

**MINUTES OF A MEETING OF THE  
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE  
Committee Room 3A - Town Hall  
5 March 2020 (7.05 - 8.20 pm)**

**Present:**

Councillors Christine Smith (Chairman), Ciaran White, Michael White (Vice-Chair) and Gillian Ford (In place of Linda Van den Hende)

Apologies for absence were received from Councillor Nic Dodin, Councillor Jan Sargent, Councillor Denis O'Flynn and Councillor Linda Van den Hende

**3 DISCLOSURE OF INTERESTS**

7. Outcome feedback from Voluntary and Community Sector Preventative Services.

Councillor Ciaran White, Pecuniary, Employee of Havering Mind and as a consequence withdrew from the meeting room and took no part in the debate..

**4 MINUTES**

13 - Ian Buckmaster sent his apologies so was not present to update the Committee on the new ticket machine system that was to be implemented.

The minutes of the meeting held on 4 December 2019 were agreed as a correct record and signed by the Chair.

**5 QUARTER 3 PERFORMANCE REPORT**

The report presented to the Committee outlined the Council's performance against 2 indicators.

Members of the Committee noted that for the first indicator, Percentage of service users receiving direct payment, the Council was performing within target tolerance. The percentage of service users receiving direct payment was 36% compared to the target of 36.5%. The Committee noted that this percentage was higher than the previous quarter on the same quarter the year before. Committee members then considered the second indicator, Number of permanent admission to residential care, and noted that the Council was performing well. Members were advised that the number of admissions of users aged 18-64 had gone down but aged 65+ had gone up, however the Council was still working below the target.

Councillors asked whether there was any comparison of Havering's performance against other Boroughs or Local Authorities to which they were advised that with regards to the direct payments indicator, havering was

performing well compared to other Local Authorities but it is harder to compare the other indicator. A Councillor stated that the red arrows showing the decrease in numbers being permanently admitted to residential care is misleading as the lower the number the better. It was suggested that these are changed to green in future.

The Committee was then presented with the outcomes of the survey completed by users of independent homecare providers funded by Havering. This survey had collected 104 responses across all providers but the Council aims to collect at least 120 responses each year. Responses were usually collected over the phone, unless a home visit was required, with the users having been wrote to beforehand to alleviate the worry of cold calls for users. Members noted there was no time limit for the users to answer the questions and officers would spend time talking to the users as they may be isolated. The Council target users that they had not surveyed before, but members were of the opinion that users who were survey a couple of years prior should be re-surveyed to ensure the quality of service doesn't drop for existing users.

The following areas were considered by the Committee:

- The percentage of users rating the services overall as good or very good had increased by 4.1% (89.4% for the current year compared to 85.3% the previous year).
- 4.8% of users answered that their carer sometimes does not greet them or ask them how they are. Members were concerned by this percentage as some users are lonely and isolated. Members questioned whether there were any measures in place to deal with carers not greeting their residents. It was explained that all the figures are reported back to each individual service provider and the concern would be raised with them. Members agreed that vulnerable adults may not complain directly due to concerns that their care may deteriorate as the care would not favour them, however, members were reassured that the survey is anonymous and each service provider has a complaints procedure that sits in line with the Council's own complaints procedure.
- 12.5% of users reported that they do not have the same carer. Members noted that carers may change due to illness or shortage of staff but some users cannot easily find out why their carer has changed.
- 7.7% of users reported that their carer does not always arrive on time at the agreed time. It was explained to the Committee that this can be due to traffic or that multiple people ask for the same time slot and this is not always possible.

Members noted that a minimum payment for 30 minutes was introduced for carers and this was timetabled should the work they conducted take less than 30 minutes.

## **6 REABLEMENT UPDATE**

The report presented to the Committee provided information regarding the Council's free reablement service.

Patients leaving hospital would be evaluated by a health professional in their home to determine whether they need any further care to prevent them from being admitted back into hospital. The aim is to reduce the cost of care whilst improving the wellbeing of patients as fewer would be re-entering hospital and care can be tailored for their individual needs. Care usually last up to 6 weeks but can be shortened or intensified according to the patient's needs in their own home. Members noted that the evaluation had been moved from within hospital to within the patient's home to allow for a more accurate evaluation of their needs. Officers reported that the relationship between the Council and the new care provider was very good and the flow of patients out of hospital and into the service was much improved. Officers also reported that, due to the high quality of care provided, the demand on the service exceeded expectations but measures were being put in place to combat this.

Members enquired about the procedure if a patient opts out of care but is in need of it, to which officers explained that the health professional will recommend care and persuade the patient to accept it. However, if the patient refuses care, the Council cannot provide to them. Members also questioned how reablement services would be made accessible within the community, to which officers gave details that care starts in the patient's home but the service is linked with the voluntary sector to involve isolated individuals. Members noted that the second phase of the Home First pilot is due to start on 1<sup>st</sup> April 2020.

## **7 OUTCOME FEEDBACK FROM VOLUNTARY AND COMMUNITY SECTOR PREVENTATIVE SERVICES**

The report presented to the Committee outlined the outcomes from Voluntary and Community sector services.

Preventative services, funded through the Council's Adult Social Care department, work on ways to prevent care and support needed by residents. Officers explained that services were commissioned to:

- Promote social inclusion
- Develop community resilience and personal wellbeing through peer support networks
- Support carers in their role

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Members noted that peer support networks are constantly trying to extend their reach and expand numbers. Members noted that 'Singing for the Brain' initiative would still be ongoing but would not be supported through the Alzheimer's society. Members requested that the service capture the outcomes for users; for example, ascertain whether their quality of life had improved or whether there had been more social inclusion.

Members noted that the services is in the process of evidencing the need of less care and support if residents are more socially included and noted that GPs will, in future, refer more residents to social care and Primary Care Networks to promote social inclusion.

One member raised an issue regarding the lack of evidence of work being done with women surrounding energy saving trust. Officers did not have answer but promised it would be raise as a query. Another member stated that the Council should combat loneliness and social isolation through assisted technology; this was well received by Committee members and Officers.

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**Chairman**