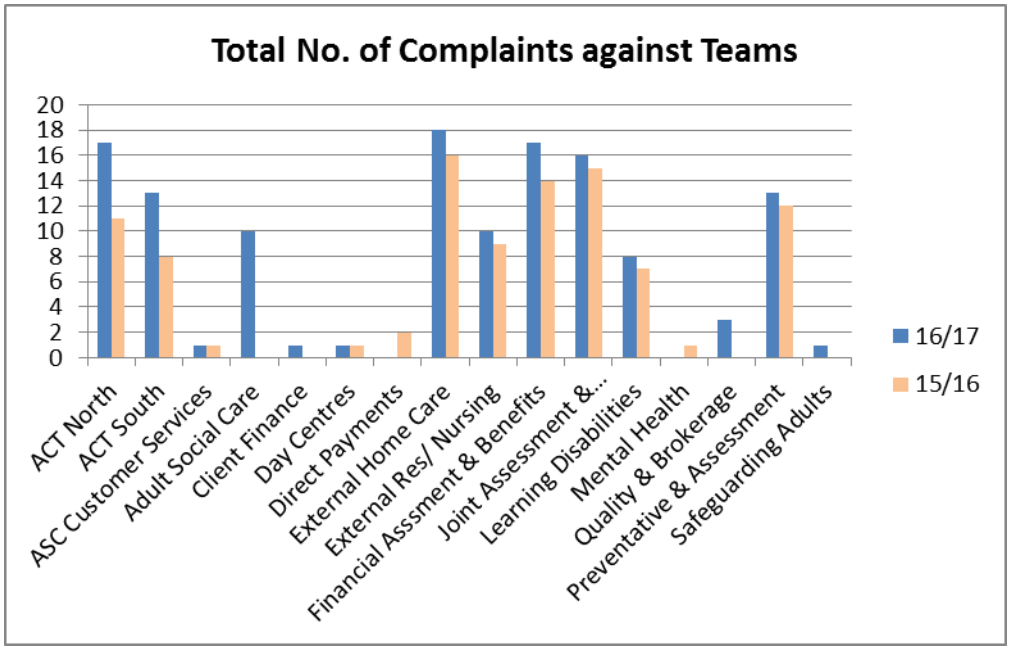
	Enquiry	**Formal**	**Informal**	**Joint health and adult social care formal complaint**
Apr 16 - Mar 17	18	86	35	
Apr 15 – Mar 16	24	64	29	

3.4 Teams

Complaints have increased across all teams, with notable increases within the community teams, i.e. Adult Community Team (ACT) North and ACT South. During 2016/17 community teams went through a major relocation programme in which social care teams

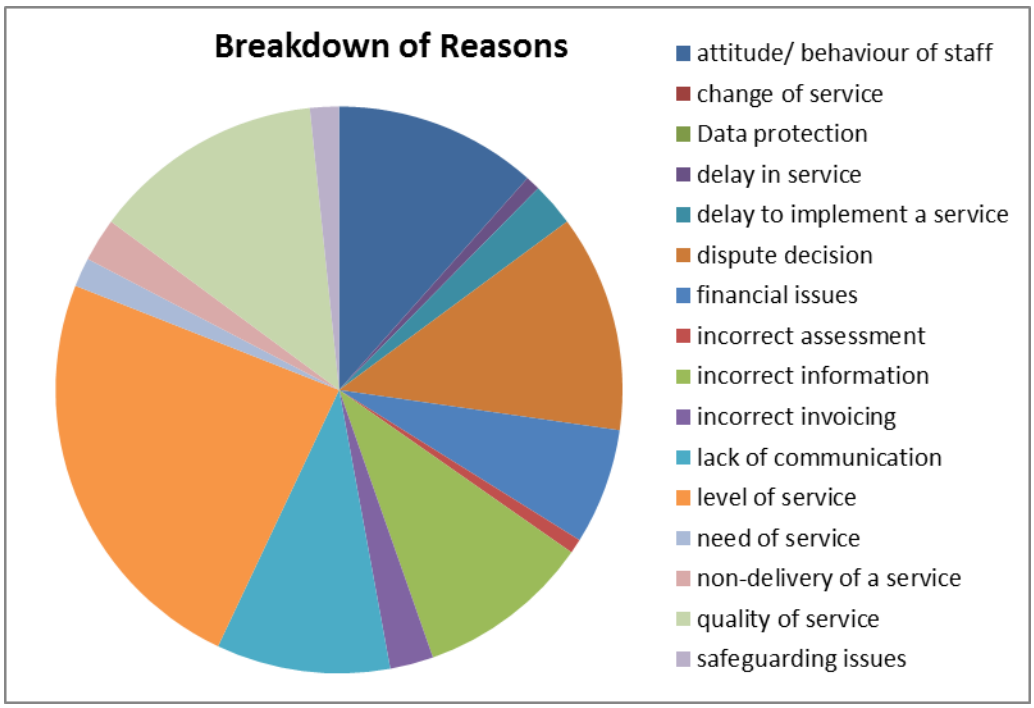
moved into locality areas in partnership with the North East London Foundation Trust (NELFT). Complaints falling within 'Adult Social Care' are those that required a decision at Head of Service or Director level, involving charging disputes.

External home care and residential/nursing care complaints have increased slightly in 2016/17 by 19% and 11% respectively. The total number of home care hours commissioned during 2016/17 was 711,679, increased from 654,024 in 2015/16. The total commissioned hours relating to home care complaints was 5,308, accounting for 1% of total care provided. For those within residential/nursing placements the number of complaints (10) accounts for 1% of the total number of people (1,098) who used these provisions.



3.5 Reasons

In 2016/17 complaints mainly related to the 'level of service', followed by 'quality of service' and 'dispute decision'. The majority of these type complaints (32) involved complaints on charging or funding linked to either the level or quality of service, or disputing the charges. Although level of service is the highest it has dropped from 34 in 2015/16 to 29 in 2016/17.

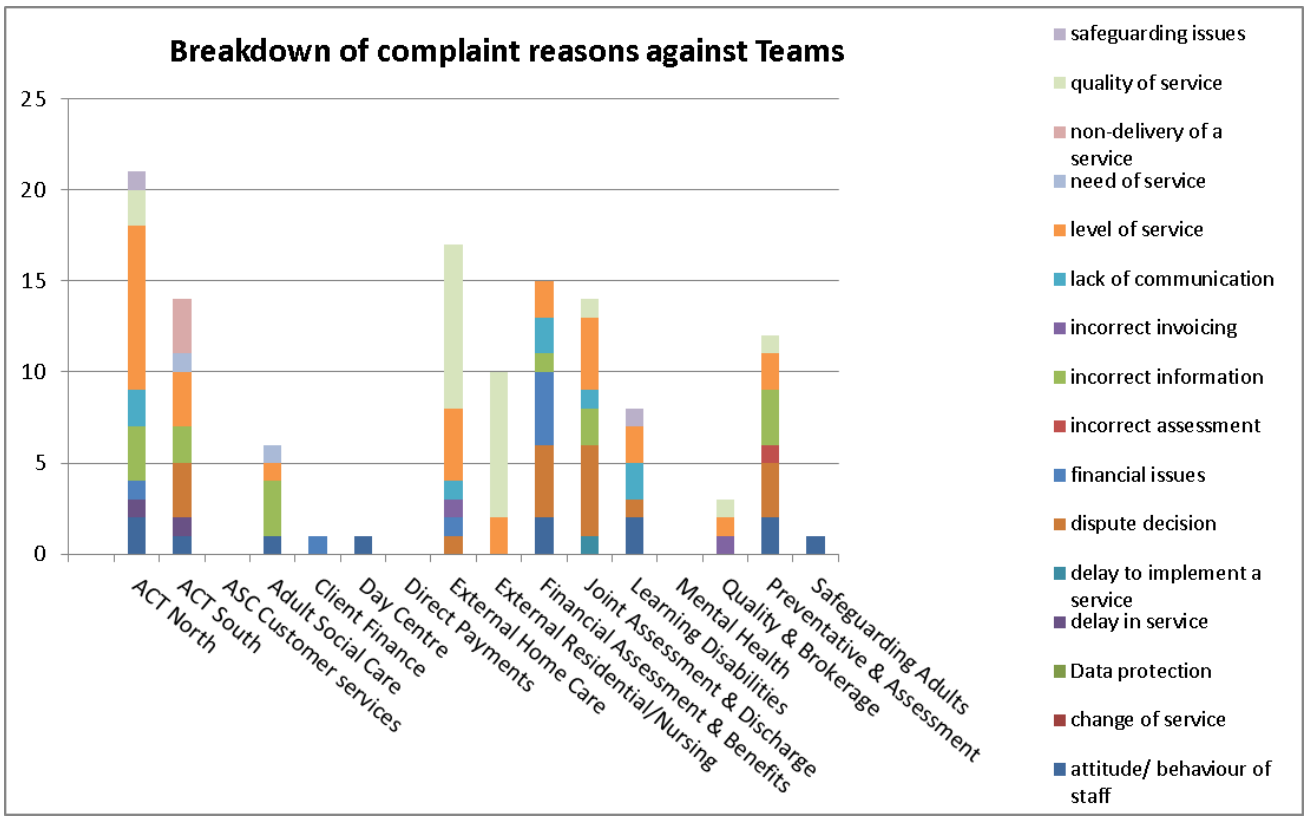


In 2016/17 'incorrect information' and 'lack of communication' has increased at the same level from 2015/16 from 8 in 2015/16 to 12 in 2016/17 and the Service will need to take note to ensure that staff are providing accurate information and are communicating with service users and their families at first point of contact. As indicated above, Adult Social Care went through locality changes during 2016/17, which may have attributed to this increase.

It is noted that 'quality of service' has increased in the year covered by this report, after this had dropped to 2 in 2015/16. It has now risen to 17 in 2016/17, and mainly covers home care and residential/nursing homes, as shown in the breakdown below:

	attitude/ behaviour of staff	change of service	Data protection	delay in service	delay to implement a service	dispute decision	financial issues	incorrect assessment	incorrect information	incorrect invoicing	lack of communication	level of service	need of service	non-delivery of a service	quality of service	safeguarding issues
16/17	14	0	0	1	3	15	8	1	12	3	12	29	2	3	17	2
15/16	15	0	1	2	0	25	4	1	8	0	8	34	0	3	2	1

From the breakdown below against teams, 'level of service' and 'dispute decision', was across most teams. It also highlights that 'quality of service' within external home care and residential/nursing homes were main reasons for complaints in these areas. Although as highlighted above, 'quality of care' is linked in the main to a dispute in relation to charges and would not always have been raised prior to an invoice being raised.



3.6 Outcome & Learning

The main outcome for most complainants was for an explanation and/or information to be provided. As in previous years many of these related to charges and further explanation could have been required, or more information provided to prevent the complaint from occurring. The financial charging case note/checklist and information on paying for home care or residential care should help reduce these type of complaints over time.

	Change in process/ worker	Complaint Withdrawn/ referred to different procedure	Explanation and Apology	Explanation/ Information provided	Financial assistance awarded	No action/ further action required	Reassessment /Review	Reimbursement	Services re-instated	Training identified
16/17	2	6	31	60	4	3		2		
15/16		5	24	53	1	4	4		1	1

3.6.1 Learning from Complaints

Complaints continue to play an important source of feedback for the service, highlighting areas for improvement; whether it is the way processes are undertaken, how and what information is communicated to those using the service and their families, and just as importantly, through compliments identifying and highlighting good practice.

As identified over the past few years, lack of or incorrect financial information has been a major reason for complaints, resulting in service users/families disputing charges.

The introduction of the financial charging case note in May 2016 has helped and is increasingly being used by staff across teams. This is monitored on a monthly basis to determine how teams and individual staff are providing the necessary financial information at the earliest stage possible. Information reports are presented to the Operational Management Team and senior managers continue to reiterate to staff the importance of

recording what financial information and advice has been given and when. By the end of March 2017, 58.5% of financial case notes were completed appropriately by staff as opposed to 10% in June 2016.

It has been well publicised that care provision within both the home care sector and residential/nursing home sector experiences difficulties with recruitment of carers and the sustainability of their workforce, with the increased demands and the pressures on budgets being contributing factors. Adult Social Care, through working with their provider agencies, agreed an uplift to both home care and residential/nursing homes to help alleviate some of those pressures, and to help sustain good quality care.

Continued involvement of complaints within the Quality & Safeguarding Team and support provided to external agencies on dealing and responding to complaints is anticipated to contribute to the reduction in the type of complaints regarding quality of service, which rose in 2016/17 compared to 2015/16 from 1 in 2015/16 to 9 for home care and 1 in 2015/16 to 8 in 2016/17 for residential/nursing homes.

3.6.2 Learning from the Ombudsman

Complaints investigated by the Ombudsman in 2016/17 were related to charges, and highlighted (in conjunction with previous complaints) around the disparities of information on financial charges. This is being addressed through the measures put in place around financial information, with regard to improved provision of information and advice and recording this as a case note, which is still being embedded in the service.

3.7 Response times

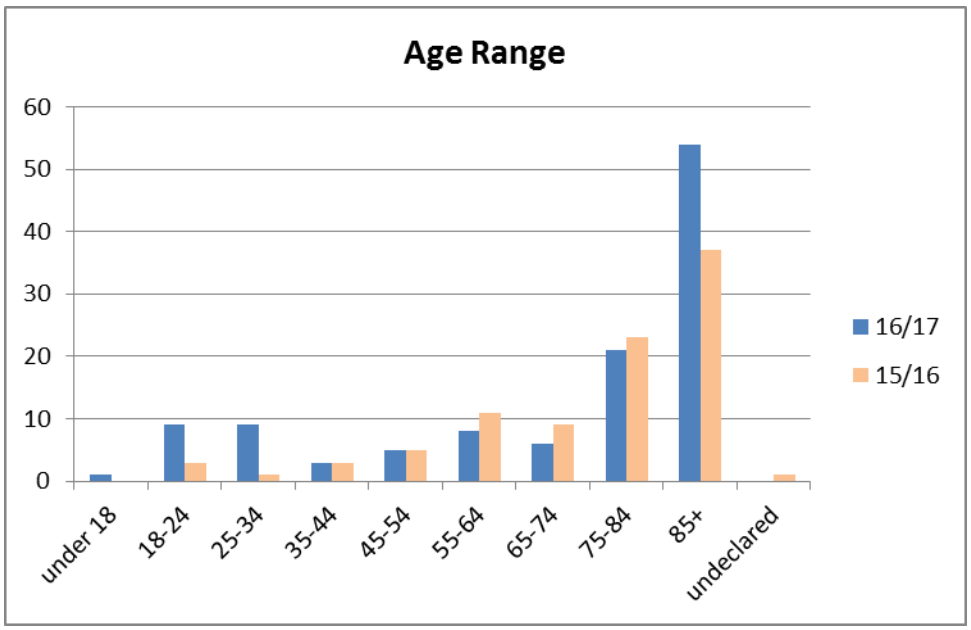
Response times for complaints in 2016/17 have not improved as had been anticipated when compared to 2015/16. However a number of complaints have involved external agencies, which has impacted on response times. For those responded to involving external agencies, there were two within 10 working days; 23 within 11-20 working days and 35 of those responded to over 20 working days.

	Within 10 days		**11-20 days**		**Over 20 days**	
	Apr16-Mar17 %	Apr15–Mar16 **%**	Apr16-Mar17 %	Apr15-Mar16 **%**	Apr16-Mar17 %	Apr15-Mar16 **%**
Informal	24	27	9	17	67	57
Formal	5	34	34	28	62	38
External agencies	3	24	38	4	58	72

3.8 Monitoring information

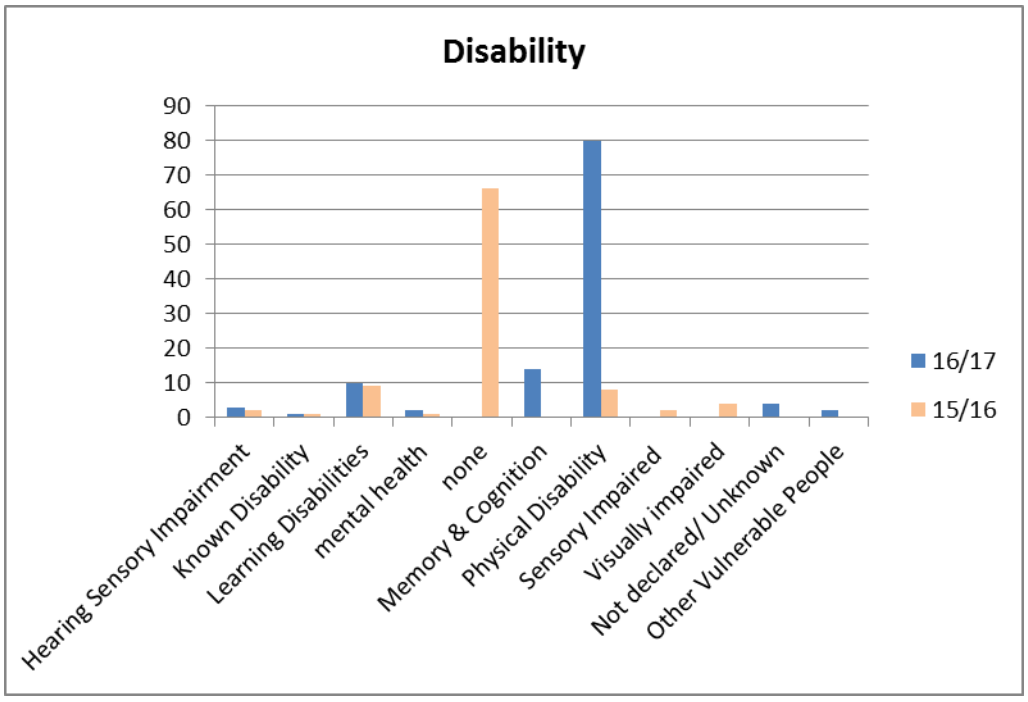
3.8.1 Age

There has been an increase in complaints involving those aged 85+ which has increased from 37 in 2015/16 to 54 in 2016/17 (46%) which could be reflective of the increase shown in nursing home placements. Also there were significant increases in 2016/17 for those aged 18-24, from 3 in 2015/16 to 9 in 2016/17, and for those aged 35-44 from 1 in 2015/16 to 9 in 2016/17. Population statistics for mid-2016 showed an increase in those aged 85+ within Havering of 6%.



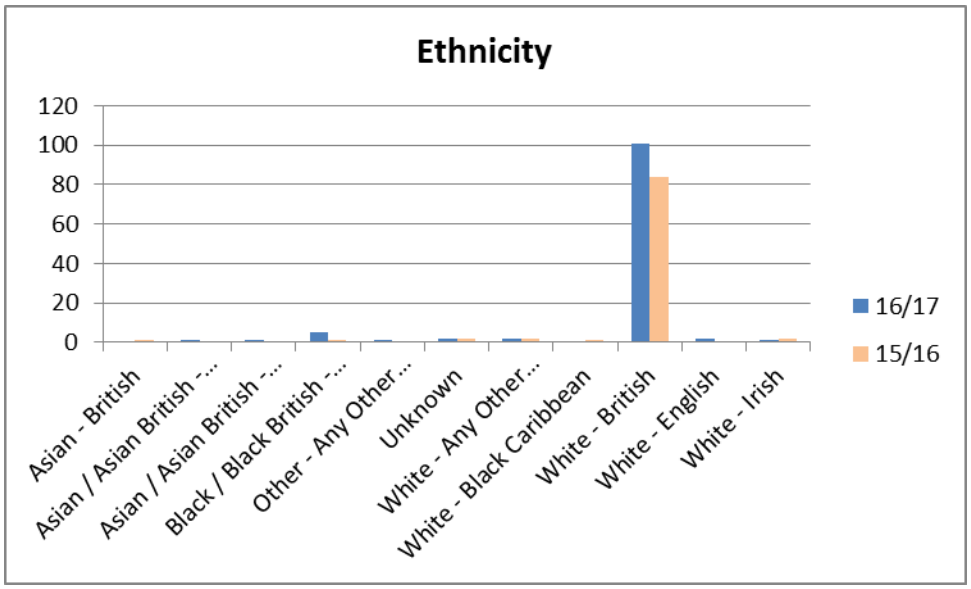
3.8.2 Disability

There is little difference in terms of numbers of those complaints involving people with a learning disability. Complaints involving those with a physical disability in 2016/17 have shown a significant increase from 2015/16 from 8 to 80. The figure for 2016/17 includes those who have physical support –personal care; access and mobility and physical disability. Collection of this data for 2016/17 obtained from the Performance Team includes additional categories, i.e. 'memory and cognition' and 'other vulnerable people' and future reports will reflect the same categories.



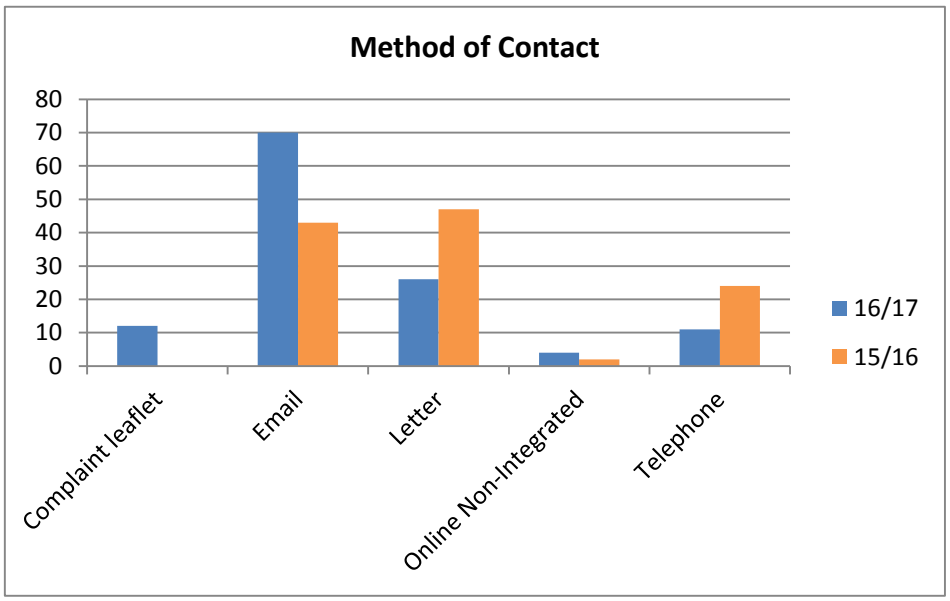
3.8.3 Ethnicity

Complaints involving those that are 'White British' represent the highest and have increased by 20% from 84 in 2015/16 to 101 in 2016/17. This is representative of the population within Havering, where there is a majority of 'White British'. Those of 'Black/Black British African' has increased from one in 2015/16 to five in 2016/17, There is also representation from those with an 'Asian – Indian' and 'Asian – Pakistan' in 2016/17, where there were none in 2015/16. It is encouraging that various ethnic minorities are accessing the complaints process.



4 How we were contacted

In 2016/17 emails were the preferred method of contact which was a shift from letter being the preferred method in 2015/16. Complaints being received by letter and telephone in 2016/17 have almost halved, with a slight increase in those using complaint leaflets and online forms.



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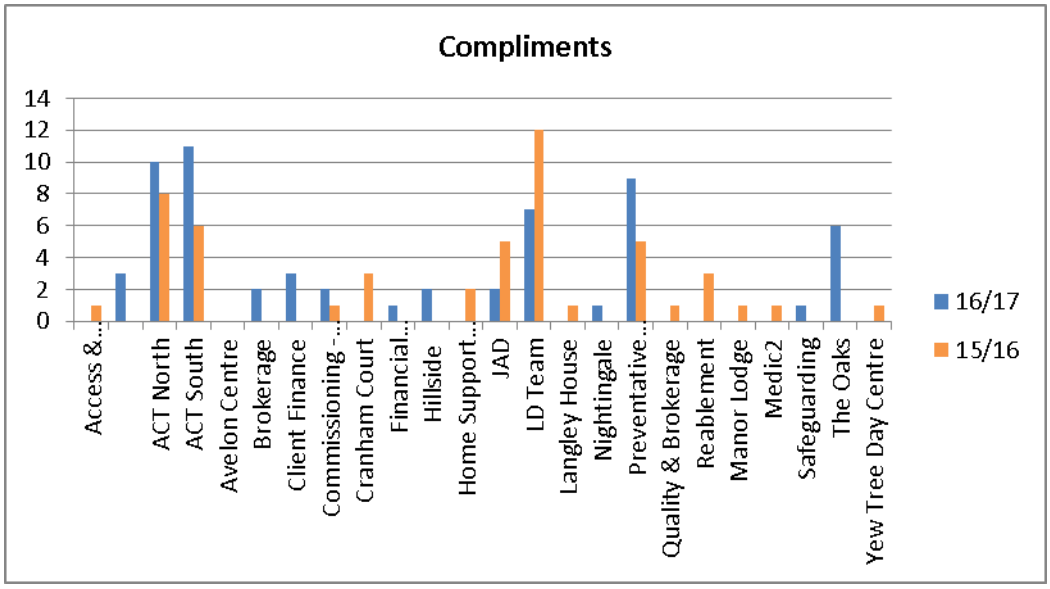
5 Expenditure

Expenditure was incurred during 2016/17 and is shown in the compensation column for a time and trouble payment.

	Compensation £	Independent investigators £
Apr 2016- Mar 2017	250	0
Apr 2015- Mar 2016	12,300	0

6. Compliments

The total number of compliments received in 2016/17 was 62, an increase of 22% from 51 in 2015/16, with the majority of those being for help and support, professionalism and quality of service. There have been increases in the number of compliments received across many teams and in particular ACT North, ACT South and Preventative Teams, with some teams such as Brokerage, Commissioning and Client Finance receiving compliments in 2016/17.



Examples of compliments received are as follows:

A service user writes about a home visit from a social worker in which he states 'her visit and input had a reassuring effect and I would like to pass on my thanks for a job well done.; **- ACT North**

A granddaughter writes 'huge thanks for all your hard work and efforts to make nan's life a bit more comfortable…' **– ACT South**

A daughter writes 'thank you so much for what you did for us in arranging such good care for our dear dad this year.' **– Preventative & Assessment**

A family member expresses her thanks for their relative who the local authority is responsible for looking after their finances - 'I'm so grateful that he has your help, the daily carers and more. It is a weight off our minds in that respect. The worry never fully goes away….' **– Client Finance**

A sister writes to a residential/nursing home 'Thank you so much for your caring ways regarding my sister; I do not feel any concern for her peace with you all.; **- The Oaks**

A provider writes about a social worker who has given 'so much support to help all the new service users settle into a facility. I understand social workers role to ensure our service users are safe and happy. I really do feel … this time has gone beyond her duty, has always put time aside to assist me with matters in which I am unsure, …manner always remains calm and professional even increased frustrating situations; … cares about her role and her duty and is genuinely always looking out our service users best interest, which I'm sure our service users know and understand as they all truly respect and love …. I felt …. hard work and efforts should be noted as she has helped us improve our service giving us constructive input when necessary, which has helped us to improve the quality of our service for our service users.' – **Learning Disability**

A son writes – 'Thank you for your time yesterday and for your help with how my mum's care would be financed. You certainly resolved some of my misconceptions!' – **Financial Assessment & Benefit Team**

A daughter writes - thanking for the help to get her dad in a care home – 'you have been so helpful and friendly, but always very professional, always there to answer my numerous questions when no one else was, I don't know where we would have been without you. – **Brokerage**

Alzheimer's Society writes – thank you for your time and care in receiving Councillor A this week. I know he really enjoyed both aspects of the visit and no doubt he will refer to the brilliant work you are doing in the future on the Prime Minister's Challenge Group on Dementia steering group. Thank you very much for your time and effort. It is much appreciated. – **Commissioning (**Dementia Liaison Officer)

7 Members Enquiries

The number of member enquiries has increased in 2016/17 to 91 compared to 56 in 2015/16, with 71% (64) responded to within timescale. The Complaints & Information Team is working closely with the Head of Service who has taken responsibility for ensuring responses are done in a timely manner and from March 2017 this had already shown signs of improving with 100% being responded to, although this may fluctuate throughout the year.

8 Conclusion

Complaints are used by senior management to highlight areas of concern and identify improvements in processes, information or communication required. This has continued to be a very useful management information resource. Also compliments highlight good practice within teams and are positive feedback for staff.

During 2016/17 Adult Social Care did go through changes within social work teams, with the move to localities, and this has impacted on the number of complaints relating to level of service for those teams that were affected. Steps need to be taken to ensure that staff are able to provide the level of service that is expected at times of disruption as far as possible.

There has been quite a significant increase in the number of complaints received in 2016/17 and efforts by the Complaints & Information Team to work with the service areas should improve, following a restructure of the team to help meet the increased demands.

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9 Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review

Information about financial assessment process and potential client contribution reportedly not properly conveyed	• Improved recording of information given on financial assessment and charges	• Financial assessment case note implemented in 2016/17.
		• Forms introduced to be signed by service user/financial representative (JAD only)
		• Compliance with completion monitored by:
		  • Monthly performance reporting
		  • 1-1 supervision
			• All	Ongoing	Case note to continue to be used to record information on advice and guidance given, including date. Ensure form signed by service user.
					Senior management to meet with individuals where case note recording identified as an ongoing concern.

Incorrect or lack of information about adult social care more generally leading to complaints about level of service / incorrect information	• Relocation of staff teams to NELFT sites	• Locality model under review • New arrangements at adult social care 'front door' being planned, with strengthened information and advice provision planned at first point of contact.	• Head of Integrated Care • Head of Joint Commissioning Unit	March 2019 April 2018	Redesigned locality model to include other Council departments and external agencies on virtual or co-located basis.
Percentage of complaints responded to within timescales has declined	• Response times require improvement	• Complaints involving other NHS agencies – adult social care element to be responded to within 20 days. Noted that NHS timescales for response are longer than 20 days. • Commissioning to support Complaints Team in getting information from external social care providers back within timescale	• All • Head of Integrated Care • Head of Joint Commissioning Unit	Ongoing	Quarterly presentation to senior management team on complaints performance. Head of Integrated Care reviews all members enquiries weekly to ensure response within timescale..
Quality and level of service received		• Proactive work with providers via Quality and Safeguarding Team	• Head of Joint Commissioning	Ongoing	Engagement with care home providers:

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
from commissioned providers continue to be affected by recruitment and retention		work and provider forums to identify issues and support resolution, including supporting sustainability of market. • Overview & Scrutiny Individuals sub-committee Topic Group established to examine recruitment and retention issues affecting home care workers	Unit. • O&S Individuals Subcommittee	November 2017 to March 2018	"Working with Care Homes to Understand Costs" Topic Group recommendations to be considered when available.
Home care charges need to be ratified	• Confidence that invoices reflect actual delivery	• Brokerage to ensure that invoices provide evidence of actual service delivery	• Brokerage Team	Ongoing	New Active Homecare Framework established January 2017. Improved use of CM2000 by providers on the framework

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INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 29 November 2017

Subject Heading:	Quarter 2 Performance Report 2017/18
SLT Lead:	Sarah Homer, Interim Chief Operating Officer
Report Author and contact details:	Graham Oakley, Senior Performance and Business Intelligence Analyst - 01708 433705, graham.oakley@havering.gov.uk
Policy context:	The report sets out Quarter 2 performance relevant to the Individuals Overview and Scrutiny Sub-Committee
Financial summary:	There are no direct financial implications arising from this report. However adverse performance against some performance indicators may have financial implications for the Council. All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience financial pressure from demand led services.

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance within the remit of the Individuals Overview and Scrutiny Sub-Committee for Quarter 2 (July 2017- September 2017).

RECOMMENDATION

That the Individuals Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.

REPORT DETAIL

1. The report and attached presentation provide an overview of the Council's performance against the performance indicators selected for monitoring by the Individuals Overview and Scrutiny Sub-Committee. The presentation highlights areas of strong performance and potential areas for improvement.

2. The report and presentation identify where the Council is performing well (**Green**) and not so well (**Red**). The ratings for the 2017/18 reports are as follows:

   - **Green** = on target or better
   - **Red** = off target

3. Where performance is off the quarterly target and the rating is '**Red**', 'Improvements required' are included in the presentation. This highlights what action the Council will take to improve performance.

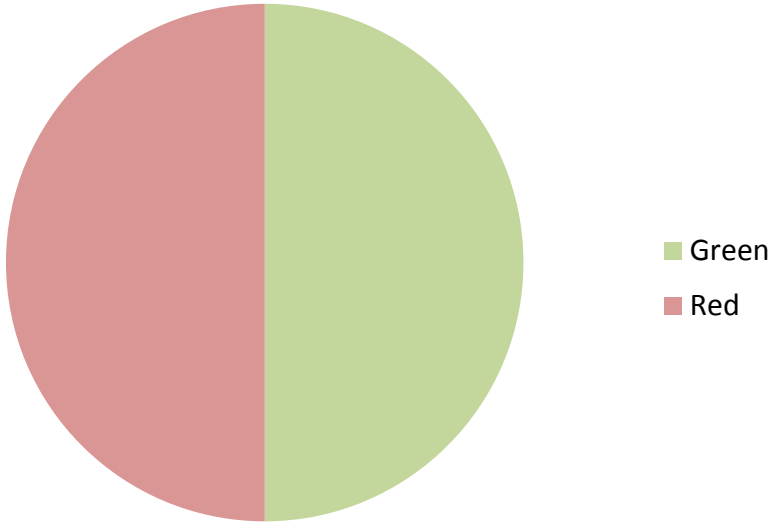
4. Also included in the presentation (where relevant) are Direction of Travel (DoT) columns, which compare:

   - Short-term performance – with the previous quarter (Quarter 1 2017/18)
   - Long-term performance – with the same time the previous year (Quarter 2 2016/17)

5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same.

6. Both the performance indicators selected by the sub-committee have been included in the Quarter 2 2017/18 report and presentation. Both indicators been assigned an on track / off track status

Quarter 1 Rating Summary



In summary, of the two indicators:

1 (50%) has a status of **Green** (on track)
1 (50%) has a status of **Red** (off track)

IMPLICATIONS AND RISKS

Financial implications and risks:

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services, such as adults' social care. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

Further information on the financial performance of the Council was reported as part of the Medium Term Financial Strategy (MTFS) reported to Cabinet in October.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress.

Human Resources implications and risks:

There are no HR implications or risks involving the Council or its workforce that can be identified from the recommendations made in this report.

Equalities implications and risks:

There are no equalities or social inclusion implications or risks identified at present.

BACKGROUND PAPERS

Appendix 1: Individuals O&S Performance Presentation Quarter 2 2017/18

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Quarter 2 Performance Report 2017/18

Individuals O&S Sub-Committee

29th November 2017

About the Individuals O&S Committee Performance Report

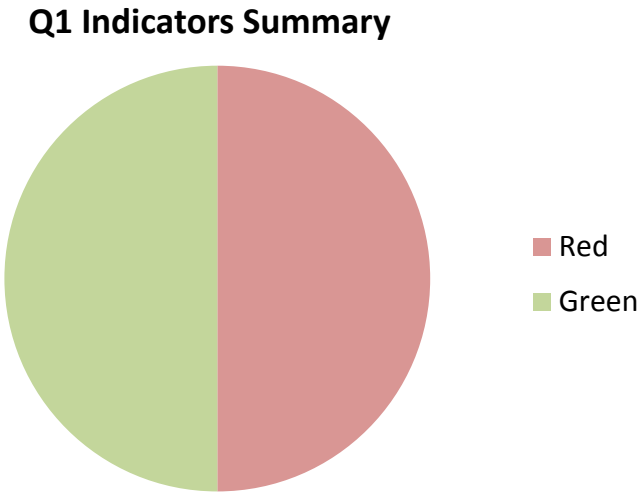
- Overview of the Council's performance as selected by the Individuals Overview and Scrutiny Sub-Committee

- The report identifies where the Council is performing well (**Green**) and not so well (**Red**).

- Where the RAG rating is '**Red**', '**Corrective Action**' is included in the presentation. This highlights what action the Council will take to improve performance.

OVERVIEW OF INDIVIDUALS INDICATORS

- 2 Performance Indicators are reported to the Individuals Overview & Scrutiny Sub-Committee.
- Q2 performance figures are available for both indicators.

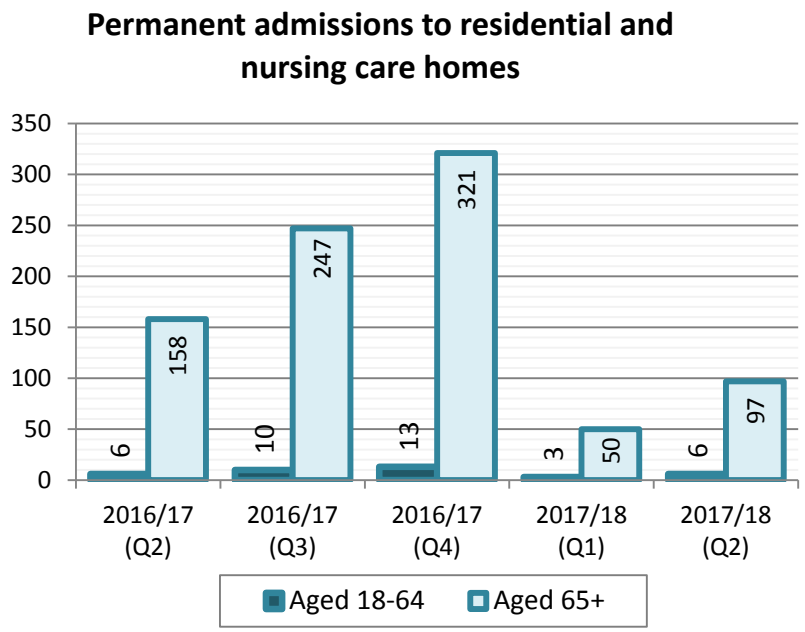


In summary of the 2 indicators:
1 (50%) has a status of Green.
1 (50%) has a status of Red.

Quarter 2 Performance

Indicator and Description	Value	2017/18 Annual Target	2017/18 Q2 Target	2017/18 Q2 Performance	Short Term DOT against Annual 2016/17 (Q1)		Long Term DOT against Q2 2016/17	
Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is better	660	310	209.8 GREEN	↓	108.1	↑	344.5
Percentage of service users receiving direct payments	Bigger is better	36%	36%	32.6% RED	↓	33.8%	↓	36.6%

ADULT SOCIAL CARE



By the end of Q2, there had been 6 adults aged 18-64 in council-supported permanent admissions to residential and nursing care, which is the same as in Q2 in 16/17. There had been 97 adults aged over 65 in council-supported permanent admissions, representing a 39% decrease on the same period the previous year.

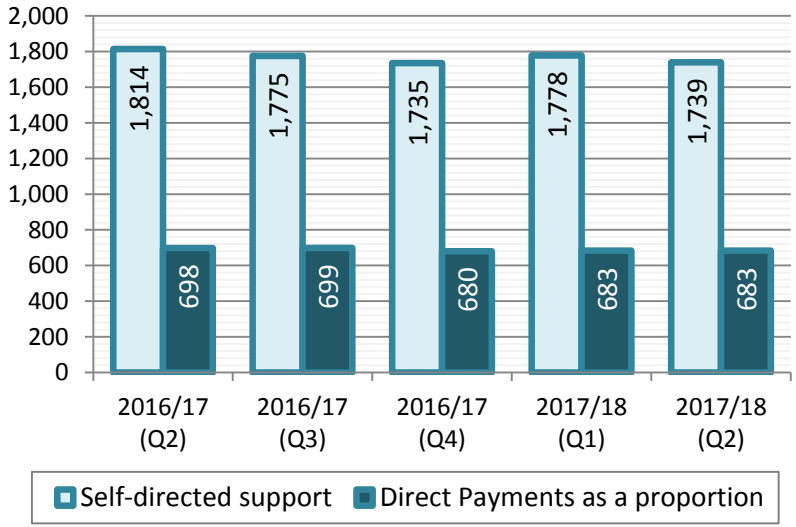
Highlights

- Below target (where lower is better) for the rate of permanent admissions for service users over the age of 65 into nursing or residential care.

- 39% reduction compared with the same time period last year (158 admissions in 16/17 compared to 97 admissions in 17/18).

ADULT SOCIAL CARE

Self Directed Support and Direct Payments as a Proportion



At the end of Q2, there were1739 service users receiving self directed support, compared to 1814 at the same stage last year. There was a 2.1% reduction in the take-up of direct payments from September 2016 compare to September 2017.

Improvements Required

- Below target for the percentage of service users who are receiving their care via a Direct Payment.
- A Personal Assistant Co-ordinator has now joined the Joint Commissioning Unit
- Working Group established to look at the processes around Direct Payments.

Any questions?

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INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 29 NOVEMBER 2017

Subject Heading:	Healthwatch Havering – Work on Domicilary Care Services
CMT Lead:	Barbara Nicholls
Report Author and contact details:	**Ian Buckmaster, Director, Healthwatch Havering 01708 303300 ian.buckmaster@healthwatchavering.co.uk**
Policy context:	**The information presented summarises the work undertaken by Healthwatch Havering to scrutinise domiciliary care services in Havering.**
Financial summary:	**No financial implications of the report itself for either the Council or Healthwatch Havering.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The attached information details the work carried out by Healthwatch Havering to scrutinise Domiciliary Care Services in Havering.

RECOMMENDATIONS

1. That the Sub-Committee considers the information presented by Healthwatch Havering and takes any action it considers appropriate.

REPORT DETAIL

Healthwatch Havering was asked by Adult Social Care (ASC) to undertake a survey of users of Homecare Services commissioned by the Council over the summer period 2017. The interviews were carried out by Healthwatch volunteers, who called at individual's homes (by advance arrangement), though in a small number of cases the interview took the form of a focus group of several interviewees.

42 care service users living mainly in sheltered accommodation provided by the Council's Housing Service were selected and invited to participate. In the event, it proved impossible for Healthwatch to see all of those nominated for a variety of reasons, but 23 interviews were carried out. Although the exercise was not statistically sound in that only a small number of users was canvassed, and those participating were chosen in advance rather than selected randomly from the whole number of service users, it is considered that the results paint a reasonably reliable picture of users' views.

Each user was asked a series of questions (drafted by ASC) about the service they received: the questionnaire is appended to this report. The presentation that will be given at the meeting includes a slide that shows each user's response to the questions – in the matrix on that slide, green represents a Yes answer, amber Sometimes, red No, blue Not Applicable and grey Don't Know.

The first coloured column of the matrix in the presentation attached shows the overall view of all interviewees while the remaining columns show each individual's view. The majority of responses, both individual and overall, indicate a favourable view of the service although there appear to be a few areas where the responses suggest that there is a level of dissatisfaction that requires further thought – these are where the overall response shows as red (*Do new carers introduce themselves;* and *Are you told about social events/activities in your area*), or where there is more than a single individual response in red (*Does your carer adjust room*

temperature or open windows; Does the agency help change the support you get; and *Do you choose when to get up or go to bed*).

The presentation also includes general comments from the volunteers who carried out the interviews, and comments made by service users during the interviews.

The conclusions are that:

- Most service users are satisfied with the service they receive
- Most carers do what users expect of them
- Agencies' administration of the service can sometimes be less than adequate
- Not enough is done to address expressions of dissatisfaction
- There can be communication difficulties between users and carers
- Different agencies offer different services

IMPLICATIONS AND RISKS

Financial implications and risks: None.

Legal implications and risks: None.

Human Resources implications and risks: None.

Equalities implications and risks: None.

BACKGROUND PAPERS

None.

APPENDIX

Survey questionnaire

	Question	**Answer A** **1.** N/A **2.** Yes **3.** Sometimes **4.** No **5.** Don't Know	**Answer B ONLY if 'No' or 'Sometimes' in A** **1.** This is a big problem for me **2.** This is a problem for me **3.** This is a slight problem for me **4.** This does not affect me at all
1	Would your carer pick up on occasions when your room temperature needs adjusting or windows/curtains need opening or closing?		
2	If your carer helps you to prepare a meal (If they do not, tick N/A) ..Is the food preparation area left clean?		
3	Does your carer make sure that when they leave your home that you are left comfortable and have the things you need within reach?		
4	If you want to make any changes to your support, e.g. not have a bath or change a time of meal, does your care agency help you to do this?		
5	If your carer helps you to get up or go to bed (If they do not, tick N/A) ..Do you choose what time this happens?		
6	If your carer helps you to have a bath or shower (If they do not, tick N/A) .. Do you choose what day or time this happens?		
7	If your carer helps you to dress (If they do not, tick N/A) ..Do you choose what you wear?		
8	Does your carer greet you and/or ask how you are when they arrive?		
9	Do you hear and understand your carer clearly?		
10	Do you feel that your carer hears and understands you?		
11	If a new carer is visiting you for the first time, are you made aware of this in advance?		
12	If a new carer is visiting you for the first time, do they introduce themselves when they arrive so you feel comfortable with them?		

	Question	Answer A 1. N/A 2. Yes 3. Sometimes 4. No 5. Don't Know	Answer B ONLY if 'No' or 'Sometimes' in A 1. This is a big problem for me 2. This is a problem for me 3. This is a slight problem for me 4. This does not affect me at all
13	Do you feel like the carer respects your privacy when carrying out personal tasks?		
14	If your carer helps you to prepare drinks (f they do not, tick N/A) ... Do you have access to drinks throughout the day after your carer leaves?		
15	If your carer helps you to prepare a meal (If they do not, tick N/A) . Are you supported to choose what you want to eat?		
16	If your carer helps you to prepare a meal or with food shopping (f they do not, tick N/A)…Do they help you ensure food is stored appropriately and is in date?		
17	If you want to find out about social events and activities happening in your local area, does your carer or care agency help you to find this information out?		
18	If your carer helps you to wash (If they do not, tick N/A) Are you are satisfied with the standard of care, e.g. are you left feeling clean and comfortable?		
19	Do you feel safe in the company of your carer?		
20	Does your carer ensure property is secure before leaving the property e.g. front and back door shut, key returned to key safe?		
21	If you are feeling unwell when your carer arrives, do they ask you if you want anyone contacted?		
22	If your carer helps you to go out in the community (If they do not, tick N/A) …Does your carer give you their full attention while they are out with you?		
23	Overall how would you rate the service that your carer provides?	(Answer: Very Good, Good, Fair, Poor, Very Poor)	
Any other comments? (Free Text)			

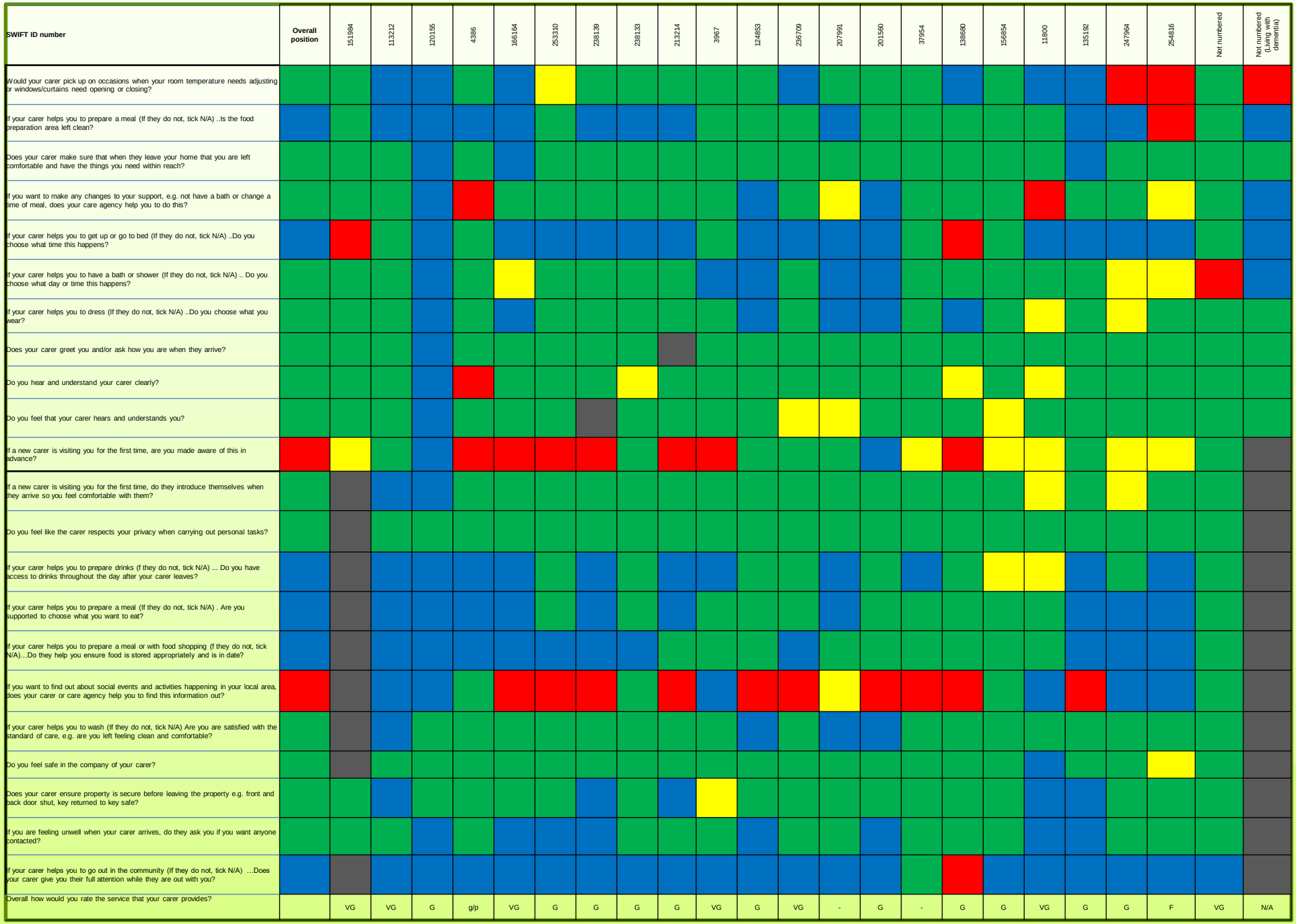
healthwatch Havering

Domiciliary Care Services

Survey by Healthwatch Havering
August – October 2017

healthwatch Havering

- Survey of 23 users of domiciliary care services
- Not random – interviewees were selected by Adult Social Care with assistance from Housing staff
- 42 users originally selected but 19 not contactable or deceased
- Results not necessarily representative of all users but nonetheless a good indicator of levels of satisfaction
- Interviewees asked 23 questions: mainly Yes, No, answers



SWIFT ID number	Overall position	151984	113212	120155	4386	166164	253310	238139	238133	213214	3967	124853	236709	207991	201560	37954	138680	156854	11800	135192	247964	254816	Not numbered	Not numbered (Living with dementia)
Would your carer pick up on occasions when your room temperature needs adjusting or windows/curtains need opening or closing?																								
If your carer helps you to prepare a meal (If they do not, tick N/A) ..Is the food preparation area left clean?																								
Does your carer make sure that when they leave your home that you are left comfortable and have the things you need within reach?																								
If you want to make any changes to your support, e.g. not have a bath or change a time of meal, does your care agency help you to do this?																								
If your carer helps you to get up or go to bed (If they do not, tick N/A) ..Do you choose what time this happens?																								
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Overall how would you rate the service that your carer provides?		VG	VG	G	g/p	VG	G	G	G	G	VG	G	VG	-	G	-	G	G	VG	G	G	F	VG	N/A

Typical responses (1):

[The client] said that the carers do what he wants them to do and if they do not understand him he uses his hands to express his needs.

[The client] has no issues with carers and thinks they are very good but believes the administration could be improved as he has been waiting 3 months (ever since he has been on the scheme) for an assessment so that the carer can accompany him to the bank or take him for a walk; he has phoned many times but appointments made and then cancelled. Not very happy with his morning slot of 9.30 – 10.30 as care occasionally turns up between 10.30 – 12.15, this is usually the time eg first thing in the morning when has his medication, eye drops, etc.

Erratic visits in the evenings – sometimes they come at 5.30pm and others at 7.30pm. [The client] has weekly support from his sister. If he does not understand what the carers say he asks them to talk slowly.

[The client] is very happy with the care he receives. Only concern is imminent closure of the complex, without sufficient suitable accommodation nearby.

Typical responses (2):

[The client] is happy with her care package. If more help was offered, it would probably be rejected.

[The client] said her daughter and herself have asked many times for the night time carer to be changed. She says they do not listen to them, and in her words one of the carers was very cruel to her. She also told us, they did not tell her when a new carer would be attending. [The client] has sores on her bottom, she did have an air cushion that collapsed and has not been replaced.

[The client] has different carers. Floors were being cleaned. Always left clean and tidy. There were two carers at the residence and one was cleaning the floors.

[The client] said the carer washes the bathroom and kitchen floors and also does the shopping. Every carer who comes is very nice and kind and makes his bed as well as makes him tea and toast.

[The client] said she has 3 different carers in one week – one came from 11am-12noon. [The client] was waiting for a shower.

Interviewers' observations (1): Thomas Sims Court –

[The client's] family told us the lift has been out of order for two weeks so the client is unable to get down the stairs without their help. The family said the lift is so old they have to wait for new parts to be delivered but we found the rest of the building to be very well decorated, bright and airy.

[The client] has lived at the complex for 30 years and says there have been many changes, some good, some bad. The client is very happy with the daytime carer but not the evening carer who puts the client to bed. The client and daughter have telephoned the care company to send an alternative carer but unfortunately, they do not listen. In the client's own words 'One of the carers is very cruel to me'. The client said she had sores on her bottom, did have an air cushion but unfortunately it collapsed and has not been replaced. This unfortunately does not help this client's situation.

[This client] has a left sided stroke and only has a carer for half an hour in the morning to help with personal care. This client finds it very difficult to cook meals and do any housework as he is left-handed. The client said he was happy with the care he received and could telephone the care company if he needed to change or cancel a visit.
The client is a very independent person and likes to come and go as

Interviewers' observations (2): Brunswick Court, William Tansley Smith House and Ravenscourt Grove –

Generally, clients were happy with carers (apart from one client who said they could be lazy and do not tap in and out). However, these are the improvements:

- Better communication between office and clients
- Consistency with carers
- Evening times can be a bit all over the place
- Two out of three premises had no activities organised, but these premises were due to be closed
- However, William Tansley had very good resident participation and well led
- Two residents seen who had speech and sight impediments were not happy undertaking activities to help them

Conclusions

- Most users satisfied with service on offer to them
- Most carers do what users want of them
- Administration can be less than adequate
- Not enough done to address expressions of dissatisfaction
- Some communication difficulties between users and carers
- Different services offered by different companies