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**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Committee Room 3A - Town Hall
3 September 2019 (7.00 - 9.10 pm)**

Present:

Councillors Nic Dodin, Jan Sargent, Denis O'Flynn, Christine Smith (Chairman), Ciaran White and Linda Van den Hende

Apologies for absence were received from Councillor Michael White

5 MINUTES

The minutes of the meeting held on 16 July 2019 were agreed as a correct record and signed by the Chairman.

6 CORPORATE PERFORMANCE REPORT - QUARTER 1

The proportion of service users had just missed its target although the overall number of people receiving direct payments had still increased. The rate of permanent admission to nursing and residential homes remained within target.

There were low numbers of admission to homes overall meaning that people were able to be cared for at home or in the community for longer periods. Work was also in progress with the Hospitals Trust to discharge more people back to their homes rather than into care homes etc. All cases were reviewed annually but new cases were visited more frequently – usually around every six weeks.

The Sub-Committee noted the quarter 1 performance report.

7 HEALTHWATCH HAVERING ANNUAL REPORT

A director of Healthwatch Havering presented the organisation's annual report for 2018/19. Healthwatch currently had approximately 15 volunteers with more volunteers going through training. More than 600 service users, carers and relatives had shared their views on health and social care services with Healthwatch throughout the year. Some 25 enter and view reports had been completed covering hospitals, GPs and nursing & residential homes. This was particularly important given the large number of

care homes within Havering. All enter and view reports were published on the Healthwatch Havering website.

It was agreed that the Healthwatch Havering report on the enter & view visit to the reception and triage areas of A & E at Queen's Hospital should be brought to the next meeting of the Sub-Committee.

The Healthwatch Havering report into Vision Services had been published in June 2018 and the Hospitals' Trust had acknowledged the shortcomings in these services that had been identified by the report. Healthwatch recommendations in these areas had also been implemented in other areas of London. This had included the computerisation of the eye care records system at the Hospitals' Trust (BHRUT) in order to ensure details of new patients with vision difficulties were passed on to social care. BHRUT had also agreed to the reintroduction of an eye clinic liaison officer to be based at Queen's.

Healthwatch felt that the optical unit at Queen's was not big enough and this made it impractical to accept help from the Sight Action Group. It was hoped this could be revisited if the unit was to be expanded in the future.

Healthwatch Havering was funded principally by monies from the council's adult social care budget and the level of this had been unchanged since 2013. Small amounts of additional income were derived from e.g. work commissioned by the Clinical Commissioning Group. The existing Healthwatch contract ran until 2024 and volunteers were involved in all levels of the management of the organisation.

Any safeguarding concerns arising from enter and view visits to care homes were raised with the Council's social care teams. Healthwatch work would now be focussed on premises with a good or outstanding Care Quality Commission rating which was now several years old.

A Member would give the Healthwatch director details of recent problems he had witnessed at A & E at Queen's including patients on occasion being seen in the waiting area, rather than in cubicles. It was acknowledged that A & E staff were now more aware of the red card system used to give treatment priority to chemotherapy patients.

Healthwatch recommendations were monitored via action plans in the case of Council or NHS premises or by follow up visits to care homes etc. Healthwatch had only a limited social media presence due to a lack of personnel to maintain this.

Officers reiterated that concerns on any social care issues should be raised with the appropriate social care officers in order that responses or reassurance could be given.

Healthwatch chose which premises to visit based in part on Care Quality Commission reports and sometimes on proposed services changes e.g. work on cancer services.

It was agreed that the Council's communications department should be asked to give publicity to Healthwatch's work via Living in Havering magazine. A Member raised the issue of access to emergency dental services and it was suggested that these were available from the Royal London Hospital. Social care may be able to assist with an Oyster card etc if the person was in financial difficulties.

The Sub-Committee noted the annual report and confirmed its recommendation that publicity be given to Healthwatch Havering via Living in Havering magazine.

8 SAFEGUARDING ADULTS TOPIC GROUP

Social care officers explained that adult safeguarding was defined as people and organisations working together to prevent abuse or neglect. This was made a statutory responsibility of Local Authorities under the Care Act 2014 and this had led to the formation of a Safeguarding Adults Board. It was agreed that the annual report of the Safeguarding Adults Board should be brought to a future meeting of the Sub-Committee.

The focus was on the prevention of incidents and minimisation of risks such as homelessness or county lines exploitation. Individuals were able to refer themselves to social care and visits to vulnerable people were undertaken where necessary. It was noted however that social care officers did not have any right of entry to properties. The largest proportion of safeguarding referrals to social care came from the Police.

Annual numbers of safeguarding referrals to social care had increased from 293 to 890 in the last six years. This was partly due to better reporting and also due to the threshold for a section 42 investigation now being lower. The most common type of abuse reported was neglect or acts of omission which were usually seen in care or nursing homes.

The service aimed to deliver positive outcomes for people from safeguarding and to empower people to be in control. It was aimed to give people information or advocacy where required in order that informed decisions could be made. There was a very high number of safeguarding cases and a number of factors were considered in how cases were dealt with including family issues, safeguarding of carers and risks to staff. Work was also undertaken in conjunction with Healthwatch and the voluntary sector.

The thresholds for Deprivation of Liberty Safeguards (DOLS) had now changed and this had resulted in more referrals – some 1,607 per year in Havering. This also reflected the large elderly population in Havering. The

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Liberty Protection Safeguards were due to take over from DOLS in October 2020. These would start from 16 years of age rather than 18 and be more longer lasting than DOLS. The Council would not be receiving any extra funding to implement these.

It was accepted that Police resources were stretched but local Police Community Support Officers had been effective in deterring some instances of anti-social behaviour.

The Sub-Committee **AGREED**:

1. That the annual report of the Adult Safeguarding Board should be brought to a future meeting of the Sub-Committee.
2. That Councillors Smith, Sargent, Van den Hende and White should form the Safeguarding Adults topic group.

Chairman