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MINUTES OF A MEETING OF THE INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE Town Hall, Main Road, Romford 19 February 2014 (7.00 - 8.50 pm)

Present:

Councillors Wendy Brice-Thompson (Chairman), June Alexander (Vice-Chair), Jeffrey Brace, Keith Wells, Denis O'Flynn and Linda Hawthorn (In place of Linda Van den Hende)

Apologies for absence were received from Councillor Pam Light and Councillor Linda Van den Hende

22 MINUTES

The minutes of the meeting of the Committee held on 10 December 2013 and the Joint Overview and Scrutiny Committee held on 24 January 2014, were agreed and signed by the Chairman.

23 DEMENTIA STRATEGY REVIEW

The Committee received a very informative update report on the dementia Strategy. Following the establishment of the Dementia Partnership Board in 2012, the Board had established two additional sub-groups; Dementia User Engagement sub-group and the Dementia Training and Education sub-group.

The Dementia User Engagement sub-group enabled members of the Board to engage with and hear directly from users and carers about their experiences of the service. The group used existing forums such as the Dementia Café organised by the Alzheimer's Society. The Dementia Training and Education sub-group played a key role in coordinating all dementia training provided within the borough.

The Committee noted that the Dementia Partnership Board adopted a strategic and integrated approach to overseeing implementation of the National Dementia Strategy. The Dementia Programme Manager, which was jointly funded by the Council and Havering CCG, coordinated and supported the work of the Board. The Board had agreed that the local pathway be streamlined and had four stages:

Prevention and Identification (linked to objective 1 of the national strategy)

This focused on improving public and professional awareness and understanding of dementia. Officers stated that it had been agreed to establish a Dementia Action Alliance for Havering. This was based on a national scheme, and involved engaging with local businesses, emergency and transport services in working together to become “dementia friendly” organisations. Officers stated that the ultimate aim was for Havering to become a “dementia friendly” borough.

Assessment and diagnosis (linked to objective 2 of the national strategy)

The NHS Mandate (2013-2015) between the Government and the NHS Commissioning Board set out the ambitions for the health service. This included all areas to achieve a dementia diagnosis rate of 66% for their population by 2015. The dementia diagnosis rate in Havering, based on data from 2011/12 was 39%. At the time there were 1332 people on the GP Dementia Register, and the forecasted number of people was 3419. As the population in Havering was ageing, and the prediction of increased incidence of dementia, an action plan had been put in place. Various steps were being taken, including the CCG working with Public Health to establish any gaps between anticipated prevalence and those people recorded on GP registers.

Living well with dementia (linked to objectives 3-11 of the national strategy)

Age Concern was commissioned by Havering CCG to provide the Dementia Advisory Service. The Advisory Service provided a pre and post diagnosis support and advice service, which was person centred. In 2012/13 the service was provided to 1435 people and the total number of people registered on the service database was 2680. The Alzheimer’s Society also delivered information provision in the local community including schools, and providing people with early access to relevant information. They were also commissioned by the London Borough of Havering to provide a peer support service and function.

Officers stated that there had been a gap identified in intermediate care for people with dementia, and this had been included in the draft Implementation Plan as an area which required consideration and further work.

End of Life Care (linked to objective 12 of the national strategy)

In Havering, a local End of Life Steering Group had been established, and as part of its work would seek to identify and address the needs of people with dementia and their carers within the work of the group. A new Gold Standard Framework training commenced in January 2014 and was available to care home staff, domiciliary care providers and GPs via the local Steering Group.

Members asked about the Dementia Partnership Board and the representatives who sat on it. Officers explained that it was chaired by the Dementia GP Clinical Lead at Havering CCG, with officers from CCG and Commissioning (ASC) in attendance. The Committee requested sight of the minutes of the Board. The Head of Adult Social Care agreed to pass the request onto the CCG. It was suggested that the report should also be sent to the Health Overview and Scrutiny Committee.

A member asked for information about how banks and insurance companies treat people with memory problems and dementia, and were there any policies in place to deal with people with early onset dementia who still had a mortgage on their property. Officers agreed to investigate this area and feedback to the Committee.

24 SERVICE AND STRUCTURE DELIVERY PRESENTATION

The Committee received an informative presentation on the Service and Structure Delivery of Adult Social Care. It set out the structure and the services provided to customers and carers. Officers stated that it was essential that the workforce was appropriately training to deliver services to the older and vulnerable population of the borough.

Future challenges and priorities would include the legislation of the Care Bill and the Better Care Fund. The latter was created by Government and provided a top-slice of the NHS budget which would be for CCG and Adult Social Care to provide a better integrated service for 2015/16. Officers agreed to provide a summary of the report to the Committee.

The Committee discussed at length how the demographics of the borough were a challenge. The officer stated that there were more residential bed in the borough than was needed, therefore other boroughs would use this provision, placing the financial pressure on to Havering. Members asked if it should be the authority they were transferred from that should pay for the care. Officers stated that once they are living in the borough, then the responsibility lies with Havering. The new Care Bill also introduces 'user accounts' that move with them, and there is more dialogue between local authorities, so that the receiving authority should in principle receive a referral from the placing authority and will have the opportunity to assess the person before they move to the new borough.

The Committee asked for statistical information on the number of people coming into the borough and those going out, which contributed to the financial pressures, put on Adult Social Care.

25 HEALTHWATCH HAVERING PROGRESS REPORT

The Committee received the Healthwatch Havering Progress Report. It was noted that Healthwatch had developed very rapidly and was now very different to the former LINK functions. Healthwatch Havering was very different from those in other parts of the country, and had been held up as exemplary at a national level for both its main areas of concern. These included adverse CQC and other reports about care in Queens Hospital and in several care homes. Correspondence with both the Chief Executive of BHRUT and with several care home proprietors about these concerns, were met with very positive responses.

Healthwatch Havering had representative on a number of formal meetings including the Health, Individuals and Children and Learning Overview and Scrutiny Committees, as well as the North East London Quality Surveillance Group, the St Francis Hospice Clinical Governance Group and the Healthwatch Havering lead member for Dementia sat on the Dementia Advisory Group for the CQC.

The Committee noted that Healthwatch Havering carried out public consultation and participation through community events and workshops. A series of events were being held around the Borough, inviting the public to comment on the health and social care services for people who have dementia or a learning disability. These events were open to all but Healthwatch want to hear especially from people directly affected and their carer's.

Healthwatch had the power to "enter and view" which could be unannounced or within a given timeframe. This assisted with any investigations or complaints that they were made aware of.

The Chairman stated that the report was encouraging, and noted that previous community events had been well received and attended.

26 SAFEGUARDING REVIEW UPDATE

The Committee received a presentation on the Safeguarding Adults in Havering. There were two strands of keeping adults safe from abuse:

- Independent Audit of Safeguarding Adults functions
- Appropriate Safeguarding Governance arrangements.

The first strand included identifying areas that needed to be addressed or improved. These included a better awareness of Safeguarding Adults policy and procedures, clarity of roles and responsibilities, ensuring that IT systems effectively support Safeguarding Adults practices and that there is strategic direction including in the partnership working.

The second strand included clear multi-agency policy and procedures setting out expectations, partner protocols between key statutory partners e.g. Police, BHRUT, CCG, NELFT etc. There needed to be clear terms of reference for the Safeguarding Adults Board and information sharing, reporting and problem solving of the Board and its partners.

The Committee were informed that Quality Monitoring and an Annual Report were also important in Safeguarding, as this set out the development plan which could provide an audit of the Safeguarding Adults functions and practices. Better data collection in this area was also necessary so that trends and patterns can be identified. All managers including the Head of Adult Social Care were looking at case files on a random basis to ensure that they are all in order, and any training needs identified. This in turn would feed into the Learning, Development and Support for all staff, managers and others on the partnership board.

The Chairman asked if there was a Whistleblowing policy in place. Officers stated that there was, and a copy would be circulated to the committee.

A member asked if there was a system in place whereby the family/ friends could be made aware that the safeguarding team were involved and that all action was being recorded. There was a discussion about installing cameras, however there may be legal issues around this. The officer stated that she would seek some legal advice and let the Committee know the outcome.

The Committee agreed that this was a work in progress and agreed that this item should be considered again by this committee in 6-8 months.

27 DIAL A RIDE UPDATE

The Committee received an update on the current situation with Dial a Ride. The Chairman stated that TfL had commissioned consultants to carry out a review of Social Needs Transport which included Dial a Ride, Community Transport and Taxicard. The review was carried out on 1st December 2014. Representatives had already visited the Cental Depot and it was hoped that a report would be published in May 2014. The review would consider the following:

- How demand might be affected in the future;
- How well the sector meets user needs;
- How well the sector currently works together, and
- Whether closer working could produce benefits for users

The officer stated that a date would be arranged for the consultants to meet with both Councillors and local user representatives. The officer had met with the consultants and they understood the concerns that Havering had.

28 FUTURE AGENDAS

The Committee reviewed its work programme for the next meeting and agreed to look at the following items:

- Activate Havering
- Carepoint Update
- Financial Debt
- Personal Budgets update

Chairman