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MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Town Hall, Main Road, Romford
7 February 2012 (7.30 - 9.30 pm)

Present:

Councillors Wendy Brice-Thompson (Chairman), Linda Van den Hende (Vice-Chair), June Alexander, Jeffrey Brace, Pam Light and Keith Wells

Councillor Lynden Thorpe was also present

There were no declarations of interest.

20 MINUTES

The minutes of the meeting of the Individuals Overview and Scrutiny Committee held on 1 November 2011 were agreed as a correct record and signed by the Chairman.

21 ROYAL JUBILEE COURT ASSESSMENT CENTRE

The Committee received a presentation from the Service Manager for Preventative Services and the Reablement Homecare Manager on the Royal Jubilee Court Assessment Centre (RJC). The Committee were informed that reablement constisted of providing personal care; help with daily living activities and re-learning certain basic skills following an illness or hospitalisation.

The Committee noted that Royal Jubilee Court had 13 self-contained units of reablement accommodation. These units enabled people to be discharged from hospital and stay for a short period of time (usually six weeks) before returning to their own home. Staff at Royal Jubilee Court can explore Telecare and Telehealth type support for the client before they return home. The reablement service was also available remotely within clients own homes, this allowed them to remain living in their own homes. Following reablement at Royal Jubilee Court 73% of clients returned to their own homes, and 35% required no ongoing care support.

The Committee were given two case studies where the reablement service had successful outcomes. Both clients were in their 80s and had returned to their own homes.

From December 2010 to July 2011, a pilot scheme took place between Adult Social Care and St George's Hospital that saw 5 units dedicated for use by Health. The pilot successfully demonstrated that of the 82

discharges from RJC to home, 36 cases (43%) need no further ongoing care. This pilot had increased joint working via a daily provision of physiotherapy on the site, and provided a cost saving to St Georges as clients were discharged to home quicker.

The Committee noted that the Health and Wellbeing Board had agreed that a number of the empty sheltered housing bedsit units on the first floor of Philip House, at RJC, would be converted into 15 additional reablement units. This would double the capacity for reablement and therapy; contribute towards savings for Health and Social Care, as well as improving the quality of life and maximising the independence of Havering's residents. The building work was planned to commence in early March 2012, and was estimated to take between six to eight months to complete. This would be completely funding by Health.

Members informed officers that the reablement service was widely publicised and residents were aware of the service provided.

Officers explained that each client came with a Care Plan when they arrive at RJC. Upon arrival, the date of discharge was discussed and agreed together with any actions that needed to be put in place before that date. The clients' families were kept involved from day one, as reablement did not work without the support of families.

Members asked if there was sufficient capacity for reablement services, given the growing elderly population. Officers explained that there was no waiting list, with the exception of the five beds that Health had over the Christmas period, and stated that since the service had began they had supported 1,200 clients with reablement services at home and 150 clients at the reablement unit at RJC (up to a 6 week period).

The Committee noted that the RJC criteria were ideal for stroke victims, and they worked closely with the stroke liaison nurse. All clients who were referred from hospital could be accommodated within the reablement unit within 24 hours.

Members asked if other sheltered housing units across the borough were being reviewed to accommodate other reablement units. Officers confirmed that they were hoping to expand across the borough, but were also working with Health colleagues both for support and financial contributions.

The Committee were keen to visit the Reablement Unit at RJC, and it was agreed for a suitable date to be arranged.

22 **AUTISM PLAN - UPDATE**

The Committee received a report on the Autism Plan update. At its meeting in March 2011, the Committee had received a report outlining details of the national strategy for adults with autism in England. The report also outlined the key priorities for the first year of the national strategy and work needed to develop a local autism plan.

The officer informed the Committee that since the last report, a working group had been put together from the local partnership that had pulled together the local plan. An initial draft and an Easy Read version were prepared, and presented to the Learning Disability Partnership Board. The Board agreed the documents for a broader consultation, which had ended in January 2012, with a workshop event planned for February 2012. The Committee noted that the comments that had been received were in support of the plan.

In January 2012, NICE consulted on the guidelines on the pathway of how to make it easier for people with autism to access the services they need. The Government wished for Local Authorities to audit what they had done to put these guidelines in place. Havering was in discussions with neighbouring boroughs about cooperative working to minimise costs and share information.

The Committee raised concerns about the joint working with neighbouring boroughs, as it wished Havering to keep its own identity. Concerns that local residents would be acknowledged and were able to access local services were also raised. Officers stated that local support groups were involved, and this was a Havering Plan, which would benefit Havering residents. The partnership working would not be entered into unless there was a solid business case to do it. All practical services would be borough based, however the planning stage of the plan would be done in partnership.

The Committee was informed that there was a need for support for Adults with Autism, as within the voluntary sector there was only one organisation who provided support at the present time.

Officers stated that the Autism Plan would be a preventative strategy, as there was a lot of unmet need (risk). This would ensure that people with Autism could access information on employment, accommodation and general living needs. Autism was difficult to diagnose and affected each person differently. Health professionals need to be on board to diagnosis specific needs of the individual. The NICE guidelines set out the national framework for the diagnosis of Autism from referrals. Whilst Autism was present in children, it was often difficult for parents to accept and therefore this could mean a later diagnosis.

Whilst staff would have training on recognising the signs of Autism, the services was reliant on the medical profession for a diagnosis.

The Committee thanked officers for the update.

23 **ADVICE AND INFORMATION - SIGNPOSTING**

The Committee received a presentation on the new Information and Advice Service for Adult Social Care, from the Transformations Project Manager. It was explained that whilst there was a lot of information on the services and advice available to customers, this was not always easily available.

Research was carried out on existing good practices elsewhere on what "good" information and advice looked like. Reviews of recent local consultation with voluntary sector organisations and focus group were carried out and assessed across all sectors in Havering. The five key themes which came out of this were:

- Partnership working – a newly commissioned single service across provider organisations with a sustainable service structure.
- Easy Access – phone, website, physical premises supported by outreach where information needs are assessed at first contract.
- Face-to-face delivery – "shop type" premises in Romford with regular programme of face to face delivery around the borough.
- Branding and marketing – need to reflect thatit is a voluntary sector organisation independent of but supported by the Council.
- Good customer services – trained staff, robust performance management procedures to effectively measure the impact of service

The new Care Point shop was "soft" launched at 36 High Street, Romford on 31 January 2012, together with the new website (www.haveringcarepoint.org). The official launch would be around Easter 2012. The Committee met with the Care Point Manager who explained the types of enquiries and needs of the customers they had assisted since the shop had opened. The shop was in an accessible location, was purpose built, included three interview rooms, and internet café, with access to online information, a Changing Places toilet facility, telephone and email service, and was open on Thursday evening and Saturday morning.

The new service would deliver outreach services across the borough. The demand for this would be tested through the enquiries made at the shop. The outreach would be two-hour sessions every fortnight at difference locations across the borough.

The signposting consortium had emerged from HULO, with the lead organisations being Age Concern Havering, Citizens Advice Bureau and Crossroad Care Havering. Enquiries from other local and national organisation about joining the consortium had been received. The initial

period of 14 months, ending in April 2013 were grant funded, however a tender of four years would make the service more financially viable across the life of the service.

The Committee noted that the Care Point shop was an advice and signposting service. They did not offer solutions to problems, but had advice and information about organisations that can assist. The service was about giving clients an informed choice about the options available to them. Care Point would contact all clients to get feedback on if the services/ advice received was helpful.

Members raised concerns that the strap line for Care Point was "Independent information and advice for adults", and asked if there would be a similar service for children and youths. Officers stated that there were the family services, but agreed that there may be a possibility of the two services coming together in the future.

Officer stated that they hoped the referrals from Care Point to the voluntary sector organisations would be beneficial to them, and may in the future encourage others to become part of Care Point.

The Committee thanked officers for their presentation and asked that an update be given to the Committee in 6 months time, once the official launch had been done.

24 OVERVIEW OF RESIDENTIAL AND NON-RESIDENTIAL DEBT

The Committee received an overview presentation on residential and non-residential debts from the Financial Assessment and Benefits Team Leader. The officer explained that there were two areas of service that were charged for in Adult Social Care:

- Residential Care – this is any care provided to an individual in a residential or nursing home, including long term and short term placements and respite care
- Non-Residential care – this relates to all types of home care services as well as day opportunities and travel to and from the day centres.

The Committee noted that there were three types of debt relating to residential and non-residential care, these were Secured debt – where a charge was placed on the debtors property which ensured it can not be sold without the Council being reimbursed in full first; Bad debt – monies that it was anticipated would not to be recovered; and Ongoing debt – unsecured arrears where collection was anticipated. The details of the debt were shown to the committee in the form of a graph. Officers explained that there had been an improvement over the last year with collection of debt having risen by 3%, which equated to approximately £250,000

Due to a change in approach, both total debt and bad debt had fallen. There had been a reduction in the number of debtors and the average age of the debt (reductions in the number of days since the first invoice was issued). There had also been a steady improvement in the collection of invoiced care fees. Officers explained that there had also been a pro-active/ preventative approach to debt collection, so rather than waiting for debt to reach a certain size before taking action, all new debtors were sent a robust intervention letter if three of more invoices with monies outstanding were sent.

The Committee were informed that there was a closer working relationship with the Legal Department, and a member of the legal department was based full time within the Financial Assessment and Benefits Team to deal with debts outstanding after standard recovery process had failed. Deferred Payment Agreements were now used as standard for any Residential care users with a property, which means a greater sum of debt was now secured with a charge on a property. All new users, as part of the financial assessment process, were offered a direct debit facility. This was growing and was hoped to be at 50% of users within two years.

Members asked when invoices were sent. Officers informed the Committee that these were four weekly, however after 2 months (2 invoices) then the debtor would be contact, unless the Council were aware of any situation which could cause the debt, to ascertain the reasons for the non-payment.

The Committee thanked the officer for the overview.

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Chairman