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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.

Individuals Overview & Scrutiny Sub-Committee, 1 November 2016

Chairman