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## **MINUTES OF A MEETING OF THE INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE Town Hall, Main Road, Romford 29 November 2017 (7.00 - 8.50 pm)**

### **Present:**

Councillors Ray Best (Chairman), Linda Hawthorn, Keith Roberts, Roger Westwood and Phil Martin (substituting for Councillor Patricia Rumble).

Apologies for absence were received from Councillors Linda Trew, Councillor Patricia Rumble (Councillor Phil Martin substituting) and Councillor John Wood.

Apologies were also received from Barbara Nicholls, Director of Adult Services

Also present:

Ian Buckmaster, Healthwatch Havering

Tracy Bunton, Communication & Information Officer  
Ben Campbell, Older People & PSD Commissioning Manager  
Keith Cheesman, Head of Service for Integration (Adult Social Care)  
Caroline May, Head of Business Management, Adult Services  
Veronica Webb, Senior Complaints & Information Officer

### **14 MINUTES**

The minutes of the meeting of the Sub-Committee held on 26 September 2017 were agreed as a correct record and signed by the Chairman.

### **15 DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

### **16 INTEGRATED CARE PARTNERSHIP UPDATE**

One of the key strands of work for the Integrated Care Partnership (ICP) related to accountable care and it was aimed to develop an alliance of care providers involving social care, the NHS and GPs. A provider group had been set up to develop services in a more effective way.

A pilot area was running on intermediate care – care for people in the six weeks following discharge from hospital. It was clarified that a rehabilitation package such as physiotherapy or occupational therapy was provided by the NHS but the Council paid for reablement services such as aids and adaptations in a person's own home. The current reablement provider was

NELFT and a joined up assessment was being introduced from December 2017.

Work was also in progress as regards diabetes with a pathway being developed with local GPs. It was wished to have earlier intervention and diagnosis for diabetes and work in this area for all three local boroughs was being driven by the Council's Public Health service.

As part of the ICP work, the borough was being split into north, central and south localities. Children & families work within localities would be focussed on Harold Hill where two schools and a GP surgery were being supported to identify children with issues that may affect attendance or attainment. The scheme was currently being piloted with eight families.

ICP work on adult social care was concentrated on establishing a 'virtual team' with housing, the voluntary sector etc and it was agreed that a progress update should be taken at the next meeting of the Sub-Committee.

Officers confirmed that there were only very low numbers of hospital discharges that were delayed to reasons related to social care. There had recently been an increase in resources for the hospital pharmacy at Queen's in order to seek to reduce delays to discharge related to the wait for medication etc.

The Sub-Committee noted the position.

## **17 COMPLAINTS ANNUAL REPORT**

Officers reported that complaints relating to social care had been the subject of four Ombudsman investigations during the year. Elements of maladministration had been found but no penalty had been levied against the Council.

The overall number of social care complaints made had risen from 93 in 2015/16 to 121 in 2016/17. The move to locality teams had seen some complaints about service levels and lack of communication. Part of the rise in complaint numbers was however due to the process of making complaints now being easier.

Complaints re homecare services had reduced in number but related mainly to the length of time a carer spent in a person's home. If the times a carer spent in a home were in dispute, the relevant agency's minute by minute charging system could be used to obtain further details. Complaints could also be referred to the Council's safeguarding team where necessary. It was felt that many complaints could be due simply to a lack of communication between the service user and carer.

The most common types of complaints related to homecare, particularly level of service around missed and late calls and officers confirmed that a lot of work was in progress with providers to address this. Complaints

remained however at a low level compared to the number of hours of care commissioned. There were a total of 18 care providers of Havering with six additional spot providers. Pay rates for carers had been increased although there remained difficulties in recruiting and retaining staff.

The complaints team was also seeking to work with the Council's care providers to improve the quality of complaint responses. If complaints were more complex in nature, this could lengthen response times.

There had been a rise in complaints from people aged more than 85 years and increases such as this also reflected the general make-up of the Havering population. More people from different ethnicities were also now accessing the complaints process.

The number of compliments received had also increased and this had been recorded in the annual report.

The proportion of Member enquiries responded to within timescale (15 days) had increased to 71%. It was noted that input was needed on some occasions from the health sector or other agencies before a response could be given.

The Sub-Committee:

1. Noted 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. Noted the actions taken 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. Noted the positive feedback to services by way of compliments received and highlighting good practice.

## **18 PERFORMANCE INFORMATION**

Officers advised that the Council was ahead of target in reducing admittance of over 65s to residential and care homes. This indicated that fewer people being discharged from hospital needed to enter a care home due to a better reablement service and better capacity in homecare.

Performance on the percentage of service users receiving homecare was below target. Work was in progress to increase the number of personal assistants contracted to provide personal services to people receiving direct payments. The processing of direct payments was also being amended and it was hoped that there would be around an extra 100 direct payments

recipients. This would result in a saving of £100k to the Council due to a reduction in overheads. It was emphasised that people would never be forced to accept direct payments.

Monitoring of quality of care services provided would be invested in and a pilot scheme was planned whereby agencies would be able to manage more directly how care was provided to clients.

The Sub-Committee noted the performance information presented.

## **19 HEALTHWATCH HAVERING - SURVEY OF DOMICILIARY CARE USERS**

A director of Healthwatch Havering explained that the organisation had recently undertaken a survey of around a quarter of users of domiciliary care in Havering. The survey had focussed on homecare users in sheltered accommodation and results had been positive overall. Concern had been raised however about issues such as new carers not introducing themselves, clients not being informed of social events and activities in their local area and carers not adjust the room temperature in a person's home.

The conclusions of the survey had been that most service users were satisfied with the homecare they received and that most carers did what clients wanted. There were however some problems with administration and communication difficulties between clients and carers.

Adult Social Care officers confirmed that all problems raised in the survey responses had been followed up and that clients could change care providers if necessary. The Council's quality team had also recently surveyed the users of homecare services and a lot of positive commitment was shown at meetings of the homecare providers forum.

Should it be necessary to make a complaint about a carer, this could be submitted under either the Council's or the care provider's complaints procedure. A register was kept of any carers who had committed serious offences.

The Sub-Committee noted the work undertaken by Healthwatch Havering.

## **20 FUTURE AGENDAS**

Officers advised that fire procedures in dementia wards would be covered by fire regulations in the relevant building.

There were no other items raised.

21     **URGENT BUSINESS**

There was no urgent business raised.

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**Chairman**

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