



Havering

L O N D O N B O R O U G H

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm	Tuesday 22 September 2015	Town Hall, Main Road, Romford
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Members 7: Quorum 3

COUNCILLORS:

June Alexander (Chairman)
Patricia Rumble (Vice-Chair)
Ray Best
Viddy Persaud

Roger Westwood
Darren Wise
Keith Roberts

**For information about the meeting please contact:
Wendy Gough 01708 432441
wendy.gough@onesource.co.uk**

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. These are considered by the Overview

and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

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 for the Overview and Scrutiny Board to pass 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.

NOTE: Although mobile phones are an essential part of many people's lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

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 - 4)

To approve as a correct record the Minutes of the meeting of the Committee held on 30 June 2015 and authorise the Chairman to sign them.

5 PROVISION OF CARE NOW AND IN THE FUTURE (Pages 5 - 8)

The Sub-Committee will receive details about Care Packages that are currently available and future provisions.

6 CARE ACT/ CAREPOINT UPDATE

The Sub-Committee will receive an oral update on the Care Act and Carepoint.

7 ADULTS ANNUAL COMPLAINTS REPORT (Pages 9 - 26)

Officers will present the Adults Annual Complaint Report to the Sub-Committee.

8 DEMENTIA AND DIAGNOSIS TOPIC GROUP REPORT (Pages 27 - 34)

The Sub-Committee are asked to note the topic group report and agreed whether to refer the recommendations onto Cabinet.

9 LEARNING DISABILITIES AND SUPPORT TOPIC GROUP REPORT (Pages 35 - 48)

The Sub-Committee are asked to note the topic group report and agreed whether to refer the recommendations to Cabinet.

10 FUTURE AGENDAS

Committee Members are invited to indicate to the Chairman, items within this Committee's terms of reference they would like to see discussed at a future meeting. Note: it is not considered appropriate for issues relating to individuals to be discussed under this provision.

11 URGENT BUSINESS

To consider any other items in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

**Andrew Beesley
Committee Administration
Manager**

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**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Town Hall, Main Road, Romford
30 June 2015 (7.00 - 9.00 pm)**

Present:

Councillors June Alexander (Chairman), Patricia Rumble (Vice-Chair), Ray Best, Viddy Persaud, Roger Westwood and Darren Wise

Apologies for absence were received from Councillor Keith Roberts

Councillor Philip Hyde was also in attendance

1 MINUTES

The minutes of the meeting of the Sub-Committee held on 28 April 2015 were agreed and signed by the Chairman.

2 DEMAND MANAGEMENT

The Sub-Committee received an update on Demand Management. Officers informed the Sub-Committee that a strategy to manage growing demand and implementation was being developed and scheduled for completion in July 2015. Demand Management would be cross-cutting from Children to Adults. The Sub-Committee noted that the work would be on a corporate level across all services.

There were several pilots that had been approved which had been developed by officers and from the “Big Ideas Campaign”. Officers outlined the pilots as set out below:

- Social Value in Commissioning – It was explained that all contracts needed to focus on ensuring the commitment to improve social value. This would improve confidence and health and wellbeing of local residents, by being in meaningful employment which could be a key factor in preventing multiple triggers of demand for services
- Social Isolation – This pilot aimed at decreasing social isolation and increasing an individual’s wellbeing.
- Early Help Offer for Clusters of Education Settings – The Sub-Committee was informed that this pilot is aimed at creating locality-based clusters of educational settings (early years settings and schools) as a hub for access to multi-agency early help/intervention support.

- Maximising Central Government Funding for Service Users – It was explained that traditionally not all Havering residents seek all of the benefit entitlements they could receive. By implementing this pilot there would be fewer local government resources needed to fund or top up services.
- Retention and Recruitment of Hospital and Local Health Care Staff – It was noted that there were some 350 vacancies in the local health sector. The local authority also has problems in recruiting staff for certain roles and this pilot would work with schools and colleges to address this.
- Early Years Intervention and Targeted Funding – The Sub-Committee was informed that additional funding had been agreed to support young children who for 2015 would not be eligible for the two year old offer of a nursery place and who may represent in the educational system at a later date with high levels of unmet need.
- Post-16 SEND Provision – It was noted that new local provisions will be explored for young people with special educational needs and disabilities (SEND) aged 16-25.
- Digital Inclusion – The Sub-Committee was informed that this pilot would explore the provision of internet access across the Council's estates. It is hoped that this pilot could also help with reducing social isolation.
- Home for Hospital to Sheltered Housing – The pilot will explore the option of utilising sheltered housing as a possible option for people who leave hospital but may be unable to return to their own home.
- Supporting Older Residents with Property – The Sub-Committee was informed that this idea had been explored elsewhere, and would effectively offer residents the option of the Council renting out their home if they were unable to continue living in it for any reason. This pilot will first explore what models other local authorities' offer, and will involve a small pilot to begin with to see if it is something that could be beneficial to Havering residents.
- Making Homeless Hostels places for Positive Change – It was noted that the typical stay in a hostel was between three and four months, could provide an opportunity to support individuals and families on issues including training, employment and finance.

The Sub-Committee thanked officers for a very informative presentation and suggested that some of these areas could be included within a Members Brief session. There were a number of areas that the Sub-Committee wished officers to provide updates on at a future meeting.

3 INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE'S WORK PROGRAMME REPORT

The Sub-Committee agreed its work programme report. It was agreed that the following items would be included on the next agenda:

- Provision of Care now and in the future
- Older Peoples Housing Needs – outcome of the review

4 URGENT BUSINESS

The Chairman informed the Sub-Committee that there had been no further updates on Dial-a-Ride.

Chairman

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INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Future of Care at Home
CMT Lead:	Isobel Cattermole
Report Author and contact details:	Barbara Nicholls Head of Service Adults and Commissioning
Policy context:	

SUMMARY

This report summarises the current issues and problems in the homecare market and explains the approach we will take to design a new model for care at home in Havering.

RECOMMENDATIONS

This report is for information only.

REPORT DETAIL

The National Picture of Care at Home

With the impact of demographic change becoming increasingly apparent, the UK is becoming a much older society and the number of people requiring care is rapidly rising. More people need care and support, there is less money to pay for it and less people are choosing to work in the care sector. It is estimated that nationally we need around one million more care workers to meet future demand over the next decade in a sector that already has trouble recruiting and retaining staff.

In recent years there have been a number of reports detailing poor employment practices in the homecare sector. There are a number of recurring themes highlighted as affecting workers in this sector. These include: low wages; unfair usage of zero hours contracts; lack of remuneration for travel and care workers not always spending the full allocated time with the people they are providing care and support to. It has also been suggested that some care workers are effectively being paid less than the minimum legal requirement as they can be paid only for contact time, the time they spend with individuals in their homes, without being adequately paid for time spent travelling between appointments.

Those in receipt of care often report that they are being supported by too many different carers, which can be caused by the care agencies having staff turnover problems and changing demand. It has also been reported that care staff sometimes stay longer than required to ensure they get paid for the allocated time.

The introduction of personalisation has also had an impact on the homecare market. Those with an assessed need are given a personal budget to purchase the care and support that will meet their requirements. Many people are choosing to employ a personal assistant to meet their care and needs which is reducing the demand for homecare from agencies.

The Local Picture

The Council contract for homecare through a framework arrangement that was set up in 2012 and expires January 2017. There are currently eight homecare providers operating under the framework. At the beginning there were 12 providers on the framework but some were not able to deliver the required hours. Recently two homecare providers from the framework have notified the Council that they will no longer be operating homecare in Havering. In consultation with residents care packages have been transferred but this has put added pressure on the other providers.

To ensure the homecare providers are providing a good service the Council's Quality team carry out a range of checks. The team make regular unannounced visits to all the homecare providers including those on the framework and those we spot purchase. The Quality team review all complaints and any safeguarding concerns raised. The team also collect feedback from people using the service to get their views. Any areas for improvement are agreed with an action plan in place to monitor progress.

In terms of the hourly rate paid to homecare providers Havering is currently the fourth highest paying borough in Greater London with a rate of £14.94. Havering pay a higher hourly rate than Barking and Dagenham, Essex and Thurrock. Despite this, homecare providers in Havering tell us that they are struggling to recruit and retain care staff. Newham is the lowest paying London borough with an hourly rate of £11.62 but one of the homecare agencies operating in both Havering and Newham has told us there are not the same recruitment issues in Newham due to the transient population, size of the borough and the number of workers prepared to work small numbers of hours.

This is supported by findings from the Skills For Care National Minimum Data Set for Social Care (NMDS-SC). The NMDS-SC shows that Havering has a care staff turnover rate of 35.9%, as at January 2015. This is higher than the turnover rate for London which is 21.7%. The NMDS-SC estimates that around 1,500 workers providing direct care in Havering left their position in the last 12 months.

Havering is a large geographical area which means that parts of the borough are difficult to reach, for example it can take a homecare worker a significant amount of time to get from one side of Rainham to the other. Some areas of the borough are particularly challenging to place packages at present due to their remote location or the lack of residents also requiring support nearby.

Future of Care at Home in Havering - Commissioning a New Model

It is clear that there is a need to change the way that we commission homecare in Havering. The Care Act 2014 introduces a range of additional duties for Local Authorities including: promoting and maintaining wellbeing; actively involving users in designing their support plan and remuneration for travel. There is also the introduction of the new National Living Wage which needs to be considered.

With the current Framework contract coming to an end, there is a genuine opportunity to redevelop a sustainable and appropriate model for care at home. These are the main outcomes we want to achieve:

- **Success measured in outcomes**

The Council is of course interested in both the quality and levels of care and support provided but it is the outcomes for individuals that are most important. In the future we want a model of care that better measures the outcomes.

- **Incentivise Reduction**

Can we find a way to offer incentives for improving wellbeing and reducing on-going need for care and support? Often when a care package is set after a crisis it stays at that same level for the

foreseeable future. This would need to be carefully thought through to ensure there is no negative impact on individuals in reducing care.

- **Reable**

Linked to the point above. Under the new model, wherever possible, we want a service that will reable or rehabilitate individuals so they no longer need care and support.

- **Sustainable model for providers**

Through co-production and working with homecare providers design a model that is sustainable for them, meaning they can pay staff a decent wage and continue as a business but will also meet the Council's budget requirements

- **Better links to existing resources**

There are a number of activities and clubs within communities and some of it is free. Linking people to these resources will provide better social value and better outcomes for individuals.

- **Improved continuity of care**

We want to reduce the number of different people entering someone's home.

- **Skilled local workforce**

Work with Skills for Care and other stakeholders to help us up-skill the workforce. We will want to ensure all homecare staff have completed the new Care Certificate. We want to turn care into a career which is attractive to help resolve some of the recruitment issues.

- **Cost**

The Council is under pressure to find efficiencies and deliver savings. A large proportion of these savings will need to come from Adult Social Care budgets. Therefore a key outcome for the new service model will be to not put any additional pressure on budgets whilst still providing excellent services for residents. This could be achieved by reducing the ongoing need for care and support.

Moving Forward - How Do We Get There?

We are at the early stages of thinking through how to move forward. The Council want to take a co-production approach working providers, users and other stakeholders, to inform and to shape a sustainable model. ASC Commissioning are organising meetings with care providers to begin the discussions and are already in contact to determine what rates providers are paying their staff and whether they pay for travel time etc. We want to better understand how the current system works and whether we need to make changes to processes or wider culture. Rather than being overly prescriptive in specifying exactly what we think the service should look like, instead we will define the outcomes then work together with providers and users to determine how we meet them.

We will look at other models and best practice from elsewhere. For example some Councils are trialling paying for outcomes delivered rather than for minutes of care and others are looking to include low level health tasks as part of homecare. We will also look to learn lessons from new models that have been less successful.

We are also exploring opportunities for joint working and joint commissioning. For example Children's Services are facing similar problems with capacity in the homecare market and they are interested in working together with Adults to find a solution. We will also be investigating what homecare is currently commissioned by Health to establish if there are any synergies.

We are working with Economic Development to help develop the market of social care business in the borough. We have identified development of personal assistants and research into sustainable models of homecare as two possible areas to explore further. In designing a new model for care at home we will also consider any links or overlap with related projects. For example there is currently a project underway looking at ways to reduce social isolation for older people. Social isolation can be a cause for people requiring homecare so there are links between the two.

IMPLICATIONS AND RISKS

Financial implications and risks:

A review of the Homecare provision is required due to the availability in the market being low and due to additional duties introduced by the Care Act 2014. There will be resource and cost implications for this piece of work to initiate and to deliver efficiencies going forward. An application to the Transformation fund to kick start any initiatives that will generate potential savings or invest to save opportunities can be explored by this avenue of funding. Alternatively, provision within existing resources will need to be made.

Legal implications and risks:

There are no apparent legal implications from noting this report.

Human Resources implications and risks:

The recommendation made in this report does not give rise to any significant HR risks or implications for the Council or its workforce. The cost impact from following through with actions suggested in this report will be managed through the use of existing staff resources and/or with short-term additional support, as required.

Equalities implications and risks:

Any review of current homecare services will need to comply with the public sector equality duty as stated within the Equality Act. The public sector equality duty requires that 'due regard' is given to decisions made by a public authority. The consultation method of co-production to develop the revised service should be inclusive of user and provider viewpoints from differing communities across the Borough. This will ensure that the revised service meets the needs of diverse communities in Havering. The project team should also consider starting an equality impact assessment at the beginning of the process of redesigning the service. The EIA will help inform planning and delivery of the service and develop actions to mitigate against any potential negative impact on protected characteristics.

BACKGROUND PAPERS

No background information papers used.

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE 22 September 2015

Subject Heading:	Adult Social Care – Complaints, Comments & Compliments Annual Report
CMT Lead:	Isobel Cattermole 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 2014-15 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 2014 – March 2015.

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. The number of overall complaints have decreased slightly in 2014/15 by 17% from 2013/14, however there was a slight increase in the number of formal complaints compared to 2013/14 by 7%. The number of Ombudsman referrals in 2014/15 increased from 2013/14. Of the Ombudsman referrals, two were found no evidence of maladministration with two findings of maladministration, one with injustice the other no injustice.
5. The changes within Adult Social Care have continued and therefore teams are reflective of both the old structure and structure at the time in order to take into account previous year's figures. Preventative & Assessment had the highest number of complaints which included a number of disabled freedom pass complaints, following responsibility transferring from London Councils to the local authority. External provider agency complaints have continued to decrease in 2014/15, homecare by 41% and residential/nursing homes by 22%.
6. 'Quality of service' remains the highest reason for complaint, but has dropped by 58% in 2014/15 compared to 2013/14. 38% were in relation to home care and mainly timing of visits. 'Dispute decision' is the next highest mainly around provision of adaptations/equipment e.g bathing facilities and eligibility for the Disabled Freedom Pass. 'Level of service' second highest also, related to respite stays within residential/nursing homes and service provided by home care agencies, as well as discharge arrangements. 'Behaviour of staff' dropped by almost half in 2014/15.
7. The main outcome is 'explanation given' which links to 'apology given' when acknowledged that information may not have been communicated effectively. Meetings offered have increased and has been helpful to both complainant and Service.
8. Complaints responded to within 10 working days have dropped by 14% for informal complaints and 39% for formal. There has also been an increase in the number of complaints being responded to over 20 working days. Complaints have become more complex and have required information/ involvement of other agencies which has led to timescales not always being met. This may still be comparatively low in 2015/16 where complaints require involvement of other agencies.
9. The number of complaints has increased across nearly all age ranges with the highest for those aged between 55-64 and 45-54 of 60% and 67% respectively. Age ranges for 2015/16 will not be broken down in the same way, but will be reporting on 18-64, 65-74, 75-84 and 85+. There was an increase of 67% of those with a physical disability which may be reflective of the number of complaints involving disabled freedom passes. 'White British' still remains highest and reflective of Havering's population, although

dropped slightly in 2014/15. Recording information has improved with all information being recorded in 2014/15.

10. Letter, email and telephone continue to be the most preferred method of contact in 2014/15, with a slight increase in those online.
11. There was no expenditure incurred for 2014/15.
12. Although compliments have decreased by 17%, they continue to compare almost equally to the number of complaints.
13. Members' correspondence has increased by 33% in 2014/15 with 80% being responded to within timescale, an improvement from 2013/14 with 75% being responded to within timescale.
14. Complaints information continues to be a useful performance tool to improve services. Efforts will need to be made to improve response times, however with more complex complaints and more agencies involved this may still remain comparatively low.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no specific financial implications to this report, 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, have been captured within the 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. Relevant outcomes from the complaints process have been incorporated into the new Plan in order to aid learning and improve staff performance..

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. Monitoring data shows that there has been a significant increase in complaints made by service users with physical disabilities and this has been linked to the increase in disabled freedom pass complaints, however this will need continued monitoring.

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

ANNUAL REPORT 2014-2015

ADULT SOCIAL CARE

Complaints, Comments and Compliments

**Prepared for: Director of Children, Adults & Housing
Isobel Cattermole**

**Head of Adult Social Care
Barbara Nicholls**

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

ADULT SOCIAL CARE ANNUAL REPORT 2014 -2015

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ADULT SOCIAL CARE ANNUAL REPORT 2014 -2015

1. Executive Summary

There will be a move towards providing adult social care differently with the challenges with the implementation of the Care Act 2014 and the increased demand on resources. Adult Social Care have experienced a decrease in the number of complaints between 2013/14 and 2014/15, however with these changes the Service may experience an increase in the number of complaints and will need to ensure these changes are managed appropriately.

It is noted that Ombudsman complaints have increased in 2014/15 and that the number of formal complaints have also increased significantly in 2014/15. Again we have seen a high level of complaints disputing decisions, and it has been highlighted where recording has been clear, concise and appropriate that those decisions are able to be justified. However there is still a need to ensure recording is of the required standard.

Barbara – you may want to add or change what I have put above.

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

ADULT SOCIAL CARE ANNUAL REPORT 2014 -2015

3. Complaints Received

3.1 Ombudsman referrals

The number of Ombudsman referrals increased in 2014/15 with two decisions of maladministration, (one 'injustice', one 'no injustice'), two cases were under investigation, one the Ombudsman did not investigate and closed the complaint, two were found no evidence of maladministration and there were three enquiries.

	Apr 14- Mar 15	Apr 13- Mar 14	Apr 12- Mar 13
Maladministration	2		
Local settlement with penalty			2
No maladministration after investigation		3	
Ombudsman discretion			
-Cases under investigation/ongoing	2	1	
-Investigation not started/discontinued	1	3	2
No evidence of maladministration/service failure	2		2
Cases completed not premature			
Premature/Informal enquiries	3	1	4
Total	10	8	10

3.2 Total number of complaints

The total number of complaints dropped in 2014/15 by 17% from 2012/13. Although there has been a drop it should be noted that this may increase in 2015/16 with the various changes on how Adult Social Care is provided and the increased pressure on resources.

Total Number of Complaints			
2014/15	2013/14	2012/13	
92	108	106	

3.3 Stages

There has been a slight increase of 7% in the number of formal complaints for 2014/15 with a drop in informal complaints by 37%. Enquiries dropped from 2013/14 and are not included in any further figures within this report.

	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
Apr 14 - Mar 15	22	54	36	2
Apr 13 - Mar 14	32	50	57	1
Apr 12 - Mar 13	9	34	68	4

ADULT SOCIAL CARE ANNUAL REPORT 2014 -2015

3.4 Teams

The highest number of complaints received was within the Preventative & Assessment Team with a sharp increase of 67% in 2014/15 compared to 2013/14, which related mainly to disputes over adaptations/equipment, as well as Freedom Passes. There continues to be a drop in the number of complaints regarding external agencies, with homecare complaints decreasing by 41% and a 22% drop in residential/nursing complaints. Although external home care remains one of the areas most complained about, when taking this in to perspective, the total number of people who received home care in 2014/15 was 2,027 with a total of 642,649 commissioned hours. Of those receiving home care who complained (32), 11 were on self-directed support.

The Preventative Team also had an increase in the number of complaints in 2014/15 of 25% compared to 2013/14. The Joint Assessment and Discharge Team received 50% less complaints in 2014/15 compared to 2013/14

It should be noted that with restructure of the service, teams shown in the table below consist of those teams in the previous structure as well as those currently in the structure.

	Apr 14- Mar 15	Apr 13 – Mar 14
Adult Protection Team (Safeguarding Adults)		3
Access & Assessment		5
Adult Community Team North	2	5
Adult Community Team South	8	9
Adult Social Care Customer Services (Front Door)	3	2
Appointee and Receivership	1	
Commissioning		14
Day centres	4	4
Direct Payments		2
External Homecare	17	24
External Nurs/Res	9	11
Financial Assessment & Benefits Team	6	
Joint Assessment & Discharge Team [JAD]	5	10
LD Team	3	5
Mental Health	2	
Preventative & Assessment	18	6
Preventative Team	8	6
Quality & Brokerage	2	
Reablement	3	9
Royal Jubilee Court		
Safeguarding	2	
Supported Living		
Joint Health & Adult Social Care		1

3.5 Reasons

There has been a drop in the number of complaints regarding 'quality of service' by 58% in 2014/15. The continuation of the Quality & Safeguarding Meetings has evidenced the impact on ensuring that services provided on behalf of the local authority are improving

ADULT SOCIAL CARE ANNUAL REPORT 2014 -2015

and that the trend has been that 'quality of service' has continued to decrease over the years. Nine were in relation to the home care provided, mainly around timings of visits. The next highest reason for complaint was 'dispute decision' mainly around charges, although some were in relation to provision of equipment or adaptations, e.g. bathing facilities. Also there were a number of disputes regarding disabled freedom passes following assessment of eligibility on responsibility transferring to the local authority from the London Councils. 'Level of service' was also high and related to respite stays or care provided within an external residential/nursing home, or external home care agency and discharge arrangements.

'Behaviour of staff' has dropped by almost half in 2014/15 and was mainly where a complainant did not agree with the decision made and felt they were not listened to.

	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 14 – Mar 15	-	7	1	-	-	1	2	21
Apr 13 – Mar 14	4	13	-	-	-	-	4	25
	Eligibility	External to Social Services	Financial Issues	Incorrect Information	Incorrect Invoicing	Incorrect assessment	Lack of Communication	Level of Service
Apr 14 – Mar 15	1	-	4	4	-	-	4	21
Apr 13 – Mar 14	-	1	14	2	-	2	10	17
	Need of Service	Non Delivery of a Service	Quality of Service	Safeguarding Issues	Welfare Concerns			
Apr 14 – Mar 15	-	1	24	-	-			
Apr 13 – Mar 14	7	10	57	-	2			

3.6 Outcome

The main outcome in 2014/15 was 'explanation given'. However it should be noted that 'apology given' is also linked to 'explanation given' where it was acknowledged that initial enquiries may not have been dealt with or communicated effectively. Meetings offered have increased in 2014/15 which have assisted both the complainant understand processes and the decisions made and the Service in understanding from the complainant's perspective. What has also been highlighted is the need for staff to ensure that they are providing clear and concise information around charges and that this is recorded appropriately.

	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 14 – Mar 15	23	5		3			
Apr 13 – Mar 14	36	3	1	3	2	-	-
	Compensation Offered	Complaint Withdrawn	Explanation given	Financial Assistance awarded	Fees Waivered	Hours increased	Information given
Apr 14 – Mar 15		1	53		3		
Apr 13 – Mar 14	-	1	66	-	4	-	1

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	Meeting offered	No further action required	Referred to Safeguarding	Re-Imbursement	Services Reinstated	Training Identified	Other
Apr 14 – Mar 15	6	1		1		1	
Apr 13 – Mar 14	3	1	-	2	-	2	3

3.7 Response times

The response times for 2014/15 dropped by 14% for informal complaints and 39% for formal complaints within 10 working days. Also there has been a drop in the number of complaints responded to within 11-20 working days by 5% (informal) and 1% (formal). In 2014/15 there has been a significant increase in the number of complaints taking over 20 working days for both informal and formal by 44% and 47% respectively. It should be noted that complaints have become more complex requiring information/involvement from external agencies which has led to timescales not always being met.

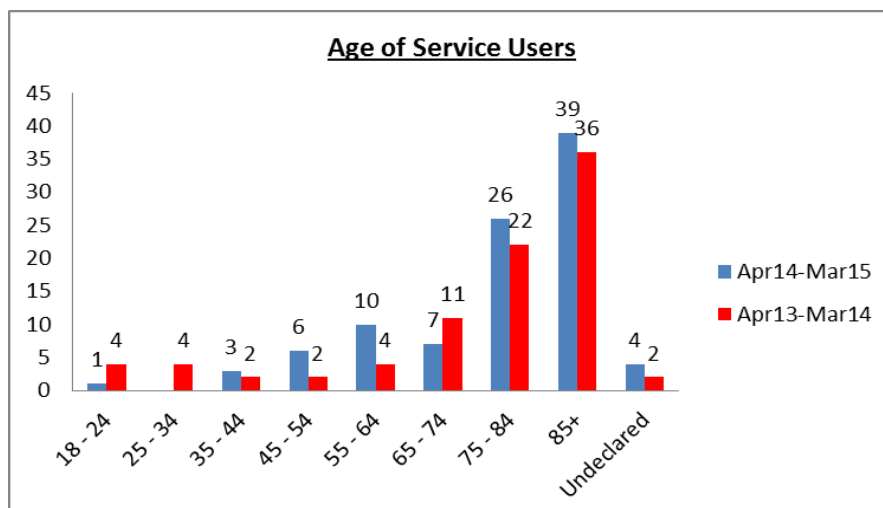
External agencies response times within 10 working days improved in 2014/15 with a number of complaints being dealt with by discussion with the complainant. It should be noted that 21% were referred to safeguarding and therefore closed as a complaint.

	Within 10 days		11-20 days		Over 20 days	
	Apr 14 – Mar 15 %	Apr 13 – Mar 14 %	Apr 14 – Mar 15 %	Apr 13 – Mar 14 %	Apr 14 – Mar 15 %	Apr 13 – Mar 14 %
Informal	50	57	25	29	25	14
Formal	33	54	20	21	47	25
External agencies	62	53	21	25	17	19

3.8 Monitoring information

3.8.1 Age

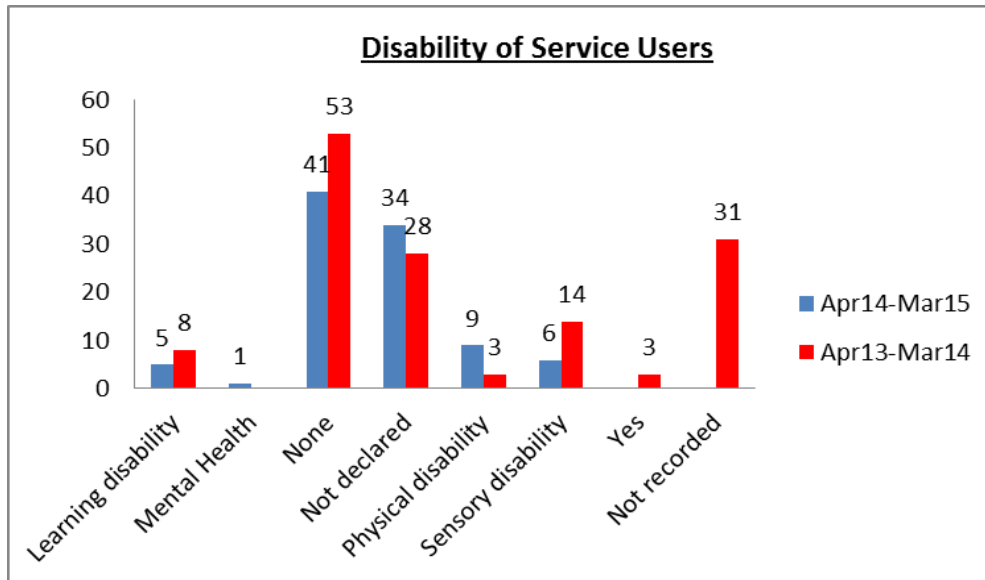
There has been an increase in the number of service users involved in complaints during 2014/15 across nearly all age ranges 85+ (8%); 75-84 (15%); 55-64 (60%) and 45-54 (67%). The population within Havering for 85+ has increased but for those aged 75-84 this has decreased. Population data for those aged 55-64 and 45-54 are no longer broken down in this way, but will be reported in future for those aged 18-64.



ADULT SOCIAL CARE ANNUAL REPORT 2014 -2015

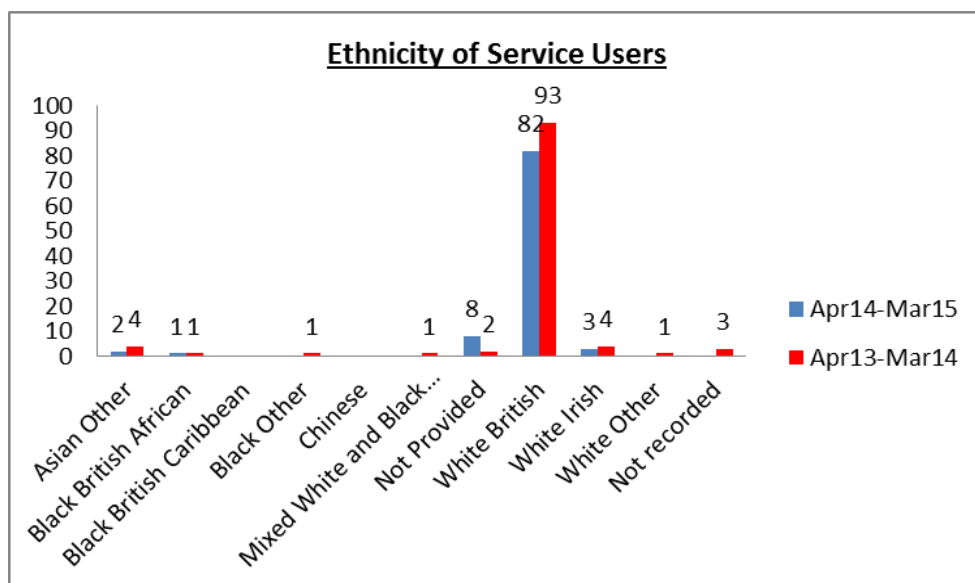
3.8.2 Disability

There has been an increase of 67% in those service users who have a physical disability and this may be representative of the number of complaints regarding disabled freedom passes, however will continue to monitor. There has also been significant improvement in 2014/15 from 2013/14 in 'not recorded' with all disability monitoring information being recorded.



3.8.3 Ethnicity

The number of service users in 2014/15 that are White British has dropped slightly from 2013/14 and still remains the highest number as reflected within Havering's population. It is also noted that 'not declared' has increased from 2013/14 and it may need exploring further as well as the low number of ethnic minorities that are involved in complaints.



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4 How we were contacted

Although the method of contacting us has dropped across all types, i.e. complaint leaflet, email, letter and telephone, they still remain the preferred method of contact with an increase in those contacting us online.

	Complaint Card or Leaflet	E-Mail	In Person	Letter	Online	Survey	Telephone
Apr 14 – Mar 15	10	28	-	27	2	-	24
Apr13 – Mar14	17	43	-	52	-	-	28

5 Expenditure

There was no expenditure incurred during 2014/15.

	Compensation	Independent investigators
Apr 2014- Mar 2015	-	-
Apr 2013 - Mar 2014	-	£1,474.97

6. Compliments

There were a total of 85 compliments received during 2014/15 which has decreased by 17% from 2013/14, however this figure almost matches the number of complaints received. Although not a significant drop, staff should be reminded to send all compliments to be logged.

ACT North received the highest number of compliments and this is again mainly through customer feedback forms. Learning Disabilities received the second highest with ACT South and Commissioning receiving the third highest.

Examples of the types of compliments received are:

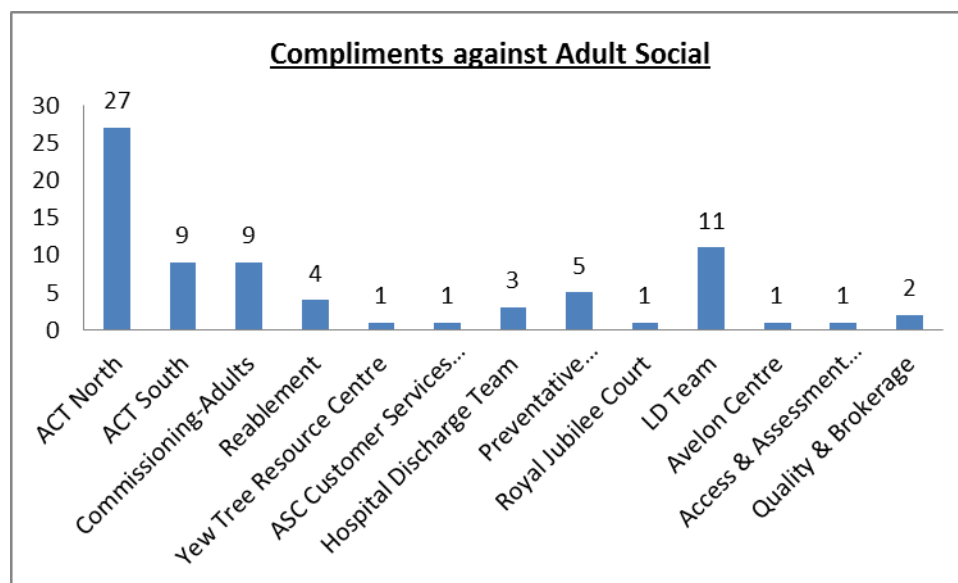
‘The person that visited was very professional was not in a rush and made sure everything was sorted...’ (ACT North).

‘It’s been a very difficult time for me recently and your friendly approach, professionalism, nature and empathy has really helped us through these times’ (ACT South)

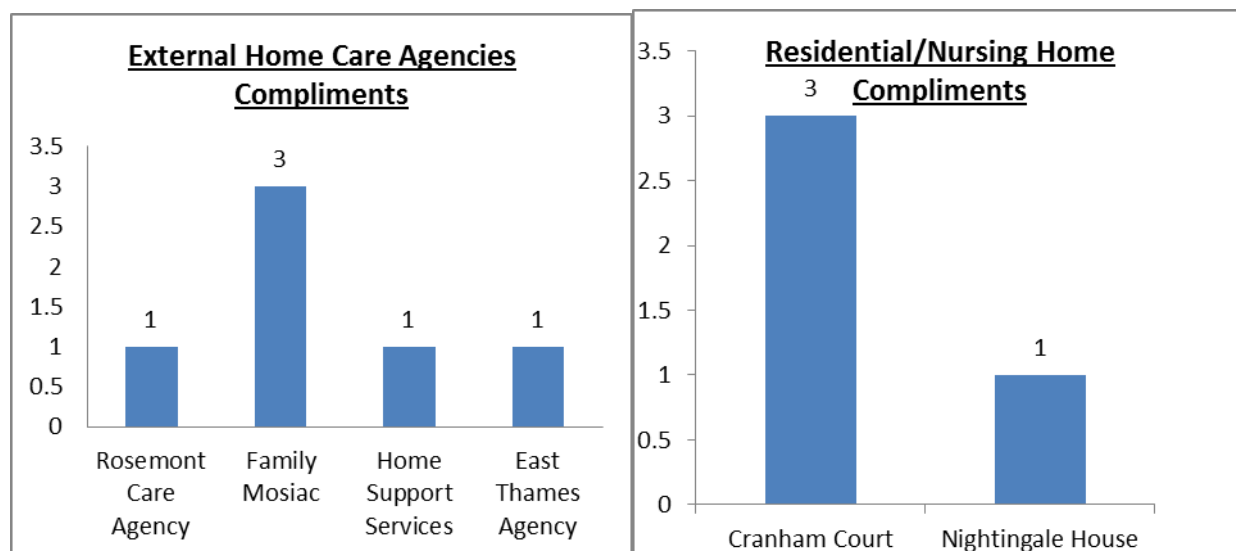
‘We would like to express our thanks and appreciation for your efforts on our behalf’ (Learning Disabilities)

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'I would just like to say a lady called at my home for an assessment ... was so understanding of my needs, very kind and courteous.' (Preventative Team)



It is noted that compliments have been received for those home care agencies that are recent additions to the local authority's provider framework. There has been a reduction in the number of compliments received for external residential/nursing homes with only two homes recorded. It should be noted that compliments for these agencies are those recorded that come to the local authority and each agency may receive compliments directly.



7. Members Enquiries

Members correspondence received during 2014/15 increased by 33% to 85 with 68 (80%) being responded to within timescale. This is a slight improvement from 2012/13 where 75% were responded to within timescale.

8. Conclusion

Adult Social Care has continued to use complaints information as a performance tool in helping to improve services. It is welcoming to see that 'quality of service' and 'behaviour of staff' have decreased in 2014/15, although 'disputing decisions' remains one of the main reasons for complaint. Appropriate and clear recording has been highlighted as an area of improvement and this will be communicated to all managers with the Service.

Meetings have been proving successful with complainants and helped to inform both complainants and Adult Social Care in highlighting areas where there are gaps in the service.

However, it should be noted that disputing decisions will probably be a continued feature in 2015/16 with the changes envisaged with how social care is provided in future and the deferment of part two of the Care Act in relation to funding and appeals.

Efforts will need to be made in improving response times, however with the complexity of complaints and the involvement of other external agencies, this figure may still remain comparatively low.

Monitoring information is reflective of the borough and with the transfer to the new CRM system it is hoped that this information will still be easily obtainable.

The Complaints Team continue to provide guidance and advice to staff within Adult Social Care on complaints handling.

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9. Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Communication regarding discharge arrangements is poor	<ul style="list-style-type: none"> Improvements for discharge arrangements Closer working needed between social care and health. 	<ul style="list-style-type: none"> Social workers to be more proactive at early stage District nurses to work alongside social workers to identify support for those who will require it on discharge. 	<ul style="list-style-type: none"> Joint Assessment & Discharge Team 	Ongoing	This will continue to be monitored, although the number of complaints have dropped in 2014/15
Clear information on charges where self-funders become part funded by local authority	<ul style="list-style-type: none"> Improved recording of information given on charges 	<ul style="list-style-type: none"> Social workers/staff to be reminded of recording practices through 1:1 supervisions/PDRs. 	<ul style="list-style-type: none"> All 	Ongoing	This will continue to be monitored, Finance Assessment & Benefits Team Manager to visit team meetings at least annually. Review of process undertaken in 2015/16, with improvements to be implemented by March 2016
Clarity of information regarding respite/reablement/rehabilitation	<ul style="list-style-type: none"> Clear understanding by staff of differences 	<ul style="list-style-type: none"> Staff to be reminded of the differences and what is chargeable and what is not. 	<ul style="list-style-type: none"> All 	Ongoing	This will continue to be monitored, Finance Assessment & Benefits Team Manager to visit team meetings at least annually. Review of process undertaken in 2015/16, with improvements to be implemented by March 2016
Home care charges need to be ratified	<ul style="list-style-type: none"> Confidence that invoices reflect actual delivery 	<ul style="list-style-type: none"> Brokerage to ensure that invoices only accepted with the evidenced actual service delivery 	<ul style="list-style-type: none"> Brokerage Team 	Ongoing	Work is ongoing to improve the process of reconciliation. Review of process undertaken in 2015/16, with improvements to be implemented by March 2016

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MEETING

DATE

ITEM

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE

REPORT OF THE CHIEF EXECUTIVE

**SUBJECT: REPORT OF THE INDIVIDUALS OVERVIEW AND SCRUTINY
SUB-COMMITTEE-DEMENTIA AND DIAGNOSIS TOPIC GROUP**

SUMMARY

This report contains the findings and recommendations that have emerged after the Topic Group scrutinised the subject selected by the Sub-Committee in September 2014.

The environmental, equalities & social inclusion, financial, legal and HR implications and risks are addressed within the topic group's report.

RECOMMENDATIONS

That Members:

1. Note the report of the Individuals Overview and Scrutiny Sub-Committee Topic Group
2. Decide whether to refer the recommendations of the Topic Group to Cabinet.

REPORT DETAILS

At its meeting on 9 September 2014, the Individuals Overview and Scrutiny Sub-Committee agreed to establish a topic group to scrutinise the different stages of diagnosis, how assessments are carried out and the support in place for people living with dementia.

Attached is the Topic Group's report. The report includes details of the research that the group undertook in reaching the conclusions set out.

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<p>REPORT OF THE INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE DEMENTIA AND DIAGNOSIS TOPIC GROUP</p>
--

1.0 BACKGROUND

- 1.1 At its meeting on 9 September 2014, the Individual Overview and Scrutiny Sub-Committee agreed to establish a topic group to scrutinise the different stages of diagnosis, how assessments are carried out and the support in place for people living with dementia.
- 1.2 The following Members formed the topic group at its outset: Councillors June Alexander (Chairman), Ray Best, Philip Hyde, and Viddy Persaud.
- 1.3 The topic group met on five occasions, two were visits to care homes in the borough so all aspects of the support and care available in Havering could be reviewed. The Topic Group has now reached its findings and conclusions which are detailed in this report

2.0 SCOPE OF THE REVIEW

- 2.1 Awareness for all of memory loss
 - Where information can be sought
 - Contact details for advice and support (advertisement of)
- 2.2 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.
- 2.3 Understanding the diagnosis
 - What is offered by the Memory Service?
 - What other services are available and by whom?
- 2.4 Living with Dementia
 - What services are there for people living with dementia?
 - How do people who live with dementia cope?

3.0 FINDINGS

- 3.1 The group met with representatives from the North East London NHS Foundation Trust (NELFT) and Clinical Commissioning Group (CCG) to understand how referrals were made to the Memory Service and care homes. The GP explained that generally patients, partners or relatives will pick up on the signs of memory loss and contact the GP. All patients were assessed as there could often be other issues that can cause memory loss. These included UTI's Vitamin B12 deficiency, constipation, depression, anaemia or thyroid problems. If none of these issues were present, then the patient was referred to the memory service, which is run by NELFT. The memory service carried out a diagnosis to find out if dementia is the cause. Referrals to specific nursing homes with specialist nurses for people with dementia were made by NELFT or the GP.
- 3.2 The group asked if patients were tested for dementia at the same time as other health checks were carried out, i.e. flu jab. It was explained that a mini-cognitive screening was carried out at some GP surgeries, however not all. It was noted that Havering had become the second London Borough to be awarded "working to become a Dementia friendly community" status. As a result of the DAA, all GP surgeries had signed up to provide extended appointment times, or appointments at times when it suits the patient. All practices had committed to this. (Recommendation 4.1)
- 3.3 The group asked about the training and education of GP in identifying possible dementia and how this was monitored. It was noted that there was a GP master class which was an accredited course and run by an old age psychiatrist. This training was open to all GP's, however whilst a percentage of GP's had been trained, there was a difference between being trained and putting into practice. The group agreed that this was something that all GP's should commit to, as it was important for the ageing population of Havering. (Recommendations 4.2)
- 3.4 It was noted that there were 126 GPs over 48 practices in Havering. At least one GP from each of these practices had been on the training, with more training planned for the future.
- 3.5 The group was informed that the waiting time for a referral from a GP to the Memory Service was 3.8 weeks, a second appointment with the Memory Service, if it was felt necessary, was hoped to be achieved within 4.2 weeks. Therefore it was a total of 8 weeks for diagnosis and treatment to start. Members felt that this was an improvement however would wish for a shorter time scale to be put in place. (Recommendation 4.3)
- 3.6 The group raised concerns about where friends and family can go to get advice, if they suspect someone has early signs of memory loss. It was stated that there were a number of places that individuals could contact to get advice, these included the Alzheimer's Society, The Adult Social Care Front Door service and for those wishing to access information online, the Adult Social Care Information and Advice platform could assist. Members

agreed that these contacts needed to be publicised more. (Recommendation 4.4)

- 3.7 Further concerns were raised about family and friends speaking direct to their relatives GP about any memory loss concerns. It was noted that under the data protection act family and friends could only speak to a GP with the consent of the patient.
- 3.8 Following advice from officers, the group agreed that if individuals were to consider advance care planning, including giving consent to a relative or friend, before any sign of memory loss, this would assist in being able to speak to the GP about their concerns. (Recommendation 4.5)

CCG Focus Group, Alzheimer's Society, St Cedds.

- 3.9 The group was invited to a focus group, run by the CCG and Dementia Action Alliance. This included people living with dementia and their carer's. The CCG was keen to engage with the group to find out what could be put in place to make life easier for people living with dementia and their carer's.
- 3.10 The group found that in the majority of cases an early diagnosis would be beneficial together with the support from GP's. Others explained that they were not aware of the support groups run by the Alzheimer's Society, like "Singing for the Brain", and this needed to be more publically advertised.
- 3.11 The group agreed that there needed to be more publicity around the early signs of dementia, so that a professional diagnosis could be made, and support put in place for the individual and for their family. (Recommendation 4.6)

Visit to Care Homes in the Borough

- 3.12 The group visited two care homes in the borough to understand the care, support and activities that were available. The group gained an understanding of what worked well in care homes. These included a smaller sized home, with no more than 40 bedrooms, ensuring that there were adequate members of staff, all of whom had a good working relationship with the residents and ensuring that there were management on call seven days a week.
- 3.13 Other areas which the group felt worked well were having access to a secure garden, residents being encourage to personalise their own rooms and choice across all aspects of what the residents wished to participate in. The group were able to observe different activities and were informed that there was a number of entertainment sessions provided, including professional singers, Pets as Therapy Dogs, and organised day trips. The group felt that a home should feel safe, secure and welcoming for all its residents and visitors.
- 3.14 The group found areas which did not work so well and would need improving upon. These included little choice at meal times, grouped

entertainment and activities, as it was observed that not all residents would participate or be engaged.

- 3.15 The group felt that a care home environment should not be clinical, residents should be treated with respect and ensure that their needs are met. (Recommendation 4.7)

4.0 RECOMMENDATIONS

- 4.1 To ensure that GPs are carrying out memory tests during general and routine health checks of individuals and ensure that appointment times are provided when it suits the patient.
- 4.2 To ensure that all GP's are trained in recognising the first signs of memory loss and to ensure that these skills are put into practice alongside recommendation 4.1.
- 4.3 To reduce the number of weeks for diagnosis and treatment of individuals at the Memory Clinic.
- 4.4 To publicise relevant contact details for information and advice more widely, using local publications such as "Living".
- 4.5 To promote and encourage advanced care planning for individuals so that GP's have "early consent" from patients for GP's to be able to hear relatives concerns and advise accordingly.
- 4.6 To publicise the early possible symptoms of dementia through a national and local advertising campaign.
- 4.7 For the Individuals Overview and Scrutiny Sub-Committee to receive regular updates from the Quality and Brokerage and Safeguarding Teams on any issues raised in respect of care homes in the borough.

ACKNOWLEDGEMENTS

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

Wellington Makala – NELFT

Clare Burns – CCG

Jordanna Hamberger – CCG

Dr Maurice Sanomi – Clinical Director at CCG and local GP

Barbara Nicholls – Head of Adult Social Care and Commissioning

The following comments are submitted by members of staff:

Financial Implications and Risks:

There are no direct financial implications arising from this report, which is for information only.

The financial implications and risks related to any proposed initiatives referred to in this report will be addressed by the Lead Member through the Health and Wellbeing Board, as the need arises. New initiatives will be subject to the appropriate authorisation process and the availability of funding.

Legal Implications and Risks:

The recommendations in this Report relate mainly to the CCG and therefore this Committee has no power to require compliance. Provided this is borne in mind there are no legal implications in making these recommendations to the CCG."

Human Resources Implications and Risks:

The recommendations and content of this report do not present any HR risks or implication for the Council, or its workforce, that can be identified at this time.

Equalities and Social Inclusion Implications and Risks:

The Equality Act incorporates a general duty to ensure that services meet the needs of people with protected characteristics such as disability. It also imposes a further duty to make reasonable adjustments so that people with a disability are not put at a substantial disadvantage. The recommendations made in the report should ensure that people with dementia and their carers from all communities are able to access information, advice and services. Where required, information should be provided in a variety of languages and formats. The organisation will use the concept of 'cultural competence' and develop services that are sensitive to clients' cultures and to differences among people and cultural groups. The recommendations included within this report are a starting point to developing such services.

Background Papers List

Notes of Learning Disabilities and Support Topic Group Meetings:

8 October 2014
4 November 2015
16 April 2015
22 April 2015
4 August 2015

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MEETING

DATE

ITEM

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE

REPORT OF THE CHIEF EXECUTIVE

**SUBJECT: REPORT OF THE INDIVIDUALS OVERVIEW AND SCRUTINY
SUB-COMMITTEE–LEARNING DISABILITIES AND SUPPORT
TOPIC GROUP**

SUMMARY

This report contains the findings and recommendations that have emerged after the Topic Group scrutinised the subject selected by the Sub-Committee in September 2014.

The environmental, equalities & social inclusion, financial, legal and HR implications and risks are addressed within the topic group's report.

RECOMMENDATIONS

That Members:

1. Note the report of the Individuals Overview and Scrutiny Sub-Committee Topic Group
2. Decide whether to refer the recommendations of the Topic Group to Cabinet.

REPORT DETAILS

At its meeting on 9 September 2014, the Individuals Overview and Scrutiny Sub-Committee agreed to establish a topic group to scrutinise the support available to young people with learning disabilities with transition from School to College/ University, and where capable, into work opportunities.

Attached is the Topic Group's report. The report includes details of the research that the group undertook in reaching the conclusions set out.

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**REPORT OF THE
INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE
LEARNING DISABILITIES AND SUPPORT TOPIC GROUP**

1.0 BACKGROUND

- 1.1 At its meeting on 9 September 2014, the Individual Overview and Scrutiny Sub-Committee agreed to establish a topic group to scrutinise the support available to young people with learning disabilities with transition from School to College/ Further Education, and where capable, into work opportunities.
- 1.2 The following Members formed the topic group at its outset: Councillors Darren Wise (Chairman), June Alexander, Ray Best, Philip Hyde, Nic Dodin and Gillian Ford.
- 1.3 The topic group met on eight occasions, one was a visit to the Bungalow at Quarles College, and so all aspects of the support available in Havering could be reviewed. The Topic Group has now reached its findings and conclusions which are detailed in this report

2.0 SCOPE OF THE REVIEW

- 2.1 To review the Education Health and Care Plans current status and programme of work.
- 2.2 To understand the transition arrangement and support available to individuals through College/ Further Education.
- 2.3 To understand the level of information that is available in respect of employment for those with learning difficulties.
- 2.4 To understand how people with learning difficulties are supported in the workplace in private and public sector by the Council.
- 2.5 To understand the access to advocacy that people with learning difficulties have.
- 2.6 To understand 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.

3.0 FINDINGS

Learning Disabilities Team (Adults)

- 3.1 The group was informed that the Learning Disability Team was a joint service with North East London Foundation Trust (NELFT). The service had approximately 42 staff consisting of both Learning Disabilities and Health functions including speech and language therapists, occupational therapists and care managers. The service ran from the Hermitage in Hornchurch, where a number of clinics were also run.
- 3.2 The group noted that the Learning Disability Team was aware of 700 people (18+) who accessed the Learning Disability Service, however it was noted that from the last Census (2011) it was evidenced that there was a total of 2500 people, of all ages, with a learning disability or difficulty. Of the 700 that were known, there was 120 in residential care, 100 in supported living and the rest in their own homes with family.
- 3.3 The group was informed of a number of private providers who offered care and employment opportunities. These included Jackson's Café in High Street, Romford who provided catering opportunities for people with learning disabilities and Shaw Trust who ran a gardening programme at the Crematorium. There were 63 private care providers in total including East Living, Voyage and A2 Dominion. However, not all providers were used, and there were a number of "pop-up providers". Officers explained that anyone could set up day care, supported living and residential care, however day care and supported living does not need registration with the CQC. This made the "pop-up providers" difficult to regulate. The Learning Disability Team was working closely with planning and commissioners about the services that were needed in the borough and "pop-up providers". The group raised concern about providers who were not registered and how those would be monitored for safeguarding.
- 3.4 The group agreed that they would wish to look more at younger people and how they were supported through school, and the transition to College/ University, and capable of entering into employment.

Learning Disabilities and Support for 0-25 year olds

- 3.5 The group met with parent representatives from Positive Parents and Special Educational Needs Support and Advocacy (SENSA). Positive Parents was a parent forum across Havering which was government funding, they supported parents and carers of children and young people with all disabilities aged 0-25, and acted as the link between parents and providers in order to ensure that services were designed in a way that maximises their potential. SENSA provided training on SEN and an advocacy service for parents of children with learning disabilities.
- 3.6 Positive Parents and SENSA explained to the group that there were a number of issues in respect of the Education Health and Care Plans

(EHCP), as they were not in the spirit as the government had first suggested, were very basic and not at all parent friendly. Positive Parents, were of the opinion, that there had been no parent input into the initial plans. The initial plan was based on the DfE guidance, which included questions on pregnancy and pre-natal information. Positive Parents felt that this information was irrelevant to the plan. The group noted that this had changed as the EHCP's evolved. Positive Parents had 490 members and had suggested a number of changes to the form at a local level to make it more child and parent friendly. Whilst these had been taken on board by the Borough, this was only in relation to Part A; there were other parts that needed reviewing. An EHCP should be written with the child at the centre of it, which was a different way of working, but essential in ensuring that the plan was effective. (Recommendation 4.1)

- 3.7 Positive Parents stated that, in their opinion, there were no procedures available in some schools, as to how the current statements would be converted to EHCP. It was understood that there was a 14 week period to convert (this had subsequently changed to 21 weeks to become a more manageable target). The responsibility had been passed to schools to convert the statements, however they had only undertaken one-days training, which was felt to be insufficient. The group agreed that they would need to speak with officers within Learning and Achievement to understand this process.
- 3.8 The group met with the Head of Learning and Achievement to understand the processes in place for the conversion of the current statements to EHCPs. The group was informed that the changes were part of the Children's and Families Act which became law on 1 September 2014. The borough were working closely now with Positive Parents to commission the work over a host of strands. The main difference of the Children and Families Act was that it covered individuals from 0-25 years old, whereas Adult Social Care covered individuals from 18 and over. The challenges would be in ensuring that the two services worked together.
- 3.9 The group noted that there was approximately 1000 statements in the process of being converted, with another 400 young people in post 16 education, totalling 1400 children and young people to "convert" to EHCPs.
- 3.10 Officers explained to the group that the Local Offer on the Havering website had been publicised to offer support for families and children with disabilities. It was added that it was easy for families to access the information as it was designed so that it could be viewed on a tablet, computer or smart phone. The group felt that this needed to be publicised more, as it was not something that they as members, were aware of. Officers stated that the Local Offer was a legal requirement of the Children and Families Act and the Department of Education had said it was one of the best Local Offers in the country. (Recommendation 4.2)
- 3.11 Positive Parents said that they had publicised the process of the conversions to their members, however there were still some parents that had not been aware of the process. Officers explained that there was a

parent friendly booklet which had been given to schools to distribute to families. The group noted that it appeared that many families did not receive this booklet. SENSA informed the group that they were now receiving more enquiries from families of secondary school children as the schools appear not to be aware of the conversion process. It was noted that often there would be a breakdown in communication with parents, especially if the parents may have a learning disability or another need which they needed support with. (Recommendation 4.3)

- 3.12 The group viewed the current EHCP that was being used. The EHCP was a working document that would evolve as the time went on. There were a number of representatives who looked at the document, including SENCOs, Schools, Health and Social Care and parents. Concerns were raised by both Positive Parents and SENSA on the "All about me" section of the EHCP form. They stated that fears, phobias and anxieties were not always recorded. Often schools may not be aware of these, or they had not been picked up at all. Parents needed to be prompted by professionals supporting the implementation of this section of the plan.
- 3.13 Other parts of the form also raised concern as it was felt that some of the headings of the sections which needed to be completed by professionals i.e. teachers, psychologist etc. together with parents and where necessary the child. The language used in the headings was not clear for parents to understand exactly what is needed in each section. Officers explained that it was necessary to have these headings as professionals would understand and the sections needed to be labelled in this specific way should the EHCP be needed in a court of law. The group felt that an explanatory note needed to be included so that parents and others were aware of what each heading meant. (Recommendation 4.4)
- 3.14 The group was informed that the SEN team would get involved with children from an early age. Key workers in early years setting should be picking up on any difficulties so that children aged 0-5 could be diagnosed and support put in place at an earlier stage. There were also good links with the local hospital in the maternity unit, picking up any disabilities from birth.
- 3.15 The group noted that the transition meetings were only between the school and the parents. Initially schools did not feel that it was their responsibility to invite any other agencies (Health, social care etc.) Therefore the majority of meetings were just taking place between the school and the parents. Some parents were not aware of who should be at the meeting or what they are for. The group agreed that a checklist of what should take place be made available to assist all involved in the process and to add to the guidance that may already be available. (Recommendation 4.5)

External agencies/ support

- 3.16 The group met with representatives from Prospects and Havering College to understand the process currently in place for transition between school and colleges. Prospects were contracted by the London Borough of Havering to provide information, advice and guidance, and were responsible for

preparing the section S139A assessment for young people to make the transition from school.

- 3.17 Prospects held two contracts, one with schools to provide career guidance to children and the second with the London Borough of Havering to provide targeted support to young people with special needs. Prospects provided advice and guidance in the production of EHCPs, they attended the young person's Year 9 review, which was a statutory requirement, and again in Year 11 at the point of transition. It was noted that this year's year 11 cohort would be the first to be converted to EHCPs.
- 3.18 The group noted that schools purchase a number of days for career guidance. Each school decided how to use the resource they have purchased, some pupils require one hour, some may only need 30 minutes dependent on how the individual School decides to use its resource. The challenge for Prospects was to influence schools to be more flexible. All schools currently bought a minimum of 40 days of support, some purchased more. They often used one day a week plus parents evenings. The majority of schools preferred to have 1 to 1's, however the schools needed to be more creative with the time. The group felt that schools should be encouraged to work more creatively with the hours they bought to ensure that support was in place for all students (Recommendation 4.6 and 4.7)
- 3.19 The SENSA representative raised concerns about the way advisors interacted with children with special needs. Prospects stated that there were 15 Career Advisors, three were specialised in working with children with special needs. However the advisors were under some time constraints and lack of training. The group felt that specific specialised training needed to be put in place for the advisors. The council had cut Prospects contract from £1.2 million to £670,000 over the last two years and was not commissioning Prospects to deliver business engagement for people with learning disabilities. Prospects reinforced this by advising the group they had not been proactively engaging with businesses with regard to learning disabilities, citing training and funding as some of the reasons behind this. (Recommendation 4.8)
- 3.20 Positive Parents stated that it was essential that with the EHCP, all involved needed to be looking at ways of matching a young person's needs with their aspirations. Prospects stated that they were unable to influence the provision within the borough. They were only working to identify gaps. There was some confusion as to when the conversions would take place; Prospects stated that they were waiting for the borough to start the conversions however it appeared that there was a delay in communications between the borough and Prospects. (Recommendation 4.9)
- 3.21 The group was informed that Havering College of Further and Higher Education purely provide learning support for students with a disability. The College was informed of students with a learning disability and the young person was invited to the college for an initial assessment, where the individuals' needs could be determined and reasonable adjustments can be

- made. The group found that there were 70 learning support workers, 35 in the support centre and 35 across the college.
- 3.22 The College's aim was to enable young people to live independently. The College provided Foundation skills course of 20 hours a week, and enabled young people to learn Higher Education needs.
- 3.23 The group was informed about CONNECT. This was available from 12:00noon to 14:00 for mainstream learners to support social skills, there were 4-5 lunch clubs for more inclusion and CONNECT was open 2 days a week in the summer break to ease transition before young people started at the Ardleigh Green campus.
- 3.24 The College had over 250 learners with special needs. Where Havering College is named in an EHCP at Year 11, they were advised before the plan got signed off. Where necessary a representative from the college would attend the transition meeting and meet with the parents and any other relevant body to carry out the assessment.
- 3.25 The representative from the college explained the Bungalow which was on the Quarles campus. This was used by the Learning Support Team for a small number of students who ultimately would transition to the mainstream college. Members of the group wished to visit the Bungalow to find out more.
- 3.26 The group met with a representative from Havering Chamber of Commerce, who informed the group that whilst the Chamber of Commerce did not specifically offer training to young people with learning disabilities, existing training could potentially be opened up for this purpose. It was noted that very little job matching took place and that there were few work opportunities for children with disabilities.
- 3.27 The group agreed that there should be more focus on individual children and that parents should work with employers to support young people entering the workplace. The lack of jobs for disabled children could put a strain on the families. The Career pathway available in Havering were from the ROSE project, Shaw Trust and the Camden Society
- 3.28 It was noted that Havering College was represented on the Chamber of Commerce and that this could be a useful link to lots of different businesses. Whilst job vacancies were not formally circulated it was suggested that two young people with learning disabilities met with the Chamber of Commerce to explain the kinds of work they might be interested in doing. Chamber members could then provide guidance to disabled children on what they look for in staff. (Recommendation 4.10)
- 3.29 The group discussed the issue of a careers event just for young people with a learning disability, which would be the responsibility of the local authority. This event could include the Havering Chamber of Commerce, the Rose Project and other external agencies. It was also felt that the local authority could also have a list of vacancies on its website, specifically for young

people with a learning disability, which could be linked to the local offer. (Recommendation 4.11)

- 3.30 The group had tried on a number of occasions throughout its review to engage with the Job Centre; however they had not been very forthcoming. Members of the group had received some negative feedback about experiences with the Job Centre. The group felt that it would have been useful to have met with a representative in order to understand any issues there may be in this area. Officers explained that the link between the Job Centre and the Local Authority had become difficult and agreed that the Job Centre needed to be more proactive and establish better links with partners. (Recommendation 4.12)

Visit to the Bungalow, Quarles Campus

- 3.31 Two members from the group and a representative from Positive Parents visited the Quarles Campus to understand how students with learning disabilities were supported. The group was shown around the main campus, the annex and the bungalow.
- 3.32 The group noted that the main campus housed the canteen; this was fully supported at lunchtime with three lunch clubs. One was a quiet club, one for computer use and one for the lively students. The lively group was the most popular. Students were encouraged to purchase their own requirements in the canteen; however staff were on hand to assist where needed. Students could also take lunch back to classrooms if they wished.
- 3.33 A shop was within the main foyer of the campus and was run as an enterprise by students, it was a form of work experience and some students made things to sell. It was hoped to expand this in the future.
- 3.34 The group observed the foyer and concerns about security were raised. It was explained that there was always a support worker at the front of the campus so that all students can be observed. Only independent students are able to leave the campus at lunchtimes. There had been no major incidents in the last 20 years.
- 3.35 It was noted that the students with learning disabilities and difficulties, in the mainstream campus, would study in one room between 9am – 12 noon, with no movement until lunchtime and support workers were with students all the time.
- 3.36 The group viewed the annex; this was set up for students to practice everyday skills, there were four kitchen areas each with an oven, sink, washing machine and tumble dryer. The annex was also used for breakfast club for those students transported to the campus in the morning. It was noted that most students used the transport and some had a distance to travel. The breakfast club provided a space to relax in before starting the day's learning.

- 3.37 All students that arrived by transport were registered off the bus in the morning and then back on at the end of the day. There was support staff that would follow up on students that had not arrived at the college in the morning to find out why they were not in attendance. The group learnt that there was capacity for 227 high learners on campus, however there were currently 56 in the mainstream college
- 3.38 It was noted that the Foundation Skills team had a minibus which could be used for work placements. A recent work placement had been at a local Care Home, where the students had been involved in the landscaping of the garden, which had won the Havering in Bloom. The minibus was also used on a regular basis to access Tesco so that the students could buy food in which to prepare in the Bungalow, as part of their independent skills.
- 3.39 The group also viewed a greenhouse which was used to produce hanging baskets and was a small enterprise. The students took pride in growing the seedlings and creating the baskets to sell. There were plans to create a sensory garden and a small coffee shop for students and staff within the grounds of the greenhouse.
- 3.40 The group viewed the bungalow, it was explained that the building was designed to flow so that it was easy to access. There were different areas in the bungalow dependant on the needs of the student and was specifically for students with complex needs.
- 3.41 In total 6 students used the Bungalow with 2 support staff. The students attended Monday to Thursday from 9am – 3pm; Students from Corbets Tey School came in on a Friday. The Bungalow was specifically for learning independent life skills; however this was not necessarily to live alone, but to understand that they had the skills to make themselves a drink or a snack without having to wait for a carer to do it for them.
- 3.42 The group viewed the garden, this included fitness equipment, a trampoline and punch bag. The group learned that the students made good use of these facilities.
- 3.43 There was a sensory room with a water bed. Support staff explained that this was well used as students often needed “time out” or time to chill if things escalated. A bedroom was set up, to assist with domestic skills such as changing a bed.
- 3.44 The group raised concerns about safety issues in the kitchen area, in relation to knives and general household safety. They also asked if there were any interactions with the emergency services, as some people had a fear of uniforms. It was explained that all knives are locked away, however the students were taught how to walk with knives, how to chop food and general safety issues in a kitchen. The Community Police often came to the Bungalow to give talks to some groups about safety. It was suggested they might want to consider working with the Fire Brigade to explain safety in the kitchen whilst reducing the fear of uniforms.

- 3.45 The group asked about how work placements were scheduled. It was explained that for entry 3 students they would spend 3 days at the college and the 4th day carrying out a work placement, for entry 1 and 2 students, they would attend college for 4 days a week; however during their lesson timetable blocks of days or a week where the work placements would be scheduled.
- 3.46 It was explained that qualifications were achieved on a continuum scale, in a classroom situation; some students were able to meet the qualifications actively, whereby witness testimonies and photos were evidenced. The college worked with the ROSE project, set up work experience for students and had job coaches who could shadow students for a period of time and then withdraw once the student was confident. The job coaches could be reinstated if the student felt they needed additional support.
- 3.47 All students were assessed every year on a case by case basis, some students do move across into the mainstream campus, and this is done on a phased basis, so it is not a shock to the students. Transition was continued throughout the summer so that there was no lengthy break in continuity for the students. It was noted that 3 students would be transferring to the mainstream college shortly.

Other findings

- 3.48 The group agreed that the ROSE project was very successful. It was agreed that effective scrutiny could be achieved by focusing on areas needing improvement.
- 3.49 The group discussed at length past experiences of children with learning disabilities who had left school in May and not started at the further education until September. All the social and learning skills that had been developed had gone in this short time. It was felt essential that there be some ownership between schools, colleges and employers in ensuring that these skills are not lost. The group also felt that simple interviewing techniques should be built in to any future opportunities being developed to improve employment skills, for example in the offer to children and young people who will be based in the new 16-25 provision which plans to open in September 2016. (Recommendation 4.13)
- 3.50 At its penultimate meeting, the group learned that the changes that had been made to the EHCP, with the input from Positive Parents and SENSA, had now been removed and the EHCP put back to its original form. (See paragraph 3.6, 3.12 and 3.13). The group was very concerned that some EHCP's may not be person centred and the outcomes not specific, measurable, achievable, realistic and timely (SMART). (Recommendation 4.1)

4.0 RECOMMENDATIONS

- 4.1 All Education Health and Care Plans to be person centred and to ask the right questions. The child should be at the centre of the plan with both child

and parents input. All outcomes on EHCP's should be SMART, with the child at the centre of the plan. Consultation on all parts of the EHCP's should be carried out with relevant partners during the initial stages of the review.

- 4.2 To ensure that the Havering Local Offer is publicised and signposted more effectively so that all members of the public are aware of the services available.
- 4.3 To ensure that all schools are passing the relevant information onto families and children to make them aware of support available and any transition processes, taking into account the needs of the parents, who may also need additional support.
- 4.4 To ensure that all headings in the EHCP have explanatory notes to explain exactly what needs to be provided in each section.
- 4.5 To devise a checklist to assist everyone involved in the process of the transition meeting and ensure that all parents are aware of the reasons for the meeting and who should be present.
- 4.6 To encourage school to arrange Career Guidance interviews for young people with Learning Disabilities during the first academic term of Year 11.
- 4.7 To encourage schools to be more flexible and provide additional Career Guidance for young people with a Learning Disability in Schools and Colleges to support an effective transition.
- 4.8 FOR PROSPECTS: To review available training of staff working with young people with a Learning Disability or difficulty with a view to providing more specific needs based training where required (*taken from Prospect brief*)
- 4.9 To ensure that all agencies and individuals are aware of how and when the conversion to EHCP will take place for each child/ young person.
- 4.10 To ensure that two young people with Learning Disabilities from Havering College are engaged with the Chamber of Commerce to explore the types of work they may be interested in. The Chamber of Commerce can then share this with its members with a view to getting young people into local businesses.
- 4.11 To arrange a career's event to include employers of young people with learning disabilities ensuring the needs of the young people are considered.
- 4.12 To strongly encourage the Lead Member to establish a link between the Local Authority and Job Centre to enable people with a learning disability to obtain employment.
- 4.13 To include simple interviewing techniques on the Local Offer site for children and families to access.

ACKNOWLEDGEMENTS

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

Annette Froud – Learning Disabilities Service Manager
Karen Street – Positive Parents
Angela March – SENSA
Mary Pattinson – Head of Learning and Achievement
Denny Grant – Senior Consultant - Education
Lisa Harvey – Deputy Manager of LSS
Matthew Joyce – Prospects
Emma Thompson – Havering College
Daren Nunn – Havering College
Tracey Fisher – Positive Parents
Chris Laney – Havering Chamber of Commerce
John Green - Strategic Commissioning Lead - Prevention

The following comments are submitted by members of staff:

Financial Implications and Risks:

There are no direct financial implications arising from the implementation of these recommendations, although, should demand and pressure be raised due to the review and training of developing Education Health Care plans, this may result to pressure on staffing should the need become apparent.

Currently the Prospects contract has been reduced to statutory minimum. Should the criteria or remit need to be revisited in what it provides, funding will need to be identified.

Joint working with the schools and agencies would be recommended to encourage awareness and understanding, to avoid essential people missing out on needs that are required.

Any additional cost implication to arise should additional resources be required will need to be met from existing resources and any specific grants allocated for new burdens, or by reallocation of existing resources.

Legal Implications and Risks:

There are no apparent legal implications in noting the contents of the Topic Group Report and no recommendations which appear to have any legal risks if implemented

Human Resources Implications and Risks:

There are no direct HR implications or risks, to the Council or its workforce, that can be identified at this time from the recommendations made to Members in this report. If the recommendations from the outcome of this review of support by the

Topic Group are subsequently endorsed by Cabinet for implementation, as read, this may impact on the Council's services in terms of capacity, staffing levels and training undertaking within relevant teams with responsibility for EHC Plans and support for young people with learning disabilities and/or learning difficulties.

Equalities and Social Inclusion Implications and Risks:

The overriding principle of equality legislation is generally one of equal treatment. However, the provisions relating to education, work and disability discrimination are different in that public authorities in the exercise of their public functions may, and often must, treat a disabled person more favourably than a person who is not disabled and may have to make changes to their practices and proactively consider reasonable adjustments to ensure, as far as is reasonably possible, that a disabled person can benefit from what they offer to the same extent that a person without a disability can. The implementation of the recommendations set out in this report aim to ensure that children/young people with disabilities and their parents/guardians receive person-centred support and appropriate advice and guidance to be able to fully participate in public life both during their childhood and adulthood. The recommendations relating to improved access to information and advice will help ensure that parents and children are aware of support available to them upon leaving school and entering further education or work. As these recommendations are implemented it will be important to capture equalities data on usage and where possible satisfaction of these improvements. In doing so the organisation will be able to identify any gaps or issues that need to be addressed, minimise potential negative impact and optimise positive outcomes for service users, and will be able to demonstrate compliance with the duties set out in the Equality Act. The recommendations relating to a closer relationship with the business sector may benefit from the organisation developing key points from the well-established business case for employing disabled people. This could be disseminated with a view to dispelling some myths around employing disabled people. Again the benefits of this and any related activity stated in the report will need to be captured. The suggested improvements to the EHCP process, subject to these being implemented will help ensure that the process is more inclusive and accessible, and the support that children/young people with learning disabilities and their parents/guardians receive is needs based and person-centred.

Background Papers List

Notes of Learning Disabilities and Support Topic Group Meetings:

16 October 2014
25 November 2014
6 January 2015
26 February 2015
5 May 2015
14 May 2015
16 June 2015
21 July 2015