



INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.00 pm

Tuesday
12 February 2013

Town Hall, Main Road,
Romford

Members 6: Quorum 3

COUNCILLORS:

Wendy Brice-Thompson (Chairman)
Jeffrey Brace
Pam Light
Keith Wells

June Alexander (Vice-Chair)
Linda Van den Hende

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AGENDA ITEMS

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

2 DISCLOSURE OF PECUNIARY INTERESTS

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

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

3 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.

4 MINUTES (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Committee held on 6 November 2012 and authorise the Chairman to sign them.

5 SAFEGUARDING ISSUES (Pages 5 - 12)

The Committee will receive a report outlining the Safeguarding issues in Havering.

6 PREVENTION STRATEGY (Pages 13 - 22)

The Committee will receive a report on the Prevention Strategy, including the prevention and reduction of falls.

7 BUDGETARY AND PERFORMANCE INFORMATION (Pages 23 - 46)

As requested by members of the Committee details of the budget and performance information within the remit of the committee will be provided.

8 FUTURE AGENDAS

Committee Members are invited to indicate to the Chairman, items within this Committee's terms of reference they would like to see discussed at a future meeting. Note: it is not considered appropriate for issues relating to individuals to be discussed under this provision.

9 URGENT BUSINESS

To consider any other items in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

**Ian Buckmaster
Committee Administration &
Member Support Manager**

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Public Document Pack Agenda Item 4

**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Town Hall, Main Road, Romford
6 November 2012 (7.00 - 8.05 pm)**

Present:

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

Officers present:

David Cooper, Head of Service – Adult Social Care
Annette Froud, Service Manager – Adults with Learning Disabilities
Bob Morgan, Service Manager – Adult Social Care

21 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

There were no apologies for absence.

22 DISCLOSURE OF PECUNIARY INTERESTS

There were no declarations of interest.

23 CHAIRMAN'S ANNOUNCEMENTS

The Chairman gave details of the arrangements in case of fire or other event requiring the evacuation of the meeting room.

24 MINUTES

The minutes of the meeting held on 9 October 2012 were agreed as a correct record and signed by the Chairman.

It was noted that Councillor Van den Hende was not present at the meeting held on 18 October 2012 and had sent her apologies. The minutes were otherwise agreed as a correct record and signed by the Chairman.

There were no matters arising.

25 **LEARNING DISABILITIES DAY SERVICES UPDATE**

The Committee's topic group that had examined the proposed changes to day services had asked for a progress report to be given approximately one year after the changes had been implemented. Officers advised the Committee that the closure of St. Bernard's Day Centre had been very successful. The building was due to finally close on 10 December and transfers of service users to the new facilities had been very positive. Five staff had been made redundant with four officers redeployed.

Havering was now represented on the 'Dot Community' website which allowed service users to rate the day opportunities they had used. Work was also underway with partners such as Mencap and the Shaw Trust to improve the pathway into work for people with learning disabilities. Three service users were now in employment.

There was an extended education programme at the new 100 Avelon Place building and also a framework contract with other boroughs to support travel training for people with learning disabilities. Other partnership work was also available to access mainstream services such as Mencap's accessing theatre project. There were also possible employment opportunities for service users via partnership work with Hornchurch Country Park.

The former Nason Waters and Western Road services had been amalgamated at 100 Avelon Road which was due to formally open on 14 November. The project team for the building had included service users, carers and outside organisations. Officers confirmed that the Western Road site had now been sold.

An open day had been held on 4 November where very positive feedback had been received from clients concerning the new building. Toilets in the new building were a big improvement from the former site and there was also a Changing Places toilet available.

Transport arrangements to Avelon Road had been monitored over the previous four weeks and all but one issue had now been resolved. Five people had already asked to undertake travel training which would also reduce any transport difficulties. Services were now offered for longer hours – 9 am to 4 pm but service users could also attend for e.g. half a day if they wished. Officers thanked the Committee for their support of this work and confirmed that there was now positive support for the new services from both service users and carers.

Interviews had been held for the post of manager of the new centre but no appointment had been made as it was felt the applicants had not been of sufficient quality. Officers added that the current interim manager was very experienced and had a lot of interpersonal skills. There were also six support posts in areas such as cleaning and gardening that were open to service users. Job descriptions had been drawn up and these opportunities were being progressed with the Rose Project and Mencap.

Several Members reported that they knew attendees at 100 Avelon Road who, while initially reluctant, had since become very happy with the services offered and enjoyed attending the new facilities. Officers accepted that support still had to be offered to people who were more institutionalised but felt that service users should also be challenged where appropriate. Members also reported that clients at 100 Avelon Road were enthusiastic about being asked for their choice of activities etc.

The Committee **agreed** that a presentation with more details on the planned travel training should be scheduled for the Committee's meeting in spring 2013.

Officers clarified that the new centre covered the capacities of both the previous buildings but now offered more activities. Little work had been done thus far with the local community although connections had been made with the rangers in Hornchurch Country Park and also with Rainham Village. An open day or fete was planned for the summer and it was also hoped to hold three open garden weekends per year where fruit and vegetables could be sold. Officers felt that having the Changing Places toilet on site would also help support other activities in the local community.

The Committee **noted** the update.

26 **DIAL A RIDE**

The Committee discussed the continuing problems with the Dial a Ride service in Havering including the 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.

It was noted that Dial a Ride had refused to supply information sought by the Committee, even under a Freedom of Information request. Members had also observed local Dial a Ride vehicles parked up seemingly for several hours at a time without moving. It was noted that both Council officers and the Havering Dial a Ride member representative were continually trying to get the organisation to improve its performance. A further problem was felt to be that Dial a Ride was using a sub-standard computer system for its bookings.

It was therefore **agreed** to convene an informal meeting of members of the Committee together with the relevant Council officer and the Dial a Ride member representative for Havering in order to agree a way forward. The committee officer would arrange the meeting and circulate the date in due course.

27 **IMPACT OF SERVICES ON THE ELDERLY TOPIC GROUP**

The terms of reference of the topic group were **agreed** by the Committee unanimously as follows:

Following the Ageing Well Event, the Committee wish to understand the impact that housing services have 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.

It was noted that officers were currently working on a schedule of visits for Members to various types of housing developments in Havering designed for elderly people.

28 **URGENT BUSINESS**

None.

Chairman

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Safeguarding Adults Report
CMT Lead:	Joy Hollister – Director, Social Care and Learning
Report Author and contact details:	James Stroyan – Service Manager Safeguarding and Quality
Policy context:	Update on Adults Safeguarding

SUMMARY

This report provides information about the position of Safeguarding Adults in the London Borough of Havering (LBH) and highlights some of the main challenges and achievements of 2012.

RECOMMENDATIONS

The Committee note the content of the Report.

REPORT DETAIL

Background

The London Borough of Havering Safeguarding Adults Board is a partnership constituted under the Department of Health guidance: 'No Secrets' (March 2000). It is tasked with the co-ordination of a borough-wide partnership to ensure that adults at risk are protected from abuse and associated harm. The partnership includes representation from a broad range of organisations including the Council, Police, Probation Service, National Health Service bodies and the voluntary sector. Input is also available from the Care Quality Commission (CQC).

In order to promote effective governance arrangements and to support the delivery and development of Board business, the Board has three sub groups:

- Performance,
- Training, and
- Audit and Serious Case Review .

The sub-groups aim to meet between six and eight times a year. The Board works to hold individual agencies to account and ensure effective multi-agency working through the multi-agency safeguarding adult procedures and operational oversight of the work of the sub groups.

Safeguarding Adults Board – Governance

The Board is currently Chaired by the Councils Group Director for Social Care and Health, whose prime duty is to ensure that the main statutory agencies work together to safeguard adults at risk of harm. The Board meets six times a year.

The membership of the Board has been strengthened in 2012 to include senior representatives of partner agencies. This helps ensure that actions are taken forward and implemented within organisations and will also stand the Board in good stead as it prepares to address the challenges of statutory status. NHS Commissioners are represented on the Board, as are community and hospital-based NHS providers.

Safeguarding Adults Team

LBH have a small dedicated Safeguarding Adults Team that discharges the following range of functions:

- Provides a central route for all safeguarding adult alerts in the Borough
- Screens all referrals and determines whether a Safeguarding intervention is required.
- The team leads on Safeguarding Adult investigations within care homes where the adult at risk is not allocated to a community team or has been placed by another Local Authority.
- The team lead on the coordination of very complex cases
- The team provides operational advice and guidance in relation to safeguarding issues for internal staff, external partners and service providers.
- The team develops policy and procedures for the Borough.
- The team coordinates Deprivation of Liberty Safeguards authorisations in accordance with the Mental Capacity Act 2005

The team consists of two Senior Practitioners, two Business Support Officers and reports to the Service Manager, Safeguarding Adults and Quality Assurance. The team have faced several challenges during 2012, including vacancies within the team. Team capacity has been stretched to meet the increasing demand (see Activity section) and rising expectations associated with the increasing national and local profile of safeguarding adults work.

National Context

There were a number of national developments in relation to safeguarding adults at risk in 2011/2012.

Government Policy

The Statement of Government Policy on Adult Safeguarding issued in May 2011 identifies its objective as, *'to prevent and reduce the risk of significant harm to adults at risk, from abuse or other types of exploitation whilst supporting the individual in maintaining control over their lives and in making informed decisions without coercion'*. It also highlighted the Governments six guiding principles that must underpin local safeguarding arrangements:

- empowerment – supporting people to make decisions and have a say in their care
- protection – support and representation for those in greatest need
- prevention – it is better to take action before harm occurs
- proportionality – safeguarding must be built on proportionality and a consideration of people's human rights
- partnership – local solutions through services working with their communities
- accountability – safeguarding practice and arrangements should be accountable and transparent

Draft Care & Support Bill

The Law Commission report of May 2011, made a number of suggestions in respect of safeguarding processes. Many have been accepted by the government and are incorporated in the recent Draft Care and Support Bill which was published in July 2012.

The main clauses in respect of safeguarding include:

- Local Authorities to be lead agency in safeguarding adults
- Enhanced duty between board members to co-operate and work together to keep people safe
- Commitment to undertake safeguarding adults reviews in circumstances of concern
- Statutory basis for Adult Safeguarding Boards
- Statutory requirement to publish annual reports

ASC are currently considering the possible implications of the shift to statutory Safeguarding Adults Board status. ASC will work with partners to fully understand the affect that statutory status may have on Board business and governance issues.

Safeguarding and the NHS

The CQC has undertaken a number of unannounced and planned inspections of Barking Havering & Redbridge Hospitals (BHRUT), including Queens Hospital. The results of its autumn 2011 inspections were published in compliance reports. CQC highlighted significant areas of improvement which included outcome 7: *'Safeguarding People from Abuse'*. The Safeguarding Adults Board has monitored BHRUT's progress towards improvements closely and has provided appropriate challenge when required. The concerns regarding the quality of care provided in Queens Hospital have generated increased activity for ASC. Where possible, ASC has been supportive of BHRUT's efforts to improve the quality of their care provision and this will continue throughout 2013.

The Health and Social Care Act 2008 will be implemented in April 2013. This legislation will see the transfer of health care commissioning responsibilities from Primary Care Trusts (PCTs) to Clinical Commissioning Groups (CCGs). The CCG authorisation process has been ongoing in 2012 and has included issues relating to Safeguarding Adults. The CCG now has representation on the Safeguarding Adults Board and the Board looks forward to further developing relationships in 2013.

Safeguarding Adults Self Assessment Assurance Framework (SAAF)

The SAAF was introduced in 2011 to enable NHS commissioners and providers to review and benchmark their safeguarding adults' systems. The SAAF process for 2012 required NHS provider organisations to complete a self assessment and provide evidence which was validated in partnership with the local Safeguarding Adults' Boards and used to set actions with the providers to address gaps through improvement planning. The SAAF has several standards which relate to measures that support good safeguarding practice, including strategy, systems, workforce and partnerships.

A validation event was held in November 2012. Representatives from the four outer London authorities the CCGs, Links, the four outer London SAB chairs and the Directors of Adult Services attended the meeting and formed a panel acting in the role of 'critical friend'. Submissions were considered from three main providers Barts University Hospital HealthTrust, North East London Foundation Trust and Barking Havering and Redbridge hospitals which included Queens and King George hospitals. At the event panel members listened to the SAAF submissions and provided feedback and appropriate challenge to support providers to target future improvement areas.

LBH ASC have fully supported and engaged with the SAAF validation process and will continue to work with and support NHS partners to address highlighted improvement areas for the benefit of Havering residents.

Winterbourne View Hospital

In July 2011, the BBC aired a documentary which exposed the appalling abuse of patients within a private learning disability hospital in Gloucestershire. The Care Quality Commission and Department of Health undertook separate reviews of the issues and Gloucestershire Council undertook a Serious Case Review published in August 2012. The final Department of Health report was published in December 2012.

Adult Social Care has been fully supportive of the Council's role in developing multi agency understanding and engagement with the emerging issues relating to Winterbourne View Hospital. For example, ASC presented a report to the Safeguarding Adults Board that placed the key issues in context and made recommendations for future action.

A summary of the ASC response to Winterbourne View Concerns

As an immediate response to the issues emerging from the Winterbourne View enquiries, ASC established a multi disciplinary group, which included local NHS commissioning representation. This group provided an early opportunity to track developments and to consider risks specific to Havering and learning disability services. It is important to note that, all the individual CQC reports that relate to providers and placements made in Havering have been reviewed.

ASC has provided support to the Safeguarding Adults Board and Learning Disability Partnership Board to consider the learning issues that have emerged from the Winterbourne View enquiries. There is acknowledgement that more needs to be done and future challenges exist with regards to leadership, accountability, partnerships and direction. ASC will work closely with partners to develop and arrange a Winterbourne View Conference. The event is currently being planned in order to make sure that its focus is meaningful and helps practitioners and partners to understand how they can contribute to a zero tolerance of abuse in learning disability settings.

Quality and Suspension Meeting

The Quality and Suspension meeting, takes place on a 3 weekly basis, has a broad membership which includes safeguarding adults, commissioning, complaints, and Adult Social Care operational managers. External partners are also invited to the meeting and communication links are made with neighbouring Borough Councils, local NHS and CQC. This meeting focuses on emerging quality issues in relation to all external providers operating in Havering. This includes residential and nursing homes, domiciliary care providers, day opportunity providers and providers of supported living schemes.

The meeting enables multi disciplinary discussion, decision making and action in relation to provider risk and quality issues to take place. It also ensures, where required, joint approaches to quality improvement are taken. At this meeting decisions are made as to whether actions need to be taken to support a provider to improve quality standards and/or address safeguarding issues. Available actions include: an increase in monitoring activity, a formal meeting with the provider, the application of place with caution status, a suspension of new placements.

The embedding of Pan London procedures and guidelines.

Following the launch and implementation of the pan London policy and procedures "*Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse*", work has continued with partners to embed the policy. The policy and procedures guide different

Individuals Overview & Scrutiny Committee, 12 February 2013

agencies and disciplines, including managers, professionals, volunteers and staff working in public, voluntary and private sector organisations. The emphasis is to work collaboratively to prevent and protect adults at risk from abuse. The focus is to empower and support people to make their own choices and to participate throughout the process and to be supported through investigations of actual or suspected abuse, neglect and exploitation.

The procedures aim to make sure that: the needs and interests of adults at risk are always respected and upheld; the human rights of adults at risk are respected and upheld; a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse' and that all decisions and actions are taken in line with the Mental Capacity Act 2005.

Workforce Development – working to Safeguard Adults at Risk

'All staff, in whatever setting and role, are in the front line in preventing harm or abuse occurring and in taking action where concerns arise.' In order to support the above policy statement Workforce Development have commissioned a varied programme, with 44 courses specifically relating to raising awareness of Safeguarding Adults and the associated legislation. In addition to these programmes Safeguarding is a thread that runs through all of the programmes that are on offer. Since April 2012 a total of 211 courses have been delivered to over 2000 individuals.

The Workforce Development programme is not just open to LBH staff but relevant courses have been opened up to the Private, Voluntary and Independent Sector (PV&I) and our Partner organisations. In September 2012 we launched our ASC E-Learning zone and since then 274 candidates from the PV&I sector have enrolled and to date 124 courses have been completed. The catalogue of E-learning modules continues to grow and a suite of Safeguarding modules will go live in March.

The plan for 2013/14 is to develop a Safeguarding Competency Framework and to provide programmes ranging from basic awareness, raising the alert through to managing the investigation and identified risks.

2013 will see more advice and programmes being offered to the community and relevant programmes will be available not only to our staff, commissioned services but also looking at supporting Service Users and Carers. This will commence with a Safer Recruitment programme for Service Users engaging Personal Assistants, followed by an Employment Law course.

Implementation of the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards.

The Deprivation of Liberty Safeguards legislation was enacted on 1st April 2009. In LBH the Safeguarding Adults Team coordinates all Deprivation of Liberty (DoLs) cases. There are currently 22 trained Best Interest Assessors who carry out this work. The Safeguarding Adults Team, Quality Assurance Team and Workforce Development Team work together to raise awareness and promote the use of MCA in care homes and service settings. We have delivered training for both providers and adult social care staff to enable workers to better understand this complex legislation. More work is needed in 2013 to ensure that MCA/DoLs is fully utilised within social care practice.

Greater partnership working with Safeguarding Children Board

We have cross board representation, with both respective safeguarding leads supporting the business of each Board. This has included sub group support and support of specific projects. Further opportunities for the Boards to work more closely together will be explored in 2013.

Individuals Overview & Scrutiny Committee, 12 February 2013

Service User involvement in Safeguarding Adults Practice

We are conscious that this is a theme that should run central to all aspects of safeguarding. Our current practice supports the involvement of service users, carers and perpetrators, who are often vulnerable themselves, within the safeguarding process. The aim is to ensure that experience of service users is as positive as possible and that they are treated as full partners within the safeguarding process. We continue to use Independent Mental Capacity Advocates (IMCA) to ensure that the rights and voice of adults at risk are fully heard. People First are represented on the Safeguarding Adults Board and are engaged in Board business. Board minutes are produced in 'easy read' format. It is recognised that service user involvement and engagement continues to be an area for further development within the borough both strategically and in the implementation of the safeguarding processes.

Activity

Activity with regards to Safeguarding Adults has continued to increase in 2012. This is likely to be associated with an increase in the awareness of safeguarding issues.

Safeguarding Alerts

There were 44% more alerts recorded in 2011-12 than in 2010-11.

The majority of alerts were raised by ASC and Health Care staff. In the first quarter of 2012-13, ASC received 137 alerts, which is 10.4% more than the same period in 2011-12. A disproportionate number of alerts in 2011-12 (40%) relate to clients with a Physical Disability (PD).

		Period						Total % 11-12
		Year End 10-11	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	Total 11-12	
Client Category	PD	195	43	79	92	76	290	39.9%
	MH	121	24	41	65	27	157	21.6%
	LD	82	26	41	30	27	124	17.0%
	Other Vulnerable	107	31	33	41	51	156	21.5%
	Not Recorded	0	0	0	0	0	0	0.0%
	Total	505	124	194	228	181	727	100.0%

		Period						Total % 11-12
		Year End 10-11	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	Total 11-12	
Age Group	18-64	169	48	69	72	56	245	33.7%
	65-74	64	12	16	25	21	74	10.2%
	75-84	120	29	47	60	48	184	25.3%
	85+	151	35	58	71	56	220	30.3%
	Not Recorded	1	0	4	0	0	4	0.5%
Total	505	124	194	228	181	727	100.0%	

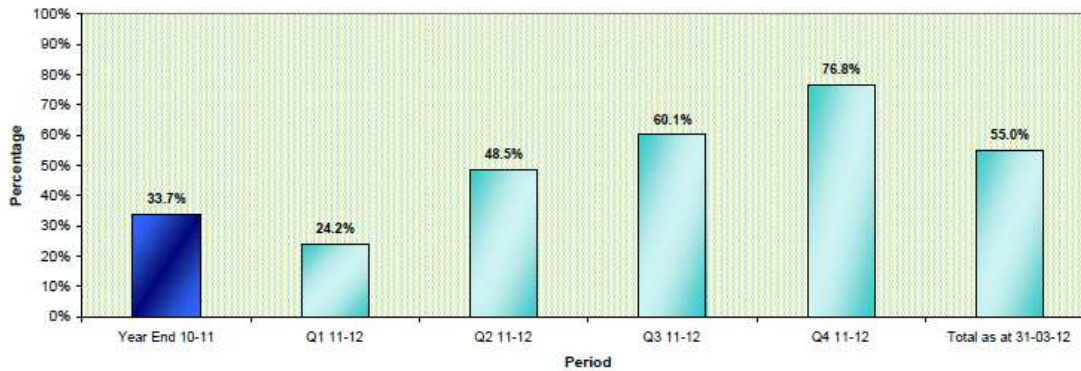
Physical Disability (PD) service users account for 10.6% of all ASC service users, but 39.9% of all alerts in 2011-12. This is consistent with 10-11 figures and also with Apr-Jun12, with 47% of alerts relating to PD Service Users.

The majority of alerts relate to service users aged 65+, with 30.3% for service users aged over 85. This is a disproportionate number of alerts for the size of that cohort of ASC service users. As with service user group, alerts broken down by age group are consistent with 10-11 figures and also with Apr-Jun12, in which 32% of alerts relating to service users aged over 85.

Investigations and outcomes

55% of alerts in 2011-12 proceeded to investigation, vs. 33.7% in 2010/11. 50% proceeded to investigation in Apr-Jun12. It is not possible to state with certainty that this means that reported safeguarding incidents are becoming more serious and there may still be a need to ensure that colleagues across sectors understand thresholds clearly.

Individuals Overview & Scrutiny Committee, 12 February 2013



It is notable that the percentages of alerts which proceeded to investigation increased in each subsequent quarter. This can be at least partly attributed to improved awareness of thresholds.

	Year end 2010-11	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	11-12 Total
No. of alerts which proceeded to investigation in the period	170	30	94	137	139	400
Number of investigations that were completed in the period	162	22	65	110	124	321

49.5% (159) of investigations in 2011-12 were substantiated in full or part, with just over 1/3rd not substantiated. In Apr-Jun12, 46% of investigations found allegations to be substantiated in full or part, with 28% unsubstantiated.

Of those investigations where allegations were substantiated in full or part, the relationship of perpetrator to victim is set out below:

	Period						Total % 11-12
	Year End 10-11	Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	Total 11-12	
Partner	7	2	2	2	1	7	4.4%
Family Member	20	1	3	5	5	14	8.8%
Health Care Worker	1	1	2	0	3	6	3.8%
Social Care Staff	21	3	7	18	16	44	27.7%
Other Vulnerable Adult	16	4	9	14	10	37	23.3%
Neighbour/Friend	4	0	0	0	2	2	1.2%
Other Professional	0	0	0	0	2	2	1.2%
Self	5	3	4	0	1	8	5.1%
Not Known	9	2	6	14	13	35	22.0%
Other	0	1	0	2	1	4	2.5%
Total	83	17	33	55	54	159	100.0%

Conclusion

The ASC Safeguarding Adults Team and LBH Safeguarding Adults Board have continued to develop in 2012 and have worked hard, in partnership with others, to ensure that adults at risk are protected from abuse. 2013 is likely to be a challenging year as the profile of Safeguarding Adults issues and expectations on statutory organisations continues to grow. ASC will continue to promote best practice, while further developing partnership working at all levels.

IMPLICATIONS AND RISKS

Financial implications and risks: This report is largely for information. All activity detailed is met from within existing ASC resources. Should new requirements fall to the Local Authority (for example as a result of new legislation) these will be considered in the context of available funding. There are no current financial implications arising from the report.

Legal implications and risks: This report is largely for information. There are no legal implications arising from the report.

Human Resources implications and risks: This report is largely for information. There are no HR implications arising from the report.

Equalities implications and risks: This report is largely for information. There are no equalities implications or risks arising from the report.

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Prevention Strategy including Falls Prevention and Reduction
CMT Lead:	Joy Hollister, Group Director, Social Care & Learning
Report Author and contact details:	Julie Brown, Transformation Programme Manager, 01708 432496 Julie.Brown@havering.gov.uk
Policy context:	Prevention enables a better quality of life for individuals while at the same time securing better value for money and reduced spending for health and social care services. It also underpins a whole system approach across a range of statutory, community and voluntary organisations to support effective partnership working.

SUMMARY

In 2011, the Adults and Health Transformation Programme developed a Prevention Strategy which sets out prevention as the primary focus for all services that support adults with a disability and older people.

In early 2011, a Falls Prevention and Bone Health Strategy was developed by the Public Health team within NHS Havering which outlines the vision for falls prevention in Havering. The strategy aims to reduce the incidence and impact of falls through evidence-based action and integrated partnership working between Health and social care, older people's services and partners from the voluntary, public and private sector.

During 2011/12 and 2012/13, the Council received NHS Support for Social Care programme funding from the Department of Health to support the delivery of a series of projects to help people to leave hospital more quickly, get settled back at home with the support they need, and prevent unnecessary admissions to hospital or residential care, and in so doing achieve financial savings for adult Health and social care services.

Funding from this programme was allocated to support the implementation of the Falls Prevention and Bone Health Strategy and this became known as the Falls Prevention project.

This report provides Members with an overview of both the Prevention and Falls Prevention and Bone Health strategies and informs on the progress made to date with their implementation.

RECOMMENDATIONS

Members of the Overview and Scrutiny Committee are asked to consider the Prevention Strategy and the Falls Prevention and Bone Health Strategy and to note the progress with their implementation.

REPORT DETAIL

Background

1. In 2011, the Adults and Health Transformation Programme developed a Prevention Strategy on behalf of the partners participating in the programme including: London Borough of Havering (LBH), NHS Outer North East London (ONEL) and now subsequently the Havering Clinical Commissioning Group (HCCG), North East London NHS Foundation Trust (NELFT) and HAVCO. It sets out prevention as the overarching strategy and the primary focus for all services that support adults with a disability and older people.
2. Promoting independence through the prevention of ill health helps to support a better quality of life whilst securing better value for money and reduced spending for health and social care services. Prevention also underpins a whole system approach across a range of statutory, community and voluntary organisations.
3. In early 2011, a Falls Prevention and Bone Health Strategy was developed by the Public Health team within NHS Havering which outlines the vision for falls prevention in Havering. The aim of the strategy is to reduce the incidence and impact of falls through evidence-based action and integrated partnership working between health and social care, older people's services and partners from the voluntary, public and private sector.
4. Both of these strategies support our Living Ambition Goal for Individuals – to value and enhance the lives of our residents.

Prevention Strategy

5. The Prevention Strategy is being delivered within the Adult Social Care and Commissioning Services supported by the Transformation programme team through a range of projects and initiatives that will see services transformed for the future. Each project aims to address one of the three strands of prevention:

Promoting wellbeing (primary prevention) – aimed at people with no particular social care needs.

Early intervention (secondary prevention) – aimed at identifying people at risk to stop or slow down any deterioration.

Enablement and reablement (tertiary prevention) – aimed at minimising disability and deterioration from established health conditions.

6. The Prevention Strategy sets out the Case for Change in Havering, highlighting the projected population growth of 8.3% between 2010 and 2020 and the particularly high predicted increase in the number of elderly residents. As this will result in more residents experiencing cardiovascular diseases, cancer, respiratory illness, dementia, osteoporosis, incontinence and hearing impairment, it is likely that demand of health and social care services will increase.
7. It also sets out Havering's vision for prevention which stems from our overarching vision for Adult Social Care in the borough and seeks to:
 - Establish prevention as the recurring theme that runs throughout all our work
 - Shift investment away from intensive and reactive services to save money and improve outcomes for individuals
 - Enable adults to make choices that improve their own and others' outcomes in a sustainable way through available, accessible and targeted advice and information services
 - Ensure that safeguarding remains a key focus
8. Importantly, the strategy recognises that prevention requires individuals and communities to take responsibility for themselves and to make informed choices based on the information available to them. We want to increase independence and build capacity in our communities to strengthen voluntary and community support and to prevent, wherever possible, the need for hospitalisation or time spent in residential care.
9. The themes of prevention are set out and include: 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; enabling and empowering workforce culture; and stimulating the development of a diverse market.
10. The strategy sets out what will be done in order to ensure that the objectives are met. This includes:
 - Age proofing existing mainstream services to ensure inclusion
 - Provide information for all, including self funders, so that everyone can make informed choices about their lives and their care
 - Build capacity in local neighbourhoods and encourage volunteering
 - Support all services that promote wellbeing and reduce social isolation
 - Encourage participation in the diverse range of social, cultural and leisure services in the borough

- Develop a pathway for those not eligible for ongoing care support to enable them to look after their health and wellbeing and retain their independence as long as possible
- Use case finding and case coordination to proactively identify people who could benefit from accessing targeted services
- Optimise our reablement services

11. The strategy stresses the need for a whole systems approach to delivering its aims and how important partnership working is within organisations, across sectors and with individuals and communities. All partners must be engaged and committed to the vision of embedding prevention into their ways of working and will share resources, skills and intelligence in order to deliver preventative services.

12. The Prevention Strategy captures our commitment to working towards a reform of the whole system across health and social care and improving services for our residents whilst also saving money and working more efficiently.

Implementation progress

13. There are a number of projects being implemented in order to help achieve the aims of the Prevention Strategy. These also link in to Havering's Health and Wellbeing Strategy, which has prevention at its heart as evidenced by one of its key themes: 'Prevention, keeping people healthy, early identification, early intervention and improving wellbeing'

14. Projects include:

Improving the Provision of Information and Advice

15. This is being delivered by the Carepoint website and advice service which is run by a consortium of local organisations to improve access to health and social care information across the borough and not just those services delivered by the Council.

Increasing the Availability of Extra Care Housing

16. This project aims to increase the number of Extra Care Housing units available in the borough and therefore increasing the number of older and vulnerable people able to live more independently and as part of a community.

Developing Activate Havering

17. This project aims to coordinate the Council's approach to preventative services by working with the community to meet its needs. The type of activities being offered through Activate Havering will improve residents' wellbeing by reducing isolation and loneliness.

Broadening Day Opportunities for People with a Learning Disability

18. This project has successfully increased and enhanced the day opportunities for people with a learning disability, offering more personalisation and independence.

Improving Financial Inclusion

19. By supporting people to have access to appropriate financial services and advice, we can ensure that our most vulnerable residents have the confidence to manage their money effectively.

Implementing Integrated Case Management

20. This project focuses on patients who have a high risk of A&E admission and consists of a team of community matrons and social workers providing support to individuals in their own homes, coordinating other interventions and helping patients develop a capability to support themselves.

Piloting the use of Telehealth Equipment for patients with COPD

21. This project provides equipment to monitor vital signs, linked remotely to clinicians who can respond, preventing hospital attendance and admission. There are currently 31 units in the community and patient feedback is very positive.

Piloting the Pulmonary Rehabilitation for patients with COPD

22. This service offers a comprehensive rehabilitation programme for people suffering from Chronic Obstructive Pulmonary Disease. There are two programmes running that aim to improve health-related quality of life and reduce the length of hospital stays.

Mainstreaming the use of Assistive Technologies for Social Care clients

23. Establishing systems and practices to enable provision of AT to a wide client group, and to understand and maximise its impact.

Establishing an Assistive Technologies Rapid Response Service

24. This project has established a specialist Rapid Response Telecare Installation Team, able to install a range of Telecare and technology-based solutions designed to support elderly or disabled people being discharged from hospital or identified as at risk within their own home within a 12-hour target period following assessment and referral.

Piloting the Use of Assistive Technologies for people with dementia

25. This project uses Telecare and GPS devices to enable people with dementia to safely walk from and return to their homes more independently. Forty-one units have already been deployed.

Further developing Assistive Technologies for Learning Disabilities and Complex Needs

26. This project will use Assistive Technology to provide increased choices and better outcomes for people with long-term conditions, high support needs and/or people with learning difficulties.

Commissioning Dementia Peer Support Services

27. The service is delivered by the Alzheimer's Society, with a dedicated peer support group facilitator, and aims to provide support for people with dementia and their carers by recruiting and matching volunteers and people with dementia and their carers to others on the basis of shared needs and preferences.

Commissioning Additional Support for Carers of people with Dementia

28. The service is delivered by Crossroads Care Havering and provides a specialist, carer-needs led and client-centered service, in the main to people who have a diagnosis of moderate to advanced stages of dementia by way of home-based respite support.

Improving Dementia Training and Development

29. A Dementia Liaison Worker has been recruited to facilitate a comprehensive training programme in caring for people with dementia in care homes across Havering.

Commissioning a Dementia Information and Advice Service

30. Establishing ways and locations for providing information to public and professionals about dementia and support networks available.

Increasing the Reablement Capacity at Royal Jubilee Court

31. This project has increased the number of reablement units at Royal Jubilee Court to address unmet demand by converting a number of void bedsit units in Philip House.

Increased Commissioning of Reablement

32. This is focusing on the ongoing work to develop the offer of reablement.

Piloting a Help Not Hospital Service

33. Delivered by the British Red Cross and providing a referral-based, targeted service using volunteers to provide a range of practical support to meet the needs of approximately 250 older people for up to six weeks to: prevent admission or readmission into hospital; facilitate speedier discharges and freeing of hospital beds; and help people to maintain or increase their independence and wellbeing in their community setting.

How these services have benefitted some of our residents

In September, Mrs E began the Yew Tree reablement programme, after suffering from a stroke. As a result of the programme, Mrs E was able to walk further than before without assistance, her kitchen skills improved with practice and she can now make sandwiches and hot drinks with the aid of new kitchen equipment and lots of encouragement. This approach has enabled Mrs E to regain her dignity and independence.

Ray from Hornchurch has been attending the COPD rehabilitation programme offered at his local sports centre. He says: Before I started the programme, I could not even climb the stairs. Now, after a few sessions, I'm able to do this without getting short of breath. I can even manage some hovering which my wife is very pleased about."

Falls Prevention and Bone Health Strategy

34. The Falls Prevention and Bone Health Strategy has four objectives:

- To improve patient outcomes and improve efficiency of care after hip fractures through compliance with core standards.
- To respond to the first fracture and prevent the second through fracture liaison services in acute and primary care.
- To ensure early intervention to restore independence through falls care pathways, linking acute and urgent care services to secondary prevention of further falls and injuries.
- To prevent frailty, preserve bone health and reduce accidents through encouraging physical activity and healthy lifestyles and reducing unnecessary environmental hazards.

35. It also sets out a series of initiatives to help achieve these objectives, including:

- Development and implementation of a whole systems integrated falls care pathway.
- Provision of hip fracture care to guideline standards.
- Prevention of falls via falls management and balance exercises.
- Identification and management of care/nursing home residents and telecare clients at risk of a fall.
- Training and support of care/nursing home and telecare staff in falls prevention and management.

Implementation Progress

Care pathway

36. A falls care pathway was developed in collaboration with GPs, clinicians from the acute trust, LBH, voluntary groups and service users. The pathway was developed to guideline standards and was designed to ensure that patients who attended BHRUT as a result of a fall, receive quality care and are referred as appropriate.

Hip fracture care to guideline standards

37. There are 6 standards for hip fracture care set out in the British Orthopaedic Association & British Geriatrics Society Blue Book. In 2012, performance was generally below levels achieved in 2011 and an improvement plan is in the process of being developed.

Osteoporosis prevention and management

38. Osteoporosis is a major risk factor for fracture following a fall and increases the chance of hip fracture in patients who have a second fall. Data for 2009/10 indicates that approximately 60% of women who are eligible for osteoporosis medication might not be receiving it. In order to address this, education and training sessions have been organised for GP practice staff and BHRUT is implementing the inclusion of fragility fractures on patients' A&E discharge letters.

Community services

39. Three new services were commissioned using the NHS Support for Social Care programme funding to support the work of the falls clinic and to ensure that Havering residents receive effective, preventative falls services. These are:

40. Community falls exercise programme – this started in February 2012 with weekly classes in Romford to promote better balance, improved coordination and increased strength. Interest in the service has grown and there are now four classes running at two locations in Romford and Upminster.

41. Falls outreach into nursing homes and for telecare staff – approximately 40 service users in nursing homes have had a cognitive screen and environmental assessment since the service started in February 2012. Thirty-one of these were referred to the falls clinic or the community exercise programme as appropriate.

42. Training programme for nursing home and telecare staff – 262 staff from nine care and residential homes have received training in falls awareness and recognising environmental risks. It is anticipated that a further 800 staff members will be trained and all training will be evaluated by the service provider on completion.

How the community exercise programme has benefitted some of our residents

“It is much easier and more enjoyable doing the exercises together rather than on your own.” Ron, Romford

“The classes have definitely improved my confidence and balance.” Rae, Romford

Financial impact

43. There were 775 admissions for falls between April 2011 to August 2011 at a cost of £2,754,017. Within the same period in 2012, there were 548 admissions due to falls at a cost of £1,642,497, indicating a 29% reduction in admissions due to falls and a £1,102,520 reduction in admission costs. See figures 4 and 5 below.

Figure 4: Havering admissions due to falls April 2011/12 – August 2012/13

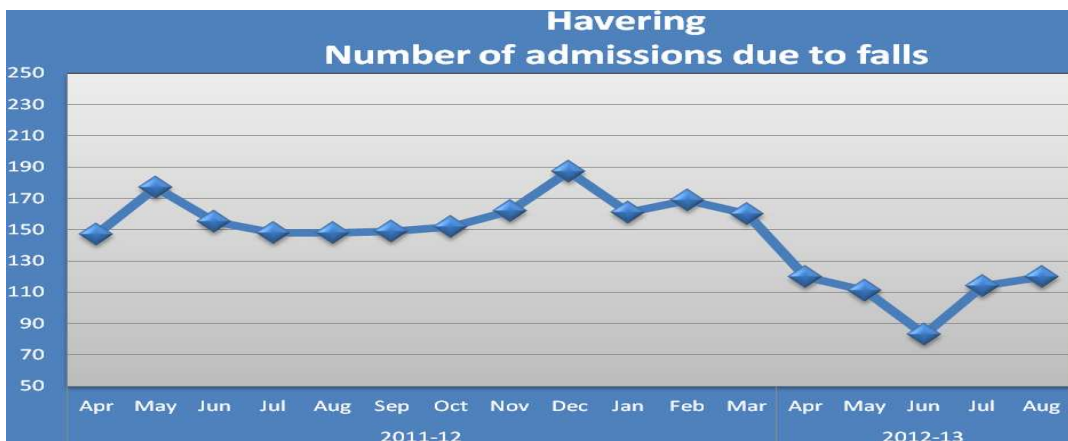


Figure 5: Havering admissions due to falls April - August (2011-12 & 2012-13) Source: SUS

Year	Month	Values	
		admissions	Total Cost
2011-12	Apr	147	£463,441
	May	177	£663,491
	Jun	155	£583,341
	Jul	148	£524,034
	Aug	148	£510,710
2011-12 Total		775	£2,745,017
2012-13	Apr	120	£379,857
	May	111	£373,171
	Jun	83	£271,290
	Jul	114	£319,781
	Aug	120	£298,398

2012-13 Total		548	£1,642,497
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IMPLICATIONS AND RISKS

Financial implications and risks:

44. The initiatives outlined above are largely funded through Department of Health funding for social care, which is a grant that has been passported to the Local Authority since 2010/11 via Havering PCT. The grant is governed via a Section 256 agreement, which sets out the plans to utilise the funding and is signed up to by both Health and the Council. 2013/14 allocations have just been announced. These will be allocated to the Council via the Clinical Commissioning Group, and again will be subject to a S256 agreement before the funding will be released to the Local Authority. This grant is announced annually and can not be assumed as ongoing revenue. Therefore projects funded by this source will either need a provisional exit strategy should funding cease or to be mainstreamed. The Falls Prevention and Bone Health Strategy is funded by this grant.
45. There are also some Council budgets that support the prevention strategy.
46. There will be resultant revenue savings arising from the initiatives listed above which fall to both the Council and Health. The Council has related MTFs savings arising from reducing demand due to preventative activity. These are £660k from 2012/13, £1.175k from 2013/14 and £1.300k from 2014/15. Preventative savings can be difficult to evidence so robust performance data is necessary to monitor changes in demand for services. There is also a MTFs saving related to Extra Care Housing of £100k from 2013/14 rising to £250k from 2014/15.

Legal implications and risks:

47. There are no apparent legal implications from noting the progress in implementation of the Strategy.

Human Resources implications and risks:

48. There are no apparent HR implications arising from this report.

Equalities implications and risks:

49. Prevention Strategy and the Falls Prevention and Bone Health Strategy will have positive impacts for some of the borough's most vulnerable residents, and are designed to prevent ill health and improve people's quality of life by reducing the likelihood of falls occurring and ensuring early intervention.
50. At the time of producing the strategies, a partial equalities analysis was carried out by NHS ONEL's Public Health team in September 2011 on the Falls Prevention and Bone Health Strategy. However, no equalities analysis was carried out on the Prevention Strategy.
51. It is recommended that a full equalities analysis is carried out on the Council's EA template.

BACKGROUND PAPERS

Prevention Strategy for adults with a disability and older people.

Falls Prevention and Bone Health Strategy

Falls Prevention and Bone Health Implementation Report draft (October 2012)

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

Corporate Performance Report 2012/13
Quarter 2

CMT Lead:

Cynthia Griffins

Report Author and contact details:

Wendy Gough
01708 432441

Policy context:

Quarterly performance information as
requested by members

SUMMARY

This report sets out the performance of the Council's Corporate Performance Indicators for the second quarter (July-September 2012).

RECOMMENDATIONS

Members are requested to review the performance information shown and raise any matters of concern at the Individuals Overview and Scrutiny Committee meeting

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CABINET

23 January 2013

Subject Heading:	Corporate Performance Report 2012/13 – Quarter 2
Cabinet Member:	Councillor Michael White
CMT Lead:	Cynthia Griffin
Report Author and contact details:	Claire Thompson, Corporate Policy & Community Manager, claire.thompson@havering.gov.uk 01708 431003
Policy context:	The report sets out the Council's performance against the Corporate Performance Indicators for Quarter 2 of 2012/13.
Financial summary:	There are no direct financial implications arising from this report. It is expected that the delivery of targets will be achieved within existing resources.
Is this a Key Decision?	No
Is this a Strategic Decision?	No
When should this matter be reviewed?	The Corporate Performance Report will be brought to Cabinet following the end of each quarter.
Reviewing OSC:	Value

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

Ensuring a clean, safe and green borough	[X]
Championing education and learning for all	[X]
Providing economic, social and cultural activity in thriving towns and villages	[X]
Valuing and enhancing the lives of our residents	[X]
Delivering high customer satisfaction and a stable council tax	[X]

SUMMARY

This report sets out the performance of the Council's Corporate Performance Indicators for the second quarter (July-September 2012), against the five Living Ambition Goals of the Corporate Plan:

- Environment
- Learning
- Towns and Communities
- Individuals
- Value

Of the 68 Corporate Performance Indicators, 40 are able to be measured quarterly. The remaining indicators are collected on an annual or bi-annual basis only.

The report identifies where the Council is performing well (Green) and not so well (Amber and Red). The variance for the 'RAG' rating is:

- Red = more than 5% off the Quarter Target
- Amber = up to 5% off the Quarter Target
- Green = on or above the Quarter Target

Where performance is more than 5% off the Quarter Target and the RAG rating is 'red', a 'Corrective Action' box has been included in the report. This highlights what action the Council is taking to address poor performance where appropriate.

Also included for indicators measured quarterly is a Direction of Travel (DoT) column which compares performance in Quarter 2 2012/13 with performance in Quarter 2 2011/12. A green arrow symbol (↑) signifies performance is better than Quarter 2 2011/12 and a red arrow symbol (↓) signifies performance is worse than Quarter 2 2011/12.

Of the 40 indicators measured quarterly, 37 have been given a RAG status in Quarter 2. For three indicators a RAG status is not applicable this quarter. In summary 21 indicators (57%) are rated as 'green', 4 indicators (11%) are rated as 'amber' and 12 indicators (32%) are rated as 'red'.


RECOMMENDATIONS

Members are asked to review the contents of the report and note its content.


REPORT DETAIL

Summary of indicators rated as ‘red’



Environment

Indicator	Quarter 2 Target	Quarter 2 Performance	DOT
Total number of fly tip incidents	1,554	1,645	
<p>This indicator fluctuates due to seasonal variance- in the Summer when the weather is brighter more people clear out homes and garages. Performance is expected to improve in Quarter 3. In addition, the Environment Agency has recently clarified the definition of what constitutes a fly tip and some of the incidents that we have been recording as fly tips may be reclassified. In light of the change in definition, officers are working to identify these incidents; we will then recalculate the numbers back to April 2012.</p>			

Towns and Communities

Indicator	Quarter 2 Target	Quarter 2 Performance	DOT
Processing of major applications within 13 weeks (%)	60%	50%	
<p>Of the 6 applications received, 3 were determined in the required time this quarter. The reason 3 applications were not determined within the 13 week period is because the proposals were still being negotiated with developers before a decision was made.</p>			

Individuals

Indicator	Quarter 2 Target	Quarter 2 Performance	DOT
Overall number of delayed transfers of care from hospital per 100,000 population (shared with BHRUT/PCT/CCG)	7	15.2	
Number of delayed transfers of care from hospital attributable to Adult Social Care (ASC) and health per 100,000	3	3.7	
<p>These indicators are in relation to hospital discharges. The first indicator is an overall partnership indicator led by the Clinical Commissioning Group (CCG) that measures the total number of delayed discharges across the system including in the hospital itself. The second indicator is for ASC and health. This is reducing due to work being undertaken within social care and the number of delays is lower than last year. The indicator is red because a challenging target has been set for this year to drive improvement. The Council continues to work with the London Boroughs of Barking and Dagenham, and Redbridge and all three Clinical Commissioning Groups (CCGs) as well as health providers (BHRUT & NELFT) to improve systems, processes and care in the community in order to prevent unnecessary hospital admissions, particularly for older people. In addition, a performance improvement programme has recently been designed which will mean all providers will need to change the way discharges are managed.</p>			

Cabinet, 23 January 2013

Indicator	Quarter 2 Target	Quarter 2 Performance	DOT
% of Child Protection Plans lasting more than 24 months	5%	8%	↓
A range of positive work is underway to minimise child protection plan duration, including use of 'Signs of Safety' to ensure that plans are understood and owned by the parents, and wider use of Family Group Conferences. The margins are very small for this indicator due to a relatively low number of children on child protection plans. By year-end, the difference between achieving 5% rather than 8% would be only three children.			
% of placements lasting at least 2 years	75%	66%	↑
The % of placements lasting at least 2 years is a measure of the stability of placements for looked after children. The performance in this area is not considered good enough, particularly in the area of teenagers where foster care placements can tend to break down. A review of this area has been undertaken which has resulted in increased work to recruit foster carers and changes to procedures so that they offer greater support to the foster care placements when they come under pressure. This is an area that is being prioritised for improvement within children's services.			
Direct payments as a proportion of self-directed support (%)	15%	11.4%	↑
A more stretching target has been set for this indicator than last year in order to continue to increase the amount of choice and control for social care clients. In line with the national picture, we continue to face challenges in increasing the take up of direct payments for older people. The Service is working hard to help people make best use of the money they receive to purchase their own care services and to increase the proportion of people who use Personal Budgets.			

Value

Indicator	Quarter 2 Target	Quarter 2 Performance	DOT
Sickness absence rate per annum per employee (days)	7.6 days	8.1 days	↓
Work is currently taking place to identify why sickness absence has increased over the last year and this has been made a corporate priority. Once any issues or trends have been identified, actions will be put into place to address these.			
Speed of processing changes in circumstances of HB/CTB claimants (days)	12 days	26.07 days	↓
Speed of processing new HB/CTB claims (days) (NEW)	19 days	32.74 days	↓
The indicators relating the Housing Benefit and Council Tax Benefit are recession related. There has been an increase in the numbers of people claiming housing and council tax benefit and needing to be assessed for those benefits because of changes in their circumstances. This increase has put substantial pressure on the staff processing these claims and some additional resources have been brought in to clear a backlog that has developed. Given the upturn in demand/activity it is anticipated that, despite the additional resources, performance will not substantially improve until Quarter 3. A review of overall demand is being undertaken as this upturn has had knock-on effects on the customer services function while it is continuing to implement the new customer services processes.			
% of Member/MP enquiries completed within 10 days	90%	83.60%	↑

Indicator	Quarter 2 Target	Quarter 2 Performance	DOT
% of corporate complaints completed within 10 days	90%	78.7%	↑
A large proportion of Member/MP enquiries and corporate complaints are related to Housing as a result of the benefit reforms, rather than an enquiry about the service. The CRM system is being developed to record Member/MP correspondence and the new system has the facility of email chasers to remind staff of the service level agreement target of 10 working days.			

The Corporate Performance Report 2012/13 – Quarter 2 is attached as Appendix 1.

REASONS AND OPTIONS

Reasons for the decision: To provide Cabinet Members with a quarterly update on the Council's performance against the Corporate Performance Indicators.

Other options considered: N/A

IMPLICATIONS AND RISKS

Financial implications and risks:

Adverse performance for some Corporate Performance Indicators may have financial implications for the Council. Whilst it is expected that targets will be delivered within existing resources, officers regularly review the level and prioritisation of resources required to achieve the targets agreed by Cabinet at the start of 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 against the Corporate Plan.

Human Resources implications and risks:

There are no specific Human Resources implications.

Equalities implications and risks:

The following Indicators potentially have equality and social implications if performance does not improve:

- (CY2)- % of placements lasting at least 2 years
- (CY13) - % of child protection plans lasting more than 24 months
- ((ex) NI131/2C (i))- Overall number of delayed transfers of care from hospital per 100,000 population
- ((ex) NI13/2C(ii)) – Number of delayed transfers of care from hospital attributable to Adult Social Care and health per 100,000
- (CS4)- Speed of processing changes in circumstances of HB/CTB claimants
- (CS3)- Speed of processing new HB/CTB claims

The commentary for each indicator provides further detail on steps that will be taken to improve performance.

BACKGROUND PAPERS

The Corporate Plan is available on the Living Ambition page on the Havering Council website at: <http://www.havering.gov.uk/Pages/Campaigns/living-ambition-our-20-year-vision.aspx>

Appendix 1: Corporate Performance Report 2012/13 – Quarter 2

23rd January 2013

Key

Direction of Travel (DoT)		RAG Rating	
↑	Performance is better than Q2 2011/12	Red	More than of 5% off the Quarter Target
↓	Performance is worse than Q2 2011/12	Amber	Up to 5% off the Quarter Target
→	Performance is the same as Q2 2011/12	Green	On or within the Quarter Target
Corporate Plan Performance Indicator			

Environment - to ensure a clean, safe and green borough

Page 31

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
SC18	Total number of fly tip incidents	Smaller is Better	2,704	1,554	1,645	1,568	↓	<p>Performance is worse than target and also worse than Quarter 2 2011/12. This indicator fluctuates due to seasonal variance- in the Summer when the weather is brighter more people clear out homes and garages.</p> <p>Corrective Action</p> <p>Performance is expected to improve in Quarter 3. In addition, the Environment Agency has recently clarified the definition of what constitutes a fly tip and some of the incidents that we have been recording as fly tips may be reclassified. In light of the change in definition, officers are working to identify these incidents; we will then recalculate the numbers back to April 2012. Therefore, no further corrective action is required at this stage.</p>	Streetcare

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
(ex) NI191	Residual household waste (kg) per household (LAPS indicator)	Smaller is Better	645kg	336kg	338.92kg	336kg	↓	An increase in household waste in July and August has meant that performance is slightly worse than target this quarter	Streetcare
(ex) NI195d	% of fly posting (LAPS indicator)	Smaller is Better	1%	1%	1%	0%	↓	This is a bi-annual indicator and will be reported in Quarter 2 and Quarter 4 only. Performance is on target this quarter as a result of continuing enforcement action in key areas such as shopping centres around the borough.	Streetcare
(ex) NI192	% of household waste sent for reuse, recycling and composting (LAPS indicator)	Bigger is Better	36%	36%	36.21%	37%	↓	Performance is better than target this quarter, although slightly worse than Quarter 2 2011/12.	Streetcare
SC11	% of missed collections put right within target	Bigger is Better	93%	93%	93%	93%	→	Performance is on target this quarter, and is also the same as Quarter 2 2011/12.	Streetcare
CSP1	The number of residential burglaries reported	Smaller is Better	1,909	955	872	883	↑	Poor weather over the summer months may have contributed towards the figure for this indicator, as good weather does tend to correlate with an increase in crimes reported. Performance is also better than Quarter 2 2011/12. The number of burglaries reported peaks over the Christmas period; the Community Safety Partnership have already begun to prepare for this through various initiatives and campaigns to increase awareness.	Customer Services
CSP2	The number of anti-social behaviour crimes reported	Smaller is Better	5,970	2,985	2,931	3,342	↑	Poor weather over the summer months may have contributed towards the figure for this indicator, as good weather does tend to correlate with an increase in crimes reported. Similar to burglary, the number of anti-social behaviour crimes reported does	Customer Services

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
								peak over the Christmas period, although to a lesser extent. The Community Safety Partnership are analysing this further to ascertain what extra interventions are necessary.	

Learning - to champion education and learning for all

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
LA5	% of 3 and 4 year olds who have access to an early education entitlement place if their parents wish (<i>Whilst this refers to access to places, it is actually measured on take up of places. The wording has remained the same because this is how it is reported to the Department for Education</i>)	Bigger is Better	90%	90%	86% (2011/12)	83% (2010/11)	↑	This indicator is measured by academic year which runs from August to July. The figure provided is therefore the 2011/12 end of year outturn. Compared to the same time period last year, performance has improved by 3%. Autumn term data will be included in the Quarter 3 report.	Learning and Achievement
LA6	% of Early Years providers, including those in schools, judged Good or Outstanding by OFSTED	Bigger is Better	73%	73%	74.9%	72%	↑	Performance is better than target this quarter. Of the 314 total providers, 235 are considered 'Good or above'. Performance has also improved when compared to Quarter 2 2011/12.	Learning and Achievement
LA1	Number of apprentices recruited in the borough	Bigger is Better	460 (AY 11/12)	345 (Q3 AY 2011/12)	461 (Q3 AY 2011/12)	437 (Q3 AY 2010/11)	↑	This indicator is measured by academic year (AY) which runs from August to July. The Quarter 3 figure is therefore February-April 2011/12. The target of 460 was set by the 14-19 Partnership, as part of a three year programme to increase the number of apprenticeships in the borough.	Learning and Achievement
(ex) NI117	% of 16 to 19 year olds (school years 12-14) who are not in education, employment or training	Smaller is Better	5.1%	5.3%	18.1%	5.2%	NA	The figure reported is the last month in each quarter for this indicator. The September increase was expected, and has occurred as a result of the	Learning and Achievement

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
	(LAPS indicator)							Department for Education's (DfE's) instructions to record all of the students rising from Year 12 to Year 13 over the summer as 'unknown' in the September Client Caseload Information System (CCIS) return. In previous years, when students were on a 2 year programme they were included in the in-learning figures when they entered Year 13 and followed up in line with the usual currency rules, and/or checked against the college/school lists of students. DfE have this year instructed the CCIS companies (15Billion in our case) to make them unknown. We are getting weekly updates from Prospects on their progress and they are busy entering the student lists from the colleges and the latest figures show NEET as 3.9%. In light of this change in guidance, the September figure is not an accurate reflection of performance, therefore no RAG rating or DoT has been provided.	
LA10	KS4 - number of schools below the floor standard where fewer than 35% of pupils achieve A*-C grades in both Maths and English and make less than average progress in Maths and English	Smaller is Better	0	Annual	0 (2011/12) (provisional)	0 (2010/11)	NA	This is an annual indicator, reported by academic year. A provisional figure has been included but a final figure will not be available until November. Therefore no RAG rating or DoT has been provided.	Learning and Achievement
LA9	KS2 - number of schools below the floor standard where fewer than 60% of pupils achieve Level 4 or above in both Maths and English and make less than	Smaller is Better	0	Annual	1 (2011/12) (provisional)	0 (2010/11)	NA	This is an annual indicator, reported by academic year. A provisional figure has been included but a final figure will not be available until November. Therefore no RAG rating or DoT has been provided.	Learning and Achievement

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
	average progress in Maths and English								
(ex) NI075	KS4 - % of pupils who achieve 5 or more A*-C grades, including Maths and English (LAPS indicator)	Bigger is Better	68%	Annual	61.1% (2011/12) (provisional)	64.2% (2010/11)	NA	This is an annual indicator, reported by academic year. A provisional figure has been included, but a final figure will not be available until November. Therefore no RAG rating or DoT has been provided.	Learning and Achievement
LA8	% of children with a good level of achievement in Early Years Foundation Stage (LAPS indicator)	Bigger is Better	Not yet set	Annual	60% (2011/12) (provisional)	58.6% (2010/11)	NA	This is an annual indicator, reported by academic year. No target has been set as the Service is awaiting the outcome of Government report because this measure is changing. A provisional figure has been included but a final figure will not be available until November. Therefore no RAG rating or DoT has been provided.	Learning and Achievement

Towns and Communities - to provide economic, social and cultural opportunities in thriving towns and villages

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
(ex) NI157a	Processing of major applications within 13 weeks (%)(LAPS indicator)	Bigger is Better	60%	60%	50%	50%	→	<p>Performance is worse than target this quarter. Of the 6 applications received, 3 were determined in the required time. However, performance has improved since Quarter 1 2012/13 when the outturn was 45%.</p> <p>Corrective Action</p> <p>The reason 3 applications were not determined within the 13 week period is because the proposals were still being negotiated with developers before a decision was made. No corrective action is required.</p>	Development and Building Control

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
CS11	% of NNDR collected (LAPS indicator)	Bigger is Better	98%	60.24%	58.90%	59.10%	↓	Performance is just worse than target this quarter and marginally worse than Quarter 2 2011/12. With the significance of NNDR collection changing for next year, the Council has decided to end the partnership arrangement with Barking and Dagenham, and bring NNDR collection back in-house. However there is a contract notice period of one year before this can take place. This quarter, performance has been impacted by the business rates deferral scheme, which gives business the option to spread the retail price index increase in the 2012-13 bill over three years.	Customer Services
R3	Number of businesses accessing advice through regeneration initiatives	Bigger is Better	600	300	318	338	↓	Performance is better than target this quarter. The service continues to provide in-house support and advice for new and existing businesses.	Regeneration
(ex) NI157b	Processing of minor applications within 8 weeks (%) (LAPS indicator)	Bigger is Better	65%	65%	66%	72%	↓	Performance is better than target this quarter, although worse than performance in Quarter 2 2011/12 and Quarter 1 2012/13 (71%). This is partly due to the increase in legal agreements now applicable to minor applications needed to secure the Council's Planning Obligations tariff introduced in April 2012.	Development and Building Control
(ex) NI157c	Processing of other applications within 8 weeks (%) (LAPS indicator)	Bigger is Better	80%	80%	86%	87%	↓	Although slightly worse than performance in Quarter 2 2011/12 and Quarter 1 2012/13 (89%), performance is still better than target.	Development and Building Control
R2	Net external funding (£) secured through regeneration initiatives	Bigger is Better	£1,000,000	£500,000	£925,000	£1,135,215	↓	This quarter, no additional external funding was secured. However, funding gained in Quarter 1 means that this	Regeneration



Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
								indicator is still performing better than target.	
H5	% of rent arrears against rent debit	Smaller is Better	2%	2.42%	2.41%	2.37%	↓	The quarterly targets for this indicator have been profiled throughout the year. Performance is better than target this quarter.	Housing and Public Protection
DC4	% of appeals allowed against refusal of planning permission	Smaller is Better	30%	30%	28.57%	41%	↑	The service reviews all appeal decisions and keeps an eye out for trends so that any issues in our decision making can be addressed.	Development and Building Control
CL2	Number of library visits (physical)	Bigger is Better	1,520,000	425,600	491,698	456,380	↑	Performance is significantly better than target this quarter and compared to Quarter 2 2011/12.	Culture and Leisure
(ex) NI158	% of decent council homes (LAPS indicator)	Bigger is Better	58.4%	38%	37.75%	38.87%	NA	Performance fluctuates throughout the year for this indicator, however it is anticipated that the year-end target will be achieved; therefore no RAG or DoT have been provided. An additional 725 properties newly arising as non-decent have been incorporated into performance figures for 2012/13. In total, 315 properties were made decent in Quarter 2. It is anticipated that 1811 properties will be made decent by the end of the year.	Housing and Public Protection

Page 37

Individuals - to value and enhance the lives of our residents

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
(ex) NI131/2C (i)	Overall number of delayed transfers of care from hospital per 100,000 population (LAPS indicator)	Smaller is Better	7	7	15.1	11.9	↓	This is a partnership indicator led by the Clinical Commissioning Group (CCG). Performance is worse than target for this indicator and also worse than Quarter 2 2011/12. Performance in this area is predominantly affected	Adult Social Care (shared with BHRUT/PCT/CCG)

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
								<p>by Health; delays attributable to Adult Social Care (ASC) remain low at 1.6 per 100,000 compared to the overall figure.</p> <p>Corrective Action</p> <p>A challenging target has been set for this indicator to drive improvement, as this will assist in improving care for patients. Based on performance to date, it is unlikely that the annual multi-provider target will be met. However, we continue to work with the London Boroughs of Barking and Dagenham and Redbridge and all three Clinical Commissioning Groups (CCGs) as well as health providers (BHRUT & NELFT) to reduce delays and address systematic issues as changes to health are implemented. . A Performance Improvement Programme has recently been designed which will mean all providers will need to change the way discharges are managed.</p>	
(ex) NI131/ 2C (ii)	Number of delayed transfers of care from hospital attributable to Adult Social Care (ASC) and health per 100,000	Smaller is Better	3	3	4	6.2	↑	<p>This is an indicator for ASC and Health. Performance is slightly worse than target for this indicator, but is improving and is better than Quarter 2 2011/12 and Quarter 1 2012/13 (4.5). ASC performance has improved. A detailed report on DTOCs will be available in early 2013.</p> <p>Corrective Action</p> <p>A challenging target has been set for this indicator to drive improvement. Based on performance to date, the service predicts that the annual target will be achieved. Although performance is improving it is expected</p>	Adult Social Care

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
								that further improvement would also assist with 2C(i). A Performance Improvement Programme has recently been designed which will mean all providers will need to change the way discharges are managed.	
CY13	% of Child Protection Plans lasting more than 24 months (LAPS indicator)	Smaller is Better	5%	5%	8%	2%		<p>Performance is worse than target this quarter, and also worse than Quarter 1 2011/12. However, performance has improved since Quarter 1 2012/13 when the outturn was 14% (last quarter's figure of 0% was amended following identification of a large sibling group which were de-registered and had been on a plan for two years or more). At the end of Quarter 2, 4 out of 51 (8%) children were de-registered from a child protection plan who had been on that plan for two or more years.</p> <p>Corrective Action</p> <p>A range of positive work is underway to minimise child protection plan duration, including use of 'Signs of Safety' to ensure that plans are understood and owned by the parents, and wider use of Family Group Conferences.</p> <p>Although current performance is worse than the target of 5%, the margins are small due to a relatively low number of children in child protection plans. By year-end, the difference between achieving 5% rather than 8% would be only three children.</p>	Children and Young People
CY2	% of placements lasting at least 2 years (LAPS)	Bigger is Better	75%	75%	66%	65.40%		Whilst performance is worse than target this quarter, performance has	Children and Young People

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
	indicator)							<p>improved since Quarter 1 2012/13 (57.4%) and when compared to Quarter 2 2011/12.</p> <p>Corrective Action</p> <p>Through the implementation of the Looking After Children (LAC) Plan, additional foster carers have been recruited, increasing placement choice. The service also plans to lengthen emergency placements from 24 hours to 7 days, allowing more time for children to be appropriately matched to foster carers. In addition, processes for management oversight of casework have been improved. These changes should result in improved performance for this indicator throughout 2012/13.</p>	
(ex) NI130/1C (i)	% of people using social care who receive self-directed support and those receiving direct payments (LAPS indicator)	Bigger is Better	60%	49.3%	47%	36%	↑	Performance is slightly worse than target this quarter, but is improving overall and is better than Quarter 2 2011/12 and Quarter 1 2012/13 (44.7%). The number of people using social care who receive self-directed support has continued to rise and work continues to ensure that it becomes further embedded as the default way we work.	Adult Social Care
(ex) NI130/1C (ii)	Direct payments as a proportion of self-directed support (%)(LAPS indicator)	Bigger is Better	15%	15%	11.4%	10.4%	↑	Performance is worse than target this quarter, although better than Quarter 2 2011/12. In line with the national picture, we continue to face challenges in increasing the take up of direct payments for older people. The Service is working hard to help people make best use of the money they receive to purchase their own care services and to increase the proportion of people who	Adult Social Care

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
								use Personal Budgets.	
								Corrective Action To improve performance, targets for direct payments have been set for service areas. In addition, a self-directed support staff forum attended by members from different teams along with a member from the performance team regularly meet to discuss how performance in the area can be improved.	
Page 41 L3	% of people who, having undergone reablement, return to ASC 91 days after completing reablement and require an on-going service	Smaller is Better	7%	7%	5.3%	5.6%	↑	Performance is better than target this quarter and also better than Quarter 1 2011/12 and Quarter 1 2012/13 (6%). This demonstrates that reablement services are achieving sustainable positive outcomes and helping people to live more independently in their own homes and reducing the longer-term level of care required. As the service matures, there is a greater focus on more vulnerable clients. It will be important to ensure this does not result in deterioration in performance in the future.	Adult Social Care
(ex) NI065	% of children becoming the subject of a Child Protection Plan for a second or subsequent time within 2 years (LAPS indicator)	Smaller is better	8%	8%	0%	NA	NA	Performance remains better than target for this indicator (performance in Quarter 1 2012/13 was also 0%). The wording of this indicator has been modified to include 'within 2 years' to echo the findings of the Munro report (before it had an open ended timescale). Therefore the outturn is not comparable with Quarter 2 2011/12.	Children and Young People

Page 42

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
L5	Total number of Careline and Telecare users in the borough	Bigger is Better	3600	3465	3584	3233	↑	Performance is better than target for this indicator and also better than the figure for Quarter 2 2011/12. The service is confident that the annual target of 3600 will be achieved.	Housing and Public Protection
(ex) NI112	Teenage pregnancies per 1,000 population (< 18 year old girls) (LAPS indicator)	Smaller is Better	35	35	35.1 (Q1 2011/12)	30.1 (Quarter 1 2010/11)	↓	NB. The figures do not correspond to the 2011/12 annual target and a RAG cannot be stated. This is because the ONS release conception statistics around 14 months after the period to which they relate (as information on a birth may not be available until 11 months after the date of conception and the ONS then require 3 months to compile the conception statistics). There has been an overall downward trend for this indicator since early 2009. The Council and its partners aim to reach a target of 35.00 per 1000 population by 2013 and we remain on track to deliver this target.	Children and Young People

Value - to deliver high customer satisfaction and a stable council tax

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
CI1	Sickness absence rate per annum per employee (days) (LAPS indicator)	Smaller is Better	7.6 days	7.6 days	8.1 days	7.35 days	↓	In Quarter 2, Operational HR carried out a review of the sickness absence data which found that there were technical and managerial issues which may be impacting on the levels of reported sickness, particularly long term sickness. Following a review, some misreporting was identified and consequently managers were asked to	Internal Shared Services

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
								<p>rectify this. The reporting system has also now been updated to ensure that staff who have left the organisation are excluded from on-going sickness data.</p> <p>Corrective Action</p> <p>Now that the data has been cleansed, there is a need to focus analysis on why sickness absence has increased over the last year. It is important to identify what is causing this trend and the actions that need to be put into place to address this.</p>	
CS4	Speed of processing changes in circumstances of HB/CTB claimants (days) (LAPS indicator)	Smaller is Better	12 days	12 days	26.07 days	14.22 days	↓	<p>The current economic climate and changes to the way the DWP notifies the Council of new HB/CTB claims and changing circumstances has resulted in increased volumes, which combined with a reduction in Government funding has made it difficult to achieve the target. In addition, the number of people applying for benefits has risen substantially with the introduction of a new electronic claim form.</p> <p>Corrective Action</p> <p>At the end of Quarter 2, additional resources were secured to clear the backlog of claims. Performance should therefore improve in Quarter 3. No additional corrective action is required.</p>	Customer Services
CS3	Speed of processing new HB/CTB claims (days) (NEW) (LAPS indicator)	Smaller is Better	19 days	19 days	32.74 days	22.58 days	↓	<p>The current economic climate and changes to the way the DWP notifies the Council of new HB/CTB claims and changing circumstances has resulted in increased volumes, which combined with a reduction in Government funding has made it difficult to achieve the target. In addition, the number of</p>	Customer Services

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
								<p>people applying for benefits has risen substantially with the introduction of a new electronic claim form.</p> <p>Corrective Action</p> <p>At the end of Quarter 2, additional resources were secured to clear the backlog of claims. Performance should therefore improve in Quarter 3. No additional corrective action is required.</p>	
CS10	% of Member/MP enquiries completed within 10 days	Bigger is Better	90%	90%	83.60%	83.47%	↑	<p>Performance is worse than target this quarter. However, there has been a marginal improvement compared to Quarter 2 2011/12.</p> <p>Corrective Action</p> <p>The CRM system is being developed to record Member/MP correspondence and implementation is planned for October. The new system has the facility of email chasers to remind staff of the service level agreement target of 10 working days.</p>	Customer Services
CS7	% of corporate complaints completed within 10 days	Bigger is Better	90%	90%	78.7%	65.35%	↑	<p>Performance is worse than target this quarter. However, performance has improved since Quarter 2 2011/12 and Quarter 1 2012/13.</p> <p>Corrective Action</p> <p>The CRM system is being developed to record corporate complaints and implementation is planned for October. The new system has the facility of email chasers to remind staff of the service level agreement target of 10 working days.</p>	Customer Services
CS1	% of council tax collected (LAPS indicator)	Bigger is Better	97%	54.75%	58.14%	58.42%	↓	<p>Performance is better than target this quarter, although slightly worse than Quarter 1 2011/12.</p>	Customer Services
(ex)	% Avoidable Contact	Smaller	8%	8%	4.75%	6.20%	↑	<p>Avoidable contact is defined as contact</p>	Customer Services

Ref.	Indicator	Value	2012/13 Annual Target	2012/13 Q2 Target	2012/13 Q2 Performance	2011/12 Q2 Performance	DoT	Comments	Service
NI014		is Better						that adds no value for the customer, is duplicative or is caused by failures in the Council's business processes, e.g. when we fail to provide our customers with the right and/or appropriate information first time around causing the customer to contact us again. Performance remains better than target this quarter and is also better than Quarter 2 2011/12.	
Cs21	% Customer Satisfaction with the call centre	Bigger is Better	80%	80%	85.36%	New PI	NA	Ensuring customer satisfaction is a high priority for the Council. Performance is better than target in Quarter 2. This is a new indicator for 2012/13, therefore no DoT has been provided.	Customer Services
ISS10	% of suppliers paid within 30 days of receipt, by Transactional Team, by invoice	Bigger is Better	97%	97%	98%	NA	NA	The team consistently meet this target and are aware of its importance. To maintain this standard we are reliant on services promptly complying with corporate processes.	Internal Shared Services

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