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MINUTES OF A MEETING OF THE INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE Town Hall, Main Road, Romford 28 July 2016 (7.00 - 9.00 pm)

Present:

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

Apologies for absence were received from Councillor Keith Roberts

1 THE SUB-COMMITTEE TO NOTE CHANGES TO ITS MEMBERSHIP FOLLOWING ANNUAL COUNCIL

The Sub-Committee noted changes to its membership that had been made following the Annual Council meeting.

2 MINUTES

The minutes of the meeting of the Sub-Committee held on 3 March 2016 were agreed and signed by the Chairman.

3 FAMILY MOSAIC AND THE SERVICES THEY PROVIDE

The Sub-Committee received a presentation on the services provided by Family Mosaic in Havering.

The Sub-Committee was informed that the aim of the service was to offer independent information, advice and guidance to people who wanted to find out more about Care and Support Services. Family Mosaic was commissioned to provide a service before client had to access Adult social care. The service offered included housing and benefit enquires, homeless advice, problems with rent arrears, budgeting and debt advice and employment and training.

The Sub-Committee noted that Family Mosaic was writing to all organisations across the borough with their flyer, attending meetings and events and undertaking publicity via the press and local radio. The group had a drop in service at various locations across the borough including Queens Hospital on the last Wednesday of the month and Romford Market every Friday for information and support and a formal launch would also take place shortly.

The Sub-Committee thanked the Family Mosaic officers for an informative briefing.

4 HEALTHWATCH ANNUAL REPORT 2015/16

The Sub-Committee received a presentation on the Healthwatch annual report for 21015/16.

The Sub-Committee considered the annual report of Healthwatch Havering. A Director of Healthwatch Havering presented the report explaining that Healthwatch was a statutory body established by the Health and Social Care Act 2012.

The report outlined that a Healthwatch organisation had been established for every London borough and county and there was also a national Healthwatch England organisation.

Our umbrella organisation is Healthwatch England a statutory board member of the Care Quality Commission (CQC)

The Sub-Committee was informed that Healthwatch represented the interests of patients and service users and had the unique statutory power of being able to undertake enter and view visits to health and social care premises. These visit were undertaken by retired experienced professionals.

Much of the work carried out by Healthwatch was undertaken by a small team of part-time, paid Healthwatch staff with much of the organisation's work was undertaken by volunteers who included several former Health Service employees.

Healthwatch was also involved several of the Overview and Scrutiny Sub-Committees, it was a full member of the Health and Wellbeing Board and also sat on the CCG's Primary Care Commissioning Committee which allocated contracts to GPs. Healthwatch was also represented on the local Urgent Care Board.

The Sub-Committee noted that Healthwatch worked closely with the Care Quality Commission, NELFT, BHRUT and other Healthwatches in the local area.

Members were informed that following each enter and view visits, a report with recommendation was produced and published on the Healthwatch website. The programme of visits had recently been extended to include GP practices and a report on this would be brought to a future meeting of the Sub-Committee. A total of 26 enter and view visits had taken place in the year under review and this included a visit to Whipps Cross Hospital and St Francis Hospice.

Other activities undertaken by Healthwatch included the introduction of 'Tell us what you think' cards that allowed people to comment, positive or negatively, on health and social care services and working with the local Positive Parents group for the parents of children with learning disabilities in order to improve links for this group with the Council, NELFT and the CCG.

Healthwatch was currently participating in a joint review with the Health Overview and Scrutiny Sub-Committee on delays to treatment at BHRUT – a first joint review in the country.

Findings from a recent survey work undertaken by Healthwatch in to why people went to Accident & Emergency had highlighted low awareness among patients of alternative facilities such as community treatment teams and urgent care centres. Other research indicated that most people preferred to speak to a person face to face regarding a medical issue rather than use a website or app.

The Sub-Committee was informed that the Healthwatch work programme for 2016/17 would include mental health, acute services, facilities for people with learning disabilities and domiciliary care. Healthwatch was funded principally via a grant of approximately £117,000 from the Council.

The director felt that the organisation needed more volunteers in order to carry out its various workstreams. It was clarified that Healthwatch had only a very limited remit for children's services.

Members were invited to review and give feedback on Healthwatch's website.

The Sub-Committee **NOTED** the Healthwatch Havering annual report.

5 **CORPORATE PERFORMANCE INFORMATION QUARTER 3 & 4**

The Sub-Committee considered the Corporate Performance Report for Quarters 3 and 4.

The report identified where the Council was performing well (Green rating) and not so well/ remain the same (Amber and Red) rating which meant performance was worse.

There were 15 Corporate Performance Indicators that fell under the remit of the sub-committee. All had been given a RAG status, 11 (73%) were green.

The following four indicators (27%) had a red or amber RAG status:

- Percentage of adults in contact with secondary mental health services in paid employment;

- Percentage of people who returned to Adult Social Care 91 days after completing reablement;
- Rate of delayed transfers of care from hospital per 100,000 population, and
- Direct payments as a percentage of self-directed support.

The report outlined the following required improvements:

- The percentage of adults in contact with secondary mental health services in paid employment ended the year below target.
The Sub-Committee noted that corrective action was taken through the creation of a “Recovery Community” that would capture the mental health clients that fall between primary and secondary Mental Health Services.
- The annual target for the percentage of people who returned to Adult Social Care 91 days after completing reablement was missed. It was suspected that some of the clients referred to the service during the year were not suitable candidates for reablement in the first instance. The average age of a service user who used reablement was 81 years old however the average age of a service user who returned requiring on-going long term support was 86. The Sub-Committee was assured that the indicator would be closely monitored during 2016/17 to ensure that appropriate service users were being referred to the service.
- Service users receiving a service via a Direct Payment (DP) continued to be a challenge. At present 717 (35.1%) received a Direct Payment. It was noted that it was a challenge in Havering given the demographics, as it was acknowledged nationally that encouraging take-up of direct payments was particularly difficult in the 85+ age group.

The Sub-Committee noted the levels of performance detailed in Appendices 1 and 2 of the report and the corrective action that was being taken, and **Noted** the content of the Demand Pressures Dashboard detailed in Appendix 3.

6 CORPORATE PERFORMANCE INDICATORS - QUARTER 1

The Sub-Committee considered the Corporate Performance Report for Quarter One 2016.

Members noted that Performance data would be considered first by the sub-committee, then by the Overview & Scrutiny Board followed by Cabinet. This would allow for Cabinet to reflect on any actions or comments the overview and scrutiny sub-committees may be making to improve

performance in highlighted areas as well as shortening the overall performance reporting cycle.

The presentation outlined that 12 performance indicators that fell under the remit of the sub-committee. Ten of these related to the SAFE goal and 2 to the PROUD goal. Nine of the performance figures were available for the 12 indicators with the following RAG status:

- 6 (67%) have a RAG status of Green.
- 3 (33%) have a RAG status of Red.

The Sub-Committee was informed that the Self-Directed Support (SDS) and personalisation continued to be at the heart of the service offered by Adult Social Care. The service was on target on the indicator which currently had 1,786 service users receiving support via self-directed support. It was noted that at this time last year, there were 1,363 service users receiving the service.

The Sub-Committee noted the following areas where improvements were required:

- Direct Payments - Adult Social Care (ASC) was currently below target. There were 702 service users receiving a direct payment, at the same stage last year there were 735. Members were informed that in line with the national picture, ASC continued to face challenges in increasing the take up of direct payments for older people. Considering Havering's significant older population this compounded the scale of the challenge for the service. ASC commissioning services were leading on a number of initiatives to increase the take up of direct payments including the introduction of a payment card.
- The number of service users aged 65+ who had been permanently admitted into Residential/Nursing Care was higher than the Q1 target (160.2 compared to a target of 139.0 where smaller was better). There had been 73 new admissions into Long Stay placements compared to 65 at the same stage last year. The Sub-Committee noted that the service continued to ensure that admissions were timely and appropriate after all other community based services had been exhausted.
- The percentage of adults in contact with secondary Mental Health Services living independently, with or without support, missed its target; (75.6% against a target of 87% where bigger is better) The Sub-Committee noted that work was on-going with Mental Health Services to understand the issues leading to the numbers of people living independently showing this downward trend.

The Sub-Committee noted the improvements across a number of indicators and the measures put in place to improve other areas.

7 WORK PROGRAMME REPORT - INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE

The Sub-Committee agreed its work programme for the 2016/17 municipal year. Members discussed the response of the current Mayor to the issue of Dial a Ride and it was agreed that the intention was to keep the matter on scrutiny.

Chairman