



# Havering

L O N D O N   B O R O U G H

## INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

<b>7.00 pm</b>	<b>Thursday 7 March 2019</b>	<b>Town Hall, Main Road, Romford</b>
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Members 7: Quorum 3

### COUNCILLORS:

Ray Best (Chairman)  
Linda Hawthorn (Vice Chairman)  
Christine Smith  
Ciaran White

Nic Dodin  
Jan Sargent  
Denis O Flynn

**For information about the meeting please contact:**  
**Richard Cursons 01708 432430**  
**[richard.cursons@onesource.co.uk](mailto:richard.cursons@onesource.co.uk)**

## **Protocol for members of the public wishing to report on meetings of the London Borough of Havering**

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

### **What is Overview & Scrutiny?**

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview

and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

## **Terms of Reference**

The areas scrutinised by the Committee are:

- Personalised services agenda
- Adult Social Care
- Diversity
- Social inclusion
- Councillor Call for Action

**DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF**



## **AGENDA ITEMS**

### **1 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

NOTE: Although mobile phones are an essential part of many people's lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

### **2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

(if any) – received.

### **3 DISCLOSURE OF INTERESTS**

Members are invited to disclose any interest in any items on the agenda at this point in the meeting.

*Members may still disclose any interest in an item at any time prior to the consideration of the matter.*

### **4 MINUTES** (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Committee held on 5 December 2018 and authorise the Chairman to sign them.

### **5 CORPORATE PERFORMANCE INFORMATION - QUARTER 3** (Pages 5 - 18)

### **6 DOMESTIC VIOLENCE - UPDATE** (Pages 19 - 28)

### **7 ADULT SOCIAL CARE AND THE VOLUNTARY SECTOR** (Pages 29 - 46)

### **8 RESPITE CARE FOR CARERS** (Pages 47 - 56)

**Andrew Beesley**  
**Head of Democratic Services**



**MINUTES OF A MEETING OF THE  
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE  
Town Hall, Main Road, Romford  
5 December 2018 (7.00 - 8.25 pm)**

**Present:**

Councillors Ray Best (Chairman), Linda Hawthorn (Vice-Chair), Nic Dodin, Jan Sargent, Christine Smith and Ciaran White.

**14 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

There were no apologies for absence received. Councillor Best took the opportunity to thank Councillor Hawthorn for taking on the role of Chairman during his absence and keeping him informed throughout.

**15 DISCLOSURE OF INTERESTS**

There were no declarations of interest.

**16 MINUTES**

The minutes of the meeting held on the 4 September 2018, were agreed and signed by the Chair as a correct record.

**17 DABD - DIAL - A-RIDE SERVICE**

The Sub-Committee received a presentation from Elaine James, Chief Officer and Brian Hunter, Mobility Lead at DABD.

The Sub-Committee was informed that Dial-a-Ride was a membership scheme run by Transport for London which provided a bookable door-to-door minibus service free of charge for disabled and older people who had difficulties accessing public transport. DABD provided a driver plus vehicle for an 8 hour shift between the hours of 08:00 and 18:00 Monday – Friday and during some holiday periods, with an ad-hoc provision of additional drivers and vehicles to respond to variations in the Dial-a-ride service.

DABD had 25 vehicles in their fleet, 8 of which were used for daily dial-a-ride services, and which were based at their depot in Dagenham.

Although passenger profiles varied daily in respect of demographic and mobility requirements, typical Dial-a-ride trips were 70% aged 65 years and over and 15% wheelchair users.

Important aspects of the service were noted as:

- Delivering a user friendly consistent, highly reliable and flexible service, operating in a 5 mile boundary of London.
- Providing well maintained, clean vehicles in accordance to Dial-a-ride standards.
- Friendly, helpful, fully trained drivers who go above and beyond for passengers.
- Utilized environmentally responsible operation procedures and used Low emission, alternative fuel vehicles with emissions reporting.
- The service was fully auditable.
- The service was vital to reducing social isolation amongst the elderly and disabled communities.

Data showed that Havering had a high percentage of residents with transport accessibility issues. Last year alone, the Transport department delivered over 75,800 trips. Studies had suggested that over a third of the cost of the health and social care could be alleviated by the implementation of schemes such as these. Therefore, DABD could and would play a critical role in tackling the present issue of social isolation.

For the past 66 years, DABD had been supporting disabled and vulnerable people to live independently with dignity and to enable greater economic, social, educational and physical mobility through personal development. It was the belief of DABD that everyone should have the opportunity for personal development to achieve their full potential in order to live their life as independently as possible and of their choosing. Furthermore, it was the belief of DBD that all excluded people should:

- Be able to influence local decision making
- Have the choice in the way they live and work
- Have inclusive and independent access to living
- Have facilities and be facilitated in order to have access within the community.

Information on the Dial-a-Ride service was available on the Council's website and staff of the application process were able to provide advice to residents. Furthermore, promotional leaflets were available at GP surgeries across the borough. It was suggested that an advertisement be placed in the Living magazine.

The Sub-Committee discussed DABD's use of technology and were concerned that this may cause some users difficulty in accessing the service. Members concerns would be fed back to the Forum to ascertain whether other options would be available.

#### **The Individuals OSSC:**

**Noted** the contents of the presentation.



## 18 QUARTER TWO PERFORMANCE REPORT

The Committee received the Quarter 2 Performance Report which provided an overview of the Council's performance against the two performance indicators selected for monitoring by the Sub-Committee:

- Percentage of service users receiving Direct Payments; and
- Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+).

The percentage of service users receiving Direct Payments had an amber rating. This was a target of 35%, with a Q2 performance level of 34.9%. There was constantly a need for the Council to be vigilant to ensure payments were being used appropriately, with payments occasionally having been either suspended or terminated due to fraudulent use and the service provision provided in-house. The Sub-Committee commended the local authority on its due diligence. The Council's Payroll Service was able to offer support for tax etc at a charge, which would be covered by the direct payment. The Council held a list of accredited registered personal assistants.

The rate of permanent admissions to residential and nursing care homes was at a green rating and well within target. The Q2 performance target was 310 with 2018/19 performance at 293, where lower performance was better.

### **The individuals OSSC:**

- **Noted** the contents of the report and the actions identified to improve services.
- Members also **noted** the positive feedback to services by way of compliments received and highlighted good practice.

## 19 FUTURE AGENDAS

The Sub-Committee discussed the forward plan and agreed that the following items be presented at the next meeting:

- Down Sizing Accommodation
- Respite Care for Carers
- Adult Social Care Funding and the Voluntary Sector
- Domestic Violence Progress Report

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**Chairman**

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## INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 7 March 2019

<b>Subject Heading:</b>	Quarter 3 performance report
<b>SLT Lead:</b>	Jane West, Chief Operating Officer
<b>Report Author and contact details:</b>	Graham Oakley, Senior Performance and Business Intelligence Analyst - 01708 433705, <a href="mailto:graham.oakley@havering.gov.uk">graham.oakley@havering.gov.uk</a>
<b>Policy context:</b>	The report sets out Quarter 3 performance relevant to the remit of the Individuals Overview and Scrutiny Sub-Committee
<b>Financial summary:</b>	<p>There are no direct financial implications arising from this report, which is for information only. However adverse performance against some performance indicators may have financial implications for the Council.</p> <p>All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience financial pressure from demand led services.</p>

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

## SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance against indicators within the remit of the Individuals Overview and Scrutiny Sub-Committee for Quarter 3 (October 2018 – December 2018).

## RECOMMENDATION

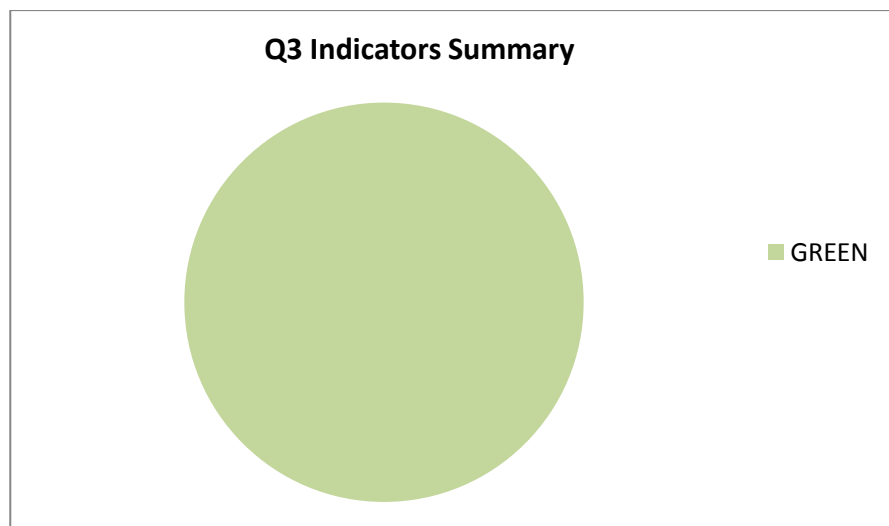
That the Individuals Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.

## REPORT DETAIL

1. The report and attached presentation provide an overview of the Council's performance against the 2 performance indicators selected for monitoring by the Individuals Overview and Scrutiny Sub-Committee. The presentation highlights areas of strong performance and potential areas for improvement.
2. Tolerances around targets have been reinstated for 2018/19 performance reporting. Performance against each performance indicator has therefore been classified as follows:
  - **Red** = outside of the quarterly target and outside of the agreed target tolerance, or 'off track'
  - **Amber** = outside of the quarterly target, but within the agreed target tolerance
  - **Green** = on or better than the quarterly target, or 'on track'
3. Where performance is rated as '**Red**', '**Corrective Action**' is included in the report. This highlights what action the Council will take to improve performance.
4. Also included in the report are Direction of Travel (DoT) columns, which compare:
  - Short-term performance – with the previous quarter (Quarter 2 2018/19)

- Long-term performance – with the same time the previous year (Quarter 3 2017/18)
5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same.
  6. Both the performance indicators selected by the sub-committee have been included in the Quarter 3 2018/19 report and presentation. Both indicators have been assigned a RAG status.

### **Quarter 3 Rating Summary**



Of the two indicators:

**2 (100%)** has a status of **Green** (on track)

Performance is an improvement when compared with performance in Quarter 2 of 2018/19 and has improved when compared to the same stage last year, where one indicator was Green and the other was Amber.

## **IMPLICATIONS AND RISKS**

### **Financial implications and risks:**

There are no direct financial implications arising from this report which is for information only. However adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services, such as childrens and adults' social care. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

### **Legal implications and risks:**

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress.

### **Human Resources implications and risks:**

There are no HR implications or risks involving the Council or its workforce that can be identified from the recommendations made in this report.

### **Equalities implications and risks:**

There are no equalities or social inclusion implications or risks identified at present.

## **BACKGROUND PAPERS**

Appendix 1: Quarter 3 Individuals Performance Presentation 2018/19



# Havering

LONDON BOROUGH

# **Quarter 3 Performance Report 2018/19**

## **Individuals O&S Sub-Committee**

**7 March 2019**



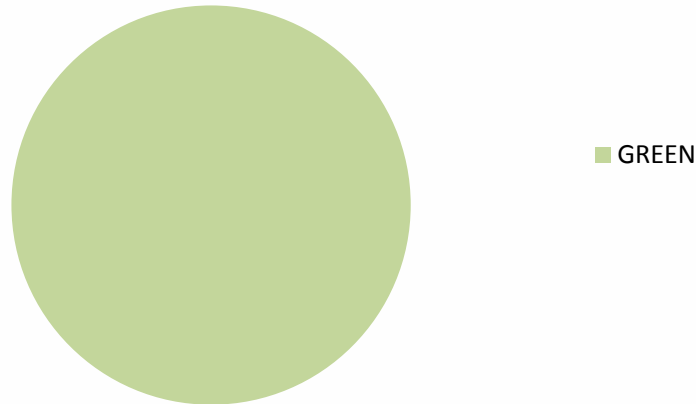
# About the Individuals O&S Committee Performance Report

- Overview of the Council's performance against the indicators selected by the Individuals Overview and Scrutiny Sub-Committee
- The report identifies where the Council is performing well (**Green**), within target tolerance (**Amber**) and not so well (**Red**).
- Where the RAG rating is '**Red**', '**Corrective Action**' is included in the presentation. This highlights what action the Council will take to improve performance.

## OVERVIEW OF INDIVIDUALS INDICATORS

- 2 Performance Indicators are reported to the Individuals Overview & Scrutiny Sub-Committee.
- Q3 Performance figures are available for both indicators.

Q3 Indicators Summary



Of the 2 indicators:  
**2 (100%)** has a status of **Green**.

## Quarter 3 Performance

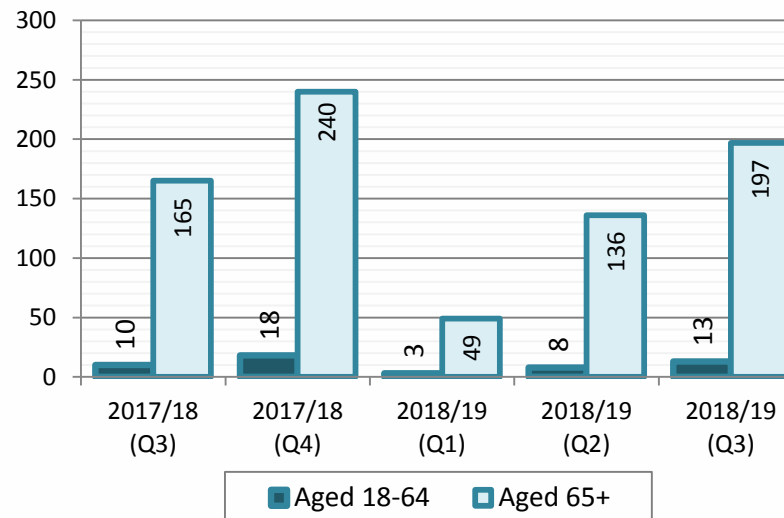
Indicator and Description	Value	Tolerance	2018/19 Annual Target	2018/19 Q3 Target	2018/19 Q3 Performance	Short Term DOT against Q2 2018/19		Long Term DOT against Q3 2017/18	
% of service users receiving direct payments	Bigger is better	5%	35%	35%	GREEN 35.9%	↑	34.9%	↑	34.0%
Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is better	5%	660	480	GREEN 424.4	↑	293	↓	356.8

## Positive Performance

- Better than target (where lower is better) for the rate of permanent admissions for service users aged 65+ into nursing or residential care.
- Better than target (where higher is better) for Direct Payments and an improvement in outturn.

## ADULT SOCIAL CARE

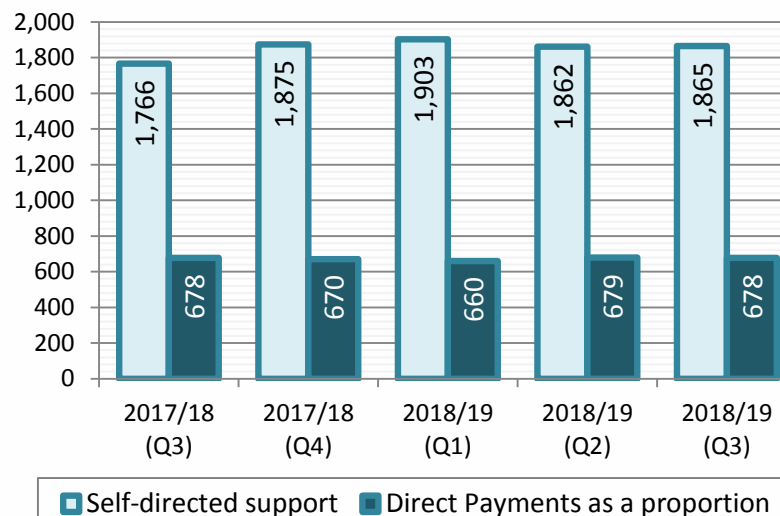
### DP 09: Permanent admissions to residential and nursing care homes



By the end of Q3, there had been 13 adults aged 18-64 in council-supported permanent admissions to residential and nursing care, this is an increase of 3 when compared to Q3 in 2017/18. There have been 197 adults aged over 65 in council-supported permanent admissions, whereas for the same period in 2017/18 there had been 165.

## ADULT SOCIAL CARE

### DP 10: Self Directed Support and Direct Payments as a Proportion



At the end of Q3, there were 1,865 service users receiving self directed support, compared to 1,766 at the same stage last year (an increase of nearly 6%). However there was a slight reduction in the take-up of direct payments from December 2017 compared to December 2018.

# Any questions?



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## INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 7 MARCH 2019

<b>Subject Heading:</b>	Domestic Abuse
<b>SLT Lead:</b>	Barbara Nicholls Director of Adult Services
<b>Report Author and contact details:</b>	Diane Egan Community Safety and Development Manager. Susan Shepherd <a href="mailto:Diane.egan@havering.gov.uk">Diane.egan@havering.gov.uk</a> <a href="mailto:Susan.Shepherd@havering.gov.uk">Susan.Shepherd@havering.gov.uk</a>
<b>Policy context:</b>	Information briefing only
<b>Financial summary:</b>	None

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	[x]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

### SUMMARY

The report details the work of the Council to support victims and families affected by Domestic Abuse in Havering

### RECOMMENDATIONS

That Members note the content of the report

## **REPORT DETAIL**

### **1. Definition of domestic violence**

The Havering Community Safety Partnership Plan 2018-19 identified violence against women and girls (VAWG) as a priority. A revised VAWG strategy is due to go to Cabinet in March 2019.

The Havering Community Safety Partnership has adopted the cross government definition which states that domestic abuse and violence is:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- emotional

The definition of controlling behaviour includes a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim.

### **2. The level of domestic abuse in Havering**

From the 1<sup>st</sup> January 2018 to 31<sup>st</sup> December 2018 there were 4061 domestic violence incidents reported to the police and 2515 domestic violence offences recorded by the police. When the police attend a domestic violence incident where a child is present a Merlin safeguarding alert will be sent to the MASH to alert children's services that domestic abuse is occurring in the household. In 2018 the MASH received 1,706 contacts in relation to domestic abuse.

### **3. Domestic violence multi agency risk assessment conference**

A Multi Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety. In a single meeting, MARAC combines up to date risk information with a timely assessment of a victim's needs and links those

directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator.

In Havering the MARAC is held every 3 weeks, chaired by a detective inspector from the East Area BCU Safeguarding team. From the 1<sup>st</sup> January 2018 to 31<sup>st</sup> December 2018, there were 339 cases referred to the MARAC. In 325 cases the victim was female and in 14 cases the victim was male. Nine of the victims were aged 17 or below. There were 505 children identified as being part of the 339 households. Four cases involved individuals aged 17 or below as perpetrators of domestic abuse.

#### 4. Support services for victims of domestic abuse

Havering Council commission a number of services to support victims of Domestic abuse.

4.1 Domestic abuse advocacy project: - Havering Women's aid provide advocacy support to victims of domestic abuse. Victims can contact the service directly to receive advice and support Monday to Friday. They offer floating support, group support and 1-2-1 counselling is also available on 01708 728759. This service is funded to March 2021.

4.2 Men only service: - MENDAS are an organisation based in Havering that can offer support in regards to male victims of Domestic Violence. They offer floating support and 1-2-1 counselling. This service is funded to March 2021.

4.3 Pan London Independent Domestic Violence Advocate (IDVA) service: - The Mayor's office for policing and Crime (MOPAC) fund 3 IDVAS in Havering. They are co-located in Romford Police Station, Queens Hospital (Maternity and A&E) and Children's Services to provide ongoing support to high risk victims of domestic abuse.

4.4 Solace Women's Aid:- Funded through the London Councils grant scheme, Solace Women's Aid provide support groups and counselling through Havering Children's Centres

5. Refuge Provision - The Refuge and Floating support provision were subject to a re-tender exercise during 2018. The tender opportunity was advertised via Capital E sourcing during March and April and the tender closed during May. Two bids were received, one from the incumbent provider and a further bid from Hestia. Bids were evaluated using a 70:30 price /quality ratio by a project team consisting of officers from community safety, Joint Commissioning unit as well as Housing. Following the completion of a key decision paper and call in process the contract was awarded to the incumbent provider Havering Women's Aid. The new service began on the 1<sup>st</sup> September and will deliver 20k savings per annum. The contract was

awarded for 3 years with the option to extend for a further year. The total contract value excluding the extension is £699,595. The main changes to the specifications for both the refuge and the floating support service are the increased throughput each will deliver. The specification was produced following a steering group meeting with service users accessing the floating support and refuge services as well as monthly project team meetings. The highlights are shared below:

#### Floating support service

- The provider will deliver a Floating Support Service for men and women living in Havering which will:
- Be accessible to people aged 16 plus, living in the London Borough of Havering and an ordinary resident of Havering.
- Support people affected by Violence, to free themselves from their situations.
- Undertake support planning with agreed outcomes.
- Provide short term support.
- Provide specialist information and advice as part of service delivery.

#### Refuge Service

- Havering women's aid will deliver a Refuge Service that:
- provides emergency accommodation for women and children fleeing violence;
- provides women and their children with a place of safety, security and stability and information to enable them to make informed decisions about their future;
- enables women and children affected by violence to rebuild their lives;
- Supports women to maintain or to re-enter employment;
- Supports women to access appropriate training; enables women and children to move on from the refuge within nine months of accessing the service.

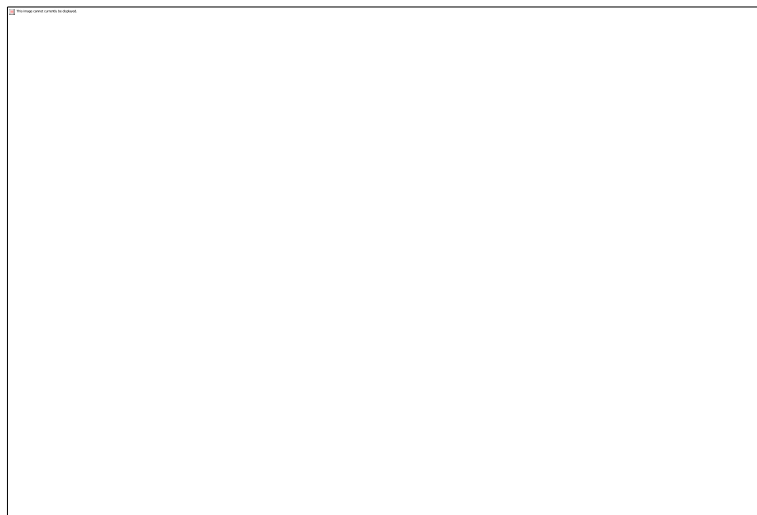
In order to better understand the service user journey, the new specification also requires Havering Women's Aid to report the following data on a quarterly basis at monitoring meetings which are held jointly with Community safety.

- Number of people referred for refuge and floating support
- Number of people accepted/declined
- Number of people declined for Refuge due to capacity issues
- Source of referral
- Postal area code of where refuge client originated from
- Postal area code of client of client receiving floating support service

- Waiting list for Floating support if capacity has been reached
- Length of stay for clients residing in the refuge
- Exit pathways for clients accessing the refuge service as well as the floating support service.

#### 6. Referrals in to Children Social Care through the Multi-Agency Safeguarding Hub (MASH)

All contacts regarding possible safeguarding or child protection concerns regarding children are referred to the Havering Multi Agency Safeguarding Hub (MASH). The information is triaged by a Children Social Care MASH Team Manager to determine what action is required to respond to the concerns that have been referred. The image below sets out the three levels of concerns and threshold for each level.



In determining the level of concern the MASH Team Manager will also consider whether criteria for MASH checks are met. In relation to domestic abuse the following apply:

1. Domestic Violence. Barnardo's Risk Matrix Level of Risk: Serious Scale 3 and 4
2. All referrals where there are a combination of the Toxic Trio: Mental Health, drug/alcohol and domestic violence

During 2016-2017 and 2017-2018 twenty percent of all contacts into MASH were referred because of domestic abuse.

Information from the DFE Child in Need census regarding factors that are identified during assessment processes evidence that domestic abuse is the most prevalent factor and on average is present with thirty percent of cases. Havering returns in relation to this are lower at eighteen percent; however this evidences that there is

work to be done within Havering to accurately capture the factors identified. The assessment teams are working to improve this.

The MASH service adheres to tight timeframes to ensure cases are responded to in a timely manner and allocated according to the level of need. The table below sets out the timeframe for MASH checks to be completed:

RED	Due in 4 Hours (from time of request).
AMBER	Due in 24 hours (from time of request)

If the case meets a threshold for a statutory service i.e. Children Act 1989 s 17: Child in Need; or Children Act 1989 s 47: a child has suffered significant harm or is at risk of suffering significant harm; the case will be referred to the Children Social Care Assessment service and allocated to a social worker on that day.

If the referral is identified to suggest significant concern a strategy meeting is held and will include those partners that have involvement with the child in order to share information and to agree a plan to respond to the concerns to safeguard the child. This meeting will decide whether the matter should be responded to under S47 or s17 and if S47 whether the response is joint response with police or a single agency response. The case will usually be determined to be a joint investigation if the police believe that a crime has been or may have been committed.

Cases referred to the Assessment Service identified to meet a threshold for children social care will be assessed by a qualified social worker. The assessment will consider all aspects of the child's life and identify risks, strengths and protective factors. The assessment will conclude with an analysis and recommendations regarding what support is required to safeguard and protect the child.

#### 7. The role of children's services in supporting children affected by Domestic Abuse

The level of risk identified through assessment will determine the service response. All service responses are required to be proportionate to the level of need to ensure that there is as little intrusion as possible into family life whilst also ensuring that children are safeguarded from the risk of further harm.

An assessment can conclude with the following:

- No further action
- Early Help support

- Child in Need (Statutory service under s17 CA 1989)
- Child Protection Conference
- Looked after Child.

If the concerns that are presenting require intervention and support, these will be identified by the social worker during the course of the assessment process and a plan will be developed with the family that will address the concerns to reduce the risks. Any statutory intervention will result in a multi-agency plan that will be agreed at a meeting attended with the family and those agencies identified to be required to work with the family to improve the child's situation.

All plans are reviewed regularly to determine whether the plan is impacting on achieving the outcomes identified and action is taken in order to respond to any issues identified.

The services available to families from Children Social Care perspective are:

- Independent Domestic Violence Advocate (IDVA)

The IDVA based within Children Social Care provides advice and guidance to the social workers to support them when working with victims of domestic abuse. The IDVA provides face to face or telephone crisis intervention support on a case by case basis and includes assessing risk management and safety planning; advocating on clients behalf with other organisations such as police, housing and legal advice around benefits. The IDVA will work alongside the social worker to support the client with their criminal or civil matters by looking at particular safeguarding and protective orders such as Non Molestation or Prohibited Steps Orders. In addition the IDVA will support and prepare clients for the criminal charge when they have agreed to give evidence against their perpetrator. The IDVA will also work with the social worker to identify the client and families individual needs and will be referring to the appropriate organisations for suitable interventions. This post is currently funded by the MOPAC Pan London IDVA service until March 2019. The service is currently being recommissioned by MOPAC.

- Systemic Family Therapy

Children Social Care Services has access to a Systemic Family Therapy Service and a Systemic Family Psychotherapist is placed within the Assessment Team. The Systemic Family Psychotherapist provides support to the social worker working with the family to provide a systemic intervention directly in to families in order to support the family to reduce violence and increase more helpful behaviours within the family home.

The Families Together Team (FTT) works systemically with families where children are at risk of being removed or require support prior to a child returning to the

family home following a period of being looked after, to support parents and carers to develop more helpful and kinder communication strategies that reduces blame and increases hope within the family system.

### Adolescent to Parent Violence and Abuse (APVA)

There is currently no legal definition of adolescent to parent violence and abuse. However, it is increasingly recognised as a form of domestic violence and abuse and, depending on the age of the child (i.e. is the child aged 16 or over), it may fall under the government's official definition of domestic violence and abuse.

It is important to recognise that APVA is likely to involve a pattern of behaviour. This can include physical violence from an adolescent towards a parent and a number of different types of abusive behaviours, including damage to property, emotional abuse, and economic/financial abuse. Violence and abuse can occur together or separately. Abusive behaviours can encompass, but are not limited to, humiliating language and threats, belittling a parent, damage to property and stealing from a parent and heightened sexualised behaviours. Patterns of coercive control are often seen in cases of APVA, but some families might experience episodes of explosive physical violence from their adolescent with fewer controlling, abusive behaviours. Although practitioners may be required to respond to a single incident of APVA, it is important to gain an understanding of the pattern of behaviour behind an incident and the history of the relationship between the young person and the parent.

It is also important to understand the pattern of behaviour in the family unit; siblings may also be abused or be abusive. There may also be a history of domestic abuse, or current domestic abuse occurring between the parents of the young person. It is important to recognise the effects APVA may have on both the parent and the young person and to establish trust and support for both.

The first large scale study of adolescent to parent violence and abuse in the UK was conducted by the University of Oxford (see <http://apv.crim.ox.ac.uk/>) between 2010 and 2013. Practitioners and parents interviewed in this study described the abuse as often involving a pattern of aggressive, abusive and violent acts across a prolonged period of time. As well as physically assaulting their parents, those interviewed said their teenage children had smashed up property, kicked holes in doors, broken windows, had thrown things at their parents and made threats. Verbal abuse and other controlling behaviours were also commonly present. This pattern of behaviour creates an environment where a parent lives in fear of their child and often curtails their own behaviour in order to avoid conflict, contain or minimise violence. This study found that there was no single explanation for this problem. Families described a range of reasons which they saw to be the cause for APVA, including substance abuse, mental health problems, learning difficulties, or a family history of domestic violence or self-harm. Some families were at a loss to



explain why their child was so aggressive towards them, having raised other children who did not display such behaviour.

## IMPLICATIONS AND RISKS

### **Financial implications and risks:**

Members are requested to note the work of the Council to support victims and families affected by Domestic Abuse in Havering. There are no financial implications directly arising from this report.

### **Legal implications and risks:**

The Havering Community Safety Partnership Plan 2018-19 identified Violence against women and girls as a priority.

This plan is in line with sections 5 -7 of the Crime & Disorder Act 1998, Police and Justice Act 2006 and The Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2011/1830. The Council and other statutory partners including Health have a duty under the Crime and Disorder Act 1998 to produce a plan to reduce crime and disorder within the borough for combatting the misuse of drugs, alcohol and other substances and for reducing re-offending of which domestic violence forms part. There are no apparent legal implications arising directly from noting this report.

### **Human Resources implications and risks:**

No HR implications directly arising from this report

### **Equalities implications and risks:**

No Equalities implications directly arising from this report. A full EIA has been completed as part of the refresh of the Violence against women and girls strategy

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## INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 7 March 2019

<b>Subject Heading:</b>	Adult social care funding and the voluntary sector
<b>CMT Lead:</b>	Barbara Nicholls
<b>Report Author:</b>	John Green, Head of Joint Commissioning, john.green@havering.gov.uk tel: 01708 433018
<b>Policy context:</b>	Joint Commissioning Strategy 2017-20. <i>Utilising all available assets is essential in ensuring that public services continue to support those most vulnerable in our communities.</i>
<b>Financial summary:</b>	No financial implications of the covering report itself.

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

### SUMMARY

The Head of Joint Commissioning will present Adult Social Care funded voluntary sector offer, what services are provided and the benefits delivered.

## RECOMMENDATIONS

1. That the Sub-Committee considers the information presented and takes any action it considers appropriate.

## REPORT DETAIL

At the start of last year the Joint Commissioning Unit recommissioned the adult social care voluntary sector offer to achieve better outcomes, support more people and build a preventative offer that supports residents.

The Head of Joint Commissioning will present on how the services were recommissioned and what support is available. This will lead on to the benefits and outcomes of the services and how they fit with the wider offer.

Members are encouraged to take this opportunity to scrutinise the offer and seek to gain a fuller understanding of the services that are available for Havering residents.

## IMPLICATIONS AND RISKS

**Financial implications and risks:** None of this covering report.

**Legal implications and risks:** None of this covering report.

**Human Resources implications and risks:** None of this covering report.

**Equalities implications and risks:** None of this covering report.

## BACKGROUND PAPERS

None.

# Adult social care funding and the voluntary sector

## Report for Overview and Scrutiny Individuals Subcommittee

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7 March 2019

# Why we recommissioned

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- Better outcomes for the money (£600k invested).
- Support more people with more joined up services
- Get onto a firm contractual footing
- Gradually build a preventative offer that is recognised as part of a whole system and getting it to work increasingly effectively

*Our aim is for adults to have access to a range of support that helps residents maintain their independence and prevent or delay the need for on-going support.*

# Co-produced design principles

- Encourage services that build personal, family and community resilience - emphasising strengths rather than identifying limitations

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We will commission services that actively participate in developing pathways to more independent living

- Peer support groups that are imaginative, continually look to extend reach and encourage self-organising groups
- Commissioning services that build networks and can show a growing reach



# 3 Key Outcomes

- Promote **social inclusion** for those isolated and/ or prevent people from becoming socially excluded
- Develop community resilience and personal wellbeing through **peer support** networks
- **Carers** supported in their caring role and to maintain a life of their own

# 5 key service areas

1. Services for people with physical disabilities and/ or sensory impairment
2. Services for the frail elderly
3. Services for people with mental health needs
4. Service for people with learning disabilities or autism
5. Services for people with dementia

# Carers – all groups

- PSD
- Dementia
- Mental Health
- Older Frail
- LD & Autism



- ✓ Info advice and advocacy
- ✓ Carer Information Pack
- ✓ Social Activities
- ✓ Training
- ✓ Dementia Services
- ✓ Peer Support groups
- ✓ Satellite GP Carer Services
- ✓ Telephone Support

# Frail Elderly

- Social Inclusion
- Peer Support



- ✓ Quiz night
- ✓ Bowling
- ✓ Sunday Lunch
- ✓ Coffee mornings
- ✓ International Women's Day
- ✓ Line dancing

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**Dr's Diamonds**

**Diamond Geezer's**

# Physical & Sensory Disability

- Social Inclusion
- Peer Support



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- ✓ Activities for people with disabilities and carers
- ✓ Enable & encourage independent social arrangements
- ✓ Facilitate connections with long term peer support opportunities & develop independent peer support groups
- ✓ Enable & encourage development of friendships & connections with the community
- ✓ Promote independence

# Dementia

- Peer Support



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*Singing is not only an enjoyable activity, it can also provide a way for people with dementia, along with their carers, to express themselves and socialise with others in a fun and supportive group.*

# Dementia

- Social Inclusion



**Tapestry**  
prevention, care and support

## **Dementia Peer Support Lunch Club**

- ✓ For those living with dementia to take part in a peer support lunch club
- ✓ 2 venues are available in Havering – 1 north and 1 South of the Borough
- ✓ Each peer support lunch club will contain the maximum of up to 20 service users
- ✓ The service shall promote independence and avoid creating dependencies

# Mental Health

- Social Inclusion
- Peer Support



- ✓ peer Support groups
- ✓ support managing mental and physical health;
- ✓ signposting to other services and opportunities;
- ✓ reassurance and practical advice to reduce stressful situations;
- ✓ One-to-one meetings with Community Navigator;
- ✓ Groups meetings;
- ✓ Reviewing existing social network and the identify areas of required support;



# Autism & LD

- Social Inclusion
- Peer Support



## Autism Hub

- ✓ Outreach
- ✓ Raising Awareness
- ✓ Peer Support
- ✓ Living a Fulfilling Life

# Outcome Measures

1	Wellbeing	Service users have a good quality of life	No. / % reporting improved quality of life
2	Social Inclusion	Service users have as much social contact as they would like	No / % reporting increased social inclusion and social contact
3a	Resilience	Service users have the skills, tools and confidence to manage in their daily lives	No. / % reporting they are better able to manage in their daily lives
3b	Carer resilience	Carers feel supported in their caring roles	No / % of carers who feel more supported in their caring role and able to remain in their caring role
4	Carer quality of life	Carers are able to balance their life with their caring role	No / % of carers who have more of a balance between their caring role and own life

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# Outcome Measures



Between April and Sept 2019 we have collected feedback from 199 people supported by VCS

- 93% reported improved quality of life
- 92% reported increased social inclusion and social contact
- 79% reporting they are better able to manage in their daily lives

We are currently looking at how we can demonstrate how much these services are saving the Council

# Prevention Forum

Quarterly meeting with the aim:

- Support providers to work better together
- Resolve issues & challenges
- How to operate within the wider system & fit with all other services
  - Place based care
  - Wider offer   BritishRedCross
  - Whole system approach

## INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 7 March 2019

<b>Subject Heading:</b>	Respite Care for Carers
<b>CMT Lead:</b>	Barbara Nicholls
<b>Report Author:</b>	John Green, Head of Joint Commissioning, john.green@havering.gov.uk tel: 01708 433018
<b>Policy context:</b>	Joint Havering Carers Strategy 2017-19. <i>We will provide and/or commission a Carers' Wellbeing and Prevention programme which supports carers to have the skills, tools and confidence to carry out caring responsibilities.</i>
<b>Financial summary:</b>	No financial implications of the covering report itself.

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

### SUMMARY

The Head of Joint Commissioning will present on respite care for carers and the wider carers offer

## RECOMMENDATIONS

1. That the Sub-Committee considers the information presented and takes any action it considers appropriate.

## REPORT DETAIL

The Local Authority provides respite to carers based on an assessed need, on either a planned or an emergency basis. The Local Authority also provides informal respite to carers through programmes delivered by our commissioned services, through Direct Payments, and through carer engagement and involvement work being delivered by the council itself. The Head of the Joint Commissioning Unit will present on all aspects of the carers respite offer.

Members are encouraged to take this opportunity to scrutinise the offer and seek to gain a fuller understanding of the services that are available for Havering residents.

## IMPLICATIONS AND RISKS

**Financial implications and risks:** None of this covering report.

**Legal implications and risks:** None of this covering report.

**Human Resources implications and risks:** None of this covering report.

**Equalities implications and risks:** None of this covering report.

## BACKGROUND PAPERS

None.

# Respite Care for Carers

## Report for Overview and Scrutiny Individuals Subcommittee

7 March 2019

# Respite Care for Carers - Background

## Background

- The Local Authority provides respite to carers based on an assessed need, on either a planned or an emergency basis
- The Local Authority also provides informal respite to carers through programmes delivered by our commissioned services, through Direct Payments, and through carer engagement and involvement work being delivered by the council itself, which provide carers with opportunities to spend time away from their caring role
- This report will cover all aspects of the respite offer

## Aims of respite for carers

- Prevent, reduce or delay needs
- Reduce stress for carers
- Allow carers to have a break from their caring role
- Strengthen carers ability to care and reduces the risk of neglect or abuse
- Support individuals and meet their needs in a crisis



# Respite Care for Carers – Assessed Offer

- A review of respite is currently being carried out by the Joint Commissioning Unit, and early analysis shows:
  - ❖ 574 residents have had respite commissioned from 2015-19
  - ❖ The total spend on respite over this period is:
    - 2015-16: £528,008
    - 2016-17: £603,419
    - 2017-18: £596,831
    - 2018-19 (as of November 2019): £304,155
- Carers can also access respite through an assessed Direct Payment. As of December 2018 there were 143 carers with a Direct Payment in place. This Direct Payment can be used for carers to undertake leisure activities, which provide a break from their caring role

# Respite Care for Carers – Havering Carers Hub

- Adult Social Care has commissioned the Havering Carers Hub to provide support to unpaid carers
- The overall aim of the Havering Carers Hub service is to reduce isolation, and increase resilience among carers to enable them to continue caring for their loved one, and be healthier and happier themselves
- The hub operates from Romford town centre, and provides a space in which carers can 'drop in' for advice or support
- The Havering Carers Hub also provides organised support to carers through peer support, one to one support, information and advice, signposting and referrals to services
- A key role of the hub is to identify 'hidden' carers who may not be receiving any support to sustain them in their caring role
- Havering Carers Hub actively signpost carers towards a carers assessment, which could result in the provision of commissioned respite

# Respite Care for Carers – Havering Carers Hub

- Havering Carers Hub provide the following services, which support carers to get a vital break from caring:
  - ❖ Peer support groups; generic carers support groups, and more specialised groups for specific types of carers (e.g. carers for people with mental health problems)
  - ❖ Carers forum; a 4 hour forum which takes place 3 times per year, providing carers with information about different services, and issues which affect them. Forums also provide an opportunity for carers to socialise with other carers, build connections and support networks
  - ❖ One to one support; more intensive intervention from a support worker to help carers to achieve specific goals (e.g. access education, training or employment)
  - ❖ Events and activities; the hub runs carers celebration events, day trips for carers, and activities during carers week

# Respite Care for Carers – wider VCS offer

- The Havering Carers Hub offer falls within a wider Voluntary Sector programme, funded by Adult Social Care
- The Voluntary Sector offer supports people in the following client groups:
  - ❖ Learning Disabilities
  - ❖ Mental Health
  - ❖ Dementia
  - ❖ Physical and Sensory Impairments
  - ❖ Frail and elderly
- Carers will be able to have a break from caring through their cared for accessing these services, providing them with time alone to dedicate to themselves

# Respite Care for Carers – Havering Carers Voice

- The Joint Commissioning Unit coordinate a carers engagement group called Havering Carers Voice
- Havering Carers Voice is an opportunity for carers to have their say about services available to them and the people they care for
- The group meet regularly, and as well as feeding back on services and initiatives, the group acts as a support network for members
- A project is underway to recruit new members to the group, and to look for a wider range of opportunities for members to be involved in
- The kinds of work that Havering Carers Voice can support are:
  - ❖ Development of the Council's Carers Strategy
  - ❖ Implementation of the action plan attached to the Carers Strategy
  - ❖ Feedback on services that are accessed by carers; e.g. GPs, hospital discharge, Direct Payments, Carers Assessments
  - ❖ Input into the Carers Partnership Board

# Respite Care for Carers – Carers Partnership Board

- The Carers Partnership Board is a partnership between the Local Authority, health, and carers, which oversees the implementation of the Carers Strategy and Action Plan, and monitors the performance of the Local Authority and health partners in their support for carers
- The board is chaired by the Joint Commissioning Unit and membership includes the JCU, Adult Social Care, Clinical Commissioning Group (CCG), Joint Assessment and Discharge (JAD), North East London Foundation Trust (NELFT), and carers themselves
- Sitting on the Partnership Board provides carers with an opportunity to take time out of caring, and to be involved in reviewing statutory services which relate to carers