



INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.00 pm	Tuesday 10 December 2013	Havering Town Hall
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Members 7: Quorum 3

COUNCILLORS:

Wendy Brice-Thompson (Chairman)
June Alexander (Vice-Chair)
Jeffrey Brace
Pam Light

Keith Wells
Linda Van den Hende
Denis O'Flynn

For information about the meeting please contact:
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What is Overview & Scrutiny?

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

They have a number of key roles:

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

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

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

Terms of Reference

The areas scrutinised by the Committee are:

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

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

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 - 8)

To approve as a correct record the Minutes of the meeting of the Committee held on 8 October 2013 (attached) and authorise the Chairman to sign them.

5 HOLISTIC REABLEMENT (Pages 9 - 12)

The Committee will receive a report outlining the reablement service provided in the community (attached).

6 ANNUAL COMPLAINTS AND COMPLIMENTS (Pages 13 - 30)

The Committee will receive a report setting out for consideration the findings of the 'Annual Report 2012-13 Adult Social Care Complaints, Comments & Compliments' (attached).

The Committee is asked to note the report.

7 PERSONAL BUDGETS

The Committee will receive a presentation from officers outlining personal budgets, their take up, and any issues/ concerns raised by users.

8 DIAL A RIDE UPDATE

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

9 IMPACT OF SERVICES ON THE ELDERLY TOPIC GROUP REPORT (Pages 31 - 44)

The Committee are asked to agree the attached topic group report and to agree to refer the report to the next available meeting of Cabinet.

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.

11 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.

**Andrew Beesley
Committee Administration
Manager**

**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Town Hall, Main Road, Romford
8 October 2013 (7.00 - 8.45 pm)**

Present:

Councillors Wendy Brice-Thompson (Chairman), June Alexander (Vice-Chair), Jeffrey Brace, Pam Light, Keith Wells, Linda Van den Hende and Denis O'Flynn

Ian Buckmaster from HealthWatch Havering was also present at the meeting.

6 MINUTES

The minutes of the meeting held on 3 July 2013 were then agreed, subject to one minor change to the attendees (Hamad Patel from HealthWatch Havering was also present). The minutes were signed by the Chairman.

7 CHANGES TO MEMBERSHIP OF COMMITTEE

The Committee noted the revised membership, and welcomed Councillor Denis O'Flynn to the meeting.

8 LEARNING DISABILITY EMPLOYMENT

The Committee received an interesting presentation on Learning Disability Employment from the Community Learning Disability Team Manager. The national and local factors about disabled people in employment were explained. In England only 6.4% of people with moderate to severe learning disabilities know to adult social services are in paid employment, this is far lower than the employment rate for all working age disabled people (46.3%) and the working age population in England (76.4%).

Officers informed the Committee that the term "Learning Disability" can vary in meaning, depending on the source.

A Community Care Magazine "A life like any other" campaign in May 2007 showed that of those people with a learning disability 22% had a paid job and 66% would like a paid job. The Committee were informed that the position had not changed significantly in the last 6 years.

The reasons for engaging people with learning disabilities in employment were explained, they included:

- Social inclusion
- Improved financial situations
- Opening up another source of friends and social contacts
- Increase in self-esteem
- Integration
- It is what people with learning disabilities want.

The Committee was informed that there were a number of barriers and challenges in getting people with learning difficulties into employment, the largest being parental attitude and the education of employers. However there was a good business case for employing people with learning disabilities since they were a valuable resource, reliable, committed and highly motivated to get a job done.

Nationally, the Office for Disability Issues was working with various government departments on a number of projects which attempted to address getting people with learning disabilities into employment. These included:

- Project Search, which helped people with learning disabilities secure and keep permanent jobs through a series of work rotations with a host employer
- “Getting a Life”, which aimed to identify and tackle the issues young people with learning disabilities face when they left education so they could get a job and enjoy a full life.
- Jobs First, a one year project with six demonstration sites in England (this was still in the development stages).

Locally, the Council had recruited 29 people with learning disabilities into paid positions in various departments across the council. An employment champion was identified in Human Resources so that activity could be coordinated. The Council also worked closely with the local Supported Employment services i.e. ROSE Programme. Often “job-carving” was needed, so that specific tasks of jobs could be set out specifically for the employee. This included re-writing some of the job descriptions as well as ensuring that they were accessible and easy to apply for.

Officers shared successful case studies of people whom, through various support and organisations that the Council work with, have moved into paid employment.

A member asked if there was sufficient preparation in education establishments for young people with learning disabilities about entering employment. Officers explained that generally all pupils were treated the same in mainstream education. Offers of alternative avenues included the continuation of education or a day provision. It was found that the

mainstream curriculum did not always fit with the needs of those with learning difficulties, and that Education 4 Employment was a project which assisted people with learning difficulties to make the transition.

Officers explained that voluntary work has a role to play on the pathway to employment, as it was often a good place to start. This built on the self-esteem and confidence of the individual before they start in paid employment.

A member mentioned “The Depot” at Dycorts School. This centre assisted in the building of skills needed for work for students with learning disabilities. These included hairdressing, bicycle repairs and beauty. The staff at the centre were very committed to getting successful outcomes for the students, however this was a very low funded project, but one which could possible help others.

A member asked if the larger supermarket chains provided employment for people with learning disabilities. Officers stated that they do, however they often register with a certain agency i.e. Shaw Trust, who then provide the employee. This means that people on the ROSE programme for example could not access the vacancies.

Officers stated that they were trying to broaden the jobs available to people with learning disabilities and not just gardening, cleaning, catering etc. The Committee also noted that feedback from the ROSE project stated that employees were more in favour of part time position, due to tolerance, concentration and the welfare system. If they worked more than 16 hours, this would affect their benefits, which often assisted them to live independently.

The Committee raised concerns about how parental attitude could be tackled. Officers stated that they were visiting some of the special schools about the flexibility and choice available upon leaving education, and ensuring that there is a support system in place. Within the education establishments, expectations were not built in early enough, and therefore the transition was not as easy. Officers felt that intervention and preparation needed to start at around 10 years old so that the transition can be smoother, however there was still some children with a very high level of need, who may not be able to enter paid employment.

9 WINTERBOURNE VIEW HOSPITAL

The Committee received a presentation from the Community Learning Disability Services Manager on the Winterbourne View Hospital. The Hospital was exposed on a BBC Panorama programme in May 2011, where a catalogue of bad practice and abuse was exposed. This included:

- Douching patients with water whilst fully clothed
- Poking patients in the eye
- Water from flower vase being poured over a patients head
- Mouthwash poured over patients
- Hitting and slapping of patients
- Pulling patients across the floor
- Patients being held down and pinned under a chair.

The Committee agreed with this happening in 2011, it was understandable why there was so much parental resilience to the previous item, given the abuse highlighted at Winterbourne View.

Following the Panorama Programme a number of safeguarding boards were established together with reviews of the hospital. Criminal proceedings were taken against the care workers in the hospital. 6 out of 11 care workers admitted a total of 38 charges of neglect or abuse of patients had been jailed. 5 others were given suspended sentences.

Officers added that all staff employed at Winterbourne View were qualified to carry out the care of people with learning disabilities, however the hospital itself was an in-patients service for assessment and treatment, which should be a short term/ respite care facility. It was found that some patients had been living at the hospital for over 3 years. The location of Winterbourne View was in an industrial estate, families were ushered into a communal lounge when visiting, could not see their children in the privacy of their own room and often personal things went missing. Officers stated that providers should be welcoming, opening and engage with families so that there is transparency and these issues are avoided.

The Committee was informed that Havering had 27 homes for adults with learning disabilities, the largest had 34 beds, however this was due for closure as the building was not fit for purpose. All the residents were being accommodated elsewhere in the borough at suitable premises. The smallest home had 3 beds. There were 15 supported living units and 7 day providers. The client base was fairly small with around 600 people with learning disabilities. The homes were based around the borough, with a

large cluster in the north of the borough (Harold Hill) and fewer in the south of the borough (Rainham). There were 78 people living outside of the borough, as far out as Wales, Devon and Gloucestershire, however the majority lived in the borders of Essex. Most of these people living outside the borough, did so to be close to family members.

There were a number of support and monitoring systems in Havering to support adults with learning disabilities and autism. These included the Safeguarding Board, the Quality and Suspension Team, the Learning Disability Partnership Board (which reported to the Health and Wellbeing Board), the Community Learning Disability Service, a multi-disciplinary team of nurses, psychology, psychiatrist, social workers etc. There were also links with individual clients, their families and the local police. All information was shared with the Care Quality Commission. Robust safeguarding training programmes were in place, which were also shared with all voluntary and independent providers as well as council owned projects.

The Committee discussed at length the issues around abuse and bad practice, and how the service can deal with these in a respectful manner. Officers stated that the views of carers' and family members were not listened to, in the Winterbourne case, and therefore safeguarding issues were not highlighted. Havering carried out unannounced visits once a year to every establishment, as do the CQC. The officers had good relationships with the service users and were therefore able to have informal discussion with users as well as carry out observations and ensure that all paperwork is up to date.

The Committee was informed of the Whistleblowing procedure which was in place. In the event of a "whistleblower" the team would meet with the Chief Executive of the organisation, carry out spot visits, inform the CQC of any finding and raise a safeguarding alert on the premise.

The Committee discussed the issues around abuse and bad practice, and how the service could deal with these in a respectful manner. A member felt that CCTV cameras should be installed to protect the interest of both the residents and the staff. The rest of the Committee felt that this was an infringement of human rights.

10 DREYWOOD GARDENS/ EXTRA CARE UPDATE

The Committee received a report updating it on the progress of Dreywood Court, the new high quality extra care housing scheme. The scheme comprised ninety eight flats, twenty for shared ownership and seventy eight for rent. These were approximately split 50/50 between 1 and 2 bed flats. Havering already had two extra care housing scheme, where care and support is commissioned by Adult Social Care. These were Paines Brook Court in Harold Hill and St Ethelburga Court in Harold Wood. Whilst the scheme provided extra care housing, Dreywood Court also provided a shared ownership scheme.

The scheme opened and was handed over to the Council in July 2013. However East Thames Group, who built the scheme, was still the registered landlord responsible for developing the scheme in partnership with the Council. It also fulfils a number of other on-going supports, including tenancy agreements and housing management. Once all the allocations are made, they would work closely with the care and support provider, to ensure the scheme remained a vibrant and inclusive community.

Sanctuary Home Care (Ltd) was awarded the contract for the personalised care and support service for the residents of Dreywood Court. Sanctuary Home Care established their office at the scheme in advance of the first residents moving in and began assessing applicants for Dreywood Court from April 2013. Sanctuary Home Care had a presence since the day the scheme opened. The whole scheme is fully accessible and there were 8 adapted flats for wheelchair users.

The scheme had its own allocation panel, which assessed all applications. There was 100% allocation for the socially rented flats and 15 of the 20 shared ownership flats had deposits put down on them. An assurance was given that all allocations were from Havering residents who had resided in the borough for at least 2 years. The criteria for extra care housing was for people aged 55 and over, who required some care and support but who wished to retain the independence of living in their own home rather than having to move into a residential care home. Six people had transferred from Newstead House, the Learning Disability Home which was no longer fit for purpose. It was felt that even though these residents were under 55, there were exceptional circumstances, which the scheme could support.

To ensure the moving experience was not a barrier to the most vulnerable and elderly, Age Concern Havering were commissioned to support people to move. The level of support required had been tailored to people's circumstances. The support programme was well underway and regular updates were showing the value of the support given.

In addition a protocol had been developed with the Benefits Service. Each time an applicant moved into the scheme the volunteers completed the

housing benefit forms and verification document which were collected daily from the scheme. This ensured a smooth transition and reduced the burden of unnecessary delays or rent arrears.

The scheme had lots of circulation and social inclusion areas. There would be a restaurant, a hairdresser, and a small library being established. A craft group had already started and it was hoped that other small groups could also establish once further residents had moved in.

The Committee noted the update and agreed that they would wish to visit the site again now that it was completed.

11 CORPORATE PERFORMANCE INFORMATION

The Committee were provided with details of the Annual Corporate Performance Indicators for 2012/13. The Committee agreed that any questions should be e-mailed to the Head of Adult Social Care.

12 FUTURE AGENDAS

The Committee did not wish to add anything further to its work programme at the present time.

13 URGENT BUSINESS

A number of members stated that they would have to give apologies for the next meeting (4th December 2013) therefore the Chairman stated that it may be necessary to re-arrange the date of the next meeting.

Chairman

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OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Individuals Overview and Scrutiny
CMT Lead:	Joy Hollister
Report Author and contact details:	Rinaldo Meza Rinaldo.Meza@haverling.gov.uk 01708 432490
Policy context:	Reablement in Havering has become the key to the delivery of social care provisions both at Royal Jubilee Court and in the community. The service overall is welcome by people receiving the service, and represent an investment that may produce savings.

SUMMARY

1. This report provides an overview of Reablement in the community after one year of the service been externalised.
2. This committee has examined in some detail the Reablement programme at Royal Jubilee Court in the past and therefore this report deals with Reablement in the Community.

RECOMMENDATIONS

Members of the Overview and Scrutiny Committee are asked to note this report.

REPORT DETAIL

1.0 Background

- 1.1 The implementation of the personalisation, transformation and preventative agenda in Havering has been a catalyst for change, particularly within Adult Social Care. Havering, like many other local authorities, developed an in-house reablement service as part of its personalisation approach. This service began operating in 2007 and was provided by the former internal homecare team.
- 1.2 The Council is committed to providing reablement services as the default option to all **eligible** adults who can benefit from reablement for a period of up to six weeks, the service has become the normal pathway for an increasing number of service users before they are considered for long term care.
- 1.3 However, in order for this to be achieved, the service that had been provided since 2007 needed to operate more efficiently and at a lower cost. Hence, Cabinet approved for this service to be externalised.

2.0 Definitions

- 2.1 In general terms reablement is designed to help people learn or relearn the necessary skills for daily living which may have been lost through deterioration in health and/or increased frailty resulting in hospital admission. The focus of Reablement is on regaining physical ability and confidence building. These achievements are monitored regularly throughout the period of Reablement –up to 6 weeks- via active reviews and assessments.
- 2.2 An implicit aim of reablement is to reduce the care hours required to support people at home, or to develop their independence so that they can remain in their own home. While reduction in care hours is a key indicator of positive outcomes, it is also important to measure the difference that reablement makes to the service user's functional capabilities. Reablement goal setting can focus on finding ways to enable service users to prepare their own meals and manage their personal care, but also to regain their participation and social inclusion in meaningful activities.
- 2.3 Reablement, as for any other provision, is not a "fit for all" service. Though most people are encouraged to have a period of Reablement following a health intervention event, some people, because of the gravity of their condition are excluded from reablement. For instance, people who are non-weight bearing; people at the end of their palliative care; people with severe dementia who are disorientated and cannot retain information. However, every new service user assessed as needing care is offered a Reablement assessment as a matter of course.
- 2.4 However, due to its aim of restoring or regaining function, reablement requires enhanced competencies during the assessment and the setting of reablement goals. Occupational therapists, for instance play an essential role in this process as they use their skills, together with their knowledge of the medical, physical, emotional and cognitive impact of disability and injury, to ensure that reablement is tailored to an individual's needs and potential for reablement. In Havering the

Reablement service works in tandem with our Preventative Team who offers professional input such as Occupational Therapy and Social Work.

3.0 Achievements

- 3.1 In Havering the success of Reablement can be measured by the number of people who have received the service and have no need for further services and/or people who received reablement and who, without this service would have had an increase in the provision of services. Likewise, the provision of reablement for some people have, at least temporarily, avoided the need for costly nursing/residential placements.

For example.

The total number of Reablement service users in 2012/13 was 1493

From 1st April 2013 to 30th September 2013 the number was 769

The percentage of people who did not require any further on going service was almost 50%

Of those people who required on-going services only 3.35% needed an increase in care hours.

- 3.2 Reablement is having a beneficial impact in preventing people from receiving continuing packages of care or reducing those packages of care
- 3.3 Improving throughput, capacity and quality will deliver greater benefits in terms of costs.

IMPLICATIONS AND RISKS

4.0 Financial implications and risks

- 4.1 There are no direct financial implications or risks arising from this report which is for information purposes only. The implications related to externalisation of the reablement service were detailed in the July 2012 Cabinet report.

5.0 Legal implications and risks:

- 5.1 There are no apparent legal implications in noting this Report.

Stephen Doye Legal Manager

6.0 Human Resources implications and risks:

- 6.1 There are no direct HR implications or risks regarding the Council's workforce that can be identified from the recommendations made in this report.

Eve Anderson, Strategic HR Business Partner (Children, Adults & Housing and Public Health)

7.0 Equalities implications and risks:

- 7.1 Reablement is designed to promote independence and social inclusion, as well as ensuring people's level of functionality remains at an optimum level. Because of its ethos, Reablement effectively promotes further participation for all citizens.
- 7.2 An equality analysis of Reablement services was carried out as part of the commissioning process.

BACKGROUND PAPERS

None

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Adult Social Care Complaints Annual Report 2012-13
CMT Lead:	Joy Hollister
Report Author and contact details:	Veronica Webb, Senior Complaints & Information Officer, Mercury House, Mercury Gardens Romford RM1 3SL Telephone: 01708 432589
Policy context:	Adult Social Care Statutory Complaints Policy & Procedure

SUMMARY

The 'Annual Report 2012-13 Adult Social Care Complaints, Comments & Compliments' attached as Appendix 1 is for consideration and outlines the complaints, enquiries, compliments and Members correspondence received during the period April 2012 – March 2013.

RECOMMENDATIONS a

1. That Members note the contents of the report and the continued work in resolving and learning from complaints and the challenges faced by the service with ever increasing pressure on budgets.
2. That Members note the actions identified to improve services are fed back to services and are monitored to ensure these are implemented to evidence service improvements.

REPORT DETAIL

3. Appendix 1 shows that complaints have decreased year on year with a 18% decrease from 2011-12. Local Government Ombudsman referrals continue at the same level as last year, and this is representative of the change in how the Local Government Ombudsman report on enquiries to the local

authority.. The number of formal complaints have increased slightly from last year.

4. External provider complaints have decreased across both home care and residential/nursing homes from last year, with continued efforts in ensuring quality standards are maintained and improved where necessary. There has been increases in complaints within Adult Community Team North, Commissioning and Preventative Team.
5. The reasons for complaints have mainly been quality of service which is linked to disputing a decision and finance reasons. Although quality of service has increased overall from last year, there has been a decrease for external providers i.e. home care 11.6% and residential/nursing homes 1.5% from last year. However there has been an increase for Commissioning of 11.1% that reflects where quality of service and disputing decisions are linked. It does highlight where explanations and apologies are given as the main outcomes that staff need to ensure clear and concise information is given.
6. Response times have improved from last year for both formal and informal complaints responded to within 10 working days. There has been a slight increase in formal complaints responded to over 20 working days.
7. There has been an increase in complaints involving people between the ages of 25-74 and have decreased for those between the ages of 75-85+ from the previous year. Complaints involving people with physical disabilities and those of white british has dropped from last year. It is noted however that there has been an increase in monitoring information not being recorded.
8. The preferred methods of contact during 2012-13 were letters and emails, followed by telephone, with there being an increase in emails, but decrease in both letters and telephone.
9. Expenditure for complaints has increased substantially during 2012-13 which is mainly due to the increase in the number of independent investigations undertaken (7) and two compensation payments.
10. With the decreasing number of complaints year on year, there has been an increase in compliments. Many compliments are for the good service and help and support provided by staff.
11. The number of members enquiries responded to within the 10 working day timescale has decreased during 2012-13 by 15%, which will need to be addressed..
12. Complaints continue to help and assist in informing improvements within the service and staff need to be encouraged to continue to try and deal with complaints at an early stage and the confidence to do so.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no specific financial implications to this reports, which is for information only. Costs incurred through complaints will be contained within Adult Social Care allocated budgets.

Legal implications and risks:

There are no apparent direct legal implications arising from noting of this reports.

Human Resources implications and risks:

Adult Social Care are supporting a personalised approach to customer needs in the Havering community, targeted training around the required skills to effectively undertake this new focus will be important in ensuring that existing customers and potential customers receive the highest quality of service delivery possible.

As monitoring data from the complaints process will be used as an indicator of how well Adult Social Care is delivering its services to the community, continued upskilling of frontline and support staff in the new teams will be a key requirement to maintaining, and improving on, service standards. This will be an area included in the new workforce development plan for Adult Social Care staff and will be delivered with support from HR professionals from Internal Shared Services (ISS).

Equalities implications and risks:

We are regularly monitoring the equalities profile of our customers. The most recent monitoring information has evidenced that a small number of ethnic minorities are accessing the complaints process. We will therefore continue working towards raising awareness of and improving the access to our Complaints, Comments and Compliments Policy and Procedure.

BACKGROUND PAPERS

1. None

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ANNUAL REPORT 2012-2013

ADULT SOCIAL CARE

Complaints, Comments and Compliments

**Prepared for: Director of Children, Adults & Housing
Joy Hollister**

**Interim Head of Adult Social Care
Paul Grubic**

**Prepared by: Veronica Webb
Senior Complaints & Information Officer**

ADULT SOCIAL CARE ANNUAL REPORT 2012 -2013

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ADULT SOCIAL CARE ANNUAL REPORT 2012 -2013

1. Executive Summary

There have been a number of changes across the local authority with the increasing pressures on budgets and making savings, which is envisaged to continue for the next few years.

This does not mean that standards might fall or that how we deal with complaints should be diminished in any way. Central to the understanding of how well or poor a service is being delivered is the perception of the Service User themselves, and it is this vital outcome measure that drives both the shape and the performance of the service being delivered.

How we address complaints informs us beyond the individual activity itself, but also how the service as a whole performs and within that its culture and values. Where there are common themes, these may have implications both for the providers and commissioners of services which need to be understood and acted upon.

With the recent changes in the health authority, it is important that the necessary links/relationships are made in order to ensure that future complaints continue to be dealt with in a coordinated and cooperative way. It is even more important that where complaints cover both Adult Social Care and Health that identifies areas for improvement that this is fed back through the appropriate channels to ensure change.

Public Health has now come under the responsibility of the local authority and with the recent changes in complaints regulations for Public Health this now reflects the Adult Social Care and Health complaints regulations. Consideration will need to be given on how complaints relating to Public Health will be dealt with.

2. Introduction

Under the National Health Service and Community Care Act 1990 and Children Act 2004, it is a requirement for local authority Adult Social Care and Children's Services to have a system of receiving representations by, or on behalf of, users of those services. Havering Adult Social Care welcomes all feedback, whether this is a comment on improving the service, complaint on what has gone wrong with the service or compliment about how well a service or individual has performed.

Havering has adopted the statutory guidelines for complaints management as outlined by the Department of Health and good practice principles of the Local Government Ombudsman and has encompassed this within its new procedures as follows:

- | | | |
|----------|---|--|
| Informal | - | where a complaint involves a regulated service, or is a minor concern which can be dealt with within 5 working days, or where a complainant does not wish to take it through the formal process. |
| Formal | - | Local resolution – where the complaint is considered low-medium risk aim to respond within 10 working days where possible. Where a complaint is considered medium – high risk aim to respond within 10-20 working days. Where a complaint is considered complex and may require an independent investigation, aim to respond within 25-65 |

ADULT SOCIAL CARE ANNUAL REPORT 2012 -2013

working days. Timescales may vary in agreement with the complainant.

Although there is no longer a Stage 3 Review Panel in the regulations, it has been agreed within Havering to have an option for complaints to be reviewed by a Hearings Panel.

Complainants who remain dissatisfied will have the right to progress to the Local Government Ombudsman.

The time limit for complaints to be made has remained at 12 months

ADULT SOCIAL CARE ANNUAL REPORT 2012 -2013

3. Complaints Received

3.1 Ombudsman referrals

The two cases resulting in local settlement included one case from last year. Two cases were not investigated, due to one being outside of the timescale, the other no fault in the decision. There were two cases where no evidence of administrative fault following investigation. One of these cases the investigation was discontinued as it was recognised that the local authority had taken appropriate actions to improve services.

The informal enquiries are counted as contacts by the Local Government Ombudsman, and therefore may refer to cases that were subsequently reported on.

	Apr 12- Mar 13	Apr 11- Mar12	Apr10- Mar11	Apr09 - Mar10
Maladministration				
Local settlement with penalty	2			3
No maladministration after investigation		1		1
Ombudsman discretion			1	1
-Cases under investigation/ongoing		1		
-Investigation not started/discontinued	2	2		
No evidence of maladministration/service failure	2			
Cases completed not premature		3	1	
Premature/Informal enquiries	4	4		
Total	10	10	2	4

3.2 Total number of complaints

The total number of complaints received for Adult Social Care during April 2012 – March 2013 were 115 which includes complaints which cover more than one area.

Total Number of Complaints			
2012/13	2011/12	2010/11	2009/10
115	123	141	192

3.3 Stages

Informal complaints have decreased quite significantly from last year from 97 in 2011/12 to 68 in 2012/13, while formal complaints have increased from 23 in 2011/12 to 34 in 2012/13. There were 9 enquiries and 4 joint health and adult social care formal complaints this year.

	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
Apr 12 – Mar 13	9	34	68	4
Apr11-Mar12	5	23	97	3

ADULT SOCIAL CARE ANNUAL REPORT 2012 -2013

3.4 Teams

There has been an overall decrease in complaints across the board. It is particularly encouraging to see that complaints against external provider agencies have continued to decrease from year to year. The total number of clients receiving homecare during April 2012 to March 2013 was 3019 service users, with the total commissioned hours being 846,029. There has been an increase in the number of service users and a decrease in the number of commissioned hours from last year i.e. 2% increase and 6% decrease. This may be attributed to the increase in clients going through reablement resulting in less intensive care packages. Complaints involving those on either ISF or Direct Payment totalled 23 for this year. This is an increase in last year of 2, and this could be reflecting the increase in service users moving to direct payments or ISF.

There has been an increase in the number of complaints for Adult Community North, Commissioning, Preventative & Assessment and Preventative Team. A number of complaints involving Commissioning resulted from debt recovery action taken against historic debts. Changes have been made to debt recovery processes to avoid this problem.

	Apr 12 – Mar 13	Apr11 - Mar12
Adult Protection Team (Safeguarding Adults)		
Access & Assessment	5	5
Adult Community Team North	9	4
Adult Community Team South	3	7
Adult Social Care Customer Services (Front Door)	5	8
Appointee and Receivership	0	0
Commissioning	20	16
Day centres	1	0
Direct Payments	1	1
External Homecare	17	27
External Nurs/Res	12	20
Hospital Discharge Team	6	9
LD Team	6	12
Mental Health	2	
MH CMHT Romford	-	2
MH MHAIT Team	-	2
MH Mental Health Provider Team	-	0
Meal on Wheels	-	0
Non Social Services	1	3
PD Yew Tree Lodge DC	1	-
Preventative & Assessment	4	2
Preventative Team	13	7
Reablement	8	16
Royal Jubilee Court	-	6
Supported Living	1	

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3.5 Reasons

There is a significant increase in the number of complaints regarding quality of service. This is reflected in a number of complaints received that are linked where a decision is disputed in relation to finances. Quality of service has increased across all services, however external homecare, external nursing/residential homes and commissioning have the highest increases. However, when comparing this as percentages, against last year external homecare reduced by 11.6%, external nursing/residential homes by 1.5% and commissioning increased by 11.1%.

As stated above, dispute decisions has increased by 37.9% and although has been linked with finances, there has been an increase in those disputing decisions in relation to residential/nursing placements.

It should be noted that the number of complaints relating to behaviour of staff has decreased from last year by 39%.

	Access to Information	Behaviour of Staff	Change of Service	Closure of Service	Data protection	Delay in Decision Making	Delay to implement a Service	Dispute decision
Apr 12 – Mar 13	-	16	3	--	2	-	1	22
Apr11-Mar12	1	25	3	1	3	2	3	13
	Eligibility	External to Social Services	Financial Issues	Incorrect Information	Incorrect Invoicing	Incorrect assessment	Lack of Communication	Level of Service
Apr 12 – Mar 13	-	-	15	-	-	-	14	9
Apr11-Mar12	5	3	14	1	12	3	17	9
	Need of Service	Non Delivery of a Service	Quality of Service	Safeguarding Issues	Welfare Concerns			
Apr 12 – Mar 13	4	1	54	2	4			
Apr11-Mar12	9	3	32	6	1			

3.6 Outcome

The highest outcome was explanation given which reflects the next highest apology which tended to be linked. Again this year, staff need to be clear about information being given and that users of the service and their family or carers' expectations are managed.

	Apology given	Assessment to be carried out	Assistance to find alternative services	Change in Practices	Change in Procedures	Change of Provider	Change of Social Worker	
Apr 12 – Mar 13	34	3	2	5		1		
Apr11-Mar12	14	6	3	9	0	1	0	
	Compensation Offered	Complaint Withdrawn	Explanation given	Financial Assistance awarded	Fees Waivered	Hours increased	Information given	
Apr 12 – Mar 13	1	1	57	1	1		2	
Apr11-Mar12	2	1	47	0		0	1	

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					1			
	Meeting offered	No further action required	Progressed to Formal	Re-Imbursement	Services Reinstated	Training Identified	Other	
Apr 12 – Mar 13	2	2		2		3		
Apr11-Mar12		2	0	0	0	1	1	

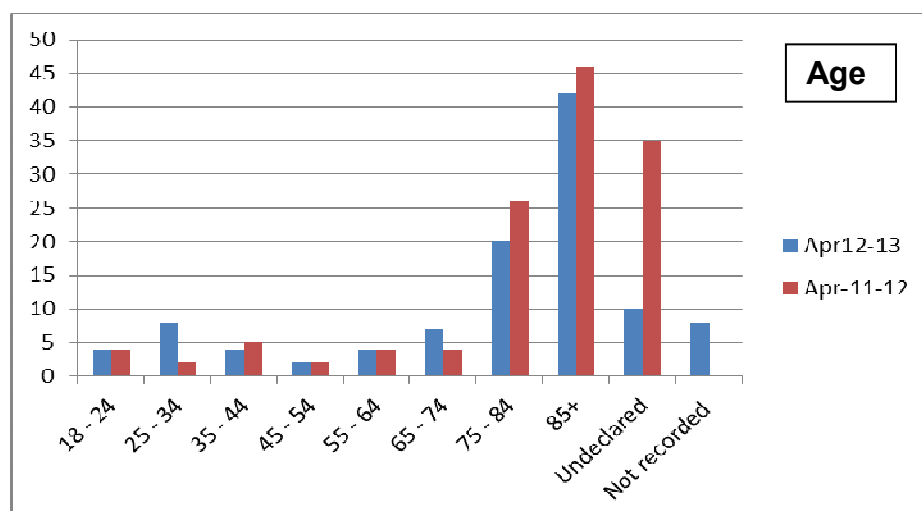
3.7 Response times

There has been an improvement in the number of complaints that have been responded to within 10 days both formally and informally. There has also been an improvement overall for responses to informal complaints. However, although the number of formal complaints that have been responded to within 10 working days has improved, there has been a slight increase in the number of formal complaints being responded to over 20 days.

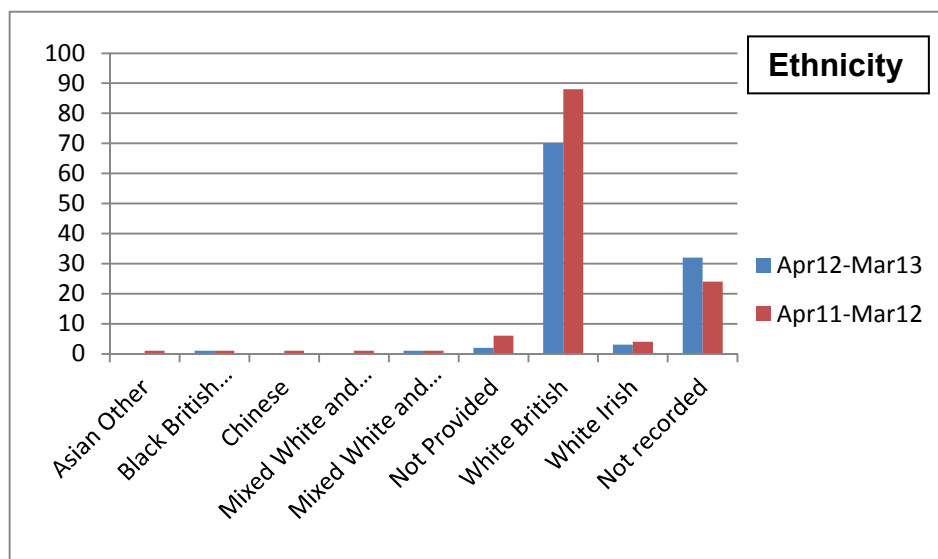
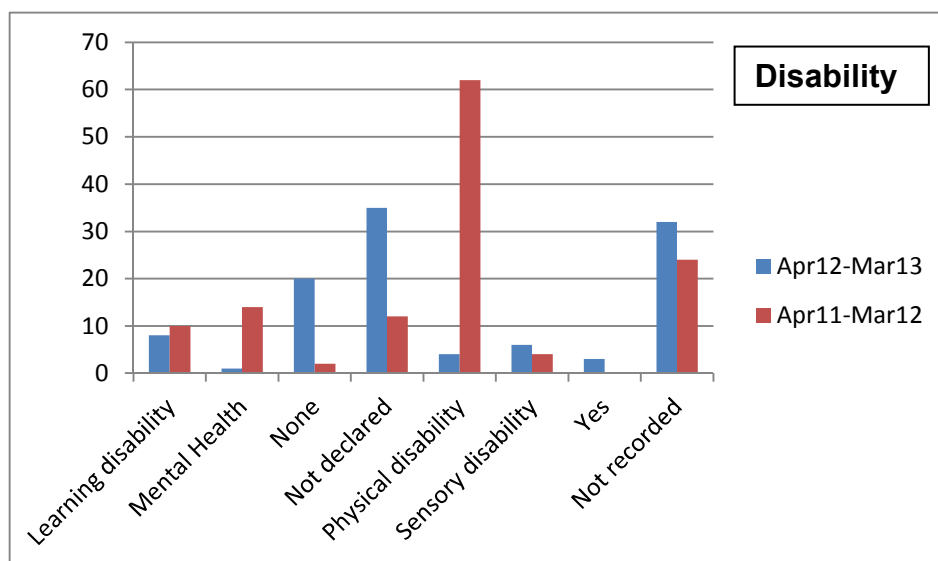
	Within 10 days		10-20 days		Over 20 days	
	Apr12-Mar13	Apr11-Mar12	Apr12-Mar13	Apr11-Mar12	Apr12-Mar13	Apr11-Mar12
Informal	51%	44%	19%	16%	30%	40%
Formal	22%	18%	12%	19%	66%	63%

3.8 Monitoring information

There have been slight decreases in complaints received involving those aged between 75-84 and 85+. However there have been increases in complaints involving those aged between 25-34 and 65-74. A significant drop in complaints involving those with a physical disability from last year and a small drop in complaints involving those from a White British background. It should be noted however that there has been a decrease in the number of service users disclosing their equalities profile and this will need to be addressed.



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4. How complainants contacted us

Emails and letters are the preferred method of contact and are fairly even. There has been a drop in those contacting us by telephone and a slight rise in those preferring to use either online forms, complaint leaflets or wishing to make their complaint in person.

	Complaint Card or Leaflet	E-Mail	In Person	Letter	Online	Survey	Telephone
Apr12 – Mar13	12	34	2	39	3	-	20
Apr11 - Mar12	10	29	-	53	1	-	37

5. Expenditure

There were a total number of 7 complaints which required an independent investigation during April 2012 – March 2013. Two complaints investigated by the Local Government Ombudsman resulted in compensatory payments. One was from an ongoing investigation

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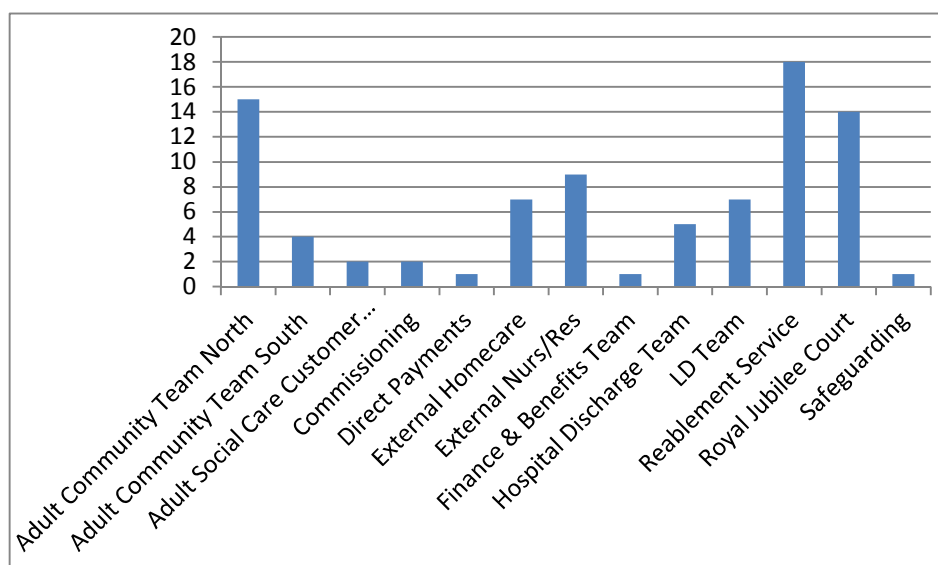
from the previous year, the other was a compensatory payment offset against an outstanding debt.

	Compensation	Independent investigators
April 2012 – March 2013	£1,700	£9,219.70

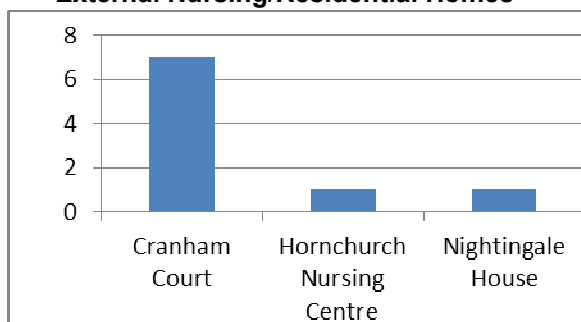
6. Compliments

There were a total of 65 compliments for the period April 2012 – March 2013, an increase from last year (56). The main reasons given for compliments were for the good service provided and the help and support given. External home care and external nursing/residential homes compliments have been broken down to the relevant agency/residential/nursing home for those recorded.

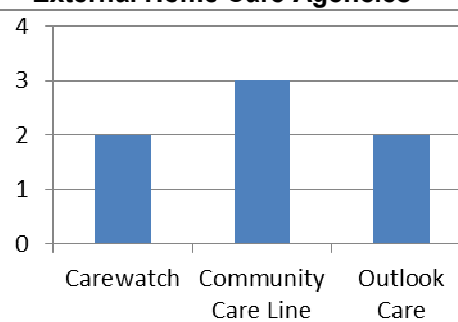
Compliments that have highlighted particularly outstanding work either by a team or an individual are reported in the Complaints, Information & Communication's newsletter or within the Corporate newsletter 'Inside Havering'.



External Nursing/Residential Homes



External Home Care Agencies



A few examples of some of the compliments received are given below:

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A social worker is thanked by a daughter 'from the bottom of my heart for the kind professional way you handled my mum' – Adult Community Team

A niece writes in to thank a worker on providing advice regarding her aunt for her 'time, effort and patience in talking to me over the phone'.

A manager of an out-of-borough home writes in to praise our 'Charging for Care Services leaflet' stating 'it is by far the most clear and informative leaflet we have had from any London Borough or any County Council, it's a shame they don't all follow in your footsteps when providing information.'

A mother writes in to thank the Learning Disability Team for helping her through a difficult time 'you have been there to answer my call and share my worries allaying my anxieties'.

7. Members Enquiries

The total number of members' enquiries received for Adult Social Care during April 2012 – March 2013 was 60. Of these 39 (65%) were responded to within the 10 day timescale. This is a decrease from last year where 80% of members' enquiries were responded to within the 10 day timescale.

8. Conclusion

Complaints have continued to play an important role in identifying areas that need improving within the service. Quality of service still remains the highest area of concern and this may be reflective of changes within the service. It is refreshing to note that across the external providers that the number of complaints relating to quality of service has reduced from last year. The continuation of the Quality & Suspension meetings has made a significant impact in driving forward quality within our external providers.

This year has shown an increasing number of complaints in which decisions have been disputed, mainly around charges, or where residential/nursing placements has not been the outcome wanted by family/carers.

There has been a steady decrease in the number of complaints over the years, and as staff become more confident in dealing with complaints and resolving issues at an early stage this will hopefully continue to decrease. However there should not be complacency and steps should be taken to explore whether people are sufficiently informed about how to make a complaint.

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9. Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Communication regarding discharge arrangements is poor	<ul style="list-style-type: none"> Improvements for discharge arrangements Closer working needed between social care and health. 	<ul style="list-style-type: none"> Social workers to be more proactive at early stage District nurses to work alongside social workers to identify support for those who will require it on discharge. 	<ul style="list-style-type: none"> Hospital Discharge Team 	Ongoing	The SW Team from Havering works very closely with BHRUT Discharge Team. There are very clear protocols in place to deal with inappropriate discharges or delays in transfer of care. SW and Community Therapists work alongside each other in the safe and timely discharge of patients.
Information not being sent appropriately	<ul style="list-style-type: none"> Documents to be sent securely Information to be sent to appropriate contact 	<ul style="list-style-type: none"> All documents to be sent externally to be PDF All confidential documents to be sent via Egress. 	<ul style="list-style-type: none"> All service areas 	Immediate	Staff have been advised, although need to review to ensure embedded for all staff within Adult Social Care Continue to highlight with staff, via team meetings, supervision and informal discussion.
Disabled Freedom Pass procedure not clear	Disabled freedom passes to include assessment where applicant does not fall within benefits criteria.	<ul style="list-style-type: none"> Assessments to be undertaken 	<ul style="list-style-type: none"> Preventative Team 	Ongoing	Assessments are being taken for all of those who do not have the mobility element in their DLA.
Gaps in care provided over holiday period	Care should not be transferred or end over holiday period <ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Team managers/senior practitioners to be advised of service users' last day of service. 	<ul style="list-style-type: none"> All service areas 	Ongoing	Staff continue to be aware of issues regarding holiday periods and weekends. We try to avoid discharges or change to service over these periods. On-going theme.
Inappropriate handling of	<ul style="list-style-type: none"> Recording on case notes need 	<ul style="list-style-type: none"> Training of staff/volunteers in day centres re safeguarding 	<ul style="list-style-type: none"> All Service areas 		Nason Waters, now Avelon Road Centre, was refurbished and amalgamated with

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<p>safeguarding incident and delay in complaints process</p>	<p>to be improved</p> <ul style="list-style-type: none"> • Clear process to be established where complaints involve safeguarding 	<p>procedures.</p> <ul style="list-style-type: none"> • Training for staff on effective writing for recording, assessments, etc. • Protocol to be produced for dealing with complaints involving safeguarding • Case file audits to look at recording of information 	<ul style="list-style-type: none"> • All Service areas • Complaints/ Safeguarding • All Service areas Senior Managers 	<p>Western Road during 2012. During this change period all staff received Safeguarding of Vulnerable Adults Awareness Training in March 2012. There is an ongoing programme in place to ensure all staff have regular up to date Safeguarding training, this is monitored through supervision and PDR process</p> <p>Majority of teams attended the effective report writing etc. Issues are picked up within supervision and staff are given regular feedback regarding assessment reports.</p> <p>Review of Safeguarding being undertaken with complaints input to be included.</p>
<p>Inadequate advice and guidance for self-funders.</p>	<p>Hands on advice/assistance at initial stage.</p>	<ul style="list-style-type: none"> • Staff to be reminded through supervision/team meetings in providing adequate support for families/carers 	<ul style="list-style-type: none"> • Adult Social Care Customer Services 	<p>This has been highlighted within team meetings and informal discussions. The team is clear regarding its responsibilities to provide appropriate information and guidance to people whether they are self funders or not. Information packs are given to people routinely. On-going theme which will continue to be discussed.</p>
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	



REPORT OF THE INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE IMPACT OF SERVICES ON THE ELDERLY TOPIC GROUP

1.0 BACKGROUND

- 1.1 At its meeting on 9 October 2012, the Individuals Overview and Scrutiny Committee agreed to establish a topic group to scrutinise the impact of services on the Elderly
- 1.2 The following Members formed the topic group at its outset: Councillors Wendy Brice-Thompson (Chairman), June Alexander, Pam Light and Linda Van den Hende.
- 1.3 The topic group met on four occasions including two visits. One for the group to look at the housing schemes for the elderly in Havering, and one to look at the schemes available in the neighbouring borough of Barking and Dagenham.

2.0 SCOPE OF THE REVIEW

- 2.1 Following the Ageing Well Event, 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 easily the services can be accessed.

3.0 INITIAL PRESENTATIONS

Havering Housing Services

- 3.1 The group met with the Head of Homes, Housing and Public Protection in November 2012. She informed the group that following the 2011 census it was confirmed that Havering had an older population than the London average as well as compared to the average for England and Wales.
- 3.2 There was a number of housing categorised for older people ranging from ordinary housing with adaptations suitable for the elderly to sheltered and extra care housing as well as residential homes. In Havering there were 19 sheltered housing schemes comprising 894 units.

- 3.3 There were a number of extra care schemes in Havering including Painesbrook (64 units) and St Ethelburga's (33 units). A new scheme was being developed and was due to open in May 2013. This would be Dreywood Court and would comprise 98 units, 20 of which would be available to the elderly on leasehold terms.
- 3.4 The group was informed that Homes and Housing had a capital budget of £495k in 2013/14 and £495k in 2014/15 for aids and adaptations for Council tenants. This covered works such as the installation of stair-lifts, walk-in showers and wheelchair ramps. For similar works for those who are not council tenants, there was a Disabled Facilities Grant. This was mandatory where there was a disabled household member. If the disabled person was a child there was no means test, however if the disabled person was an adult there was a nationally defined means test. Under national legislation, the maximum Disabled Facilities Grant was £30,000 whether relating to a disabled child or adult. The Council had agreed a policy that discretionary a grant above the £30,000 cap could be sought although this was extremely rarely required.
- 3.5 The Telecare and Careline service was provided by Homes and Housing. Previously, clients had made self-referrals but the majority of referrals were now from Adult Social Care. The Careline service consisted of a call button worn on a pendant by service users and/or a pull cord(s) within clients' homes. When activated, the call centre answers. If a call-out was required a relative was contacted or staff from Havering's Telecare Centre attends. Whether a relative or the Council attended was based on the clients' previously expressed preferences. The charge for the Careline service was £4.37 a week
- 3.6 The Telecare service provided, in addition to the Careline pendant/pull cord, a variety of sensors, for example fall's detectors, flood detectors which automatically alert the call centre when activated. The Havering Telecare Centre team assessed the situation and either a relative or member of the team attended, if necessary. The charge for this service was £6.37 a week. The majority of people paid for Careline or Telecare themselves. Subject to Adult Social Care's Fair Access to Charging arrangements, Adult Social Care may pay for users Careline or Telecare service directly.
- 3.7 The group was informed that there was a specific service for people with the early stages of dementia. This consisted of the person having a device, which could be worn like a bracelet or carried in a pocket or handbag. The device would give relatives text alerts as to the person's whereabouts, or they could log online to check the person's movements. The charge made by Havering Telecare Centre and paid by Adult Social Care was a one-off installation fee of £75. There was no on-going weekly charge.

Age Concern Services

- 3.8 The group met with a representative for Age Concern Havering in November 2012. Age Concern was an independent charity that focussed on improving life for older people. Age Concern's work was funded by a range of sources – the Council, grants and trust funds. There was in excess of 250 volunteers at Age Concern Havering, many of whom were older people themselves but found the voluntary work rewarding.
- 3.9 The group was informed that there were two Age Concern day centres that were core funded by the Council. HOPWA House in Hornchurch allowed active older people to take part in activities as they wished. Painesbrook offered a day service for the frail elderly six days a week. There also run community and preventative services including pub clubs and the Council funded "perky pensioners" service which provided reasonably priced meals and outings etc.
- 3.10 Age Concern also offered a befriending service for older people who were housebound or people living alone. This was grant funded however only until June 2013. There was also a home support service which supplied volunteer handypersons to work in people's homes as well as a list of vetted tradespeople.
- 3.11 A key role of Age Concern was health and health promotion. Support, information and advice were given following a stroke together with a stroke survivors club and a swimming club. Age Concern also ran a cancer awareness campaign to raise awareness of lung, bowel and breast cancer.
- 3.12 The dementia advisory service offered support to more than 1,000 people in Havering. There were peer support clubs for people with early to moderate dementia and support groups for carers which ran fortnightly and were very popular.
- 3.13 Age Concern Havering also ran a charity shop, day trips and holidays. Work was carried out across the borough; however the group discovered that Rainham was difficult to cover fully.
- 3.14 The Pomelo Care service was committed to improving the quality of life of its clients. It included paid services to carry out domestic care, gardening, personal care and home visits.

4.0 VISITS OF HOUSING SCHEMES

Housing Schemes in Havering

Cole Court

- 4.1 The group visited Cole Court, which was a modern sheltered housing unit, built for purpose in 1984 and had 35 one bed flats. The criterion for the units was anyone aged 55 years and over. However for those aged 55 to 60, the client would have to be registered disabled. For the over 60's a proven social isolation need was necessary. There were 19 complexes of this type around the borough.
- 4.2 Residents of Cole Court were of differing needs (high, medium and low). The high needs were contacted everyday by the roving warden, whereas those on a medium or high need were not contacted as frequently. All units in the complex had the Careline box installed; this had replaced the old link-line system.
- 4.3 The group was informed that the average rental for a unit was £90-£100 a week, this included all service charges.

Painesbrook Court

- 4.4 The group visited Painesbrook Court, which was a high dependency care home run by Housing 21; however East Living were responsible for the care packages and Age Concern ran a day centre at the premise. There were 64 one bed units and the majority of residents suffered from mental health or learning disabilities. The age range of residents was between 59 and 98; however the criterion was a minimum age of 55 but with a high dependency need.
- 4.5 Age Concern ran a very successful day centre at Painesbrook Court, which members were able to observe. Residents were able to participate in the day centre for £2 a session. There were two sessions, one from 10am-3pm and the other from 11am – 4pm.
- 4.6 The group were informed that the rental was standardised and was approximately £219 a week, and this included all their utilities.

Royal Jubilee Court (RJC)

- 4.7 The group visited Royal Jubilee Court, which was made up of four large houses, Philip, Charles, Elizabeth and Anne. Within Philip House the group visited the bedsits that were being converted so that new shower units and kitchens were being installed to alleviate any shared facilities. There was also new double glazing and radiators being installed throughout the whole scheme.

- 4.8 Royal Jubilee Court was made up of three services; Reablement, Sheltered Housing and the Out of Hours Service. Within Anne House was all the sheltered housing, including Hubb1. Hubb 2 was at Holsworthy House in Harold Hill and Hubb 3 was in Garrick House in Hornchurch. Each Hubb included one team leader, three mobile support workers and one activity worker. Each Hubb covered between 6-7 schemes, totalling 19 across the whole borough.

Telecare Centre (RJC)

- 4.9 The group visited the Telecare Centre and was informed that the service was a 24 hour, 7 day a week service. There was a mixture of different alarms and monitors that could be used, and any response came from the telecare centre. The service was looking to move away from the old pendant style alarm and move towards a wristwatch function. The user could wear the watch, which was fully functioning, however there was an addition button they could press and have a 2-way conversation with the control centre.
- 4.10 Adult Social Care promoted the service as part of the care packages. The service maintained the independence of individuals, so for example if a medicare machine was installed as part of the service, this would administer the medication rather than waiting for a carer to arrive. If however the medication was not taken, an alert would be sent to the telecare centre. Staff at the telecare centre would contact and prompt the user to take their medication.
- 4.11 The group was shown the Telehealth equipment, which was in line with the chronic obstructive pulmonary disease (COPD). This equipment could check vital signs including blood pressure, oxygen and weight if necessary. The equipment would be linked to a clinician to assess the condition so that intervention can be made at day one. There had been a very successful pilot carried out.
- 4.12 The group was informed that the service responded to between 200-250 calls a month, 85% were due to falls, of which $\frac{2}{3}$ of responses prevented the need of a to hospital admission. The service also worked with the Police in respect of bogus callers, the Fire Service in respect of hoarders, as well as Age Concern, Alzheimer's Society and Adult Social Care. There were 3500 clients on the system and approximately 19,000 calls were taken a year.

Dreywood Court

- 4.13 The group met with the Business Co-ordinator at Dreywood Court in December 2012. The scheme was an extra care scheme and was being managed by East Thames. At the time the group visited the site was still being developed and the provider of the care was still in its early stages of tender. 24 hour personalised care, with waking night staff would be provided, and the scheme would be a home for life. Residents may start with a very low need, but may need to progress into end of life care in the future, without the need to move from their home.

- 4.14 The scheme comprised 98 one and two bed flats, with 20 for shared ownership. The shared ownership meant that a resident could buy up to 75% of the property, but 25% would remain with East Thames, and therefore there would be no outlay on the 25%.
- 4.15 It was clarified that if a next of kin was to inherit the property and they did not qualify for the scheme because of the various eligibility criteria, such as age or need for social care, then they could not move into the property. A clause for the shared ownership lease would be to require resale to be offered exclusively by East Thames marketing team for the initial 4-6 weeks. After that initial restricted period, the next of kin would be at liberty to market via an estate agent but subject to the eligibility criteria for residence.
- 4.16 Once the scheme was completed, it was hoped that the site would have laundry support, activity support, a “friends of” group and a Trustee for the Community Activities. The management company were hoping for the whole site to be family friendly.
- 4.17 The group visited a 2-bed show flat and were impressed with the size of the property. The site would have some parking available for both residents and visitors. Residents would be able to have pets; however this would be done on the merit and capability of the resident.
- 4.18 The scheme was handed over and ready to occupy in July 2013 with the first residents moved in by mid-July. The scheme had its own allocation panel, which assessed all applications. As a result of raising awareness of the scheme, Dreywood Court had registered the interest of 393 people, and 127 applications had been considered by the Dreywood Court Extra Care Allocations Panel
- 4.19 By October 2013, there was 100% allocation to the socially rented flats and 15 of the 20 shared ownership flats had reservation deposits made on them, which were awaiting legal conveyance and completion to be finalised.
- 4.20 The Council tendered to find a high quality care provider for Dreywood Court with a track record of providing good personalised care and support services, within an extra care housing setting. The contract was awarded to Sanctuary Home Care (Ltd). All Dreywood Court residents needed to agree to have their assessed care needs met through Sanctuary Homecare and to be able to work with the provider to develop a personalised service. This ensured a consistent level of service, aided flexible delivery of support and removed risks associated with multiple providers delivering care within the service.
- 4.21 East Thames Group was the Registered Social Landlord responsible for developing the scheme in partnership with the Council. East Thames Group retained landlord responsibilities, issued tenancy agreements and provided on-going housing management. It worked closely with the care and support provider, Sanctuary Home Care Ltd, to ensure the scheme remained a vibrant and inclusive community.

- 4.22 Sanctuary Homecare began assessing applicants for Dreywood Court from April 2013. They established their office at the scheme in advance of the first residents moving in and have had an on-site presence since July 2013. Where possible all the care assessments were carried out at the Dreywood Court office to enable individual tailored plans to be developed. In addition any extra adaptations that were required were identified. The assessment of the type and level of care required formed part of the allocation process which was considered by the Dreywood Court Extra Care Allocations Panel when evaluating applications. The overall aim of the on-site care and support team was to work with residents and the landlord to create and maintain a safe, supportive and inclusive environment that promoted independence, health and well-being. The care and support service at the scheme placed the individual at the heart of the support it provided; involved that person in choices about their care and support; promoted positive risk taking, independence, dignity and choice at all times; and had a strong focus on enabling and re-abling.
- 4.23 To ensure the moving experience was not a barrier to the most vulnerable and elderly, Age Concern Havering were commissioned to support people to move. The level of support required had been tailored to people's circumstances. In addition a protocol had been developed with the Benefits Service. Each time an applicant moved into the scheme, the volunteers complete the housing benefit forms and verification documents which were collected on a daily basis. This ensured a smooth transition and reduced the burden of unnecessary delays or rent arrears.

Housing Schemes in Barking and Dagenham

- 4.24 The group visited the neighbouring borough of Barking and Dagenham to see how housing services in other boroughs were run, and to compare them with the schemes in Havering.

Fred Tibble Court

- 4.25 The group was informed that this was an extra care scheme, and had residents with early onset dementia. The building was formerly a council residential home, which had been reviewed as part of the late 90's review of older person housing.
- 4.26 The scheme comprised 31 units (6x2 beds and 25x1 beds). Nominations for placements came from the Council; however there had been a breakdown in nominations, which had resulted in having 15 void properties in the last year. These had reduced to 4 voids; however it was difficult to get people to take up the units. The nominations had been ranging across need, but since the scheme was not a secure unit, they were unable to accommodate people with high level dementia need and could not accommodate people who wandered.
- 4.27 The scheme was to support independent living. There were two support people which were on the site every day to provide activities for the residents.

- 4.28 The group viewed a one bed flat, which was self-contained with a fitted kitchen, bedroom and bathroom/ wet room. The scheme had communal facilities which included a 15-seater cinema, activity room, library and laundry. There was a communal dining area with a chef who provided one cooked meal each day, 365 days a year. This was included in the rental paid by the residents.
- 4.29 The rental varied, for resident on benefits the rental was £120 a month. For self-funders the rental could be between £1200-£1300. The only bills that the residents had to pay were electricity and telephone.

Thames View Lodge

- 4.30 This scheme was developed and owned by London and Quadrant Housing. It was a category 2 sheltered scheme and contained 48 units within it. The group met with the Scheme Co-ordinator, who was employed by the Council, therefore whilst the scheme was managed and owned by London and Quadrant; it was supported by council employed staff.
- 4.31 The scheme was centred on independent living. It was made up of 36 flats and 12 bungalows (Hockley Mews). All properties had pull cords and pendants. The residents were contact each day to ensure they were ok, otherwise they were independent.
- 4.32 Reassessments of residents were carried out every six months to ensure that the care met their needs. With the consent of the resident and/or their family, arrangements can be made to move the resident into an extra care unit if their needs increased.
- 4.33 Members asked about the number of voids and how they were dealt with. The scheme co-ordinator explained that nomination came direct from the borough, however there was a waiting list for properties at Thames View Lodge and therefore there was a swift turnaround of properties. The minimum turnaround time for voids was 4 weeks.
- 4.34 The group was informed that the rental was £30 a month if the resident was on full benefits. The only expense would be their telephone bill, however in the bungalows there would be an additional cost for the electricity. Communal facilities included a laundrette, a guest room with 2 single beds, a games room, hairdressers and a lounge.
- 4.35 It was explained that due to the heritage of the area, the residents referred to the area they lived as Thames View, and not Barking and Dagenham

Catherine Godfrey House

- 4.36 The group was informed that this was a category two sheltered accommodation. The scheme was owned and managed by the Council. Following a housing review in the late 1990s a number of sites were given to a developer to build sellable properties, and in return they built Catherine Godfrey House.
- 4.37 The group was shown the communal lounge and it was explained that there was involvement of social workers in delivering the care packages. Outside carers came in where needed and these were funded by personalised budgets. The scheme was person centred and there were some residents with early onset dementia. All residents who lived on the scheme were on the alarm system.
- 4.38 The group visited the communal facilities including the library, where the council library came once a month to deliver a new selection of books and videos; which residents could borrow. There was also a service run by Age UK who assisted with cleaning and domestic needs.

5.0 FINDINGS

- 5.1 The group felt that they had a full picture of the services available to the elderly and vulnerable residents of Havering and how these compared with those in a neighbouring borough.
- 5.2 The group researched the number of vulnerable and elderly person that were in the borough through the Mosaic database. This resulted in a figure of 99,635 which was considered to be an unmanageable number. Further manipulation of the data was carried out, which resulted in a figure of 11,549 which included people aged 75+, in receipt of single person council tax, housing benefit, a blue badge holder, an Adult Social Care recipient and had a falls admission at Accident and Emergency. Again it was agreed that this figure was still very high.
- 5.3 The group decided that whilst the Mosaic data was good, it only included those people known to the borough and were in receipt of benefits or adult social care. The group agreed that they needed to find a way of targeting those individuals who were living alone, with no family or contact with Adult Social Care as these individuals would be socially isolated.
- 5.4 The group agreed that contact needed to be made with these individuals and agreed on the wording of a letter which could be distributed. Members discussed how this could be carried out and agreed to contact the Safer Neighbourhood Teams, as they would have a more local idea of those people who were socially isolated.

- 5.5 The group contact the Safer Neighbourhood Teams who agreed that this is something they would be happy to take on and requested that they could distribute approximately 1,000 letters across the whole borough.

6.0 RECOMMENDATIONS

- 6.1 That the Adult Social Care service consider carrying out the printing and in conjunction with the Safer Neighbourhood teams, distribution of the attached letter (Appendix 1), as agreed by the topic group.
- 6.2 The council to work in partnership with Age Concern Havering to find accommodation where services are currently not provided (Rainham).

7.0 ACKNOWLEDGEMENTS

During the course of its review, the topic group met and held discussions with the following people:

Rama Krishnan – Age Concern Havering
Sue Witherspoon – Head of Homes, Housing and Public Protection
Daphne Edwards – Adult Social Care
Claire Carter – Careline and Telecare Manager
Ola Odupe – Mobile Support and Sheltered Housing Manager
Ken Jones – Divisional Director of Housing Strategy,
London Borough of Barking & Dagenham
Councillor Phil Waker – Cabinet Member for Housing,
(London Borough of Barking & Dagenham)
Councillor Linda Reason – Cabinet Member for Adult Services and HR
(London Borough of Barking and Dagenham)
Christopher Boyo – London Borough of Barking and Dagenham
Ben Ramsey – London Borough of Barking and Dagenham

Background papers list

Notes of the Impact of Services on the Elderly Topic Group Meetings:

1 November 2012
12 December 2012
5 February 2013
10 July 2013

8.0 The following comments are submitted by members of staff:

FINANCIAL IMPLICATIONS AND RISK:

The Council run housing schemes are funded from within existing service budgets. Other Council services referred to within this report are also funded from within existing budgets. There are no direct financial implications arising from this report, which is for information purposes. The cost of distributing the letter will be met from existing resources.

LEGAL IMPLICATIONS AND RISK:

The Head of Adult Social Care will need to consider whether or not the recommendations should be implemented. Legal advice may be required in respect of any data protection and procurement issues arising.

HUMAN RESOURCES IMPLICATIONS AND RISK:

There are no immediate Human Resources implications as the Council run housing schemes and other services are already fully staffed and funded the Council.

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London Borough of Havering
Town Hall Main Road
Romford RM1 3BD

Please contact:

Telephone:

email:

Date:

TO:

Dear Residents

Are you aware of services and activities you could participate in?

I am writing to you on behalf of the Individuals Overview and Scrutiny Committee, whose remit includes that of Adult Social Care. We have been doing some work on the services and activities available for older and vulnerable people in Havering.

Did you know that your local library runs events, including Knit and Natter, Cookery courses and other groups which bring people together? There is free swimming at local leisure centres for over 50s and Havering Circle organise a number of events including day trips and coffee mornings.

Age Concern Havering runs community and preventative services, including befriending, pub clubs and “perky pensioners” which provide reasonably priced meals and outings.

Are you aware of the Pomelo Care Service, this is run by Age Concern and is a paid for service to carry out domestic care, gardening and home visits.

Would you just rather have a friendly face to chat to in the comfort of your own home?

There are a range of leaflets about the services and activities available in the borough. If you wish to find out more, please provide your details overleaf.

If you have heard of some of these services, but feel they are not for you or have difficulty accessing them please let us know. We want to ensure that all our residents are able to access services, and also ensure that they receive the appropriate support.

Do you have any skills that you could pass on and share with others? Why not complete the tear of slip, or contact us on the above details.

Yours sincerely

Councillor Wendy Brice-Thompson
Chairman of Individuals Overview and Scrutiny Committee

Please return to:

I am interested in accessing other services: ☐

Please let us know what you wish to find out about.....
.....

I have problems accessing services because:.....
.....

I have skills that I would like to share: ☐

Please let us know the skills you have:.....
.....

I wish to receive further information on services and activities available: ☐

Name:

Address:.....
.....
.....