



INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.00 pm

**Wednesday
3 July 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 - 6)

To approve as a correct record the Minutes of the meeting of the Committee held on 7 May 2013 and authorise the Chairman to sign them.

5 **COMMITTEE'S ANNUAL REPORT** (Pages 7 - 16)

The Committee are asked to note the 2012/13 Annual Report and agree to refer the report to full Council.

6 **COMMITTEE'S WORK PROGRAMME REPORT** (Pages 17 - 20)

The Committee are asked to agree its work programme for 2012/13 municipal year.

7 **DIAL A RIDE UPDATE**

The Committee will receive an update on the current situation with Dial a Ride.

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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Public Document Pack Agenda Item 4

**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Town Hall, Main Road, Romford
7 May 2013 (7.10 - 9.05 pm)**

Present:

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

Apologies for absence were received from Councillor Linda Van den Hende

37 MINUTES

The minutes of the meeting held on 5 March 2013 were agreed as a correct record and signed by the Chairman.

38 DEMENTIA STRATEGY UPDATE

The Committee received a report on the Dementia Strategy for Havering. Members were informed that dementia was high on the agenda for the Health and Wellbeing Board. Dementia is a very high priority, both nationally and locally. A document published by the Department of Health (*Living well with dementia: A National Dementia Strategy*) set out 17 objectives which should result in significant improvement in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia.

A Dementia Partnership Board had been established in November 2012 and met monthly. The Board was made up of representatives from Social Care and Health Partners. The Board was working together to deliver the strategy following four overarching objectives, which were agreed by the shadow Health and Wellbeing Board:

- 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

The Committee noted that to support achievement of these objectives, specific actions had been included within the Health and Wellbeing Strategy.

Officers explained the different actions necessary to deliver the objectives including the use of "Skyguard" key fobs that were being piloted by clients with low level or early onset dementia, and this linked with objective one. The key fobs included a small GPS system should the client go out of a specified area.

The Committee discussed about the use of St George's Hospital Site and the Older Persons Centre of Excellence being placed upon the site. The Committee felt that this was a future aspiration and would therefore need a short term solution for dementia care. Officers stated that the care pathways were being reviewed which should provide a good starting point of the current situation.

The Committee noted that there had been a number of compliments received by the services. The Alzheimers map had shown 35% with a formal diagnosis previously, due to the various support and information groups this had risen to 50% with a formal diagnosis. This was due to both national and local publicity.

Officers informed the Committee that a review of all services would take place in May.

The Committee was impressed with how the information was being taken out into the community. Officers explained that they were going to where people lived, and therefore had delivered information and advice at shopping centres, libraries, Queens and King George's Hospital, as well as local group meetings.

The Director of Public Health explained that dementia was more about prevention through exercise, brain activity and reduction of alcohol. There were online screening that could be carried out by the individual as dementia could present in a number of different ways. The service was now pushing back to make earlier diagnosis. This identifies a large number of clients which puts pressure on the service however the needs of individuals had to be met.

The Committee thanked the officers for a very detailed update.

39 **TRAVEL TRAINING**

The Committee received a presentation from the Disablement Association of Barking and Dagenham - DABD (uk) who provided Independent Travel Training to and from educational establishments or day centres. This gives individuals more independence and opportunities to do things for themselves.

DABD are a charitable organisation working with and supporting excluded people across London and the UK. Officers stated that DABD was in their 61st year of providing a community service.

Officers explained that travel training comes under the remit of Personalisation. The key word used was “assistance” this did not mean the provision had to be borough transport or a taxi as had been expected in the past. Individuals who have specific travel needs are always offered the most independent and personally enabling solution for their situation.

It is important for the individual that there is family support in place so the transition to travel training is effective. Trainees complete a 12 week training course, and DABD are aware that travel training is not for everyone. The travel training builds up an individual’s confidence, coping skills and provides more opportunities for them. It was successful in increasing social inclusion of vulnerable individuals.

During the training, the individuals learn the following:

- Journey preparation and planning (e.g. what items to take, learning routes, 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 crossings etc.)
- Appropriate behaviours
- Coping strategies
- Travelling in the dark/ at night.

DABD (uk) supports parents and carers through the process by weekly feedback on the individuals progress, discussing any concerns as they arise, making referrals on behalf of the individual or family such as benefits advice, social activities and other information, and liaising directly with colleges and day service provisions.

Travel training should lead to less long term dependencies on the Borough Social Services provisions. Individuals will be independent, 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 the local community and will be able to access services when they want to, not just when they are supported to do so.

Members asked if there was cooperation from Transport for London (TfL) staff in relation to the needs of vulnerable people. Officers stated that they would like to think that there is more awareness, and TfL do have an equal opportunities policy, however there are still some issues.

Two members raised concern about the whole scheme and felt the service was dangerous for vulnerable people to use. Officers assured members

that individuals had to pass the travel training before they could travel alone, and that the scheme was not for everyone. Assessments were carried out before the training commenced and if a decision was taken that the training was not suitable then the individual would not carry out the training.

The Committee was shown a number of case studies where individuals had completed the training. Officers stated that one of the individuals in the case studies had recently secured a part time job, 3 days a week. This would not have been possible without the independence of travel training.

The Committee, with the exception of two members, felt the scheme was very good in promoting independence for vulnerable adults.

40 **ENABLEMENT AT YEW TREE LODGE RESOURCE CENTRE**

The Committee received a presentation on the enablement centre at Yew Tree Lodge Resource Centre. The officer stated that the centre had originally been designed for people with a physical disability, but this had changed in 2009 to help with the reablement following a hospital stay, a disease or illness.

The aims and objectives of the centre were to provide services to people with disabilities and offer the opportunity to access information and practical guidance on :

- preventative care methods, which helped people to regain and maintain functional skills that are necessary in their daily living.
- to promote development of the integrated capacity of individuals' abilities that combines the physical, cognitive and social aspects of their wellbeing and encouraging a more active way of living.
- To encourage more positive attitude towards coping with limitations as a result of long-term illness or disability.

The Committee noted that each client has a Personal Management and Care Plan which outlines the physical, cognitive and social needs that are identified at the initial assessment. Specific targets are agreed with each client and facilitated throughout the 6-week course. Each individual is assessed and set specific targets which are meaningful and worthwhile to each individual, whilst still challenging and achievable.

The Reablement interventions included:

- Assessment of client's needs and building on the existing strengths.

- Individualised programme of activities that are best suited to meet the clients' diverse needs.
- Agreed programme of preventative care strategies to ensure progress is maintained.
- Monitoring of the client's progress and evaluation of the outcomes.
- Gradual transition from the supervised care into the independent environment and community living.

The Centre also offered Preventative Care through two modes; primary and secondary. The Primary prevention aimed to reduce the risk factors that may contribute to a service user's health deterioration. The Secondary prevention aimed at reducing the risk factors among people with long-term conditions and disabilities that include immobility, avoidance of exercise due to chronic pain, hypertension, obesity, poor eating habits, or depression and isolation, which often exacerbates the illness and can lead to more severe problems that necessitate long-term medical treatment, frequent hospitalisation and dependence on health and social care services.

The Committee was given a case study where the service had helped an individual and the feedback from both the client's wife and Social Care was discussed. It was agreed that the service was a benefit to Adult Social Care since the individual was independent and his care package could be reduced.

The Committee noted that between January 2012 and January 2013, there had been 70 people who had commenced reablement, of these 70% needed no further care.

The Committee thanked the officer for the informative presentation.

41 **FUTURE AGENDAS**

The Committee agreed that they would like a dial a ride update at the next meeting and in light of a clash of meetings for the Chairman and other members of the Committee, it was agreed to change the date of the next meeting from 2nd July to **3rd July 2013 at 7:00pm.**

Chairman

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INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

INDIVIDUALS OVERVIEW AND
SCRUTINY COMMITTEE ANNUAL
REPORT 2012/13

CMT Lead:

Ian Burns
Interim Assistant Chief Executive
Legal and Democratic

Report Author and contact details:

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Committee Officer
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Policy context:

Under the Council's Constitution, each
Overview and Scrutiny Committee is
required to submit an annual report of its
activities to full Council.

SUMMARY

This report is the annual report of the Committee, summarising the Committee's activities during the past Council year.

It is planned for this report to stand as a public record of achievement for the year and enable members and others to compare performance year to year.

There are no direct equalities or environmental implications attached to this covering report. Any financial implications from reviews and work undertaken will be advised as part of the specific reviews.

RECOMMENDATIONS

1. That the Committee note the 2012/13 Annual Report and refer to full Council.

REPORT DETAIL

During the year under review, the Committee met on six occasions and dealt with the following issues:

1. KEEPING PEOPLE WITH LONG TERM MENTAL HEALTH CONDITIONS OUT OF HOSPITAL

At its meeting in July 2012, the Committee received a presentation on Supporting People with Long Term Mental Health Conditions to Remain out of Hospital.

The main service emphasis was the “Right Care in the Right Place, at the Right Time”. This included the focus on good practice for recovery through community services and in the stages of care to prevent a hospital admission.

North East London Foundation Trust (NELFT) was in the process of portability of assessments, so that if a service user moved out of the area, the assessment would go with them to prevent duplication. NELFT was also working closely with GPs and the CCG, by holding regular network meetings to give advice and education about getting information to the patients.

The Committee noted that there was a Mental Health helpline available 24/7, which was available to everyone, including service users, other services as well as families and professionals. It was explained that a flowchart had been put in place for all London Ambulance Service to refer to when dealing with people with mental health conditions. This flowchart gave a pathway of care available for the London Ambulance staff to make a decision as to where to take the patient. Contact details for the Mental Health Service were available for advice before taking patients to A&E. Pre-assessments could be made by the Home Treatment Team before patients were taken to the 136 Suite at Sunflower Court at Goodmayes Hospital.

2. REQUISITION OF REVIEW OF FAIRER CHARGING POLICY

At its special meeting in August 2012, the Committee considered a call-in of a Cabinet report on the consultation process of proposed changes to the Council’s Fairer charging policy. The proposed changes were:

- a. Removal of current maximum charge cap in place for users of domiciliary care service.
- b. Review of Proportion of disposable income chargeable in financial assessments
- c. Review of Disability related expenses allowance.

Following in depth discussions the Committee resolved to not uphold the requisition.

3. REQUISITION OF APPROVAL FOR AWARD OF TENDER: REABLEMENT SERVICE

At its special meeting in August 2012, the Committee consider a call-in of a Cabinet report approving the award of a five year contract, following a competitive tender process, for the provision of reablement service to adults. Following in depth discussions the Committee resolved to not uphold the requisition.

4. REQUISITION OF COMMISSIONING OF A LOCAL HEALTHWATCH SERVICE

At its special joint meeting with Health Overview and Scrutiny Committee in September 2012, the Committee considered a call-in of a Cabinet report on commissioning of a Local Healthwatch service.

Following in depth discussions the Joint Committee resolved to not uphold the requisition.

At its special meeting in October 2012, the Committee met jointly with Health Overview and Scrutiny Committee for officers to explain the final results on a Local Healthwatch model for Havering. The main themes to come out of the consultation included that a strong local voice was required for Havering and that a joint model with e.g. Barking and Dagenham would not be suitable.

The Committee noted that the overall option for Local Healthwatch in Havering had been confirmed as a stand-alone organisation procured by the London Borough of Havering as it was felt this offered the most flexibility in the Healthwatch model.

5. AGEING WELL THEMES

At its October 2012 meeting, the Committee discussed a briefing note following the successful Ageing Well Event. The briefing note outlined topics that other Overview and Scrutiny Committees would be scrutinising as part of their work programme. The Committee agreed that they would wish to form a topic group to scrutinise the Impact of Services on the Elderly.

6. ADULT SOCIAL CARE COMPLAINTS PROCEDURE AND ANNUAL REPORT

At its meeting in October 2012, the Committee received the Adult Social Care Complaints Procedure and Annual Report. Procedural changes had been made to the Local Government Ombudsman (LGO) duty, as the LGO powers had been extended to investigate self-funder complaints in domiciliary care agencies and residential/ nursing homes.

The Committee noted that often safeguarding and complaints overlapped. As a result a draft protocol had been produced but required input from both Health

and the Police before it could be finalised. Once finalised the protocol would be included as an appendix to the procedures.

The Committee noted that the total number of complaints had gone down over the last four years; however there were more informal complaints, which were resolved much quicker.

The Committee considered the Complaints Action Plan. Officers explained that action was taken for each of the issues identified, and the action plan was reviewed regularly with the operational management group.

7. ACTIVATE HAVERING

At its October 2012 meeting, the Committee received a report on the Activate Havering Project which was aimed at strengthening voluntary action in Havering, by maximising community assets and co-ordinating volunteering, as well as tackling social exclusion experiences by many older people.

Six weeks of fact finding and research had been carried out to find out what people needed and wanted in Havering. This was in response to the Over 65 Outreach Project findings which identified loneliness and isolation as a key concern of older people in Havering. The Committee noted that after carrying out the research the approach to Activate Havering included:

- A “social membership” scheme to improve older peoples social networks to prevent isolation
- A co-ordinated approach to volunteering by enhancing volunteering opportunities and provide more opportunities for local people to get involved.
- Delivery of a sustainable handyperson service to carry out minor household repairs to ensure older people can be safe at home, a key element of the “Prevention” agenda.
- A consortia solution to befriending, which involved providing trained and vetted volunteers to visit older, and other vulnerable people.
- Work with Havering’s diverse faith sector to strengthen the support they are able to give to families and older people within their communities.
- Maximising the use of council and borough facilities by linking and promoting services through the new and existing structures and building upon the work of Care Point.

The Committee was informed of a number of different projects that had been set up, or negotiated with existing partners. These included Havering Safer Homes, Activate Havering Variety Club in partnership with Havering Museum, and the provision of free swimming for residents over 50.

8. LEARNING DISABILITIES DAY SERVICES UPDATE

At its November 2012 meeting, the Committee received a progress report following the topic group that had examined the proposed changes to the day

service. The Committee were advised that the closure of St. Bernard's Day Centre had been very successful. The former Nason Waters and Western Road services had been amalgamated at 100 Avelon Road and were due to formally open in 14 November 2012.

The Committee was informed that the new centre covered the capacities of both the previous buildings but now offered more activities. Connections had been made with the rangers at Hornchurch Country Park and Rainham Village so that community activities could be put in place.

9. DIAL A RIDE

The Committee discussed the continuing problems with the Dial a Ride service in Havering at its November 2012 meeting. There was a continuing high level of trip requests not being fulfilled as evidenced by Dial a Ride's own data. Other problems included very low incidents of multi-passenger scheduling and Dial a Ride refusing to work with the Council to seek to improve the situation.

The Committee met informally with Council officers and the Dial a Ride member representative to discuss the way forward. It was agreed that a list of questions should be sent on behalf of the group to the Deputy Mayor and that a meeting should be requested with the Deputy Mayor and a group of members of the Overview and Scrutiny Committee including the Dial a Ride member representative. A very successful meeting was held in February 2013

Subsequently officers at Havering contacted the Managing Director of Surface Transport at Transport for London, to discuss any new initiatives and to agree terms of reference.

10. THE COUNCIL'S FINANCIAL STRATEGY

In January 2013, the Committee met jointly with the other Overview and Scrutiny Committees in order to scrutinise aspects of the Council's Financial Strategy for the coming year. The meeting, chaired by the Chairman of Children and Learning Overview and Scrutiny Committee, scrutinised several issues of relevance to this Committee.

11. SAFEGUARDING

At its meeting in February 2013, the Committee received a report providing information about the position of Safeguarding Adults in the London Borough of Havering and highlighted some of the main challenges and achievements of 2012. The Safeguarding Adults Board was a partnership made up of organisations including the Council, Police, Probation Service, National Health Service bodies and the voluntary sector. The Care Quality Commission also had an input.

The Committee noted that the Safeguarding Adults Self-Assessment Assurance Framework (SAAF) was introduced in 2011 to enable NHS commissioners and providers to review and benchmark their safeguarding adults' systems. The SAAF had several standards that related to measures

that supported good safeguarding practices, including strategy, systems, workforce and partnerships.

12. PREVENTION STRATEGY

In February 2013, the Committee received a report outlining the Prevention Strategy which was developed in 2011 by the Adult and Health Transformation Programme. The strategy was developed on behalf of partners participating in the programme. The partners included the London Borough of Havering, NHS Outer North East London, and subsequently Havering Clinical Commissioning Group, North East London NHS Foundation Trust and HAVCO.

The primary focus of the strategy was to promote independence, increase value for money and better outcomes for people to remain in their own homes. The Committee noted the themes of prevention including: strong leadership and a clear vision; a coordinated approach across the Council and other stakeholders; sustainable community capacity that increases engagement and motivation; a focus on safeguarding to help reduce social isolation and encourage participation; accessible and targeted information and advice; an enabling and empowering workforce culture; and stimulating the development of a diverse market.

The Committee was informed that within the Prevention Strategy was the Fall Prevention and Bone Health Strategy. The Committee noted the implementation progress and the service that had been put in place to assist with prevention. This included the falls care pathway in collaboration with GPs, clinicians from the Acute Trust, London Borough of Havering, voluntary groups and service users.

Concern was raised by the Committee about the promotion and publicity of the services available to residents over 65, who could benefit from the service; however were not know to Adult Social Care.

13. PERFORMANCE INFORMATION

Following a request by members of the Committee, at its meeting in February 2012, details of the performance information that were presented to Cabinet was brought to the Committee for members to raise any matters of concern within the Committee's remit.

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

14. CARE POINT UPDATE

At its meeting in March 2013, 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, Citizens 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 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).

15. EXTRA CARE STRATEGY

At its March 2013 meeting, the Committee received a report on part of the Extra Care Strategy. This centred on the new development at Dreywood Gardens, which the Council had worked in partnership with East Thames Housing Group to develop. The Committee noted that extra care was between sheltered accommodation and a residential home. Extra care housing provided a more significant level of personal care or support, as well as accommodating those with relatively low support needs, but who were otherwise able, and wished, to live independently.

The Committee was informed that the Council had 100% nomination rights of the 98 units. Twenty of which would be for shared ownership and seventy eight of which would be rented. The eligibility for the properties was a Havering resident over the age of 55 with a social care need. Of 2000 people in the Adult Social Care database, there had been interest from 280 people. Given the high demand, it was hoped that further units could be developed in the future.

The official launch was hoped to take place in the summer of 2013, once residents had settled.

16. IMPACT OF SERVICES ON THE ELDERLY TOPIC GROUP

At its meeting in October 2012, the Committee agreed to establish a topic group to scrutinise the impact of services on the elderly. The Committee wished to understand the impact that housing services had on older people generally, older people with disabilities and vulnerable residents in Havering, together with finding out about services available for these groups and how they can be accessed.

The group met with representatives from Havering and Age Concern and visited a number of older persons accommodation, including the new extra care development at Dreywood Gardens. They also visited housing schemes in the neighbouring borough of Barking and Dagenham to see how other boroughs catered for their elderly population.

The group agreed there are many activities available to those that are aware of the services, however there were a large number of elderly and vulnerable people who did not know about these services and were essentially isolated. The group agreed to draft a letter which could be sent out to all elderly people informing them of the services/ activities available within the borough together with trying to find out the reasons why they were unable to access the services.

17. DEMENTIA STRATEGY UPDATE

At its meeting in May 2013, the Committee received a report on the Dementia Strategy for Havering. The Committee noted that this was high both nationally and locally, and as a result the Health and Wellbeing Board also had it high on its agenda.

The Committee was informed that a Dementia Partnership Board had been established in November 2012 and met monthly. The Board was made up of representatives from both Social Care and Health Partners. The Board was working together to deliver the strategy following four overarching objectives, which had been agreed by the shadow Health and Wellbeing Board.

Officer informed the Committee that a review of all services would take place in May which would feed into the care pathways and the way forward.

The Committee were impressed with the hard work of officers in getting the information out to the local community.

18. TRAVEL TRAINING

At its May 2013 meeting, the Committee received an informative presentation from the Disablement Association of Barking and Dagenham (DABD (uk)), who provided Independent Travel Training to and from educational establishments or day centres. This promoted independence and the opportunity for vulnerable adults to do things for themselves.

Officers explained that travel training comes under the remit of Personalisation. The key work used was "assistance" this did not mean the provision had to be borough transportation or taxis as had been expected in the past. Individuals who had specific travel needs were always offered the most independent and personally enabled solution for their particular situation.

Officer assured members that all individuals had to pass the travel training before they could travel alone, and the scheme was not for everyone. Assessments were carried out before the training commenced and if a decision was taken that the training was not suitable then the individual would not start the training.

It was important that the individual's family were supportive of the scheme, as this enabled a smooth transition. Trainees complete a 12 week course which builds up an individual's confidence, coping skills and provides more

opportunities for them. It was successful in increasing social inclusion of vulnerable individuals.

The Committee was informed of a number of successful travel training cases, which had enabled the individuals to travel to their college alone, and one individual had been successful in securing a part time job which she would not have been able to do without the confidence of the travel training.

The Committee, with the exception of two members, felt the scheme was very good in promoting independence for vulnerable adults.

19. ENABLEMENT AT YEW TREE LODGE RESOURCE CENTRE

At its meeting in May 2013, the Committee received a presentation on the enablement centre at Yew Tree Lodge Resource Centre. The officer stated that the centre had originally been designed for people with the physical disability, but this had changed in 2009 to help with the reablement following a hospital stay, a disease or illness.

The aims and objectives of the centre were to provide services to people with disabilities and offer the opportunity to access information and practical guidance on:

- preventative care methods, which helped people to regain and maintain functional skills that are necessary in their daily living;
- to promote development of the integrated capacity of individuals' abilities that combines the physical, cognitive and social aspects of their wellbeing and encouraging a more active way of living;
- to encourage more positive attitude towards coping with limitations as a result of long-term illness or disability.

The Committee noted that each client has a Personal Management and Care Plan which outlines the physical, cognitive and social needs that are identified at the initial assessment. Specific targets are agreed with each client and facilitated throughout the 6-week course. Each individual is assessed and set specific targets which are meaningful and worthwhile to each individual, whilst still challenging and achievable.

The Committee noted that between January 2012 and January 2013, there had been 70 people who had commenced reablement, of these 70% needed no further care.

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INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

Committee's Work Programme

CMT Lead:

Ian Burns, Acting Assistant Chief Executive
– Legal and Democratic Services

Report Author and contact details:

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Committee Administration
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Policy context:

To agree the Committee's work programme
for the 2013/14 municipal year.

SUMMARY

At this stage of the municipal year the Committee is required, so far as is practicable, to agree its work programme for the forthcoming year. This applies to both the work plan for the Committee as a whole and to the subject of any topic group run under the Committee's auspices.

RECOMMENDATIONS

That the Committee agree its work programme for 2013/14 municipal year.

REPORT DETAIL

Shown in the schedule at the end of the report is a draft work programme for the Committee's five meetings during the municipal year (this does not include the Joint Overview and Scrutiny meeting to consider the Council's budget). This has been drawn up by officers following initial discussions with the Chairman.

Members will note that significant proportion of the workplan has been left blank at this stage. This is to reflect the fact that Members may well wish to select further issues for scrutiny. In addition, previous experience has shown that it is beneficial to leave some excess capacity for scrutiny in order to allow the Committee to respond fully to any consultations or other urgent issues that may arise during the year.

Additionally, the Committee has the power to select an issue for more in depth scrutiny as part of a topic group review. Council has recommended that, in view of limited resources, only one such topic group is run at any one time. The Committee is therefore requested to consider what should be the subject of its next topic group review, if any.

IMPLICATIONS AND RISKS

Financial implications and risks: None – it is anticipated that the work of the Committee can be supported from existing resources.

Legal implications and risks: None

Human Resources implications and risks: None

Equalities implications and risks: None

Individuals Overview and Scrutiny Committee

Meeting 1 (3 July 13)	Meeting 2 (8 October 2013)	Meeting 3 (4 December 2013)	Meeting 4 (11 February 2013)	Meeting 5 (27 March 2014)
Committee's Work Programme Report	Learning Disability Employment	Holistic Reablement	Dementia Strategy Review	Activate Haveirng
Committee's Annual Report	Winterbourne Review	Safeguarding Review update	Service and Structure Delivery Presentation	Carepoint update
Dial a Ride update	Dreywood Gardens/ Extra Care update	Annual Complaints/ Compliments		

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