



INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.00 pm

**Tuesday
7 May 2013**

**Town Hall, Main Road,
Romford**

Members 6: Quorum 3

COUNCILLORS:

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

June Alexander (Vice-Chair)
Linda Van den Hende

**For information about the meeting please contact:
Wendy Gough 01708 432441
wendy.gough@havering.gov.uk**

AGENDA ITEMS

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

2 DISCLOSURE OF PECUNIARY INTERESTS

Members are invited to disclose any pecuniary interest in any items on the agenda at this point in the meeting.

Members may still disclose any pecuniary 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 (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Committee held on 5 March and authorise the Chairman to sign them.

5 DEMENTIA STRATEGY UPDATE (Pages 5 - 20)

The Committee will receive a report with an overview of the work undertaken to support the National Dementia Strategy (NDS) and Priority 2 of the Health and Wellbeing Strategy – Improved identification and support for people with dementia.

The Committee are asked to note the progress of the implementation of the Council's dementia services.

6 ENABLEMENT AT YEW TREE LODGE RESOURCE CENTRE

The Committee will receive a presentation on the enablement service carried out at Yew Tree Lodge Resource Centre.

7 TRAVEL TRAINING (Pages 21 - 42)

The Committee will receive a presentation on the Independent Travel Training Scheme.

8 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.

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.

**Ian Burns
Acting Assistant
Chief Executive**

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**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Committee Room 3A - Town Hall
5 March 2013 (7.00 - 8.30 pm)**

Present:

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

Apologies for absence were received from Councillor Linda Van den Hende

33 MINUTES

The minutes of the meeting held on 12 February 2013 and the Special Joint meeting held on 24 January 2013 were agreed as a correct record and signed by the Chairman.

The Committee wished to record how well Adult Social Care provided, and in some cases, extended services whilst still staying within budget.

34 CAREPOINT/ INFORMATION AND ADVICE SHOP UPDATE

The Committee received an update on the progress of the Care Point Service. In 2011, the Council worked in partnership with a number of voluntary sector organisations (HAVCO, Age Concern, Citizen's Advice Bureau and Crossroads Care) to form a consortium to manage the new Care Point Service.

Care Point provided free information, guidance and advice on any enquiry. To ensure that all clients received the most accurate and relevant information, Care Point worked closely with all voluntary and community organisations, statutory services and the NHS within Havering. Care Point offered a follow-up service, if the client agreed, so that the support or information required had been progressed. Care Point signposted and/or referred clients to relevant voluntary organisations, statutory bodies and the NHS (Referrals were only made with the clients written authority and express permission). Where the enquiry had not been resolved, again with the agreement of the client, Care Point would follow up and may provide further information, guidance and advice to ensure the issue was dealt with.

Members noted that the service had been running for just over a year and had improved over the last 3-4 months due to more recognition from other organisations. The aim of the service was to ensure that every client is able

to make informed choices with regard to their enquiry. Whilst the service was mainly for adults with a health and social care need, officer stated that they would not turn anyone away and would try to signpost them to the appropriate organisation.

Care Point was staffed by four full-time workers, including a manager and a part-time administrator. The staff worked on a rotating shift basis and covered 6 days, two members of staff Monday to Friday and two members of staff Tuesday to Saturday, with an administrator working four days a week. The Committee was informed that Care Point was looking to employ volunteers to assist with the workload.

The Care Point premises were fully DDA compliant. It included three interview rooms, a small internet area with three computers, a disabled toilet and shower facility that would soon be included on the Changing Places website.

Members raised concerns about the marketing and advertising of such a unique service. With the exception of Stockport (the model on which Care Point was based) there were no other services known like this in the country. Members felt that the profile of the service should be raised so that everyone in the borough knew about the service and what it could provide. Officers explained that they were looking to raise awareness of the service and would shortly be providing posters and leaflets to libraries, GP surgeries, dentists and supermarkets. They were also going to do a regular advertisement in the Living magazine.

The Committee noted that other voluntary organisations used the Care Point premises to run sessions from a Romford base. These included:

Age Concern Havering Dementia Advisory Service: 2nd Tuesday of every month 12:30-2:30pm

Royal Association of Deaf People (RAD) 1st Monday of every month 10am-3:30pm

Papworth Trust/ First stop 1st and 3rd Wednesday of the month 10am-12pm

Havering Mind Every Tuesday 1-4pm

Havering association for people with disabilities (HAD) Last Thursday of every month 12-3:30pm

Each of the above was able to use the premises, internet connections and printing facilities at no cost.

The Committee was informed that Care Point had seen over 900 clients with 860 returning clients since its opening in January 2012. The enquiries were

over a range of information needs, including Benefits, Employment, Housing, and Health.

A member asked how clients find out about Care Point, as there were still residents who had not heard of the service. Officers explained that they had been to the Over 50s Forum, and lots of clients come to them through word of mouth, as clients would often pass on details to friends. Other organisations such as Age Concern would signpost people to Care Point.

A member asked if people who visited Care Point often expected more than the service could provide. Officers explained that customer expectation was often different to what the service provided. Care Point staff explain processes to clients, assist with the understanding of forms and procedures, and provide additional support through phone, email or follow ups. Care Point also carried out research, on behalf of the client, to ensure the service was relevant to their needs. The staff were constantly updating about other services available through contact with the different voluntary organisations, statutory bodies and NHS services in Havering.

The members discussed at length the need for the leaflets and other promotional material to emphasise that the service was free, including the use of social media; Facebook and Twitter.

The Committee discussed the performance report and noted that there was a consistent trend of enquiries in regard of Health and Adult Social Care.

The Committee thanked the officers for the very in depth update and asked that another update on the progress be brought to the Committee in 8 – 10 months.

35 EXTRA CARE REPORT

The Committee received a report on part of the Extra Care Strategy. This centred on the new development at Dreywood Court, which the Council had worked in partnership with East Thames Housing Group to develop. It was explained that extra care was between sheltered accommodation and a residential home. Extra care housing provided a more intensive level of support than standard sheltered housing, normally with a 24 hour care team on site. Extra care housing may suit people with a significant level of personal care or support, as well as those with relatively low support needs, but who are otherwise able, and wish, to live independently.

Dreywood Court comprised ninety eight flats, twenty of which would be for shared ownership and seventy eight of which would be rented.

The Committee was informed that the Council had 100% nomination rights, and of the 2000 people on the Adult Social Care database, there had been interest from 280 people. The eligibility for the properties was a Havering resident over the age of 55 with a social care need. Given the high demand it was hoped that further units could be developed in the future.

The Committee was informed that the keys for the properties should be handed to the Council at the beginning of May, and it was hoped that all units could be occupied as quick as possible. However, this could take time, as each person would need to view the properties, register on the housing register and a social care assessment needed to be carried out.

It was hoped that the take up of units at Dreywood Court, would free up some of the larger properties in the borough, by residents downsizing.

Members asked when the official opening would take place. Officers explained that it was hoped that the official launch would take place in the summer once residents were settled into the properties.

Members asked if people wished to move in, but did not have enough capital to buy, could they still rent. Officers stated that if they met the criteria then they could occupy the properties. If however they had a low income but enough capital to buy the property then the social care package would be free.

Members were advised that if the property was owned and passed on to a next of kin through inheritance, the next of kin, if not eligible themselves, would have to pass the property to East Thames Housing Group to market it for 6-8 weeks.

The Committee thanked the officer for the update and asked that they be invited to the official launch of the scheme.

36 FUTURE AGENDAS

The Committee discussed the on-going issue of Dial a Ride and requested that an update be brought to the next meeting.

Chairman

OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Dementia Strategy Update
CMT Lead:	Joy Hollister, Group Director, Social Care & Learning
Report Author and contact details:	Julie Brown, Transformation Programme Manager, 01708 432496 Julie.Brown@havering.gov.uk
Policy context:	Supporting people with dementia is a high priority both nationally and locally. The National Dementia Strategy published in 2009 sets out the strategic framework for local services to operate in. It includes clear objectives for delivering improvements in the quality of services and promoting a wider understanding of the causes and effects of dementia. Dementia is a particularly pertinent issue for Havering due to our large, and growing, older population.

SUMMARY

Dementia is a clinical syndrome characterised by a widespread loss of cognitive function including memory loss, language impairment, disorientation, change in personality, self-neglect and behaviour that is out of character.

Dementia is a very high priority, both nationally and locally. *Living well with dementia: A National Dementia Strategy*¹, published by the Department of Health in 2009, sets out 17 objectives which, when implemented (largely at a local level), should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia. The 17 objectives are listed in Appendix A.

In 2011/12, Havering's Joint Strategic Needs Assessment (JSNA)² estimated that 3,050 people in Havering (aged 65+) have dementia and this is predicted to rise to 4,691 by 2030. By working together with its partners, the Health and Wellbeing Board (HWB) wants to deliver improved outcomes for dementia sufferers and their carers and has established a Dementia Partnership Board in order to take this forward.

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

² <http://www.haveringdata.net/research/jsna.htm>

This report provides Members with an overview of the work underway to support the National Dementia Strategy (NDS) and Priority 2 of the Health and Wellbeing Strategy – Improved identification and support for people with dementia.

RECOMMENDATIONS

Members of the Overview and Scrutiny Committee are asked to consider the Council's dementia services and to note the progress with their implementation.

REPORT DETAIL

Background

In 2011/12, Havering's JSNA estimated that 3,050 people in Havering (aged 65+) have dementia and this is predicted to rise to 4,691 by 2030. The recorded number of people with dementia in Havering is significantly lower than the expected number and this suggests that more than 2,000 people are living with undiagnosed dementia.

In 2010/11, dementia-related costs to Havering (in terms of health and social care) were in excess of £2 million. A further £2.9 million was spent on dementia-related care home placements. As well as the costs to health and social care, the majority of care for dementia sufferers, particularly for the undiagnosed, is provided by family and friends.

Dementia is a very high priority, both nationally and locally. *Living well with dementia: A National Dementia Strategy*, published by the Department of Health in 2009, sets out 17 objectives which, when implemented (largely at a local level), should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia.

The Dementia Partnership Board (DPB) was formed in November 2012 and is accountable to the HWB. The DPB will develop and deliver Havering's strategic plan aligned to the National Dementia Strategy, to improve the quality of life and services available for people with dementia and their carers.

The DPB is chaired by Dr. Maurice Sanomi, the HCCG Clinical Director (Mental Health). Other members include:

- Group Director, Social Care & Learning
- Director of Public Health
- Assistant Director: Commissioning
- GP Clinical Lead (Adult Mental Health)
- HCCG Chief Operating Officer
- CSU Commissioning Lead for Dementia
- Transformation Programme Manager, Social Care & Learning

Its key responsibilities are to:

- Work collaboratively and in consultation with relevant partners to develop Havering's dementia strategy
- Provide executive advice and support to the Health and Wellbeing Board and ensure that the Board's strategic priorities are translated into action within the partner organisations
- Develop strategic oversight and priorities, ensuring that work is co-ordinated across all partner agencies
- Work closely with other relevant partners around cross-cutting issues (such as medicines management)
- Ensure the delivery of these priorities via delegated actions to relevant sub-groups
- Monitor performance of sub-groups to ensure stated outcomes are achieved

Health and Wellbeing Strategy

Havering's Health and Wellbeing Strategy³ sets out the vision '***for the people of Havering to live long and healthy lives, and have access to the best possible health and care services***'. The strategy has eight overarching priorities. Priority 2 is: 'Improved identification and support for people with dementia.'

In 2011, the shadow Health and Wellbeing Board set the borough's dementia objectives which are to:

- De-stigmatise dementia and ensuring sufferers and their carers receive the best possible support in managing their condition.
- Ensure high quality and accessible dementia information.
- Clinically train professionals to recognise the symptoms of dementia leading to earlier diagnosis and improved outcomes for sufferers and their carers.
- Deliver more universal services and better quality of care for people with dementia.

To support the achievement of these objectives, specific actions are included within the Health and Wellbeing Strategy. At its meeting in March, the DPB prepared a progress report against these objectives that was presented to the HWB on 10th April. A copy of the progress report is set out in Fig 1 below.

³ <http://www.havering.gov.uk/Pages/ServiceChild/Health-and-Well-Being.aspx>

Fig 1: Dementia Partnership Board’s progress against Health and Wellbeing Strategy Dementia Objectives

Objectives	Actions	Lead Partners	Progress Update – March 2013
<p>1. De-stigmatise dementia and ensure sufferers and their carers receive the best possible support in managing their condition</p> <p>This addresses Objectives 1, 2, 4, 5, 6, 7, 9 and 9 of the National Dementia Strategy</p>	<p>Establish a multi-agency Dementia Partnership Board to implement a Havering Dementia Strategy, in line with the national strategic</p>	<p>LBH (Adults and Health) & HCCG</p>	<p>The Board is established and has reviewed the HWB Strategy actions in detail. It has agreed to fund a 1-year fixed term programme manager (funded from 2011-13 NHS Support for Social Care) to oversee the initiation of a programme of work to deliver the actions.</p>
	<p>Mainstream the application of assistive technologies to support people with dementia as part of a programme of purposeful walking</p>	<p>LBH (Adults and Health)</p>	<p>This pilot project has been running for approx 18 months. It has provided Vega “watch-style” assistive technologies to 51 people. An interim evaluation report indicated positive outcomes such as delay in entering residential care and increased peace of mind and quality of life for not only users of the devices but to their carers and families too. The final evaluation report on the Vega pilot is due in April and it is expected to provide more detail and analysis on outcomes and benefits that are being delivered.</p> <p>Evaluation of alternative assistive technologies was part of the project. The skyguard “keyfob” device which is intended for clients with lower level dementia or early onset dementia has just commenced it’s pilot in March 2013 and will be evaluated in summer 2013.</p> <p>It is anticipated that evaluation of all these technologies will be positive and they will be absorbed into the mainstream adult social care assistive technology offer in Havering during 2013.</p>

Objectives	Actions	Lead Partners	Progress Update – March 2013
<p>2. Ensure high quality and accessible dementia information by improving data collection on the prevalence of dementia and data sharing between organisations</p> <p>This addresses Objectives 2, 3 and 4 of the National Dementia Strategy</p>	<p>System established to monitor GP recorded prevalence and practice (any reporting unusually low prevalence will be encouraged to participate in training to aid diagnosis)</p>	<p>HCCG</p>	<p>A resource within the CSU has been secured by the CCG to help review current patterns of referrals and activity against prevalence, scoring (dementia severity) etc</p>
	<p>Practice data to be shared to allow CCG to monitor and take accountability for quality assurance, enabling prioritisation of dementia strategy work targeted to practices</p>	<p>HCCG</p>	<p>The CCG’s Clinical Director leading on dementia and the CCGs Practice Improvement Leads are working with the practices to share information around dementia and to target improvement activity.</p>
	<p>Link care for people with dementia to deliver seamless care across all agencies</p>	<p>LBH (Adults and Health) & HCCG</p>	<p>This is a significant action that will require commitment from the commissioning and provider, health and social care leadership in Havering. It is the cornerstone. Some mapping of the dementia pathways has already been completed by Dr J Rhodda of NELFT.</p>
<p>3. Clinically train professionals to recognise the symptoms of dementia leading to earlier diagnosis and improved outcomes for</p>	<p>Develop a new training strategy/pathway for professionals working with and supporting people with dementia</p>	<p>LBH (Adults and Health) & HCCG</p>	<p>Progress has been made in linking with the Joint Improvement Programme across London Councils, The aim is to have consistency of training strategies and implementation. Priority work is to develop an understanding of current training pathways/processes in all organisations, and complete a training needs analysis across organisations.</p>
	<p>Support the National Dementia and Antipsychotic Prescribing Audit and Reduction Exercise</p>	<p>HCCG</p>	<p>As a part of the medicine management part of Quality Outcomes Framework for 2012/13 all practices were asked to complete an antipsychotic audit devised by NHS London.</p>

Objectives	Actions	Lead Partners	Progress Update – March 2013
sufferers and their carers This addresses Objectives 1, 2, 3 and 13 of the National Dementia Strategy			This audit was focused on reducing antipsychotic prescribing in dementia patients. The audit deadline was Sept 12, and subsequently sent to NHSL for analysis. Medicines Mgt at the CSU are still awaiting the results from the submission.
	Review of assessed and diagnosed cases to assess success of early diagnosis and performance against QOF/DES targets.	HCCG	The resource secured by the CSU will be helping in this review.
	Training package to be developed for staff working with people with dementia, to include monitoring to record training sessions/people attending/feedback	HCCG	This has still to be developed but there is an opportunity to link with the Joint Improvement Programme across London Councils.
	Workforce development plans/appraisals programme embedded into Practice	HCCG	GP practices have been re-aligned into new GP practice clusters to aid the delivery of Integrated Case Management. This will facilitate the implementation of workforce development plans and the monitoring of how they are embedded into Practice.
	Mentoring support system to be available to key professionals including clinical supervision	HCCG	This still needs to be developed but there is an opportunity to link with the Joint Improvement Programme across London Councils
4. Deliver more universal services	Investigate the potential for a dementia centre of excellence community facility and progress plans for this accordingly	LBH (Adults and Health)	This action is part of the proposal for the redevelopment of the St Georges site, so is likely to take 3 to 5 years to fully deliver.

Objectives	Actions	Lead Partners	Progress Update – March 2013
<p>and better quality of care for people with dementia</p> <p>This addresses Objectives 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 15 of the National Dementia Strategy</p>	<p>Commission a rapid response service for people with dementia and their carers to provide support and medical assistance during times of crisis or escalation of symptoms/deterioration</p>	<p>HCCG</p>	<p>A rapid response service is provided by NEFLT and the CCG is using contract negotiations with NEFLT around the inclusion of dementia services to improve urgent care for people with dementia and to increase in the numbers of people with dementia remaining in their own homes with appropriate support</p>
	<p>Incorporate end of life planning into services for people with dementia, to enable them to have a dignified and painless death, and adequate provision of support for their families</p>	<p>HCCG</p>	<p>22 GP practices have completed the Gold Standard Framework training. The opportunity for using the Gold Standard Framework for Care Homes is being discussed by the LBH and CCG as a vehicle for improving the quality of life for people with dementia and their carers through earlier end of life planning. A report will be brought to a future HWB.</p>
	<p>Develop education sessions for families about how to best support someone with dementia</p>	<p>LBH (Adults and Health) & HCCG</p>	<p>Peer Support services started in March 2012. In only eight months the service has facilitated a total of 991 opportunities for Havering residents to receive peer support (124 people per month). Eight groups were established but five have been discontinued as attendance at these locations was poor, however the remaining three are popular and well attended. <i>Please see page 9 of this report for more information.</i></p> <p>Singing for the Brain services started in Romford in March 2012, were immediately successful and have been operating weekly at full capacity of 30 service users ever since. Two further weekly sessions have been agreed replacing the peer support groups that were poorly attended. Feedback from service users and carers has been amazingly positive.</p>

Objectives	Actions	Lead Partners	Progress Update – March 2013
			<p>Janet’s story has been produced as a case study, picked up by the local media. <i>Please see page 10 of this report for more information.</i></p> <p>The Improved Information and Advice Outreach Service provides information as widely as possible to the local community in Havering, complementing other local services. It seeks to improve knowledge and awareness of dementia and local services amongst residents through providing travelling information ‘surgeries’ across the borough. Between April 2012 and January 2013, 750 individual people have received information and in February 2013 the distribution of the Alzheimer’s Society local newsletter, which contained a complete list of all their factsheets, was increased to over 1300 per month. <i>Please see page 11 of this report for more information.</i></p>



NHS Support for Social Care Programme

Prior to the development of the Health and Wellbeing Strategy, £400k of NHS Support for Social Care funding between April 2011 and March 2013 was allocated to provide additional services for people with dementia and their carers.

With this funding, the Adults & Health Transformation programme commissioned three new pilot services aimed at supporting people with dementia and their carers. The outcomes of these three services will be measured through reduced demand on health and social care services as well as changes to individuals and their carers' quality of life. The impact of these services will be reviewed by local commissioners by the end of May 2013 to inform future commissioning decisions.

All three services provide regular statistics and information on the services they provide. The key points from the services provided to date are summarised in Fig 1 above and described in more detail below.

Peer Support Service and Singing for the Brain Groups

The Peer Support service provides support for people with dementia and their carers by recruiting and matching volunteers to run groups, and matching people with dementia and their carers to others on the basis of shared needs and preferences. It has set up a network of six peer support groups, including three music-based Singing for the Brain groups. The service is delivered by the Alzheimer's Society and a Peer Support Facilitator has been appointed to take the service forward and lead the groups, supported by the trained volunteers.

The service aims to enable people with dementia to remain independent in their own homes and allow carers to continue caring for longer, reducing the financial demand on health and social care departments, particularly through residential care admissions and delayed discharges through acute care settings.

Referrals for the groups have been through Alzheimer's Society's strong partnership links with other borough voluntary and statutory organisations, particularly Havering Memory Clinic, Age Concern Havering Dementia Advisory Service, Admiral Nursing and NELFT. The work of **CarePoint** and the Information & Advice Outreach Service described later in this report, which aims to improve information and advice within community settings, has helped to promote these services to people who may not be accessing other services.

General peer support groups have been running in Romford, Cranham, Harold Hill, Collier Row, Rainham and Hornchurch since March 2012. Attendance has varied at these groups (49 attendances from people with dementia between March 2012 and January 2013) but all have been valuable in enabling people with dementia and their carers to come together, share their experiences and gain advice. Of particular benefit has been the emotional support given by the experienced volunteers and staff members to people caring for someone with dementia.

People have self-referred to this service following an extensive advertising campaign in the local community as well as promotion on the national Alzheimer's Society website.

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In October 2012, the Alzheimer's Society took the decision to suspend the Harold Hill Peer Support Group due to lack of attendance. This was likely due to the fact that Age Concern Havering offers services for people with dementia and their carers at the same venue.

The Singing for the Brain groups, which will run until September 2013, deliver stimulating singing and music activities designed to enhance wellbeing and bring fun and confidence to lives affected by memory problems. The first group was held in Romford and was immediately popular and successful. It has been operating weekly at full capacity of 30 people and from March 2012 to the end of January 2013, a total of 49 weekly groups have been held in Romford. Attendance costs £3 per person, per session and those on pension credit are exempt.

A second Singing for the Brain group began in September 2012 in Harold Wood. Attendance has been steadily climbing and between September 2012 and the end of January 2013, a total of 16 groups have been held at Harold Wood attended by 70 people.

As a result of demand, a third Singing for the Brain group is due to start in April 2013 and will operate from the Romford venue, where there is currently a waiting list.

An Alzheimer's Society evaluation form was given to Singing for the Brain participants in Romford in August 2012 and the results, highlighted below, demonstrate a very positive impact:

How does the singing or music make you feel?

- "It makes me feel good about myself."
- "Good, more cheerful – I forget all my troubles."
- "It's really great. You are made to feel welcome."

How has attending the group changed you and your relationships?

- "It is the one activity that my wife looks forward to attending."
- "It makes a nice break during the week to meet different people."
- "Have met different people and see how they cope with their troubles."

The following verbal feedback was taken from participants in January 2013:

- Carer: "Excellent, my wife and I look forward to coming. It's become like a family to us and everyone offers help and support."
- Person with dementia: "It's the best thing I go to and it makes my week. It has done us the power of good."
- Carer: "I have noticed a difference in my wife since she has been coming here."

In March 2013, Collier Row resident and Singing for the Brain attendee, Janet Hobson, spoke to us about her experiences and was featured in the local press. The article is at Appendix 2.

Service review in December 2012 - Peer Support and Singing for the Brain

The service was reviewed in December 2012. The weekly Singing for the Brain sessions have been extremely well received and have a high ongoing attendance. Attendance at the Peer Support groups has been less well sustained across the different venues. In total,

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since March 2012, the peer support programme (Singing for the Brain and Peer Support groups) has facilitated a total of 991 opportunities for Havering residents to receive peer support.

Following the review and due to low attendance at some the Peer Support groups, certain changes have been agreed. From April 2013, there will be an increase to three Singing for the Brain groups and the Peer Support groups will reduce from eight to three. The most well-attended Peer Support groups in Romford and Cranham will remain, as well as the group in Rainham which is an area underserved by services for people with dementia.

A further review of the service is scheduled for April 2013.

Information & Advice Outreach Service

This service is also delivered by the Alzheimer's Society and aims to provide information as widely as possible to the local community in Havering, complementing other local providers and linking into the local dementia pathway. It supports our preventative approach by giving people early access to relevant information. It underpins the National Dementia Strategy locally by improving public and professional awareness of dementia and providing good quality information for all (Objectives 1 and 3). It also supports early diagnosis and intervention for all (Objective 2).

The service has delivered a programme of information events and presentations designed to reach a wide audience by using traditional and non-traditional health promotion venues including:

- Queen's Hospital
- King George Hospital
- Memory Matters Roadshow
- Cranham Women's Institute
- Mercury Shopping Mall
- Havering Singers
- World Mental Health Day Event
- Havering MELA
- Hornchurch Bowling Club
- Cranham Church Group
- Islamic Association

The service began in April 2012 and will run until September 2013. During the first 10 months of the project, a total of 750 individuals received information (see Fig 2. below) and in February 2013, the distribution of the Alzheimer's Society's Factsheet had increased to over 1,300 per month.

Fig 2: Statistical Breakdown: Service User Group

Service User Group	April 2012	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan 2013	TOTAL
PWD/YPWD	22	3	2	0	0	1	2	0	3	5	38
Carer	6	14	7	0	4	12	7	33	0	3	86
General Public/WATM	27	127	39	59	29	40	146	95	38	22	622
Professionals	-	-	-	-	-	-	-	-	-	4	4
TOTAL	55	144	48	59	33	53	155	128	41	34	750

Service Review - Information & Advice Outreach Service

The service has so far been successful in reaching the wider community in Havering. The venues visited have ensured engagement with a high volume of members of the public, helping to build dementia awareness and reduce stigma in the borough. The service has also supported those already diagnosed with the condition and those caring for people with dementia with tailored, high quality information.

In April 2011, the Alzheimer's Society Diagnosis Map estimated that Havering had 3,097 people living with dementia in the borough, of which only 35% had received a formal diagnosis. This diagnosis rate was one of the lowest at the time of all London boroughs. The Diagnosis Map has recently been refreshed and Havering now has an estimated 3,273 people with dementia and also shows an increase in the rate of diagnosis to 40%.

This rise in the Havering diagnosis rate of 5% is significantly higher than the national average diagnosis rate of 2%. It is very likely that the increase in information provision throughout the borough has had a positive impact on the diagnosis rate, alongside the Alzheimer's Society's 'Worried About Your Memory' national advertising campaign.

Three individuals have contacted the Alzheimer's Society following a presentation to inform the Society that, as a result of the information they received, they have visited their GP to discuss concerns about their memory and are now on the dementia care pathway.

Additional Support for Carers

This service is provided by Crossroads Care Havering and offers a specialist, carer-needs led and client-centred service to people who have a diagnosis of moderate to advanced stages of dementia by way of home-based respite support. It began in April 2012 and aims to reduce residential care admissions and improve health and wellbeing.

As at March 2013, 27 assessments had been completed and 19 clients are using the service. The take-up was lower than anticipated, which was primarily attributed to the service charge of £7.50 per hour, which was a barrier for some people to access it.

Following a service review in December 2012, it was decided to reduce the hourly charge to £3.75 from April 2013 for a trial period of 3 months to ascertain if this does improve take-up and support the anecdotal evidence previously gleaned. It is hoped that a 50% service cost reduction will make the service a more financially viable option for carers and service users, which will, in turn, ensure that more people are able to afford the service. There will be a further review of the service under the new charging scheme in June 2013.

Those carers who have used the service say that it has enabled them to:

- Attend social events
- Go shopping
- Rest/catch up on sleep
- Visit family/friends
- Perform household duties

"Having help from Crossroads means that I get three hours every other week to myself. This week I went into Hornchurch to sort out the grandchildren's Christmas presents – it's silly things like that I can't normally do. Both my children have said he'll need full time care eventually but I'll cross that bridge when I come to it. Crossroads are helping him stay home with me." Marian Christmas, carer for her husband, Ernie, in Rainham.

Training and Development

Alongside the three services outlined above, the NHS Support for Social Care funding is also supporting improvements in dementia training and development. Work began in October 2012 aimed at improving public and professional awareness of dementia and ensuring that Havering has an informed and effective workforce for people with dementia.

Up skilling the workforce is important as it can lead to:

- earlier detection of dementia;
- earlier diagnosis;
- timely interventions; and
- better outcomes for people with dementia and their carers.

A Dementia Liaison Worker (DLW) on a fixed term 12-month contract, based in the ASC Commissioning service, was appointed to undertake audits into the level of knowledge/awareness and existing training for staff working with people with dementia, specifically in care homes across the borough and in Queen's Hospital. The DLW has visited all care homes in Havering in order to undertake a training needs assessment and identify dementia champions in each home.

The DLW has developed a monthly Dementia Forum for Dementia Leads in Homes in Havering and the first group is due to meet April 2013 – issues relating to dementia care and guest speakers will be invited to these meetings. This will raise the profile and working knowledge and practice of staff within care homes. The first meeting will have a discussion and specialist from Health present to speak about 'challenging behaviour' and coping mechanisms.

BACKGROUND PAPERS

Contract Documentation and Review Reports for all three services

Appendix 1: Objectives of the National Dementia Strategy

Objective 1: Improving public and professional awareness and understanding of dementia.

Objective 2: Good-quality early diagnosis and intervention for all.

Objective 3: Good-quality information for those with diagnosed dementia and their carers.

Objective 4: Enabling easy access to care, support and advice following diagnosis.

Objective 5: Development of structured peer support and learning networks.

Objective 6: Improved community personal support services.

Objective 7: Implementing the Carers' Strategy.

Objective 8: Improved quality of care for people with dementia in general hospitals.

Objective 9: Improved intermediate care for people with dementia.

Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.

Objective 11: Living well with dementia in care homes.

Objective 12: Improved end of life care for people with dementia.

Objective 13: An informed and effective workforce for people with dementia.

Objective 14: A joint commissioning strategy for dementia.

Objective 15: Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers.

Objective 16: A clear picture of research evidence and needs.

Objective 17: Effective national and regional support for implementation of the Strategy.

NB Although not originally included as an objective on the 2009 National Dementia Strategy, since the publication of Dr Sube Banerjee's report, "The use of antipsychotic medication for people with dementia: Time for action", The reduction in the prescribing of Anti Psychotic medication for people living with dementia has been adopted as the 18th objective of strategy.

Appendix 2: Article in Romford Recorder, 11th March 2013



**Romford
Recorder**

Collier Row Alzheimer's sufferer, Janet Hobson, 70, tuning into memory thanks to singing classes

An Alzheimer's sufferer has been given a new lease of life after taking part in Singing for the Brain classes.

Janet Hobson, 70 from Collier Row has been attending the classes with her carer and friend Sarah Stanley, 37.

Sarah said: "We decided to go to the classes to try it out and now Janet loves it so much she would miss it if she didn't go.

"When she is singing her eyes light up, it really boosts her spirits. She will talk about it all day. She has made so many new friends too."

The pair started attending the classes after seeing them advertised at their local church.

The classes were launched by Havering Council and Alzheimer's Society to help people living with the condition, their carers and families.

Singing for the Brain uses singing to help stimulate the brain, help people to express themselves and also bring people together to socialise.

As well as singing there is a lot of clapping, dancing and playing instruments and the instructor also brings in memorabilia books and albums containing photos of all the singers. The age range of people who attend the classes is wide as carers also take part.

Sarah said: "Even though Janet struggles to remember anything short-term, she can remember all the words to so many songs, some of them I've never even heard of.

"Janet usually knows all the words and who the singer is. She gets so much out of it. It's like for one hour a week there is no dementia.

Deputy Leader of Havering Council, Councillor Steven Kelly, said: "We are really focussing on helping our older residents to socialise and keep their independence. Events like Singing for the Brain give people a routine and the chance to live normal and contented lives."

For more information about Alzheimer's Society services in Havering please call 01708 739293 or e-mail anne.worboys@alzheimers.org.uk.

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DABD(uk) Independent Travel Training Scheme (ITTS)

LB Havering

7th May 2013



What does DABD do?

Who we are

- DABD (uk) – A charitable organisation working with and supporting excluded people across London and the UK
- We celebrate Diverse Ability - working with individuals, local authorities, organisations and communities to develop services to promote independent living and inclusion
- We believe that everyone should have the opportunity for personal development to live their lives as independently as possible and of their choosing



What does DABD do?



Travel Training

- DABD(uk) is working in partnership with the LB Havering and other local service providers to increase the independence of adults with additional needs living in Havering who were being transported to and from their place of education or day centre by the Authority each day
- Travel Training has been used successfully in other areas across the UK to successfully increase the social inclusion of vulnerable individuals



Travel Assistance

- **ASSISTANCE** is a key word – this does not mean the provision has to be borough transport or a taxi as has been expected in the past. Individuals who have specific travel needs will always be offered the most independent and personally enabling solution for their situation.
- Assistance methods that may be granted include - Travel Training or Direct Payments can be used where the individual has a clear assessment of need with an identified outcome ie: to be travel trained to become independent in travelling within the local community.
- Where travel assistance is agreed the most cost-effective method of support that meets the individual's needs must always be used.

Support to Trainee Travellers

- A family's support, co-operation and agreement to each step is crucial to a positive outcome for the trainee.
- Parents/Carers can be very anxious about the transition to independence as will the Trainee Traveller who has been used to being transported everywhere.
- The expectation is that Trainees will complete their Travel Training within 12 weeks if they are able to retain required information. In some circumstances this may be longer.
- Very vulnerable individuals may **always** need support in the local community when travelling.



Why Travel Training?

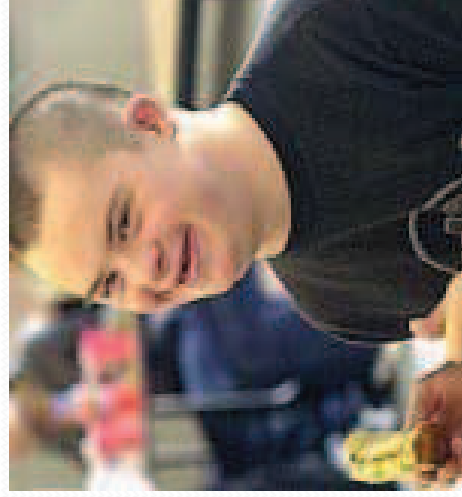
- Travel Training enables individuals to become more independent in their own community
- It improves – Self confidence
 - Coping skills
 - Self help skills and personal responsibility
 - Volunteering opportunities
 - Access to Further Education
 - Employability
- Travel Training should lead to less long term dependencies on Borough Adult Social Services provisions.

What Do Individuals Learn?

- Journey preparation and planning (e.g. what items to take, learning route, landmarks, suitable clothing etc.)
- Using public transport - buses and trains
- Handling money and paying fares
- Using technology (e.g. use of smartcards and mobile phones)
- Confidence in communication
- Telling the time and understanding information sources such as timetables and real time information displays
- Personal and road safety (e.g. Stranger danger, use of pedestrian crossing etc)
- Appropriate behaviours
- Coping strategies
- Travelling in the dark/at night

Continuing Assistance

- LB Havering and DABD(uk) recognise that some very vulnerable individuals will require long term community support. This would be identified and supported under Community Care Assessment.



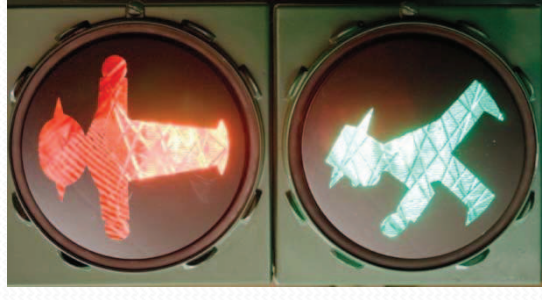
Barriers and Enablers

- For people with physical, sensory and learning disabilities, access and routes to public transport need to be safe with easy to use and well designed road crossings in order for them to independently access public transport.
- For a wheelchair user, a wheelchair needs to be light and manoeuvrable in order to facilitate independent boarding of both public and private transport (including personal cars/taxis).
- For deaf people, improved awareness and attitudes of transport staff are important in ensuring they can successfully use public transport.



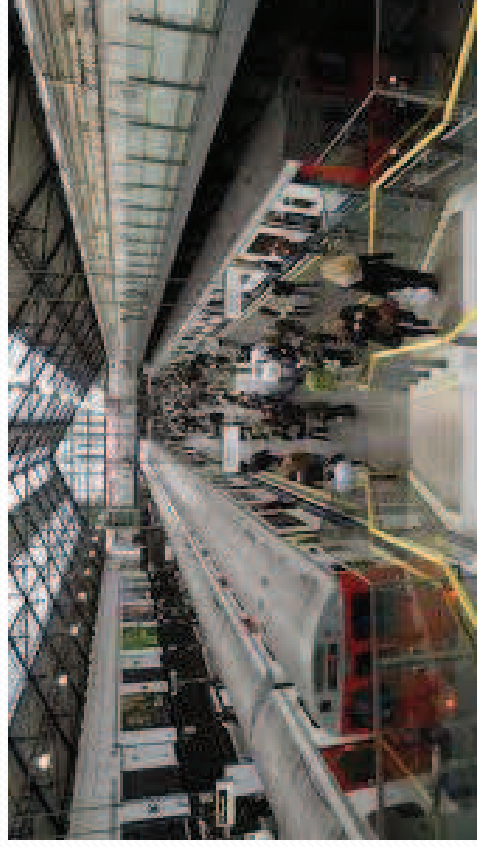
Referrals

- Referrals for training are made directly from the Local Authority Social Services department. Colleges and Day provisions do not make direct referrals.
- If an individual has Direct Payments or an independent budget, they, their social worker or main Carer can refer direct to DABD (uk) for Travel Training.
- A referral form, detailing the person's contact information and Additional Needs is always required to enable DABD (uk) to undertake an assessment of suitability for training



Personalisation

- One size does not fit all! Individual Travel Plans will be resolved through a planning meeting taking into account the difficulties that may be presented by the individual in acquiring the skills they need to be independent travellers.
- The Trainee Traveller will always be involved as much as possible in choices, decision making and route planning



Parent/Carers

DABD(uk) supports Parents and Carers through the process by

- Feeding back weekly on the individual's progress
- Discussing Parental/Carer concerns as they arise
- We make referrals on behalf of individual or family such as benefits advice, social activities and other information
- Liaising directly with colleges and day service provisions



Goals for the Future

- Individuals being taught today will be the independent travellers of tomorrow and for the rest of their lives
- People with additional needs will have freedom of choice in employment, volunteering and leisure activities through the skills they gain and accessible public transport.
- People with additional needs will be a visible part of their local community and will be able to access services when they want to, not just when they are supported to do so.



Case Study 1

- N- Is 25 years old
- Attends college Mon –Thurs 4 days a week
- N- Has a learning Disability
- Journey from home to college was by bus.
- During the initial Assessment meeting the parents of N were very keen and supportive of the programme as they felt that this would further provide independence to N.

- N - Had a desire to become more independent as previously received support to venture into Romford on the bus by her mother, but was unwilling to try public transport to journey to college on her own.
- A Trainer was introduced to the family and the training commenced on 26.2.13 and training was completed 21.3.13 = 4 weeks
- N- Achieved the required skills and experience necessary to attend College independently using public transport within 4 weeks

- Feedback from the parents of N advise that
- They were in agreement with the initial targets set for N by DABD (uk) following the risk assessment and travel plans.
- They were happy with the weekly progress that was being made
- They were happy and confident that N can now travel independently as a result of the training from DABD (uk) and would recommend the service to other users.

CASE STUDY 2

- S – Age 18
- Attends Barking & Dagenham College, Romford - 4 days per week.
- S has Down Syndrome, Moderate Learning Disabilities, Speech, Language and Communication Needs.
- Journey from home to college was by one bus.
- At the initial assessment meeting it was clear that his parents, although concerned for S's vulnerability, were keen for him to be as independent as possible and were supportive of the programme.



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CASE STUDY 2

- They advised that S had never been out alone and lacked road and personal safety awareness. He was vulnerable and had some mobility and speech issues but would try and make himself understood. He was a chatty young man with a creative imagination; he had a good sense of direction and good money skills.
- A Trainer was introduced to the family and the training commenced on 26.1.12 and training was completed 8.3.12 = 6 weeks
- The following was written by S parents on the feedback form sent after completion of his training

CASE STUDY 2

- “This training has greatly helped S to take an important step in his life. It has given S confidence to travel by himself to college and us confidence that he is safe to do so.
- A big thank you to his Trainer for all his care, S really enjoyed training with him”.



DABD (uk)



Contact: Pat Gillman or Deborah Wiltshire
Travel Training Department
DABD (uk)
Tel: 0208 592 8603
Pat.gillman@dabd.org.uk
www.dabd.org.uk



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