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