MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Town Hall, Main Road, Romford
9 September 2014 (7.00 - 10.00 pm)

Present:

Councillors June Alexander (Chairman), Philip Hyde (Vice-Chair), Viddy Persaud, Roger Westwood, Frederick Thompson (In place of Ray Best) and Alex Donald (In place of Darren Wise)

9 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillors Ray Best (Councillor Frederick Thompson substituted) and Darren Wise (Councillor Alex Donald substituted)

Councillor Darren Wise was present for part of the meeting as an observer.

10 DISCLOSURE OF PECUNIARY INTERESTS

Councillors June Alexander and Viddy Persaud declared that they were on the Age Concern Board. Councillor June Alexander declared that she had previously been an active member of Healthwatch Havering, but was now a support member.

11 MINUTES

The minutes of the meeting held on 10 July 2014 was agreed and signed by the Chairman.

12 HEALTH AND WELLBEING BOARD MINUTES

The Committee noted the minutes of the Health and Wellbeing Board held on 9 July 2014. The Committee agreed that it would wish to continue receiving the minutes of the Health and Wellbeing Board.

13 AGE CONCERN REORGANISATION/ RELAUNCH

The Committee received a presentation from the CEO of Age Concern Havering on the new branding and renaming to Tapestry. The Committee noted that Age Concern Havering remained independent when the national

organisation became Age UK. The Committee were shown details of the new rebranding and logo. It was informed that this was not just a name change but also the introduction and implementation of new values and new ways of working.

Practical issues were discussed; these included the services that Tapestry would deliver to its clients. These included:

Integrated service wide food program

It was agreed that food was the most important thing in life, and to include this within all aspects of the services was essential for all. The food service would be appropriate to people's needs, and would not replace any other services that may be available. It would concentrate around why particular foods were important, cooking events, and ensuring that there were meals available at the different venues. Currently dinner is available at HOPWA house, however should there be a need, there were proposals to include breakfast and a take home service if necessary.

New community based activities involving "exercise for health"

Proposals were in place for a Walking Football team across the borough. This would bring men of 50+ together in a community based activity therefore tackling loneliness and isolation.

Increased community integration and involvement with all ages

There are proposals to look at gardens at the relevant venues that could be used as green gyms, to grow and provide food to eat, and to be used as a recreational activity for all.

Integration of new technologies

The introduction of technologies such as Skype and accessing services through the other avenue including touch screen equipment would be introduced.

It was noted that Age Concern Havering wished to be a more commercialised business with a wider audience. A major volunteering recruitment programme was underway as there was evidence that unemployment can ultimately lead to depression and mental health. It was hoped that the recruitment programme could assist with this.

Members asked about the funding for the re-branding and the new vehicles. The Committee was informed that the old minibuses were unreliable and needed lots of repairs. The new minibuses were installed with tracker systems, so were able to be traced they were also leased which had saved over £20,000 a year. The total funding for a year was approximately £2 million, this was made up of 3% from donation and the other 97% from

earned income. This came from the CCG, Havering, other services as well as users who paid for certain services.

The launch of the re-branding would take place on 8th December 2014, at the Queens Theatre in Hornchurch.

The Committee thanked the officer for the informative presentation.

14 DEMENTIA STRATEGY REVIEW

The Committee received a presentation on the Dementia Strategy and its progress from the Locality Lead at the Clinical Commissioning Group Havering. The strategy was built around a number of statements from which indicators were collected. These included:

"I was diagnosed early" – The Committee was informed that the current rate of diagnosis was 57% which whilst an improvement on last year (47%) there was always scope for improvement. Members asked what 100% would mean in actual figures. It was stated that this would be approximately 3000 people. The target for 2016/17 was 67%. A number of initiatives were being put in place in increase the number of diagnosis, including Housebound Flu checks, Bi-annual coding exercise and iPad tool into three of the largest practices to identify patients. There was a lot of work to be done with GP's as this was the biggest area where diagnosis was poor.

"I understand so I make good decisions and provide for future decision making" – The Committee was informed of a survey of carers that had been carried out in hospitals. The survey included questions about the care received, further information being offered and if the support was adequate to the relative's needs. The Committee was informed that data on the number of users accessing Age Concern Services was a new indicator and therefore there was no comparable data.

"I get the treatment and support which are best for my dementia and my life" – The Committee was informed that there were 40 care homes with Dementia Champions and 50 organisations in the Dementia Action Alliance. The Havering CCG was encouraging outstanding GP practices to sign up to the Dementia Action Alliance (DAA), however any organisation can be part of the DAA. A number of banks had signed up to the DAA in recognising if withdrawals have taken place in previous days and then the customer returns to withdraw again.

"I am treated with dignity and respect" - The Committee was informed that the CCG would commission all future service with the requirement to include a dementia element as standard. There were consultations with the Phlebotomy service in redesigning the service for those with dementia, since the waiting time for the service was more difficult for someone with dementia.

The CCG would be ensuring that the Care Plans on the Health Analytics were shared between all local acute trusts so that this was a smooth transition between departments. This is particularly pertinent in A&E so that patients are known to have dementia before being approached by a clinician.

Members asked what the regional figure was in conjunction with the national figure of people living with dementia. Officer explained that in Havering the biggest factor was the ageing population.

The Committee discussed the different types of dementia and how sport, music and recreation can help to reminisce. Officers stated that there needed to be more prevention in place. The answer was not always a pill, active lifestyles, diet, nutrition and social networks all helped. As did reducing the stigma of dementia.

The Committee thanked officers for a very informative presentation and felt that there were a number of areas that could be used in its topic group.

15 TOPIC GROUPS

The Committee agreed that there would be two topic groups formed. One to look at Dementia and diagnosis and the other to look at Learning Disabilities and support.

The membership and Chairmanship of the groups were agreed:

Dementia and diagnosis: Councillors June Alexander (chairman), Philip Hyde, Viddy Persaud, Roger Westwood and Ray Best

Learning Disabilities and support: Councillors Darren Wise (chairman), June Alexander and Philip Hyde.

It was agreed that dates for the first meetings would be circulated by officers.

16 FUNDING REFORM

The Committee received a presentation for the Head of Adult Social Care and Commissioning setting out the Funding Reform under the new Care Act.

The main direct financial implications of the funding reform would be the upper capital threshold for means-tested support will rise from £23,250 to £118,000 from 2016/17. A cap will be set at £72,000 for the maximum contribution anyone will make to adult social care. This would be the most anyone would pay for Adult Social care in a lifetime, and would include

residential and community services. All previous contributions made towards community care services would be taken into account and be accrued towards the cap. All self-funders will be required to be provided with an independent personal budget, which will be reviewed and updated regularly. This will allow for people who have eligible care needs but do not yet meet the financial criteria. This budget will allow for the individual to progress towards the care cap. Assessments made by Adult Social Care will be linked to Care Accounts. Officers informed the Committee that the cost of a placement paid by self-funders was often higher that the amount that local authorities would pay, therefore the cost added to the care cap would be the amount paid by the authority and not the self-funders.

People in residential care will pay a contribution of around £12,000 yearly towards general living expenses – "hotel costs" which would include rent, food and accommodation. All other cost would be support by Adult Social Care. The Committee noted that there will be a zero cap for people who turn 18 with eligible care and support needs.

Members asked if there was any priority for residential places given to established residents of Havering. Officers stated that there were no priorities given for places, and Havering only occupied 30% of all residential places therefore 70% of the allocation went to self-funders or to those currently outside the borough.

The Committee was made aware of emerging concerns and priorities. These included affordability of services, and what they may cost, how many social work staff were required to meet the demands of residents and the review of all business process to make them more efficient and streamlined.

The Committee agreed that they would wish to have a standing item on the Funding Reform, given the impacts it would potentially have on the service.

17 CORPORATE PERFORMANCE - QUARTER FOUR 2013/14

The Committee agreed to look at Items 10 and 11 together.

The Committee raise no issues and noted the Corporate Performance Information.

18 CORPORATE PERFORMANCE ANNUAL REPORT 2013/14

The Committee agreed to look at Items 10 and 11 together.

19 COUNCIL CONTINUOUS IMPROVEMENT MODULE

The Committee noted the following Cabinet decisions that were due to be reviewed and agreed that a brief update should be given at the next meeting.

- Arranging for the provision of domiciliary care to adults
- Section 75 Agreement with North East London NHS Foundation Trust

20 HEALTHWATCH HAVERING ANNUAL REPORT

The Committee received an oral presentation from the Chairman of the Healthwatch Havering in its Annual Report 2013/14 which set out the work carried out by the organisation in the last year. She outlined that Healthwatch Havering was a local independent consumer champion for health and social care. The umbrella body was Healthwatch England, which is part of the Care Quality Commission (CQC).

The organisation depended upon volunteers who were able to set and priorities objectives based on personal knowledge and experiences that people and other organisations share with Healthwatch Havering. In the last year there were some very interesting pieces of work carried out which lead to successful outcomes.

The launch of Healthwatch both nationally and locally coincided with emerging public concerns raised about Mid-Staffordshire Hospital and Winterbourne House care home. Locally, concerns were raised about a series of adverse CQC and other reports about care in Queen's Hospital and in several care homes in the borough. At the time the CQC carried out a new inspection regime of Queen's Hospital which placed the hospital in "special measures". Whilst Healthwatch Havering was not directly involved in the decision, it did submitted evidence to the inspection team and was invited to a meeting where the CQC announced its findings.

There were a number of care homes in the borough, identified by the CQC, as being in need of significant improvement. Whilst Healthwatch Havering had not made any formal recommendations or representation to the CQC, it had worked closely with the CQC to enable Healthwatch to be informally influential.

The Committee was informed that strong links were developed with both statutory and voluntary agencies operating in the areas that have worked on services for both people with Dementia and for people with a Learning Disability. A series of recommendations had been submitted to commissioners and providers of health and social care services in these areas following a series of events on Learning Disability and Dementia called "Have your say…"

Healthwatch Havering was a statutory member of the Havering Health and Wellbeing Board. It also had formal representatives on Health, Individuals

and Children's Services Overview and Scrutiny Committees and a wide range of other relevant bodies, both local and regional to North and East London. The Health and Wellbeing Board had established eight priorities for 2013/14. Healthwatch Havering had prioritised these from their own perspective. The order being:

- The CQC inspection of Queens Hospital (Priority 7: Reducing avoidable hospital admission)
- Frail and Elderly Members of our community (Priority 5: Better integrated care for the 'frail elderly' population and Priority 1: Early help for vulnerable people)
- The Better Care Fund (Priority 8: Improvement the quality of services to ensure that patient experience and long-term health outcomes are the best they can be)
- The Care of Children in our Community (Priority 6: Better integrated care for vulnerable children)
- Joint Strategic Needs Assessment (Support the development of all 8 priorities)
- Dementia Strategy (Priority 2: Improved identification and support for people with dementia)
- Children and Families Bill (Priority 1: Early help for vulnerable people)
- Specialist and Cardiovascular Services (Priority 3: Earlier detection of cancer)
- Childhood Obesity (Priority 4: Tackling obesity)

The Committee were informed that at an early stage it was decided that the different functions between the former LINk and Healthwatch Havering needed a new approach. Voluntary participation was necessary, and membership was encouraged from people who had not been involved with the former LINk. A lead was established for each area, including Social Care, Hospitals, and recently Learning Disabilities. All of the current volunteers had or were due to receive training about "Enter and View", safeguarding, mental capacity and deprivation of liberty.

Healthwatch Havering had identified six key priorities for 2014/15. These were:

- End of Life Care
- Frail and Elderly care within the Emergency Department
- Access to Primary Care
- Access to Health checks and immunisation
- Continue the programme of Care Home visits
- To identify a project working with Young People.

All these area reflected concerns that had been brought to the attention of Healthwatch Havering and which supported the overall health and wellbeing of people.

Members raised issues about nurses in the hospital with different nationalities and language barriers. Officers explained that this was an area being monitored, however the nursing skills had to come first. There were training packages in place, however it was important, as with all new staff to ensure that they are integrated into the area and settle. The retention of staff was of high importance in this area.

The Committee thanked Healthwatch Havering for sharing their report with them and looked forward to working with them in the future.

21 **FUTURE AGENDAS**

The Committee agreed that it would wish to include the following on its work programme for the coming municipal year:

- Dial a Ride
- Activities provided within Care Homes

Chairman