MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Town Hall, Main Road, Romford
12 February 2013 (7.00 - 8.50 pm)

Present:

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

Apologies for absence were received from

29 **MINUTES**

The minutes of the meeting held on 6 November 2012 were agreed as a correct record and signed by the Chairman.

The Committee discussed the visit that had taken place to City Hall to discuss Dial a Ride in Havering with the Deputy Mayor for Transport and agreed that it was a very positive meeting.

30 **SAFEGUARDING ISSUES**

The Committee received a report providing information about the position of Safeguarding Adults in London Borough of Havering and highlighting some of the main challenges and achievements of 2012.

The London Borough of Havering Safeguarding Adults Board (SAB) was a partnership. It was tasked with the co-ordination of a borough-wide partnership to ensure that adults at risk are protected from abuse and associated harm. The partnership was made up of a broad range of organisations including the Council, Police, Probation Service, National Health Service bodies and the voluntary sector. There was also an input from the Care Quality Commission (CQC). The Board had three sub-groups focussing on performance, training and audit and serious case reviews. The sub-groups met six to eight times a year.

The Safeguarding Adults Team in Havering was a small team consisting of two Senior Practitioners, two Business Support Officers and the Service Manager. The team carried out the following functions:

- Provided a central route for all safeguarding adult alerts in the Borough.
- Screened all referrals and determined whether a Safeguarding intervention was required.
- Led on the Safeguarding Adult investigations within care homes where the adult at risk is not allocated to a community team or had been placed by another Local Authority.
- Led on the coordination of very complex cases.
- Provided operational advice and guidance in relation to safeguarding issues for internal staff, external partners and service providers.
- Developed policy and procedures for the borough
- Co-ordinated Deprivation of Liberty Safeguards authorisations in accordance with the Mental Capacity Act 2005.

The Statement of Government Policy on Adult Safeguarding identified six guiding principles that underpinned local safeguarding arrangements. They were empowerment, protection, prevention, proportionality, partnership and accountability.

The Committee noted that the Safeguarding Adults Self-Assessment Assurance Framework (SAAF) was introduced in 2011 to enable NHS commissioners and providers to review and benchmark their safeguarding adults' systems. The SAAF had several standards that related to measures that supported good safeguarding practices including strategy, systems, workforce and partnerships. A validation event was held in November 2012 where representatives from the four outer London authorities, the CCGs, LINks, the four Outer London SAB chairs and the Directors of Adult Services attended the meeting and formed a panel acting in the role of "critical friend".

The Committee was informed that the Quality and Suspension meeting took place on a 3-weekly basis and had a broad membership which included safeguarding adults, commissioning, complaints and Adult Social Care operational managers. The meeting focussed on emerging quality issues in relation to all external providers operating in Havering. This included residential and nursing homes, domiciliary care providers, day opportunity providers and providers of supported living schemes.

Officers outlined the Deprivation of Liberty Safeguards legislation which was enacted on 1 April 2009. The legislation was for the safety of others who could not take care of themselves.

The Committee was shown a number of safeguarding alerts and noted that the highest alerts related to clients with a physical disability (39.9%) or those aged 75-84 (33.7%). Officers stated that physical disability service users account for 10.6% of all service users.

The Committee noted 55% of alerts had proceeded to investigation in 2011-12, vs. 33.7% in 2010-11. This was partly attributed to an improved awareness of thresholds amongst staff and colleagues.

A member asked how "Whistle-blowers" were responded to. Officers stated that this issue was dealt with on a regular basis. At the 3-weekly Quality and Suspension meeting the cases were more likely to be whistleblowing cases. e.g. an Occupational Therapist observing different practices in a nursing home and therefore reporting this back. Within 24 hours the Safeguarding Team would have visited the premises and a report would be written within 48 hours.

A member asked how vulnerable people who lived in their own home, with a care plan, but who were essentially independent were monitored as regards problems with other family members. Officers stated that if the person was not a Social Care client then it would be very difficult, however if they had a care plan, this would be reviewed regularly by care workers or social workers who would pick up on any issues.

A member asked if there was any Police involvement and how quickly they responded. Officers stated that they work very closely with the Police. The Police have a dedicated Police Safeguarding Officer who would respond quickly if needed.

A member asked about the partnership working between the Council and BHRUT. If a patient could not make a decision about their care themselves, how was that dealt with? Officers stated that the Safeguarding Team would take the lead on this, especially if it involved a head injury. The hospital would contact the social worker team, who were based at the hospital, who would carry out a mental capacity assessment.

A member raised concern about the level of perpetrators coming from the Social Care staff category, and asked if this was Council staff. Officers explained that this was all social care staff, including council employees, nursing care staff and domiciliary care staff.

The Committee raised concerns about an elderly or vulnerable couple living together, who due to their age could be categorised as neglecting each other. Members asked how this was detected and dealt with. Officers explained that if the couple were known to Social Care then they could deal with the situation. All staff were trained to recognised and deal with these types of situations. If however they were not receiving care then it was very difficult to detect and it would come down to a neighbour or family member to report it. All staff had been trained in mediation and family conflict.

Officers explained that all nursing homes are regulated by the CQC and if there are any concerns raised then unannounced visits are taken of the homes, and visits to A&E or GPs are taken into consideration.

31 **PREVENTION STRATEGY**

The Committee received a report on the Prevention Strategy which was developed in 2011 by the Adult and Health Transformation Programme. This strategy was developed on behalf of partners participating in the programme. The partners included London Borough of Havering, NHS Outer North East London and now subsequently the Havering Clinical Commissioning Group, North East London NHS Foundation Trust and HAVCO. The strategy's primary focus was to promote independence, increase value for money and better outcomes for people to remain in their own homes.

There were three strands of prevention, these were:

- Promoting wellbeing (primary prevention) – aimed at people with no particular social care need.
- Early intervention (secondary prevention) – aimed at identifying people at risk to stop or slow down any deterioration.
- Enablement and reablement (tertiary prevention) – aimed at minimising disability and deterioration from established health conditions.

The Committee noted the themes of prevention included: strong leadership and a clear vision; a coordinated approach across the Council and other stakeholders; sustainable community capacity that increases engagement and motivation; a focus on safeguarding to help reduce social isolation and encourage participation; accessible and targeted information and advice; an enabling and empowering workforce culture; and stimulating the development of a diverse market.

In order to ensure that the objectives of the strategy were met, the following needed to be undertaken:

- Age proofing existing mainstream service to ensure inclusion.
- Provide information for all, including self funders, so that everyone can make an informed choice about their lives and their care.
- Build capacity into local neighbourhoods and encourage volunteering
- Support all services that promote wellbeing and reduce social isolation.
- Encourage participation in the diverse range of social, cultural and leisure services in the borough.

The strategy stressed the need for a whole system approach to delivering its aims and how important the partnership working was within the organisations.

The Committee noted the number of projects which had already been implemented and the outcomes of some of those projects for vulnerable and older people.

The Committee was informed that within the Prevention Strategy was the Fall Prevention and Bone Health Strategy. This strategy had four objectives, these were:

- To improve patient outcomes and improve efficiency of care after hip fractures though compliance with core standards.
- To respond to the first fracture and prevent the second through fracture liaison services in acute and primary care.
- To ensure early intervention to restore independence through falls care pathways, linking acute and urgent care services to secondary prevention of further falls and injuries.
- To prevent frailty, preserve bone health and reduce accidents through encouraging physical activity and health lifestyles and reducing unnecessary environmental hazards.

The Committee was informed of the implementation progress and the services that had been put in place to assist with prevention. These included the falls care pathway in collaboration with GPs, clinicians from the Acute Trust, London Borough of Havering, voluntary groups and service users; Hip fracture care of guideline standards; Osteoporosis prevention and management, together with community services.

The Committee noted that there had been a 30% drop in falls, which coincided with the awareness and promotion of the programmes. This in turn led to cost avoidance for Social Care and a better quality of life for the residents.

A member asked that when someone falls and has undertaken reablement, if their own property is assessed, for dim lights, trip hazards etc. Officers stated that all Occupational Therapists are specialist and therefore the property is visited before discharge home, to check all of these things.

The Committee agreed that there had been an improvement in the service made available however there was still cases of isolation. Officers stated that they were mindful that the borough was asset rich but capital poor and therefore there were a number of self-funders, however some were just over the threshold for Adult Social Care funding, this was monitored on a regular basis. If the services were extended to self funders this could include Meals on Wheels, Telecare and Telehealth. A member stated that local GPs would need to take a better interest in their patients to drive these projects forward.

There was a lengthy discussion about how services could be promoted and publicised to residents over 65 years old, together with finding out who would benefit from the service, who were not known to Social Care, in order to reduce isolation.

Members raised a question about if an elderly person is flagged up as being discharged from hospital and there are number of services which would help

them, however the elderly person declines any service and how was this dealt with. Officers stated that before the discharge the Social Care team would carry out an assessment of the persons needs. If they decline the services there is nothing that Social Care can do, they are kept on the system byt there was nothing in place to check on their progress.

32 BUDGETARY AND PERFORMANCE INFORMATION

Following a request by members of the Committee, details of the budget and performance information that were presented to Cabinet was brought to the Committee for members to raise any matters of concern within the Committee's remit.

A member raised the issue of the performance in take up of direct payments as a proportion of self-direct support. Officers stated that whilst the service was below the target, the population of Havering was very challenging. There were a lot of older people who did not want to deal with their own finances.

The government target of 60% was very ambitious for those people using social care who receive self-directed support and those receiving direct payments. Members raised issues of getting the message out to people who were in their early 60's so that they were more informed about what was available to them as they got older.

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Chairman