

**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Town Hall, Main Road, Romford
28 April 2015 (7.00 - 9.15 pm)**

Present:

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

44 MINUTES

The minutes of the meeting of the sub-committee held on 24 March 2015 were agreed and signed by the Chairman.

45 BETTER CARE FUND

The Sub-Committee received a presentation from the Care Act Programme Manager on the Better Care Fund (BCF). It was noted that the fund would consist of at least £3.8 billion, with £1.9 billion NHS funding and £1.9 billion from existing 2014/15 funding. This comprised of £130 million for carers, £300 million for reablement, £354 million capital and £1.1 billion existing transferred from health to social care. The fund was topped up by the Local Authority and the CCG to take account of local needs, bringing the total fund to £5.3 billion.

Members noted that the key drivers for the BCF were wellbeing, prevention and person centred care. Officers explained how the submission had been made to the Government and how further works and assurances were needed before the BCF could be approved. The Havering BCF was fully approved in September 2014.

It was noted that there were seven schemes that fed into the BCF, these were:

- Front door information and advice
- Integrated Localities
- Integrated Care Pathways
- Carers and the Voluntary Sector
- Learning Disabilities and Support
- Long Term Conditions
- Integrated Commissioning

Officers explained that these schemes were all at different stages, however it was hoped that the Integrated Localities would be piloted in September 2015, for a 12 month period. The scheme would see the co-location of social workers into the community hubs creating an Integrated Joint Social

Care Team. It was hoped that the pilot will inform the service on how operations should continue in the future.

Members agreed that they would wish for the results of the pilot to come back to this Sub-Committee in the future.

46 FUNDING REFORM UPDATE

The Sub-Committee received an update on the Funding Reform. This was introduced by the Care Act which took effect from April 2015. The Funding Reform introduced a new national eligibility criteria and a national deferred funding scheme. All regional groups had fed into the draft guidance to prepare for the change. Officers stated that the change would be significant and would have a financial impact on the authority and an increase in the number of care packages.

Members noted that the Capital Threshold would be raised from £23,000 up to £118,000, this included all personal assets so no-one would have to sell their home or deplete their assets. Home care was set at £27,000 but on a sliding scale.

Officers informed the sub-committee that the Care Cap had been well publicised through a national campaign, but individuals still needed to be aware that the cap was at £72,000, which is the most that anyone would pay in a lifetime for care. Individuals would still have to contribute to living cost, of approximately £230 a week. This is a risk that the local authority will have to manage.

Members asked if a basic guide to the eligibility and caps could be circulated.

47 PROCESS OF DISCHARGE FROM HOSPITAL

A report on the Process of Discharge from Hospital was received by the Sub-Committee. It outlined the process used by the Joint Assessment and Discharge (JAD) Team at Queens and King Georges Hospitals to facilitate appropriate and timely discharge from hospital.

The JAD was formed of staff from Havering and Barking and Dagenham Social Care teams, BHRUT and NELFT health staff, working and managed together as one team responsible for all Havering and Barking and Dagenham hospital discharges that require Social Care services. The JAD was a multi-disciplinary team of Social Workers, Nurses and administrative staff. Its role was to minimise delays, and in the main they had improved the performance of discharges by 17%. The JAD were based around the ward groups and attend the daily ward rounds where discharges were discussed.

Members raised issues around individuals being taken into hospital when they also had carer responsibilities and asked what would happen to the spouse. Officers stated that the dependent would not be admitted to hospital but instead be referred to the Crisis Treatment Team who would deal with the needs of the individual, possibly through respite care. Officers stated that Emergency Care Plans should be put in place stating what needs to happen in the event of an emergency, if their main carer goes into hospital.

It was noted that Care Home places were available at short notice for individuals over the age of 65. This was more difficult for people with mental health conditions or learning disabilities. The same rules would apply as set out in the Funding Reform in relation of payment of care.

48 PROVISION OF CARE AVAILABLE

The Sub-Committee received a report on the provision of care available. It was noted that there were a total of 124 providers across a number of service areas. All providers were on a framework agreement and had to adhere to the terms and conditions of the London Borough of Havering for referrals. This framework was up for renewal shortly.

Care provision work on permanent billing, which is charged, in full, to the council who then passed onto the individual. This is only to pay for the care received and not travelling time. It was confirmed that the permanent billing was calculated on a tracking and monitoring system of care.

Members asked about what was expected from home carers in the time allocated to an individual together with the pay they receive. Members wished to understand that individuals were receiving value for money. Officers stated that the Care Act required local authorities to look at what was a good outcome for an individual, to improve that person's wellbeing and to provide a more flexible service around the needs of the individual rather than specific tasks undertaken.

The Sub-Committee was informed that the current unit cost for care was £14.92 an hour. This was the fourth highest in London and one of the highest nationally. The minimum wage was £7.50 per hour; however this did not include any travel costs, mileage or national insurance. Members raised concerns that at the minimum wage the quality of staff would lack if the pay was so low.

Officers explained that they would be looking at care worker pay to ensure that the right remuneration was in place. A Market Position Statement was being worked on to resolve this issue. The Sub-Committee requested that an item on this work together with the Market Position Statement be included on a future agenda.

49 **INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE ANNUAL REPORT 2014/15**

The Sub-Committee received and noted its Annual Report for the municipal year 2014/15. This would now be presented to the Overview and Scrutiny Board and then onto Full Council.

50 **FUTURE AGENDAS**

A number of items were suggested for future agendas, these were:

- Monitoring of the quality and value of money of home care
- Better Care Fund – update on Intergrated Localities scheme
- Dial a Ride
- Invitation to care users to understand their expectations.

51 **URGENT BUSINESS**

The Chairman and Vice-Chairman updated the Sub-Committee on the Dial a Ride development that had taken place. A letter of intent had been received from Transport for London setting out a more inclusive service for the users of Havering.

Members discussed the recent visits to two care homes in relation to the Dementia and Diagnosis Topic Group. Members raised concerns they had found whilst on the visits.

Chairman