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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Tuesday 18 November 2014	Town Hall, Main Road, Romford

Members 7: Quorum 3

COUNCILLORS:

June Alexander (Chairman)
Philip Hyde (Vice-Chair)
Ray Best
Viddy Persaud
Roger Westwood
Darren Wise
Keith Roberts

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Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

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 sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.
The sub-committees 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 to the public.

The sub-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.

Sub-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 or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations to the Council's executive.

Terms of Reference

The areas scrutinised by the Committee are:

- Personalised services agenda
- Adult Social Care
- Diversity
- Social inclusion
- Councillor Call for Action

AGENDA ITEMS

1 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.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

3 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.

4 MINUTES (Pages 1 - 20)

To approve as a correct record the Minutes of the meeting of the Committee held on 9 September 2014 and the Joint Committee (budget) held on 8 September 2014 and authorise the Chairman to sign them.

5 HEALTH AND WELLBEING BOARD MINUTES (Pages 21 - 26)

The Committee will receive the minutes of the Health and Wellbeing Board (attached).

The Committee are asked to note the minutes.

6 INFORMATION AND ADVICE SERVICE

The Committee will receive a presentation on the Information and Advice Service in Havering.

7 SCOPING DOCUMENT FOR TOPIC GROUPS (Pages 27 - 30)

The Committee are asked to agree and note the scoping documents for the following topic groups:

1. Dementia and Diagnosis Topic Group
2. Learning Disabilities and Support Topic Group

8 TELECARE PRESENTATION

The Committee will be provided with details of the Telecare and Telehealth Service in Havering, together with details of the technology available to the older and vulnerable population of Havering.

9 COMPLAINTS ANNUAL REPORT (Pages 31 - 48)

The Committee will receive the Adult Social Care Complaints Annual Report (attached).

The Committee are asked to note the report.

10 DIAL A RIDE

The Committee will receive a presentation on the work carried out so far by this Committee and its predecessor in resolving the on-going issues of the Dial a Ride service in Havering.

11 COUNCIL CONTINUOUS IMPROVEMENT MODEL

The Committee will receive brief updates on the following Cabinet decisions.

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

12 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.

13 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
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

**MINUTES OF A MEETING OF THE
JOINT (ALL) OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Town Hall
8 September 2014 (7.30 - 11.10 pm)**

Present:

COUNCILLORS

Conservative Group	John Crowder, Robby Misir, Garry Pain, Carol Smith and Frederick Thompson
Residents' Group	June Alexander, Clarence Barrett, Nic Dodin, Alex Donald, Gillian Ford, Jody Ganly, Linda Hawthorn, Ray Morgon, Barry Mugglestone, Stephanie Nunn, Linda Van den Hende, Julie Wilkes and Darren Wise
UKIP Group	Philip Hyde, Phil Martin and Patricia Rumble
Independent Residents Group	Michael Deon Burton and David Durant

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 Clarence Barrett.

2 **CHAIRMAN'S ANNOUNCEMENTS**

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

3 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies for absence were received from the following Members:

Children & Learning Overview and Scrutiny Committee:

Councillor Jason Frost (substituted Councillor Robby Misir)

Councillor Philippa Crowder (substituted by Councillor Frederick Thompson)

Councillor Reg Whitney (substituted by Councillor Stephanie Nunn)

Councillor John Glanville (substituted by Councillor Phil Martin)

Crime & Disorder Committee:

Councillor John Wood (substituted by Councillor Linda Hawthorn)

Councillor Dilip Patel (substituted by Councillor Robby Misir)

Councillor John Glanville (substituted by Councillor Phil Martin)

Environment Overview and Scrutiny Committee:

Councillor Keith Roberts (substituted by Councillor David Durant)

Health Overview and Scrutiny Committee:

Councillor Dilip Patel (substituted by Councillor John Crowder)

Councillor Joshua Chapman (substitute by Councillor Robby Misir)

Councillor Jason Frost (substituted by Councillor Frederick Thompson)

Individuals Overview and Scrutiny Committee:

Councillor Ray Best (substituted by Councillor Frederick Thompson)

Councillor Viddy Persaud (substituted by Councillor John Crowder)

Councillor Roger Westwood (substituted by Councillor Robby Misir)

Councillor Keith Roberts (substituted by Councillor David Durant)

Towns and Communities Overview and Scrutiny Committee:

Councillor Jason Frost (substituted by Councillor John Crowder)

Councillor Steven Kelly (substituted by Councillor Carol Smith)

Value Overview and Scrutiny Committee:

Councillor Philippa Crowder (substituted by Councillor Frederick Thompson)

Councillor Steven Kelly (substituted by Councillor Carol Smith)

Councillor Barbara Matthews (substituted by Councillor Stephanie Nunn)

4 DISCLOSURE OF PECUINIARY INTERESTS

There were no disclosures of interest.

5 THE COUNCIL'S FINANCIAL STRATEGY

The Leader of the Council, Councillor Roger Ramsey explained that large cuts in Council expenditure were required by Central Government and grant levels, of which Havering already received one of the lowest amounts per head in London, would therefore be cut further. The Council had not taken lightly any proposed cuts to services but it was nonetheless necessary to balance the budget.

Comments made at the meeting would be considered by Cabinet on 24 September. A period of statutory consultation would commence for approximately three months from shortly after the 24 September Cabinet meeting. Some staff consultation would not commence until after proposals had been finalised.

Confirmation of the final settlement figure from Government for 2015/16 was expected in December 2014. The final budget and level of Council Tax would therefore be set by full Council at its meeting in February 2015.

Having scrutinised the budget proposals, 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, 8 SEPTEMBER 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. Consultation on 2% Council Tax increase – It was not feasible to consult on this as the final decision on the level of Council Tax would not be taken until February 2015. A referendum would be required if a higher increase was wanted and there would not be the time to organise this which would also be a costly exercise. A question relating to the Council Tax increase may be able to be included in the consultation.

2. Transformation Costs – These costs were built in for the first two years only and there were no budgeted transformation costs by the end of year 4.

3. Pensions – It was not the case that an additional £40m had been paid into the Council pension scheme although there had been a large increase. This had been stipulated by the Council's actuary in order to balance the pension fund, given that both assets and liabilities had increased substantially. A one-off contribution of £10m had been made last year in order to reduce annual extra contributions and to allow the pension fund to invest in local infrastructure. The Council had to keep to its legal requirements on this issue.

4. Funding for maintained schools – It was the case that academies currently received slightly more funding than maintained schools but this gap had now almost closed. Schools were generally funded equally per pupil although there were different weightings given for each borough. Further information on the variation in schools funding between boroughs could be provided by officers.

5. Impact of change in national Government policy – The proposed cuts were for a period of two years and it was possible that the position may change after this. The Shadow Minister for Local Government had however recently indicated in a letter to the Leader that there would not be any increase in funding for Local Authorities and that money may also be transferred to more 'needy' Councils.

6. Use of reserves – Reserves had been used to for example fund the £10m contribution to the pension fund and would also be used to meet redundancy costs. Strategic reserves were earmarked for specific purposes and verified

by an auditor. The in-year contingency had been lowered from £2m to £1m and Members regularly took advice on how to best use the reserves. The current General Fund balance of £11m was not earmarked but it was felt that at least £10m of this would be needed to fund changes required under the Care Act. The Group Director was happy to discuss the use of reserves with Members further.

7. Proposed Development Company – The Council was currently working with Capita to assess the viability of this proposal. The final cost would be known in approximately two months. The cash amounts held by the Council could be used for this sort of scheme. Risks would be factored in and a report on the Development Company would be brought to Cabinet.

8. Other savings from Economic Development – The Council was supporting businesses to come into Romford. The proposed saving was a stretch target based on economic conditions and the amount of vacant office space. Members could be briefed separately on this.

9. Interest shortfall – There was not an interest shortfall of £5m as this was mixing up General Fund borrowing with Housing borrowing. Housing borrowing had increased to £200m two years ago when the Government changed the housing finance system. The Housing Revenue Account was ringfenced and maintained separately from the General Fund Account.

10. Streetcare – Non-contractable items related to recharges for support services. A full survey of lamp columns was needed to check they were suitable for LED lighting. A further risk was a change in energy prices although this could be mitigated. The current energy budget was £650k.

11. Communications – The annual cost of producing Living Magazine is approximately £60k although not all of this could be delivered as a saving as the staff involved also work on other, separately funded publications which offset the budget. A likely general fund saving from not producing Living would be around £30k. A list of events run by the Council and their cost could be provided. There is no set twinning budget as twining activity is not consistent and costs are sometimes covered by the twinning partner. There has been no twinning expenditure for some time. Reputation management referred to dealing with the press, social media and managing emerging issues related to the Council. It was planned to reduce the budget for the Havering Show by £17k through attracting more sponsorship.

12. Customer Transformation and Channel Shift – While more people were using on-line Council services, it was still proposed to retain a face to face channel.

13. Culture and Leisure – The proposed Music School saving was considered robust given the successful new model operating in the Music School. MyPlace savings could be found via increasing income and efficiencies from integrating management between MyPlace and the neighbouring sports centre. The Stubbers Centre had been leased to a charity for a peppercorn rent. Both the lease and rent level expired in two years and this would need to be renegotiated and hence produce more income.

14. CCTV – The two CCTV systems would be moved onto one site at Waterloo Gardens. There was however no reduction proposed in the CCTV hours of service. Officers would provide details of the numbers of prosecutions brought about the use of CCTV. Number plate recognition software was being introduced with the Police although the Police would not be making any financial contribution to this, they would be using personnel to work jointly with the CCTV to detect crimes associated with cars.

15. Supporting People Review – A number of options were being considered, and staff proposed to consult with tenants before deciding on the way forward. One option was proposed that support and housing management tasks could be combined in one role and that a dedicated scheme manager be provided for every two schemes. Some Members felt this was a high risk strategy. It would not be possible to run a pilot scheme as the saving needed to be made next year.

16. Private Sector Leasing – There were around 1,000 properties managed in this sector. Complaints received were responded to in the same way as for a council tenant. The proposed £500k saving over four years was based on increasing the number of units let although the market was changing. The rent paid by landlords was based on levels at the lower end of the market as seen in areas such as Harold Hill and Rainham. Several Members felt that many landlords in Harold Hill were sub-dividing properties excessively. Officers accepted this but it was noted that, for some people, a single room in a shared house was their only affordable option. A vetting system for landlords was in place for larger HMOs. Some Members felt there was a danger of ghettoisation in Harold Hill with too many people being put in the area. Officers responded that they had to procure properties where they could afford to do so, and unfortunately they did not control the market.

17. Meals on Wheels – The current provision of Meals on Wheels would be reviewed. A new staffing model would be considered in order to generate savings.

18. Care Act and Better Care Fund – More successful reablement was now seen in people's homes than at Royal Jubilee Court although Royal Jubilee Court

continued to very effective as a step-down facility following hospital care. Community Treatment Teams had demonstrated an impact and this had led to the use of pooled funding opportunities from the Better Care Fund. The performance element of the Better Care Fund would be decided later that week at the Health and Wellbeing Board. This was a new and complex area and work was progressing with the Clinical Commissioning Group (CCG) on e.g. undertaking joint assessments at Queen's Hospital. Commissioning work such as this would be taken through the Health and Wellbeing Board and Individuals Overview and Scrutiny Committee for monitoring. The proposed cap would apply to existing clients.

19. Social Care Agency Staff – Officers were looking to retrain permanent staff to take on new roles and make processes more effective. Eight new children's social workers had started work that week. The allocation of admin work would be looked at as part of the review but it was also important that social workers took ownership of their assessments. Modelling of the impact of the Care Act was continuing but this had been factored into the proposals as far as possible. It was important to get the balance right in the use of agency staff.

20. Social Care Staffing – It was not possible to guarantee that serious incidents seen in areas such as Rotherham would not occur. The implications of the Rotherham inquiry for Havering would be looked at shortly by the Crime & Disorder Committee. Services were however scrutinised by Members. Social worker pay was benchmarked and a recruitment & retention strategy was in place. Havering social workers were more interested in support, career progression and a manageable caseload than they were in money.

21. Younger Adults – While current users would be affected, the assessment criteria for younger adults was not going to be altered. It was aimed to deliver services in the most appropriate way and appeal procedures would be in place.

22. OneSource – It was planned to change the Council's job evaluation scheme and avoid any negative impact on lower paid staff. A new pay line for lower paid staff would be introduced if necessary. A new job evaluation scheme for the highest paid staff was also likely to be introduced. There were approximately 2,500 staff that may be affected but the proposed saving was only £500k from a £95, total wage bill. It was hoped to introduce a consistent set of practices and to agree these with the unions.

23. Council Tax Support – The GLA precept made up 20% of Council Tax bills and it was also necessary to consult with the GLA on changes to the Havering scheme. The second person rebate normally applied to households that were

not eligible for other Council Tax support and the Council's preferred option proposed therefore to abolish this. It was emphasised that the proposal only applied to working age applicants, not retired people.

24. Parking – The proposals had been amended but it was wished to allow a period of free parking for everybody. A breakdown of expenditure on parking could be supplied to Members. It was not possible to be certain of the impact of the proposed new tariffs. The additional schemes referred to related to the introduction of a broader parking strategy. Officers would look at the impact of a 40p rather than £1 charge after the free first 30 minutes in order to assess whether this would reduce parking in side streets. It was proposed to introduce charges for car parking in parks but a free period for the first 30 minutes was under consideration. The 10 minute grace period applied to any duration of parking ticket. It was noted that revenue gathering was not the purpose of parking enforcement. It was planned to introduce parking at football pitches and some Members felt this could result in people parking in nearby streets. Officers agreed to consider this.

25. Moving Traffic Offences Powers – These had now been adopted by all but six London Boroughs. Once adopted, decisions would be made on how these powers would be applied. Details could be provided to Members on the advantages of using these powers. A report on adopting the powers would also be brought to full Council. Some Members felt that taking on these powers could make the Council unpopular with local residents.

26. Trading Standards – Savings could be made via a restructure and no longer undertaking some of the non-statutory functions carried out by Trading Standards. While enforcement of underage alcohol sales would continue it was felt that e.g. the training of shop staff did not need to be carried out by Trading Standards officers. The banking protocol also no longer needed to be led by Trading Standards. Enforcement work would not be affected and there was not felt to be a risk to revenue generation from the proposals. Officers wished to move the service to a more intelligence-led way of working. Officers would supply details of the income recovered from proceeds of crime.

27. Voluntary Sector Review – The reduction of the grant to HAVCO was due to the closure of their Community Accountancy Service. Rate relief for charities would be unaffected by any of the proposals. It was clarified that Council grants were often given to not for profit organisations in order to employ people so it was not simply a matter of increasing volunteer numbers. Other Members felt that most volunteers in Council services did come from charities. It was also possible that some extra work could be commissioned from charities in connection with the requirements of the Care Act.

28. Libraries – All libraries, including the four most strategically important libraries, would have reduced opening hours compared to the current position. Officers could provide further details if necessary. There was no suggestion that any libraries would close. Officers had thought seriously about the viability of the proposals which were based on library service models that ran successfully elsewhere. The local studies library was a valuable service and efforts would be made to recruit more volunteers to help operate it. Officers would supply details of library footfall. The new Rainham and Harold Hill libraries would continue to operate. There were a total of 93 people currently employed in Council libraries although as many of these were part-time staff, this equated to 53.1 FTE posts.

29. Health and Wellbeing – This category related to leisure centres and 'Policy, Marketing and Administration' referred to expenditure on support services. Services provided by the Health and Wellbeing Team included the arts service and sports development, as well as the leisure services role.

30. Queen's Theatre – Officers met on a quarterly basis with the Queen's Theatre and had discussed the budget options. Full details of options would be shared with theatre management once the consultation had started. The grant figure of £400k was not correct and the total grant to the Queen's Theatre for this year was £546k.

31. Youth Service – It was proposed to no longer provide discretionary services. All youth services provided by the Council would be mapped by officers. Work with vulnerable young people such as dealing with any gangs in Romford town centre would be protected. It would also be possible to signpost to other youth provision. Some Members felt that Overview and Scrutiny should look at this area. An initial proposition had been received from staff to form an employee led mutual to take on aspects of the service and this would need to be worked through. Some staff would transfer to the over 12 service which would be combined with Early Help & Troubled Families. The Youth Service had direct contact with more than 200 young people but did a lot of other work with young people in addition.

32. Troubled Families – Savings in this area, after the first year, would be challenging and officers accepted there was a lot of work to do.

33. Children's Centres – There would be more reliance on volunteers to run Children's Centres but there were no current plans to involve the private sector. It was hoped to retain five or six of the current Children's Centres but this could not be guaranteed at this stage.

34. Equalities Impact Assessments – All compulsory assessments had been completed and the complete set would be appended to the next Cabinet report on the budget. These would remain in draft as final decisions would not be taken until February 2015.

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MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Town Hall
10 September 2014 (1.30 - 3.55 pm)

Present

Councillor Steven Kelly (Chairman)
Dr Atul Aggarwal, Havering Clinical Commissioning Group (CCG)
Mark Ansell, Consultant in Public Health, LBH
Councillor Wendy Brice-Thompson, Cabinet Member for Health
Conor Burke, Chief Officer, BHR CCGs
Councillor Meg Davis, Cabinet Member for Children and Learning
Anne-Marie Dean, Chair, Healthwatch Havering
Joy Hollister, Group Director, Childrens, Adults and Housing, LBH
Alan Steward, Havering CCG

In Attendance

Philippa Brent-Isherwood. Head of Business and Performance, LBH
Angela Hellur, Improvement Director, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)
Matthew Hopkins, Chief Executive, BHRUT
Barbara Nicholls, Head of Adult Social Care, LBH
Dr Maurice Sonomi, Havering CCG

Anthony Clements and Jan Grainger, Committee Administration, LBH

1 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman advised all present of the arrangements in case of fire or other event that may require the evacuation of the meeting room.

2 **WELCOME AND APOLOGIES**

Apologies were received from Cynthia Griffin, Group Director – Culture, Community and Economic Development.

3 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest.

4 **MINUTES AND MATTERS ARISING**

At the request of the Chairman, this item was deferred to the next meeting.

5 BHRUT IMPROVEMENT PLAN

The Trust Chief Executive reported that Steve Russell had now started as Deputy Chief Executive. A number of nurses from Portugal had recently been recruited to the Trust and there were 85-90% permanent nursing staff in A&E (compared to 50% last year). Some 40% of midwife posts were vacant however. The overall nursing vacancy rate across the Trust was 11%.

Reasons why nursing staff moved on were being investigated. Nationally, demand for the nursing workforce was outstripping supply particularly as the Francis report had made hospitals recruit more nurses. The South Bank University Nursing School based in Havering was still used to recruit nurses. The Chief Executive would check if BHRUT had withdrawn funding to nursing students at the South Bank University site.

As regards recruitment of doctors, all training grade posts were filled but A&E rotas meant there were a lot of locum mid-grade doctors. Twenty posts had been offered following recruitment in India and four doctors had now started. Some of the remainder were however now asking for more money and negotiations were in progress. BHRUT were meeting with UCL Partners in the next week to discuss how to attract new cohorts of junior doctors to BHRUT. It was also hoped to attract a visible consultant leader for A&E.

It was suggested that the Trust should get the relevant Colleges to support its recruitment work. The Trust also needed College support for its work looking at different models of staffing with senior doctors. The Board agreed that recruitment was a wider system problem and that greater awareness of the issues would help. It was agreed that recruitment across the system should be raised at the next Chairman's briefing.

The Trust Chief Executive stated that the aim was to treat all patients on a waiting list within 28 days. There was however a backlog of around 4,500 patients awaiting treatment with 250-300 of those still untreated beyond 18 weeks. It was hoped the Trust would stabilise the position by March 2015.

The Queen's Hospital pharmacy was already operating seven days per week but with shorter opening hours at the weekend. The Chief Executive confirmed that approximately the same number of people were discharged from Queen's each day but 40% of these were discharged after 8 pm. It was essential that medication was got to people earlier to allow a quicker discharge. Dispensing of medicines the day before discharge could be undertaken but only if a junior doctor had written up the prescription. Of approximately 100 discharges each weekday, it was aimed to discharge 10 people by 10 am and 20 people by 12 pm.

Extra pharmacy posts had been funded but these still needed to be filled and this work needed to start by the end of September. Work was also ongoing with college principals to fill pharmacy posts. The Group Director

offered to assist in getting this message to local college principals. The Trust Chief Executive agreed to consider allowing local pharmacies to fill hospital prescriptions in order to speed up the discharge process. There was a VAT issue on certain medications being dispensed locally but it was felt this could be managed. Atul Aggarwal would discuss the matter with Angela Hellur and it was agreed that an update should be given at the November meeting of the Board.

An interim solution had been developed for the issue of accommodation for the joint assessment and discharge team. Work was also underway to produce a more long-term solution which would involve co-locating people. It was felt this would be more effective at King George rather than Queen's. All posts in the joint assessment and discharge team had now been filled. It was accepted however that staff would only be retained if the accommodation was suitable. The Trust Chief Executive accepted that a clear timeline and communication with staff was needed and a weekly update to staff on accommodation could be produced.

The Queen's renal dialysis service, run by Barts Health, needed to move elsewhere. This did not need to be on an acute hospital site. It was accepted that it had not been possible to secure the site for the service that had originally been proposed. The sexual health service location was not a significant problem although retendering of the service may lead to a move. Accommodation issues could be raised at the next meeting of the North East London group and a report back given at the next meeting of the Board.

A recruitment consultant had been engaged to assist the Trust's recruitment of a Medical Director. It was hoped that existing Medical Directors or senior clinicians would apply for the position. Interviews for the position were expected to be held in late October. It was felt useful if representatives of the CCG could be on the interview panel.

6 BETTER CARE FUND

It was explained that previous applications to the Better Care Fund had been withdrawn by Government at a national level. The ambition of the Fund was however unchanged.

Officers were now more assured that sufficient funding would be available for 2015/16. The 2016/17 year was however likely to be difficult and eligibility criteria etc was not yet known. It was emphasised that the Better Care Fund was not new money but was a reallocation of money from the NHS and social care.

The number of schemes in the Havering Better Care Fund action plan had been rationalised and a particular concern were the new responsibilities for support to carers that had been placed on the Council. The Health and Wellbeing Board would lead on this while a new Joint Commissioning Board would carry out the day to day work. This Board would be meeting in shadow form from October 2014, chaired jointly by Adult Social Care and CCG officers.

It was noted that BHRUT was felt to be a risk given hospital operational pressures and uncertainty over the Trust's workforce to deliver the Better Care Fund work. The Chairman felt that the implications of the Dilnott report should also be mentioned as a risk. The implications of the Care Act were also not fully known at this stage.

Risk measurement had been undertaken in accordance with guidelines and risk levels were felt to be on the cusp for BHRUT and over the cusp on financial issues. It was felt the final version of the submission should state that the CCG needed support from the Trust Development Authority in order to mitigate the problems at BHRUT. The McKinsey work could also be quoted in the background section. It was felt it should also state that the Better Care Fund allocation in no way represented the population of Havering.

There was felt to be a bigger risk from the non-delivery of the Strategic Plan than posed by the Care Act. The total risk was approximately £300 million over the next five years and it also felt that the submission should make the point that NHS costs were not absolute, unlike those of Local Authorities.

The section on contingency planning and risk sharing needed further work although a workshop on this had been held on 27 August. A diagram would be inserted to show the balance of risk between the Council and the CCG. The risk between commissioners and providers would also need to be considered.

Information was given in the submission about the financial implications for the Council budget as well as comparative data with neighbouring Councils. Schemes to manage demand were also detailed. It was suggested that details of the large number of care homes in Havering be included as well as graphs showing the underfunding of the CCG and large numbers of elderly people in the borough. The final document was due to be submitted by 19 September.

It was noted that the Government performance target on admission avoidance of 3.5% may not be achievable.

It was agreed that sign-off of the final document be delegated to the Chairman and that it was unlikely that a further meeting of the Board would be needed to discuss amendments. The Board recorded their congratulations to the team who had worked on the template.

7 RESPONSE TO HEALTHWATCH DEMENTIA/LEARNING DISABILITY REVIEW

The Board noted that the Havering Dementia Partnership Board had been established in order to allow movement as quickly as possible on dementia which was a growing issue for the borough. Dr Sonomi – Clinical Director for dementia at the CCG, explained Havering's targets for each main 'statement' of the National Dementia Strategy.

Diagnosis of dementia in Havering had improved due to better coding of GP patients and it was hoped to reach the national target of 67% of the estimated total of people with dementia being fully diagnosed. Performance on patient decision making and support for carers was also quite high. The number of Havering care homes with dementia champions was already high (40) although a target had been set to increase this to 43 by 2015/16. It was suggested that dementia care homes could be added to the schedule of enter and view visits by Healthwatch Havering. Most people with dementia continued to live outside of care homes.

Targets were also set around dignity and respect, particularly on consulting with dementia service users and carers when designing services. It was felt that the butterfly scheme to indicate hospital patients with dementia problems should be more widely publicised. There was now more engagement with dementia sufferers and carers in general medical consultations.

It was clarified that healthchecks for people with learning disabilities were monitored by the GP practice improvement lead. A user friendly version of the dementia action plan was also being produced. The numbers of shared care plans had increased as the need to avoid unplanned admissions had increased the requirement on GPs to do this.

An appropriate building for a shared dementia hub had been identified as the Victoria Hospital was no longer considered fit for purpose. It was agreed to invite a representative of NELFT to the next Chairman's briefing in order to discuss this issue further.

8 URGENT BUSINESS

There was no urgent business raised.

9 DATE OF NEXT MEETING

The next meeting would be held on 15 October 2014 at 1.30 pm.

Chairman

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

TIMETABLE FOR DEMENTIA AND DIAGNOSIS TOPIC GROUP

MEMBERS OF THE TOPIC GROUP:

Councillor June Alexander
Councillor Philip Hyde
Councillor Viddy Persaud
Councillor Ray Best

Objectives and Parameters

- Awareness for all of memory loss
  - Where information can be sought
  - Mental Health Direct (advertisement of)

- Pre-diagnosis
  - What the GP assesses?
  - What training is available for GP in carrying out assessments?
  - What determines a referral to the Memory Service?
  - Other symptoms that may cause memory loss, which are not dementia related.

- Understanding the diagnosis
  - What is offered by the Memory Service?
  - What other services are available and by whom?

- Living with Dementia
  - What is service are there for people living with dementia?
  - How do people who live with dementia cope?

Target date for completion

It is anticipated that this scrutiny review will be completed by March 2015.

What witnesses (if any) will be called?

GP's / CCG/ NELFT
Dementia Friends
Alzheimer Society
Carers
Age Concern

Are visits to be undertaken

Memory Service
Care Home?
Alzheimer's Society
Age Concern

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

TIMETABLE FOR LEARNING DISABILITIES AND SUPPORT TOPIC GROUP

MEMBERS OF THE TOPIC GROUP:

Councillor Darren Wise
Councillor June Alexander
Councillor Philip Hyde
Councillor Ray Best

Objectives and Parameters

Ensuring that the council is helping those individuals with a learning disability with the transition from School to College/ University, and where capable, into work opportunities.

The group will achieve this by:

- Reviewing the Education Health Plans current status and programme of work

- Understanding the transition arrangement and support available to individuals through College/ Further Education

- Understanding the level of information that is available in respect of employment for those with learning difficulties

- Understanding how people with learning difficulties are supported in the workplace in private and public sector by the Council

- Understanding the access to advocacy that people with learning difficulties have.

- Understanding the access to skills training that people with learning difficulties have in respect of finding employment, including interviewing skills in both public and private sector roles.

Target date for completion

It is anticipated that this scrutiny review will be completed by March 2015

What witnesses (if any) will be called?

Learning Disabilities Service Manager (Annette Froud)
Social Workers
Parents/ Teenager Transitioning/ Positive Parents
External partners (SENSA/ PACT/ RAGS)
Havering College of Further and Higher Education
Barking College

Are visits to be undertaken

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE
18 November 2014

Subject Heading:	Adult Social Care – Complaints, Comments & Compliments Annual Report
CMT Lead:	Joy Hollister Director Children, Adults & Housing
Report Author and contact details:	Veronica Webb Senior Complaints & Information Officer Mercury House, Mercury Gardens Romford RM1 3SL Tel: 01708 433589
Policy context:	Quality and high customer satisfaction

SUMMARY

The 'Annual Report 2013-14 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 2013 – March 2014.

RECOMMENDATIONS

1. That Members note the contents of the report and the continued work in resolving and learning from complaints and the future challenges faced by the service.

2. That Members note the actions identified to improve services and the continued monitoring to ensure actions are implemented to evidence service improvements.

3. That Members note the positive feedback to services by way of compliments received.

REPORT DETAIL

4. Appendix 1 shows that complaints have increased slightly in 2013/14 with formal complaints increasing by 32% (34-50) and informal complaints decreasing by 19%(68-57). Local Government Ombudsman (LGO) enquiries have also decreased in 2013/14 by 25%. It should also be noted that from the LGO enquires in 2013/14 the majority of these were either not investigated or no maladministration/fault found with the Council.

5. The forthcoming Care Act has resulted in changes in the structure of Adult Social Care, with two areas, 'Service' and 'Commissioning and Quality' and a Technical Hub to take forward the service in preparation of the Care Act.

6. The number of complaints involving external home care increased by 29% (17-24) and had the highest number of complaints in 2013/14, with Commissioning having the second highest, although this had decreased by 43% (20-14) from 2012/13. There were also increases in complaints in Hospital Discharge Team, Preventative & Assessment, Adult Community Team South and Reablement. The Hospital Discharge Team became a joint team with BHRT Discharge Team to form the Joint Assessment Team (JAD) from the 1 June 2014. The increase in day centre complaints is due to Avelon Centre (previously Nason Waters) and Yew Tree being included in these figures.

7. During 2013/14 'dispute decision' and 'quality of service' were the highest reasons of complaint. Again 'dispute decision' was linked to charges where complainants were disputing the level or quality of care provided in relation to external home care or external residential/nursing homes. Also linked to 'dispute decision' was 'non-delivery of service' or 'level of service' around provision of services where adaptations/equipment requested were not identified as a care need. Although 'quality of service' was linked to charges, it was also linked to quality of care and discharge arrangements.

8. 'Explanation given' and 'apology given' were the main outcomes of complaints during 2013/14, as in 2012/13. Where it was 'apology given' these were around timing of home care visits or quality of care provided; delays in information being provided; incorrect information being given; or miscommunication. Where it was evidenced that the quality of care was not of the standard expected, agreement was sought for fees to be waived. Although not available for 2013/14 report, in future years' outcome of complaints will also record whether upheld or not upheld.
9. Response times of both informal and formal complaints within 10 working working days have improved by 11% and 59% respectively and 11-20 working days by 34% and 43% respectively. Continued efforts are being made to ensure that response times are improved.

10. The recording of monitoring information has improved significantly for 2013/14 which has shown that 'not recorded' has reduced across 'age', 'disability' and 'ethnicity'. Those complaints involving people aged 85+ has

reduced in 2013/14, but increased slightly for those aged 75-84 and 65-74. Complaints involving people with 'sensory disability' increased in 2013/14 as well as those involving 'white British'.

11. The preferred method of contact was by letter, with email second then telephone and lastly complaint leaflet, with increases across all of these in 2013/14. There has been a decrease of those contacting us 'in person' or via the 'online' facility.

12. Expenditure has decreased in 2013/14 from 2012/13, with one complaint involving independent investigators. However this complaint did not progress through the process, but expenditure was still incurred.

13. Compliments again have increased in 2013/14 by 36% and staff and teams are encouraged to send compliments to the Complaints, Information & Communication Team so that they are recorded. Compliments included staff's 'polite' and 'understanding' manner; the support provided to help someone cope with the dramatic changes of their elderly relative; and patience and regular updates from staff. Compliments for external agencies also show that there are good practices and care recognised by relatives.

14. The response to Members enquiries has improved with 75% in 2013/14 being responded to within the 10 day timescale, compared to 65% in 2012/13.

15. Although there has been a slight increase in complaints for 2013/14 by 2%, (106-108) Adult Social Care continues to move in the right direction by learning from complaints. With the introduction of the Care Act, it may impact on complaints over the next few years, until services are embedded with the changes required. However it is important that complaints and compliments continue to play a part in highlighting gaps and good practice in service provision and informing service improvement and decision-making.

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 report

Human Resources implications and risks:
Adult Social Care continues to support a personalised approach to customer needs in the Havering community. Training and development opportunities for staff will focus on the skills that are essential for effectively undertaking this responsibility. It is of vital importance that existing, and potential, customers receive the highest quality of service delivery possible. The needs of Adult Social Care staff in relation to implementation of the Care Act, with greater integrated working with health services, are also being captured through the development of a new Workforce Development Strategy and Plan.

The Council uses monitoring data from the complaints process as an indicator of how well Adult Social Care is delivering its services to the community. To ensure that there is significant continuity, and consistency in advice, along with other areas of delivery, frontline and support staff across the service teams need to be part of a stabilised workforce that is able to meet service and quality standards. This requirement will be aided by building in relevant outcomes from the complaints process into the new Plan, supported by input from Workforce Development staff and oneSource HR & OD advisors.

Equalities implications and risks:
We are regularly monitoring the equalities profile of our customers and it is encouraging that disclosure is improving year on year.

The most recent monitoring information has evidenced that the number of ethnic minorities accessing the complaints process is reflective of the population within Havering and therefore accessing information about our Complaints, Comments and Compliments Policy and Procedure or the facilities available to make a complaint/compliment is available to these groups. Our monitoring data also shows that there has been a significant increase in complaints made by service users with sensory disability. On further investigation there does not seem to be any correlation to access to information or appropriate communication.

We will continue to ensure that our communication is clear, accessible and written in Plain English, and that translation and interpreting services or reasonable adjustments are provided upon request or where appropriate. We will need to ensure accurate and comprehensive monitoring data is maintained to cross-tabulate complaints data against protected characteristics. This will provide us with more detailed information on gaps/issues in service provision and barriers facing people with different protected characteristics, and will enable us to take targeted actions and make informed decisions on service improvement and future service provision.

BACKGROUND PAPERS

None

Havering
LONDON BOROUGH

ANNUAL REPORT
2013-2014

ADULT SOCIAL CARE

Complaints, Comments and Compliments

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

Head of Adult Social Care
Barbara Nicholls

Prepared by: Veronica Webb
Senior Complaints & Information Officer

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1. Executive Summary

Adult Social Care complaints continue to improve year on year and this is encouraging for the service and that compliments also continue to increase year on year, showing that the service is getting things right.

There are a number of changes that may have an impact on complaints over the next few years, namely the Care Act; the changes that are currently being considered by the Local Government Ombudsman who are consulting on these changes and the proposed introduction of an Appeals Process which is currently being considered for all decisions. The implications of these will need to be considered by the Complaints & Information Team and look at how this will impact on Havering Adult Social Care.

As with all local authorities, there is the added challenge of having to balance the services with the available resources and decreasing budgets, which may also have an impact on complaints. It is important to ensure that information is captured in a meaningful way to assist services in identifying areas that may require improvement as well as those that are providing good practices. It is noted that there will be a change in how information is captured with the transfer over to the new CRM system, but the Complaints & Information Team will need to ensure that the relevant data for reporting is maintained.

In the previous year's report it was highlighted that consideration was needed in relation to Public Health complaints. These will be published separately on their web page.

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 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

3. Complaints Received

3.1 Ombudsman referrals

There were a total of 8 Ombudsman referrals, a reduction from 2012/13. With three of the Ombudsman referrals there was no fault found with the Council, and three were not investigated. It should be noted that the ongoing investigation is in relation to another local authority, however is recorded also against the Council as we have provided information.

	Apr 13-Mar 14	Apr 12-Mar 13	Apr 11-Mar12
Maladministration			
Local settlement with penalty		2	
No maladministration after investigation	3		1
Ombudsman discretion			
-Cases under investigation/ongoing	1		1
-Investigation not started/discontinued	3	2	2
No evidence of maladministration/service failure		2	
Cases completed not premature			3
Premature/Informal enquiries	1	4	4
Total	8	10	10

3.2 Total number of complaints

There has been a slight increase in the number of complaints from 2012/13, however it should be noted that the figure for 2012/13 had wrongly included enquiries, and therefore the figure of 106 is the revised figure excluding enquiries.

Total Number of Complaints			
2013/14	2012/13	2011/12	
108	106	123	

3.3 Stages

There was a high increase in enquiries for 2013/14, Although enquiries do not form part of the statutory process, these have been noted as this required a response e.g. assistance re sheltered accommodation, questions re mental health assessments, attendance allowance eligibility. The enquiries received were mainly seeking advice or information. Informal and formal complaints were pretty even in 2013/14 compared to 2012/13.

	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
Apr 13 – Mar 14	**32**	**50**	**57**	**1**
Apr 12 – Mar 13	**9**	**34**	**68**	**4**
Apr11-Mar12	**5**	**23**	**97**	**3**

3.4 Teams

With the forthcoming Care Act there has been a restructure of teams into two areas, 'Service', and 'Commissioning & Quality'. Service includes assessment, learning disabilities, safeguarding, hospital discharge, reablement, client finance and the two day centres, Avelon and Yew Tree, Commissioning & Quality includes commissioning and procurement, contractual management, brokerage/finance assessment and direct payments. There has also been the introduction of a Technical Hub to take forward the service in light of the Care Act.

External home care had the highest number of complaints in 2013/14 with an increase of 29% from 2012/13. The total number of clients receiving home care during 2013/14 totalled 3,060 compared to 3,019 in 2012/13 with total actual hours received of 598,798. It is important to note that these complaints figures are based on those complaints received via the local authority. Of the complaints involving Commissioning the majority of these were in respect of the Financial Assessment & Benefits Team involving the charges for home care and residential/nursing placements. Although these have reduced by 43% from 2012/13, they received the second highest number of complaints. There has been a very slight decrease in complaints in relation to residential/nursing homes.

There was an increase in the number of complaints involving Adult Protection/ Safeguarding Adults, Adult Community Team South, Hospital Discharge Team, Preventative & Assessment and Reablement. It should be noted that the Hospital Discharge Team through the restructure became the Joint Assessment & Discharge Team which is a joint team between Adult Social Care and Health. Complaints relating to Day Centres have also increased from 2012/13, however Yew Tree Lodge Day Centre and Avelon Centre (previously Nason Waters Day Centre) have been included in these figures, as opposed to being recorded separately as in previous years.

	Apr 13 – Mar 14	**Apr 12 – Mar 13**
Adult Protection Team (Safeguarding Adults)	3	
Access & Assessment	5	5
Adult Community Team North	5	9
Adult Community Team South	9	3
Adult Social Care Customer Services (Front Door)	2	5
Appointee and Receivership		0
Commissioning	14	20
Day centres	4	1
Direct Payments	2	1
External Homecare	24	17
External Nurs/Res	11	12
Hospital Discharge Team (Joint Assessment & Discharge Team [JAD])	10	6
LD Team	5	6
Mental Health		2
MH CMHT Romford)	Havering Older Adult Mental Health Team (joint team with NELFT)	
MH MHAIT Team)		
MH Mental Health Provider Team)		
Meal on Wheels		-

Non Social Services	-	1
PD Yew Tree Lodge DC	-	1
Preventative & Assessment	6	4
Preventative Team	6	13
Reablement	9	8
Royal Jubilee Court		-
Supported Living		1
Joint Health & Adult Social Care	1	

3.5 Reasons

The majority of complaints in relation to 'dispute decision' were around charges linked to the level of care provided for home care/residential care and the allocation of personal budgets. Also linked to 'dispute decision' was 'non-delivery of service' and 'level of service' which have both increased from the previous year and were around provision of services, particularly in relation to adaptations/equipment where it was determined that there was no social care need to justify the adaptation/equipment requested.

Quality of service still remains high and has slightly increased in 2013/14 by 5%. Quality of service across service areas shows the majority was in in relation to external home care 32%, external nursing/residential 14% and hospital discharge team 12%. It should be noted that although some of the issues raised involved charges related to quality of service, there were also issues in relation to care provided and discharge arrangements.

Those complaints regarding 'behaviour of staff' included where a relative/friend did not agree with the social worker's decision, social worker's involvement regarding hospital discharge and carers being insensitive or disrespectful.

	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 13 – Mar 14	**4**	**13**	**-**	**-**	**-**	**-**	**4**	**25**
Apr 12 – Mar 13	**-**	**16**	**3**	**--**	**2**	**-**	**1**	**22**
	Eligibility	External to Social Services	Financial Issues	Incorrect Information	Incorrect Invoicing	Incorrect assessment	Lack of Communication	Level of Service
Apr 13 – Mar 14	**-**	**1**	**14**	**2**	**-**	**2**	**10**	**17**
Apr 12 – Mar 13	**-**	**-**	**15**	**-**	**-**	**-**	**14**	**9**
	Need of Service	Non Delivery of a Service	Quality of Service	Safeguarding Issues	Welfare Concerns			
Apr 13 – Mar 14	**7**	**10**	**57**	**-**	**2**			
Apr 12 – Mar 13	**4**	**1**	**54**	**2**	**4**			

3.5 Outcome

During 2013/14 the main outcome was 'explanation given' again linked with 'apology given'. Where 'apology given' related to provision of care or late visits from external agencies and it was evidenced that the quality of care was not of the standard expected, this also resulted in some cases of fees being waived. External agencies have also as a result of this ensured staff received additional training and reviewed rota systems to

improve service. Some also related to delays or lack of information provided; misunderstandings/miscommunication. Staff within Adult Social Care will also need to ensure that they communicate information clearly and consistently.

	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 13 – Mar 14	**36**	**3**	**1**	**3**	**2**	**-**	**-**
Apr 12 – Mar 13	**34**	**3**	**2**	**5**		**1**	
	Compensation Offered	Complaint Withdrawn	Explanation given	Financial Assistance awarded	Fees Waivered	Hours increased	Information given
Apr 13 – Mar 14	**-**	**1**	**66**	**-**	**4**	**-**	**1**
Apr 12 – Mar 13	**1**	**1**	**57**	**1**	**1**		**2**
	Meeting offered	No further action required	Progressed to Formal	Re-Imbursement	Services Reinstated	Training Identified	Other
Apr 13 – Mar 14	**3**	**1**	**-**	**2**	**-**	**2**	**3**
Apr 12 – Mar 13	**2**	**2**		**2**		**3**	

3.6 Response times

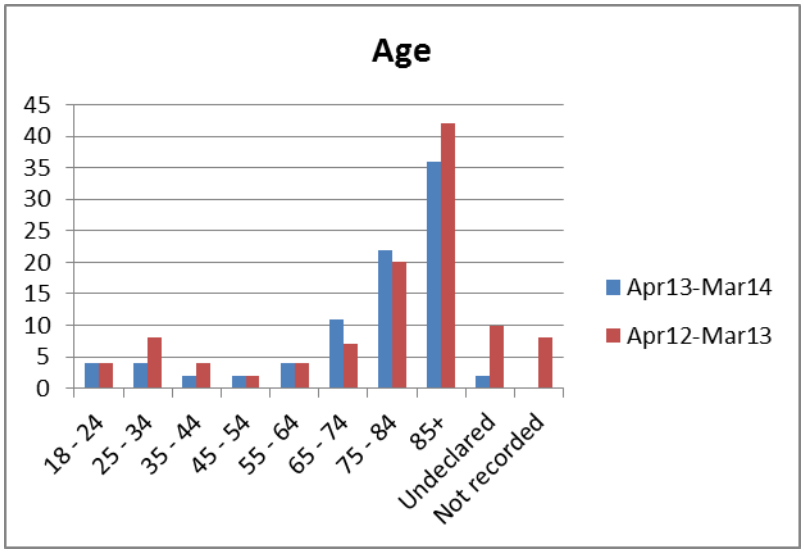
For 2013/14 the response times have included complaints responded to by external agencies separately. There has been a slight increase in informal complaints responded to within 10 working days and a significant improvement for formal complaints responded to within 10 working days by 58%. Complaints responded to by external providers have been excluded. However it should be noted that of the formal complaints that went over the 20+ working days, 16% of these involved external agencies. Although the table below shows a high percentage of complaints responded to by external agencies within 10 working days, 34% of those were referred to safeguarding, or were dealt with by the local authority either by social work intervention or meetings with the agency.

	Within 10 days		**11-20 days**		**Over 20 days**	
	Apr13-Mar14 %	**Apr12-Mar13 %**	**Apr13-Mar14 %**	**Apr12-Mar13 %**	**Apr13-Mar14 %**	**Apr12-Mar13 %**
Informal	**57**	**51**	**29**	**19**	**14**	**30**
Formal	**54**	**22**	**21**	**12**	**25**	**66**
External agencies	**53**	**-**	**25**	**-**	**19**	**-**

3.6 Monitoring information

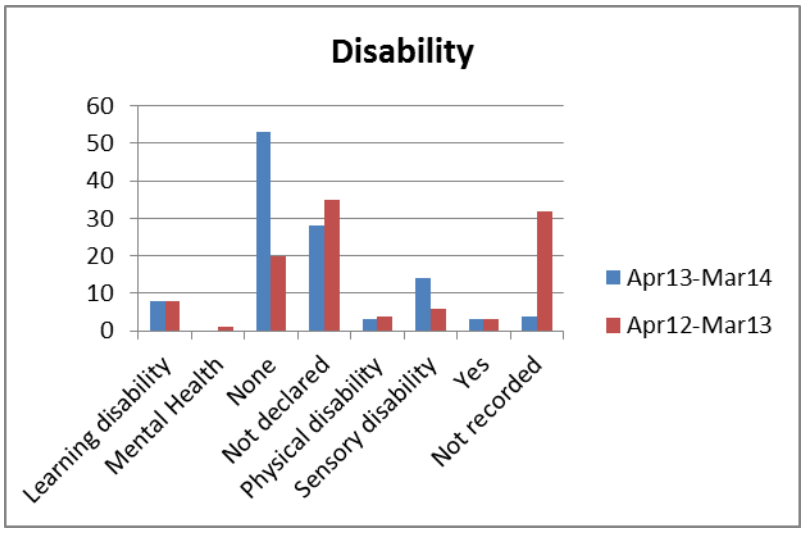
3.6.1 Age

There has been a shift in complaints involving those aged 85+ which has shown a decrease in 2013/14. Increases are shown however in those aged between 75-84 and 65-74. Within Havering the total population is 6,509 aged 85+; 15,802 aged 75-84 and 22,504 aged 65-74. Havering had the highest percentage of 85+ and 65+ to other London boroughs of their total population. It is encouraging to note that for 2013/14 'not recorded' has improved from previous years, with all ages being recorded. Where references are made to 'undeclared'/'not declared'/'not provided', these are the same thing, however are categories the system reports on.



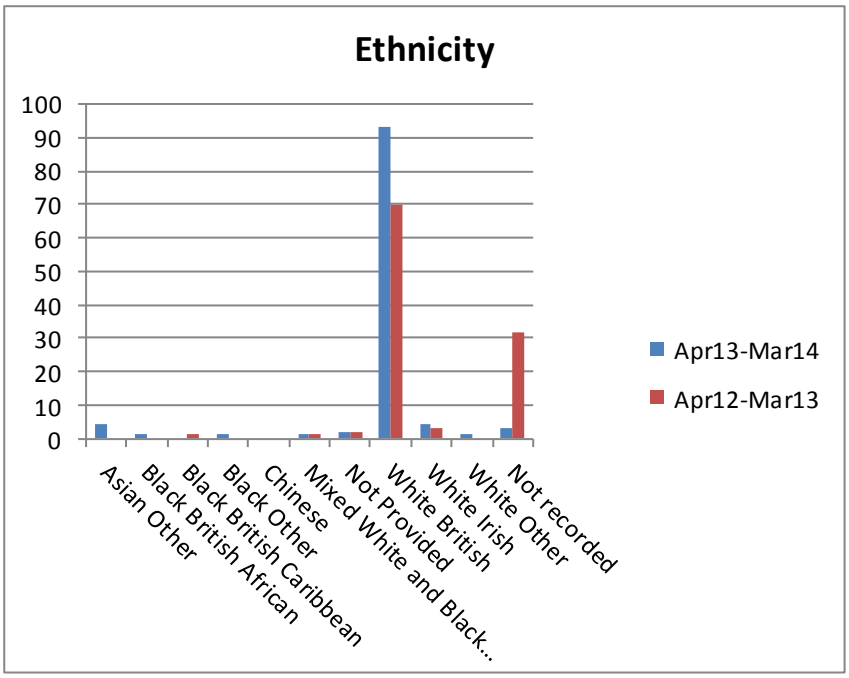
3.6.2 Disability

There has been an increase in complaints for those that have a sensory disability, however on investigation this does not correlate to inappropriate communication/ information. It should be noted that those 'not recorded' are those complaints that were not related to an individual but a service i.e. residential/nursing home or identified as non-Havering resident. It is encouraging to note that for 2013/14 the percentage of people who preferred not to disclose this information has decreased from previous years.



3.7.3 Ethnicity

Complaints involving 'White British' is highest which is reflective of the make-up of the borough with 86% being 'White British'. There has been representations across 'Ethnic Minorities' in 2013/14 namely 'Asian Other', 'Black British African' and 'Black Other', equating to 11% . This would be reflective of the 12% make-up of the borough. Recording has also improved significantly.



4. How we were contacted

There has been increases in contacts made in writing and via telephone in 2013/14 with compliant leaflet/card increasing by 29%; email by 21%; letter by 25% and telephone by 29%. It is important to note that with the move in direction towards online communication, and the lack of take-up for Adult Social Care complaints that alternative methods of communication is still available,

	Complaint Card or Leaflet	E-Mail	In Person	Letter	Online	Survey	Telephone
Apr13 – Mar14	**17**	**43**	**-**	**52**	**-**	**-**	**28**
Apr12 – Mar13	**12**	**34**	**2**	**39**	**3**	**-**	**20**

5. Expenditure

During 2013/14 expenditure had reduced, as there was only one complaint that was progressed to independent investigation. However this complaint did not progress to a conclusion and expenditure was incurred by the two investigators.

	Compensation	**Independent investigators**
Apr 2013 - March 2014	**-**	£1,474.97
Apr 2012 – March 2013	£1,700	£9,219.70

6. Compliments

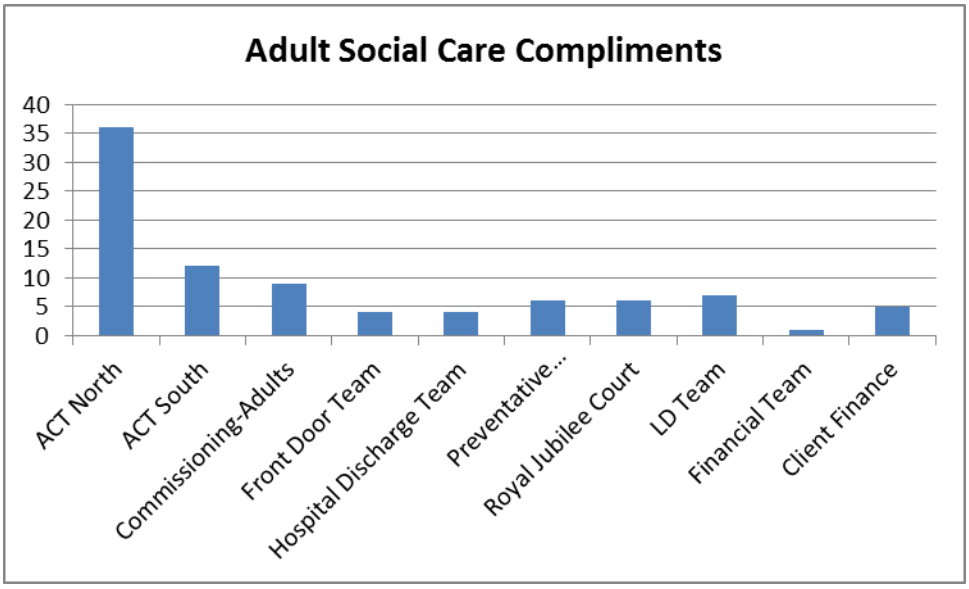
There were a total of 102 compliments received for 2013/14 which is an increase 36% from 2012/13. Adult Community Team North (ACT North), had the highest number of compliments received which were from feedback forms following a visit/assessment. This may need to be explored and expanded to all teams.

A few examples of the compliments received are as follows:

A social worker was complimented on being 'polite and understanding' – Adult Community Team North

A daughter compliments the team for the help they had given to her mother following the dramatic changes in her mother's needs and states 'without the team and the staff…. would not have coped'. – Adult Community Team South

The Finance Assessment & Benefits Team are thanked for their 'patience … and regular update of information'.

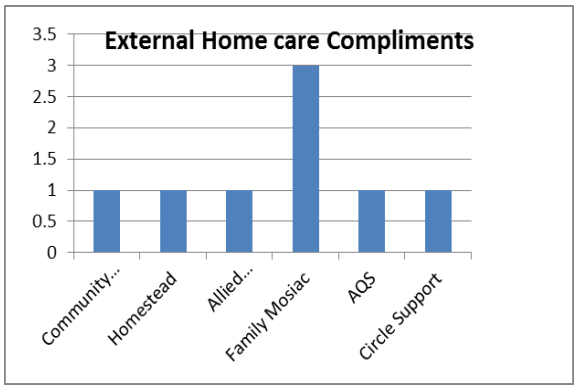


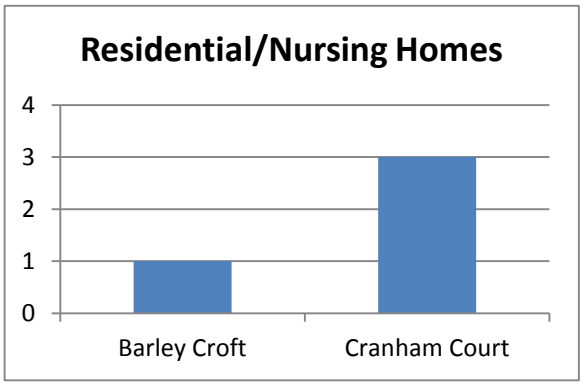
Compliments received from external agencies have been shown below. There has been an increase in the number of home care agencies receiving compliments in 2013/14

A few examples of the compliments received are as follows:

A son and daughter thank AQS home care agency for the support they provided to their father over four years until he died. 'Dad's carers were always professional, but he regarded them as friends to be welcomed when they visited.'

A wife writes in following the concerns about choosing a home for her husband. 'We chose Barleycroft, 100% in every way; clean throughout; good food with attention if needed; staff – kind/attentive/caring…'





6. Members Enquiries

The total number of members' enquiries received for Adult Social Care during April 2013 – March 2014 was 76, a 30% increase from 2012/13. Of these 57 (75%) were responded to within the 10 day timescale. This is an increase from 2012/13 where 65% of members' enquiries were responded to within the 10 day timescale. The Complaints & Information Team will continue to try and improve on this.

7. Conclusion

Although there has been a slight increase in complaints during 2013/14 however Adult Social Care continue to move in a positive direction, learning from complaints to ensure improvement within the service. However, with the forthcoming changes with the implementation of the Care Act services will need to ensure that these changes are communicated before being introduced to try and have as smooth a transition as possible.

There are implications with the Care Act that may naturally lead to more complaints in the coming years, as services get this embedded. The Complaints & Information Team will need to have an understanding of the services and look at how complaints can be minimised with the changes.

It is encouraging to note that compliments have continued to increase year on year which balances with the number of complaints received. Staff are encouraged by compliments and this is particularly important at a time when there is change that their efforts are recognised.

Havering
LONDON BOROUGH

9. Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Communication regarding discharge arrangements is poor	• Improvements for discharge arrangements • Closer working needed between social care and health.	• 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.	• Joint Assessment & Discharge Team	Ongoing	From the 1 June 2014 a joint team was established with the Adult Social Care social work team and the 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	• Documents to be sent securely • Information to be sent to appropriate contact	• All documents to be sent externally to be PDF • All confidential documents to be sent via Egress.	• All service areas	Ongoing	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.	• Assessments to be undertaken	• Preventative Team	Ongoing	Revised letters advising of the new process is in place, awaiting formal revised process to be put on website.
Gaps in care provided over holiday period	Care should not be transferred or end over holiday period •	• Team managers/senior practitioners to be advised of service users' last day of service.	• 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	• Recording on case notes need	• Training of staff/volunteers in day centres re safeguarding	• All Service areas		• Training provided to Avelon Centre staff on dealing with

safeguarding incident and delay in complaints process	to be improved • Clear process to be established where complaints involve safeguarding	procedures. • 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	• All Service areas • Complaints/ Safeguarding • All Service areas Senior Managers		complaints by Complaints & Information Team. • Adult Safeguarding currently piloting Integrated MASH (Multi-agency Safeguarding Hub) – pilot to finish December 2014
Inadequate advice and guidance for self-funders.	Hands on advice/assistance at initial stage.	• Staff to be reminded through supervision/team meetings in providing adequate support for families/carers	• Adult Social Care Customer Services		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.