Havering
LONDON BOROUGH

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

INTRODUCTION

This report is the annual report of the Sub-Committee, summarising the Sub-Committee's activities during its year of operation ended May 2015.

It is planned for this report to stand as a public record of achievement for the year and enable Members and others to have a record of the Committee's activities and performance.

SUB-COMMITTEE MEMBERSHIP

Councillor June Alexander (Chairman)
Councillor Philip Hyde (Vice-Chair)
Councillor Ray Best
Councillor Viddy Persaud
Councillor Keith Roberts
CouncillorRoger Westwood
Councillor Darren Wise

WORK UNDERTAKEN

During the year under review, the Sub-Committee met on five occasions and dealt with the following issues:

1. Introduction to Overview and Scrutiny

At its July 2014 meeting the Committee received a presentation giving an insight into how Overview and Scrutiny worked in Havering. The difference between executive decisions and those made by the Council was explained. Overview and Scrutiny was the function by which Council decisions, or indeed any actions taken in connection with Council functions, can be reviewed and/or scrutinised. The factors for successful scrutiny Topic Groups were outlined and it was noted that the more tightly and realistically framed that the recommendations are, the more likely they are to be adopted/ implemented.

2. Overview of Adult Social Care

At its meeting in July 2014, the Committee received a presentation setting out the services within Adult Social Care and Commissioning. A brief description of what each section was responsible for was explained. Members were given a detailed presentation on the Care Act and Better Care Fund, including details of

how the Care Act pulled together a number of legislation and law into one document.

3. Review of Services in Havering for People with Dementia or a Learning Disability

In July 2014 the Committee received a presentation from HealthWatch Havering setting out the findings of a review that had been carried out into the services available for people who have dementia or a learning disability. A number of workshops were carried out to find out from carers, volunteers and users what services were available in Havering. The framework for each workshop and for both topics was based around the following questions:

- What is missing?
- What would make a difference?
- What have you experienced that is good?

Over 100 people attended the workshops and a number of conclusions were reached. From these conclusions HealthWatch Havering agreed on a number of recommendations that had passed onto the relevant agencies.

4. Age Concern Reorganisation/ Relaunch (Tapestry)

At its meeting in September 2014, the Committee received a presentation from the CEO of Age Concern Havering on the proposed new branding and renaming to Tapestry. It was noted that Age Concern Havering remained independent when the national organisation became Age UK. New branding and logos were discussed together with the introduction and implementation of new values and new ways of working. A number of new services would be delivered to the clients of Tapestry. These included:

- Integrated service wide food program
- New community based activities involving “exercise for health”
- Increased community integration and involvement with all ages
- Integration of new technologies

The launch of the re-branding would take place in December 2014.

At its meeting in January 2015, the Sub-Committee were given a presentation on the new Tapestry organisation and its work. It was noted that the Tapestry Mission was “*To enable adults to lead a healthy, positive and fulfilling life”.* This would take account of the changes to service provision so that it would be available for all adults. Tapestry had three main priorities: Prevention, Care and Support. The values that underpinned the activities of Tapestry were Enterprising, Empathetic and Expert. It was noted that the service would be about identifying solutions for clients, to be understanding and professional and to be the best in terms of knowledge and learning.

The Sub-Committee was informed that whilst at present services available were by word-of-mouth, in the next few month there would be a bigger marketing drive

which would make use of more technology. The organisation would have to grow 25% in the next year, they had a very experienced board and the members were very confident that they could deal with the changing marketplace.

5. Dementia Strategy Review

In September 2014 the Committee received a presentation setting out the progress of the Dementia Strategy from the Locality Lead at the Clinical Commissioning Group Havering. The strategy was built around a number of statements from which indicators were collected. These included:

'I was diagnosed early' – The current rate of diagnosis was 57% which was an improvement on the previous year (47%) however there was always scope for improvement. There were approximately 3000 people in Havering who were thought to have dementia. The target figure for 2016/17 was 67%. It was noted that a lot of good work had been done however more work was needed in identifying patients, particularly in GP surgeries as this was the biggest area where diagnosis was poor.

'I understand so I make good decisions and provide for future decision making' – Members were informed that surveys of carers had been carried out in hospitals. The survey included questions about the care received, further information being offered and if the support was adequate to the relative's needs.

'I get the treatment and support which are best for my dementia and my life' – The Committee was informed that there were 40 care homes with Dementia Champions and 50 organisations in the Dementia Action Alliance. The Havering CCG was encouraging outstanding GP practices to sign up to the Dementia Action Alliance (DAA), however any organisation could be part of the DAA. A number of banks had signed up to the DAA in recognising if a number withdrawals are being made in a short period of time.

'I am treated with dignity and respect' – It was noted that the CCG would commission all future services with a requirement that it includes a dementia element as standard. There were consultations with then Phlebotomy service for those with dementia, since the waiting times were more difficult for someone with dementia.

The CCG would ensure that the Care Plans on the Health Analytics were shared between all local acute trusts so that there was a smooth transition between departments. This was particularly pertinent in A&E so that patients were known to have dementia before being approached by a clinician.

6. Funding Reform

At its meeting in September 2014, the Committee received a presentation from the Head of Adult Social Care and Commissioning setting out the Funding Reform under the new Care Act.

The main direct financial implications from the funding reform would be the rise in the upper capital threshold for means-tested support from £23,250 to £118,000. This would take effect from 2016/17. A cap would be set at £72,000 for the maximum contribution anyone would make to adult social care. This would include any residential and community services, and all previous contributions made towards community care services would be taken into account and be accrued towards the cap. All self-funders would be required to be provided with an independent personal budget, which would be reviewed and updated regularly. This budget will allow for the individual to progress towards the care cap.

The Committee was made aware of emerging concerns and priorities. These included affordability of services, and what they may cost, how many social work staff were required to meet the demands of residents and the review of all business process to make them more efficient and streamlined.

7. Healthwatch Havering Annual Report

At its meeting in September 2014, the Committee received an oral report from the Chairman of the Healthwatch Havering on its Annual Report 2013/14 which set out the work carried out by the organisation in the last year. It was outlined that Healthwatch Havering was a local independent consumer champion for health and social care. The umbrella body was Healthwatch England, which is part of the Care Quality Commission (CQC).

The launch of Healthwatch both nationally and locally conincided with emerging public concerns raised about Mid-Staffordshire Hospital and Winterbourne House care home, Locally, concerns were raised about a series of adverse CQC and other reports about care in Queen's Hospital and in several care homes in the borough. At the time the CQC carried out a new inspection regime of Queen's Hospital which placed the hospital in "special measures". Whilst Healthwatch Havering was not directly involved in the decision, it did submit evidence to the inspection team and was invited to a meeting where the CQC announced its findings.

Healthwatch Havering was a statutory members of the Havering Health and Wellbeing Board. It also had formal representatives on Health, Individuals and Children's Services Overview and Scrutiny Committees and a wide range of other relevant bodies, both local and regional to North and East London.

Healthwatch Havering had prioritised the eight established Health and Wellbeing priorities from their own perspective. The order being:

- The CQC inspection of Queens Hospital (Priority 7: Reducing avoidable hospital admission)
- Frail and Elderly Members of our community (Priority 5: Better integrated care for the 'frail elderly' population and Priority 1: Early help for vulnerable people)

- The Better Care Fund (Priority 8: Improvement the quality of services to ensure that patient experience and long-term health outcomes are the best they can be)
- The Care of Children in our Community (Priority 6: Better integrated care for vulnerable children)
- Joint Strategic Needs Assessment (Support the development of all 8 priorities)
- Dementia Strategy (Priority 2: Improved identification and support for people with dementia)
- Children and Families Bill (Priority 1: Early help for vulnerable people)
- Specialist and Cardiovascular Services (Priority 3: Earlier detection of cancer)
- Childhood Obesity (Priority 4: Tackling obesity)

Healthwatch Havering had also identified six key priorities for 2014/15. These were End of Life Care, Frail and Elderly care within the Emergency Department, Access to Primary Care, Access to Health Checks and Immunisation, Continue the programme of Care Home Visits, and to identify a project working with Young People. All these areas reflected concerns that have been brought to the attention of Healthwatch Havering and which supported the overall health and wellbeing of people.

8. Dementia and Diagnosis Topic Group

At its meeting in September 2014, the Sub-Committee established a topic group to look at Dementia and Diagnosis in Havering. The Sub-Committee wished to understand how awareness of dementia could be raised, pre-diagnosis procedures, understanding the process once diagnosis had taken place and what was in place for people and their families living with dementia.

The group met with representatives from the Havering Clinical Commissioning Group (CCG) and North East London NHS Foundation Trust, together with visiting two care homes in the borough who specialised in care for people living with dementia.

The group also attended a Focus Group run by the CCG and Dementia Action Alliance and were able to talk with people living with dementia and their carers about any areas that needed improving to make their lives better.

9. Learning Disabilities and Support Topic Group

At its meeting in September 2014, the Sub-Committee established a topic group to look at Learning Disabilities and Support available in Havering. The Sub-Committee wished to ensure that the council was helping those individuals with a learning disability with the transition from School to College/ University, and where capable, into work opportunities. It was agreed that members from the Children and Learning Overview and Scrutiny Sub-Committee should be co-opted onto the group as there would be an overlap of remit.

The group met with representatives from both Adult and Children's Social Care, the local College, the Job Centre and the Havering Chamber of Commerce, to understand what was currently in place. Representative from Special Educational Needs Support and Advocacy (SENSA) and Positive Parents were also invited to meetings to give their perspective of how parents and carers found the process.

The group agreed that there were improvements needed especially around the Education, Health and Care Plans. A number of recommendation would be included in the final report to Cabinet.

The group

10. Information and Advice Service

At the November 2014 meeting, 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.

Information was available from a number of areas, including Carepoint, 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.

11. Telecare Presentation

At the meeting in November 2014, a presentation on assisted technologies was received. These were to promote independence and provide care at a distance. The Telecare centre ran 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 viewed a number of the technologies including a pendant, a watch, flood detector, temperature extreme detectors as well as pill dispensers and on-track systems such as Skyguard and Vaga-watch. The latter were GPS systems which could track people who wandered outside of a particular area. The smallest area that could be set was 200 metres.

The Sub-Committee noted 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% in an hour. The average response time in Havering was 23 minutes with 99.2% in 45 minutes in the month of October.

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.

12. Complaints Annual Report

At its meeting in November 2014, the Adult Social Care Complaints, Comments and Compliments Annual Report was received. The Sub-Committee noted that there had been a slight increase in complaints between 2012/13 and 2013/14. A breakdown of the complaints by services area was explained. The highest area of complaint was about external homecare however this service had the largest number of clients.

Recording of monitoring information had improved from previous years, with the method of contact for 2012/13 as mainly traditional e.g. letter, email and telephone, whereas the direction towards more online communication was recorded in 2013/14. 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, and 75% were responded to within 10 days.

13. Dial a Ride

At its meeting in November 2014, the Sub-Committee received a presentation on the Dial a Ride service within Havering and the issues that were faced by its users. It was explained that this committee and its predecessors had been investigating this issue for a number of years.

The Sub-Committee 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. Members noted the issues experienced by users of the Dial a Ride service, together with meetings and information that had been sought from different contacts at Transport for London over the previous years.

It was noted that consultants had been employed by TfL to carry out a Review of London's Social Needs Transport Market findings. A brief had been prepared and shared with the sub-committee. The sub-committee were keen to talk to TfL in order to progress and improve the service for residents in Havering.

In January 2015, the Sub-Committee met with a local Dial a Ride user to find out the concerns and issues faced on a daily basis by residents who used the Dial a Ride service. Members noted that since a new computerised scheduling system (Trapeze) had been implemented in 2008, the service had not been as efficient. Prior to the computerised system Dial a Ride could complete approximately 30 trip a day in Havering, however now they could only complete 16 trips a day. The system could not take account of group booking i.e. two members travelling together from the same location, or in the same street at the same time. Frequently Dial a Ride would send a separate vehicle for each individual. Other

issues included only one way travel with no return trips and difficulty in obtaining trips at weekends and evenings.

The Sub-Committee agreed that they would continue to progress the issues highlighted with TfL.

At its meeting in March 2015, the Chairman informed the Sub-Committee that the Vice-Chair and herself had met with representatives from Transport for London and Senior Officers from the Council to discuss the matter. A very productive meeting had been held, however due to the confidential nature of the meeting nothing further could be provided at this stage. As things progressed the Sub-Committee would be updated accordingly.

14. Council Continuous Improvement Model

In accordance with the Council's Continuous Improvement Model the Sub-Committee received an update on the following Cabinet reports:

Section 75 Agreement with North East London NHS Foundation Trust – A partnership arrangement between Havering and North East London NHS Foundation Trust (NELFT) had been established to provide 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 2013. Money was pooled between LBH and NELFT to deliver the service, and council staff were seconded to NELFT.

The budget for mental health services was outlined with the council contributing £11.88 million for the staffing and £1.25 million for commissioned services, with NELFT contributing £14.5 million.

The Sub-Committee was able to view a number of performance indicators for 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 settings), 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 was not clear the full details of this spike.

Arranging for the provision of domiciliary care to adults – A framework had been agreed in November 2012 which commissioned a service where care agencies provided home care. At the time of the agreement there were twelve providers identified, this had then dropped to eleven. The total framework value was £37 million over a four year term; the service was half way through its term.

The Sub-Committee noted that the quality of care provided was satisfactory, however this linked with the corporate complaints. There was a national issue in recruiting staff for home care and this was true of the Havering providers. Concerns were raised about the impact this could have on the reablement team in the coming winter months if care packages were not delivered.

15. Havering Autism Plan

In January 2014, the Sub-Committee received a brief presentation on Adult Autism. Details were given of how the Autism Spectrum Condition could affect individuals. This included not knowing the world around them, not understanding body language, and having difficulty with social interactions. The officer explained the different support and reasonable adjustments that could be made for each individual.

The Sub-Committee noted that the National Adult Autism Strategy would be refreshed and it was the expectation that local authorities would take a lead on transforming health & social care, community and universal services as well as promoting support for Adults with Autism through organisational change and local leadership.

It was noted that the projected Adult Needs and Information Service had estimated the number of Adults with Autism in Havering was 1433. This was predicted to rise by 12% by 2030 to 1597. It was further noted that there was a growing number of young people with Autism Spectrum Condition, Learning Disabilities and Challenging Behaviours entering the system via the transition process.

16. Healthwatch Havering: Background on Enter and View

A representative from Healthwatch Havering provided the Sub-Committee with an overview of their “Enter and View” powers at its March 2015 meeting.

All representatives of Healthwatch Havering have undergone training in Enter and View, Safeguarding, Deprivation of Liberties and Mental Capacity Act. Their role was to be well informed lay people to look at the service provided.

All enter and view visits are announced and carried out by trained volunteers. Notes are made of visits which form a report. Once agreed this report is sent onto the CQC, the Local Authority and published on the Healthwatch Havering website.

17. Admission and discharge from Hospital to Care Home.

Following a request from members about the admissions and discharges from Care Homes, officers provided a presentation on the process in place at the meeting in March 2015.

The Sub-Committee were informed that there were 17 Nursing Care Homes with 964 beds, 22 Residential Care Homes with 643 beds and 20 Learning Disability Homes with 130 beds. There were two types of admission to hospital, the first was planned admission for an operation or tests under sedation, these would either be accompanied by a family member, carer, or the home would provide sufficient information to the hospital for the individual to attend alone. The second would be an unplanned admission, these could be in the form or an

urgent (via 999) sudden collapse, a serious fall, injury or at the request of the GP.

Each resident within a Learning Disability home was issued with a hospital passport which gives all their details together with their needs, in the event of an emergency an escort would accompany the resident. It was noted that whilst the hospital was aware of the hospital passport, these did not always come back to the home with the resident. Members felt that given recent technologies that the data could be uploaded onto a bracelet that could be worn by the resident and scanned at the hospital. This would prevent the need for paper copies which could get lost. It was agreed that this would also be useful for older people in care homes.

The process in discharging from hospital back to either a care home or an individual's own home was discussed. The Sub-Committee noted that the next of kin would be the first to be informed of the discharge. If an individual needed to be discharged into a care home before returning to their own home, this was often "step-down". This could be a form of respite care due to hydration, nourishment or because they had broken a limb or had a co-dependant who they could not care for. A social worker would carry out an assessment on the hospital ward and a detailed support plan would be written for the needs of the individual.

18. Overview of Safeguarding

At its meeting in March 2015, the Sub-Committee received a presentation on Safeguarding Adults in Havering. The Care Act and Making Safeguarding Personal had put the user at the centre of safeguarding planning with a multi-agency approach. The Safeguarding Adults Board (SAB) was on a firm footing, it had strengthened and had become more strategic over the past year. Members noted that the Board was attended by Chief Officers from all partners.

The Sub-Committee noted that Adults can make a choice about their lives, if they have the capacity. Adult Social Care will support the individual in their preference and choice. If an individual does not have the capacity then the Deprivation of Liberties and Mental Capacity Act comes into play. Support is then given to the family and friends of the individual too.

The Care Quality Commission had been looking into the Deprivation of Liberties and where these had been applied for. Due to this there had been a large increase in best interest assessments having to be carried out. The Sub-Committee noted that in 2013/14 there had been 33 assessments however in 2014/15 there had been 370 assessments carried out. Officers stated that as well as the new assessments, all outstanding assessments need to be reviewed; this had therefore increased the workload. All best interest assessments must be carried out by someone who is 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 chartered psychologist with the appropriate training and experience.

19. Demand Management

An in-depth presentation on Demand Management was given to the Sub-Committee at its March 2015 meeting. It was explained that Demand Management was about reducing and/or slowing down the rise in demand for services to levels that are manageable within the resource envelope that Havering have. The majority of savings attributed to demand arrangements will arise from cost-avoidance, i.e. preventing an increased spend that would otherwise result from more people entering " the system" and using Adult Social Care services.

It was explained that this was a big issue to Adult Social Care as the demand would continue to rise given that ageing population and the changing demographic profile in Havering. The Care Act would also have a disproportionate impact on Havering given the amount of care homes located in the borough. The Sub-Committee were concerned that GP registrations had continued to rise each quarter with 3,064 additional registration in the second quarter to 2014/15.

The challenges were noted that would face Adult Social Care, given that the directorate alone accounted for 60% of the whole Council budget. The need to dramatically transform the operating models by prioritising early help, intervention and prevention is hoped to be the resolution. Officers stated that work had already started on focussing to deliver this.

The Sub-Committee were informed that there was lots of focus on demand management within senior staff meetings, working groups, the Care Act as well as many of the strategic documents, priorities and policies. The Demand Management Working Group was established in 2014 and had representation from across the Directorate including Public Health and Corporate colleagues. An Early Help, Intervention and Prevention (EHI&P) Strategy had been produced to help tackle demand and prioritise EHI&P services. This had been aligned to the Health and Wellbeing Strategy, the Care Act Programme and the draft Directorate Plan. There were five pilots about the start which would feed into the Implementation Plan. Whilst this was a Directorate Strategy, it was likely to evolve into a Council-wide and partner-wide strategy.

IMPLICATIONS AND RISKS

Financial implications and risks:

None – narrative report only.

Legal implications and risks:

None – narrative report only.

Human Resources implications and risks:

None – narrative report only.

Equalities implications and risks:

While the work of the Committee can impact on all members of the community, there are no implications arising from this specific report which is a narrative of the Committee's work over the past year.

BACKGROUND PAPERS

Minutes of meetings of Individuals Overview and Scrutiny Sub-Committee 2014/15.