

**INDIVIDUALS OVERVIEW & SCRUTINY SUB-
COMMITTEE
SUPPLEMENTARY AGENDA**

13 July 2021

The following report is attached for consideration and is submitted with the agreement of the Chairman as an urgent matter pursuant to Section 100B (4) of the Local Government Act 1972

6 QUARTER 4 PERFORMANCE REPORT (Pages 1 - 20)

Report and appendices attached

**Andrew Beesley
Head of Democratic Services**

This page is intentionally left blank



INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 13th July 2021

Subject Heading:

Quarter 4 performance report

SLT Lead:

Jane West, Chief Operating Officer

Report Author and contact details:

Graham Oakley, Senior Performance and Business Intelligence Analyst - 01708 433705, graham.oakley@havering.gov.uk

Policy context:

The report sets out Quarter 4 performance relevant to the remit of the Individuals Overview and Scrutiny Sub-Committee

Financial summary:

There are no direct financial implications arising from this report. 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 financial pressure from demand led services.

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

- Communities making Havering
- Places making Havering
- Opportunities making Havering
- Connections making Havering

-
-
-
-

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 4 (January 2021 – March 2021).

RECOMMENDATION

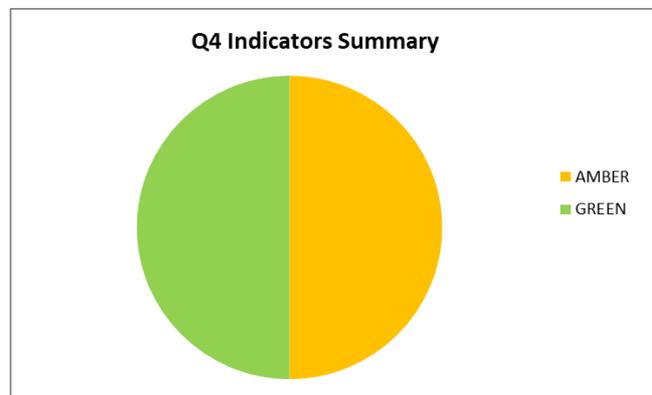
That the Individuals Overview and Scrutiny Sub-Committee:

- notes the contents of the report and presentation and makes any recommendations as appropriate;
- considers which indicators members wish to receive in 2021/22 (a list of potential indicators is attached at **Appendix 2**).

REPORT DETAIL

1. The same two indicators reported in 2019/20 were carried forward for reporting in 2020/21. These were to be supplemented by regular updates on the results of the Homecare Outcomes Survey, though this is on hold while the Quality Outcomes team has been focused on supporting providers through the pandemic; with information and guidance on outbreaks, infection control, grants and vaccine take-up.
2. This report and the attached presentation provide an overview of the Council's performance against the two indicators selected. The presentation highlights areas of strong performance and potential areas for improvement.
3. Tolerances around targets were agreed for 2020/21 performance reporting by the Director of Adult Social Care. 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'

4. Where performance is rated as 'Red', 'Corrective Action' is included in the report. This highlights what action the Council will take to improve performance.
5. Also included in the report are Direction of Travel (DoT) columns, which compare:
 - Short-term performance – with the previous quarter (Quarter 3, 2020/21)
 - Long-term performance – with the same time the previous year (Quarter 4, 2019/20)
6. 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. It should be noted that reporting for the rate of permanent admissions to residential and nursing care homes is cumulative and therefore the Direction of Travel is based on the distance from target for the relevant quarters.
7. Both performance indicators selected by the sub-committee have been included in the Quarter 4 2020/21 report and assigned a RAG status.



Of the two indicators:

1 (50%) has a status of **Green** (on target) and **1 (50%)** has a status of **Amber** (within target tolerance).

There is decreased performance when compared with Quarter 3 of 2020/21 where both indicators were Green and improved performance when compared with Q4 of 2019/20 when, one indicator was rated Amber and the other Red.

8. The second appendix to this report is a list of performance indicators that are reported on a monthly basis within Adult Social Care and which are therefore available for reporting to Members in 2021/22.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications arising from this report. 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:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

The presentation attached at Appendix 1 contains a breakdown of the data behind the two performance indicators by age, gender, ethnicity and support reason.

BACKGROUND PAPERS

Appendix 1: Quarter 4 Individuals Performance Presentation 2020/21
Appendix 2: List of potential indicators

This page is intentionally left blank



Haverling

LONDON BOROUGH

Quarter 4 Performance Report 2020/21

Individuals O&S Sub-Committee

13th July 2021

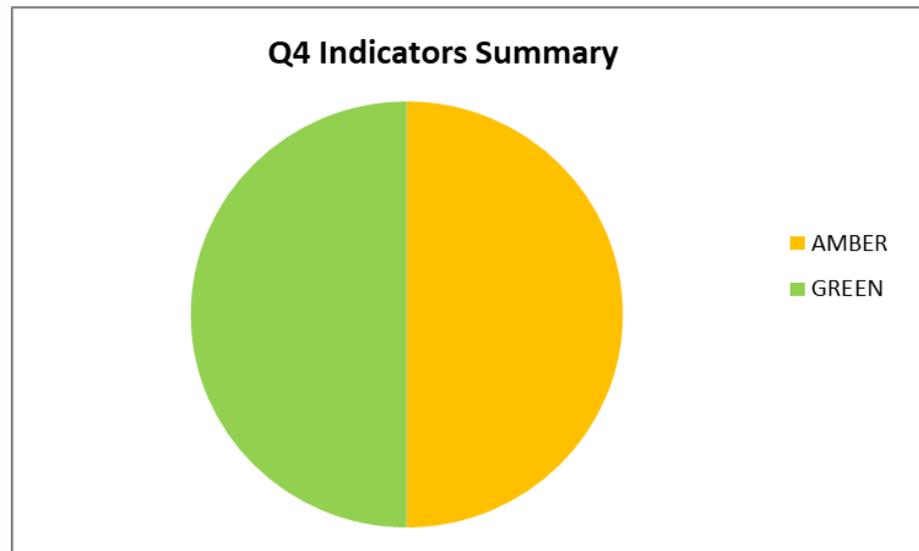
About the Individuals O&S Committee Performance Report

- 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.
- Q4 performance figures are available for both indicators.

Page 10



Of the two indicators:

1 (50%) has a status of **Amber** (within target tolerance) and **1 (50%)** has a status of **Green** (on target).

Quarter 4 Performance

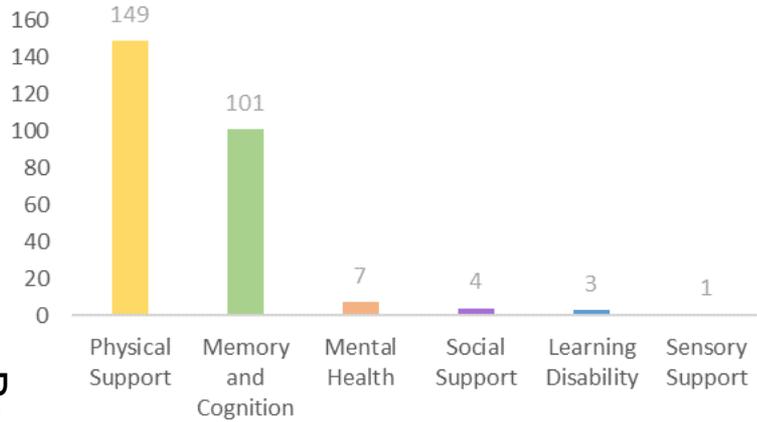
| Indicator and Description | Value | Tolerance | 2019/20 Outturn | 2020/21 Annual Target | 2020/21 Q4 Performance | Short Term DOT against Q3 2020/21 | | Long Term DOT against Q4 2019/20 | |
|------------------------------------------------------------------------------------------------------|-------------------|-----------|-----------------|-----------------------|------------------------|-----------------------------------|-------|----------------------------------|-------|
| | | | | | | | | | |
| % of service users receiving direct payments | Bigger is better | 10% | 35.7% | 36.0% | AMBER 34.7% | ↓ | 36.0% | ↓ | 35.7% |
| Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+) | Smaller is better | 10% | 635.3 | 600 | GREEN 567.3 | ↓ | 301.9 | ↑ | 635.3 |

Page 11

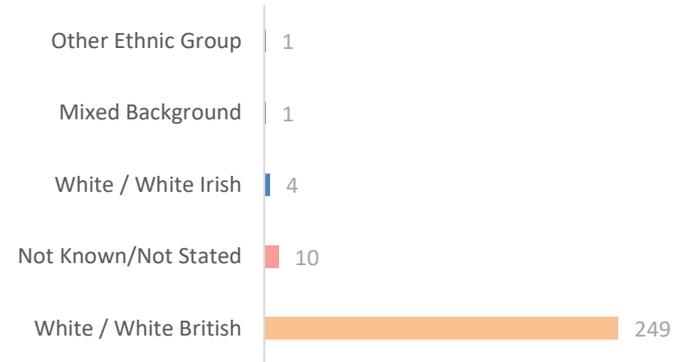
Positive Performance

- Improvement in the number of people receiving a Direct Payment when compared to 19-20
- Improvement in the number of Service Users 65+ permanently admitted into Long Term Care.

65+ Admissions by Support Reason

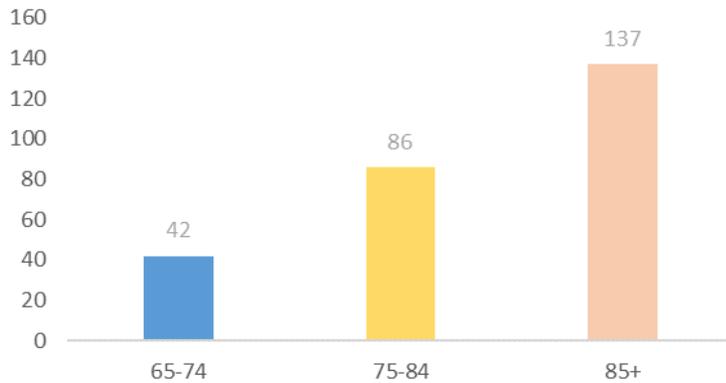


65+ Admissions by Ethnicity

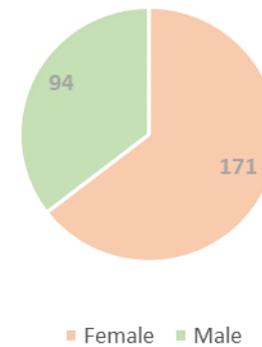


Page 13

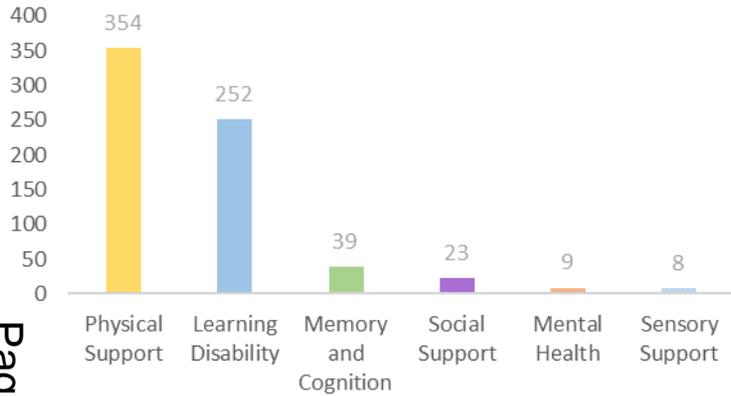
65+ Admissions by Age Group



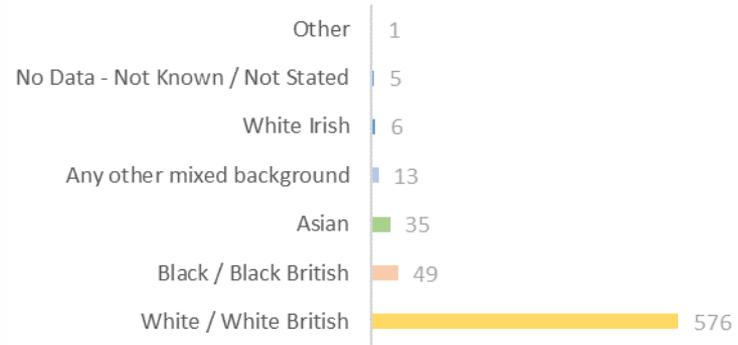
65+ Admissions by Gender



Direct Payments by Support Reason

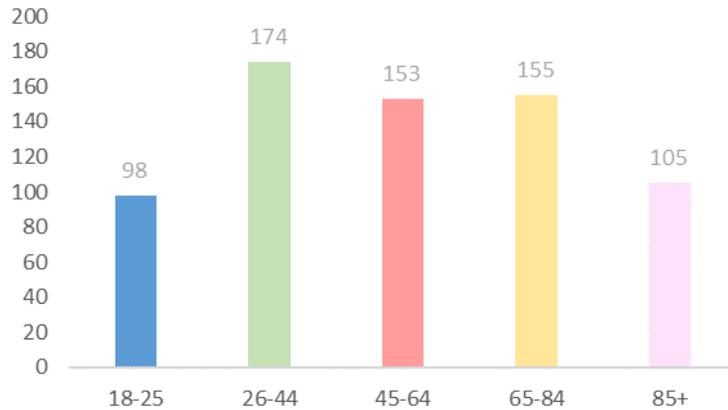


Direct Payment by Ethnicity

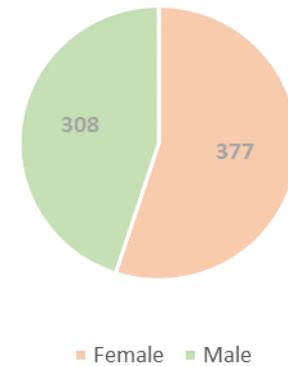


Page 14

Direct Payments by Age Group

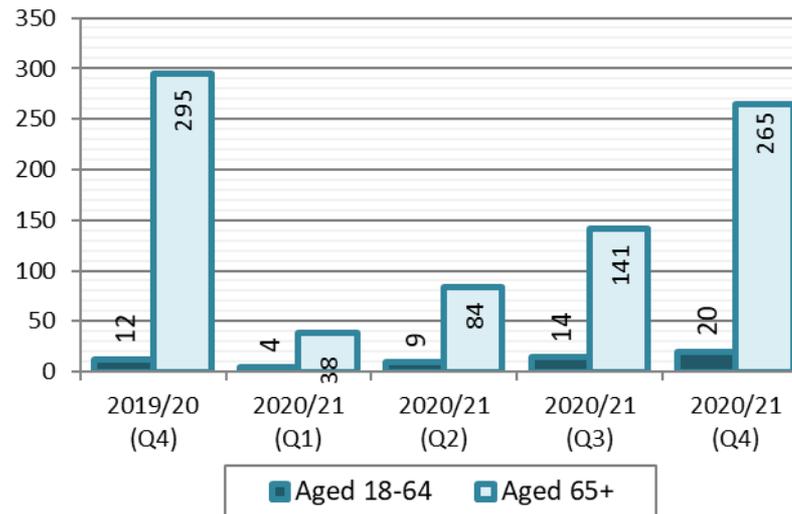


Direct Payments by Gender



ADULT SOCIAL CARE

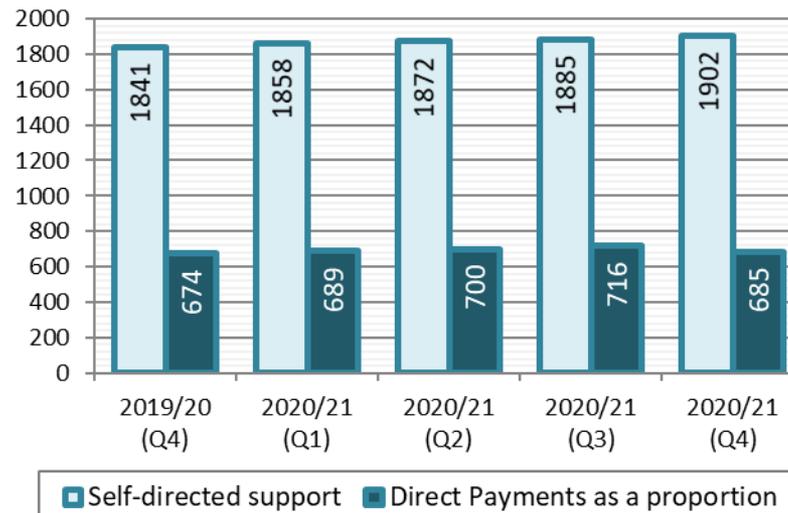
DP 09: Permanent admissions to residential and nursing care homes



By the end of Q4, there had been 20 adults aged 18-64 in council-supported permanent admissions to residential and nursing care, this is 8 more than in 2019/20, when there was 12. There have been 265 adults aged over 65 in council-supported permanent admissions, whereas for the same period in 2019/20 there had been 295.

ADULT SOCIAL CARE

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



At the end of Q4, there were 1,902 service users receiving self directed support, compared to 1841 at the same stage last year. There was a slight increase in the service users in receipt of direct payments from March 2020 compared to March 2021 (674 in March 2020) compared to 685 in March 2021).

Any questions?



This page is intentionally left blank

Appendix 2 – Pool of Indicators

The following indicators are all reported on a monthly basis within the service and are therefore available for quarterly reporting to the Individuals Overview and Scrutiny Sub-Committee.

Enhancing quality of life

- Proportion of people using social care who receive self-directed support
- Proportion of people who receive a direct payment either through a personal budget or other means
- Proportion of Carers using social care who receive self-directed support
- Proportion of Carers who receive a direct payment either through a personal budget or other means
- Proportion of Adults with Learning Disabilities who live in their own home or with their family
- Proportion of Adults with Learning Disabilities in paid Employment
- Proportion of adults in contact with secondary mental health services who live independently with or without support
- Proportion of adults in contact with secondary mental health services in paid Employment

Delaying care and reducing the need for care and support

- Permanent admissions (Aged 18-64) to residential and nursing care home, per 100,000 population
- Permanent admissions (Aged 65 and over) to residential and nursing care home, per 100,000 population

Safeguarding

- Making Safeguarding Personal: % of cases where desired outcomes were expressed and these were either partially or fully met

Local indicators

- Carers receiving needs assessment or review and a specific carer's service, or advice and information
- Percentage of ASC clients who receive an annual review of their needs and services
- Proportion of people who completed reablement services with no further care provided, who return to ASC within 91 days to receive further ongoing care
- Number of PAs on LBH accredited list

This page is intentionally left blank