



INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.00 pm	Wednesday 19 February 2014	Town Hall, Main Road, Romford
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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) – 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 - 16)

To approve as a correct record the Minutes of the meeting of the Committee held on 10 December 2013 and the Joint Overview and Scrutiny Committee held on 24 January 2014 and authorise the Chairman to sign them.

5 DEMENTIA STRATEGY REVIEW (Pages 17 - 22)

The Committee will receive a report on the Dementia Strategy Review.

6 SERVICE AND STRUCTURE DELIVERY PRESENTATION

The Committee will receive a presentation on Adult Social Care Service and Structure delivery.

7 HEALTHWATCH HAVERING PROGRESS REPORT (Pages 23 - 28)

The Committee will receive a progress report from Healthwatch Havering.

8 SAFEGUARDING REVIEW UPDATE

Report to follow

9 DIAL A RIDE UPDATE

The Committee will receive a presentation on the current situation with Dial a Ride in Havering.

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
10 December 2013 (7.00 - 8.30 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 and Councillor Denis O'Flynn

14 MINUTES

The minutes of the meeting of held on 8 October 2013, were agreed and signed by the Chairman.

15 HOLISTIC REABLEMENT

The Committee received a report on Reablement in Havering. The officer explained that the service was externalised to Family Mosaic, following a Cabinet decision in 2012. Family Mosaic were responsible for providing the reablement service in the community as well as at Royal Jubilee Court.

The Council was committed to providing reablement services as the default option to all eligible adults who could benefit from reablement for a period of up to six weeks, the service had become the normal pathway for an increasing number of service users before they were considered for long term care.

The service looked to reduce users' needs for services following reablement so that individuals can remain in their own homes for longer. It was noted that reablement was not "fit for all". There were some individuals that were unable to be offered reablement.

The Committee noted the successes achieved by the service. The total number of reablement service users in 2012/13 was 1493, from 1st April 2013 to 30th September 2013 the total users was 769. The percentage of people who did not require any further on going services was almost 50% with only 3.3.5% needing an increase in care hours.

Members asked if the service was not “fit for all” what other services were in place. Officer explained that traditional domiciliary or residential/ nursing homes were offered to those with severe dementia. All potential users are assessed before any offer of service is suggested. Alternatively there were users who were able to have the reablement service, but declined since they felt they would be able to manage at home with the help of friends and family. Officers stated that these individuals were recorded on the system as they were more likely to need further services in the future.

Members asked about the main premises at Royal Jubilee Court, and the improvements that had been made. The officer explained that there were now 15 additional flats, however the occupancy fluctuated. During the winter season, it was thought that there would be a greater need for the services. Whilst the service looked to provide a support for up to six weeks, there were some individuals who needed longer due to safeguarding issues.

The Committee thanked the officer for the update.

16 **ANNUAL COMPLAINTS AND COMPLIMENTS**

The Committee received the “Annual Report 2012-13 Adult Social Care Complaints, Comments & Compliments” for their consideration. The report set out the complaints, enquiries, compliments and Member correspondence received during the period April 2012 – March 2013.

The Committee were taken through the various parts of the report. They noted that some of the figures in part “3.5 Reasons” of the report were incorrect, these were amended. These were:

External homecare reduced by 31%, not 11.6% and external nursing/residential homes by 40% not 1.5%

Officers explained that overall the complaints had gone down however the number of formal complaints had increased slightly from last year.

A member asked what the complaints were generally about. Officers stated that the majority of complaints were about the commissioning, any outstanding debt recovery and the quality of the care received. Officers explained that people’s expectations about the care that should be provided were often different from what the service could provide. All staff were reminded to use the information available more widely across the service in order to be more consistent.

The Committee looked at the expenditure part of the report and noted that there had been 7 investigations with two complaints resulting in compensatory payments. One for £1500 and one for £200, one of which was offset against the debt to the Council.

The officer explained that an Action Plan had been produced in line with the complaints received so that the service can improve in the areas highlighted. The Committee were taken through the Action Plan and updated on how each areas was being reviewed.

There was a discussion about complaints where the complainants owed money. Officer explained that debt was collected in arrears. Where a person was receiving services from Adult Social Care a financial assessment was carried out taking into account any income, savings or property which would determine what they would be charged. However in relation to debt recovery, officers present were unable to provide the information requested.

It was agreed that a separate item on debt recovery would be brought to a future meeting.

17 PERSONAL BUDGETS

The Committee received a presentation on Personal Budgets. The officer stated that the Health and Wellbeing Strategy set out that:

People in Havering should:

- Live long and healthy lives
- Have access to the best possible health and care services
- Live as independent and fulfilling lives as is possible
- Based on choices that are important to them, and
- Within the resources available

The Personalisation Agenda set out that there should be choice and control of the support received in all care setting. Personalisation should be about being as independent and in control of your life to the best of your ability.

The Committee were informed of the Self-Directed Support. This was available across all services and was embedded in the assessment of needs process. Of the 5590 people supported, 2455 (43.9%) received Self Directed Support. The service's target was 70%. 884 (15.8%) of people received their personal budget as a direct payment.

The Committee were informed that personal budgets could be used for different types of support, dependent on the individuals need. These included:

- Help with personal care
- Domestic help

- Social Inclusion
- Employment opportunities
- Equipment
- Short-term residential care (respite care)

The Committee were informed how personal budgets operated. A needs assessment was carried out from which a support plan was developed and agreed. The allocation of resources was agreed depending on the level of support needed and then the personal budget was deployed. There were three options for personal budget, these were:

- Direct Payment – a cash payment made to eligible persons so they can purchase their own care and support
- Individual Service Fund – a virtual account, where the eligible persons does not receive a cash payment. A care agency provides a personalised service, as defined and agreed by the person needing support. The provider invoices the council for payment.
- Virtual Managed Account – As above, but utilised to support social inclusion.

Officers explained that projects for the future included an increase in numbers, a pilot for personal budgets in long-term residential care, the extension to children's services together with the introduction into continuing health care (April 2014) and Long Term Conditions (2015).

Officers stated that they had undergone a peer review for Self Directed Support. The results showed that Havering were a self-aware authority with an immediate development in the voluntary sector. There was a distinct drive towards self-directed support and a positive relationship with the CCG.

Members were concerned with the uptake of personal budgets since this had been around for a number of years. The committee had looked at direct payments in detail a number of years ago and felt that a comparison figure would have been useful. Officers agreed to provide information from last year and four years ago so that members could see the trends.

18 DIAL A RIDE UPDATE

The Chairman read out the following statement to the Committee:

"I have been informed by officers that discussions are continuing with senior representatives of Transport for London with regards to the Dial a Ride

service for Havering. Whilst I am still unable to give Members any further details, I am assured that the situation is being progressed and I will continue to update the Committee.”

The Committee agreed that they would wish an officer to be present at the next meeting so that further questions could be sought.

19 IMPACT OF SERVICES ON THE ELDERLY TOPIC GROUP REPORT

The Committee received the report of the Impact of Services on the Elderly Topic Group for consideration. The Committee discussed the report and subject to clarification of some items, they agreed to refer the report to the next meeting of Cabinet (22 January 2014).

20 FUTURE AGENDAS

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

Dial a ride update – 11 February 2014
Financial Debt recovery – March 2014
Personal Budgets update – March 2014

21 URGENT BUSINESS

Following discussions it was agreed to change the date of the next meeting (11 February 2013). This was subsequently changed to **19th February 2014 at 7pm.**

Chairman

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**MINUTES OF A MEETING OF THE
JOINT (ALL) OVERVIEW & SCRUTINY COMMITTEE
Town Hall
23 January 2014 (7.30 - 9.05 pm)**

Present:

COUNCILLORS

Conservative Group Jeffrey Brace, Wendy Brice-Thompson, Pam Light, Robby Misir, Barry Oddy, Frederick Thompson, Melvin Wallace and Keith Wells

Residents' Group June Alexander, Clarence Barrett, Gillian Ford, Linda Hawthorn, Ray Morgon, John Mylod, Linda Van den Hende and John Wood

Labour Group Keith Darvill+, Pat Murray and Denis O'Flynn

Independent Residents Group Michael Deon Burton

UK Independence Party Group Lawrence Webb+, Ted Eden and Fred Osborne

+Substituting for Councillor Paul McGeary.

+Sunstituting for Councillor Sandra Binion.

Cabinet Members in attendance: Councillors Michael White (Leader of the Council) Steven Kelly (Deputy Leader) Roger Ramsey and Paul Rochford.

All decisions were taken with no votes against.

The Chairman reminded Members of the action to be taken in an emergency.

1 MEMBERSHIP AND CHAIRMAN OF MEETING

With the agreement of all Overview and Scrutiny Committee Members present, the Chair was taken at this special meeting by Councillor Pam Light.

2 CHAIRMAN'S ANNOUNCEMENTS

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

3 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY)

Apologies for absence were received from the following Members:

Children and Learning Overview and Scrutiny Committee:

Councillor Sandra Binion (substituted by Councillor Lawrence Webb)

Councillor Nic Dodin (Substituted by Councillor John Mylod)

Margaret Cameron (co-opted Member – non-voting)

Ian Rusha (co-opted Member – non-voting)

Crime & Disorder Committee:

Councillor Osman Dervish (substituted by Councillor Wendy Brice-Thompson)

Councillor Roger Evans (substituted by Councillor Frederick Thompson)

Councillor Georgina Galpin (substituted by Councillor Barry Oddy)

Councillor David Durant

Environment Overview and Scrutiny Committee:

Councillor Lynden Thorpe (substituted by Councillor Barry Oddy)

Councillor Barbara Matthews

Councillor David Durant

Health Overview and Scrutiny Committee:

Councillor Nic Dodin (substituted by Councillor John Mylod)

Councillor Peter Gardner (substituted by Councillor Frederick Thompson)

Towns & Communities Overview and Scrutiny Committee:

Councillor Osman Dervish (substituted by Councillor Frederick Thompson)

Councillor Garry Pain (substituted by Councillor Melvin Wallace)

Councillor Linda Trew (substituted by Councillor Jeffrey Brace)

Value Overview and Scrutiny Committee:

Councillor Rebecca Bennett (substituted by Councillor Barry Oddy)

Councillor Billy Taylor

Councillor Damian White (substituted by Councillor Jeffrey Brace)

Councillor Sandra Binion (substituted by Councillor Lawrence Webb)

4 DECLARATIONS OF INTEREST

There were no disclosures of interest.

5 THE COUNCIL'S FINANCIAL STRATEGY

The Leader of the Council, Councillor Michael White, explained that the Council had been required to find approximately £40 million of savings over the last four years. The Leader thanked officers for their hard work in delivering these savings. Front line services, for example weekly refuse collection, had been protected while the back office had been transformed through initiatives such as Shared Services. There had also been more than 80 restructures across the Council.

The latest financial settlement meant that further cuts would be required in the coming years although this was in line with projections for this period. Specifically, £6.5 million of funding would be lost in 2014/15 with a further £9.8 million lost in 2015/16. This would of course be challenging but the Council had been very robust in meeting savings targets. The Council should also be proud of there not having been a rise in Council Tax over the last five years.

It was felt that the funding cuts in 2014/15 could be covered in Havering without major service cuts or tax increases. Work was currently underway on the next financial strategy from 2015/16. This was estimating a potential budget gap of around £60 million which would be a challenge for the new Council.

The Government austerity programme would continue until at least 2017/18 and a further Comprehensive Spending Review was expected. Government policy to ensure an average 1% annual increase in public sector pay also impacted on the Council.

The introduction of local level business rates had not generated any additional income for the Council as the Council was only allowed to keep 30% of this revenue. A proposal to pool business rates with some neighbouring Councils would however allow the minimisation of risk. The leader also felt the use of the Council pension fund to invest in the local infrastructure could be explored further.

There was a 10% shortfall from the Government on Council Tax benefits although it was thought that a revision of the Council Tax base in Havering should deliver more money. A new homes bonus of £2.4 million for 2014/15 would allow some one-off investments such as that in Harrow Lodge Park.

There had been a rise in NHS funding to support social care but this was pooled with the Clinical Commissioning Groups (CCGs). New legislation affecting education and care for people under 25 years and the care of elderly people would also have a financial impact. This was also the case with the rise in numbers of properties and pupils in Havering and the rising numbers of very elderly people would lead to a heavy demand on social care services.

In conclusion, the Leader emphasised that the Council wished to protect front line services and this was in line with the Living Ambition strategy. Efficiencies had been made in all areas of the Council, for example the partnership with London Borough of Newham. Further savings would however be needed and it would be necessary to ask which Council services did not need to continue in their current form and which could be delivered in a better way in order to keep the budget under control.

Having received the presentation from the Leader of the Council, the Overview and Scrutiny Committees noted:

1. The financial position of the Council.
2. That the report was formally consulting them on the proposed Corporate budget adjustments and that this was the opportunity to scrutinise the budget proposals.

Answers to questions raised by Members on specific items of the budget are shown in the appendix to the minutes.

Chairman

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APPENDIX: JOINT MEETING OF OVERVIEW AND SCRUTINY COMMITTEES, 23
JANUARY 2014, ANSWERS TO MEMBER QUESTIONS ON THE COUNCIL'S
FINANCIAL STRATEGY

Questions were asked by Members on the areas shown below and answers were given by officers or Cabinet Members as follows:

1. Amount of business rates levy able to be retained – The forecast for business rates did expect a growth in the pool from the Thurrock area although this did assume that the proposed port in Thurrock went ahead.
2. Details of the Council's response to the Business Rates appeal process – This could be made available to Group Leaders.
3. Robustness of estimate for rise in Council Tax base – For the first time a material rise in the Havering Council Tax base had been seen and officers were looking at the impact of this. This would lead to a rise in demand for Council services but it was difficult at this stage to forecast the precise impact.
4. Pooled Business Rates – This system allowed each Council in the pool to reduce what they paid into Central Government. Officers would produce a briefing note on this for Members.
5. Number of grant announcements still awaited – Most grant announcements had now been received and a full table would be included within the February Cabinet report. There were now fewer grants received than in previous years.
6. Increase in overall level of risk – There was a risk from changes to the means of funding e.g. the local collection of Business Rates. It was also difficult to manage in-year issues. Efforts were however ongoing to manage and mitigate risk within the budget. All Councils were struggling with the risk of grants potentially being replaced by funding that would have to be bid for. This was a challenge for Councils throughout the country. It was also noted that the risk referred to in paragraph 3.7 of the Cabinet report related only to the current programme of savings.
7. Overspend on the Special Educational Needs (SEN) budget – This was due to an overspend on transport costs but had been offset by other savings being delivered early. This would be a pressure again next year and the transport costs were currently undergoing a full review in order to ascertain if efficiency can be improved.

8. Customer Services budget variance – The on-line portal that would allow staff savings to be made had only gone live in December rather than August 2013 due to IT problems. Restructures had now started that would lead to savings in the longer term. It was recommended that Members should use the portal to report issues such as flytips in their ward.
9. Emergency Assistance Scheme – A proposal had been put to the Corporate Management Team to carry forward any underspend to the overall emergency funding budget for next year.
10. Proposed investment in the borough by the Council pension fund – It was intended to put a sum of additional money into the pension fund in order to avoid having to increase future annual contributions by the Council. This investment would allow the pension fund to invest in Havering by e.g. buying property. This was common practice in many other pension schemes and safeguards would be in place and professional advice taken. It was important to maximise the return from the pension fund and a similar model involving a number of local Councils had funded the successful Salford Quays development near Manchester.
11. Distribution of anticipated funding gap – It was expected that the majority of the funding pressures would take place in the first two years of the next four-year cycle. This included expected reductions in Government funding and local pressures.
12. Expected value of reserves – The Council's general reserve currently stood at £11.5 million. The figure for all earmarked reserves was £48 million.
13. Details of revised arrangements for social care funding – This was the first year of Better Care funding under the current arrangements. Governance arrangements were similar for 2014/15 but funding now had to be agreed by the Health and Wellbeing Board and by NHS England. Overall funding had risen as this now included the CCG budget but more services also now had to be provided. Arrangements would become more complicated in year two as issues such as delayed discharges and seven-day working in health and social care would have to be addressed. Negotiations would be needed with the CCG on these areas and a two-year plan had to be finalised by April 2013.
14. Impact of Children and Families Bill – Officers were continuing to work through the Bill and its implications. Financial modelling was in progress and it was wished for people to stay local although would be able to receive a personal budget that they could spend anywhere. An overview and scrutiny

topic group was currently looking at this area. It was not yet possible to say however what the demand for these services would be. The cost of potentially proving education for children with special educational needs up to the age of 25 was also being worked on.

15. Member allowances – A saving of two Cabinet posts had already been agreed in the budget although this depended on Members' views after the Council election.
16. Parking income – There was in the current year a projected shortfall of approximately £400,000 across all parking budgets. Central Government was currently consulting on Council parking policies and this and this could introduce measures such as the removal of CCTV cars and a grace period on tickets. Economic factors had meant there was now less use made of car parks and seasonal factors such as wintry weather also negatively affected income.
17. Building control – Officers felt there was not enough external work to bid for to meet the quite high income targets for building control. Some staff would however still be required to discharge the Council's statutory building control functions.
18. Remand framework – The costs of children on remand had now been passed from the criminal justice system to Councils with only a small grant to cover this. The Council had spent some £557,000 on this so far this year and the Council had no control over how quickly cases reached court.
19. Housing Benefit and Council Tax support grant – This grant had been reduced across London and this funding needed to be replaced by the Council.
20. Electoral Registration – More resources were needed to cover the required Individual Electoral Registration process that was due to start in June 2014.
21. Utilities price increase – This was mainly due to inflation in electricity prices.
22. Phase 2 primary expansion – The grant allocation covered both 2014/15 and 2015/16. Although there may be a need to spend some in advance of the grant receipt this would be managed as part of the Council's cash flow and would not impact on the wider Capital programme or delay delivery.
23. Estimated school maintenance grant – Details of schools grants had been compiled for the February Cabinet report but officers would confirm the exact grant figure by e-mail.

24. Transfer of public health – It was confirmed that this was now a function of the Council led by the Director of Public Health.
25. Production of budget - The Chairman and several other Members thanked Councillor Ramsey, the Chief Executive and Council officers for their hard work in producing the budget.

OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Dementia Strategy Update
CMT Lead:	Joy Hollister, Group Director, Social Care and Learning
Report Author and contact details:	Debbie Mayor, Dementia Programme Manager, Tel: 01708574902 Debbie.mayor@onel.nhs.uk
Policy context:	Supporting people with dementia is a high national and local priority. The National Dementia Strategy (DH,2009) sets out the strategic framework for delivery within 17 objectives, and has been followed by numerous national initiatives and reports including the Prime Minister's Challenge on Dementia. Havering has one of the oldest populations in London and therefore dementia and dementia care and services are a priority locally.

SUMMARY

This report provides the Committee members with an overview and update on progress on delivery of the National Dementia Strategy at a local level.

RECOMMENDATIONS

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

REPORT DETAIL

Background

A previous report on the implementation of the National Dementia Strategy was presented to the Overview and Scrutiny Committee in May, 2013. In addition, a report on the same topic was presented to the Health and Wellbeing Board in September 2013. The purpose of this report is to provide a further update on progress, since the production of those two reports.

Current overview position

Following the establishment of the Dementia Partnership Board in 2012, the Board has now established two additional sub-groups: Dementia User Engagement sub-group and the Dementia Training and Education Sub-group. The main purpose of the Dementia User Engagement sub-group is to enable members of the Board to engage with and hear directly from users and carers about their experiences of services. The group has determined to access existing fora, such as the Dementia Cafe organised by Alzheimers Society, and key members of the Board will be meeting with groups of users and carers in February, 2014. The Dementia Training and Education Sub-group plays a key role in co-ordinating all dementia training provided within the borough, and is currently undertaking a mapping exercise of existing training in place. The work of this group supports the ongoing development of an informed and effective workforce, as required in Objective 13 of the National Strategy. It is important to note that funding for the Dementia Liaison Officer post has been extended to October, 2014. This role supports the delivery of Objectives 1, 11, 12 and 13 of the National Dementia Strategy, and the postholder continues to provide dementia awareness training to care home and domiciliary care providers, in addition to facilitating an established network of Dementia Champions, and a Dementia Forum.

The Dementia Partnership Board is increasingly adopting a strategic and integrated approach to overseeing implementation of the National Dementia Strategy. A Dementia Programme Manager post has been established, which is jointly funded by LBH and Havering CCG, and the postholder, appointed in August, 2012, co-ordinates and supports the work of the Board. It has been agreed by the Board that the local pathway is streamlined and has four stages:

- Prevention and Identification: Linked to Objective 1 of the National Strategy
- Assessment and diagnosis: Linked to Objective 2 of the National Strategy
- Living well with dementia: Linked to Objectives 3-11 of the National Strategy
- End of Life Care: Linked to Objective 12 of the National Strategy

Work is well underway to develop a Joint Dementia Strategy for Havering. This is a requirement of the National Strategy, as set out in Objective 14. The draft strategy and accompanying Implementation Plan, linked to key Quality Standards and relevant Outcomes Frameworks, set out:

- Vision and principles
- Local Pathway
- Current service provision
- Priorities for action and future development

The draft Strategy was reviewed and considered by the Dementia Partnership Board at its meeting on 23rd January 2013. The draft is currently being considered by Board, and once signed off by the Board, will be presented to the Health and Wellbeing Board.

Prevention and Identification

Linked to Objective 1 of the National Dementia Strategy, which focuses on improving public and professional awareness and understanding of dementia, it has recently been agreed to establish a Dementia Action Alliance for Havering. This is based on a national scheme, and involves engaging local businesses, (including banks), emergency and transport services in working together to become 'dementia friendly' organisations. This important initiative is supported by joint funding (£256) in partnership with Alzheimers Society, and the ultimate aim will be for Havering to be established as a 'dementia friendly' borough.

In addition, a local Havering family, who are accessing local dementia services, featured in the national annual report of the Alzheimers Society, and also within a video which was shown at the recent G8 Summit on Dementia. The video highlights the comparison between the limited amount of research into dementia as opposed to that undertaken for cancer.

Assessment and Diagnosis

Assessment and timely diagnosis are referred to within Objective 2 of the National Dementia Strategy. The NHS Mandate (2013-2015) between the Government and the NHS Commissioning Board set out the ambitions for the health service over the next two years. This includes the ambition for all areas to achieve a dementia diagnosis rate of 66% for their population by 2015. The dementia diagnosis rate for Havering, based on data from 2011/12, is 39%. At that time, there were 1,332 people on the GP Dementia Register, and the forecast number of people was 3,419.¹ Given the ageing population in Havering, and the predicted increase in the incidence of dementia, this is clearly a priority. An action plan is in place, and various steps are being taken, including:

- The CCG are working in partnership with Public Health colleagues, using the Dementia Prevalence Calculator and other forms of data, to establish the 'gap' between the anticipated prevalence and those people recorded on GP Dementia Registers

¹ Dementia Prevalence Calculator, 2013

- Visits to individual practices to support and encourage practice staff to examine practice lists and coding to identify people who need to be included in the GP Dementia Register
- Pilot and evaluate iPad based assessment tool for dementia in the six GP Cluster areas
- Dementia training provided to GP's, Practice Nurses, and GP Reception staff

The vast majority of GP practices in Havering have also signed up to a specific and enhanced service specification for facilitating timely diagnosis and support for people with dementia and their carers. This should serve as a further incentive for GP practices in achieving an improved diagnosis rate, and the results and outcome of the scheme will be known in April/May of this year.

Finally, the Havering Memory Service, provided by NELFT, provides a critical part of the local Dementia pathway, with provision of assessment, diagnosis and follow up care. The service is currently undergoing review, and a revised and fit for purpose Service Specification will be negotiated and agreed with the Provider by the end of March, 2014.

Living Well with Dementia

- In respect of Objectives 3 and 4 of the National Strategy, Age Concern is commissioned by Havering CCG to provide the Dementia Advisory Service. It also supports the delivery of Objective 1, via outreach sessions in the community and the development of peer and carer support. The Advisory Service provides a pre and post diagnosis support and advice service, which is person-centred. In 2012/13, the service was provided to 1,435 people, and the total number of people registered on the service database is 2,680. Positive outcomes are reported from the users of the service, which has recently undergone review by Havering CCG. A revised and updated service specification has been developed in partnership with the provider, and it is the intention that this Contract is extended for a period of a further three years.
- The Alzheimers Society also delivers information provision in the local community, including schools, providing people with early access to relevant information, and supports the delivery of Objectives 1 and 3 of the National Strategy. Following review, this service has been recommissioned for a further period until 31st March 2015.
- Objective 5 of the National Strategy requires peer support networks to be in place. Locally, Alzheimers Society is commissioned by LBH to provide this service and function, and this has recently been reviewed. The outcome of the review was to agree a further year's funding, until the end of October 2014, and to cease all 'peer support only' sessions, whilst sustaining three Singing for the Brain sessions across the borough, taking place on a weekly basis.
- Access to improved community personal support services and support for carers is crucial to living well with dementia. (Objectives 6 and 7 of the

National Strategy). Locally, respite services are available to individuals following an assessment of need, and the service can be provided in a range of settings. A total of 59 people over 65 with a diagnosis of dementia have accessed a personal budget to purchase care and support (Data Source: RAP Return Havering Adult Social Care 12/13). Data systems do not currently have the ability to provide information on the numbers of carers of people with dementia accessing community support, including respite services. This will change following the introduction of the Short and Long Term Support (SALT) data collection system during 2014/15, where there will be the facility to record and specify if someone has dementia. A specific respite care service for people with more complex levels of dementia is also in place. This service is provided by Crossroads Care, and is funded until September, 2014. Within the accompanying Implementation Plan to support the local Joint Dementia Strategy, it is proposed to undertake a full review of the levels of local need for respite care provision for people with dementia and their carers.

- Objective 8 of the National Strategy sets out the requirements for improving the quality of care for people with dementia in general hospitals. Barking, Havering and Redbridge University Hospitals (BHRUT) have a named Clinical lead for dementia and an agreed dementia pathway within the hospital setting. The Trust has recently appointed two dementia specialist nurses, and there is an extensive training and education programme in place for all staff. It has recently been agreed by Havering CCG to work in partnership with Age Concern and BHRUT to develop an information sharing protocol and system in order to improve the level and quality of information available to practitioners within A&E and hospital wards, and ultimately to improve the patient experience via access to available information.
- Objective 9 of the National Strategy refers to improved intermediate care for people with dementia. This has been identified as a gap locally, and features within the draft Implementation Plan as an area which requires consideration and further work.
- Objective 10 of the National Strategy refers to the potential for housing support, housing related services and telecare. As previously reported, the pilot project providing GPS watches to individuals with dementia has now been evaluated and further consideration about the future of this project will be considered by the Joint Commissioning Board (established in January 2014).
- Objective 11(Living well with dementia in care homes) has previously been referred to in relation to the role of the Dementia Liaison Officer. In addition, it is worthy of note that four local care homes were successful with a bid to the Department of Health to enhance their environments, and this has resulted in four individual gardens being created, in partnership with residents and care home staff.
- Objective 12 of the National Strategy refers to End of Life Care. In Havering, a local End of Life Steering Group has been established, and as part of its work, will seek to identify and address the needs of people with dementia and their carers within the work of the group. A new programme of Gold

Standard Framework training commenced in January of this year, and is available to care home staff, domiciliary care providers and GP's via the local Steering Group.

IMPLICATIONS AND RISKS

Financial implications and risks:

A number of services are funded on a time-limited basis, and it will be vital to monitor and review these services to ensure outcomes are achieved, as well as making timely decisions as to any future funding, and if necessary to agree exit strategies with the providers.

Legal implications and risks:

None identified

Human Resources implications and risks:

None identified

Equalities implications and risks:

People with dementia and their carers are amongst the most vulnerable in society. It is therefore vital that they are informed and supported to access the full range of high quality services available to them, in order that they live well with their dementia.

BACKGROUND PAPERS

1. Report to Overview and Scrutiny Committee: Dementia Strategy Update 7/5/13
2. Report to Health and Wellbeing Board: Update on Dementia 11/09/13

Report to

Individuals Overview & Scrutiny Committee,

11 February 2014

Healthwatch Havering: Progress 2013

1 Activity: major issues

The launch of Healthwatch both nationally and in Havering in April coincided with emerging public concern about standards of care in health and social care settings - the scandals of Mid-Staffordshire Hospital and the Winterbourne House care home were just the two most remarked-upon examples of a series of failings that attracted the attention of the media and other commentators.

Locally, concerns arose following a series of adverse CQC and other reports about care in Queens' Hospital, Romford and in several residential care homes. We have corresponded with the Chief Executive of BHRUT and with several care home proprietors about these concerns, and have received positive responses.

Although the major focus of attention has inevitably been on the performance of the Queen's Hospital, for obvious reasons, our Social Care team has been paying close attention to the Borough's care homes and, in particular, those identified by the Care Quality Commission and the Council Adult Social Care team as being in need of significant improvement.

2 Activity: minor issues

Although Healthwatch Havering has no direct remit to represent, or act as advocate for, individuals or to investigate individual complaints, people in distress do not always appreciate exactly whom to approach for help and contact Healthwatch Havering "because we are here". We have taken the view that we have a general duty of care to help those in distress.

Generally, we carry out that duty by referring people on to those best placed to help them but, occasionally, a more detailed intervention may be needed. Moreover, of course, an approach from a person in distress may be symptomatic of some underlying systemic failure that is within our remit. For example, we have had a number of approaches from people who are concerned about way in which they, or people they were related to or cared for, had been discharged from hospital to home. We are investigating these circumstances, not so much in support of the specific individuals but because if the stories recounted to us are correct - and at the moment, we have no reason to doubt them - there is a

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suggestion that the discharge process may be failing, leaving very vulnerable people exposed to a risk of serious harm when they ought to have no exposure at all.

3 Activity: influencing official bodies and others

Healthwatch Havering is a statutory member of the Havering Health & Wellbeing Board. The representative is our Chairman, Anne-Marie Dean.

It is also formally represented at meetings of Havering's Overview & Scrutiny Committees:

Health - Ian Buckmaster

Individuals - Hemant Patel

Children's Services - Joan Smith

Ian is also a co-opted member of the North East London Joint Health Overview & Scrutiny Committee.

In addition, Healthwatch Havering is represented on

- * St George's Hospital Site Steering Group (currently in abeyance)
- * Urgent Care Board for Barking & Dagenham, Havering and Redbridge (which also includes the three CCGs, Boroughs, BHRUT and NHS England)
- * CQC Dementia Advisory Group
- * North East London Quality Surveillance Group
- * Local Government Association (LGA) HW Local Peers meetings
- * St Francis Hospice Clinical Governance Group and the "Dying Matters Week" St Francis Hospice Steering Group
- * Children with Disabilities and Special Needs Strategy Group

We have given, or are to give, presentations about Healthwatch Havering to local organisations including:

- * CCG Patient Forum Group
- * Over 50's Forum
- * HAVCO

Informal meetings are regularly held with senior managers of the Adult Social Care Quality & Assessment Team, BHRUT and CCG on a regular basis and a good working relationship has been established with the local officers of the CQC Inspectorate

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responsible for health and social care facilities in Havering, with regular meetings programmed to discuss matters of mutual interest (including discussion about care homes that are cause for concern); and we have been invited to attend a CQC Quality Summit at Queen's Hospital, prior to the publication of the CQC report on their latest inspection of BHRUT.

After a visit by our Social Care team to a particular, rather large care home, it transpired that their residents shared 8 or 9 GPs: as such a large number could have led to confusion over which GP was responsible for which residents, we contacted the CCG and suggested there should be fewer, designated GPs, which has been agreed and they will probably designate just two GPs instead.

Our Hospital team is looking into the discharge pathway at BHRUT after the concerns were raised, and is planning to survey waiting times for cancer treatment and to look at end of life pathways. carers.

4 Activity: public consultation and participation

Healthwatch Havering is developing a role in consulting the public and encouraging their participation in health and social care issues.

Our website is being developed to improve its use for surveys and feedback. We have an arrangement with the provider of specialist IT software that will enable us to conduct a range of on-line surveys and seek feedback.

On 11 December we held a workshop at which the CCG and North East London Foundation Health Trust (NELFHT) were able to give presentations about their plans for improving home care services: **New Services Putting Care Closer to Home** was well-attended and generated valuable feedback for the CCG and NELFHT in proceeding with their plans.

We plan to hold more such events during 2014. At the end of February and beginning of March, we will be holding a series of events around the Borough, inviting the public to comment on health and social care services for people who have dementia or a learning disability. These events are open to all but we will particularly want to hear from people who are directly affected, and their carers.

5 Developing volunteer participation

The Directors decided early on that the differences of function between the former LINK and Healthwatch Havering meant that it was not possible simply to transfer over the LINK membership as it stood. In any event, it soon became clear that many LINK members were not keen to continue in that role, at least until the ways of working and direction of Healthwatch Havering had become clearer. We were clear that we would be looking for particular levels of commitment and

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participation (which had to be developed, rather than taken for granted) and that time would be needed to achieve that: we also wanted to encourage people who had never been involved in the LINK to join us.

We therefore took time to develop a model of involvement that we felt would suit our vision for Healthwatch Havering. In the event, we have not yet been able to recruit sufficient volunteers to fill all of the roles we had anticipated and we have therefore recently carried out a simplification of the structure. We have separated Dementia and Learning Disability, rather than deal with them generically as Mental Health issues, because we have realised that those conditions are of equal importance, justifying detailed consideration, but with greatly differing needs.

Currently, four Lead Members are in post, and twelve Active Members have been appointed; the majority have no previous connection with the LINK. In addition, a total of 61 Supporters are registered. Although there remain a number of Lead Member vacancies, those already appointed have begun work on a variety of issues:

- * The Social Care Lead Member and members of her team have met the managers and/or proprietors of care homes that have fallen short in CQC report. The team have also written to those care homes that have received good reviews in recent CQC reports
- * The Hospital Lead Member and her team have met the Chief Executive and/or other senior managers of BHRUT
- * We have participated in a survey on the use of A&E
- * Following comments from a member of the public, the Hospital team is reviewing information available on GP practice web sites
- * The Lead Member for Services for people with Dementia has begun a review of facilities for Havering residents who have dementia, and is participating in a national CQC review of dementia services (the only Healthwatch representative involved in that exercise)
- * The newly-appointed Lead Member for people who have a Learning Disability has begun work.

All of our current volunteers have now received “Enter & View”, safeguarding, mental capacity and deprivation of liberty training.

6 Governance, finance and business support

Statutory responsibility for the conduct of the legal, financial and business affairs of the Company rests upon the three Directors in accordance with the Articles of Association. The Directors are clear, however, that it is essential for the volunteers who comprise Healthwatch Havering to play an active role in the

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direction of the organisation's affairs. As a result, all volunteers wishing to play an active role in Healthwatch Havering are (after providing satisfactory references, completing a Disclosure & Barring Service (DSB, formerly CRB) check and undergoing appropriate training) admitted to membership of the Company; and those members designated as Lead Members serve on the Strategy, Assurance and Governance Board.

To ensure that everyone in Healthwatch Havering works to a common set of standards and objectives, we have drafted a range of policies covering how we intend to work, and a handbook of guidance for volunteers. The policies include:

- * Escalation of concerns
- * Equality & Diversity
- * Declarations of interest
- * Complaints' handling
- * Health & Safety

We also have a full programme of training for all active members of Healthwatch Havering, which includes:

- * Use of Enter & View powers and responsibilities
- * Safeguarding Adults and Children
- * Awareness of deprivation of liberty and mental capacity

It became clear during last summer that the amount of effort required of Healthwatch was unexpectedly greater than had been the case with the LINK. Not only were the commitments expected by official bodies much greater than ever required of the LINK - including statutory membership of the Health & Wellbeing Board and close consultation with the CQC over a range of regulatory functions - but the "back office" functions of running a business required more attention than anticipated, largely because the previous contractor for supporting the LINK had dealt with such issues from its central office, in effect hidden from sight, whereas Healthwatch had to deal with all such matters itself.

In consequence, the time required of the Chairman and Company Secretary was much greater than anticipated; in consequence, both are now engaged for 21 hours per week and remunerated accordingly.

The Council has now paid the first year's grant in full. In addition, a supplementary grant (spread over two years) has been made to assist in directing the additional effort mentioned above.

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A number of contracts and arrangements for services, including landline and mobile telephone services, computer system support and business support have been entered into.

Initially, office accommodation for the Manager was provided at CarePoint. That arrangement proved, however, to be inadequate as no permanent base was available and the facilities that could be used were limited; a possibility of accommodation in the Harold Wood Polyclinic was pursued but proved impossible to achieve in a realistic timescale. An office was therefore taken on commercial terms in Morland House, Romford. The room initially available there proved inadequate for our needs but in November we were able to move to a much larger room, ideal for our purposes.

Ian Buckmaster,
Executive Director & Company Secretary

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