



# Havering

L O N D O N   B O R O U G H

## INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

<b>7.00 pm</b>	<b>Thursday 3 March 2016</b>	<b>Town Hall, Main Road, Romford</b>
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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](mailto: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 INTERESTS**

Members are invited to disclose any interest in any items on the agenda at this point in the meeting.

*Members may still disclose any interest in an item at any time prior to the consideration of the matter.*

### **4 MINUTES** (Pages 1 - 6)

To approve as a correct record the Minutes of the meeting of the Committee held on 12<sup>th</sup> January 2016 and authorise the Chairman to sign them.

### **5 UPDATE ON INFORMATION AND ADVICE** (Pages 7 - 12)

The Sub-Committee will receive an update on the Information and Advice Service provided by Adult Social Care.

### **6 INTEGRATED SOCIAL CARE TEAM** (Pages 13 - 16)

The Sub-Committee will receive a progress report on the Integrated Social Care Team.

**7 DIAL A RIDE - UPDATE**

The Sub-Committee will discuss the outcomes of the meeting with the Deputy Chief Executive, Communities and Resources in respect of the Dial a Ride service in Havering and agreed on a draft letter to be circulated to Mayoral candidates (*to follow*).

**8 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.

**9 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  
12 January 2016 (7.00 - 9.00 pm)**

**Present:**

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

Apologies for absence were received from Councillor Darren Wise

Councillor Philip Hyde was also present.

**12 MINUTES**

The minutes of the meeting of the Sub-Committee held on 22 September 2015 were agreed and signed by the Chairman.

**13 SAFEGUARDING ADULTS**

The Sub-Committee received a presentation on Safeguarding Adults. The officer outlined how introduction of the Care Act 2014 had put adults safeguarding on a statutory footing for the first time.

This laid the foundation for change in the way that care and support was provided. It encouraged greater self-determination, so people maintained independence and had real choice. There was now more emphasis on working with adults at risk of abuse and neglect to have greater control in their lives to both prevent it from happening and to give meaningful options of dealing with it should it occur.

The Sub-Committee noted that the London Multi Agency Adult Safeguarding Policy and Procedures had been produced. This set out the vision that safeguarding was everyone's business. This provided a shared approach to adult safeguarding through improved practice, feedback and procedures. It also aimed to encourage the continuous development of best practice in order to better safeguard adults throughout London. The London wide launch of the Policies and Procedures would be in February 2016, and locally cross-agency training sessions or/briefings would be arranged to ensure all partners and staff aware of them

The Sub-Committee was informed that the Integrated MASH (Multi Agency Safeguarding Hub) had been established for both children and adults following a recommendation of a previous serious case review in another borough. It ensured that if an alert came in all agencies involved could co-ordinate a response. It was noted that there had been 159 cases which had

been responded to by the MASH in 2015/16. There were 148 categorised as Amber (an individual who was at risk of harm) and these would be resolved in 1 working day, and 11 cases categorised as Green (if left unresolved could be at risk of harm); these would be resolved within 3 working days.

The Sub-Committee was informed that a new post of Principal Social Worker was now in place and the role of the postholder supported continuous professional development across adults and children's services to support improvements in social work and social care practices. They would focus on standards of practice and would lead in the following areas:

- Safeguarding and Service Standards Unit
- Quality Assurance (Audit and Practice Development) across Adults Services
- Learning and Development
- Business Management and support to the Safeguarding Adults Boards and dissemination of learning.

An overview of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) was given. The Mental Capacity Act 2005 was set around five statutory principles, these principles were:

- Principle 1: A presumption of capacity
- Principle 2: Individuals being supported to make their own decisions
- Principle 3: Unwise decisions
- Principle 4: Best interests
- Principle 5: Less restrictive option

The Sub-Committee was informed that there should never be a blanket decision around an individual's mental capacity; each decision about mental capacity should be relevant to the decision that has to be made. For example, an individual may not be able to decide about where they live, however they may be able to make decision about what they eat and do during the day.

The Deprivation of Liberty Safeguards was part of the Mental Capacity Act 2005. It was noted that the levels of DoLS referrals and reviews had increased from 33 in 2013/14 to 417 in 2015/16. This increase was in line with national figures. The best interest assessments were carried out by someone who was not involved in that person's care or in making any other decisions about it and must be a qualified social worker, nurse, occupational therapist or psychologist with appropriate training and experience. Each assessment or review took approximately 6-8 hours.

Members asked if the assessment/reviews were only for Havering residents. The officer explained that DoLS applied to Havering residents living in a residential, nursing or hospital setting. This also applied to Havering funded residents in residential or nursing accommodation outside of the borough



and those funding their own care in care homes based in Havering. It was noted that for all other settings such as supported living or someone living in their own home (where their liberty is being deprived) these had to be referred to the Court of Protection which was very costly and time consuming.

The Sub-Committee was provided with information on safeguarding performance. It was noted that as at the end of November 2015, 678 safeguarding concerns had been received with 76% progressing to enquiry. The most common locations for alleged abuse to occur were the victims' own homes (36.1%) and a Nursing or Residential care home setting (41%). Physical abuse was the most common type of abuse (40.6%) followed by neglect (30.6%).

The Havering Safeguarding Adults Board was now a statutory board with strong leadership. The main bodies included the CCG, Police and the Local Authority. A draft action plan for 2016/17 had been developed ensuring that there was early intervention rather than safeguarding allegations.

The presentation concluded with details of a Council-wide campaign to raise awareness, with hard hitting posters and a special business card that had been produced to make sure everyone knew who to contact if they suspected abuse or neglect. This information was being distributed to all staff.

The Sub-Committee thanked the officer for the very informative presentation.

#### **14      HEMOCARE SERVICES PROVIDED BY TAPESTRY**

The Sub-Committee received a brief from the Chief Executive Officer of Tapestry. It was provided with an overview of the Home Care Service available in Havering. It was explained that Tapestry was more than just a Home Care provider, it was a prevention focused individualised care and support service, working to keep people active, healthy and connected in their own homes. Investments had been made in new technologies so as to make the service more efficient and cost effective. A new Customer Relationship Management (CRM) system, which included a live roster system, managed all care and support through smart devices. It was hoped that outcome data could be produced from the system from April 2016. Investment in both training and salaries of care workers, with a commitment to meet the living wage (as defined by the Living Wage Foundation) by 2017 and payment of travel expenses and travel times as part of employment packages, ensured good quality and reliable staff.

Members were informed that the current hourly rate was £7.84, however Tapestry were looking for an increase of 5% year on year. The approximate unit cost for care was around £16-£17. Individual care could be bought by

anyone who was able to pay for it. Staff were all fully contracted however there were flexible contracts to fit around personal circumstances, often staff had caring responsibilities of their own.

Tapestry was working closely with external advisors to establish outstanding levels of service provision. They were currently awaiting a CQC assessment and were hoping to be rated outstanding. A new food service had been introduced which was capable of providing specialist food to individuals. This could be for individuals who had been discharged from hospital and required food prepared in a particular way.

New Care Co-ordinators had been highly trained to work with clients as part of an initial assessment to develop personalised care packages and to work proactively with stakeholders and clients to ensure that plans were regularly reviewed and adapted to meet the individual's changing needs. Care staff were also trained to notice and report changes in behaviour such as reduced activity, mobility or increased isolation.

The Sub-Committee thanked the Tapestry officer for the informative brief.

**15 TOPIC GROUP UPDATES**

The Sub-Committee noted the Cabinet responses in respect of the Dementia and Diagnosis Topic Group Report and the Learning Disabilities and Support Topic Group Report. It agreed that updates on the suggested recommendation should be brought to a future meeting.

The Sub-Committee agreed and approved the scoping document for the Social Isolation in Older People Topic Group.

**16 PERFORMANCE INDICATORS FOR INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE (Q1 AND Q2)**

The Sub-Committee considered the Corporate Performance Report for Quarters 1 & 2 of 2015. Officers explained that the report identified where the Council was performing well (Green rating) and not so well (Amber and Red) rating. There were 15 Corporate Performance Indicators that fell under the remit of the Individuals Overview and Scrutiny Sub-Committee. Officers explained that the levels of performance needed to be interpreted in context of increasing demands on services across the Council.

The Sub-Committee noted the improvements across a number of indicators and that there were particular challenges for Havering in the take up of direct payments for older people and also noted the increase in the number of people in the 85+ age range going into a permanent residential/nursing care setting.

**17 UPDATE ON DIAL A RIDE SERVICE IN HAVERING**

At the request of a Councillor who was not a Member of the Sub-Committee the current situation with Dial a Ride in Havering was discussed. Previously Transport for London (TfL) were looking at two pilots in London, of which Havering was one, to improve the current service by running it locally. In early December 2015, however, the Deputy Chief Executive, Communities and Resources had indicated that he had met with representatives from TfL with regard to the suggested pilot. It was noted that TfL had suggested that there would be three phases that they would wish to achieve. These included:

- a move to a strategic customer focused complaints and feedback service for all social transport needs including Dial a Ride, Taxicard, Capital Call, rather than manage them separately.
- work to introduce a single booking service for all of the above.
- seeking to expand the role of the operation and who the suppliers of the operation were. This was likely to be broken down into regional chunks, but not necessarily one per Borough. It was possible that Havering could be considered for one of the regional hubs.

The Sub-Committee agreed that they wished to meet with the Deputy Chief Executive, Communities and Resources to discuss the matter further.

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**Chairman**

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**INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE**

<b>Subject Heading:</b>	Information and Advice about care and support
<b>CMT Lead:</b>	Isobel Cattermole, Director Children, Adults and Housing
<b>Report Author and contact details:</b>	Barbara Nicholls Assistant Director, Adults and Commissioning
<b>Policy context:</b>	Health and Wellbeing Strategy Priority 1: To provide early help for vulnerable people to live independently for longer

**SUMMARY**

The purpose of this report is to update the Overview and Scrutiny Sub-Committee on progress with the Council’s information and advice offer about care and support.

**RECOMMENDATIONS**

This report is for information only.

**REPORT DETAIL**

**Why the new offer?**

1. The Care Act 2014 places a duty on Local Authorities to:  
  
‘...establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers’ (Section 4 Care Act 2014).
2. Information and advice is fundamental to enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how they fund it. While Local Authorities must establish and maintain a service, the duty does not require they provide all elements of the service themselves. In Havering it was felt an organisation based in the local community would be best placed to provide residents with information and guidance about care and support.
3. Following consultation the preferred option for delivering face to face information and advice was to make use of community resources and have the service operate from community hubs rather than from one building in one location (the previous model). Community hubs are places or buildings where people already go that are easy to access. In addition to the community hubs it was

proposed developing an outreach service targeting information and advice at particular parts of the community that are hard to reach or would benefit most from receiving it.

4. The Council have also been working on developing a new website providing information and advice about care and support. Both the face to face service and the website have been branded Care Point.
5. The Care Act requires local authorities to help people to benefit from independent financial advice so they can get support to plan and prepare for the future costs of care. The Care Point service will guide and sign-post residents to where they can seek independent financial advice.

#### **The new website**

6. The Care Point website has been redesigned (launched in Dec 2015) to make it more user friendly and customer focussed. Subsequently a session with Healthwatch, providers, service users and staff was held in January 2016, whereby the site was reviewed and suggestions for future updates discussed. These sessions will be on-going as we move to a co-produced approach.
7. As set out in the Care Act 2014 statutory guidance, websites should meet specific standards such as the Web Content Accessibility Guidelines. Our design has considered this, as well as covering the key areas that the Care Act states must be included when providing an information and advice service. The website gives ample opportunity for users to provide feedback. It also gives contact details and includes directories. We will be utilising the My Directory of Services (MiDOS) which is the NHS care directory, when this is available.
8. The website content includes a range of NHS Choices content (per Care Act guidance) as well as local content relevant to services provided by the Council and other agencies.  
[www.haveringcarepoint.org](http://www.haveringcarepoint.org)

#### **The new community service**

9. Following the completion of a successful tender process a three year contract for the provision of information and guidance about care and support has been awarded to Family Mosaic Housing and the service is up and running.
10. Approval had been obtained for the service to be located in the vacant office space in Chippenham Road Housing offices but these premises later became unavailable. Family Mosaic Housing holds an office space in Romford, Holgate House. Following analysis of need, accessibility and value for money approval has recently been granted for the service to operate from a meeting room at Myplace in Harold Hill and also a market stall in Romford Market.
11. Myplace was chosen because:
  - the building is accessible;
  - café space will be opening shortly which is likely to increase visitors and footfall;
  - community groups and activities take place regularly at Myplace such as a pension group, attended by 80 local residents, so there are opportunities for joint working and signposting;
  - the meeting rooms have hot desk space and computer access;
  - larger meeting rooms and private consultation rooms are available to book at the centre for private discussions are large consultations;

- this ward (Gooshays) has a high level of need, the second highest number of social care assessments completed for residents and the highest number of vulnerable pensioner households in the borough; and
- the presence of other related services nearby such as Gooshays Health Centre.

12. The market stall was chosen for the following reasons:

- Romford market has a high footfall and attracts a wide range of residents providing a good opportunity for the information and advice service;
- the market is due to be updated and transformed through an investment programme which aims to increase footfall further;
- there are regular adhoc events in the market providing opportunities for the service to integrate with the community and reach a wider audience;
- Romford has good travel links and is easy to get to;
- flexibility in booking days; and
- Market Management provide regular news distribution for market traders in the form of regular forums and newsletters. Having this service based in the market could open up the prospect of making the market more 'care friendly' and traders 'care aware' by having an on-going care and support presence.

### **Progress to date**

13. The contract with Family Mosaic for the community service commenced September 2015. To date the service has transferred existing staff and recruited new staff. To target different parts of the community across the borough Care Point have arranged regular outreach at the following locations:

- Collier Row Children's Centre;
- Richmond Fellowship;
- Salvation Army, Romford;
- First Stop, Romford;
- Elm Park Children's Centre;
- Romford Library;
- Chippenham Road Children's Centre;
- Rainham Children's Centre;
- Queens Hospital; and
- Family Mosaic, Holgate House.

14. The Council has carried out a mystery shopping exercise to check the quality of the information and advice given. Feedback was that the cases were dealt with in professional way, relevant probing questions were asked and useful information relating to the query was provided. Further mystery shopping is planned in the future, combined with a scoring mechanism to evaluate the responses.

15. The number of residents contacting the service has been steadily increasing each month. Care Point has met with a variety of stakeholders to build relationships and generate referrals. The stakeholders include Healthwatch Havering, the Council's Adult Social Care Front Door, Children's Service, the Council's Communications team, Richmond Fellowship, Sycamore Trust, Salvation Army, Havering Disabled Association and Carers Group.

16. Marketing materials have been distributed across the borough including:

- GP surgeries;
- Banks;
- churches;
- supermarkets;
- local shops;
- Libraries and
- Children's Centres.

17. Arrangements have been made for Care Point materials to be distributed to 10,000 neighbourhood watch members and an advert on local Time FM radio.

18. A range of performance measures and monitoring tools have been implemented to assess the impact and effectiveness of the service. The latest performance data and statistics, from February 2016, will be presented to Individuals Overview and Scrutiny Committee at the meeting.

## **IMPLICATIONS AND RISKS**

### **Financial implications and risks:**

Financial implications associated with the implementation of greater information and advice sourced by potential clients from a community based approach has earmarked funding for this. However, should rental premises costs differ from the options chosen; provision will need to be made from existing resources.

### **Legal implications and risks:**

The Council is under a statutory duty to establish and maintain a service for providing people with information and advice relating to care and support (Section 4 Care Act 2014). Importantly, the duty relates to the whole population of the Borough, not just those with care and support needs or in some way already known to the care and support system.

The service should include information about advice about preventative services, facilities or resources, so that anyone can find out about types and choice of support available locally, which may meet their individual needs and circumstances, and how the system operates and how to access them.

The Care and Support Statutory Guidance issued in October 2014 explains that local authorities 'must establish and maintain a service for providing people with information and advice relating to care and support' (paragraph 3.11); that this must be provided through a variety of different formats; and that the duty in the Care Act will not be met through the use of digital channels alone. There needs to be a mix of provision and this will be expected to include 'face to face contact' (paragraph 3.29).

The new community service provides the population of the Borough with face to face contact and the two locations of the new community service will ensure that the information and advice service is accessible to the whole of the population of the Borough. The issue of location of the new community service should be kept under review to ensure that the service does remain accessible in accordance with the statutory duty.

### **Human Resources implications and risks:**

There are no direct HR implications, or risks to the Council or its workforce, that can be identified from the contents of this report or the recommendation made.



**Equalities implications and risks:**

The provision of an information and advice service will create improved communication links and information sharing between the different protected characteristics so enabling: clearer, fairer care and support; wellbeing – physical, mental and emotional – of both the person needing care and their carer; prevention and delay of the need for care and support; putting people in control of their care.

The service should be delivered in a way that accommodates the differing needs of all communities in Havering.

**BACKGROUND PAPERS**

No background information papers used.

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INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE

Subject Heading:	Integrated Social Care Teams
CMT Lead:	Isobel Cattermole, Director Children, Adults and Housing
Report Author and contact details:	Barbara Nicholls Assistant Director, Adults and Commissioning
Policy context:	

SUMMARY

There are a number of key forms of integration; this paper will focus upon the progress in Havering around multidisciplinary service integration.

RECOMMENDATIONS

This report is for information only.

REPORT DETAIL

Integrated Care

The idea of Integrated Care is not new – the concern about lack of integrated care dates back to before the start of the NHS. This concern has been about fractures in systems and delivery that allow individuals to ‘fall through the gaps’ in care.

People benefit from care that is person-centred and co-ordinated within healthcare settings, across mental and physical health and across health and social care. For care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs.

A person’s care may be provided by several different health and social care professionals, across different providers. As a result people can experience health and social care services that are fragmented, difficult to access and not based around their (or their carers’) needs. Approaches that seek to address fragmentation of care are common across many health systems, and the need to do so is increasing as more people live longer and with complex co-morbidities.

Integrated care may be judged successful if it contributes to better care experiences; improved care outcomes; and the delivery of more cost effective services.

As financial and service pressures facing the NHS and local government intensify, the need for integrated care to improve people’s experience of health and care, the outcomes achieved and the

efficient use of resources has never been greater. The Better Care Fund (formerly the Integration Transformation Fund) was announced by the Government to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is one of the most ambitious ever programmes across the NHS and Local Government. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services. This not new or additional money; however, it comes from clinical commissioning group (CCG) allocations and NHS money already transferred to social care. Guidance makes clear that the Better Care Fund will entail a substantial shift of activity and resource from hospitals to the community.

## **Work in Havering**

The Barking Havering and Redbridge CCG Integrated Care Coalition '*Case for Change*' sets out the plans for the shift of resources from acute to community and to provide better care and services closer to peoples' homes.

There is a developing joint commissioning approach with the CCG, governed by a joint commissioning management forum, working towards a vision for how health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or care homes.

The priorities for our integrated care system include developing further the integrated locality model. Our design principles underpin this by stating: '*Localities will be central to organising and co-ordinating peoples' care*'.

Our BCF 2015/16 plan states: The strategic objective will deliver by 2019: '*A locality based integrated health and social care workforce comprising multi- disciplinary workforce across six GP cluster-based localities. Remaining sensitive to practice list profiles, the service will incorporate adult social care eligibility criteria in its risk profiling. It will include voluntary sector provision of local information and advice and integrate mental health professionals. This will ensure a smooth pathway between locality and specialist provision and to provide support to GPs and their patients in a similar way to physical health specialists. Individuals will have a named care professional who will be responsible for ensuring their care is appropriately coordinated for their needs.*'

This will build on the successes of Integrated Case Management (ICM and ICM+) the Community Treatment Team (CTT), the Joint Assessment and Discharge (JAD) team and the recently launched Health and Social Care Service (HSCS) and integrate fully the social work function across the services.

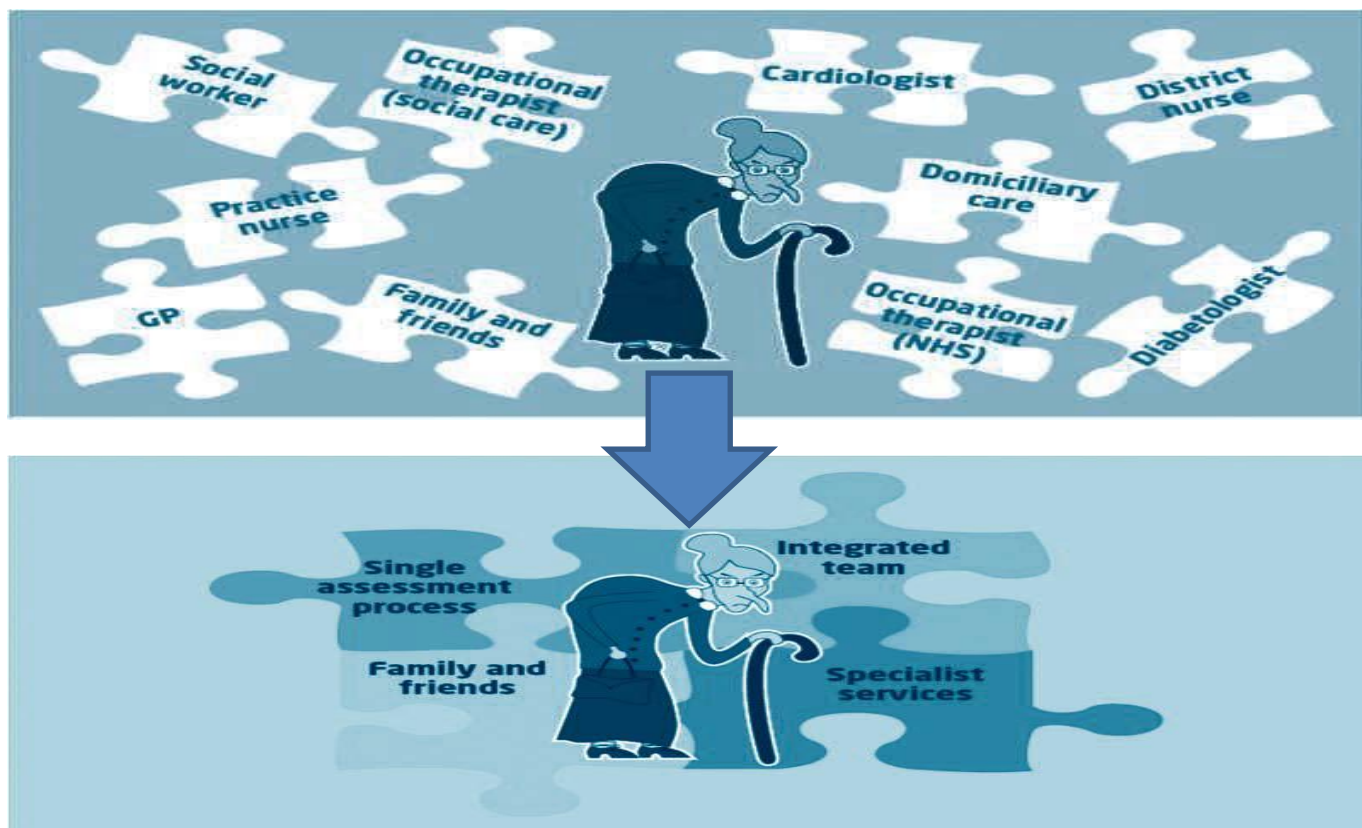
This approach aims to remove organisational barriers so care can be joined up around individuals. By increasing co-ordination, collaboration and integration the service aims to:

- Improve the service user experience, they '*tell their story once*'
- Eliminate duplication
- Streamline care pathways
- Intervene earlier and adopt and preventative approach; and
- Improve safeguarding.

The locality model will be based on six clusters of GP practices co-locating health and social care staff wherever possible, to ensure that multi-disciplinary working is embedded in daily practice and as well as through multi-disciplinary meetings. The approach will be targeted and proactive with joined up assessment, care planning and care co-ordination.

The patient cohort being targeted by the locality working model are frail elderly people, mostly over the age of 65 with one or more long term conditions. The cohort also includes patients with dementia, End of Life patients, those at risk of hospital admission / re-admission, and those being discharged from hospital.

It is our intention to expand integrated locality working in the future to include paediatrics/vulnerable children, once the adult focused approach has been piloted, evaluated and adjusted to deliver the intended benefits.



### **Progress to date and next steps**

Co-located teams are now in place in Cranham and Harold Hill, with two more locations in Romford and Rainham/Elm Park to be co-located by April 2016. The locations house social work and health (NELFT) teams.

Once the four teams are co-located, the service delivery model will be reviewed to agree how we can then progress towards full integration with NELFT partners. The key aim will be to have a joint approach to assessments and care planning and, where funding is used for integrated packages of care.

Performance measures are in place to track the benefits and impact of the move to co-location. There is a joint governance framework in place as well as an operational group.

It is expected that we will be able to respond more quickly and effectively at earlier points in the pathway to a non-elective admission, managing the increase in demand that is likely to occur with Havering's specific demographic.

Early intervention and the provision of the right services at the right time will have the impact of enabling people to stay at home rather than move to a residential setting. The patient and service user experience is expected to be positively impacted as a more joined up approach will be in place to enable better information sharing and more timely decision making as we move towards full integration. Pathway mapping will improve as the model develops further.

Information Communications Technology has been and will continue to be key focus area as integration in joint localities continues. Work is already underway to ensure better data sharing between health and social care, based on the NHS number and secure scanning at each location is also being developed further.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:**

It is anticipated that budgetary pressures related to providing care services through greater integrated social and health care activities routed to a community based approach will be funded through the Better Care Fund.

**Legal implications and risks:**

There are no apparent legal implications from noting this report.

**Human Resources implications and risks:**

There are no direct HR implications, or risks to the Council or its workforce, that can be identified from the contents of this report or the recommendation made.

**Equalities implications and risks:**

The proposals contained within the report will support and maintain a number of services which protect individuals and ensure that they are targeted to those in most need. No adverse impact upon patients or service users is anticipated as a result of the information contained within this report

**BACKGROUND PAPERS**

No background information papers used.