



Havering

L O N D O N B O R O U G H

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE AGENDA

7.30pm	Wednesday 2 March 2011	Havering Town Hall Main Road, Romford
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Members: 6 Quorum: 3

COUNCILLORS:

Wendy Brice-Thompson (C)

Linda Van Den Hende (VC)

Jeff Brace

Lynden Thorpe

Keith Wells

Ron Ower

For information about the meeting please contact:

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What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

They have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns of the public.

The committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations.

Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research and site visits. Once the topic group has finished its work it will send a report to the Committee that created it and it will often suggest recommendations to the executive.

Terms of Reference

The areas scrutinised by the Committee are:

- Personalised services agenda
- Adult Social Care
- Diversity
- Social inclusion

AGENDA ITEMS

- 1. APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS** (if any) - receive.

- 2. DECLARATION OF INTERESTS**

Members are invited to declare any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

- 3. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

- 4. MINUTES**

To approve as a correct record the Minutes of the meetings of the Committee held on 9 November 2010 and 20 January 2011 (Special Committee) and authorise the Chairman to sign them.

- 5. PROPOSED CHANGES TO FAIRER CHARGING POLICY** – call in of Executive Decision – report attached

- 6. CARE QUALITY COMMISSION “WHAT DO WE DO”?** - presentation from CQC Regional Manager

- 7. CARE QUALITY COMMISSION ASSESSMENT OF ADULT SOCIAL CARE 2009-10** - report from Head of Adult Social Care

- 8. NATIONAL AUTISM STRATEGY** – report attached

- 9. SUPPORTING CARERS** – report attached

- 10. BUDGET REPORT** – verbal update from Head of Adult Social Care

11. WORK PROGRAMME AND CONTINUOUS IMPROVEMENT: REVIEW OF CABINET DECISIONS.

The Committee is asked to consider the attached schedule of Cabinet decisions and decide whether to review those where the review date will shortly occur.

The committee may wish to note that the following Cabinet report is due to be reviewed.

Partnership Framework – Section 75 Formal Agreement for Health and Social Care Responsibilities.

12. FUTURE AGENDAS

Committee Members are invited to indicate to the Chairman, items within this Committee's terms of reference they would like to see discussed at a future meeting. Note: it is not considered appropriate for issues relating to individual residents to be discussed under this provision.

13. URGENT BUSINESS

To consider any other item in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

Phillip Heady
Democratic Services Manager

MINUTES OF A MEETING OF THE INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

**Tuesday 9 November 2010 (7.30pm – 9:30pm)
Havering Town Hall, Romford**

Present:

Councillors Wendy Brice-Thompson (Chairman), Linda Van Den Hende, Jeff Brace, Lynden Thorpe, Ron Ower and Keith Wells

There were no declarations of interest.

The Chairman announced the arrangements to be followed in the event of the building needing to be vacated as the result of an emergency.

16. MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Individuals Overview and Scrutiny Committee held on 23 September 2010 were agreed as a correct record and signed by the Chairman.

17. DIAL-A-RIDE UPDATE

The Committee received a presentation from the Project Manager, Finance and Commerce on Havering and Supported Transport, including the Independent Mobility Assessment, Taxicard, Passenger Travel Services, Dial a Ride and the Hospital Trust. The Committee was informed that there were preliminary talks with independent companies to undertake independent mobility assessments to ensure only those residents with the severest needs received these supported services.

The Committee was informed that Taxicard was a Havering scheme with a budget of £383,000 per annum and this was topped up by TfL by approximately £600,000 per annum; however Transport for London had decided to cap this budget. Consequently the London Councils' report showed a possible overspend. London Councils had prepared a number of proposals to put forward to London Councils Transport and Environment Committee which included:

- Increase user fare from £1.50 to £2.50
- Reduce maximum trip subsidy by £1
- No stagecoaching (add trips together to get one long trip)
- Waiting list introduced
- London Councils to provide consultation with users

It was noted that if the London Councils proposals are not agreed by the London boroughs at TEC. Havering would then have to put measures in place to ensure the borough remained within the budget.

Individuals Services Overview & Scrutiny Committee, 9 November 2010

The Committee was informed that the LBH Passenger Transport Service had a changing customer base, since there had been an increase in Children's transport and a reduction in Adult's transport as a result of Personalisation. However there was still the same number of vehicles being used over fewer hours. The overheads to other service users were now becoming a considerable issue.

Officers informed the Committee of a number of actions and proposals they were investigating in order to: improve services to residents; and achieve new income streams and therefore economies by utilising the vehicle fleet in the middle of the weekday, weekends and throughout school holidays where surplus capacity existed. These included:

- Working alongside and with colleagues from Social Care & Learning to look at making economies in travel costs for the borough
- Opportunities for joint working with Dial-a-Ride, to benefit Havering residents who use the services (Every Dial-a-Ride trip were currently costing £25 to provide)
- Assistance to Barking, Havering and Redbridge University Hospitals NHS Trust, including Courier Routes, Blood transfers and Non acute passenger transfer.

Officers confirmed that Passenger Travel Services weekday hourly rate (for a vehicle and driver) was £35 charged to internal and external customers. Members raised concerns about the hourly rate being too low; however it was acknowledged that increasing this rate would only have the effect to cause additional pressure on customer directorates' (such as Social Care & Learning) budgets..

Members raised concerns that neither the London Councils' Taxicard proposals as highlighted in this presentation were not included in the Fair Charging Policy, which was currently out for consultation.

Members were concerned that initiatives to proceed with local minicab firms being offered to take up the Dial-a-Ride work had not proceeded. Officers stated this initiative could only proceed once Transport for London had passed the appropriate level of funding for this to Havering.

18. EQUALITY AND DIVERSITY

The Committee received a verbal briefing from the Equality and Diversity Manager on the work of the Diversity Standards Team. The team consists of three officers, who are responsible for recognising the change in the borough in regard to its distinctiveness. I.e. the proportion of people aged 65+, and the low percentage of ethnic minorities in the borough (10%)

Individuals Services Overview & Scrutiny Committee, 9 November 2010

The Committee was informed that an important aspect of the work was to ensure the Council is compliant with the law and that all colleagues comply with the law and that service provision reflects the needs of the community.

The Committee was informed that there was a Diversity Steering Group which met quarterly and comprised Group Directors, Council Champions and Union representatives. This group specifically looked at diversity across the whole organisation and was chaired by the Chief Executive. The Committee were also informed that there was a Diversity Management Group which dealt with issues at a departmental level.

The Committee was informed that there was a higher percentage of BME children in the south of the Borough. This was around 20% with over 20 different languages in the schools. The Committee was informed that most families came to this country to learn English, and therefore the children follow this throughout the education system.

The Committee was informed that there were eight strands of the Equality Act 2010 and Age and Disability were high priorities for Havering. The eight strands were:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race/ethnicity
- Religion & belief
- Sex
- Sexual orientation

The Committee noted that “Disabled GO” website was available for those with disabilities to plan routes around the country and visit particular locations. Havering’s part of the site went live in September 2009 and is updated every 3 years. It also include details of other organisations to ensure inclusion.

The Committee **noted** the briefing

19. ADULTS SAFEGUARDING REPORT

The Committee received a report from the Quality & Safeguarding Service Manager, Adult Social Care on how current local arrangements work to safeguard adults in Havering.

The Committee noted the definition of “Safeguarding” as set out by the Care Quality Commission (CQC) as “the responsibility of relevant bodies to protect people whose circumstance make them particularly vulnerable to abuse, neglect or harm.”

Individuals Services Overview & Scrutiny Committee, 9 November 2010

The Committee was informed that safeguarding is a key responsibility of the Local Authority and has developed rapidly over the last 10 years. However, unlike Children's Safeguarding, there is currently no legal framework. Current policies have been developed through Government guidance, under the Department of Health's policy framework "No Secrets" (2000). This includes financial abuse, physical abuse, sexual abuse and, recently added, neglect.

The Committee was informed that the Pan London Safeguarding Policies and Procedures have been circulated for consultation. The Havering Adults Safeguarding Board had discussed the proposals and returned comments and suggestions to the Department of Health. Once the documents were finalised, Havering would adopt the Policies and Procedures. It was hoped that other London Boroughs would also adopt so there were more cross-London benefits.

The Committee noted that Safeguarding was everybody's responsibility, and included four kinds of activities:

- Prevention and Awareness Raising – supporting communities to look out for each other and know what to do if someone is being abused.
- Inclusion – community safety activities and other universal services including vulnerable adults.
- Personalised Management of Independence and Risk – Supporting people are supported to make informed choices, and to take action if they are suffering harm.
- Specialist Safeguarding Services – Ensuring specialist action is in place to support people who suffer harm, and that best interests are pursued.

The Committee noted that the multi-agency Safeguarding Adults Board includes partners from Health, Police, Fire Service, Children's representative, Community Safety, Legal Services, Providers and User Groups. The board will produce an Annual Report to identify previous successes and future challenges and raise the profile of safeguarding. Health have now established their own Board.

The Committee **noted** the report and asked that once the Annual Report was produced by the Safeguarding Adults Board, this be presented to the Committee at a future meeting.

20. SOCIAL INCLUSION – EMPLOYMENT OPPORTUNITIES/ SUPPORT

The Committee received a report from the Group Director Social Care and Learning and the Mental Health Social Inclusion Commissioning Manager on employment opportunities and challenges for adults with Mental Health problems and Learning Disabilities.

Individuals Services Overview & Scrutiny Committee, 9 November 2010

The Committee was informed that the Valuing People Now (2009) and Valuing Employment Now (2010) publications placed a priority on getting more people with learning disabilities into paid employment. This provided more social inclusion into real jobs, where possible.

The Committee was updated on the Local employment Context. The estimated target for people with learning difficulties in employment in Havering was 5%, however as at March 2010, Havering had achieved 5.43%. For people who receive secondary mental health services the target for people in employment in Havering was 10%. As at September 2010, Havering had achieved 7.5%, a big improvement on the figures quoted in the report.

The Committee noted that given the current employment market this could be a major challenge in the short/ medium term. However there were excellent links and relationships between Schools, Colleges and Employers for people with learning disabilities, to ensure that support was in place throughout. The Committee was further informed that Day Centres also had a role to play in assisting users to encourage their children to take the next steps into employment.

The Committee **noted** the report.

21. REABLEMENT REVIEW

The Committee received a report from the Preventative Care Services Manager, Adult Social Care on the Reablement Review, which formed a key part of the Adult Social Care transformation programme (personalisation). The overall objective of reablement was to assist people to remain living at home, to achieve maximum independence, to prevent hospital admissions/ re-admissions and where appropriate, to reduce the level of care needed in the longer term.

The Reablement service was a short term service, of up to 6 weeks, of intensive services for people with poor physical or mental health. This service was to assist patients, who due to illness need to learn/re-learn the skills necessary for daily living. It also achieved the patients potential in terms of a stable level of independence with the lowest appropriate level of ongoing support. The primary advantage of this service was the reduction in the need for residential/ nursing homes.

The Committee was informed that there was a low turnover of people having to return to reablement, and whilst the cost was the same this year as last, the service was able to deal with cases on a much quicker turnaround. There was now a better balance of Occupational Therapists than Social Workers and it was more about assisting clients to carry out chores, rather than doing the chores for them.

The Service was currently dealing with 57 clients on the reablement programme, including walking, transport needs and cooking support.

The Committee **noted** the report.

22. FUTURE AGENDAS

The Committee agreed that they would like details of the Social Care Budgets and where the current position of the service, to prevent any overspends at the end of the current financial year.

**MINUTES OF A SPECIAL MEETING OF ALL
OVERVIEW & SCRUTINY COMMITTEES
Havering Town Hall, Romford
Thursday 20 January 2011 (7.30pm – 9.30pm)**

Present: Members of the Council's Overview & Scrutiny Committees as listed in the Appendix to these minutes

Other Members

Councillors Michael White (Leader of the Council) and Barry Tebbutt (Cabinet Member for Environment) were present

Four members of the public were also present

Apologies were received for the absence of Councillors Becky Bennett, Denis Breeding, Linda Hawthorn, John Mylod, Frederick Thompson, Melvin Wallace and Keith Wells

1 CHAIRMAN OF MEETING

With the agreement of all Overview & Scrutiny Committee Members, the Chair was taken at this special joint meeting by Councillor Roger Evans (Chairman, Partnerships Overview & Scrutiny Committee).

The Chairman advised all present of action to be taken in the event of emergency evacuation of the Town Hall becoming necessary.

2 THE COUNCIL'S BUDGET 2011/14

Cabinet had, at its meeting the previous evening, considered the report now before the Meeting and had, among other things:

Approved the progress made to date with the development of the Council's budget for 2011/12 and beyond.

Noted the outcome of the provisional local government financial settlement announcement and in particular, the expected reduction in Government funding for 2011/12 of over £11m.

Noted that the proposals contained in the report to Cabinet in July 2010 were now being incorporated in the Council's future budget, subject to the final outcome of consultation.

Noted that further reports would be submitted to Cabinet setting out the long term financial strategy for the Council and the outcome of the residents' survey.

Noted the financial position of the Council in the current year.

All Overview & Scrutiny Committees (Special), 20 January 2011

Noted that the GLA's proposed budget for 2011/12 assumed a standstill position on the band D Council Tax position.

The Leader of the Council gave a presentation to the Meeting about the Council's financial position and the proposals that would form the budget for 2011/12.

The Meeting then considered the report to the Cabinet, which gave an update on the progress of the 2011/14 corporate budget and the proposed financial strategy for responding to the financial position facing the Council. It also set out the additional proposals now identified for consideration by all the relevant Committees and for consultation with stakeholders.

It was noted that the provisional Local Government Financial Settlement had now been announced, and relevant details were included in the report.

It was also noted that the budget for 2011/12 would require review in the Summer period.

At the suggestion of the Chairman, the Meeting considered the report page-by-page. In response to a number of queries, Members were advised as follows (note – for ease of reference, the paragraph/section/appendix numbers shown below are those as listed in the report):

- | | |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Para 3.3 (Libraries) | The arrangements for the transfer of management of the Library Service to a Trust were currently being developed but would not be in a position to be formally considered by Members for some time yet. Officers were reviewing the approach being taken by other authorities. In the meantime, some savings were being found through reductions in the mobile library service and other minor changes |
| Para 3.3 (Fairer Charging) | An Executive Decision was currently in preparation for signature by the Cabinet Member on Fairer Charging. The eventual figure for savings to be delivered would be dependent on the final proposals adopted |
| Para 3.7 | The savings proposals referred to were those identified in the budget adjustments report considered by the Overview & Scrutiny Committees jointly, and then Cabinet, in August 2010. There was expected to be a similar arrangement in the coming Summer to consider the position for 2012/13 |
| Section 4 Capital Programme | <p>It was confirmed that the Council was always ready to consider "Invest to Save" proposals.</p> <p>Assumptions about the level of capital receipts had proved to be optimistic but the Council always sought to achieve the best possible value from its asset disposals.</p> <p>Borrowing in the current year was due to a reduced level of receipts, necessitating a temporary level of borrowing to fund the planned expenditure</p> |
| Section 6 Other key matters | A query was raised over the contribution made by the Council to the concessionary fares scheme and the |

All Overview & Scrutiny Committees (Special), 20 January 2011

proportion of residents who had a pass; officers undertook to provide a written response to this.

It was confirmed that there was no freeze on recruitment to Adult Social Care vacancies. Any vacancies arising were filled straight away, pending permanent recruitment, by agency staff. There were no changes planned to the service thresholds currently in place.

Three schools were understood to be seeking Academy status and the rules on transfer of school debt in these circumstances had not been finalised as yet.

There had been no significant increases in looked after children since the implementation of additional safeguarding measures

**Section 8
Housing budget**

It was confirmed that tenants would need to be given clear explanations of the various rent and service charge increases that were to be applied to Council housing

**Section 9
Consultation**

The Council had an obligation to engage with the public and ensure that they were kept well informed. Engagement through the ballot box alone was not enough

**Appendix A –
Government grants**

The position on grants remained unclear. There was now a much reduced number of grants and little ring-fencing, leaving the Council freer to spend according to its own priorities (but within statutory obligations). The Leaders of a number of the Outer London boroughs were now working closer together to persuade Ministers of the need for change in grant formulas, and there were in any event indications that Ministers were looking at alternative funding mechanisms

**Appendix B -
Revenue Budget
Strategy**

The priority areas within the Strategy were decided by Cabinet, based on feedback from the public

**Appendix C –
budget adjustments**

paragraphs as noted
in next column

Budget additions – income

1 The Council would be seeking more sponsorship for events but accepted this would be difficult in the current climate

2 Many of the original partner organisations participating in the PASC had since moved to different models of support for the public and no longer need to be based there, and so had withdrawn. New front desk Council staff would shortly be moving there

3 Reduced hall provision and other costs had resulted in a £25k shortfall

4 The downturn had led to reduced income from advertising. Officers were confident this was now an achievable target

Budget additions – expenditure

7 Re-tendering was necessary to regularise the position

9 and 10 Intended savings had been overtaken by the move

All Overview & Scrutiny Committees (Special), 20 January 2011

to Internal Shared Services

Budget reductions

11 Following reductions in audit requirements, a saving was now possible, this was in the region of 9 to 10%

12 Withdrawal of other local authorities from the Thames Chase Forest project meant that the Council might have to consider its position

13 There was a possibility that the Government would be coming forward with a replacement for the Building Schools for the Future programme although this depended on the results of the current Government review of this area.

Appendix D – In-year variances

Service groups as noted in next column

Culture & Community

Car parking etc fees had been raised with effect from 7 February in view of the budget position. Officers undertook to clarify exactly what assumptions were included in the forecast

Finance & Commerce

Some potential tenants existed for commercial property lettings but the position was volatile

Legal & Democratic Services

Homes in Havering were no longer using the Council's Legal Services

At the conclusion of the meeting, Members asked that their appreciation of the work of officers in seeking so far as possible to protect the Council's position be recorded.

All Overview & Scrutiny Committees (Special), 20 January 2011**APPENDIX
MEMBERS PRESENT**

Committee	Membership <i>Councillors</i>
Children & Learning Overview and Scrutiny Committee	Chairman: Sandra Binion Vice-Chairman: Gillian Ford Members: + Wendy Brice-Thompson (substitute for Frederick Thompson) Dennis Bull Robby Misir Pat Murray Garry Pain Billy Taylor John Wood Voting co-opted Members: Statutory Members representing the Churches: Jack How (Roman Catholic Church)
Crime & Disorder Committee	Chairman: Ted Eden Vice-Chairman: John Wood Members: + Sandra Binion (substitute for Melvin Wallace) + Keith Darvill (substitute for Denis Breeding) David Durant Georgina Galpin + Robby Misir (substitute for Becky Bennett) Fred Osborne Linda Van den Hende
Environment Overview and Scrutiny Committee	Chairman: Jeff Brace + Vice-Chairman: Clarence Barrett (substitute for John Mylod) Members: Dennis Bull Nic Dodin David Durant Peter Gardner Linda Trew
Health Overview and Scrutiny Committee	Chairman: Lynden Thorpe Vice-Chairman: June Alexander Members: Wendy Brice-Thompson Nic Dodin Fred Osborne Linda Trew
Individuals Overview and Scrutiny Committee	Chairman: Wendy Brice-Thompson Vice-Chairman: Linda Van Den Hende Members: Jeff Brace + Dennis Bull (substitute for Keith Wells) Ron Ower Lynden Thorpe

All Overview & Scrutiny Committees (Special), 20 January 2011

Committee	Membership <i>Councillors</i>
Partnerships Overview and Scrutiny Committee	Chairman: Roger Evans Vice-Chairman: Barbara Matthews Members: + Dennis Bull (substitute for Keith Wells) Osman Dervish Denis O'Flynn Billy Taylor Linda Trew
Towns & Communities Overview and Scrutiny Committee	Chairman: Frederick Osborne + Vice-Chairman: Clarence Barrett (substitute for Linda Hawthorn) Members: Wendy Brice-Thompson Michael Deon Burton Osman Dervish Barbara Matthews Paul McGeary Garry Pain + Linda Trew (substitute for Frederick Thompson)
Value Overview and Scrutiny Committee	Chairman: Robby Misir Vice-Chairman: Ray Morgon Members: Ted Eden Ron Ower Billy Taylor Damian White



INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE

REPORT

2 MARCH 2011

Subject Heading:

Proposed changes to Fairer Charging
Policy – call in of Executive Decision

CMT Lead:

Andrew Ireland
Group Director – Social Care and Learning
01708 433203

Report Author and contact details:

Wendy Gough
Committee Officer
Committee Administration
01708 432441
wendy.gough@havering.gov.uk

In accordance with paragraph 17 of the Overview and Scrutiny Committee Rules, a requisition signed by two Members representing more than one Group (Councillors Clarence Barrett and Keith Davill) has called in the decision of the Cabinet Member dated 31 January 2011. The text of the requisition appears at the end of this report:

EXECUTIVE DECISION

In accordance with the decision of Cabinet on 14 July 2010 to delegate authority to the Cabinet Member for Individuals and the Cabinet Member for Value to adopt changes to the Council's Fairer Charging Policy with effect from 1 April 2011 as set out in the appendix to the minutes of the Cabinet meeting on the 14 July 2010 with modifications to take account of the consultation responses as follows:

1. Increase in Meals on Wheels fees to £4.99 per meal
2. Increase in minimum charge for non-residential care services from £1 to £2.50 per week

3. Increase in cap on maximum rates of charges from £240 per week to £320 per week
4. Introduction of charge of £40 per day for Day Centre services
5. Introduction of charge of £5 per return journey for transport to day centres
6. Reduction from 15% to 10% in proportion of net assessable income considered when applying charge for non-residential services.
7. Ending telephone line rental subsidy service
8. Introduction of cap of £73.40 per week (equal to higher rate of Attendance Allowance/ Disability Living Allowance) in financial assessments for allowable disability related expenses.

Reasons for the decision:

Since Cabinet made its decision to consult on the proposed variations to the Fairer Charging Policy on 14 July 2010, a three month consultation exercise has been undertaken to seek feedback from the services users, the carers of service users and other stakeholder organisations regarding the fairness of the proposed changes with 682 responses out of 2361 forms issued. The consultation did highlight a need to try to dampen the impact of removing subsidy to meals on wheels. The proposed cost was £5.13 per meal, following consultation it has been decided to set the new charge at £4.99, 14p lower than the original proposal.

For all other propose changes the feedback was fairly balanced between people who thought it was fair and those who thought it wasn't.

The Fairer Charging policy is set up in order that each individual service users circumstances are considered when ascertaining whether or not they are liable to pay for care. Currently 60% of all non-residential service users are assessed as not able to contribute towards their care fees, 25% pay a contribution, and 15% pay the full cost.

Regard has been paid to effect of any charge on a user's net income; the Fairer Charging Guidance requires the net incomes should not be reduced below defined basic levels of Income Support or the Guarantee Credit of Pension Credit of Pension Credit, plus 25%. Charging policies, which reduce users' net incomes below these defined basic levels, are not acceptable and undermine policies for social inclusion and the promotion of independence. None of the proposed changes reduce user's net incomes below these levels.

The Fairer Charging Guidance requires that where disability benefits are taken into account as income in assessing ability to pay a charge, councils should assess the individual user's disability-related expenditure; councils should specifically consult on the need to assess disability-related expenditure for other users. It is not acceptable to make a charge on disability benefits without assessing the reasonableness of doing so for each user.

The changes to the policy are necessary in order to mitigate the impact of the national budget cuts and allow the Council to maintain the current services at their

current standard. These changes will also generate an estimated £786k in additional income.

In addition, these changes to the charging policy will ensure a fairer distribution of services and will allow the Council to make more productive use of the resources that we have.

Other options considered and rejected:

Whilst the Council has a general discretion as to whether to charge or not, The Fairer Charging Guidance sets out that flat rate charging is only acceptable in limited circumstances. Otherwise the Council is obliged to continue to apply a means tested approach to charging for non-residential care. In addition, increasing existing rates of charges will only have a minimal impact on income as only 15% of service users will be affected by this.

The changes to this policy that are being introduced will impact on 40% of the service users, thus making the increase in income from these changes more substantial. In the current financial climate, making these changes will allow us to mitigate the decrease in budgets and allow us to maintain more of the current non-residential services at their current levels of quality.

REASONS FOR REQUISITION

1. Explain further the rationale behind the 33% increase (from £240 to £320) for those paying the full cost of care.
2. Explain further the rationale behind the proposal to charge £40 per day for day care with the additional £5 per day for transport for people with learning disabilities.
3. Explain further the rationale behind the 33% increase for Meals on Wheels and what consideration has been taken into account for those who cannot afford the new price.
4. What considerations have been taken into account for Day Centre users subject to the full cost of £5 per return journey.

Appended to this report is:

The Notice of executive decision by Individual Cabinet Member (11/15)

RECOMMENDATION

That the Committee considers the requisition of the decision of Cabinet and determines whether to uphold it.

Individuals Overview & Scrutiny Committee, 2 March 2011

11/15 + app



Havering
LONDON BOROUGH

Notice of executive decision by individual Cabinet member

THIS IS NOT A KEY DECISION

Subject Heading:	Proposed changes to Fairer Charging policy
Cabinet Members:	Cllr Steven Kelly Cllr Roger Ramsey
CMT Lead:	Andrew Ireland
Report Author and contact details:	Adam Ferrand Team Manager – Financial Assessment & Benefits Team
Policy context:	Charging for non-residential care services
Financial summary:	The proposed changes to the policy are estimated to generate an additional £786k in income to the Council.
Forward Plan entry number:	
Relevant OSC:	Individuals
Is this a Strategic Decision?	Yes
If it is a Strategic Decision, when should this matter be reviewed?	Annually
Is it an urgent decision? If so, please refer to the note at the end	Yes

The subject matter of this report deals with the following Council Objectives

Clean, safe and green borough	<input type="checkbox"/>
Excellence in education and learning	<input type="checkbox"/>
Opportunities for all through economic, social and cultural activity	<input type="checkbox"/>
Value and enhance the life of every individual	<input type="checkbox"/>
High customer satisfaction and a stable council tax	<input type="checkbox"/>

SUMMARY

To consider the results of the consultation exercise and to introduce a number of changes to the Council's Fairer Charging policy with effect from 1st April 2011

Part A

DETAIL OF THE DECISION

To adopt changes to the Council's Fairer Charging Policy. with effect from 1st April 2011 as set out in the appendix to the minutes of the Cabinet meeting on the 14th July 2010 with modifications to take account of the consultation responses as follows:

- Increase in Meals on Wheels fees to £4.99 per meal
- Increase in minimum charge for non-residential care services from £1 to £2.50 per week
- Increase in cap on maximum rates of charges from £240 per week to £320 per week
- Introduction of charge of £40 per day for Day Centre services
- Introduction of charge of £5 per return journey for transport to day centres
- Reduction from 15% to 10% in proportion of net assessable income considered when applying charge for non-residential care services
- Ending telephone line rental subsidy service
- Introduction of cap of £73.40 per week (equal to higher rate of Attendance Allowance/Disability Living Allowance) in financial assessments for allowable disability related expenses

AUTHORITY UNDER WHICH DECISION IS MADE

Cabinet decision of 14th July 2010 to delegate authority to the Cabinet Member for Individuals and the Cabinet Member for Value to finalise policy following consideration of consultation responses.

STATEMENT OF THE REASONS FOR THE DECISION

Since Cabinet made its decision to consult on the proposed variations to the Fairer Charging Policy on 14 July 2010 a three month consultation exercise has been undertaken to seek feedback from the service users, the carers of service users and other stakeholder organisations regarding the fairness of the proposed changes with 682 responses out of 2361 forms issued. The consultation did highlight a need to try to dampen the impact of removing subsidy to meals on wheels. The proposed cost was £5.13 per meal, following consultation it has been decided to set the new charge at £4.99, 14p lower than the original proposal.

Member Key Decision

For all other proposed changes the feedback was fairly balanced between people who thought it was fair and those who thought it wasn't.

The Fairer Charging policy is set up in order that each individual service users circumstances are considered when ascertaining whether or not they are liable to pay for care. Currently 60% of all non-residential service users are assessed as not able to contribute towards their care fees, 25% pay a contribution, and 15% pay the full cost.

Regard has been paid to the effect of any charge on a user's net income; the Fairer Charging Guidance requires that net incomes should not be reduced below defined basic levels of Income Support or the Guarantee Credit of Pension Credit of Pension Credit, plus 25%. Charging policies, which reduce users' net incomes below these defined basic levels, are not acceptable and undermine policies for social inclusion and the promotion of independence. None of the proposed changes reduce user's net incomes below these levels.

The Fairer Charging Guidance requires that where disability benefits are taken into account as income in assessing ability to pay a charge, councils should assess the individual user's disability-related expenditure; councils should specifically consult on the need to assess disability-related expenditure for other users. It is not acceptable to make a charge on disability benefits without assessing the reasonableness of doing so for each user.

The changes to the policy are necessary in order to mitigate the impact of the national budget cuts and allow the Council to maintain the current services at their current standard. These changes will also generate an estimated £786k in additional income.

In addition, these changes to the charging policy will ensure a fairer distribution of services and will allow the Council to make more productive use of the resources that we have.

OTHER OPTIONS CONSIDERED AND REJECTED

Whilst the Council has a general discretion as to whether to charge or not, The Fairer Charging Guidance sets out that flat rate charging is only acceptable in limited circumstances. Otherwise the Council is obliged to continue to apply a means tested approach to charging for non-residential care. In addition, increasing existing rates of charges will only have a minimal impact on income as only 15% of service users will be affected by this.


The changes to this policy that are being introduced will impact on 40% of the service users, thus making the increase in income from these changes more substantial. In the current financial climate, making these changes will allow us to mitigate the decrease in budgets and allow us to maintain more of the current non-residential services at their current levels of quality.

Member Key Decision

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Joe Coogan

Designation: Assistant Director, Commissioning

Signature: 

Date: 27/01/11

Part B

LEGAL IMPLICATIONS AND RISKS

Stephen Doye, Legal Manager (Community Services)

Any changes to the policy as a result of the consultation must be compliant with the Fairer Charging Guidance, unless there is good reason to depart from the Guidance, in which case the rationale should be recorded within this Report.

Also the consultation exercise needs to be meaningful. In other words, the consultees must have been given sufficient information on the proposals and on any alternatives, sufficient time to respond, and the responses must be conscientiously considered before the decision is taken.

The Council also needs to ensure that the equality and fairness assessment is fully considered and the results taken into account before the final decision is taken.

Provided the above has occurred the legal risks should be minimised.

FINANCIAL IMPLICATIONS AND RISKS

Caroline May, Group Finance Manager – Children's & Adults Finance

See section 6.1 to 6.13 of the Cabinet paper titled 'Review of Fairer Charging Policy' discussed at the cabinet meeting on the 21st July 2010

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

Julie Shead, Senior Employee Relations Advisor

The administration of the proposals within this report will be absorbed within the current establishment of the Financial Assessment & Benefits Team. There are potential workforce implications that may be generated through application of some of the options in the proposed fairer charging policy. For example, the Meals on Wheels service delivery is undertaken in-house and if there is significant reduction in usage due to the removal of the subsidy the risk is that this may impact directly on posts within that service area. Other areas of the Councils, outside of Social Care & Learning Directorate, may also have need to review their establishment prior to the introduction of this policy. This should be carried out within the Council's existing framework for change management before the expected implementation date for the proposed policy, allowing sufficient time for reasonable staff and Trade Union consultation to be effected.

Member Key Decision

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

A full Equality Impact Assessment has been done in respect of the introduction of these changes to the policy.

BACKGROUND PAPERS

Cabinet paper titled 'Review of Fairer Charging Policy' discussed at the cabinet meeting on the 21st July 2010

Department of Health Fairer Charging Guidance 2010

The same documents as set out on the original Cabinet paper plus original consultation documents and responses.

Member Key Decision

Confirmation of decision

I confirm that I have made this executive decision, in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Signed

Name:  Councillor Steven Kelly

Portfolio held: Lead Cabinet Member for Individuals

Date: 28/01/2011

Signed

Name:  Councillor Roger Ramsey

Portfolio held: Lead Cabinet Member for Value

Date: 31. 1. 11.

Lodging this notice

This notice should be delivered to the proper officer, currently the Democratic Services Manager via Ian Buckmaster, in the Town Hall. A copy of this notice should be retained by the individual Cabinet member making the decision in question.

Urgency

Where the executive decision recorded in this notice has been made in accordance with the special urgency provisions of the Overview & Scrutiny Procedure Rules, a copy of the written agreement obtained under rule 18 must be attached to all copies of this notice.

For use in Democratic Services

I confirm that this notice was lodged with me on

31/1/11

Signed 

INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE

REPORT

2nd March 2011

Subject Heading:

National Strategy for Adults with Autism

CMT Lead:

Andrew Ireland, Group Director Social
Care & Learning

Report Author and contact details:

David Cooper, Head of Adult Social Care,
Social Care & Learning

Policy context:

- The Autism Act 2009
- National Strategy for Autism 2010
- Statutory guidance to Local Authorities and NHS organisations to support the implementation of the Act (2010)
- Valuing People Now (2009)

Financial Summary:

As this report is for information only, there are no direct financial implications arising.

The subject matter of this report deals with the following Council Objectives

Clean, safe and green borough	<input type="checkbox"/>
Excellence in education and learning	<input type="checkbox"/>
Opportunities for all through economic, social and cultural activity	<input type="checkbox"/>
Value and enhance the life of every individual	<input checked="" type="checkbox"/>
High customer satisfaction and a stable council tax	<input type="checkbox"/>

SUMMARY

This report outlines

1. The purpose of this report is to outline details of the national strategy for adults with autism in England, and the statutory guidance for Local Authorities and NHS organisations to support the implementation of the strategy.
- 1.2 The report also outlines the key priorities for the first year of the national strategy and progress in Havering; including work to develop a local autism plan.

RECOMMENDATIONS

Members are asked to note the content of this report

REPORT DETAIL

3. Background:
 - 3.1 The Autism Act 2009 was created in response to increasing evidence that a significant proportion of adults with autism, across the whole autistic spectrum, are excluded both socially and economically e.g. estimates suggest only 15% of adults diagnosed with autism are in employment, health outcomes are worse than for the population at large and that a large number of people with autism continue to live with their families rather than independently in their own homes.
 - 3.2 What is autism? - Autism is thought to be a spectrum of neurodevelopmental conditions, characterised by difficulties in the development of social relationships and communication skills and the presence of unusually strong narrow interests, and repetitive behaviour.

Classic autism also typically involves associated learning difficulties (below average IQ) and language delay. Aspergers Syndrome (AS), a subgroup conceptualised as part of the autistic spectrum, shares features of autism but without the associated learning difficulties (they

have normal or even above average IQ) and without any language delay. (ref: Autism Research Centre)

- 3.3 Action is also being taken forward under 'Valuing People Now' (DH 2009), to benefit those adults with autism who also have learning disabilities – approximately half of them – the Government stated its commitment that more must be done to support all adults across the whole autistic spectrum.
- 3.4 Building on the evidence set out in a series of important reports, including "I Exist" (published by the National Autistic Society), the Autism Act 2009 set out the Government's commitment to improve inclusion and that adults with autism are able to participate fully in society.
- 3.5 The strategy 'Fulfilling and rewarding lives', and a delivery plan setting out the key priorities for change were published in 2010. The Government's vision for adults with autistic spectrum conditions was: *"All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it and they can depend on mainstream public services to treat them fairly as individuals, helping them to make the most of their talents"*

The key themes in the strategy were:

- **increased awareness and understanding of autism across all public services. Including the development of effective staff training.**
 - **development of a clear, consistent pathway for diagnosis of autism.**
 - **assessment of need leading to improved care pathways to services and support.**
 - **providing guidance on the reasonable adjustments that might usefully be made to improve the delivery of services and communication with adults with autism.**
 - **helping adults with autism into employment.**
 - **to enable local partner organisations to develop relevant services for adults with autism to meet identified needs.**
- 3.6 Implementing the strategy – The Delivery Plan set out a number of priorities for the first year of the national strategy including:
- **raising awareness of the strategy locally.**

- **appointment of a lead commissioner or manager with responsibility for autism and developing a commissioning plan.**
- **appointment of a lead professional to develop local assessment arrangements.**
- **setting up an Autism Board with participation from adults with autism and parents / carers.**
- **starting a needs analyses for the local population and ensuring autism is included in the Joint Strategic Needs Analysis (JSNA).**
- **developing regional links / planning.**
- **share good practice.**

3.7 In December 2010 the Coalition Government published statutory guidance for Local Authorities and NHS organisations to support the implementation of the national autism strategy.

The Coalition Government underlined that it wished to focus on outcomes, not process targets. Therefore they grouped the key themes outlined in the strategy in to 4 outcome requirements:

- (1) training staff who provide services to adults with autism
- (2) identification and diagnosis of autism in adults, leading to assessment of needs for relevant services.
- (3) planning in relation to the provision of services to people with autism as they move from being children to adults (transition planning).
- (4) local planning and leadership in relation to the provision of services for adults with autism.

The Coalition Government confirmed that it would expect Local Authorities to develop a local autism strategy by April 2011. That examples of good practice in areas such as training or information would be published on the DoH website.

4. Top priorities for the first year of the national strategy, and progress in Havering (in 2010/11).

- **Awareness raising of strategy** – In October 2010 the Learning Disabilities Partnership Board discussed the strategy, and agreed to establish an Autism Planning Group to develop a local plan.
- **Appointment of a lead Commissioner / Manager with responsibility for autism and developing a Commissioning Plan** – The Head of Adult Social Care chairs the Autism planning group, and the joint commissioner for learning disabilities will include the

provision of autism services in the LD Commissioning Plan for 2011/12 (currently being developed).

- **Setting up an Autism Partnership Board with participation from adults with autism and parents / carers** – The Autism Planning Group has been established, and work on developing a local plan is underway. The Board includes statutory, voluntary, and service user / carer representatives.
- **Starting a needs analysis for the local population and ensuring autism is included in the JSNA** – This is being developed by the Joint Commissioner for learning disabilities, and the Council's policy unit; it will inform both the Joint Commissioning Strategy, and the local autism plan.
- **Developing regional links / planning** – This support has initially been provided by the regional officer of the National Autistic Society. Following the publication of the statutory guidance, in December 2010, the Coalition Government confirmed that some consultancy support will be provided, on a regional basis, to assist authorities in the development of a local autism plan.
- **Share good practice** – as indicated above the DoH intends to publish examples of good practice on its website.

5. Challenges and future Developments

- 5.1 The NHS White Paper 'Equity and Excellence : Liberating the NHS' sets out the Coalition Government's proposed changes for the NHS including the establishment of a new NHS Commissioning Board, and a transfer of responsibility for health improvement to local Government. It is envisaged that Local Authorities and GP Consortia will work together on planning and commissioning services for local populations. The statutory guidance on implementing the autism strategy is seen as consistent with the wider changes already announced.
- 5.2 The autism strategy also builds on existing policy aimed to transform the way in which public services are planned, commissioned and delivered. In particular 'personalisation' is about assessing the particular needs of each individual and giving them choice and control to build the right package of care based on those needs.
- 5.3 As Members will be aware, the Council is also embarking on a major transformation programme on the way in which it delivers services to the public. This includes changes to Adult Social Care, in line with the national 'personalisation' agenda outlined above.

In the context of people with disabilities, including autism, this is based around the concept of 'person centred planning'. The changes include:

- putting the person in the driving seat
- keeping them connected to their local community
- give them a personal budget
- let them control their support

- 5.4 As with many other Local Authorities, Havering has indicated that they do not expect to have an Autism plan completed by April 2011. We do not think this timescale is realistic given the wider national 'change agenda' taking place, the importance of gaining further stakeholder engagement, and in enabling meaningful service user and family / carer engagement. We think it is more important to get the plan 'right', rather than stick to some rigid deadline.

However, we do expect to have a local autism plan in place by the Autumn. As indicated above, in the interim commissioners will be including the development of autism services in the commissioning plans which are now being developed. Whilst some key issues can be addressed as the autism plan is being developed e.g. training of key professional staff.

- 5.5 Funding – However, the national Autism Strategy 'Fulfilling and rewarding lives', and the statutory guidance, does not come with any new money to support implementation.

As Members will be aware Local Authorities are operating in a very challenging financial context. The details of which were outlined in the Group Director, Finance & Commerce report to Cabinet on the 15th December 2010.

The Comprehensive Spending Review (CSR) announced on the 20th October 2010 outlined that Local Authorities funding would be reduced by 7.1% each year until 2014/15. There have also been changes to specific grant funding streams which will also impact on Local Authorities. At the time of writing this report, we are also still awaiting the announcement of the Revenue Support Grant settlement.

The Minister in announcing the statutory guidance to implementing the Autism Strategy reminded Local Authorities and Health bodies that additional grant funding for social care, and reablement linked to hospital discharge had been made available in the CSR and related announcements, and that the Coalition Government expected part of this funding to be used to support the development of autism services. Although details of this funding are unclear, and will form part of the wider Council budget setting outlined above.

- 5.6 That said there are a number of key outcomes in 'Fulfilling and rewarding lives' which do not have significant resource implications for Health and social care services, such as:

- improving the way they identify the needs of adults with autism and
- incorporating those needs more effectively in to local service planning and commissioning, so that adults with autism and their carers are better able to make relevant choices about their care.

IMPLICATIONS AND RISKS

6.1 Financial implications and risks:

The resource implications arising from the national Autism strategy are still to be clarified, and will be considered as part of the Learning Disabilities commissioning plan. The financial implications will be considered with partner agencies, particularly Health, and as part of the Council's budget setting process for 2011/12 (as this becomes clearer).

It should be noted that there are no additional resources available to support implementation of this strategy or actions resulting from the plan, any Havering commitments will need to be met from within existing Adults resources. The Adults Services budget has not yet been finalised for 2011/12 as overall funding reductions are currently being considered. It is expected that funding levels will be reduced in the context of the current financial climate. There are MTFS savings already agreed that impact on related budgets. Departmental funding levels are to be agreed imminently in advance of the upcoming new financial year.

6.2 Legal implications and risks:

Pursuant to Section 3 of the Autism Act 2009, a Local Authority must treat the guidance issued by the Secretary of State under the Autism Act as if it were issued under Section 7 of the Local Authority Social Services Act. This means that Local Authorities must "follow the path charted by the guidance, with liberty to deviate from it where the authority judges on admissible grounds that there is good reason to do so, but without freedom to take a substantially different course."

Local Authorities and NHS bodies must not only take account of this guidance, but also follow the relevant sections or provide a good reason why they are not doing so e.g. they can prove that they are providing an equivalent or better alternative. Lack of sufficient resources would not necessarily constitute a good reason.

Otherwise there are no apparent legal risks from noting this Report.

6.3 Human Resources implications and risks:

There are no human resource implications at this time.

6.4 Equalities implications and risks:

Please see the attached Equality Impact Assessment.

EQUALITY IMPACT ASSESSMENT TEMPLATE

GUIDANCE NOTES

PURPOSE

London Borough of Havering's Equality and Diversity policy requires that policies and functions are developed in full recognition of the diverse needs, circumstances and concerns of the people who will be affected by them.

The purpose of this impact assessment is therefore to examine the extent to which this policy/procedural guidance may impact differently on different members of the community and, where appropriate, prompt the consideration of alternative measures to ensure an equal standard of service is accessible to all.

Note: *Different* impact does not necessarily mean *adverse* (or negative) impact

FORMAT

This template is made up of three sections:

- Guidance notes (this page).
- Section A – Please note that this is not the impact assessment. This section should be used to *informally* chart your thinking and decision-making relating to your assessment. It is *not* intended that this section will be placed in the public domain, although we suggest that you retain it for future reference and audit purposes. **This section should be viewed as an aid to completing section B which is the impact assessment**
- Section B – which should be used to *formally* record the findings and results of your assessment. This section *will* normally be made available to the public.

RESPONSIBILITY

Responsibility for compliance with the Council's equality requirements rests with the *policy author*. Specialist guidance and support is, however, available from members of the Diversity Standards Unit.

Assessments must be carried out for all policies and functions. New assessments must be carried out in the following circumstances:

- Where a new policy or function is planned
- Where an existing policy or function is to be altered significantly
- Where a function has not been assessed for three years

Where asked to consider users, please consider **all** current and potential users to include disadvantaged users as well as the diversity strands of Age, Disability, Gender, Sexual Orientation, Race (Ethnicity), Religion (Belief).

CONSULTATION

Please note that this template encourages you to undertake consultation (both internally and externally) *before* you begin to draft your document, in order that feedback can be integrated into the main principles of the policy/procedural guidance.

EQUALITY IMPACT ASSESSMENT TEMPLATE

Part 'A'

This section is designed as a learning tool - to be used as an informal “note pad” to record the analysis you undertake and the considerations you take into account

It is *not* intended that this section will be placed in the public domain, however, we suggest that you retain this information for future reference and audit purposes

A1. What are the aims and proposed outcomes of the policy/function (and any associated procedures)?

In line with national guidance and the remit of the transformation programme the aims of the Havering Autism Strategy are:

- Increased awareness and understanding of autism across all public services. Including the development of effective staff training
- Development of a clear, consistent pathway for diagnosis of autism
- Assessment of need leading to improved care pathways of services and support
- Providing guidance on the reasonable adjustments that might usefully be made to improve the delivery of services and communication with adults with autism.
- Helping adults with autism into employment
- To enable local partner organisations to develop relevant services for adults with autism to meet identified needs.

These aims are expected to lead to improved outcomes around Employment, Health, Social Inclusion and Housing for a significant number of individuals on the autism spectrum who are currently seriously disadvantaged from engaging in mainstream activity by nature of their condition.

A2. Which users - individuals, or groups of individuals, are *most likely* to be affected?

National data suggests that autism occurs in 1 in every 100 of the population. Most of these individuals are undiagnosed and therefore their autism is not recognised, all but those individuals who have classic autism, i.e. autism with a severe learning disability, are unknown to social services or else are being treated for other conditions. Therefore a significant number of the population are receiving little or no specialist support.

For this reason the Autism strategy aims to increase awareness and diagnosis capacity as well as providing front line staff with the training to recognise autism traits in clients.

The imminent Joint Strategic Needs Assessment (JSNA) is considering the impact of Autism Spectrum Disorder (ASD) on the local population. This work is due to be completed by March 2011 and will form the evidence base which underpins the Autism Strategy

However using the national data on prevalence rates we can estimate that there are currently 2,301 individuals in Havering with ASD, the majority of which are undiagnosed.

An initial look at Havering clients shows that of the 55 clients currently in block contract residential care, 9 have a diagnosis of classic autism (autism and severe learning disability). Of the 47 highest need clients currently in spot contract residential care placements 19 have a diagnosis of classic autism.

Information from other areas suggests that the autism population can be generally categorised into 3 level of needs:

- High Need - Those individuals with classic autism, with a diagnosis who are known and supported by the Learning Disabilities service
- Medium Need - Those individuals who do not have a learning disability, do not have a diagnosis of autism but are known to other services including Mental Health, DAT or Criminal Justice
- Low Need - Those individuals who may or may not have a diagnosis of autism and are not known to the council

Because of the lack of formal diagnosis' and detailed information on individuals who fall into the medium to low level need groups, it is difficult to say with any certainty which groups or individuals will be most affected by the Havering Autism Strategy, however using national data we can generally expect that more men than women will be affected given that studies have shown the rates of ASD are higher in males (studies vary but the ratio between men and women is generally placed anywhere between 1.2:1 to 3:1).

National data also suggests that there are no significant cultural or ethnic variances in the prevalence of autism, although there is a slightly higher rate of autism diagnosis within the south Asian community.

A3. What information are you able to obtain about each of these groups?

The following information sources may be considered, however, this list should not be regarded as absolute:

- Demographic data
- Equality monitoring data (internal and external)
- Previous consultation (previous policies, consultation networks, surveys)
- Recommendations of inspection reports
- Review of complaints information
- Other Local authorities equality impact assessments

For the reasons referred to in A2, it is difficult to say with any certainty which groups will be affected (or disadvantaged) by the Havering Autism Strategy. However a key aim of the Strategy will be to identify the impact of ASD on the local population and to this end the JSNA will provide a detailed evidence base in March 2011.

Once the JSNA findings are known the Havering Planning Group will begin a awareness raising campaign which will attempt to reach those individuals who are affected by the strategy and understand their needs.

A4. Which of these groups do you now need to speak to in order to obtain additional information?

See above.

IF YOU HAVE IDENTIFIED A NEED TO CONSULT WITH ANY PARTICULAR GROUP, YOU SHOULD NOW MAKE ARRANGEMENTS FOR AN APPROPRIATE CONSULTATION OPPORTUNITY

Using the information from questions A2, A3 & A4:

A5. Is there anything to suggest that any individual or group of people *may* receive (or *perceive themselves to receive*) unequal access to, or an unequal standard of service from LBH in relation to the principles and processes described within this policy/function?

No.

IF YOU FEEL THE ANSWER TO THE ABOVE QUESTION IS “NO”, PLEASE PROCEED TO QUESTION (A10)

IF YOU FEEL THE ANSWER TO THE ABOVE QUESTION IS “YES” FOR ANY INDIVIDUAL OR GROUP OF PEOPLE, YOU ARE NOW ASKED TO USE YOUR JEDGEMENT TO ANSWER THE REST OF THE QUESTIONS IN THIS SECTION

A6. Does the “different” impact on any individual or particular community group amount to “adverse” (or negative) impact? *(Please give relevant details)* **Yes** ☐ **No** ☐

A7. Could this adverse impact potentially amount to “discrimination”? *(Please give relevant details)* **Yes** ☐ **No** ☐

A8. What amendments can be made to the policy or function in order to eliminate or reduce the adverse impact?

A9. **OR** in view of the overall aims of the policy or function, can any potential adverse impacts nevertheless be justified? What is that justification? *(You should consider taking legal advice if justification is made)* **Yes** ☐ **No** ☐
N/A ☐

A10. Once implemented, how do you intend to monitor the actual impact of this policy or function?

The Havering Autism Strategy will lead to improved awareness and understanding of the needs of people with autism, which will be reflected in care management systems, performance data and annual returns.

PLEASE PROCEED TO USE THE REVIEW QUESTIONS IN SECTION A TO COMPLETE SECTION B. PLEASE NOTE THAT SECTION B IS INTENDED FOR THE PUBLIC DOMAIN.

EQUALITY IMPACT ASSESSMENT TEMPLATE

Part 'B'

This section should be used to *formally* record the findings and results of your assessment.
This section will normally be made available to the public.

Title of Policy/ Function	Havering Autism Strategy		
Name of Author	David Cooper		
Date of Assessment	26 / January / 2011	Version No.	1
Next Review Date	N/A		
PLEASE OUTLINE THE RESULTS OF YOUR IMPACT ASSESSMENT BELOW			
B1	What are the aims and proposed outcomes of your policy/function?		
<ul style="list-style-type: none"> • To increase awareness of autism across all public sector teams and agencies • To develop clear and consistent pathways for diagnosis of autism • To develop a clear and detailed assessment of need leading to improved care pathways of specialist services and support • To provide guidance on the reasonable adjustments that might usefully be made to improve the delivery of services and communication with adults with autism. • To assist adults with autism into employment • To enable local partner organisations to develop relevant services for adults with autism to meet identified needs. 			
B2	What research has been undertaken?		
We are currently undertaking a detailed needs assessment via the Joint Strategic Needs Assessment.			
B3	What consultation has taken place? <i>(who has been consulted, and by what method?)</i>		
(a)	Internally within the Authority		
We will shortly begin to consult with colleagues in the Mental Health, Criminal Justice and Drugs and Alcohol Teams to attempt to understand the number and needs of individuals on the autism spectrum without a diagnosis but who are known to other teams.			
(b)	Externally		
Individuals with autism, parents of people with autism and Voluntary sector organisations who support people with autism all sit on the Autism Planning group.			

B4	What feedback was received?
	<ul style="list-style-type: none"> • Not enough specialist support and services exists for people with autism • More joined up service planning needs to happen to support people with autism • More understanding and awareness of autism is required in order to enable people with autism to engage with mainstream services and opportunities.
B5	What amendments, if any, have been incorporated into the policy/function to reflect that feedback?
	The Autism Strategy as part of its key themes recognises and incorporates the points mentioned in B4, additionally the future Learning Disabilities Commissioning Plan will incorporate both the autism evidence base and outcomes.
B6	If changes were recommended but <i>not</i> incorporated, what justification is there for this?
	N/A
B7	What monitoring arrangements are to be put in place (or already exist) to monitor the <i>actual</i> impact of this policy/function? What data is to be collected?
	Care management systems, performance data and annual returns.

Please consider all current and potential users in answering the following questions:

B8	Does your analysis show different outcomes for different groups of users. If yes, indicate which groups and which aspects of the policy/function contribute to inequality
	It is envisaged that outcomes will be dependant on the level of need of individuals and that all individuals regardless of ethnicity, race, gender or other category will benefit from personalised specialist support. The expected outcomes are Increased independence; improved support plans, improved employment and health outcomes, and increased ability to maintain personal and professional relationships.
B9	Are these differences justified (e.g. are there legislative or other constraints)? If they are, explain in what way
	N/A
B10	What actions need to be taken as a result of this Equality Impact Assessment to address any detrimental impacts or meet previously unidentified need? Include dates by which action will be taken. Attach an action plan if necessary
	On completion of the JSNA evidence base (March 2011) consideration will be taken by the Autism Planning Group to identify which, if any, groups are detrimentally affected by the Havering Autism Strategy. It is at this point that amendments to the strategy will be made in advance of final drafting by Autumn 2011.

B11	When will you evaluate the impact of the action taken? Give review dates
<ul style="list-style-type: none"> • March 2011 • Autumn 2011 • Spring 2012 	

AUTHOR SIGN OFF	
Name	Tina Mackay
Position	Learning Disability Commissioning Manager
Date	26 January 2011

head of service sign off	
Name	David Cooper
Position	Head of Adult Social Care
Date	31 January 2011



OVERVIEW & SCRUTINY COMMITTEE

REPORT

25/01/2011

Subject Heading:

Supporting Carers in London Borough of Havering.

CMT Lead:

Joe Coogan 01708 431950

Report Author and contact details:

Tina Dobrin
01708 434639

Policy context:

Carers and Personalisation: Improving Outcomes (2010)
Recognised, valued and supported: next steps for the Carers Strategy (2010)
2008 Joint needs strategy assessment

SUMMARY

A brief summary of the content of the report, outlining its proposal and the intended outcome.

1. This report's purpose is to provide an overview of the support given to carers in the London Borough of Havering.

RECOMMENDATIONS

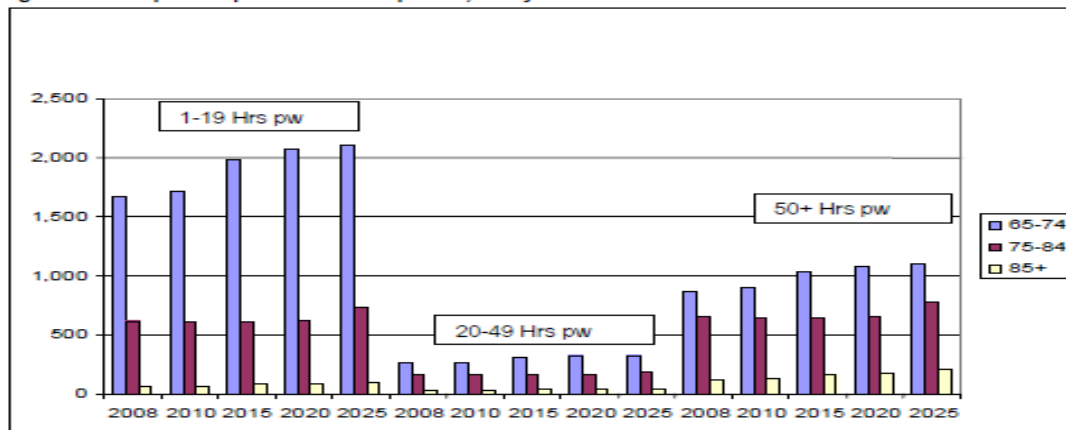
2. Members are asked to note the content of this report.

REPORT DETAIL

Background

- 3.1 Carers play an important role in supporting vulnerable people to maximise their independence, quality of life and outcomes. They make a significant contribution to thousands of people across Havering and their contribution is valued. The proportion of people who identified themselves as carers in the last Census in 2001 was 10.4% of the total population compared to 8.5% for London as a whole. The Joint Strategic Needs Assessment demonstrates that the number of carers will grow in line with demographic changes and therefore is projected to rise to approximately 25,800 by 2023. The chart below demonstrates expected levels of increase.

Figure 10.4: People who provide care to a partner, family member or other



Source: POPPI 2.2

- 3.2 Recently a new National Carers Strategy 2011-2014 has been launched. This sets out an ambitious agenda of change over the coming decade, and refers to £400m in funding, though it isn't yet clear how or when this will arrive. The strategy aims to put Carers at the heart of 21st century families and communities. It suggests Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen. Highlighting a vision which values carers, it sets out the following key actions:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role.
- Carers will be supported to stay mentally and physically well and treated with dignity.

The Havering perspective

4.1 In 2010/11 Havering received £1.041m for carers across adults and children's social care as a specific grant. The Carers grant has been 'mainstreamed' at a national level. This means the funding will come into Havering as part of an overall settlement figure. The funding is no longer ring fenced and could be used for other purposes or a local authority could decide to spend more on carers services, assuming there was funding available. It is intended to maintain spend on carers at current levels where value for money can be demonstrated and find necessary savings and efficiencies from other areas. The final budget settlements for Departments of Havering Council are still being finalised due to the complexity of the latest settlement and the rolling up of many grants into single pots of funding. As this is finalised the recommendation to maintain funding levels for carers can be discussed and agreed in the normal way.

4.2.1 The Carers grant is used to commission a wide range of services designed to support carers in Havering. The local Carers' strategy is currently being written for 2011-2014 to reflect the National strategy direction. There have been various consultations with carers and the voluntary sector. The consultations were based on feedback from a national survey and a recent local survey. Carers stated their priorities and areas they want reflected in the new strategy. They gave their opinions regarding things that were of great importance to them, service areas they are happy with and areas they expect to see changes. These included:

- Carers course/ training for carers
- Carers assessments/ reviews
- Respite care and short breaks
- Information, advice and advocacy services

4.3 This feedback will be used to develop a meaningful and achievable strategy for 2011-2014 which we hope will be a good representation of the views of carers and will be the "Voice of Carers" for this duration.

Current services Havering Council commissions for carers are summarised below:

- 5.1 Havering Carers Service submitted a bid to the Department of Health in September 2010 and were successful. The bid was for £8K to run a **Carers' Road show / surgeries** across the borough for an initial twelve month period. **The Carers' Surgeries** aim to identify hidden carers, whilst also focusing on the black and minority ethnic community and provide information to carers in Havering. The Carers' Assessor will also be on hand to offer Carers' Assessments. There have been twelve surgeries identified and publicity has been designed and sent out to all GP's and Voluntary organisations in Havering.
- 5.2 Havering has set up a **carers register** to plan services for carers more effectively. In doing this we can ensure that carers needs are properly considered when designing and delivering services. This provides carers with information on the services and organisations available to support them. There are currently over 550 registered carers.
- 5.3 The **Carers' Forum** offers peer support to carers. 70 carers attended the last carers forum in January 2011.
- 5.4 **Carers Emergency Alert Card** was launched in January 2009 and currently 420 carers have a card. Carers' Emergency Alert Card is a free service for carers whereby they are able to register and receive a personalised card with an emergency number. This number can be used at anytime they are separated from their cared for person. The card is designed to give carers peace of mind that their cared for person will be safe and looked after in the event of an emergency.
- 5.5 **The Carers' Information Service** funded via the carers grant provides valuable information and guidance to carers within the borough. Carers Information Service also give out information on how to access statutory and voluntary organisations.
- 5.6 **Carers' Week** is a National event promoted by Carers UK. Last year Havering worked in partnership with representatives from Voluntary organisations and produced an event at Queens theatre which was very successful. Over 200 carers attended the event and the theme was "a life of my own".
- 5.7 In total there are 17 Voluntary Organisations in Havering commissioned to provide services/ support to carers living in the borough who are funded by the carers grant. These organisations provide 33 different services. They provide services ranging from dementia support, mental health support, victims of crime support, day opportunities, carers' break/respice, carers' courses, peer support, advise, advocacy and information.
- 5.8 During the past few months Havering NHS, London Borough of Havering and other health, statutory and voluntary agencies have been meeting to look at how Havering is addressing the recommendations set out in The National Dementia Strategy for England. The priorities highlighted in the

group are:- Raising Awareness and Understanding, Early Diagnosis and Support And Living well with Dementia, this work complements work on carers.

- 5.9 Caring with Confidence is a free training course funded by the Department of Health to support Carers to make a positive difference to their lives and the people they care for by improving their health and well-being. The sessions provided many opportunities to find support and new ways of coping with being a Carer on a daily basis.

Initially the programme only identified certain boroughs, Havering not being one of them. After a meeting with a representative from Expert Patient, the Carers Assessor drew up an action plan to present believing that the training course would be beneficial to carers in the borough and the outcome from this was that Havering were then chosen as the pilot borough to promote the training course. 90 Carers took part in the training. Every module attended awarded a carer with a certificate of attendance and a resource pack. The course was very well received and many carers felt that more training in the future would be very beneficial to them to support them in their caring role. Training is one priority that carers have outlined in the new Havering Carers Strategy.

Future Developments

- 6.1 Havering is committed to continued development with carers services through its local Carers Strategy whilst referring to the National Carers Strategy. Though the financial climate is uncertain the lead member for social care has recommended that carers services remain at current levels and are protected from the cuts affecting most parts of the public sector. Individual services may change if they can be improved or the money could be spent better elsewhere on carers but the overall total will not reduce as part of current MTFS plans.

IMPLICATIONS AND RISKS

Financial implications and risks:

- 7.1 There are no financial implications arising from this report which is for noting only. The financial implications arising from any changes referred to in this report will be addressed through the appropriate channels as the needs arise, and will be met from within available resources.
- 7.2 If this area is to be protected from funding reductions as stated in 6.1 this will need to be considered within the overall context of funding available to the Service.

Legal implications and risks:

7.3 As this report is for information only there are no apparent legal implications or risks.

Human Resources implications and risks:

7.4 As this report is for information only there are no human resource implications or risks.

Equalities implications and risks:

7.5 As this report is for information only there are no equality implications or risks.

CQC – helping make care better for people

Tony Allen
2 March 2011

Role and remit – what does CQC do?

- Single regulator for health and social care
- Focus on outcomes – we are informed by people's experiences
- Register providers of care and monitor compliance with essential standards of quality and safety
- Tackle poor quality care using risk-based regulation, to reduce the likelihood of harm
- Strengthen safety and quality assurance using a common system of registration, compliance and enforcement across all sectors
- Support choice and promote accountability by providing expert, independent information. We provide up-to-date data by provider - but, we do not produce league tables.
- Reduce the costs and burden of regulation

2

Rationale for joint regulation



- All health and adult social care providers are meeting a single set of **essential standards of quality and safety**
- Standards are **focused on what is needed to make sure people who use services have a positive experience**
- A **single regulatory framework** across health and adult social care; people should expect safe and quality care across the board
- **Reduce the regulatory burden** and reduce costs. Three predecessors 2006/07: £210m, CQC 2009/10: £160m

Registration and compliance monitoring in 2010

April 2010

NHS trusts

Oct 2010

Adult social care
Independent healthcare

April 2011

Primary dental care (dental practices)
Independent ambulance services

April 2012

Primary medical services
(GP practices and out of hours)

The scale of regulated care

Primary medical services

9,000 providers

Independent healthcare

1,500 providers

Independent ambulances

200 providers

NHS hospitals

409 providers

Adult social care

12,500 providers

Primary dental care

8,000 providers

Combined outpatients and inpatients

77.4 million

People using adult social care services

1.75 million

Dental appointments

36.4 million

Plus additional c700 providers (bodies currently licensed HFEA and HTA)

Reviews of compliance

There are two types of reviews:

➤ Responsive review

- Triggered when information, or an information gap raises concern about compliance
- **Targeted** to the area of concern

➤ Planned review

- **Scheduled check** of all core 16 quality and safety outcomes
- Will take place no less frequently than two years

All reviews:

May include a site visit

All findings published

Regulatory response

Types of regulatory response


- ① **Maintain registration – no further action**
- ② **Improvement actions**
- ③ **Compliance actions**
- ④ **Enforcement actions:**
 - Statutory warning notice
 - Imposition or variation of conditions
 - Fines
 - Prosecution
 - Suspension of registration
 - Cancellation of registration

Quality and Risk Profile (QRP)

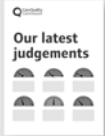
- Gathers all we know – from Monitor, other regulators, people who use services, trusts..... 43 data sets and 7 qualitative sources
- Assesses risk of a trust becoming non-compliant
- Prompts front line regulatory activity
- Not a rating, ranking or league table
- Inspectors make judgements based on information in the QRP – the QRP itself does not give a judgement
- Constantly updated and builds over time – not a 'perfect' state

QRP judgement

QRP updated



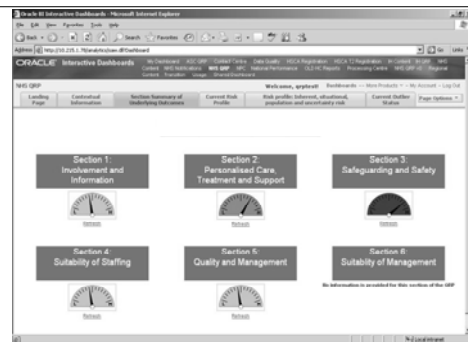
The summary judgements for all areas of risk are periodically published



Regulatory response

- Maintain registration
- Compliance conditions

QRP – how it will look



Voices into Action



Voices into Action is our commitment to working with you. We will involve you in our work, and invite you to tell us your views and experiences about health and social care.

White Paper, ALB review, HealthWatch

- CQC's role 'strengthened' – joint licensing with the economic regulator; working with GP consortia, NHS Commissioning Board, NICE and other major players
- ALB review: taking on new responsibilities:
 - Human Fertilisation and Embryology Authority
 - Human Tissue Authority
 - HealthWatch
 - National Information Governance Board
- Creation of HealthWatch - 'Consumer champion' within CQC for health and adult social care services in England. Independent body within the regulator. Lots to be clarified e.g. funding, local structures.

The new regulatory framework

Authorises GP consortia, holds them to account for health outcomes (and NHS spending), commissions primary care and some specialist services

NHS Commissioning Board

CQC

Registers providers for quality and safety (prerequisite for Monitor licence)

Monitor

Licenses providers of NHS-funded care, regulates prices, promotes competition, supports designated services

Health and Wellbeing Boards join up commissioning across NHS, public health, social care, and other services. Powers to scrutinise GP consortia. LAs will have enhanced powers to hold NHS-funded services to account.

Changes from CQC's previous role

- **Changing strategy:** Focus on tackling poor quality care and ensuring care is centred on people's needs – these are the key considerations for deploying our limited resources
- **Commissioning assessment:** CQC will no longer have power to carry out assessments of NHS / LA commissioning (no Annual Health Check, Annual Performance Assessment)
- **Special reviews and studies:** reduced resources – CQC will carry out reviews and studies in response to concerns identified from monitoring of compliance, or Ministerial request
- CQC's focus is ensuring that registered providers meet essential standards of quality and safety. This is through monitoring compliance, seeking improvement to ensure compliance, or enforcement (and ultimately closure) for failing providers.

More information

- Go to our website at www.cqc.org.uk
- Send information to us about what people think about local services to www.cqc.org.uk/localvoices
- Sign up for our newsletter at www.cqc.org.uk/newsandevents
- Talk to your local CQC compliance manager
- Ring or send enquiries to our National Contact Centre at 03000 616161 or enquiries@cqc.org.uk
- For copies of our reports, you can go to www.cqc.org.uk/publications
- To get involved in our work nationally, contact Lucy.Hamer@cqc.org.uk or Clare.Delap@cqc.org.uk



INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE

REPORT

2nd March 2011

Subject Heading:

Care Quality Commission Assessment of
Adult Social Care 2009-10

CMT Lead:

Andrew Ireland
Group Director Social Care & Learning

Report Author and contact details:

Simon Jolley
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Scimitar House, Romford RM1 3NH
Tel: 01708 43 3886
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Policy context:

Adult Social Care Performance

Financial summary:

There are no specific financial implications
arising as a result of this report as the report
is for information only.

The subject matter of this report deals with the following Council Objectives

Clean, safe and green borough	<input type="checkbox"/>
Excellence in education and learning	<input type="checkbox"/>
Opportunities for all through economic, social and cultural activity	<input type="checkbox"/>
Value and enhance the life of every individual	<input checked="" type="checkbox"/>
High customer satisfaction and a stable council tax	<input checked="" type="checkbox"/>

SUMMARY

1. Purpose

- 1.1. This paper will update Members on the results of the Care Quality Commission (CQC) assessment of Havering Adult Social Care (ASC) services in 2009-10 and to update on proposed changes to the role and working practices of CQC.

RECOMMENDATIONS

2. Recommendation

- 2.1. For Members to note the improved performance of Havering ASC services in 2009-10 and the proposed changes to role and working practices of CQC.

REPORT DETAIL

3. Background

- 3.1. CQC is the regulatory body for health and social care in England. It regulates care provided by the NHS, local authorities, private companies and voluntary organisations.
- 3.2. One of CQC's responsibilities has been to carry out annual reviews of councils, as commissioners of care. Their 2009-10 review assessed how well Havering's Adult Social Care department commissioned and delivered services for the people in its area between November 2009 and November 2010. Detail on future working arrangements is explained later in this document.
- 3.3. CQC provides an overall grade for delivering outcomes and a separate grade for each of the seven defined outcomes.

The seven outcome domains are:

-
- | | |
|-----------------------------------|-----------------------------------------------|
| 1. Improved health and wellbeing | 5. Freedom from discrimination and harassment |
| 2. Improved quality of life | 6. Economic wellbeing |
| 3. Making a positive contribution | 7. Maintaining personal dignity and respect |
| 4. Increased choice and control | |
-

CQC makes a further assessment of Commissioning and Use of Resources, and Leadership

4. Summary of Performance

- 4.1. There are four grades of performance: Performing poorly / adequately / well / excellently.

4.2. The Council received an overall rating of 'Performing Well'.

4.3. 'Performing Well' means "a service that consistently delivers above minimum requirements for people, is cost-effective, and makes contributions to wider outcomes for the community".

4.4. This is an excellent result for Havering adult social care services and reflects the improvements made during the year. It further reflects that Havering is well-placed to build further service improvements in coming years.

4.5. CQC summarised Havering's 2009-10 overall performance as:

"The Council continued to strengthen its management capabilities and move closer to shared governance in partnership with health. There was good evidence of renewed partnerships with other stakeholders and engagement with people using services and carers. There was a continued shift towards community based services and the Council were proactive in meeting Putting People First Milestones. Regular case audits and performance monitoring of the care sector ensured that people are placed in residential accommodation meeting appropriate standards.

The Council have performed well and the drive for improvement is evident. There are a number of initiatives that will come to fruition in the coming year and this may consolidate good performance. However, safeguarding is clearly an area in which the Council have demonstrably improved in year 2009/10.

Proactive engagement and partnership working stimulated and shaped the changing local care market based on prevention, personalisation and safety. The home care call monitoring system (CM2000) continued to deliver enhanced contract monitoring and generated national interest. The local care market has been invigorated in order to meet the challenges of personalisation and prevention. People placed in residential and in receipt of domiciliary care services were generally well served. Where standards were not met the Council acted to resolve outstanding issues."

	2009-10	2008-09
Overall rating	Performing Well	Performing Well
Individual Domains		
Improved health and wellbeing	Performing Well	Performing Well
Improved quality of life	Performing Well	Performing Well
Making a positive contribution	Performing Well	Performing Well
Increased choice and control	Performing Well	Performing Well
Freedom from discrimination and harassment	Performing Well	Performing Well

Economic wellbeing	Performing Well	Performing Well
Maintaining personal dignity and respect	Performing Well	Performing Adequately

- 4.6. The Council has secured its position as 'performing well' in all domains, and in particular by improving its performance in 'Maintaining personal dignity and respect'. This domain examines the Council's ability to ensure that 'people who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life'.
- 4.7. In its 2009-10 assessment, CQC accepted the outcome of the judgement from 2008-09 for all but three outcome areas. Havering submitted a self-declaration of its performance in these three outcome areas, to demonstrate the continued improvements in performance.
- 4.8. The three outcome areas chosen were:
- Improved health and wellbeing
 - Improved quality of life
 - Maintaining personal dignity and respect
- 4.9. CQC used the self-declaration and performance in a range of key indicators to establish its rating in these three outcome areas for 2009-10. Some of the key positive developments which the council made in each of these domains, and those of Use of Resources and Commissioning, and Leadership, are explained at the end of this document.
- 4.10. Although performance in outcome domains other than 'Maintaining personal dignity and respect' remained unchanged, this is far from a negative reflection on the Havering's ASC services. Havering's success in maintaining its 'performing well' status for the other domains is a positive endorsement of its consistently good performance across all areas, particularly during difficult and financially-restrictive times.
- 4.11. The improved rating in the 'maintaining personal dignity and respect domain' reflects a range of improvements that the council has made over the year. These include:
- Establishing the Safeguarding Adults Partnership Board, with multi-agency membership and chaired by the Head of Adult Social Care
 - Strengthening the Safeguarding Adults team through restructure
 - Delivering safeguarding training to staff from the council and partner agencies, and an effective campaign to raise public awareness

- Strengthening the quality assurance arrangements, including regular case audits, and ensuring that the risks associated with increased personalisation of services is robustly managed

Further information on improvements in this and other three assessed domains can be found in Appendix A at the end of this document.

5. Changes to assessment and inspection regimes

- 5.1. The previous programme of annual performance assessments by CQC will no longer continue. There will be no annual performance assessment of councils' performance in 2010-11.
- 5.2. CQC will move to a system of risk-based inspections, targeting those Councils and regulated providers where there is evidence of under-performance.
- 5.3. From 2011-12, there will be an increased focus on local public accountability and greater transparency of council operations. This will replace the CQC annual performance assessment. Councils will publish key performance information, supported by commentary on the key priorities and outcomes achieved.
- 5.4. A detailed specification is yet to be defined locally, but it is likely to include:
 - A statement from the Council, or the Health and Wellbeing Board, on their quality and outcome priorities, and how these have been progressed over the year,
 - A description of how the Council is working with other local partners in support of shared outcomes priorities, e.g. in relation to cross-sector work on prevention and reablement with the NHS,
 - A selection of data and measures which demonstrate the objectives chosen locally and the progress made during the year, in support of the overall narrative.
- 5.5. The accuracy and transparency of these accounts may be further assured through collaboration with the local Healthwatch and a system of peer review with other Councils.
- 5.6. The Council will endeavour to seek the views of its service users and carers, and use this feedback to inform strategic and operational decisions about service improvements.

IMPLICATIONS AND RISKS

Financial implications and risks: Financial implications and risks – there are no specific financial implications and risks arising from this report or the CQC assessment. Implications arising as a result of changes to assessment and inspection regimes will be met from within existing Adults Services resources.

Legal implications and risks: Legal implications and risks – there are no apparent legal implications or risks arising from this report or the CQC assessment.

Human Resources implications and risks: HR implications and risks – there are no specific HR implications and risks arising from this report or the CQC assessment.

Equalities implications and risks: As this report is for information only there are no equality implications or risks

BACKGROUND PAPERS

Further Information

Members can find further information on the CQC assessment through the CQC website
- <http://www.cqc.org.uk/guidanceforprofessionals/councils.cfm>

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Appendix 1: Specific Improvements in Each Assessed Domain

Improved health and wellbeing	Commissioners from NHS Havering moved to Scimitar House, to strengthen joint commissioning of health and social care services.
	Joint-funded post of Director of Public Health created and recruited, along with several other joint-funded commissioning posts.
	The Council addressed health issues from a local as well as borough-wide perspective, to enable more targeted support. There is evidence of improved outcomes related to people's access to alcohol-related support, and outcomes related to drug-related support continued to be positive.
	Health-related information and signposting were linked to the prevention and transformation strategies being developed in partnership with health and other stakeholders.
	Four coordinated reablement services are in operation across Havering, providing 1,500 hours of targeted reablement each week, more than any other previous years. This has reduced ongoing care needs by around 66,000 per annum in its first year, with around 50% of customers requiring no ongoing care package after the 6-week period.
	Delayed discharges have been reduced, continuing the significant performance improvement over the past two years.
	The health and social care partnership jointly entered, and were successful in the bid to become a pilot site for Personal Health Budgets , which indicates the improved perception of Havering in central government and assisted by NHS Havering's positive 'world class commissioning' assessment. Interest from potential users is high and we expect outcomes to be excellent.
	Improved intelligence about health profiles across the borough, through successful Joint Strategic Needs Assessment work and closer working between the council, Public Health and NHS Havering.
	The Council has made progress with initiatives that support the National Dementia Strategy .
	More people in the borough received meal services and these services were of good quality.

CQC made the following recommendations:

- Ensure continued partnership working with the PCT to increase provision of reablement services
- Continue to work with local hospitals to reduce number of people staying in hospital too long and ensure that lengths of stay are reduced

Improved quality of life	The Transforming Community Equipment Services (TCES) project, started and completed in 2009-10, was considered by DoH to be ‘ outstanding ’, in terms of its leadership and project management. It was cited as an example of excellent practice .
	This project provided a quicker service, which gave customers better value for money and improved choice when obtaining essential items to enable them to live at home more comfortably and safely.
	In partnership with health and voluntary groups, the Council continued to provide service users and carers with a range of information about health and wellbeing .
	The Council made a significant investment in the provision of advocacy, signposting and information to support its Prevention Strategy. As a result, the Council was able to direct people to appropriate services.
	Continued partnership working with the PCT to deliver a range of joint projects focused on prevention and reablement. Joint efforts on falls prevention resulted in positive outcomes.
	The Council invested significantly more on Telecare infrastructure, equipment and service, and provision continues to grow.
	The Council increased the availability of homecare services to enable service users to live more independently .
	Various schemes helped people to remain independent. Examples include concessionary transport and support for service users to get into employment, and the development of personalised day opportunities .
	The Council helped more people with learning disabilities to live in settled accommodation than the previous year.
	Support for carers increased through significant investment in various voluntary organisations.
	The Council continued to successfully shift the overall balance of care towards community-based support, by promoting a range of reablement services, reforming day opportunities and investing in voluntary organisations that respond effectively to diverse needs of different client groups.

CQC made the following recommendations:

- Continue to promote the Carers Assessment, to ensure that carers who do not receive a carers-specific service get the support they need
- Ensure that development of services which support independent living is progressing as planned
- Implement the Adult Placement Scheme as planned, to provide more choice for users as an alternative to care homes

Maintaining personal dignity and respect	The Safeguarding Adults Partnership Board was established, with multi-agency membership and chaired by the Head of Service for Adult Social Care.
	The Safeguarding Adults team was successfully restructured, in line with best practice models.
	The Safeguarding team maintains a close working relationship with relevant internal teams as well as a range of partner agencies, which enabled multi-disciplinary approaches to identifying and acting on safeguarding cases.
	There was a range of public events and discussions to raise public awareness of safeguarding issues. There is full and continued engagement with groups including those with learning difficulties, mental health issues and dementia.
	The Council provided a variety of safeguarding training and refresher training courses for its own staff and those from partner agencies: more than half of the Adult social Care workforce attended this training.
	Strengthened partnership working saw a significant increase in safeguarding referrals.
	Through its Outcome-focussed Care Management training, the Council ensured that safeguarding became an integral part of all assessment practices and processes .
	The Council strengthened its quality assurance arrangements , including regular audits of cases and sharing lessons learned.
	The Council promoted the dignity agenda among care providers through effective contract monitoring and provider forums, and used feedback from service users and carers in evaluation of services.
	Deprivation of Liberty Safeguards (DoLS) are in place, and the Council commissioned training and refresher training for Best Interest Assessors to support their professional development and ensure consistently high quality decision making.
	The Council worked effectively with the Community Safety Partnership to safeguard vulnerable adults from 'Hate Crimes'.

CQC made the following recommendations:

- Continue to work on awareness training for safeguarding, especially for older people, and people from BME and hard-to-reach communities
- Ensure that care workers in the borough have received safeguarding training, and that independent organisations safeguarding training programmes are quality-assured
- Ensure that working practices that enable DoLS referrals exist between the Council and its carer contractors and partner agencies

Commissioning and Use of Resources	Proactive engagement with service users and carers stimulated and developed the local market in care packages to meet individual needs, including promotion of carers' assessments through a number of events.
	Joint working with partners resulted in positive outcomes , notably a formal partnership with the PCT which established a number of joint working areas which support reablement and universal advice.
	The use of the homecare monitoring system , CM2000, gained interest from other councils and the national press. Contract monitoring information was shared via the London Care Placements website to ensure the information assisted quality commissioning.
	Although there was a slight decline in performance in purchase of good / excellent residential homes, performance in purchase of good / excellent domiciliary care services continued to be strong.
	The Joint Strategic Needs Assessment (JSNA) and the DEMOS survey influenced the Council's strategic commissioning. The strategic investment in voluntary sector organisations, the transformation of day opportunities, personal budgets and joint market development projects revitalised local markets required for the shift in adult social care from traditional residential / day support towards more community-based and person-centred support.
	The Council's strategic commissioning decisions were pivotal to the success of the transforming adult social care programme.
	To align person-centred commissioning with value for money , the council benchmarked provision in other boroughs and consulted widely. The 90% rate of spot purchases (vs. block contracts) brought flexibility and the ability to respond swiftly to poor placements.
	The 3% efficiency target was exceeded and a number of major plans are in place to improve outcomes for people while contributing to nationally-required efficiency savings.

CQC made the following recommendations:

- Continue to monitor the quality of purchased residential home placements to maintain previous excellence in quality commissioning
- Explore and plans for the effect of the economic downturn and measure its potential impact on the transformation agenda.

Leadership	The Council has a clear vision for adult social care and the restructuring of the management team, including a co-location of PCT commissioners to Scimitar House, puts the Council in a better place to realise this.
	There were examples of innovative leadership , including the successful implementation of TCES and the cross-authority Personal Assistant Market project, People 4 People.
	Stable leadership and empowering service users supported significant change in adult social care.
	Partnerships with a range of partner agencies, internal teams, voluntary organisations and user groups were influential in shaping and reconfiguring services effectively .
	The Council is proactive in delivering the Putting People First milestones , and the shift towards direct payments and personalised care packages is more significant than in other councils.
	The Resource Allocation System is developed and enables the assessment for personal budget allocation in a more equitable way.
	The Council supported its staff to prepare for significant changes in adult social care by providing a series of staff conferences and specific training sessions.
	To ensure high quality data, case files and providers , the Council undertakes regular performance monitoring, case audits and increased quality assurance monitoring of regulated providers, with lessons learned shared between teams.

CQC made the following recommendations:

- Ensure joined-up working with Health partners to deliver fairer and more comprehensive assessment for self-directed support, especially for older people and people with mental health problems.

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Appendix 2: How do we compare with other councils in London?

	% of Councils Achieving Rating			
Domain	Excellent	Well	Adequately	Poorly
Improved health and wellbeing	42	55	3	0
Improved quality of life	42	42	15	0
Making a positive contribution	64	36	0	0
Increased choice and control	24	58	18	0
Freedom from discrimination and harassment	48	45	6	0
Economic wellbeing	39	61	0	0
Maintaining personal dignity and respect	0	88	12	0
Overall	30	70	0	0

(Figures rounded to nearest whole number)

How do we compare nationally?

	% of Councils Achieving Rating			
Domain	Excellent	Well	Adequately	Poorly
Improved health and wellbeing	34	63	3	0
Improved quality of life	34	57	9	0
Making a positive contribution	63	37	0	0
Increased choice and control	18	67	14	1
Freedom from discrimination and harassment	26	64	9	0
Economic wellbeing	34	64	2	0
Maintaining personal dignity and respect	8	74	16	2
Overall	24	71	5	0

(Figures rounded to nearest whole number)

The 'performing well' rating places Havering in the median quartile of Councils within London and nationally. This reflects the ongoing improvement to adult social care services and the sound foundations upon which to achieve further improvements.

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ANALYSIS OF CABINET REPORTS AND OSC REFERRAL DATE			
Report Title	Date of Cabinet Meeting	O&S Committee	Date for Review
Re-design of Communications Centre Services, incorporating Telecare	15th April 2009	Individuals	12 months after implementation
Partnership Framework - Section 75 Formal Agreement for Health and Social Care Responsibilities	18th March 2009	Individuals	2011 - March
Thresholds for the Delivery of Children's Social Care Services and Common Assessment Framework	19th November 2008	Children & Learning	2009 - November
Rebuilding & Modernising Primary Schools in Havering	16th June 2008	Children & Learning	Not less than 18 months
Building Schools for the Future	24th June 2009	Children & Learning	2010 - June
Safeguarding Children	14 October 2009	Children & Learning	October 2010
Review of Senior Management Structure following New Guidance on Safeguarding	14 October 2009	Children & Learning	12 months in conjunction with officers
Hilldene Primary School	17 March 2010	Children & Learning	September 2010
Rainham Village Primary School	17 March 2010	Children & Learning	May 2010
Re-design of Communications Centre Services, incorporating Telecare	15th April 2009	Value	12 months after implementation
Appointment of Joint Director of Public Health	19th August 2009	Value	2011 - January
Developing the Council's Corporate Business Planning Process 2010-13	18 November 2009	Value	October 2010
Review of Senior Management Structure following New Guidance on Safeguarding	14 October 2009	Value	12 months in conjunction with officers
Corporate Asset Management Plan 2010/11	20 January 2010	Value	November 2010
VNMS Extension of Agency Staff Contract	17 March 2010	Value	12 months after contract renewal
Enlargement of Dagnam Park, Harold Hill	13 October 2010	Value	Not earlier than August 2012 or date that enlargement is completed
Future of Ingrebourne School Site	18th March 2009	Town & Communities	2010 - March
Havering Local Development Framework: Proposed Submission Joint Waste Plan DPD	18th March 2009	Town & Communities	No less than 18 months from when proposals come into force - i.e. not before mid-2012 at the earliest

Rainham Regeneration	24th June 2009	Town & Communities	2010 - June
Local Implementation Plan Annual Funding Submission 2010/11	15th July 2009	Town & Communities	2011- January
Fairkytes Arts Centre and Langtons Gardens Projects	18 November 2009	Town & Communities	November 2010
Mayoral Strategies - Consultation response from London Borough of Havering	16 December 2009	Town & Communities	December 2012
Hornchurch Regeneration	16 December 2009	Town & Communities	December 2010
The Green Spaces Project	16 December 2009	Town & Communities	December 2010
Harold Hill Ambitions	17 March 2010	Town & Communities	March 2011
The Libraries Refurbishment Project	17 March 2010	Town & Communities	December 2010
Housing Strategy Review and Update	15th April 2009	Town & Communities	2010 - April
Rainham Regeneration	24th June 2009	Town & Communities	2010 - June
Housing Revenue Account Budget 2010 & 2011 & Housing Investment Requirements	17 March 2010	Town & Communities	December 2010
Climate Change Action Plan for the London Borough of Havering	17th December 2008	Environment	2010 - No sooner than April
Waste Collection Contract Extension	17 March 2010	Environment	August 2011
Re-design of Communications Centre Services, incorporating Telecare	15th April 2009	Partnerships	12 months after implementation
Housing Finance Announcements and the Decent Homes Programme	18th November 2009	Partnerships	July 2010
Rent Reduction for Private Sector Leased Accommodation	17 March 2010	Partnerships	March 2011
Havering Local Development Framework - Code for Sustainable Homes	13 October 2010	Partnerships	October 2012
Local Implementation Plan 2011/12 - 2013/14	15 December 2010	Partnerships	January 2012