

Individuals Overview and Scrutiny Sub-Committee Annual Report 2016/17

INTRODUCTION

This report is the annual report of the Sub-Committee, summarising the Sub-Committee's activities during its year of operation ended May 2017.

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 Sub-Committee's activities and performance.

SUB-COMMITTEE MEMBERSHIP

Councillor Linda Trew (Chairman)
Councillor Ray Best (Vice-Chair)
Councillor June Alexander
Councillor Linda Hawthorn
Councillor Keith Roberts
Councillor Patricia Rumble
Councillor Roger Westwood

During the year under review, the sub-committee met formally on four occasions and dealt with the following issues:

1. Family Mosaic

At its July meeting, the Sub-Committee received details of the services provided by Family Mosaic – an independent organisation offering information on care and support services. This sought to advise local people on areas such as housing benefit, debt advice, employment and training. Family Mosaic also held drop in services at locations across Havering including Queen's Hospital and Romford Market.

2. Corporate performance information

Throughout the year, the Sub-Committee continued to scrutinise performance information covering services within its remit. The Sub-Committee scrutinised in some detail the relatively low take-up in Havering of direct payments for social care services and was advised that demographic issues such as the large percentage of elderly people in the borough may partly explain this.

Other areas scrutinised as regards performance included the rate of paid employment for adults in contact with secondary mental health services and the proportion of people in this group who were living independently.

3. Integration of Social Care

On two occasions during the year, the Sub-Committee scrutinised work to integrate certain adult social care services. This aimed to eliminate duplication and streamline care pathways and sought to identify services that could support integrated working across health and social care.

The Sub-Committee also scrutinised the work of the Integrated Care Partnership which sought to bring forward further integration between the Council and the NHS. It was aimed to bring together a number of different services covering issues such as discharging a person from hospital and it was noted that some social care services had already begun to integrate around localities with those from the North East London NHS Foundation Trust. Other areas scrutinised included the priorities for integrated working in different localities with children's health and social care, urgent care and reablement being the focus in different localities.

4. Dementia Strategy

At its January meeting, the Sub-Committee received details of Havering's proposed dementia strategy which was aligned with the Council's overarching Health and Wellbeing Strategy. The strategy set out the current service provision within Havering and also covered areas such as early onset dementia, end of life care and cultural issues associated with dementia.

Responses to dementia would be joined up under the strategy to cover social care, public health and the health sector. The Sub-Committee noted with approval proposals under the strategy for initiatives such as a named dementia practice coordinator for each person diagnosed and increased support for carers.

5. Support for Carers

The Carers Strategy approved by Cabinet was also presented to the Sub-Committee in January. It was noted that the general financial climate remained challenging and increases in the national minimum wage had added to the care costs incurred by the Council.

The Sub-Committee discussed concerns about houses that were split into so-called supported living schemes and agreed that it was very difficult to regulate these types of providers. The Council did however engage with providers over quality and safeguarding issues.

6. Gold Standard Framework

The Sub-Committee was also briefed during the year on the Gold Standard Framework which aimed to improve end of life care in care homes. This voluntary programme sought to address practices around end of life care. The issue of the time taken by GPs to verify deaths in care homes was discussed although this had not been found to be a major issue for Havering care homes.

7. Open Dialogue

At its April meeting, the Sub-Committee was briefed on the Open Dialogue technique – a new model of mental health treatment that sought to treat a person by involving their family and friend networks. An associate director of the North East London NHS Foundation Trust explained that the Trust was piloting the technique nationally in Havering and Waltham Forest and that results in other countries where the technique had been used had been extremely positive.

Subject to funding being received, it was planned that a full trial of the system would commence and the Sub-Committee agreed that it should be kept appraised of further developments regarding Open Dialogue in Havering.

8. Healthwatch Havering

The Sub-Committee has continued, throughout the year under review, to enjoy a productive working relationship with Healthwatch Havering – a local organisation representing the users of local health and social care services. Members of Healthwatch regularly attend meetings of the Sub-Committee and are able to ask questions of witnesses.

The Healthwatch Havering annual report was also presented to the Sub-Committee during the year under review. This outlined the statutory powers of Healthwatch to undertake enter and view visits to health and social care premises and how these were used in Havering. Other relevant aspects of Healthwatch's work included seeking the views of local people on health and social care services and work to scrutinise local services for people with learning disabilities.

9. Visit to Queen's Hospital

In April 2017, members of the Sub-Committee held a successful visit to Queen's Hospital which concentrated on the discharge process and work to avoid admission or readmission to hospital. Discussions were held with a number of senior staff from the Hospitals' Trust and members were particularly impressed with the vision outlined to seek to avoid admission to hospital wherever possible. It is hoped that a briefing for all Members on these issues can be arranged in the coming months.

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

BACKGROUND PAPERS

None not already in public domain.