



INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.30 pm

**Tuesday
7 February 2012**

**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 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.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

3 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.

4 MINUTES (Pages 1 - 8)

To approve as a correct record the Minutes of the meeting of the Committee held on 1 November 2011 and authorise the Chairman to sign them.

5 ROYAL JUBILEE COURT ASSESSMENT CENTRE

The Committee will receive a presentation on the Royal Jubilee Court Assessment Centre.

6 AUTISM PLAN - UPDATE

Report to follow.

7 ADVICE AND INFORMATION - SIGNPOSTING

The Committee will receive a presentation from the Information and Advice Project Manager.

8 OVERVIEW OF RESIDENTIAL AND NON-RESIDENTIAL DEBT (Pages 9 - 18)

The Committee will receive a presentation on Residential and Non-Residential Debts from the Financial Assessment and Benefits Team Manager. (Presentation attached)

9 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.

10 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.

**Ian Buckmaster
Committee Administration &
Member Support Manager**

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Public Document Pack Agenda Item 4

**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Town Hall, Main Road, Romford
1 November 2011 (7.30 - 9.30 pm)**

Present:

Councillors Wendy Brice-Thompson (Chairman), June Alexander, Jeffrey Brace, Pam Light, Keith Wells and Linda Hawthorn

Apologies for absence were received from Councillor Linda Van den Hende

14 MINUTES

The minutes of the meeting of the Individuals Overview and Scrutiny Committee held on 27 September 2011 were agreed as a correct record and signed by the Chairman.

15 RESULTS OF AUDIT OF SKILLS AND COMPETENCIES IN MENTAL HEALTH

The Committee received a report from the Strategic Commissioning Lead on the results of an audit of skills and knowledge of care home staff around dementia. The Committee were informed that there is a national perception that skills, practice and knowledge around dementia in care homes could be less well developed than is desirable. It had therefore been decided that Havering would carry out an audit of all residential and nursing homes into which the authority placed individuals.

The questionnaire was carried out over the telephone with managers and face to face with staff by a qualified social worker. It was decided that the manager of each home would be interviewed and approximately one member of staff for every 15 residents.

Of the 34 homes approached, 30 homes completed the questionnaires; responses were received from 29 Managers, 26 Senior Carers/ Team Leaders, 32 Care Assistants and 11 Nurses.

The results of the audit found that 84% of those interviewed had worked in the care industry for more than 4 years; therefore the investment in training would be worthwhile as despite the perception of poor working conditions and low wages, staff retention compared favourably with domiciliary care agencies which suffered from persistent job vacancies.

The qualifications held by staff was audited and it was found that there were 85% with NVQ2 or above; this was very encouraging as was the personal belief that they had an understanding and knowledge of mental health.

The Committee noted that of 1057 residents, 765 were perceived by staff to have dementia, of which 609 had a formal diagnosis. 98% of staff stated that they would seek a diagnosis if they suspected a resident of developing dementia but only 50% knew how to contact specialist dementia teams or other teams capable of intervention. Officers explained that this was being worked on through the Dementia Pathway to improve information for staff.

Whilst 89% of staff had received induction training, there was no specific training in dementia, and only 50% of managers stated that dementia experience was expected for staff. The Committee were concerned about this as staff would essentially be dealing with dementia from day one.

Officers stated that the results of the audit were better than they had expected however there was room for improvement in some areas. There was scope for volunteers to help with dementia issues, and the dementia pathway was looking at good practice and peer working. All areas of improvements would go back to the Dementia Strategy Group for action.

Members asked about the four homes who had not taken part and why. Officers explained that one home was in the process of being redeveloped and could not spare the time and the other three felt it was a waste of their time.

Members asked about the dementia training that was available, and if it was just a basic course. Officers explained that the training was a couple of half days but was value for money. There were two levels available, a basic awareness, and then a more in depth level. Members asked if the training included recognising that dementia symptoms can also present through other illnesses. Officer assured members that the training did address this and that all other possible illnesses were discounted first.

Members asked if there was training available for members of the public. Officers explained that Age Concern and the Alzheimer's Society would be able to provide details to members of the public and carer's training was also available and signposted through Age Concern. The Committee agreed that with the right diagnosis the right avenue of support can be put in place.

The Committee noted the report and asked that a review of progress be brought back to the Committee in 6 -8 months.

16 **CUSTOMER SERVICES INTERFACE**

The Committee received a report from the Transformation Programme Manager on the Customer Services Interface with Adult Social Care.

The Council's Customer Services "Vision" was *"to enable those customers who can, to access services by themselves. For those customers who cannot, we will provide targeted, quality and cost effective services"*.

The Committee were informed that the aim was to make it easier for customers to contact the Council enabling it to become more efficient. This would assist adult social care services in responding to the demographic and financial pressures it faces.

The Adult Social Care service was reorganised in April 2011 around four key areas:

- Front Door (Access)
- Reablement (Prevention)
- Assessment, Re-assessment, Support Planning and Brokerage
- Review, Quality Assurance, Safeguarding and best use of resources

Over the last 6 months, the Front Door services had been enlarged and transferred to Corporate Customer Services. The Front Door section was made up of two tiers. Tier 1 service carried out the initial contact diagnostic, signposting callers where possible to access appropriate agencies or services, or if a social care need was identified, it carried out the initial contact assessment using the Fair Access to Care Services (FACS) criteria to determine eligibility. Tier 2 provided the first-line duty service, liaison with the other adult social care support functions (e.g. brokerage and safeguarding) and passing on enquiries to the relevant back-office team to progress cases as appropriate.

The Committee were informed that information and advice was key and that as part of the Adults Transformation Programme, and following consultation with key local stakeholders, a new model of Information and Advice was agreed in May 2011. This included the development of an accessible new website, a shop on High Street, Romford and outreach services. It was also important that there was only one version of advice for all to use, and different channels in which to get the information.

In addition to financial benefits, improvements in the quality of the overall customer experience for Adult Social Care services customers were expected and would include:

- The reduction in the number of times a customer was asked to provide the same information to the Council.
- Consistency in information provision ensuring that regardless of channel of contact used, or the staff with whom the customer is speaking, the information received is the same.
- Improved responsiveness to contact, removing delays and causing customer irritation.

- Reduced volume of service complaints
- Enhanced customer insight and management information reporting enabling future service provision to be better targeted at customer needs.

Members asked about the Advice Centre which was due to open in January 2012 on High Street and if this was on target. Officers explained that there was a tight timescale, and no room for slippage, therefore they would open on 31 January. It was explained that the application was in, and there had been no objections, the builder had been appointed to do the refit and the funding was in place.

As regards advertising of the Advice Centre, officers explained that there were outreach services in Queens and the Polyclinic, and they wanted to engage with 300 vulnerable people a year. There was flexibility to go out to different areas to bring the services to the people. Advertising would be in the Romford Recorder, on radio, via advertising boards and in Living. The Advice Centre would also open late one evening and on a Saturday.

Members asked about the logging and monitoring of customers. Officers explained that when a client presented either on the telephone, on the internet or in person, all contributing factors would be looked at to ensure safeguarding. The model followed that of Stockport Council and Havering could only improve upon it. Officers explained that the centre was led by the voluntary sector, as clients often found this easier to access. The three stakeholder organisations were Citizens Advice Bureau, Crossroads and Age Concern.

The Committee noted the report and thanked officers for the informative report.

17 **ASSISTIVE TECHNOLOGIES**

The Committee received a report on Assistive Technology improving outcomes. This was to give the Committee an overview of how assistive technology i.e. TeleCare and TeleHealth, was being developed through a set of projects as part of the Havering 2014 Adults Transformation programme.

Officers explained that the technology changed rapidly, and the installation of the technology promoted peace of mind and independence to the client and their families. As of 30 September 2011, there were around 3,200 users of assistive technology in Havering. In 2010 Havering had joined the London Assistive Technology Project along with 12 other boroughs. The aim of the programme was to place TeleCare and TeleHealth at the centre of care provision through cross borough working to share best practice and

develop new initiatives. Havering had actively participated in the programme and a wide range of projects had been put in place. These included:

- Reorganisation of the TeleCare and Careline service to improve focus on service standards, such as responding to alarms, and a wider range of equipment was being used across a growing number of customers.
- Adult Social Care staff and colleagues working in health had been involved in workshop events to improve their understanding of the benefits assistive technology can provide and their confidence in including equipment in care packages.
- A demonstration facility had been set up at Yew Tree Resource Centre for both the public and staff to use to gain an improved understanding of assistive technology devices
- A marketing campaign to raise awareness and interest from the public.

Bids had been made earlier in the year for funding to NHS Havering under the NHS Support for Social Care Programme. This was to support three additional projects with the overarching objective of driving forward specific initiatives to improve outcomes and deliver efficiencies across both social care and health. These projects were:

- **Purposeful walking, supporting people with dementia.** This would use TeleCare and GPS (Global Positioning Satellite) devices to enable participants diagnosed with dementia to safely leave and return to their home environment. This would promote greater independence and improve health and wellbeing. It would also reduce the impact and stress on carers.
- **Supporting long term and complex conditions.** This would use Assistive Technology solutions for people with long term conditions; high support needs and/or people with learning difficulties. This would enable people to be maintained in less institutional settings in the community and reduce levels of support needed.
- **Rapid response installation team.** This would establish a specialist team able to install a range of TeleCare/TeleHealth solutions, designed to support elderly or disabled people, being discharged from hospital or identified as “at risk” in their own home, within a 12 hour target following assessment and referral. This would allow the discharge from hospital to be quicker and ensure that the home was a safe environment.

The Committee were given details of the anticipated benefits from the three projects. These included both the successes for the client and the business benefits.

Officers explained that under the NHS for Social Care project, they were also moving to TeleHealth alongside TeleCare. This included a pilot of 40 clients with ongoing illnesses, the system would measure their vital signs twice a day and if necessary alert a nurse if further assistance was needed. In the first 3 weeks of the trial there had been very positive feedback and no anxiety. Members asked about the cost of the equipment. Officers explained that it equated to around £1000 per year, however a hospital admission would be more costly. Officers explained that all equipment was tested yearly and reused.

The Committee then viewed a number of devices which were available. These included:

- Bogus Caller Button
- Smoke Detector and Carbon Monoxide Detector
- Falls Detector
- Flood Detector
- Temperature Extreme Sensor
- Door Sensor
- Medicine Dispenser
- Watch linked to pendant including GPS

Officers explained that there were three items issued for £6 a week.

The Committee noted the report and thanked the officers for their time

18 NEW ADULT SOCIAL CARE WEB SITE

The Committee were given a presentation on the new website for Adult Care in Havering. The Committee were informed that the reason for developing the new website was due to the delivery of Personalisation. The new website would be a universal information and advice service ensuring informed choices, prevention, and pre council "front door". This would remove the stigma of contacting social services, self funder improved assess, a single version of the truth, and a source for Council staff, Members, partners, voluntary sector and public.

The Committee were informed that the website being used was Quickheart Solutions and was sponsored by the Department of Health. The website had been used by Stockport Council which was a comparator Council to Havering. The website was developed around the service users' desire, to ensure they remain part of their community and not a burden on their family. They would be able to make choices, be in control and enhance their lifestyles, using language that is understandable, jargon free, and shows empathy and respect for what they can and cannot do.

Officers explained that there were three routes into the website; these were red, amber or green. The red route was for users who did not want to be in the situation, or were in denial, the amber route was for those that knew

they had a need but needed reassurance of services available to them, and green was for those that knew what they wanted and were happy to access the information quickly themselves.

The Committee were shown the pages available on each of the routes. On the green route the page was set out with the different options on the left hand side of the page, the amber route gave a number of images where help may be needed, and the red route asked for information on different daily situations, to get an assessment of the information and advice that was needed.

Officers explained that it was hoped to be able to install PCs within the Information and Advice Shop so that users can get assistance there from the volunteers. All reference to social services had been removed from the website so as to remove any stigma associated with that phrase. Every page on the website included details and telephone numbers direct to the specific service.

The Committee noted that a financial calculator would be installed so that users could find out if they needed to self fund services.

Members asked if the site was secure. Officers explained that it was a secure site, and personal information was sent direct to the service. It was explained that before going live, the system would be tested with users to ensure it worked effectively. Each screen had been set up intelligently in that the main menus were on the left hand side of the screen.

The Committee thanked officers for the presentation.

19 **FUTURE AGENDAS**

The Committee agreed that they wished the following items to be included on future agendas:

Update on the Information and Advice Shop, including the name given.
Enablement at Yew Tree Resource Centre
Royal Jubilee Court Assessment Centre.

Chairman

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Adult Social Care debt

Overview of Residential & Non-Residential debts



There are two areas of service that we financially assess and charge for in Adult Social Care. They are;

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

Types of debt

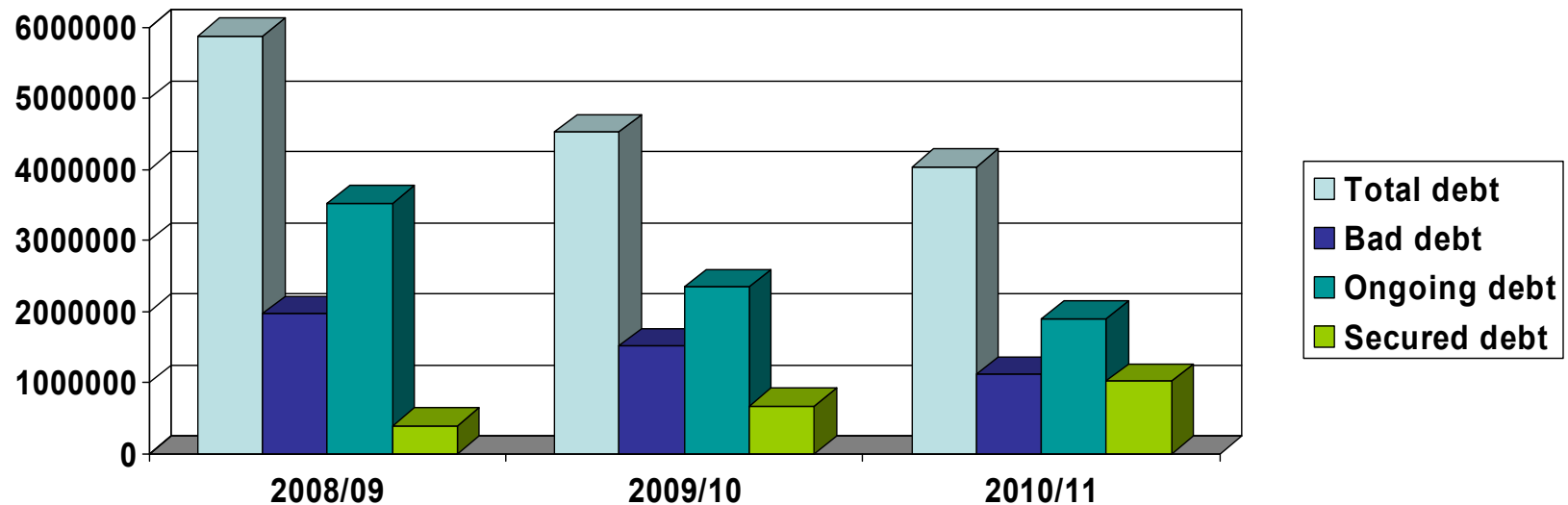
The debt relating to residential & non-residential care is classified into the following types of debt;

1. Secured debt – where a charge is placed on the debtors property which ensures it can't be sold without the Council being reimbursed in full first
2. Bad debt – monies we do not anticipate recovering
3. Ongoing debt – unsecured arrears where collection is anticipated



Residential Debt – Apr 08 to Mar 11 (position at year end)

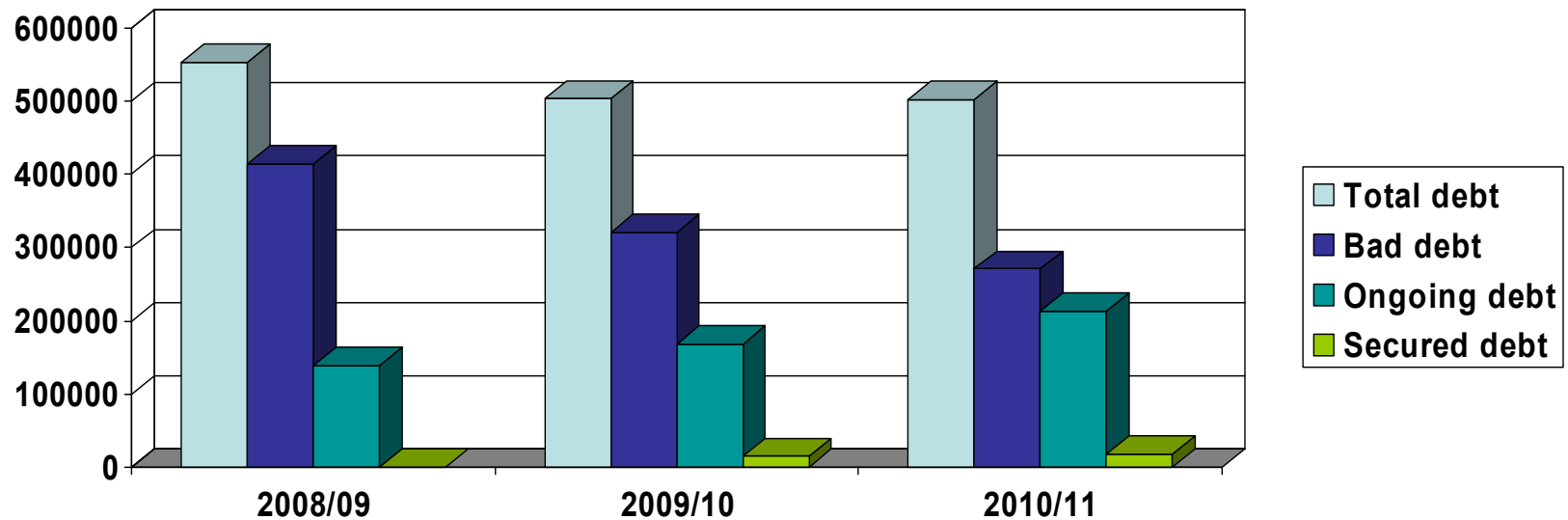
Page 12





Non-Residential Debt – Apr 08 to Mar 11 (position at year end)

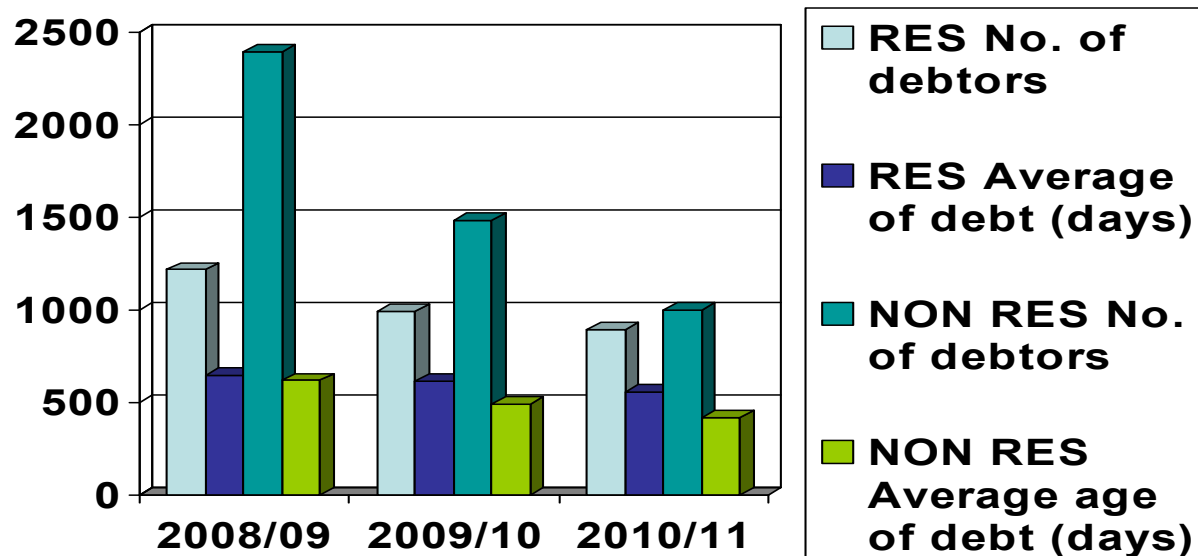
Page 13





Other areas of improvement

As well as total debt and bad debt falling over the last 3 years the Council has also seen a reduction in the number of debtors and the average age of debts.





Other areas of improvement

In addition to reducing bad debt and the total number of debtors, the last 3 years have seen steady improvement in the collection of invoiced care fees.

Financial Year	Residential	Non-Residential
2008/09	86%	84%
2009/10	88%	86%
2010/11	89%	88%



Changes in approach

The improvements in the collection rates and the reductions in bad debt have been as a result of more efficient approach to income collection and debt recovery.

Specifically, the following have been introduced in the last 2 years;

- a pro-active/preventative approach to debt collection – rather than waiting for debts to reach a certain size before taking action we now contact all new debtors who have 3 invoices outstanding with a robust interventionary letter to prevent large debts accruing



Changes in approach cont.

- closer working relationship with the Legal Department – a member of the legal department is based full time within the Financial Assessment & Benefits Team dealing with debts still outstanding after standard recovery processes have failed
- applying Deferred Payment Agreements as standard in all property cases – instead of offering Deferred Payments as an option we now insist that any Residential care user with a property enters into one, which means a greater sum of debt is now secured with a charge on a property
- pushing direct debit take up for Residential care users – this was not possible until October 2010 due to limitations with the billing system but now it is it is being offered to all new users as part of the financial assessment process. Take up is growing and is hoped to be at 50% within the next 24 months.



Conclusion

In the past 2 years the Financial Assessment & Benefits Team have revised how the resources allocated to debt recovery are used in order to make them more efficient. Processes have also been changed with a view to reducing the number of bad debtors and to maximising potential income collection. These changes have had a notable impact on performance in the last 2 financial years and the expectation is that income collection will continue to rise while debt, and especially bad debt, will continue to fall.