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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.30 pm	Tuesday 27 September 2011	Town Hall, Main Road, Romford

Members 6: Quorum 3

COUNCILLORS:

Wendy Brice-Thompson (Chairman)
Jeffrey Brace
Pam Light
Keith Wells

Linda van den Hende (Vice-Chair)
June Alexander

For information about the meeting please contact:
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AGENDA ITEMS

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

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 ANNOUNCMENTS

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 (Pages 1 - 10)

To approve as a correct record the Minutes of the meeting of the Committee held on 19 July 2011 and the Joint Meeting held on 28 July 2011 and authorise the Chairman to sign them.

5 DAY OPPORTUNITIES FOR PEOPLE WITH LEARNING DISABILITIES TOPIC GROUP (Pages 11 - 12)

A Briefing Note is attached of the topic group's findings

6 DIAL A RIDE UPDATE (Pages 13 - 16)

Performance information on Dial a Ride, across London, Havering and Barking and Dagenham

7 INTEGRATED CASE MANAGEMENT (Pages 17 - 24)

Report attached.

8 BUDGET VARIANCE REPORT

The Head of Adult Social Care will give an overview of the budget variances within the Committee's remit.

9 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 individuals to be discussed under this provision.

10 URGENT BUSINESS

To consider any other items 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.

Ian Buckmaster
Committee Administration &
Member Support Manager

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MINUTES OF A MEETING OF THE INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Tuesday 19 July 2011 (7.30pm – 9:15pm)
Havering Town Hall, Romford

Present:

Councillors Wendy Brice-Thompson (Chairman), June Alexander, Jeff Brace, Frederick Thompson (substituting for Councillor Pam Light) Linda Van den Hende and Keith Wells.

Apologies were received from Councillor Pam Light and from Wendy Gough, Committee Officer.

Joe Coogan, Assistant Director – Commissioning – Adult Social Services (JC) David Cooper, Head of Adult Social Care (DC) Ann Rennie, Library Services Manager (AR) and Veronica Webb, Customer Care and Complaints Manager (VW) were also in attendance.

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.

1 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Individuals Overview and Scrutiny Committee held 12 April 2011 and of the special meeting held on 15 June 2011 were agreed as a correct record and signed by the Chairman.

2 LIBRARY SERVICES DVD

The Chairman welcomed AR who gave apologies that she was unable to attend the previous meeting. The Committee then viewed a DVD explaining services offered by Havering libraries for people with disabilities. Examples included the housebound library service and a monthly listening group at Rainham Library for people with visual impairments. Spoken word and large print loans were also available and people with visual impairments did not pay reservation or overdue fees.

There was a quick read collection of short books for people with lower level reading abilities while specialist publishers printed books on off-white paper with larger spaces between lines in order to help people with dyslexia. Hearing loops were installed in all libraries and all refurbished libraries were DDA-compliant with lifts and wheelchair access. Libraries also undertook work in special needs schools that also involved older people.

Specialist storytelling packs known as Bag Books were distributed by Havering library to children and adults with learning disabilities. Job opportunities were also made available by the library service to people with learning disabilities via the Rose Project. Between six and eight such clients were placed in libraries.

AR confirmed that there were 100,000 registered borrowers at Havering libraries with 45,000 classified as active borrowers. Separate figures were not kept of the number of library users with special needs but AR agreed to supply the numbers who did not pay library charges and hence were classified as having a visual impairment. It was difficult to identify the number of housebound residents using e-books but approximately 10,000 e-books and e-audiobooks had been issued in the last year.

Culture and Leisure had held a disability forum day in late 2010 and a libraries disability forum day was now being planned. Information was also available via the library service's pages on the Facebook and Twitter social networking sites.

As regards dyslexia, work was ongoing to establish a reading group for people with dyslexia and hence establish their needs. This would include the potential use of coloured plastic sheets to assist with reading. Staff training had also taken place in order to make libraries less intimidating for dyslexics. A video had also been made to be shown on library plasma screens to encourage people to come into libraries.

Councillor Van den Hende asked if there was a role for carers in the library initiatives. AR responded that libraries were working with the learning disability forum and Social Services in order to engage with carers. There was also a possible link with day opportunities and libraries.

The library service was also looking at the use of voice-activated IT equipment and was discussing with local groups what the best technology would be. MP3 players were cheaper at £20 compared to books on disk or tape at £70 each but MP3 players only held a single book and quickly wore out. There was also a concern that older people may not use audio or e-books even though they were the cheaper option. Desks with variable heights to assist wheelchair users were also available at some libraries. AR confirmed that the work for people with disabilities had been completed within budget and added that a lot of the work was undertaken with volunteers.

The refurbishment programme in libraries included the installation of a projector and screen at each site and AR added that there were approximately 2,000 events per month run in Havering libraries. Councillor Wells congratulated AR on the extra facilities now in libraries.

A quarterly brochure was produced aimed at hard to reach groups and was available from the libraries themselves, GP surgeries, the town hall and by e-mail. An outreach team also gave talks on libraries. The service was also advertised in each edition of Living magazine. A recent post on Twitter had complained that there was no baby changing facility at Romford library and this had now been installed at the site. AR was aware of the reading facility in the

latest computers but this was not being used in any libraries at present. All libraries did offer Wi-Fi however.

The committee **noted** the presentation and thanked AR for her input to the meeting.

3 ADULT SOCIAL CARE COMPLAINTS ANNUAL REPORT

JC introduced the report and explained that the overall number of complaints received had gone down and complaints were also now being resolved more quickly. VW confirmed that there had been a decrease in complaints but it was important not to be complacent. There had been two Ombudsman cases, one of which had been discontinued by the Ombudsman and the other which had found there had been no maladministration by the Council. The cost of complaints investigations had lowered as the Council had made less use of external investigators in the past year.

The majority of complaints related to issues such as the late arrival of home carers and challenges to payment decisions. There were three staff focused mainly on complaints and officers accepted that such investigations could be time consuming. Councillor Brace suggested that complainants should be made aware of the cost of dealing with complaints. DC felt that the transaction cost of investigating complaints would be useful in establishing this.

There had been a 50% reduction in complaints relating to occupational therapy and this was principally due to better information now being provided on disabled parking eligibility. There had been a slight increase in complaints about external nursing and residential care. This was mainly due to changes in nursing home management and challenges to payments for respite care.

External home care complaints related mainly to the quality of home care. Quality monitoring visits etc. would be employed where appropriate. Complaints regarding external nursing care mainly related to the quality of care and levels of expectations regarding care. There had only been two joint health and adult social care complaints in the last year. Recent NHS restructures had meant it was sometimes difficult to identify who was dealing with complaints in the health sector.

The main reasons for complaints included explanations or information not being given and a poor quality of service. There remained a fairly high proportion of complaints relating to behaviour of staff. VW added that work was ongoing with residential and nursing homes in order to improve responses and reduce complaint numbers. It was confirmed that checks were now made on self-funded regulated services but there was little that could be done about e.g. care provided by a family member.

As regards complaint outcomes, many complaints simply needed an apology or explanation to resolve them. On only two occasions during the year had small amounts of compensation been offered. Response times to complaints were

often affected by the involvement of other agencies. DC added that officers were analysing where there were blockages to resolving complaints.

There had been an increase in complaints from younger people and a decrease of those made by older people. There were also now more complaints from people with disabilities. Complainants of the Catholic faith were shown separately as these were the categories used by the SWIFT database which was based on categories used at the Department of Health. There had also been a shift towards people making complaints by e-mail and telephone as opposed to by letter. E-mailed complaints were responded to by e-mail including supplying an electronic version of the complaints leaflet. The corporate complaints form was also available on-line.

The number of compliments received had increased from last year. Compliments received were passed on to the relevant member of staff and their manager. People giving compliments were thanked by either VW or the relevant manager.

Member and MP enquiries had been included in the report for the first time. A higher proportion of Councillor enquiries were now responded to within 10 days.

The Council now had a new CRM corporate complaints database although social care had not been included in this as yet. Improvements had also been made to the complaints web pages. It was noted that from next year a joint report would be produced for both children's and adult social care complaints. It was explained that the total of 141 complaints in fact represented a very small proportion of adult social care contacts as there were for example around 12,000 contact hours per week in Havering for home care alone. DC felt it was inevitable that changes to social care systems being introduced this year would lead to an increase in the number of issues and complaints raised. Campaigns around particular issues also led to more complaints.

DW felt that the department was very fortunate in its complaints officer and complimented VW on her work.

The Committee:

1. Noted the contents of the annual report for 2010-11 regarding Adult Social Care complaints and the continued efforts to resolve complaints at an early stage.

2. Noted the important role of complaints in identifying service improvements.

4 IMPACT OF PERSONSALISATION ON THE VOLUNTARY SECTOR

JC explained that the Council now provided very few direct services and had allowed the voluntary sector to widen their offer. The Council was supporting the voluntary sector to do this. JC emphasised that the voluntary sector would

continue to be funded overall as this was seen as an important part of the preventative agenda.

By putting resources towards prevention, the Council would save money at a later stage. For example the reablement service had led to a 27% reduction in the numbers of people placed in residential care. Approximately 40% of customers were self payers and 31% of customers had control of their budgets. JC wished to support and stimulate the care market and also see less regulation. A social enterprise (People 4 People) had been set up to match budget holders with registered, CRB-checked carers.

There were priorities such as to invest in reablement and also statutory duties that needed to be funded such as assessment and review. The meals on wheels service was no longer subsidised but more meals were in fact now provided as people no longer had to be referred to the service.

A “Dragons Den” event had been held to stimulate the day opportunities market. New opportunities were available through MENCAP, Shaw Trust and other suppliers. A user led organisation was being developed which would give opportunities in providing brokerage, befriending, transport etc. There would therefore be an overall shift from grants to personal budgets and self payers.

JC reported that in excess of £3 million of new money was being spent on joint health and social care projects. This was on areas such as telehealth and supporting GPs to prevent hospital admissions. Projects to receive this funding were discussed at the Health and Wellbeing Board. It was also hoped to secure money from the Havering Strategic Partnership to coordinate volunteers for prevention and low level support. JC clarified that transport services formerly provided by the Council such as transport to Painesbrook were now provided by Age Concern.

JC accepted that there were challenges from having less money available but also opportunities. More money would be spent with the voluntary sector and the voluntary organisations that were most adaptable and offered the best products would prosper. Councillor Brice-Thompson noted this but felt that it was important that the voluntary sector was not taken for granted.

Councillor Wells asked if checks were made on relatives who provided care. JC responded that most care provided by family members was free and this allowed a personal budget to go further. People were advised to use reputable care sources but could still use care from family members if they wished. DC added that the claiming of additional expenses for care was open to abuse and had to be monitored.

Councillor Van den Hende asked about the cost of the user led organisation, particularly once it became a full employing body. She also felt there was a danger of the user led organisation forming an unnecessary additional layer between the Council and the voluntary sector. JC responded that the user led organisation would not constitute any additional bureaucracy and would not

result in any additional costs. Councillor Wells was however unconvinced regarding the user led organisation.

There had been a very small number of cases of financial abuse under the new system but JC pointed out that such cases had also occurred under the former system. The new system had both risks and benefits overall.

JC emphasised that buying services from charities was the most efficient option as it meant the Council did not have to contribute to core costs. DC added that some charities did not wish to work with Councils although other charities were already suppliers to the Council.

The Committee **noted** the presentation.

5 SCOPE OF SCRUTINY REVIEW: DAY OPPORTUNITIES FOR PEOPLE WITH LEARNING DISABILITIES

The scope of the topic group review was **agreed** by the Committee unanimously.

6 COMMITTEE'S WORK PROGRAMME

The Committee's work programme was **agreed** as per the schedule in the report presented to the Committee although the Committee decided that it may wish to revisit the work programme at its next meeting.

DC suggested that the Committee may wish to consider Government changes that were being introduced to social care as well as the overlap with the health sector. In addition, the Dilnott report on charges for social care, if adopted, could usefully be scrutinised by the Committee.

It was also **agreed** to no longer produce spare hard copies of meeting agendas.

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Chairman

27 September 2011

MINUTES OF A SPECIAL MEETING OF THE OVERVIEW & SCRUTINY COMMITTEES
Havering Town Hall, Romford
Thursday 28 July 2011 (7.30pm – 10.50pm)

Present:

Children & Learning Overview and Scrutiny Committee –

Councillors Sandra Binion (chairman), Clarence Barrett (substituting for Gillian Ford – vice-chairman), Dennis Bull, Robby Misir, Linda Trew, Billy Taylor, Frederick Thompson, Nic Dodin and Pat Murray.

Co-opted Member present (non-voting) – Margaret Cameron

Crime & Disorder Committee –

Councillors Ted Eden (chairman)*, John Wood (vice-chairman), Rebecca Bennett, Roger Evans, Frederick Osborne, Linda Van den Hende*, Keith Darvill (substituting for Denis Breading) and Jeff Tucker* (substituting for David Durant).

Environment Overview and Scrutiny Committee –

Councillors Jeff Brace (chairman), John Mylod (vice-chairman)*, Dennis Bull, Peter Gardner, Robby Misir (substituting for Garry Pain) Barbara Matthews* and Jeff Tucker (substituting for David Durant).

Health Overview and Scrutiny Committee –

Councillors Pam Light (chairman)*, Clarence Barrett (substituting for Brian Eagling – vice-chairman), Wendy Brice-Thompson, Fred Osborne, Linda Trew and Nic Dodin.

Individuals Overview and Scrutiny Committee –

Wendy Brice-Thompson (chairman), Linda Van den Hende (vice-chairman)*, Jeff Brace, Pam Light*, Keith Wells and Clarence Barrett (substituting for June Alexander).

Towns and Communities Overview and Scrutiny Committee –

Fred Osborne (chairman), Linda Hawthorn (vice-chairman)*, Wendy Brice-Thompson, Osman Dervish, Robby Misir (substituting for Garry Pain) Keith Wells, Ray Morgon, Paul McGeary and Michael Deon Burton.

Value Overview and Scrutiny Committee –

Robby Misir (chairman), Ray Morgon (vice-chairman), Ted Eden*, Billy Taylor, Damian White and Clarence Barrett (substituting for Ron Ower).

Members of the Cabinet

Councillors Michael White (Leader of the Council), Lesley Kelly*, Steven Kelly, Roger Ramsey and Paul Rochford* were present.

Other Members

Councillor Denis O'Flynn

* - for part of meeting

Apologies were received for the absence of Councillors June Alexander, Denis Breading, David Durant, Brian Eagling, Gillian Ford, Georgina Galpin and Ron Ower.

There were no declarations of interest.

6. CHAIRMAN OF MEETING

With the agreement of all Overview & Scrutiny Committee Members, the Chair was taken at this special joint meeting by Councillor Sandra Binion.

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

7. THE COUNCIL'S FINANCIAL STRATEGY

The Leader of the Council, Councillor Michael White explained that the Council's financial strategy had sensible financial planning as its bedrock. Investment had continued and could be seen in initiatives such as the My Place youth centre in Harold Hill and the recently announced new leisure facilities in Romford. There remained however an overall funding gap of £40 million and this report brought forward a series of balanced and focussed measures to meet the remainder of this deficit.

Services valued most by residents by residents would be protected under the proposals and there were be no closures of libraries or parks (indeed Havering's parks has recently won eight green flag awards) nor would there

be any change to refuse collection. Children and the most vulnerable adults would continue to be supported.

Particularly in social care, investment would be made in preventative measures in order to realise savings in future years. Falls prevention would receive additional funds and technology used to allow people to live longer in their own homes. Work would also be started with families at an earlier stage.

The report set out recommendations to make the £16 million savings required to balance the Council's books. Councillor White added that the report provided reassurance to residents that the Council would continue to act in their best interests and deliver a sustainable level of Council Tax. Councillor White was confident the savings would be delivered but a contingency had also been established, should it be needed.

Councillor White had recently met, in conjunction with Conservative Council Leaders in North East London, the Local Government Minister, Bob Neill MP. Funding for local government would be changing to a business growth model and, in future, Business Rates would pay for up to 70-80% of Council services. Councillor White had explained that grant levels per head were key and that residents in some local roads received very different grant levels depending on which side of the road they lived. The Minister had indicated he was open to a separate funding deal for London, if this could be agreed by all boroughs.

Councillor White emphasised that the proposals sought to protect front-line services. He thanked officers and Cabinet Members for their professionalism during the process and was particularly grateful to Councillor Ramsey, the Chief Executive and the Group Director – Finance & Commerce for their assistance.

General Questions

Councillor Barrett felt there was insufficient detail of the savings given in the report but thanked officers for the further information they had supplied to him. He asked that, in future such reports include more detailed information as this would benefit the public.

The Leader clarified that the figures did not assume an annual Council Tax rise of 2.5%. Raising Council Tax was one option but other ways to make savings would also be considered. The change from a grant-based to a business rate-based system might also help the Council's finances but nothing could be ruled out at this stage.

Councillor Tucker asked if the Government Minister had given any advice on what areas the Council could invest in. Councillor White replied that he had not as this was not the Minister's role. The new model of funding would mean it was important to attract more businesses to Havering as this would increase the level of Business Rates collected and hence give more funds to be spent on services. The Council was in any case investing in projects such as the new swimming pool and new libraries in Rainham and Elm Park.

Councillor Barrett felt that monitoring of the budget savings was very important and asked if this could be done via exception reports brought to the overview and scrutiny committees. Councillor White was however seeking to reduce the cost of committee meetings. It was also part of Councillor Ramsey's role as Cabinet Member for value to ensure close monitoring of the savings. Councillor Ramsey added that monitoring of budgets was very important and that overview and scrutiny committees were welcome to look at the budget if they wished. The budget was considered robust enough for a two-year settlement and a new funding system would be in place after this.

Councillor Darvill asked if each Overview & Scrutiny Committee could look at the proposals but Councillor White pointed out that it was for each Committee to determine it own work programme, including investigations such as that suggested. Staffing implications of some proposals would however mean they could not be discussed in a public forum.

Councillor O'Flynn asked if there was a total saving of £16 million or £19 million as both figures were mentioned in the report. Councillor White confirmed that £4 million was not covered in the papers and there were various options to make this up including Business Rates and technical budget adjustments.

Questions raised and answers given relating to the specific savings proposals are shown in the appendix to the minutes.

Two propositions relating to items in the schedule of Savings Proposals were put to the vote. The details of those votes are set out in the appendix.

During the course of discussions, the Members of all Overview & Scrutiny Committees agreed to suspend Committee Procedure Rule 8(b) in order to complete the agenda of the meeting.

The Committees noted:

1. **The financial position of the Council.**

2. **That the report was formally consulting them on the Corporate budget adjustments and that this was the opportunity to scrutinise the Cabinet's decisions.**

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Chairman

13 September 2011

BRIEFING NOTE FOR
INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

DAY OPPORTUNITIES FOR PEOPLE
WITH LEARNING DISABILITIES TOPIC GROUP

Following the requisition of the Cabinet Report on 18 May 2011, and the subsequent Individuals Overview and Scrutiny Committee, it was agreed that a group be established to look at the process of the consultation.

The group met on two occasions and individually met with clients and carers on visits to day opportunities.

The consultation concluded on 22 August, and over 100 questionnaires had been distributed to Carers and a similar number of easy read version were sent to clients of the service. 31 responses were received, 28 of which were received in the first week. The group felt that this was a very low number. Responses were mixed but predominately against the closure. There had been little use of the dedicated phone line and e-mail account provided.

The group were informed that Mencap and People First had provided advocacy for individual clients through the process and both had submitted reports of their overall findings. People First had also conducted open sessions culminating in a meeting where questions that had been prepared where put to the Council representative. Sessions had been held with the 3 A's group (Representative users of the Centres); The Quality Circle at Nason Waters (which also involved Carers and Staff), four open meetings with service clients (two with HavCare support) held at Western Road and Nason Waters and individual conversation where requested at both Nason Waters and Western Road.

The group were informed that there had been overlaps between all sessions and the main concern was reassurance for clients that they could continue with activities they liked and that they would not be forced to "work". They would still be with people and staff they were familiar with, and can travel on the same coaches. It was explained that they would also be able to choose new activities if they wished.

Members had visited the different day opportunities and the following issue were highlighted:

The majority of users were not against moving, they just had concerns about what activities would be available, the familiarity of facilities and transport issues.

St Bernard's

- It was felt that the parents/ carers where transferring anxiety to the clients, who would not against the change, but were worried about upsetting their carer/ parent.

- The Building was on 2 floors, with no lift and was therefore the first floor was not used, and was wasted. The majority of users had personal care however the service did appear dated.

Western Road

- This was a Victorian Building which had been used by one group for a history project. This included a recreated Victorian School Room, which had been offered to the Museum, but they had turned it down.

- Users would be disappointed to leave the building given the history.

- The activities carried out were more intimate with the users and there was a good vibe and enthusiasm from the staff. The staff were happy with the change

Nason Waters

- Members were impressed with the size of the building and its potential particularly the flat being used to promote independent living

- The activities seemed to be limited and the building itself seemed depressing and grimy

- Members were informed that as staff had left they had not been replaced

- Staff felt that the clients and carers of Nason Waters had been over consulted; therefore they had been given lots of opportunity to comment.

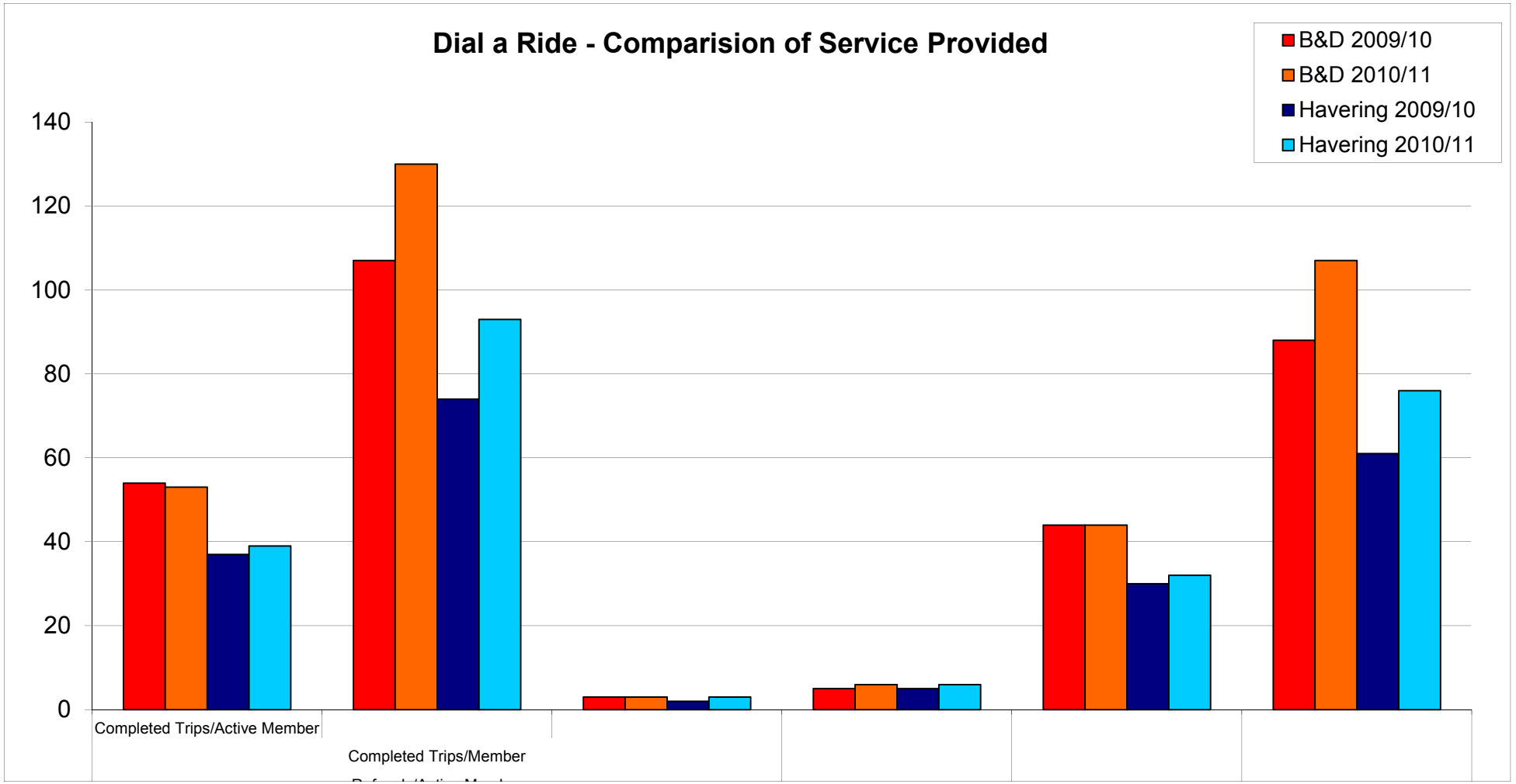
- The move of staff from Western Road to Nason Waters may help to lift the ambience of the centre. Member felt it would be advantageous if the staff started working together before the clients transferred.

CONCLUSION

Overall Members felt that although there had been a low response rate, efforts had been made to encourage all stakeholders to register their views, and opportunities had been made available for all to participate.

It was agreed that the consultation process had been carried out effectively.

The Group requested that a progress report on the proposals be presented to the full OSC in the future.


Dial a Ride - Comparision of Service Provided
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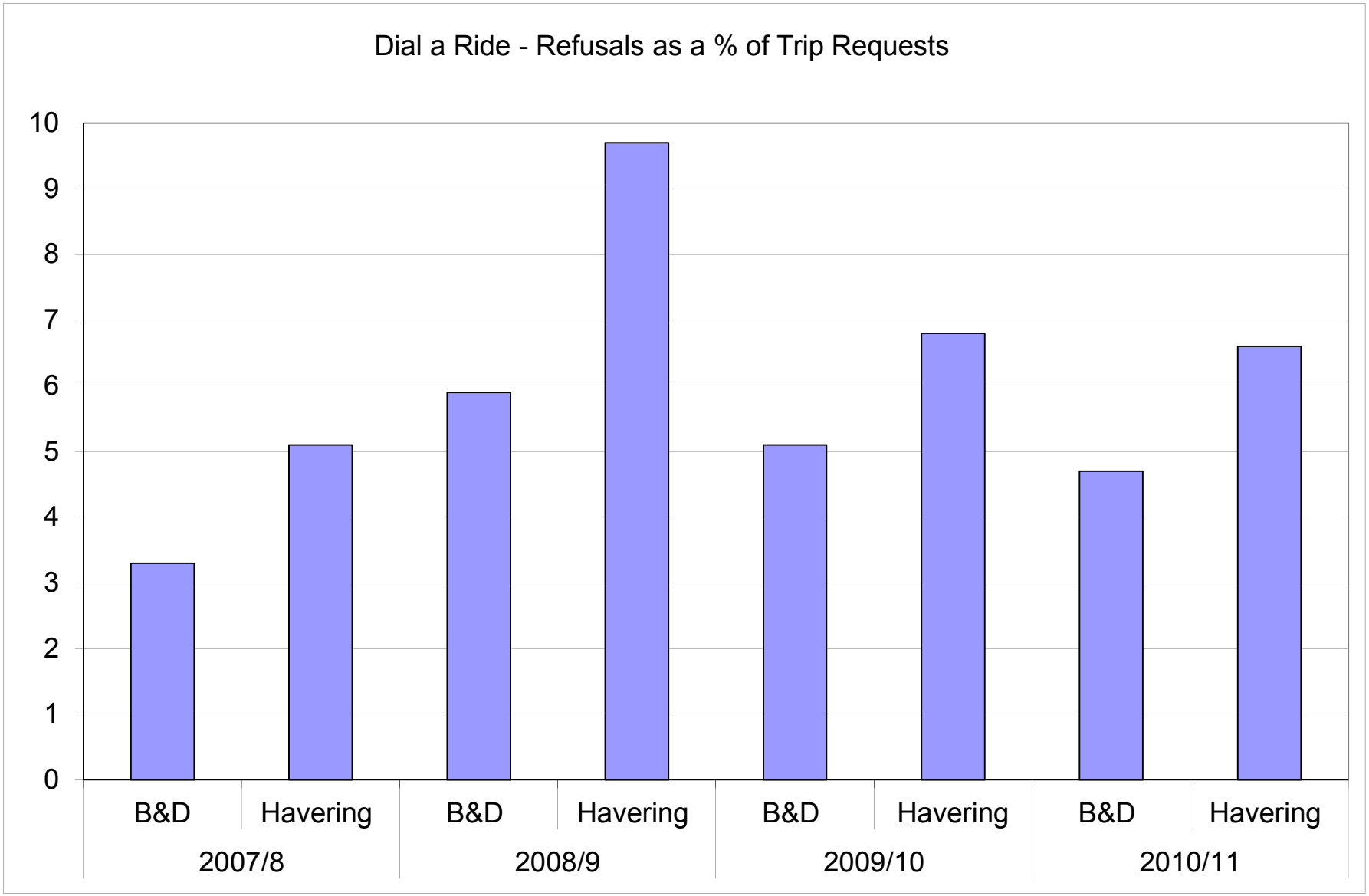
Dial a Ride - Refusals as a % of Trip Requests
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Havering
LONDON BOROUGH

OVERVIEW & SCRUTINY COMMITTEE REPORT

27 09 2011

Subject Heading:	Integrated Case Management (ICM)
CMT Lead:	David Cooper, Head of Adult Social Care
Report Author and contact details:	Derek Hoddinott, Project Manager, NHS Support for Social Care - 07506 672604 Daphne Edwards, Service Manager, Access & Assessment, Adult Social Care
Policy context:	Department of Health - NHS Support For Social Care

SUMMARY

The aims of the Integrated Case Management programme (ICM) are to avoid unnecessary hospitalisations, to reduce dependence on the acute care, to maintain independence in the community, to promote self care and self control over individuals' own lives and to reduce disabilities and disadvantages arising from chronic illnesses.

There are existing links between Health and Social Care and these are being strengthened through Integrated Case Management and other Health and Social Care developments.

Major transformations include expanding the ICM care-pathway where the existing Community Matron's service is transferred directly across to the ICM pilot programme. The scheme will involve multi-professional approaches and refocus adult community nursing resources to include developing integrated care teams with case management and social care alignment including remodelling of existing community nursing teams.

The remodelled community matrons service will mean that all new individuals accepted on the ICM programme will follow a standard treatment programme and will be discharged after 12 weeks from initial referral but this process will be regularly reviewed to ensure individuals are sufficiently managed.

The team will bring together multi-agency, multi-disciplinary person centred support for adults with complex health and social care needs to enable them greater independence in the community. This will reduce the reliance on hospital admission.

RECOMMENDATIONS

Members are asked to note the content of this report.

REPORT DETAIL

1. Background

Integrated Case Management (ICM) is based on research led by Kings College. It aims to reduce demand on health and social care services through providing suitable individuals with intensive support for a 3 month period. At the end of this period individuals have increased confidence in managing their own conditions, better awareness of support available and decreased social isolation.

2. What the Team Does

ICM is for individuals who have a high risk of an Accident and Emergency (A&E) admission. The service consists of a team of Community Matrons and Social Workers who provide support to individuals in their own home, coordinate other interventions and help individuals develop a capability to support themselves. The aim is to reduce use of acute services/social care and allow people to live independently in their own homes for as long as possible.

The key to this working is identification of the right people at the right time. This is done with case finding software. GP list data is matched with data on use of hospital services. This stratifies the patient list, identifying very high risk and high risk individuals who are then clinically prioritised for referral to ICM.

When a person has been identified as suitable for ICM, an initial assessment visit is undertaken and a care plan developed. Individuals then receive intensive support for a period of up to 12 weeks, after which current experience shows that understanding and capability of managing their health and social care needs improves and they are able to live

independently with reduced use of health (both primary and secondary care) and Social Care services. Evidence also suggests improvements in quality of life and patient reported health and social outcomes.

The data (GP and acute services) is uploaded monthly to give change in use of hospital services and allows evidence to reduce cost of the acute contract. The impact will be tracked through the analysis of SWIFT data.

The project is formally supported by the GP Consortia and the Health and Well Being Board. It has also been approved by the Adult Transformation Board.

3. Method of Approach

The Integrated Case Management project (ICM) originally commenced in October 2010. However, it was introduced with a significantly lower capacity than originally proposed and the structured approach for identifying individuals (risk stratification) was not implemented. In addition no systematic collection of evidence of impact was applied. This has now been addressed through additional funding from the NHS Support for Social Care (funding made available through the Department of Health)

There is strong national evidence that ICM reduces admissions by between 25% and 50%. However, it is essential that Havering collects data of local impact to enable savings to be taken out of contracts with acute hospital providers. To enable this, the following actions have been taken:

- Structured risk stratification implemented;
- Pre ICM and post discharge Quality of Life and Patient Reported Outcome Measures tool completed by individuals;
- Audit of case notes for individuals supported by ICM to identify impact for those not identified through risk stratification;
- Monthly data extracts of hospital data to allow assessment of reduced demand for hospital services;
- Tracking of use of Social Care services through SWIFT.

4. Deliverables

The project team will have capacity to manage an annual case load of between 1575 and 2000 individuals. It will provide short term intensive support to individuals identified as being suitable for the service (through risk stratification and joint (GP/ICM) clinical prioritisation). It is expected to deliver improved quality of life, increased independence reduced demand for social care (residential and home care) and a 50% reduction in hospital admissions.

5. Project Outcomes

The ICM project is expected to deliver reduced admissions, reduced demand on Social Care, together with improvements in Social Care related quality of life and improved patient reported outcomes.

Based on an annual caseload of 1575 individuals, the net FYE savings will be £1.7m. As in 2011/12 the team will be expanded from its current size to full compliment. Monthly monitoring of the Health Analytics data will be undertaken to ensure that savings in 2011/12 are fully understood and used to inform negotiations with BHRUT.

The savings for 2012/13 will be less than the FYE as the full team will take time to build and the savings will have a time lag between validating reduced demand and changing contracts to reduce cost.

The savings will be reviewed monthly to ensure confidence of them being realised as cash releasing, allowing sustainable investment beyond the end of the project.

It is also expected that Integrated Case Management will deliver savings in Social Care by reducing demand for support packages and reduction in residential care admission. Additional evidence will be sought to validate a prediction of impact, but a conservative estimate is that full year effect savings of £150k will be realised.

This is summarised below:

Description	Health			Social Care		
	Saving 2011/12	Saving 2012/13	Saving 2013/14	Saving 2011/12	Saving 2012/13	Saving 2013/14
Reduced demand	£200,000	£900,000	£850,0000	0	£100,000	£150,000
Total	**£200,000**	**£900,000**	**£850,000**	**0**	**£100,000**	**£150,000**

6. Governance

The project will be monitored through the ICM Steering Group that includes representation from key stakeholders. In addition, there is an operational implementation meeting. The project will also be reviewed by the Health and Wellbeing Board.

7. Budget

The project costs are in addition to existing baseline costs of the pilot funded through the block contract with ONEL CS. Annual figures are:

Item	Baseline Budget 2011/12*	Additional Budget 2011/12	Total
	£	£	£
Totals	**218,148**	**604,274**	**822,422**

*PCT allocation to ONEL CS

It should be noted that the budget estimate for 2012/13 and 2013/14 is subject to review dependent on progress of the project and end year evaluation. In 2011/12, it is assumed that the new staff will be in post between October 2011 and December 2012. The budget requirement for the project is as follows:

Item	Additional Budget 2011/12	Additional Budget 2012/13	Additional Budget 2013/14
	£	£	£
Totals	**232,000**	**604,000**	**374,000**

8. Progress

A revised service specification has been completed and agreed through the steering group.

Community Matrons are being given direct access to Health Analytics to allow timely patient identification and measurement of performance.

GP clusters have been developed to allow allocation of named teams to each cluster.

A contract variation has been signed to allow operational implementation by ONEL CS.

Agreement reached with other ONEL PCT's to undertake shared review of services in each Borough and converge projects into a single specification to allow shared learning and simplify operational delivery of service through North East London Foundation Trust (NELFT) (ONEL CS will be transferring to NELFT in 2011).

Current performance suggests that admissions are being reduced by around 60%.

9. Next Steps

The service will be extended to all Havering residents from 1st September 2011 (the pilot was restricted to 10 pilot practices. Monthly monitoring will take place to allow for informed review in December 2011 of service effectiveness.

IMPLICATIONS AND RISKS

Legal Implications and Risks

There are no apparent legal risks or implications in noting this Report.

Hunan Resources Implications and Risks

There are no direct HR implications or risks coming from the information contained in this report.

Financial Implications and risks

The Councils MTFS contains £100k from 2012/13 rising to £150k from 2013/14 in respect of the ICM programme. There will also be savings to the NHS as a result of this strategy.

The project is funded partly from existing resources but also by Department of Health monies, of which funding levels are only as yet announced until 2013/14. Beyond such time it can not be assumed that the DoH funding will continue to be available, so appropriate strategy will need to be in place to manage the eventuality that this funding will cease. The additional budget levels as quoted within this report are indicative.

BACKGROUND PAPERS

Developing Integrated Case Management Programme – Institute for Health and Human Development, University of East London, June 2009.

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