

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

7 JULY 2014

Chairman: * Councillor Mrs Rekha Shah

Councillors: * Michael Borio * Mrs Vina Mithani
* Kairul Kareema Marikar (1) * Chris Mote

Advisers: Rhona Denness - Harrow Healthwatch

* Denotes Member present
(1) Denotes category of Reserve Member

1. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Members:-

Ordinary Member

Councillor Niraj Dattani

Reserve Member

Councillor Kairul Kareema Marikar

2. Appointment of Vice-Chairman

RESOLVED: That Councillor Michael Borio be appointed Vice-Chairman for the 2014/15 Municipal Year.

3. Declarations of Interest

RESOLVED: To note that the following interests were declared:

All Agenda Items

Councillor Michael Borio declared a non-pecuniary interest in that he was employed by Independent Age. He would remain in the room whilst the matters were considered and voted upon.

Councillor Kairul Kareema Marikar declared a non-pecuniary interest in that she was employed by a foster caring organisation. She would remain in the room whilst the matters were considered and voted upon.

Councillor Mrs Vina Mithani declared a non-pecuniary interest in that she was employed by Public Health England. She would remain in the room whilst the matters were considered and voted upon.

Councillor Chris Mote declared a non-pecuniary interest in that his daughter was employed by Northwick Park Hospital. He would remain in the room whilst the matters were considered and voted upon.

4. Minutes

RESOLVED: That the minutes of the meeting held on 23 April 2014, be taken as read and signed as a correct record.

5. Public Questions and Petitions

RESOLVED: To note that no public questions or petitions were received at this meeting.

6. References from Council and Other Committees/Panels

The Sub-Committee received the following Reference from the Cabinet: Response to NHS Health Checks Scrutiny Review.

RESOLVED: That the Reference from Cabinet be noted.

RESOLVED ITEMS

7. Harrow Local Safeguarding Adults Board (LSAB) Annual Report 2013/2014

The Sub-Committee received a report of the Director of Adult Social Services which set out an overview of the Local Safeguarding Adults Board (LSAB) annual report for 2013/14.

Following a brief officer presentation highlighting key aspects of the report, Members made the following comments and asked the following questions:

- How often were audits carried out, what selection process was there for external auditors and how were issues of non-compliance dealt with?

An officer advised that the data from internal monthly audits was collated on a quarterly basis to inform practice learning. External audits of cases selected at random, were carried out on a quarterly basis by independent social workers who were selected for their specialist skills and knowledge.

The safeguarding of adults national agenda is improving fast and there had been a lot of development in this area of work in the last decade. Guidance from best practice forums helped to target specific issues and outcomes from these helped to inform the staff training strategy. For example, training on the Mental Health Capacity Act had been offered in 2013.

- Were there any resource implications as a result of the recent Supreme Court ruling relating to the threshold for DOLS (Deprivation of Liberty Safeguards)?

The officer advised that this was a statutory requirement which had timescales attached. In 2013, fourteen referrals had been made, and the figure to date for 2014 was fifty four. Each referral cost in the region of £350.00. As a result of Supreme Court ruling DOLS threshold have changed. Therefore significant increase in referrals put pressures on the service. Officer also informed that there has been no breach in timescales in Harrow.

- How did safeguarding adults differ from safeguarding children?

The officer stated that safeguarding children was covered by the Children's Act and that currently there was no specific legislation dealing with Adults. The Care Act, due to be enacted in 2015, would give statutory status to the LSABs, additional powers and responsibilities to local authorities and would require partner representation on LSABs.

- Why had the number of referrals for patients from BME communities decreased since 2013? Why were the number of mental health referrals lower than other types of referrals?

The officer advised that the number of referrals for people from BME communities had increased but the percentage of referrals had decreased. It may have been due to an increase in the number of referrals from older people and they are mostly represented by white British people. The data was still being analysed the data. However, the service would continue to target faith and community groups to improve awareness and engagement.

With regards to mental health, the service was working closely with CNWL (Central & North West London NHS Foundation Trust) in the area of mental health to increase the number of referrals from Mental Health services.

The Director of Adult Social Services stated that increased numbers of referrals were a good indication of increased awareness among the public regarding safeguarding adults' issues. It was important that referrals to the relevant teams, whether it be social work, reablement, safeguarding etc, were dealt with in a timely and appropriate manner.

- In view of the fact that Children Looked After (CLAs) by the authority, continued to be the responsibility of the authority beyond the age of 18 years of age, what was being done about ensuring they did not fall through the net?

The officer advised that Adult services had a dedicated transition team which worked closely with Children's Services to ensure no one fell through the net. In addition, Adult Services and Children's Services had produced a protocol to ensure that these young adults did not fall through the net.

- How were individuals making allegations dealt with?

The officer advised that this appropriate staff training was key in ensuring that those making referrals were dealt with sensitively. Safeguarding decision-making was a complex process and was carried out at strategy meetings and on occasion, the history and the capacity of the person making the referral was taken into consideration.

- What was the reason for the high level of allegations of abuse against social care staff and family members in Harrow?

The officer advised the fact that a very large proportion of service users in Harrow were not in residential care but were supported at home by family members or carers and therefore the proportion of allegations against them was likely to be higher.

- What workforce development and staff training strategies were in place?

The officer advised that the staff training strategy was co-produced with users and partner organisations. There was a mandatory element to the training and this information was published online. User feedback was used to inform staff training and development.

RESOLVED: That the report be noted.

8. Healthwatch Harrow - Progress

The Sub-Committee received a report of the Divisional Director of Strategic Commissioning which set out the progress made in establishing a local Healthwatch in Harrow, its current performance and future work plans.

Following a brief overview of the report by the representative from Healthwatch Harrow, Members asked the following questions and made the following comments:

- How would the action plan be delivered?

The representative from Healthwatch Harrow advised that there was a framework in place which the action plan was based on. He anticipated that different methodologies would emerge in forthcoming months. Patient-engagement, through surveys and GP surgery networks etc would be a key driver for success. Targets had been set for publicity and awareness raising and the organisation was looking at ways of engaging the business and private sectors.

- What assessment of its performance during its first year had been carried out?

The Healthwatch Harrow representative stated that discussions with the local authority regarding the performance monitoring framework had taken place. Some areas of performance required improvement, however, priorities had been set and performance was measured against the Local Government Association's guidelines.

- What was the selection process and how were the key performance indicators (KPIs) decided and measured?

The Healthwatch Harrow representative stated that this had been set at 20% for the first year. Performance would be measured through focus groups. Lay members would be appointed.

- How were complaints dealt with?

The Healthwatch Harrow representative stated that few complaints had been received to date and that these generally related to issues with A&E services and GP surgery waiting times. All complaints received were logged and followed up. There was a signposting service to the advocacy service and feedback was provided through the local Patient Participation Network.

- What was being done to engage with those groups considered to be 'hard to reach'?

The representative from Healthwatch stated that it would be important to build links and trust with the community and identifying these groups and engaging with them may prove to be a resource-intensive exercise.

The Divisional Director of Strategic Commissioning stated that Harrow in Business, which was a consortium made up of local third sector groups with strong links to their communities would work closely with Healthwatch to reach these groups.

RESOLVED: That the report be noted.

9. Royal National Orthopaedic Hospital: Quality Accounts 2013/14

The Sub-Committee considered a report of Assistant Director of External Compliance and Quality at the Royal National Orthopaedic Hospital which set out RNOH's Quality Accounts for 2013/14. The Assistant Director was not present at the meeting to respond to Members questions and it was noted that this item had been deferred from the previous meeting.

RESOLVED: That

- (1) the report be noted;
- (2) Members email any questions they had regarding the report to the Assistant Director of External Compliance and Quality at the Royal National Orthopaedic Hospital.

(Note: The meeting, having commenced at 7.30 pm, closed at 8.45 pm).

(Signed) COUNCILLOR MRS REKHA SHAH
Chairman