



INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

INDIVIDUALS OVERVIEW AND
SCRUTINY COMMITTEE ANNUAL
REPORT 2012/13

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Policy context:

Under the Council's Constitution, each
Overview and Scrutiny Committee is
required to submit an annual report of its
activities to full Council.

SUMMARY

This report is the annual report of the Committee, summarising the Committee's activities during the past Council year.

It is planned for this report to stand as a public record of achievement for the year and enable members and others to compare performance year to year.

There are no direct equalities or environmental implications attached to this covering report. Any financial implications from reviews and work undertaken will be advised as part of the specific reviews.

RECOMMENDATIONS

1. That the Committee note the 2012/13 Annual Report and refer to full Council.

REPORT DETAIL

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

1. KEEPING PEOPLE WITH LONG TERM MENTAL HEALTH CONDITIONS OUT OF HOSPITAL

At its meeting in July 2012, the Committee received a presentation on Supporting People with Long Term Mental Health Conditions to Remain out of Hospital.

The main service emphasis was the “Right Care in the Right Place, at the Right Time”. This included the focus on good practice for recovery through community services and in the stages of care to prevent a hospital admission.

North East London Foundation Trust (NELFT) was in the process of portability of assessments, so that if a service user moved out of the area, the assessment would go with them to prevent duplication. NELFT was also working closely with GPs and the CCG, by holding regular network meetings to give advice and education about getting information to the patients.

The Committee noted that there was a Mental Health helpline available 24/7, which was available to everyone, including service users, other services as well as families and professionals. It was explained that a flowchart had been put in place for all London Ambulance Service to refer to when dealing with people with mental health conditions. This flowchart gave a pathway of care available for the London Ambulance staff to make a decision as to where to take the patient. Contact details for the Mental Health Service were available for advice before taking patients to A&E. Pre-assessments could be made by the Home Treatment Team before patients were taken to the 136 Suite at Sunflower Court at Goodmayes Hospital.

2. REQUISITION OF REVIEW OF FAIRER CHARGING POLICY

At its special meeting in August 2012, the Committee considered a call-in of a Cabinet report on the consultation process of proposed changes to the Council’s Fairer charging policy. The proposed changes were:

- a. Removal of current maximum charge cap in place for users of domiciliary care service.
- b. Review of Proportion of disposable income chargeable in financial assessments
- c. Review of Disability related expenses allowance.

Following in depth discussions the Committee resolved to not uphold the requisition.

3. REQUISITION OF APPROVAL FOR AWARD OF TENDER: REABLEMENT SERVICE

At its special meeting in August 2012, the Committee consider a call-in of a Cabinet report approving the award of a five year contract, following a competitive tender process, for the provision of reablement service to adults. Following in depth discussions the Committee resolved to not uphold the requisition.

4. REQUISITION OF COMMISSIONING OF A LOCAL HEALTHWATCH SERVICE

At its special joint meeting with Health Overview and Scrutiny Committee in September 2012, the Committee considered a call-in of a Cabinet report on commissioning of a Local Healthwatch service.

Following in depth discussions the Joint Committee resolved to not uphold the requisition.

At its special meeting in October 2012, the Committee met jointly with Health Overview and Scrutiny Committee for officers to explain the final results on a Local Healthwatch model for Havering. The main themes to come out of the consultation included that a strong local voice was required for Havering and that a joint model with e.g. Barking and Dagenham would not be suitable.

The Committee noted that the overall option for Local Healthwatch in Havering had been confirmed as a stand-alone organisation procured by the London Borough of Havering as it was felt this offered the most flexibility in the Healthwatch model.

5. AGEING WELL THEMES

At its October 2012 meeting, the Committee discussed a briefing note following the successful Ageing Well Event. The briefing note outlined topics that other Overview and Scrutiny Committees would be scrutinising as part of their work programme. The Committee agreed that they would wish to form a topic group to scrutinise the Impact of Services on the Elderly.

6. ADULT SOCIAL CARE COMPLAINTS PROCEDURE AND ANNUAL REPORT

At its meeting in October 2012, the Committee received the Adult Social Care Complaints Procedure and Annual Report. Procedural changes had been made to the Local Government Ombudsman (LGO) duty, as the LGO powers had been extended to investigate self-funder complaints in domiciliary care agencies and residential/ nursing homes.

The Committee noted that often safeguarding and complaints overlapped. As a result a draft protocol had been produced but required input from both Health

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and the Police before it could be finalised. Once finalised the protocol would be included as an appendix to the procedures.

The Committee noted that the total number of complaints had gone down over the last four years; however there were more informal complaints, which were resolved much quicker.

The Committee considered the Complaints Action Plan. Officers explained that action was taken for each of the issues identified, and the action plan was reviewed regularly with the operational management group.

7. ACTIVATE HAVERING

At its October 2012 meeting, the Committee received a report on the Activate Havering Project which was aimed at strengthening voluntary action in Havering, by maximising community assets and co-ordinating volunteering, as well as tackling social exclusion experiences by many older people.

Six weeks of fact finding and research had been carried out to find out what people needed and wanted in Havering. This was in response to the Over 65 Outreach Project findings which identified loneliness and isolation as a key concern of older people in Havering. The Committee noted that after carrying out the research the approach to Activate Havering included:

- A “social membership” scheme to improve older peoples social networks to prevent isolation
- A co-ordinated approach to volunteering by enhancing volunteering opportunities and provide more opportunities for local people to get involved.
- Delivery of a sustainable handyperson service to carry out minor household repairs to ensure older people can be safe at home, a key element of the “Prevention” agenda.
- A consortia solution to befriending, which involved providing trained and vetted volunteers to visit older, and other vulnerable people.
- Work with Havering’s diverse faith sector to strengthen the support they are able to give to families and older people within their communities.
- Maximising the use of council and borough facilities by linking and promoting services through the new and existing structures and building upon the work of Care Point.

The Committee was informed of a number of different projects that had been set up, or negotiated with existing partners. These included Havering Safer Homes, Activate Havering Variety Club in partnership with Havering Museum, and the provision of free swimming for residents over 50.

8. LEARNING DISABILITIES DAY SERVICES UPDATE

At its November 2012 meeting, the Committee received a progress report following the topic group that had examined the proposed changes to the day

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service. The Committee were advised that the closure of St. Bernard's Day Centre had been very successful. The former Nason Waters and Western Road services had been amalgamated at 100 Avelon Road and were due to formally open in 14 November 2012.

The Committee was informed that the new centre covered the capacities of both the previous buildings but now offered more activities. Connections had been made with the rangers at Hornchurch Country Park and Rainham Village so that community activities could be put in place.

9. DIAL A RIDE

The Committee discussed the continuing problems with the Dial a Ride service in Havering at its November 2012 meeting. There was a continuing high level of trip requests not being fulfilled as evidenced by Dial a Ride's own data. Other problems included very low incidents of multi-passenger scheduling and Dial a Ride refusing to work with the Council to seek to improve the situation.

The Committee met informally with Council officers and the Dial a Ride member representative to discuss the way forward. It was agreed that a list of questions should be sent on behalf of the group to the Deputy Mayor and that a meeting should be requested with the Deputy Mayor and a group of members of the Overview and Scrutiny Committee including the Dial a Ride member representative. A very successful meeting was held in February 2013

Subsequently officers at Havering contacted the Managing Director of Surface Transport at Transport for London, to discuss any new initiatives and to agree terms of reference.

10. THE COUNCIL'S FINANCIAL STRATEGY

In January 2013, the Committee met jointly with the other Overview and Scrutiny Committees in order to scrutinise aspects of the Council's Financial Strategy for the coming year. The meeting, chaired by the Chairman of Children and Learning Overview and Scrutiny Committee, scrutinised several issues of relevance to this Committee.

11. SAFEGUARDING

At its meeting in February 2013, the Committee received a report providing information about the position of Safeguarding Adults in the London Borough of Havering and highlighted some of the main challenges and achievements of 2012. The Safeguarding Adults Board was a partnership made up of organisations including the Council, Police, Probation Service, National Health Service bodies and the voluntary sector. The Care Quality Commission also had an input.

The Committee noted that the Safeguarding Adults Self-Assessment Assurance Framework (SAAF) was introduced in 2011 to enable NHS commissioners and providers to review and benchmark their safeguarding adults' systems. The SAAF had several standards that related to measures

that supported good safeguarding practices, including strategy, systems, workforce and partnerships.

12. PREVENTION STRATEGY

In February 2013, the Committee received a report outlining the Prevention Strategy which was developed in 2011 by the Adult and Health Transformation Programme. The strategy was developed on behalf of partners participating in the programme. The partners included the London Borough of Havering, NHS Outer North East London, and subsequently Havering Clinical Commissioning Group, North East London NHS Foundation Trust and HAVCO.

The primary focus of the strategy was to promote independence, increase value for money and better outcomes for people to remain in their own homes. The Committee noted the themes of prevention including: strong leadership and a clear vision; a coordinated approach across the Council and other stakeholders; sustainable community capacity that increases engagement and motivation; a focus on safeguarding to help reduce social isolation and encourage participation; accessible and targeted information and advice; an enabling and empowering workforce culture; and stimulating the development of a diverse market.

The Committee was informed that within the Prevention Strategy was the Fall Prevention and Bone Health Strategy. The Committee noted the implementation progress and the service that had been put in place to assist with prevention. This included the falls care pathway in collaboration with GPs, clinicians from the Acute Trust, London Borough of Havering, voluntary groups and service users.

Concern was raised by the Committee about the promotion and publicity of the services available to residents over 65, who could benefit from the service; however were not know to Adult Social Care.

13. PERFORMANCE INFORMATION

Following a request by members of the Committee, at its meeting in February 2012, details of the performance information that were presented to Cabinet was brought to the Committee for members to raise any matters of concern within the Committee's remit.

The Committee raised the issue of the performance in take up of direct payments as a proportion of self-direct support. Officers informed the Committee that whilst the service was below the target, the population of Havering was very challenging. There were a lot of older people who did not want to deal with their own finances.

14. CARE POINT UPDATE

At its meeting in March 2013, the Committee received an update on the progress of the Care Point Service. In 2011, the Council worked in partnership

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with a number of voluntary sector organisations HAVCO, Age Concern, Citizens Advice Bureau and Crossroads Care) to form a consortium to manage the new Care Point Service.

Care Point provided free information, guidance and advice on any enquiry. To ensure that all clients received the most accurate and relevant information, Care Point worked closely with all voluntary and community organisations, statutory services and the NHS within Havering. Care Point signposted and/or referred clients to relevant voluntary organisations, statutory bodies and the NHS (Referrals were only made with the clients written authority and express permission).

15. EXTRA CARE STRATEGY

At its March 2013 meeting, the Committee received a report on part of the Extra Care Strategy. This centred on the new development at Dreywood Gardens, which the Council had worked in partnership with East Thames Housing Group to develop. The Committee noted that extra care was between sheltered accommodation and a residential home. Extra care housing provided a more significant level of personal care or support, as well as accommodating those with relatively low support needs, but who were otherwise able, and wished, to live independently.

The Committee was informed that the Council had 100% nomination rights of the 98 units. Twenty of which would be for shared ownership and seventy eight of which would be rented. The eligibility for the properties was a Havering resident over the age of 55 with a social care need. Of 2000 people in the Adult Social Care database, there had been interest from 280 people. Given the high demand, it was hoped that further units could be developed in the future.

The official launch was hoped to take place in the summer of 2013, once residents had settled.

16. IMPACT OF SERVICES ON THE ELDERLY TOPIC GROUP

At its meeting in October 2012, the Committee agreed to establish a topic group to scrutinise the impact of services on the elderly. The Committee wished to understand the impact that housing services had on older people generally, older people with disabilities and vulnerable residents in Havering, together with finding out about services available for these groups and how they can be accessed.

The group met with representatives from Havering and Age Concern and visited a number of older persons accommodation, including the new extra care development at Dreywood Gardens. They also visited housing schemes in the neighbouring borough of Barking and Dagenham to see how other boroughs catered for their elderly population.

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The group agreed there are many activities available to those that are aware of the services, however there were a large number of elderly and vulnerable people who did not know about these services and were essentially isolated. The group agreed to draft a letter which could be sent out to all elderly people informing them of the services/ activities available within the borough together with trying to find out the reasons why they were unable to access the services.

17. DEMENTIA STRATEGY UPDATE

At its meeting in May 2013, the Committee received a report on the Dementia Strategy for Havering. The Committee noted that this was high both nationally and locally, and as a result the Health and Wellbeing Board also had it high on its agenda.

The Committee was informed that a Dementia Partnership Board had been established in November 2012 and met monthly. The Board was made up of representatives from both Social Care and Health Partners. The Board was working together to deliver the strategy following four overarching objectives, which had been agreed by the shadow Health and Wellbeing Board.

Officer informed the Committee that a review of all services would take place in May which would feed into the care pathways and the way forward.

The Committee were impressed with the hard work of officers in getting the information out to the local community.

18. TRAVEL TRAINING

At its May 2013 meeting, the Committee received an informative presentation from the Disablement Association of Barking and Dagenham (DABD (uk)), who provided Independent Travel Training to and from educational establishments or day centres. This promoted independence and the opportunity for vulnerable adults to do things for themselves.

Officers explained that travel training comes under the remit of Personalisation. The key work used was "assistance" this did not mean the provision had to be borough transportation or taxis as had been expected in the past. Individuals who had specific travel needs were always offered the most independent and personally enabled solution for their particular situation.

Officer assured members that all individuals had to pass the travel training before they could travel alone, and the scheme was not for everyone. Assessments were carried out before the training commenced and if a decision was taken that the training was not suitable then the individual would not start the training.

It was important that the individual's family were supportive of the scheme, as this enabled a smooth transition. Trainees complete a 12 week course which builds up an individual's confidence, coping skills and provides more

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opportunities for them. It was successful in increasing social inclusion of vulnerable individuals.

The Committee was informed of a number of successful travel training cases, which had enabled the individuals to travel to their college alone, and one individual had been successful in securing a part time job which she would not have been able to do without the confidence of the travel training.

The Committee, with the exception of two members, felt the scheme was very good in promoting independence for vulnerable adults.

19. ENABLEMENT AT YEW TREE LODGE RESOURCE CENTRE

At its meeting in May 2013, the Committee received a presentation on the enablement centre at Yew Tree Lodge Resource Centre. The officer stated that the centre had originally been designed for people with the physical disability, but this had changed in 2009 to help with the reablement following a hospital stay, a disease or illness.

The aims and objectives of the centre were to provide services to people with disabilities and offer the opportunity to access information and practical guidance on:

- preventative care methods, which helped people to regain and maintain functional skills that are necessary in their daily living;
- to promote development of the integrated capacity of individuals' abilities that combines the physical, cognitive and social aspects of their wellbeing and encouraging a more active way of living;
- to encourage more positive attitude towards coping with limitations as a result of long-term illness or disability.

The Committee noted that each client has a Personal Management and Care Plan which outlines the physical, cognitive and social needs that are identified at the initial assessment. Specific targets are agreed with each client and facilitated throughout the 6-week course. Each individual is assessed and set specific targets which are meaningful and worthwhile to each individual, whilst still challenging and achievable.

The Committee noted that between January 2012 and January 2013, there had been 70 people who had commenced reablement, of these 70% needed no further care.