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MINUTES OF A MEETING OF THE INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE Town Hall, Main Road, Romford 7 May 2013 (7.10 - 9.05 pm)

Present:

Councillors Wendy Brice-Thompson (Chairman), June Alexander (Vice-Chair), Jeffrey Brace, Pam Light, Keith Wells and Linda Hawthorn (In place of Linda Van den Hende)

Apologies for absence were received from Councillor Linda Van den Hende

37 MINUTES

The minutes of the meeting held on 5 March 2013 were agreed as a correct record and signed by the Chairman.

38 DEMENTIA STRATEGY UPDATE

The Committee received a report on the Dementia Strategy for Havering. Members were informed that dementia was high on the agenda for the Health and Wellbeing Board. Dementia is a very high priority, both nationally and locally. A document published by the Department of Health (*Living well with dementia: A National Dementia Strategy*) set out 17 objectives which should result in significant improvement in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia.

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

- De-stigmatise dementia and ensuring sufferers and their carers receive the best possible support in managing their condition.
- Ensure high quality and accessible dementia information.
- Clinically train professionals to recognise the symptoms of dementia leading to earlier diagnosis and improved outcomes for sufferers and their carers.
- Deliver more universal services and better quality of care for people with dementia

The Committee noted that to support achievement of these objectives, specific actions had been included within the Health and Wellbeing Strategy.

Officers explained the different actions necessary to deliver the objectives including the use of “Skyguard” key fobs that were being piloted by clients with low level or early onset dementia, and this linked with objective one. The key fobs included a small GPS system should the client go out of a specified area.

The Committee discussed about the use of St George’s Hospital Site and the Older Persons Centre of Excellence being placed upon the site. The Committee felt that this was a future aspiration and would therefore need a short term solution for dementia care. Officers stated that the care pathways were being reviewed which should provide a good starting point of the current situation.

The Committee noted that there had been a number of compliments received by the services. The Alzheimers map had shown 35% with a formal diagnosis previously, due to the various support and information groups this had risen to 50% with a formal diagnosis. This was due to both national and local publicity.

Officers informed the Committee that a review of all services would take place in May.

The Committee was impressed with how the information was being taken out into the community. Officers explained that they were going to where people lived, and therefore had delivered information and advice at shopping centres, libraries, Queens and King George’s Hospital, as well as local group meetings.

The Director of Public Health explained that dementia was more about prevention through exercise, brain activity and reduction of alcohol. There were online screening that could be carried out by the individual as dementia could present in a number of different ways. The service was now pushing back to make earlier diagnosis. This identifies a large number of clients which puts pressure on the service however the needs of individuals had to be met.

The Committee thanked the officers for a very detailed update.

39 **TRAVEL TRAINING**

The Committee received a 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 gives individuals more independence and opportunities to do things for themselves.

DABD are a charitable organisation working with and supporting excluded people across London and the UK. Officers stated that DABD was in their 61st year of providing a community service.

Officers explained that travel training comes under the remit of Personalisation. The key word used was “assistance” this did not mean the provision had to be borough transport or a taxi as had been expected in the past. Individuals who have specific travel needs are always offered the most independent and personally enabling solution for their situation.

It is important for the individual that there is family support in place so the transition to travel training is effective. Trainees complete a 12 week training course, and DABD are aware that travel training is not for everyone. The travel training builds up an individual’s confidence, coping skills and provides more opportunities for them. It was successful in increasing social inclusion of vulnerable individuals.

During the training, the individuals learn the following:

- Journey preparation and planning (e.g. what items to take, learning routes, landmarks, suitable clothing etc.)
- Using public transport – buses and trains
- Handling money and paying fares
- Using technology (e.g. use of smartcards and mobile phones)
- Confidence in communication
- Telling the time and understanding information sources such as timetables and real time information displays.
- Personal and road safety (e.g. Stranger danger, use of pedestrian crossings etc.)
- Appropriate behaviours
- Coping strategies
- Travelling in the dark/ at night.

DABD (uk) supports parents and carers through the process by weekly feedback on the individuals progress, discussing any concerns as they arise, making referrals on behalf of the individual or family such as benefits advice, social activities and other information, and liaising directly with colleges and day service provisions.

Travel training should lead to less long term dependencies on the Borough Social Services provisions. Individuals will be independent, have freedom of choice in employment, volunteering and leisure activities through the skills they gain and accessible public transport. People with additional needs will be a visible part of the local community and will be able to access services when they want to, not just when they are supported to do so.

Members asked if there was cooperation from Transport for London (TfL) staff in relation to the needs of vulnerable people. Officers stated that they would like to think that there is more awareness, and TfL do have an equal opportunities policy, however there are still some issues.

Two members raised concern about the whole scheme and felt the service was dangerous for vulnerable people to use. Officers assured members

that individuals had to pass the travel training before they could travel alone, and that 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 carry out the training.

The Committee was shown a number of case studies where individuals had completed the training. Officers stated that one of the individuals in the case studies had recently secured a part time job, 3 days a week. This would not have been possible without the independence of travel training.

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

40 **ENABLEMENT AT YEW TREE LODGE RESOURCE CENTRE**

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 a 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 Reablement interventions included:

- Assessment of client's needs and building on the existing strengths.

- Individualised programme of activities that are best suited to meet the clients' diverse needs.
- Agreed programme of preventative care strategies to ensure progress is maintained.
- Monitoring of the client's progress and evaluation of the outcomes.
- Gradual transition from the supervised care into the independent environment and community living.

The Centre also offered Preventative Care through two modes; primary and secondary. The Primary prevention aimed to reduce the risk factors that may contribute to a service user's health deterioration. The Secondary prevention aimed at reducing the risk factors among people with long-term conditions and disabilities that include immobility, avoidance of exercise due to chronic pain, hypertension, obesity, poor eating habits, or depression and isolation, which often exacerbates the illness and can lead to more severe problems that necessitate long-term medical treatment, frequent hospitalisation and dependence on health and social care services.

The Committee was given a case study where the service had helped an individual and the feedback from both the client's wife and Social Care was discussed. It was agreed that the service was a benefit to Adult Social Care since the individual was independent and his care package could be reduced.

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.

The Committee thanked the officer for the informative presentation.

41 **FUTURE AGENDAS**

The Committee agreed that they would like a dial a ride update at the next meeting and in light of a clash of meetings for the Chairman and other members of the Committee, it was agreed to change the date of the next meeting from 2nd July to **3rd July 2013 at 7:00pm.**

Chairman

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