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## **MINUTES OF A MEETING OF THE INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE Town Hall, Main Road, Romford 18 November 2014 (7.20 - 9.55 pm)**

### **Present:**

Councillors June Alexander (Chairman), Philip Hyde (Vice-Chair),  
Roger Westwood, Darren Wise and Frederick Thompson (In place of Ray Best)

Apologies for absence were received from Councillor Ray Best, Councillor Viddy Persaud and Councillor Keith Roberts

### **22 MINUTES**

The minutes of the meeting of the committee held on 9 September 2014 and the Joint Committee (budget) held on 8 September 2014 were agreed and signed by the Chairman.

### **23 HEALTH AND WELLBEING BOARD MINUTES**

The Sub-Committee noted the Health and Wellbeing Board minutes.

### **24 INFORMATION AND ADVICE SERVICE**

The Sub-Committee received a brief on the information and advice provided by Adult Social Care. Officers explained when information may be needed and that by providing good information and advice would improve the wellbeing of people and may delay or prevent the need for further support.

In 2012, Carepoint was established which was run by the Citizen's Advice Bureau. Carepoint had a shop in High Street, Romford, where residents could obtain information, or be signposted to alternative services relevant to their needs. Other ways of receiving information would be via the telephone or email. The advisors in the shop can give support to all clients. The premises were fully accessible and had a confidential meeting room. The shop is open late on a Thursday and is also open on a Saturday.

Other information services were available in Children's centres, Neighbourhood Offices, Libraries, MyLife Havering (where you can find information online in one single place about the services and support available locally for children, young people and adults with special educational needs and disabilities), Voluntary sector organisations (Age Concern) and national organisations including NHS Choice, Net Doctor and the CQC website.

The Sub-Committee thanked the officer for the informative brief and asked that the list of information and advice centres be circulated to all members.

## **25 SCOPING DOCUMENT FOR TOPIC GROUPS**

The Sub-Committee agreed the scoping documents for the following topic groups:

- Dementia and Diagnosis Topic Group
- Learning Disabilities and Support Topic Group.

## **26 TELECARE PRESENTATION**

The Sub-Committee received a presentation on assisted technologies. These were to promote independence and provide care at a distance.

The Telecare centre was run 24 hours a day, 7 days a week with a response service. There were approximately 4,500 clients who received the service the majority were elderly and lived in their own homes.

The Sub-Committee was able to view a number of the technologies that could be offered to clients. The minimum was a box and pendant which could be linked to the client's telephone line and could open up a communication line between the telecare centre and the client. It was peace of mind for the client that there was someone at the end of the line should they fall or become ill. 85% of clients had this technology.

Other equipment included a watch which worked in the same way as a pendant, a PIR system which had sensors to ensure the client was moving around, a flood detector and a temperature extreme detector. All of these, if activated, would sound an alarm at the telecare centre which operators would respond too. The Sub-Committee was informed that there was also a falls detector which could work out if the client was in an upright position. If there was an increase in acceleration downwards followed by and decrease in deceleration then the alarm would sound. The Sub-Committee noted that in October 2014, there were 256 emergency calls, 127 due to falls and only 24 of these needed ambulances, due to the nature of the service, and the response of staff.

There was also a pills dispenser which could be programmed to dispense at certain times of the day and was currently a 28 day pod. If the client does not remove the tablets at the selected time then the telecare centre can call to remind them. Officers were talking to the manufacturer about getting a bigger or smaller dispenser as clients would often need different tablets at different times during the day. Currently clients were being provided with more than one dispenser.

Officers explained the on-track system, which included either the Skyguard or Vaga-watch. These were GPS systems which could track people who wandered. A Geo-fence could be set up in a particular area so that if the client went outside of that area then an alarm could be sent to the call centre who could then get an alert to a next of kin or relevant carer. The smallest area that could be set was 200 metres.

Members asked how many responders there were at the call centre. The officer explained that there were 11 responders in total who worked across the 24 hour rota system. During the day there would be 5-6 responders and in the evening there would be 2-3 responders. The response time targets were 90% in 45 minutes and 100% within an hour. The average response time in Havering was 23 minutes with 99.2% in 45 minutes in October.

Members asked if there were particular “peak” times for calls. The officer stated that there was no peak time and every day was different. There were more requests for installation between January and March together with removal of equipment due to the death of the clients.

The officer explained that the minimum cost was £4.68 a week, which included equipment, installation and all call-outs. The service was installing on average 100 units a month and removing approximately 50 a month. All equipment was re-used and the service was not fixed to one supplier. The equipment was regularly tested and maintained every year. An alert for a low battery is sent but this is up to 3 months before the battery needs changing. The service ask that all individuals test their equipment once a month and if they have not heard from someone the call centre will call them to ensure the equipment is working efficiently.

The Sub-Committee thanked the officer for the comprehensive presentation.

## **27 COMPLAINTS ANNUAL REPORT**

The Sub-Committee received the Adult Social Care Complaints, Comments and Compliments Annual Report. It noted that there had been a slight increase in complaints between 2012/13 and 2013/14. A breakdown of the complaints by service area was explained. The highest area of complaint was about external homecare however this service had the largest number of clients.

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

The response times had improved slightly. There had been a slight increase in the number of informal complaints responded to within 10 working days and improvements for formal complaints responded to within 10 work days by 58%.

Recording of monitoring information had improved from previous years. Methods of contact for 2012/13 were mainly traditional e.g. letter, email, telephone. With the direction towards online communication, alternative methods should still be made available.

It was noted that there had been 102 compliments made to the service which was almost the same as the complaints (108). The total number of member enquiries received during 2013/14 was 76, a 30% increase from 2012/13. 75% were responded to within 10 days.

The Sub-Committee noted the action plan and the areas for improvement.

## **28 DIAL A RIDE**

The Sub-Committee received a presentation on the issues faced by Havering residents in relation to the Dial a Ride service. The Sub-Committee was given the background to what the Dial a Ride service was. It noted that the service was provided free to its members, providing that they meet the relevant criteria. The cost per journey was £25.66, compared with just £12 per journey under the Taxicard scheme.

The issues experienced by users of the Dial a Ride service included:

- Poor scheduling of collections and arrivals of passengers – evidenced by buses having one passenger at significant times, or three buses in the same road for three separate requests.
- The refusal levels of the service – 5.5 % of all requests made in 2010 were refused or Dial a Ride were only able to offer a one way trip.
- The lack of consistent performance monitoring information from TfL to the London Boroughs – it was only noted that the neighbouring borough of Barking and Dagenham received on average 40 trips per member per year, whereas Havering received 28 trips per member per year.
- The lack of liaison between TfL and the London Boroughs – There was never one contact and if a name was given they were very difficult to contact or obtain any information from.
- Inconsistencies in service on a borough by borough basis – Havering had a much older population than its neighbouring borough of Barking and Dagenham, however the service levels were very different.

The Sub-Committee noted the population figures from the 2011 Census and that the population aged 65+ of Havering, was larger at 18% than Barking and Dagenham (9%), London (12%) and England (15%).

A visit to the Dial a Ride Head Office and call centre took place in July 2009. This meeting consisted of officers and members from Havering, a local user and a member of Havering LINK (now Healthwatch). They met with a number of Dial a Ride officers including the General Manager. The findings of this visit included:

- Transport could not be provided to hospitals (only visiting) – appointments overrun and there was no set pick up time.
- The service operated on a local area with the majority of trips under 5 miles as the crow flies – with Havering being a large borough, this had implications for those residents living in Cranham in the East who were unable to access Romford Town Centre.
- No vehicles had trackers installed – therefore the office did not know where vehicles were, hence lots of dial a ride vehicles being seen parked in residential streets when they could be better utilised.
- Dial a Ride had 350 vehicles across 31 boroughs, this achieved 1.4 million trips a year at a cost of £25.66 per person per trip. – the in-house Passenger Travel Service could provide the same service was £30 an hour, including all costs and was not per person. The equivalent of Dial a ride moving one person per hour.

The Committee, at the time, again approached the General Manager of Dial a Ride in late 2009, suggesting the opportunity to work in partnership, as part of the London Mayor's Door to Door Strategy, by making use of the council minibus fleet surplus capacity in the middle of the working day and throughout the school holidays. Other approaches were made to the Mayor for London however there was no response received from either approach.

In late 2012 another approach was made, this time to the Deputy Mayor for Transport requested that a meeting take place to discuss the issues. A meeting was set up for February 2013. At that meeting a number of issues were discussed. The following items were agreed by TfL:

- That Havering was different from other boroughs and was not a “one size fits all” service
- Dial a Ride schemes elsewhere operated more efficiently even using the same software
- Recognition of the limitations of the system and the need to adequately train the booking operatives.

The Director of Surface Transport at the meeting agreed that there were ways to improve the service, these included providing a depot in Havering, providing a door to door service, arranging for someone locally to deal with the bookings, to ensure continuity and base the drivers locally, to ensure the vehicles meet the needs and that the drivers are a credit to the service. Furthermore TfL would wish to find a cheaper way to deliver the service in a

more efficient way, to be able to deliver more trips in a day and avoid the problem of having empty vehicles stood idle. He also added that exploring the option of delivering the service on a pilot basis initially with a depot based in the borough. Members and officers agreed that this for Havering would be a good start.

Representatives from TfL did visit Central Depot in December 2013, during the visit the representatives were shown; vehicles, staffing, Transys booking system, together with what Havering can offer. Officers explained that they wished to work with TfL in developing a localised service that provided more journeys for the local community and to not take over the management of the service.

The Sub-Committee was informed that consultants were employed by TfL to carry out a Review of London's Social Needs Transport Market findings. A brief had been prepared which was shared with the sub-committee.

Officers had tried on numerous occasions to find out the current position, only to be told that they were responding to the review and would update boroughs in due course.

The Sub-Committee was keen to continue to talk to TfL in order to progress and improve the service for residents of Havering.

## **29 COUNCIL CONTINUOUS IMPROVEMENT MODEL**

The Sub-Committee received brief updates on cabinet decisions that had been made and were now up for review:

Section 75 Agreement with North East London NHS Foundation Trust – The Head of Adult Social Care explained that this was a partnership arrangement between Havering and North East London NHS Foundation Trust (NELFT), in providing mental health services for adults and older adults in Havering. The first Section 75 agreement for mental health was in 2009, and was renewed in March 2013. Money was pooled between LBH and NELFT to deliver the service, and council staff was seconded to NELFT.

The Sub-Committee was informed of the regular meeting that were held to look at budgets, performance, service issues and service development.

The officer outlined the budget provided for mental health services. The council contributed £1.88 million for the staffing, and £1.25 million for commissioned services, with NELFT contribution £14.5 million.

The Sub-Committee was able to view a number of performance indicators for this year 2014/15 associated with mental health in Havering. It was noted that nationally for some years the key priority had been to support people with mental health issues to live as independently as possible, with

less reliance on institutional settings (such as hospital beds and residential care setting), and Havering's activity information reflected this. It was also noted that the percentage of people with mental health being detained under the Mental Health Act rose in June, although it is not 100% clear the full details of this spike. The officer stated that increased referrals for mental health act assessments was more likely at Christmas and during months that contained bank holidays.

The Sub-Committee thanked the officer for the update.

Arranging for the provision of domiciliary care to adults – The Strategic Commissioning Lead officer explained that a framework had been agreed in November 2012. This was a service where care agencies were commissioned for home care. At the time of the agreement there were twelve providers identified this had now dropped to eleven providers. The total framework value was £37 million over a four year term; the service was half way through that term.

The Sub-Committee noted that the quality of care provided was satisfactory, however this linked with the corporate complaints. Officers ensured that the requirements of care were met and this including feeding back where there were problems. There was a national issue in recruiting staff for home care, and this was true of the Havering providers. Due to this there were concerns of care packages not being delivered, and with winter coming this could put more pressure on the reablement team.

The Sub-Committee thanked the officer for the update.

## **30 URGENT BUSINESS**

The Sub-Committee asked officers about the recent issue of Havering Mind and the affect that the removal of the service would have on the people of Havering. The Head of Adult Social Care explained that other Sub-Committees would be looking into this area and whilst information had been received from the Clinical Commissioning Group (CCG), MIND still had a number of contracts with other partners and there was a new contract with Richmond Fellowship Employment Service.

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**Chairman**

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