



INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.00 pm	Tuesday 9 September 2014	Town Hall, Main Road, Romford
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Members 7: Quorum 3

COUNCILLORS:

June Alexander (Chairman)
Philip Hyde (Vice-Chair)
Darren Wise
Ray Best

Viddy Persaud
Keith Roberts
Roger Westwood

For information about the meeting please contact:
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What is Overview & Scrutiny?

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

They have a number of key roles:

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

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

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

Terms of Reference

The areas scrutinised by the Committee are:

- Personalised services agenda
- Adult Social Care
- Diversity
- Social inclusion

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 - 6)

To approve as a correct record the Minutes of the meeting of the Committee held on 10 July 2014 and authorise the Chairman to sign them.

5 HEALTH AND WELLBEING BOARD MINUTES (Pages 7 - 16)

The Committee will receive the minutes of the Health and Wellbeing Board (attached).

The Committee are asked to note the minutes.

6 AGE CONCERN REORGANISATION/ RELAUNCH

The Committee will receive a presentation on the reorganisation of Age Concern Havering and its up-coming relaunch.

7 DEMENTIA STRATEGY REVIEW

The Committee will receive an update on the progress of the Dementia Strategy.

8 TOPIC GROUPS

The Committee are asked to agree on the membership and Chairmanship of the topic groups listed below:

1. Dementia and diagnosis
2. Learning Disabilities and support

The Committee are also asked to agree the first date for each of the topic group to agree the terms of reference.

9 FUNDING REFORM

The Committee will receive a presentation on the Funding Reform which forms part of the Care Act.

10 CORPORATE PERFORMANCE - QUARTER FOUR 2013/14 (Pages 17 - 36)

To consider a report on corporate performance information for quarter four that was presented to cabinet at its meeting on 30 July 2014 (attached).

11 CORPORATE PERFORMANCE ANNUAL REPORT 2013/14 (Pages 37 - 64)

To consider a report on the annual corporate performance information that was presented to Cabinet at its meeting on 30 July 2014 (attached).

12 COUNCIL CONTINUOUS IMPROVEMENT MODEL

To note that the following Cabinet decisions are due for review of progress under the Council Continuous Improvement Model and to decide whether to take an update at the Committee's next meeting;

- Arranging for the provision of domiciliary care to adults.
- Section 75 Agreement with North East London NHS Foundation Trust.

13 HEALTHWATCH HAVERING ANNUAL REPORT (Pages 65 - 106)

The Committee will receive the Annual Report from Healthwatch Havering.

14 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.

15 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.

**Andrew Beesley
Committee Administration
Manager**

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**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Town Hall, Main Road, Romford
10 July 2014 (7.30 - 10.05 pm)**

Present:

Councillors June Alexander (Chairman), Philip Hyde (Vice-Chair), Darren Wise, Ray Best, Viddy Persaud, Keith Roberts and Roger Westwood

1 DISCLOSURE OF PECUNIARY INTERESTS

Councillor June Alexander declared that she had previously been an active member of HealthWatch Havering, but was now a support member of HealthWatch Havering.

2 MINUTES

The minutes of the meeting of the Committee held on 27 March 2014 was agreed and signed by the Chairman.

3 MEMBERSHIP OF THE COMMITTEE

The Committee noted its membership.

4 INTRODUCTION TO OVERVIEW AND SCRUTINY

The Committee received a presentation giving an insight into how Overview and Scrutiny worked in Havering. It was important that the committee understood the difference between Executive decisions and those made by the Council. Members were informed that Council functions were explicitly the responsibility of the full Council and/or its Committees or staff on their behalf. Whereas Executive functions, were the responsibility of the Executive, meaning the Cabinet or individual Cabinet Members, or staff on their behalf. The principal interest of an OSC was the Executive decision making function.

Overview and Scrutiny was the function by which Council decisions, or indeed any actions taken in connection with Council functions, can be reviewed and/or scrutinised. Overview and Scrutiny Committees are able to make reports and/ or recommendations to each of full Council, Cabinet or any policy committee. These reports can be in connection with the discharge of any functions.

The Committee noted that the former local government minister, Nick Raynsford MP, once stated *Scrutiny is a powerful tool to help identify weaknesses in existing policy and practice, as well as driving improvement*".

In Havering there were seven overview and scrutiny committees, five dealt with various aspects of Council services and were aligned with the overall goals of the Council. They were:

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

The other two – Crime & Disorder and Health were principally outward looking and scrutinised local crime and disorder-related issues and local health services respectively.

The Committee noted that only non-Cabinet members may sit on an overview and scrutiny committee, however there was nothing to prevent a Committee meeting with or questioning a relevant Cabinet member in order to aid aspects of scrutiny. Overview and Scrutiny meetings are open to the public and anyone, including Cabinet Members, may attend.

Each overview and scrutiny committee consisted of between six and nine members. Under the political breakdown rules, the political breakdown of the seats reflected, as far as was practicable, the make-up of the Council as a whole.

The Committee were informed that a major part of their work would be undertaking Topic Groups, either as part of an agreed work plan, or because a specific issue arises that needs investigation. The Committee itself would approve the terms of reference and the scope of its Topic Groups and can set parameters within which they will work. A recent change is that Council has agreed that Topic Group may include – or indeed be wholly comprised of – members who are not actually members of the parent OSC. Therefore if a member not on a particular OSC has expertise or an interest in an area being investigated by a Topic Group, he or she can take part if the committee agreed to their inclusion as a member of the Topic Group.

The factors for successful scrutiny Topic Groups were outlined to the Committee. The more tightly and realistically framed that the recommendation are, the more likely they are to be adopted/ implemented. Members are encouraged to look at various aspects of Council services, by meeting Council officers, holding discussions with the public and community groups and undertaking site visits both within Havering and to gain an understanding of the situations in other Councils.

The Committee was informed of the call-in process and how this would be dealt with by an Overview and Scrutiny Committee. The officer explained that often a special meeting of the OSC would have to be fixed at a date and time which may not be popular with all members of the committee.

The Councillor Call for Action (CCA) was a power that allowed any Member to bring a matter of concern to an OSC. The issue could not relate to planning, licensing, health and crime and disorder issues, as separate powers covered these areas. Members must have attempted to resolve the issue directly with the department concerned prior to bringing them to scrutiny in this way.

The Committee was informed that one change, enacted by the Local Democracy, Economic Development and Construction Act 2009, was the requirement of each Council to nominate a Statutory Scrutiny Officer. This person was required to promote the role of Overview and scrutiny in the Authority as well as support all Members and officers in their work and dealings with Overview and Scrutiny. In Havering the Statutory Scrutiny Officer was Andrew Beesley, Committee Administration Manager.

5 OVERVIEW OF ADULT SOCIAL CARE

The Committee received a presentation from the Head of Adult Social Care setting out the services within Adult Social Care and Commissioning. A brief description of what each section was responsible for was explained.

A detailed presentation on the Care Act and Better Care Fund was also given, this included details of how the Care Act pulled together a number of legislation and law into one document. The Act brings together the duties and responsibilities or extends those already being used.

The Act aims to make care and support clearer and fairer by introducing a cap on the care costs that people will incur in their lifetime; provide a new universal deferred payment scheme so that people do not have to sell their homes; provide a single national threshold for eligibility to care and support; guarantee to ensure continuity of care when moving areas; include protections to ensure that no one goes without care if a provider fails and to ensure that young adults are not left without care and support during the transition to adult care and support.

The Committee found the presentation very interesting and lots of discussions were had as to how this would fit within its work programme.

It was agreed that the presentation on the Better Care Fund and Funding Reforms be deferred to the next meeting of the committee.

6 REVIEW OF SERVICES IN HAVERING FOR PEOPLE WITH DEMENTIA OR A LEARNING DISABILITY

The Committee received a presentation from a representative of HealthWatch Havering setting out the findings of a review they had conducted into the services available for people who have dementia or a learning disability.

The Committee was informed that there were a series of workshops carried out in February and March 2014 to find out from carers, volunteers and users what services were available in Havering for people who had dementia or a learning disability and what needed to be done to secure improvements. The framework for each meeting and for both topics included the following questions

“What is missing?”

“What would make a difference?” and

“What have you experienced that is good?”

Over 100 people attended the workshops and a number of conclusions were reached. From these conclusions HealthWatch Havering agreed on a number of recommendations that they passed onto the relevant agency. A number of the recommendations were taken forward quickly by certain agencies.

The Committee found this very interesting and lots of discussions were had about issues that could be scrutinised during the coming municipal year.

7 IMPACT OF SERVICES ON THE ELDERLY TOPIC GROUP REPORT

The Committee received a report of the Impact of Services on the Elderly Topic Group. This topic group had completed its scrutiny prior to the election, but it was necessary for the parent Overview and Scrutiny Committee to agree the report and refer it to Cabinet.

The Committee agreed the report and agreed to refer it to Cabinet.

8 COMMITTEE'S WORK PROGRAMME REPORT

The Committee received a report setting out details of its work programme for the next municipal year. A number of items were put forward and it was agreed that there were a number of areas that members wished to scrutinise as part of the Topic Group.

Chairman

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**MINUTES OF A MEETING OF THE
HEALTH & WELLBEING BOARD
Committee Room 2 - Town Hall
9 July 2014 (1.30 - 3.35 pm)**

Present

Cllr. Steven Kelly (Chairman) Cabinet Member for Individuals, LBH
Dr Atul Aggarwal, Chair, Havering CCG
Cllr. Wendy Brice-Thompson, Cabinet Member for Health, LBH
Conor Burke, Chief Officer, BHR CCGs
Cheryl Coppel, Chief Executive, LBH
Anne-Marie Dean, Chair, Healthwatch
Cynthia Griffin, Group Director, Culture, Community and Economic Development, LBH
Alan Steward, Chief Operating Officer, Havering CCG

In Attendance

Phillipa Brent-Isherwood, Head of Business and Performance, LBH
Barbara Nicholls, Head of Adult Social Care, LBH
Lorraine Hunter-Brown, Committee Officer, LBH (Minutes)

Apologies

Mark Ansell, Consultant in Public Health, LBH
John Atherton, NHS England
Cllr. Meg Davis, Cabinet Member for Children & Young People's Services, LBH
Joy Hollister, Group Director, Social Care and Learning, LBH
Dr Gurdev Saini, Board Member, Havering CCG

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman announced details of the arrangements in the event of a fire or other event that would require evacuation of the meeting room.

2 APOLOGIES FOR ABSENCE

Apologies for absence were received and noted.

3 DISCLOSURE OF PECUNIARY INTERESTS

None declared.

4 MINUTES

The Board considered and agreed the minutes of the meeting held on 7 May 2014 and authorised the Chairman to sign them.

5 MATTERS ARISING

The Chairman thanked Board members for their hard work and commitment during the last twelve months in launching a number of successful initiatives aimed at improving the health outcomes for Havering residents.

The Chief Executive advised that all organisations within the local health economy had detailed management plans in place with committed project management teams to drive processes forward in the coming municipal year.

The Board discussed End of Life care with particular regard to people with dementia or people living on their own. It was agreed that the Clinical Commissioning Group representatives would provide an End of Life update at the October 2014 meeting.

6 COMMUNITY ENGAGEMENT IN LEARNING DISABILITIES AND DEMENTIA

The Board received a report from the Chairman of Havering Healthwatch that provided an update on a series of workshops held in the borough during February and March 2014. It was noted that the report had recently been presented at the National Commissioning Conference with Healthwatch England and at the last Board meeting at Queens Hospital where the Executive agreed to accept all the recommendations.

The purpose of the report was to investigate what services were available in Havering for people with dementia or a learning disability and what was needed to be done to secure improvements. Attendees to the workshop sessions included service users, carers, representatives from the voluntary sector, NHS organisations and Local Authority departments. The framework at each meeting and themes discussed were:

What is missing?

What would make a difference?

What have you experienced that is good?

The following conclusions were drawn from all the attendees sharing their knowledge and experience on both dementia and learning disabilities:

- Overall, services for people who have a learning disability or dementia appear adequate and there have been some good, innovative developments.

- Service planning over the years has taken account of the needs of people who have dementia; but much remains to be done, especially in early diagnosis.
- Services for people who have a learning disability appear to be less advanced. The challenges are across all the age groups, but many parents felt very strongly about the support and access to basics such as aids and equipment.
- A more contemporary and intuitive care model for learning disability and dementia, which addresses the inequity of service and access across the Borough, is needed.
- The feedback indicates that people who use services and carers need better means of communicating their views and a better understanding of how to seek the support and help that they need.
- That is not necessarily a criticism of the services – there was no suggestion that staff do not listen, or seek views, or try to tailor services to individual need. However, the statutory provisions under which services are provided tend to be aimed at common needs rather than individual circumstances.
- Personalised budgets will undoubtedly help people choose what they want rather than what is on offer. However, it may take time both to give people the confidence to make their own choices and for “the market” to develop service packages that are tailored to individual choice.
- People will need help and support in taking on this responsibility.
- Service users and carers appeared to be confused regarding the services on offer, the role of various voluntary sector organisations and who to contact and when.
- Service delivery problems are not confined to one sector: and there is evidence of joint planning and working across the agencies. However, from the comments given by users and carers, there is no doubting professional staff commitment and passion to achieve the best possible care standards for the residents in the Borough.

In response, Healthwatch had highlighted areas of concern and made a number of recommendations in each of which the main points were:

- Health checks – to review provision and monitoring of annual health checks and to consider a centralised service with expertise in dementia and learning disability.
- General Practice awareness – to ensure GPs had the necessary training and expertise and to eradicate delays in diagnosis and treatment.
- Communication and awareness – to develop borough information pack for learning disability and dementia.

- Staffing – to clarify the position in respect of Admiral Nurses and their future role in the borough.
- One Stop Shop – to provide all community services in one location so as to benefit service users and carers.
- JSNA – to improve the level of local detail about learning disabilities and dementia thus providing a better opportunity to plan and design care for the longer term.
- Reachability – to introduce “Reachability” as the new criteria for measuring access to services.

In conclusion, concerns were expressed about the regularity of annual health checks for people with a learning disability and also the delays in GPs diagnosing dementia.

The Chairman of the CCG advised the Board that diagnosing dementia often took some considerable time as the Memory Clinic would only accept referrals on blood tests taken after three months.

The Healthwatch Chairman advised Board members that the organisation was planning to develop and train staff in Learning disabilities.

The Board welcomed the report and agreed the following actions:

- A. The Chief Officer of the CCG would respond to a number of key points raised by the report and to investigate what services were being offered by current providers. A briefing would be available to the Health and Wellbeing Board in September 2014.
- B. There should be a review of voluntary and community services relating to Learning disabilities and Dementia and that a mapping exercise should be carried out.
- C. It was agreed that there should be a single source of up to date information which can be posted on a website. Information should also be simplified and easy to read and that leaflets for dementia and Learning disabilities should be merged. Advice and support on dementia and Learning disabilities was especially important when communicating with different cultures and ethnic groups.
- D. There should be a review of Learning disability services in the borough.
- E. It was agreed that the Chairman of Healthwatch should provide a report specifically on learning disabilities at a later meeting.

7 PRIME MINISTER'S CHALLENGE FUND UPDATE

The Board received an update from the Chief Operating Officer of the Clinical Commissioning Group (CCG) on the Prime Minister's Challenge Fund. The Challenge Fund of £5.6 million would be utilised to transform

Primary Care across Barking, Havering and Redbridge (BHR) over the next two years for the benefit of patient and to develop GP services. It was noted that there are three components in the Challenge Fund as follows:

- Access; extended hours, triage service, A&E support and care home and care professional support. Enhancing patient experience by providing improved access to emergency care, more responsive and flexible service covering evenings and weekends.
- Complex Care; tailored teams to meet patient's needs, patient support for reduction in reliance on hospital care, proactive planned care and Telehealth. Enhanced patient experience would include individually tailored care outside of hospital, proactive support, increases in capacity in Primary Care for others and reduced admissions.
- Software development; to enable all health providers to hold the very latest records and information. The computer system would be linked to extract information from various providers.

The CCGs were exploring the possibility of GP practices forming federations which could provide shared services or extended opening hours. It would be for the practices to plan the most effective delivery in how they could provide coverage from 8.00 am to 10.00 pm.

In total, there were 137 GP practices in BHR with 759,000 patients and there were already some clusters of GP practices working collaboratively to support combined lists of 50,000 patients. The Integrated Care Management team were currently supporting 3000 patients.

Complex Care would be supporting 1000 vulnerable patients across BHR. There were plans to link triage and the 111 service so as to provide support to A&E and provide an effective care home service.

The CCG advised the Board that they were considering co-commissioning Primary Care services with NHS England. Further briefings on this aspect would be brought to the Board at a later date.

The Board were advised that the CCG Communications Manager would advise about publicity for the Challenge Fund.

The Board agreed that the BHRUT Chief Officer would present a paper on the IT Software development at the October 2014 meeting.

The Board noted the update and that a more detailed report would be presented at the September 2014 meeting.

8 CARE ACT/BETTER CARE FUND - QUARTERLY UPDATE

Board members received an update on the Care Act and were asked to note the following:

The Care Act

The Care Bill had been given Royal Assent on 14 May 2014 and that the Act would become final in April 2015. Draft regulations and guidance had been issued for consultation and it was anticipated that the final version would be published in October 2014.

There was a lot of work being done nationally in order to understand the impact of the Care Act and ADASS was co-ordinating a national social care response on behalf of its membership.

There was also concern nationally as regards the affordability of the Care Act and its impact on the cost to Local Authorities in extending carers rights as set out in the legislation. The Group Director for Children, Adults and Housing had recently attended a meeting where this was discussed. Following a recent debate in the House of Lords, the government had committed an additional £69.4m funding via the BCF for 2015/2016 rising to £192.6 million in 2020 although it was not clear whether new money would be made available. It was noted that a grant of £125K would be given to Local Authorities for this financial year to cover implementation and a further £1.2 million next year.

With reference to preparations taking place in Havering, a Technical Hub had been established and was working to an agreed Programme Plan. A recent guidance and regulations workshop had proved productive outlining key issues pre and post April 2015 which were as follows:

- Implications to Social Work practice and changing the care management operationally
- Financial implications of additional cost pressures such as infrastructure and staff resources
- Focus on prevention in delaying the need for care and support
- Eligibility criteria
- Need to ensure that information, advice and signposting is robust and delivered by the right skill set.
- Emphasis on promoting resident independence and involving family and support networks
- Participation of NELFT

- To review in detail the end to end processes in order to design a new assessment support planning pathway fit for purpose.

Better Care Fund

The Board received an update on the Better Care Fund (BCF) and were asked to note the following:

- Plans would not be signed off as there were ministerial concerns regarding the robustness of financial modelling and provider engagement.
- Looking for a more detailed breakdown of planned investments and savings and how the BCF will impact on emergency admissions and the acute sector
- A key change had been recently announced in that £1 million of the £3.8 million would be held back for payment for the performance related element of BCF which was now linked to achievement of targets. ADASS had concerns about the impact on elements of the BCF that are specific to protecting Adult Social Care, therefore, a detailed analysis was currently underway
- The Health and Wellbeing Board would be asked to re-submit plans in the near future which would be subject to a revised assurance process

The Board noted the updates.

9 HEALTH AND WELLBEING FIVE YEAR STRATEGIC PLAN

The Health and Wellbeing Board received the final version of the Barking Havering and Redbridge Five Year Strategic Plan. The plan set out how the Strategic Planning Group would work collaboratively across the three boroughs in order to achieve a shared financially viable vision in meeting the expectations and improving outcomes for patients.

The Board noted and approved the plan.

10 FUTURE PRIORITIES, CHALLENGES AND OPPORTUNITIES FOR THE HAVERING HEALTH AND WELLBEING BOARD

Board members received a presentation on the priorities, challenges and opportunities for the Health and Wellbeing Board from 2014 to 2017. The current 8 priorities split into three thematic areas for 2012-2014 are as follows:

Prevention, keeping people healthy, early identification, early intervention and improving wellbeing

- 1 Early help for vulnerable people
- 2 Improved identification and support for people with dementia
- 3 Earlier detection of cancer
- 4 Tackling obesity

Integrated support for people most at risk

- 5 Better integrated care for the “frail elderly” population
- 6 Better integrated care for vulnerable children
- 7 Reducing avoidable hospital admissions

Quality of services and patient experience

- 8 Improve the quality of services to ensure that patient experiences and long term health outcomes are the best they can be

The Board were asked to consider the following as suggested priorities for 2014-2017 and to note that they were still grouped into 3 thematic areas:

Preventing, reducing and delaying the need for care and support through effective demand management strategies

1. Early help for vulnerable people
2. Improved identification and support for people with dementia
3. Improve the effectiveness of support for people with mental health conditions
4. Tackling obesity

Integrated support for people most at risk

5. Better integrated care for the “frail elderly” population
6. Better integrated care for children, young people and families
7. Reducing avoidable admissions and premature deaths

Quality of services and patient experience

8. Improve the quality of services to ensure that patient experiences and long term health outcomes are the best they can be

It was suggested that the above priorities should be subject to a longer timeframe than the one currently in place in order to impact on desired outcomes whilst recognising the need to keep the strategy current and the changing demography of the borough.

Several areas had been identified as immediate priorities such as improved identification and support for people with dementia, improving the effectiveness of support for people with mental health conditions, tackling obesity, reducing avoidable admissions and premature deaths and improving patient experience and service quality.

Members agreed that data and performance indicators should be reported to the Board on a regular basis in order to monitor progress against the agreed priorities. The Board agreed to refresh the Joint Health and Wellbeing Strategy and accompanying action plan, and that the document is presented at the Health and Wellbeing Board meeting in October 2014.

11 ANY OTHER BUSINESS

It was noted that the CCG were currently undertaking consultations relating to Intermediate Care in Barking, Dagenham, Havering and Redbridge and that there would be a further update at the next Health and Wellbeing Board meeting. The Board were advised that the proposals would be presented by the Chief Officer to the Health Overview & Scrutiny Committee.

Members of the Board were advised that the CCG had been holding discussions with NHS England regarding future plans for the St Georges Hospital site. It had been proposed that medical facilities would be built on 10%-15% of the land. The Group Director of Culture, Community and Economic Development had recently held a productive meeting with the CCG and planners.

The Board gave their approval for the CCG to proceed with the proposal.

12 DATE OF NEXT MEETING

Members of the Board were asked to note that the next meeting would be held on Wednesday 13 August 2014 at 1.30 pm.

Chairman

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CABINET

30 July 2014

Subject Heading:

**CORPORATE PERFORMANCE REPORT
QUARTER 4 2013/14**

Cabinet Member:

Councillor Roger Ramsey

CMT Lead:

Cynthia Griffin

Report Author and contact details:

Claire Thompson, Corporate Policy &
Community Manager
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01708 431003

Policy context:

The report sets out the Council's
performance against the Corporate
Performance Indicators for Quarter 4
2013/14.

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 at the end of each
quarter.

Reviewing OSC:

Value, Towns and Communities,
Individuals, Environment, Children and
Learning, Adult

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 Quarter 4 (January to March 2014) 2013/14, against the five Living Ambition Goals of the Corporate Plan:

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

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 10% off the Quarter 4 Target and where performance has *not improved* compared to Quarter 4 2012/13¹
- **Amber** = more than 10% off the Quarter 4 Target and where performance has *improved or been maintained* compared to Quarter 4 2012/13.
- **Green** = on or within 10% of the Quarter 4 Target

Where 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 in the report is a Direction of Travel (DoT) column which compares performance in Quarter 4 2013/14 with performance in Quarter 4 2012/13. A green arrow (↑) signifies performance is better and a red arrow (↓) signifies performance is worse. A black arrow (→) signifies that performance is the same.

¹ With the exception of 'Percentage of National Non-Domestic Rates (NNDR) collected' and 'Percentage of council tax collected' where the tolerance is 5%

Quarter 4 2013/14 - Performance Summary

50 Corporate Performance Indicators are measured quarterly and 46 of these have been given a RAG status this quarter. In summary:

- **38 of 46** (83%) indicators are rated as **Green**
- **2 of 46** (4%) indicators are rated as **Amber**
- **6 of 46** (13%) indicators are rated as **Red**

RECOMMENDATIONS

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

REPORT DETAIL

Highlighted below is a summary of the Corporate Performance Indicators for Quarter 4 2013/14, where performance is RAG rated as **Green** or **Amber** and shows an improvement on Quarter 4 2012/13; and where performance is RAG rated as **Red**. For these few (Red) indicators, corrective action is taking place to improve performance.

Green or Amber Indicators

Environment - to ensure a clean, safe and green borough

Indicator	Quarter 4 Target	Quarter 4 Performance	DoT
SC05 – Percentage of missed collections put right within target	93%	95%	↑
There is continued good performance in this area with 3,480 of the 3,679 missed collections put right within the target. This is an improvement on last year (94%) and is better than target.			

Learning – to champion education and learning for all

Indicator	Quarter 4 Target	Quarter 4 Performance	DoT
LA1 – Number of apprentices recruited in the borough	460 (AY 2012/13)	643 (AY 2012/13)	↑
This indicator is reported by Academic Year, (August to July). The contract has been aligned with the financial year to provide more meaningful data and allow any late starters to be captured. The data in this report is for August 2012 to July 2013 (Q4).			

Indicator	Quarter 4 Target	Quarter 4 Performance	DoT
(ex) NI117 – Percentage of 16 to 19 year olds (school years 12-14) who are not in education, employment or training	4.9%	4.3%	↑
This indicator is within target tolerance and showing continued good performance, both in terms of NEET reduction and reducing the number of unknowns. This is a targeted service delivered by Prospects on behalf of the Local Authority.			

Towns and Communities – to provide economic, social and cultural opportunities

Indicator	Quarter 4 Target	Quarter 4 Performance	DoT
R2 – Net external funding (£) secured through regeneration initiatives	£1,000,000	£4,233,195	↑
This indicator is performing better than target and better than the same time last year. Funding has been secured for a number of projects, including both Rainham Hall (£1.5m) and Victoria Road and Baths Major schemes (£1.2m).			
R3 – Number of businesses accessing advice through regeneration initiatives	700	1,017	↑
This indicator is performing better than target (700) and better than the same time last year (847). Of the total number of businesses accessing advice in 2013/14 (1,017), the strongest performance was in Q4.			
H5 – Percentage of rent arrears against rent debit	2.5%	2.12%	↑
This indicator is performing better than target (2.5%) and the same time last year. The quarterly indicator provides a snapshot and uses estimated debit.			
DC4 – Percentage of appeals allowed against refusal of planning permission	30%	14%	↑
(ex) NI157a – Processing of major applications within 13 weeks (%)	60%	67%	↑
(ex) NI157c – Processing of other applications within 8 weeks (%)	80%	84%	↑
The percentage of appeals allowed against the refusal of planning permission (14%) is performing significantly better than target (30%), while the percentage of major (67%) and other (84%) applications is within target tolerance.			

Individuals – to value and enhance the lives of our residents

Indicator	Quarter 4 Target	Quarter 4 Performance	DoT
CY2 – Percentage of placements lasting at least 2 years	70%	79%	↑
While the England average has not exceeded 70% over the past 5 years, and statistical neighbours perform at approximately 67%, we are performing well and have exceeded our target for this indicator (outturns are provisional).			

Indicator	Quarter 4 Target	Quarter 4 Performance	DoT
L5 – Total number of Careline and Telecare users in the borough	4,000	4,424	↑
This indicator has exceeded target by 424 users and is also performing better than the same time last year (3,797 users).			
ASCOF 1C(ii) – Direct payments as a proportion of self-directed support (%)	15%	14.6%	↑
There has been a significant rise in the number of service users who receive their care via a Direct Payment, which has resulted in an improved performance. There will be a continued drive during 2014/15 to further increase this outturn.			
ASCOF 2C(ii) – Number of delayed transfers of care from hospital attributable to Adult Social Care (ASC) and health per 100,000 population	3	1.8	↑
Performance for this indicator is taken as a snapshot of delays as at the last Thursday of each month. Performance with this indicator has vastly improved.			
ASCOF 2C(iii) – Delayed transfers of care that are attributable to Adult Social Care only per 100,000 population	1	0.8	↑
As with the other two parts of this indicator, part 3 for the delayed transfers of care (which only measures delays attributable to Adult Social Care) has also significantly improved with only one delay on average per month.			
L3 – Percentage of people who, having undergone reablement, return to ASC 91 days after completing reablement and require an ongoing service	6%	5.9%	↑
The number of service users using reablement services has increased, however the percentage of service users that re-present has decreased ensuring that performance improved from 2012/13.			

Value – to deliver high customer satisfaction

Indicator	Quarter 4 Target	Quarter 4 Performance	DoT
CS10 – Percentage of Member/MP Enquiries completed within 10 days	90%	87%	↑
This indicator is within target tolerance for the quarter (87%) and is performing better than the same time last year (77%).			
ISS10 – Percentage of suppliers paid within 30 days of receipt by invoice	97%	96%	↑
This indicator is within target tolerance for the quarter. It is performing better than last year's quarterly outturn (94%).			
CS21 – Percentage customer satisfaction with the Contact Centre	85%	90%	↑
This indicator is performing better than target (85%) and the same time last year (88%). This is despite there being over three times more surveys completed over the course of the year.			
CS1 – Percentage of Council Tax collected	97%	97.14%	↑

Indicator	Quarter 4 Target	Quarter 4 Performance	DoT
This indicator has exceeded target (97%) and has also improved on the same time last year (96.98%).			
CS2 – Percentage of National Non-Domestic Rates (NNDR) collected	96.5%	97.42%	↑
Following the slight drop in collection in Q3 (due to significant increases to the gross debt and large increases in Rateable Value), this indicator has exceeded target and has also improved on last year (96.14%).			
CS3 – Speed of processing new Housing Benefit/Council Tax Benefit claims (days)	24 days	17 days	↑
The quarterly outturn for this indicator (17 days) has exceeded target (24 days) and has improved on the previous year (27 days).			
CS7 – Percentage of Corporate Complaints completed within 10 days	90%	70%	↑
While this indicator is not within target tolerance for the quarter (90%), it is performing better than last year (63%).			

Red Indicators

Environment - to ensure a clean, safe and green borough

Indicator	Quarter 4 Target	Quarter 4 Performance	DoT
SC07 – Total number of fly tip incidents	2,704	3,620	↓
While this indicator is performing worse than target, fly tip removal times remain on target at less than a day. Increased proactive monitoring has resulted in increased reporting in 2013/14.			
Corrective Action: Target amended for 2014/15 to reflect increased reporting.			

Individuals – to value and enhance the lives of our residents

Indicator	Quarter 4 Target	Quarter 4 Performance	DoT
CY13 – Percentage of Child Protection (CP) Plans lasting more than 24 months	4%	4.7%	↓
Outturns are provisional, however, we have just missed meeting target for this indicator (4%). Due to the small number of children, this indicator fluctuates significantly. In this particular instance, a legal delay outside of the Council's control affected the outturn.			
(ex) NI065 – Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time within 2 years	4%	5.8%	↓
Outturns are provisional, however, we have just missed meeting target for this indicator (4%). As with CY13, a small number of children can have a disproportionate impact on reported figures. National and statistical neighbours achieved approximately 5.5%.			

Indicator	Quarter 4 Target	Quarter 4 Performance	DoT
CY15 – Number of new in-house foster carers	10 teenagers 5 children	8	↓
This indicator is performing worse than target. This is partly due to the fact that recruiting foster carers for teenagers is much harder. Corrective Action: A recruitment campaign to target foster carers for teenagers will continue through 2014/15.			
ASCOF 1C(i) – Percentage of people using social care who receive self-directed support and those receiving direct payments	70%	47.7%	↓
Service users receiving self-directed care has increased, however this has been counteracted by a bigger increase in the number of service users receiving community based services. Corrective Action: The way that this indicator is measured is changing, which will have a positive impact on the outturn. There will also continue to be a push to promote the use of Self Directed Services.			

Value – to deliver high customer satisfaction

Indicator	Quarter 4 Target	Quarter 4 Performance	DoT
CI1 – Sickness absence rate per annum per employee (days)	7.6 days	10.5 days	↓
Sickness absence is worse than target (7.6 days) and worse than the previous year (7.7 days). Current figures show sickness absence decreasing in recent months. Corrective Action: HR are working with Heads of Service to address sickness and offer tailored support.			

The full Corporate Performance Report for Quarter 4 2013/14 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:

The oneSource HR Service will continue to work with line managers to ensure that sickness absence is being managed appropriately and efficiently across the Council. Targeted actions are being taken in Council services with the highest levels of sickness absence. Resilience Training is being made available to managers and staff by the oneSource Health & Safety Service and all managers are in the process of completing the Management Development Programme to develop the relevant skills.

Equalities implications and risks:

The following Corporate Performance Indicators rated as 'Red' could potentially have equality and social inclusion implications if performance does not improve:

- **CY13** – Percentage of Child Protection Plans lasting more than 24 months
- **(ex)NI065** – Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time within 2 years
- **CY15** – Number of new in-house foster carers
- **ASCOF 1C(i)** – Percentage of people using social care who receive self-directed support and those receiving direct payments

Should performance not improve, there will be a negative impact for people of different age groups. The commentary for each indicator provides further detail on steps that will be taken to improve performance.

BACKGROUND PAPERS

The Corporate Plan 2011-14 and 'Plan on a Page' 2013-14 are 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: Quarter 4 Corporate Performance Report 2013/14

Cabinet – 9th July 2014

Key

RAG Rating		Direction of Travel (DoT)	
Green	On or within 10% of the Quarter 4 Target ¹	↑	Performance is better than Quarter 4 2012/13
Amber	More than 10% off the Quarter 4 Target and where performance has <i>improved or been maintained</i> compared to Quarter 4 2012/13	→	Performance is the same as Quarter 4 2012/13
Red	More than 10% off the Quarter 4 Target and where performance has <i>not improved</i> compared to Quarter 4 2012/13	↓	Performance is worse than Quarter 4 2012/13

	Corporate Plan Indicator
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Environment - to ensure a clean, safe and green borough

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
SC01	Residual household waste (kg) per household	Smaller is Better	640kg	640kg	651.6kg	642.7kg	↓	Data is provided by East London Waste Authority (ELWA), which lags by 6-8 weeks. We are within target tolerance for this indicator but performance is worse than last year.	Streetcare
SC02	Percentage of household waste sent for reuse, recycling & composting	Bigger is Better	36%	36%	33% (32,614 of 98,331)	35% (34,014 of 98,435)	↓	Data is provided by East London Waste Authority (ELWA), which lags by 6-8 weeks. We are within target tolerance for this indicator but performance is worse than last year. Some reclassification of the recycling waste definition has had an impact on our ability to hit this target.	Streetcare

¹ With the exception of '% of NNDR collected' and '% of Council Tax collected' where the tolerance is 5%

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Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
SC05	Percentage of missed collections put right within target	Bigger is Better	93%	93%	95% (3,480 of 3,679)	94% (3,651 of 3,872)	↑	There is continued good performance in this area with 3,480 of the 3,679 missed collections (95%) put right within the target. This is an improvement on last year (94%) and 2% better than target.	Streetcare
SC07	Total number of fly tip incidents	Smaller is Better	2,704	2,704	3,620	2,842	↓	While this indicator is performing worse than target, fly tip removal times remain on target at less than a day. Increased proactive monitoring by waste has resulted in increased reporting in 2013/14. Corrective Action: Target amended for 2014/15 to reflect increased reporting.	Streetcare
SC04	Parking income against budget	N/A	£3,964,420	£3,964,420	£3,497,986	New indicator	N/A	As this is a new indicator there is no DoT. A RAG rating is also not appropriate for this indicator. Car parking income has dropped due to reduced take up. In addition, a reduction in parking charge notices (PCN) income is causing a target shortfall.	Streetcare

Learning - to champion education and learning for all

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
LA1	Number of apprentices (aged 16-18) recruited in the borough	Bigger is Better	460 (Q4) (AY 2012/13)	460 (Q4) (AY 2013/14)	643 (Q4) (AY 2013/14)	596 (Q4) (AY 2011/12)	↑	This indicator is reported by Academic Year, (August to July). The contract has been aligned with the financial year to provide more meaningful data and allow any late starters to be captured. The data in this report is for August 2012 to July 2013 (Q4).	Learning & Achievement

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
LA6	Percentage of Early Years providers (PVI settings and childminders only) judged Good or Outstanding by OFSTED	Bigger is Better	75% (AY 2012/13)	75% (AY 2013/14)	75% (AY 2013/14)	Methodology changed	N/A	This indicator has met target; however, as the methodology changed from last year there is no DoT. Maintained schools with nursery classes no longer receive separate Early Years ratings and the indicator now relates to Private, Voluntary and Independent nurseries and childminders.	Learning & Achievement
(ex) NI117	Percentage of 16 to 19 year olds (school years 12-14) who are not in education, employment or training	Smaller is Better	4.9%	4.9%	4.3% (Mar 2014)	4.6%	↑	This indicator is within target tolerance and showing continued good performance, both in terms of NEET reduction and reducing the number of unknowns. This is a targeted service delivered by Prospects on behalf of the Local Authority.	Learning & Achievement

Page 27 Towns and Communities - to provide economic, social and cultural opportunities in thriving towns and villages

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
CL2	Number of library visits (physical)	Bigger is Better	1,596,276	399,069	393,176	399,785	↓	The library has made a business decision to move to online services for reference materials this year. They have also purchased a number of online courses (which would have only been available in book form in previous years) and increased the online book offer. This has meant a slight reduction in physical visits but an increase in virtual visits.	Culture & Leisure
R2	Net external funding (£) secured through regeneration initiatives	Bigger is Better	£1,000,000	£1,000,000	£4,233,195	£3,602,600	↑	This indicator is performing better than target and better than this time last year. Funding has been secured for a number of projects, including both Rainham Hall (£1.5m) and Victoria Road and Baths Major schemes (£1.2m).	Economic Development

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
R3	Number of businesses accessing advice through regeneration initiatives	Bigger is Better	700	700	1,017	847	↑	This indicator is performing better than target (700) and better than the same time last year (847). Of the total number of businesses accessing advice in 2013/14 (1,017), the strongest performance was in Q4 (340).	Economic Development
DC4	Percentage of appeals allowed against refusal of planning permission	Smaller is Better	30%	30%	14% (2 of 14)	19% (4 of 21)	↑	Performance (14%) is better than target (30%) and better than the previous year (19%). Data has been retrospectively cleansed for the last two financial years.	Regulatory Services
(ex) NI157a	Processing of major applications within 13 weeks (%)	Bigger is Better	60%	60%	67% (6 of 9)	63% (5 of 8)	↑	Performance (67%) has exceeded target (60%) and is better than the previous year (63%). Data has been retrospectively cleansed for the last two financial years.	Regulatory Services
(ex) NI157c	Processing of other applications within 8 weeks (%)	Bigger is Better	80%	80%	84% (268 of 320)	49% (109 of 223)	↑	Performance (84%) has exceeded target (80%) and is better than the previous year (49%). Data has been retrospectively cleansed for the last two financial years.	Regulatory Services
H1	Percentage of Leaseholder Service charge arrears collected (excluding major works)	Bigger is Better	93%	93%	96.8%	New indicator	N/A	This indicator is performing almost 4% better than target. This is significant as the leaseholder picks up some of the costs of repairs to properties. As it is a new indicator there is no DoT, however, we can provide a RAG rating as it exceeds the target.	Homes & Housing

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
H2	Percentage of repairs completed on time (including services contractors)	Bigger is Better	90%	90%	99.4% (660 of 664)	New indicator	N/A	This indicator has exceeded target; however, we are reviewing the way it is reported for 2014/15. This is because late repairs are not captured within the quarterly outturns but are captured within the overall annual outturn. As it is a new indicator there is no DoT, however, we can provide a RAG rating as it exceeds target.	Homes & Housing
H4	Number of homes made decent	Bigger is Better	2,224	1,077	1,078	New indicator	N/A	This indicator is performing better than both Q4 and annual targets. While it is a new indicator, we are able to provide a RAG rating as it exceeds the target. There is no DoT, however, comparing against 2012/13.	Homes & Housing
H5	Percentage of rent arrears against rent debit	Smaller is Better	2.5%	2.5%	2.12% (£1,131,042 of £53,297,735)	2.18%	↑	This indicator is performing better than target (2.5%) and better than last year (2.18%). The quarterly outturn provides a snapshot and uses estimated debit while the annual outturn uses actual debit.	Homes & Housing
(ex) NI157b	Processing of minor applications within 8 weeks (%)	Bigger is Better	65%	65%	45% (49 of 109)	43% (34 of 79)	↑	Performance (45%) is worse than target (65%) but better than the previous year (43%). Data retrospectively cleansed for the last two financial years following a review of how applications are coded. Corrective Action: Additional resourcing has been engaged and an Action Plan devised to improve decision making.	Regulatory Services
H3	Average void to re-let times	Smaller is Better	22 days	22 days	27 days	New indicator	N/A	This indicator is a new indicator so there is no DoT. As it is performing worse than target there is also no RAG rating available. The empty properties created have tended to be larger units, been occupied for longer periods and required capital works. A change in contract has also been disruptive.	Homes & Housing

Individuals - to value and enhance the lives of our residents

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
CY2	Percentage of looked after children (LAC) placements lasting at least 2 years	Bigger is Better	70%	70%	79% (38 of 48)	62%	↑	Outturns are provisional, however, initial data shows that we have exceeded our target. While the England average has not exceeded 70% over the past 5 years, our statistical neighbours perform at approximately 67%.	Children's Services
13	Percentage of children who wait less than 20 months between entering care and moving in with their adopting family	Bigger is Better	55%	55%	52% (12 of 23)	New indicator	N/A	Outturns are provisional, however, we are within target tolerance (52%) for this indicator. While it is a new indicator, we are able to provide a RAG rating as it is within target tolerance.	Children's Services
L5	Total number of Careline and Telecare users in the borough	Bigger is Better	4,000	4,000	4,424	3,797	↑	This indicator has exceeded the annual target by 424 users and is also performing better than the same time last year (3,797 users).	Homes & Housing
PH1	Chlamydia diagnoses (quarterly, but with a time lag of up to two quarters)	Bigger is Better	475 positive cases	475 positive cases	465 positive cases	New indicator	N/A	This indicator is performing within target tolerance (with 465 positive cases in 2013/14). While it is a new indicator, we are able to provide a RAG rating as it is within target tolerance.	Public Health
ASCOF 1C(ii)	Direct payments as a proportion of self-directed support (%)	Bigger is Better	15%	15%	14.6%	10.1%	↑	There has been a significant rise in the number of service users who receive their care via a Direct Payment, which has resulted in a better performance this year. There will be a continued drive during 2014/15 to further increase this outturn.	Adult's Services

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
ASCOF 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	1.8	3.2	↑	Performance for this measure is taken as a snapshot of delays as at the last Thursday of each month. Performance with this indicator has vastly improved.	Adults Services
ASCOF 2C(iii)	Delayed transfers of care that are attributable to Adult Social Care (ASC) only per 100,000 population	Smaller is Better	1	1	0.8	New indicator	N/A	As with the other two parts of this indicator, part 3 for DTOC (which only measures delays attributable to Adult Social Care) has also significantly improved with only 1 delay on average per month. While it is a new indicator, we are able to provide a RAG rating as it has exceeded target.	Adults Services
L3	Percentage of people who, having undergone reablement, return to ASC 91 days after completing reablement and require an ongoing service	Smaller is Better	6%	6%	5.9%	6.9%	↑	The number of service users using reablement services has increased; however the percentage of service users that re-present has decreased ensuring that performance improved from 2012/13.	Adults Services
CY13	Percentage of Child Protection (CP) Plans lasting more than 24 months	Smaller is Better	4%	4%	4.7% (6 of 129)	4.1%	↓	Outturns are provisional, however, initial data shows that we have just missed our target. Due to the small number of children, this indicator fluctuates significantly. In this particular instance, a legal delay outside of our control affected the outturn.	Children's Services
(ex) NI065	Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time within 2 years	Smaller is Better	4%	4%	5.8% (10 of 171)	0%	↓	Outturns are provisional; however, initial data shows that we have missed our target. As with CY13, a small number of children can have a disproportionate impact on reported figures. National and statistical neighbours achieved approx 5.5%.	Children's Services

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
CY15	Number of new in-house foster carers	Bigger is Better	10 teenagers 5 children	10 teenagers 5 children	8	16	↓	<p>Outturns are provisional, however, this indicator is performing worse than target and worse than the previous year. This is partly due to the fact that recruiting foster carers for teenagers is much harder.</p> <p>Corrective Action: A recruitment campaign to target foster carers for teenagers is currently underway.</p>	Children's Services
ASCOF 1C(i)	Percentage of people using social care who receive self-directed support and those receiving direct payments	Bigger is Better	70%	70%	47.7%	48.4%	↓	<p>The number of service users that have received self-directed care has increased; however this has been counteracted by a bigger increase in the number of service users receiving community based services. This indicator has also been adversely affected as the number of service users that have received equipment and reablement services has increased in the year.</p> <p>Corrective Action: The way that this indicator is measured for 2014/15 is changing and this will have a positive impact on the outturn. There will continue to be a push within Adult Social Care to promote the use of Self Directed Services</p>	Adults Services

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

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
CS8	Percentage of Corporate Complaints escalated to Stage 2	Smaller is Better	10%	10%	6.6%	New indicator	N/A	<p>This indicator is performing better than target. While it is a new indicator, we are able to provide a RAG rating as it exceeds the target. There is no DoT, however, comparing against 2012/13.</p>	Corporate Health

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
CS10	Percentage of Member/MP Enquiries completed within 10 days	Bigger is Better	90%	90%	87%	77%	↑	This indicator has a target of 90% and so the outturn is within target tolerance for the quarter (87%) and is better than last year.	Corporate Health
ISS10	Percentage of suppliers paid within 30 days of receipt, by Transactional Team, by invoice	Bigger is Better	97%	97%	96% (24,029 of 24,992)	94% (25,729 of 27,276)	↑	This indicator is within target tolerance for the quarter and the year (96%). It is performing better than last year's quarterly outturn (94%), however, is performing worse than the overall annual outturn (97%). Of the 93,767 invoices received in 2013/14, 89,860 invoices were processed within 30 days.	Corporate Health
CS21	Percentage of customers satisfied with the Contact Centre	Bigger is Better	85%	85%	90% (6,082 surveys)	88% (2,339 surveys)	↑	This indicator is performing better than target (85%). It is also performing better than the same time last year (88%). This is despite there being over three times more surveys completed over the course of the year.	Customer Services
CS1	Percentage of Council Tax collected	Bigger is Better	97% (£118.3m)	97% (£118.3m)	97.14% (£118.5m)	96.98% (£115.3m)	↑	This indicator has exceeded target (97%) and has also improved on last year's outturn (96.98%).	Exchequer Services
CS2	Percentage of National Non-Domestic Rates collected	Bigger is Better	96.5% (£72.3m)	96.5% (£72.3m)	97.42% (£73.0m)	96.14% (£68.9m)	↑	Following the slight drop in collection in Q3 (due to significant increases to the gross debt and large increases in Rateable Value), this indicator has exceeded target and has also improved on last year.	Exchequer Services

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
CS3	Speed of processing new Housing Benefit/Council Tax Benefit claims (days)	Smaller is Better	24 days	24 days	17 days	27 days	↑	The quarterly outturn for this indicator (17 days) has exceeded the quarterly target (24 days) and is better than the same time last year (27 days).	Exchequer Services
CS4	Speed of processing changes in circumstances of Housing Benefit/Council Tax Benefit claimants (days)	Smaller is Better	18 days	18 days	4 days	4 days	→	The quarterly outturn for this indicator (4 days) has exceeded the quarterly target (18 days) and is the same as the previous year.	Exchequer Services
CS7	Percentage of Corporate Complaints completed within 10 days	Bigger is Better	90%	90%	70%	63%	↑	While this indicator is not within target tolerance for the quarter (90%), it is performing better than last year (63%).	Corporate Health
CI1	Sickness absence rate per annum per employee (days)	Smaller is Better	7.6 days	7.6 days	10.5 days	7.7 days	↓	Sickness absence is worse than target (7.6 days) and the same time last year (7.7 days). Current figures show sickness absence decreasing in recent months. Corrective Action: HR are working with Heads of Service to address sickness in their area and offer tailored support.	Corporate Health
TBC	Percentage of queries resolved at first point of contact	Bigger is Better	Not available	Not available	Not available	New indicator	N/A	This indicator was due to replace the "Percentage of avoidable contact" performance indicator this year, however, we are still awaiting changes to the technology to enable us to collect the data and report an outturn.	Customer Services

Partnership Indicators *(the Council is not solely responsible for the target and/or performance)*

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
CSP1	The number of burglaries reported	Smaller is Better	2,580	2,580	2,396	2,753	↑	This indicator has exceeded target. There has been a reduction in burglaries in Havering (almost 13%) in 2013/14 compared to the previous year.	Corporate Policy & Community
CSP2	The number of anti-social behaviour (ASB) incidents reported	Smaller is Better	8,451	8,451	6,748	Met Police methodology changed	N/A	ASB incidents reported to the Metropolitan Police in Havering have reduced in 2013/14 and we are performing better than target. As the Met Police methodology changed, there is no DoT against 2012/13.	Corporate Policy & Community
PH2	Participation in National Child Measurement Programme (NCMP)	Bigger is Better	85%	85%	94.5% (Reception) 93% (Year 6)	94.5% (Reception) 93% (Year 6)	→	The NCMP is a surveillance system tracking the weight of children at two key stages. Performance is significantly higher than target and is the same as the previous year. The proposed target, set by the Department for Health, has been retained for 2014/15.	Public Health
PH3	Percentage of eligible patients offered an NHS Health Check	Bigger is Better	16.5%	16.5%	20.8% (14,240)	9.4% (6,529)	↑	Performance (20.8%) is significantly better than target (16.5%) and much higher than the previous year (9.4%). This means 14,240 patients have been offered an NHS Health Check this year (7,711 more than in 2012/13).	Public Health

Ref.	Indicator	Value	2013/14 Annual Target	2013/14 Quarter 4 Target	2013/14 Quarter 4 Performance	2012/13 Quarter 4 Performance	DOT	Comments	Service
	Percentage of eligible patients receiving an NHS Health Check	Bigger is Better	49%	49%	46.8% (6,396)	47% (4,780)	↓	Performance (46.8%) is within target tolerance (49%) and only slightly worse than the previous year (47%). Despite this (due to population changes) 6,396 patients have been offered an NHS Health Check this year (1,616 more than in 2012/13).	Public Health
(ex) NI112	Teenage pregnancies per 1,000 population (< 18 year old girls)	Smaller is Better	35	35	26.4 (Q3 2012/13)	28 (Q3 2011/12)	↑	ONS releases conception statistics 14 months after the period to which they relate. The most recent figures available are for Q3 (2012/13).	Public Health
ASCOF 2C(i)	Overall number of delayed transfers of care from hospital per 100,000 population	Smaller is Better	7	7	5.3	10.5	↑	Performance for this National Measure is taken as a snapshot of delays as at the last Thursday of each month. Performance for part 1 of this indicator has improved significantly throughout 2013-14 with an average of less than 10 delays per month.	Adult Services

CABINET

30 July 2014

Subject Heading:

**CORPORATE PERFORMANCE REPORT
ANNUAL 2013/14**

Cabinet Member:

Councillor Roger Ramsey

CMT Lead:

Cynthia Griffin

Report Author and contact details:

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Community Manager
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Policy context:

The report sets out the Council's
performance against the Corporate
Performance Indicators for 2013/14.

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 at the end of each
quarter.

Reviewing OSC:

Value, Towns and Communities,
Individuals, Environment, Children and
Learning, Adult

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 2013/14 (April 2013 to March 2014), against the five Living Ambition Goals of the Corporate Plan:

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

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 10% off the 2013/14 annual target and where performance has *not improved* compared to 2012/13¹
- **Amber** = More than 10% off the 2013/14 annual target and where performance has *improved or been maintained* compared to 2012/13
- **Green** = On or within 10% of the 2013/14 annual target

Where 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 in the report is a Direction of Travel (DoT) column which compares the annual performance in 2013/14 with the annual performance in 2012/13. A green arrow (↑) signifies performance is better and a red arrow (↓) signifies performance is worse. A black arrow (→) signifies that performance is the same.

Annual 2013/14 - Performance Summary

68 Corporate Performance Indicators are measured annually and 63 of these have been given a RAG status this year. In summary:

- **51 of 63** (81%) indicators are rated as **Green**
- **1 of 63** (2%) indicators are rated as **Amber**
- **11 of 63** (17%) indicators are rated as **Red**

RECOMMENDATIONS

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

¹ With the exception of 'Percentage of National Non-Domestic Rates (NNDR) collected' and 'Percentage of council tax collected' where the tolerance is 5%

REPORT DETAIL

Highlighted below is a summary of the Corporate Performance Indicators for 2013/14, where performance is RAG rated as **Green** or **Amber** and shows an improvement on the previous year (2012/13); and where performance is RAG rated as **Red**. For these few indicators (Red), corrective action is taking place to improve performance.

Green or Amber and showing better performance than Annual 2012/13

Environment - to ensure a clean, safe and green borough

Indicator	Annual Target	Annual Performance	DoT
SC05 – Percentage of missed collections put right within target	93%	95%	↑
There is continued good performance in this area with 3,480 of the 3,679 missed collections put right within the target. This is an improvement on last year (94%) and is better than target.			
SC08 – Percentage of residents who feel local streets are clean and tidy	74%	75%	↑
Of the 7,252 responses to the 2013 Your Council Your Say survey, 75% of residents felt that local streets were clean and tidy. This is above target and a 1 percentage point improvement on last year.			

Learning – to champion education and learning for all

Indicator	Annual Target	Annual Performance	DoT
LA1 – Number of apprentices recruited in the borough	460 (AY 2012/13)	643 (AY 2012/13)	↑
This indicator is reported by Academic Year, (August to July). The contract has been aligned with the financial year to provide more meaningful data and allow any late starters to be captured. The data in this report is for August 2012 to July 2013.			
LA5 – Percentage of 3 and 4 year olds who have access to an early education entitlement place if their parents wish	90% (AY 2012/13)	101% (AY 2012/13)	↑
This figure is provided by DfE and calculated using estimated population. According to DfE's benchmarking figure, we have exceeded 100%. This is not uncommon and the DfE have provided a technical note (the implication of this is that take up percentages are likely to be overestimated and could well exceed 100%).			
(ex) NI075 – Percentage of pupils who achieve 5 or more A*-C grades at GCSE at KS4	68% (AY 2012/13)	64% (AY 2012/13)	↑
This indicator is within target tolerance (63.7%) and is performing better than the same time last year (61%).			

Indicator	Annual Target	Annual Performance	DoT
(ex) NI117 – Percentage of 16 to 19 year olds (school years 12-14) who are not in education, employment or training	4.9%	4.1%	↑
This indicator is within target tolerance and showing continued good performance, both in terms of NEET reduction and reducing the number of unknowns. This is a targeted service delivered by Prospects on behalf of the Local Authority.			

Towns and Communities – to provide economic, social and cultural opportunities

Indicator	Annual Target	Annual Performance	DoT
Survey – Percentage of residents who feel their local park is clean and tidy	73%	84%	↑
This question was included in the Your Council Your Say Survey (2013) and achieved 84%. The question was also included in the Spring Clean Survey (2012) and achieved 73%.			
R2 – Net external funding (£) secured through regeneration initiatives	£1,000,000	£4,233,195	↑
This indicator is performing better than target and better than this time last year. Funding has been secured for a number of projects, including both Rainham Hall (£1.5m) and Victoria Road and Baths Major schemes (£1.2m).			
R3 – Number of businesses accessing advice through regeneration initiatives	700	1,017	↑
This indicator is performing better than target (700) and better than the same time last year (847). Of the total number of businesses accessing advice in 2013/14 (1,017), the strongest performance was in Q4 (340).			
(ex) NI157a – Processing of major applications within 13 weeks (%)	60%	62%	↑
Performance (62%) has exceeded target (60%) and is better than the previous year (61%). Data has been retrospectively cleansed for the last two financial years.			
H5 – Percentage of rent arrears against rent debit	2.5%	2.14%	↑
This indicator is performing better than target. The annual outturn uses actual debit while the quarterly outturn provides a snapshot and uses estimated debit. This explains the slight change between the Q4 (2.12%) and annual (2.14%) outturns.			

Individuals – to value and enhance the lives of our residents

Indicator	Annual Target	Annual Performance	DoT
CY2 – Percentage of Looked After Children (LAC) placements lasting at least 2 years	70%	79%	↑
While the England average has not exceeded 70% over the past 5 years, and statistical neighbours perform at approximately 67%, we have exceeded our target (outturns are provisional).			
L5 – Total number of Careline and Telecare users in the borough	4,000	4,424	↑
This indicator has exceeded the annual target by 424 users and is also performing better than the same time last year (3,797 users).			
ASCOF 1C(ii) – Direct payments as a proportion of self-directed support (%)	15%	15%	↑
There has been a significant rise in the number of service users who receive their care via a Direct Payment which has resulted in this indicator performing better. There will be a continued drive during 2014/15 to further increase this outturn.			
ASCOF 2C(ii) – Number of delayed transfers of care from hospital attributable to Adult Social Care (ASC) and health per 100,000 population	3	1.8	↑
Performance for this measure is taken as a snapshot of delays as at the last Thursday of each month. Performance with this indicator has vastly improved.			
L3 – Percentage of people who, having undergone reablement, return to ASC 91 days after completing reablement and require an ongoing service	6%	6%	↑
The number of service users using reablement services has increased, however the percentage of service users that re-present has decreased ensuring that performance improved from 2012/13.			

Value – to deliver high customer satisfaction

Indicator	Annual Target	Annual Performance	DoT
CS10 – Percentage of Member/MP enquiries completed within 10 days	90%	83%	↑
This indicator is within target tolerance for the year (90%). It is also performing better than last year (81%).			
CS21 – Percentage customer satisfaction with the Contact Centre	85%	89%	↑
This indicator is performing better than target. It is also performing better than the same time last year. This is despite there being over three times more surveys (15,557) completed.			
CS1 – Percentage of Council Tax collected	97.0%	97.1%	↑

Indicator	Annual Target	Annual Performance	DoT
This indicator has exceeded target and has also improved on last year (96.98%).			
CS2 – Percentage of NNDR collected	96.5%	97.4%	↑
Following the slight drop in collection in Q3 (due to significant increases to the gross debt and large increases in Rateable Value), this indicator has exceeded target and has also improved on last year (96.1%).			
CS3 – Speed of processing new Housing Benefit/Council Tax Benefit claims (days)	24 days	26 days	↑
The speed of processing new claims is within target tolerance (24 days) and has improved on last year's outturn (30 days).			
CS4 – Speed of processing changes in circumstances of Housing Benefit/Council Tax Benefit claimants (days)	18 days	12 days	↑
The annual outturn (12 days) has exceeded the annual target (18 days) and is significantly better than the previous year's outturn (21 days).			
CS7 – Percentage of Corporate Complaints completed within 10 days	90%	73%	↑
While this indicator is not within target tolerance for the year (90%), it is performing better than last year (68%).			

Red and showing worse performance than Quarter 4 2012/13

Environment - to ensure a clean, safe and green borough

Indicator	Annual Target	Annual Performance	DoT
SC06 – Number of people killed and seriously injured on roads (per 100,000)	65 (2012)	78 (2012)	↓
There is a time lag for this indicator as outturns are collected by the police and published by the Department for Transport (DfT). Performance is worse than target and last year.			
SC07 – Total number of fly tip incidents	2,704	3,620	↓
While this indicator is performing worse than target, fly tip removal times remain in target at less than a day. Increased proactive monitoring by waste has resulted in increased reporting.			
Corrective Action: Target amended for 2014/15 to reflect increased reporting.			

Learning – to champion education and learning for all

Indicator	Annual Target	Annual Performance	DoT
LA9 – Schools below the floor standard where fewer than 60% of pupils achieve Level 4 or above in Reading, Writing and Maths at KS2	0 of 49 (AY 2012/13)	1 of 49 (AY 2012/13)	↓
<p>This is reported by Academic Year, which runs from August to July. Performance is worse than target and last year with one school (Brookside Junior) performing below the floor standard.</p> <p>Corrective Action: Delegation from Brookside Junior has been withdrawn and an interim Senior Management Board implemented. This will cease upon the school's conversion to an Academy.</p>			

Towns and Communities – to provide economic, social and cultural opportunities

Indicator	Annual Target	Annual Performance	DoT
(ex) NI157b – Processing of minor applications within 8 weeks (%)	65%	36%	↓
(ex) NI157c – Processing of other applications within 8 weeks (%)	80%	64%	↓
<p>Performance for minor applications (36%) is worse than target (65%) and worse than the previous year (60%). Similarly, performance for other applications (64%) is worse than target (80%) and worse than the previous year (77%).</p> <p>Corrective Action: Additional resourcing engaged and an Action Plan devised to improve decision making.</p>			
L6 – Number of extra care housing units	306	0	↓
<p>The future of extra care housing in the borough is subject to the review of the Dreywood Court development and localised research into the needs of older people. This approach has been led by Members to ensure future provision meets the needs of local older people.</p>			

Individuals – to value and enhance the lives of our residents

Indicator	Annual Target	Annual Performance	DoT
CY13 – Percentage of Child Protection (CP) Plans lasting more than 24 months	4%	4.7%	↓
<p>Outturns are provisional, however, we have just missed our target. Due to the small number of children, this indicator fluctuates significantly. In this particular instance, a legal delay outside of our control affected the outturn.</p>			
(ex) NI065 – Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time within 2 years	4%	5.8%	↓
<p>Outturns are provisional, however, we have missed our target. As with CY13, a small number of children can have a disproportionate impact on reported figures. National and statistical neighbours achieved approximately 5.5%.</p>			
CY15 – Number of new in-house foster carers	10 teenagers 5 children	8	↓

Indicator	Annual Target	Annual Performance	DoT
This indicator is performing worse than target and worse than the previous year. This is partly due to the fact that recruiting foster carers for teenagers is much harder. Corrective Action: A recruitment campaign to target foster carers for teenagers will continue through 2014/15.			
ASCOF 1C(i) – Percentage of people using social care who receive self-directed support and those receiving direct payments	70%	48%	↓
The number of service users that have received self-directed care has increased, however this has been counteracted by a bigger increase in the number of service users receiving community based services. Corrective Action: The way that this indicator is measured is changing, which will have a positive impact on the outturn. There will also continue to be a push to promote the use of Self Directed Services.			

Value – to deliver high customer satisfaction

Indicator	Annual Target	Annual Performance	DoT
C11 – Sickness absence rate per annum per employee (days)	7.6 days	10.5 days	↓
Sickness absence is worse than target (7.6 days) and the same time last year (7.7 days). Current figures show sickness absence decreasing in recent months. Corrective Action: HR are working with Heads of Service to address sickness and offer tailored support.			

The full Corporate Performance Report for Annual 2013/14 is attached as **Appendix 1**.

REASONS AND OPTIONS

Reasons for the decision: To provide Cabinet Members with an annual 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:

The oneSource HR Service will continue to work with line managers to ensure that sickness absence is being managed appropriately and efficiently across the Council. Targeted actions are being taken in Council services with the highest levels of sickness absence. Resilience Training is being made available to managers and staff by the oneSource Health & Safety Service and all managers are in the process of completing the Management Development Programme to develop the relevant skills.

Equalities implications and risks:

The following Corporate Performance Indicators rated as 'Red' could potentially have equality and social inclusion implications if performance does not improve:

- **LA9** – Schools below the floor standard where fewer than 60% of pupils achieve Level 4 or above in Reading, Writing and Maths at KS2
- **L6** – Number of extra care housing units in the borough
- **CY13** – Percentage of Child Protection Plans lasting more than 24 months
- **(ex)NI065** – Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time within 2 years
- **CY15** – Number of new in-house foster carers
- **ASCOF 1C(i)** – Percentage of people using social care who receive self-directed support and those receiving direct payments

Should performance not improve, there will be a negative impact for people of different age groups. The commentary for each indicator provides further detail on steps that will be taken to improve performance.

BACKGROUND PAPERS

The Corporate Plan 2011-14 and 'Plan on a Page' 2013-14 are 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>

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Appendix 1: Annual Corporate Performance Report 2013/14

Cabinet – 9th July 2014

Key

RAG Rating		Direction of Travel (DoT)	
Green	On or within 10% of the 2013/14 annual target ¹	↑	The annual performance in 2013/14 is better than the annual performance in 2012/13
Amber	More than 10% off the 2013/14 annual target and where performance has <i>improved or been maintained</i> compared to 2012/13	→	The annual performance in 2013/14 is the same as the annual performance in 2012/13
Red	More than 10% off the 2013/14 annual target and where performance has <i>not improved</i> compared to 2012/13	↓	The annual performance in 2013/14 is worse than the annual performance in 2012/13

	Corporate Plan Indicator
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Environment - to ensure a clean, safe and green borough

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
SC01	Residual household waste (kg) per household	Smaller is Better	640kg	640kg	651.6kg	642.7kg	↓	Data is provided by East London Waste Authority (ELWA), which lags by 6-8 weeks. We are within target tolerance but performing worse than last year.	Streetcare
SC02	Percentage of household waste sent for reuse, recycling & composting	Bigger is Better	36%	36%	33% (32,614 of 98,331)	35% (34,014 of 98,435)	↓	Data is provided by ELWA, which lags by 6-8 weeks. We are within target tolerance but performing worse than the same time last year. Some reclassification of the recycling waste definition has had an impact on our ability to hit this target.	Streetcare

¹ With the exception of '% of NNDR collected' and '% of Council Tax collected' where the tolerance is 5%

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
SC05	Percentage of missed collections put right within target	Bigger is Better	93%	93%	95% (3,480 of 3,679)	94% (3,651 of 3,872)	↑	There is continued good performance in this area with 3,480 of the 3,679 missed collections (95%) put right within the target. This is an improvement on last year (94%) and 2% better than target.	Streetcare
SC08	Percentage of residents who feel local streets are clean and tidy	Bigger is Better	78%	74%	75% (7,252 surveys)	74% (7,549 surveys)	↑	Of the 7,252 responses to the 2013 "Your Council Your Say" survey, 75% of residents felt that local streets were clean and tidy. This is above target and a 1 percentage point improvement on last year.	Streetcare
SC06	Number of people killed and seriously injured on roads (per 100,000)	Smaller is Better	75 (2013)	65 (2012)	78 (2012)	74 (2011)	↓	There is a time lag for this indicator as outturns are collected by the police and published by the Department for Transport (DfT). Performance is worse than target and also worse than this time last year. The data for 2013 will be available from TFL in September 2014.	Streetcare
SC07	Total number of fly tip incidents	Smaller is Better	3,500	2,704	3,620	2,842	↓	While this indicator is performing worse than target, fly tip removal times remain in target at less than a day. Increased proactive monitoring by waste has resulted in increased reporting. Corrective Action: Target amended for 2014/15 to reflect increased reporting.	Streetcare
R8	Greenhouse gas emissions from Local Authority estate and operations	Bigger is Better	29,051 tonnes	29,345 tonnes	Not available	28,963 tonnes	N/A	This is an annual indicator, but the outturn will not be available until August. It will therefore be included in the Quarter 1 or Quarter 2 report.	Corporate Policy & Community

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
SC04	Parking income against budget	N/A	£3,964,420	£3,964,420	£3,497,986	New indicator	N/A	As this is a new indicator there is no DoT. A RAG rating is also not appropriate for this indicator. Car parking income has dropped due to reduced take up. In addition, a reduction in parking charge notices (PCN) income is causing a target shortfall.	Streetcare

Learning - to champion education and learning for all

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
LA1	Number of apprentices (aged 16-18) recruited in the borough	Bigger is Better	600 (Q4) (AY 2013/14)	460 (Q4) (AY 2012/13)	643 (Q4) (AY 2012/13)	596 (Q4) (AY 2011/12)	↑	This indicator is reported by Academic Year, (August to July). The contract has been aligned with the financial year to provide more meaningful data and allow any late starters to be captured. The data in this report is for August 2012 to July 2013.	Learning & Achievement
LA5	Percentage of 3 and 4 year olds who have access to an early education entitlement place if their parents wish	Bigger is Better	96% (AY 2013/14)	90% (AY 2012/13)	101% (AY 2012/13)	96% (AY 2011/12)	↑	This figure is provided by DfE and calculated using estimated population. According to DfE's benchmarking figure, we have exceeded 100%. This is not uncommon and the DfE have provided a technical note (the implication of this is that take up percentages are likely to be overestimated and could well exceed 100%).	Learning & Achievement
LA6	Percentage of Early Years providers (PVI settings and childminders only) judged Good or Outstanding by OFSTED	Bigger is Better	75% (AY 2013/14)	75% (AY 2012/13)	75% (AY 2012/13)	Methodology changed	N/A	This indicator has met target, however, as the methodology changed there is no DoT. Maintained schools with nursery classes no longer receive separate Early Years ratings and the indicator now relates to Private, Voluntary and Independent (PVI) nursery settings and childminders.	Learning & Achievement

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
LA10	Number of schools below the floor standard where fewer than 40% of pupils achieve 5 or more A*-C grade at KS4	Smaller is Better	0 of 18 (AY 2013/14)	0 of 18 (AY 2012/13)	0 of 18 (AY 2012/13)	0 of 18 (AY 2011/12)	→	This indicator is reported by Academic Year (August to July). Performance has met target (with 0 of 18 schools below the floor standard) and we have maintained our performance from last year.	Learning & Achievement
(ex) NI075	Percentage of pupils who achieve 5 or more A*-C grades at GCSE at KS4	Bigger is Better	66% (AY 2013/14)	68% (AY 2012/13)	64% (AY 2012/13)	61% (AY 2011/12)	↑	The outturn for this indicator (64%) is within tolerance for the target (68%) and is performing better than the same time last year (61%).	Learning & Achievement
LA25	People of working-age qualified to at least Level 2 (% of working age population)	Bigger is Better	Deleted	65% (Jan 2013)	61.1% (Jan 2013)	65.7% (Jan 2012)	↓	This indicator is sourced from NOMIS (via an ONS annual population survey) and is released each April with provisional figures for the previous calendar year. We have no control over which residents are surveyed, or which residents attend Higher Education to increase their qualifications.	Learning & Achievement
(ex) NI117	Percentage of 16 to 19 year olds (school years 12-14) who are not in education, employment or training	Smaller is Better	4.0%	4.9%	4.1% (Jan-Mar 2014)	4.6%	↑	This indicator is within target tolerance and showing continued good performance, both in terms of NEET reduction and reducing the number of unknowns. This is a targeted service delivered by Prospects on behalf of the Local Authority.	Learning & Achievement
LA9	Schools below the floor standard where fewer than 60% of pupils achieve Level 4 or above in Reading, Writing and Maths at KS2	Smaller is Better	0 of 49 (AY 2013/14)	0 of 49 (AY 2012/13)	1 of 49 (AY 2012/13)	0 of 49 (AY 2011/12)	↓	This indicator is reported by Academic Year, which runs from August to July. Performance is worse than target and last year with one school (Brookside Junior) performing below the floor standard. Corrective Action: The local authority has withdrawn delegation from Brookside Junior and implemented an interim Senior Management Board. This will cease upon the school's conversion to an Academy.	Learning & Achievement

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

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
Survey	Percentage of residents who feel their local park is clean and tidy	Bigger is Better	84%	73%	84% (7,252 surveys)	73% (7,549 surveys)	↑	This question was included in the Your Council Your Say Survey (2013) and achieved 84%. The question was also included in the Spring Clean Survey (2012) and achieved 73%.	Culture & Leisure
Survey	Percentage of residents' satisfaction with the area as a place to live	Bigger is Better	76%	78%	76% (7,252 surveys)	Not available	N/A	This question was included in the Your Council Your Say Survey (2013) and achieved 76%. It was not included in the Spring Clean Survey (2012) but achieved 75% in the Your Council Your Say Survey (2011).	Corporate Policy & Community
Survey	Percentage of residents who feel that people get on well together in their neighbourhood	Bigger is Better	66%	73%	66% (7,252 surveys)	Not available	N/A	This question was included in the Your Council Your Say Survey (2013) and achieved 66%. It was not included in the Spring Clean Survey (2012) but achieved 66% in the Your Council Your Say Survey (2011).	Corporate Policy & Community
Survey	Percentage of residents' satisfaction with library services	Bigger is Better	81%	83.5%	75% (7,252 surveys)	Not available	N/A	This question was included in the Your Council Your Say Survey (2013) and achieved 75%. It was not included in the Spring Clean Survey (2012) but achieved 82% in the Your Council Your Say Survey (2011).	Culture & Leisure
CL2	Number of library visits (physical)	Bigger is Better	1,600,000	1,596,276	1,674,688	1,718,881	↓	The library has made a business decision to move to on line services for reference materials this year. They have also purchased a number of online courses (which would have only been available in book form in previous years) and increased the online book offer. This has meant a slight reduction in physical visits but an increase in virtual visits.	Culture & Leisure

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
R2	Net external funding (£) secured through regeneration initiatives	Bigger is Better	£2,000,000	£1,000,000	£4,233,195	£3,602,600	↑	This indicator is performing better than target and better than this time last year. Funding has been secured for a number of projects, including both Rainham Hall (£1.5m) and Victoria Road and Baths Major schemes (£1.2m).	Economic Development
R3	Number of businesses accessing advice through regeneration initiatives	Bigger is Better	700	700	1,017	847	↑	This indicator is performing better than target (700) and better than the same time last year (847). Of the total number of businesses accessing advice in 2013/14 (1,017), the strongest performance was in Q4 (340).	Economic Development
DC4	Percentage of appeals allowed against refusal of planning permission	Smaller is Better	30%	30%	25% (18 of 72)	23% (19 of 82)	↓	Performance (25%) is better than target (30%) but worse than the previous year (23%). Data has been retrospectively cleansed for the last two financial years following a review of how data is coded.	Regulatory Services
(ex) NI157a	Processing of major applications within 13 weeks (%)	Bigger is Better	60%	60%	62% (24 of 39)	61% (17 of 28)	↑	Performance (62%) has exceeded target (60%) and is better than the previous year (61%). Data has been retrospectively cleansed for the last two financial years.	Regulatory Services
H1	Percentage of Leaseholder Service charge arrears collected (excluding major works)	Bigger is Better	93%	93%	97%	New indicator	N/A	Performance (97%) has exceeded target (93%). While it is a new indicator, we are able to provide a RAG rating as it exceeds the target.	Homes & Housing

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
H2	Percentage of repairs completed on time (including services contractors)	Bigger is Better	95%	90%	88% (29,590 of 33,469)	New indicator	N/A	This indicator is within target tolerance, however, we are reviewing the way the indicator is reported for 2014/15. This is because late repairs are not captured within the quarterly outturns but are captured within the overall annual outturn. While it is a new indicator, we are able to provide a RAG rating as it exceeds the target.	Homes & Housing
H4	Number of homes made decent	Bigger is Better	1,290	2,224	2,224	New indicator	N/A	This indicator has met target. While it is a new indicator, we are able to provide a RAG rating as it meets the target. There is no DoT, however, comparing against 2012/13.	Homes & Housing
H5	Percentage of rent arrears against rent debit	Smaller is Better	2.5%	2.5%	2.14% (£1,131,042 of £52,807,307)	2.18%	↑	This indicator is performing better than target. The annual outturn uses actual debit while the quarterly outturn provides a snapshot and uses estimated debit. This explains the slight change between the Q4 (2.12%) and annual (2.14%) outturns.	Homes & Housing
(ex) NI155	Number of affordable homes delivered (gross)	Bigger is Better	250	250	366	487	↓	While performance is significantly better than target (an additional 116 affordable homes were delivered in total over the year), it is performing worse than the same time last year.	Homes & Housing
L6	Number of extra care housing units in the borough	Bigger is Better	Deleted	306	0	186	↓	The future of extra care housing in the borough is subject to the review of the Dreywood Court development and localised research into the needs and aspirations of older people. This approach has been led by Members to ensure that future provision meets the needs of local older people.	Homes & Housing

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
(ex) NI157b	Processing of minor applications within 8 weeks (%)	Bigger is Better	65%	65%	36% (143 of 398)	60% (181 of 302)	↓	Performance (36%) is worse than target (65%) and worse than the previous year (60%). Data has been retrospectively cleansed for the last two financial years. Corrective Action: Additional resourcing has been engaged and an Action Plan devised to improve decision making.	Regulatory Services
(ex) NI157c	Processing of other applications within 8 weeks (%)	Bigger is Better	80%	80%	64% (894 of 1,387)	77% (839 of 1,093)	↓	Operating system codes have recently been updated and so data has been retrospectively cleansed for the last two financial years. Quarter 4 represents the strongest quarter of 2013/14. Corrective Action: Additional resourcing has been engaged and an Action Plan devised to improve decision making	Regulatory Services
H3	Average void to re-let times	Smaller is Better	25 days	22 days	28 days	New indicator	N/A	This indicator is performing worse than target. As it is a new indicator and is not within target, no DoT or RAG rating is available. The empty properties created have tended to be larger units, been occupied for longer periods and required capital works. A change in contract has also been disruptive.	Homes & Housing

Individuals - to value and enhance the lives of our residents

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
CY2	Percentage of looked after children (LAC) placements lasting at least 2 years	Bigger is Better	80%	70%	79% (38 of 48)	62%	↑	Outturns are provisional, however, initial data shows that we have exceeded our target. While the England average has not exceeded 70% over the past 5 years, and statistical neighbours perform at approximately 67%.	Children's Services

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
13	Percentage children who wait less than 20 months between entering care and moving in with their adopting family	Bigger is Better	60%	55%	52% (12 of 23)	New indicator	N/A	Outturns are provisional, however, initial data shows that we are within target tolerance (52%). While it is a new indicator, we are able to provide a RAG rating as it is within target tolerance. The target for 2014/15 is ambitious but achievable considering recent improvements.	Children's Services
L5	Total number of Careline and Telecare users in the borough	Bigger is Better	5,000	4,000	4,424	3,797	↑	This indicator has exceeded the annual target by 424 users and is also performing better than the same time last year (3,797 users).	Homes & Housing
PH1	Chlamydia diagnoses (quarterly, but with a time lag of up to two quarters)	Bigger is Better	475 positive cases	475 positive cases	465 positive cases	New indicator	N/A	This indicator is performing within target tolerance (with 465 positive cases in 2013/14). While it is a new indicator, we are able to provide a RAG rating as it is within target tolerance.	Public Health
Survey	Percentage of residents who give up their time to volunteer	Bigger is Better	25%	25%	25%	Not available	N/A	This question was included in the Your Council Your Say Survey (2013) and achieved 25%. It was not included in the Spring Clean Survey (2012) and so no direction of travel is available.	Corporate Policy & Community
ASCOF 1C(ii)	Direct payments as a proportion of self-directed support (%)	Bigger is Better	45%	15%	14.6%	10.1%	↑	There has been a significant rise in the number of service users who receive their care via a Direct Payment which has resulted in this indicator performing better. There will be a continued drive during 2014-15 to further increase this outturn.	Adults Services
ASCOF 2B(i)	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services.	Bigger is Better	87%	85%	81%	82%	↓	In line with the above indicator the number of customers using our reablement services has increased. This has meant that the percentage of people who are still at home 91 days after discharge from hospital has fallen slightly.	Adults Services

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
ASCOF 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	1.8	3.2	↑	Performance for this measure is taken as a snapshot of delays as at the last Thursday of each month. Performance with this indicator has vastly improved.	Adults Services
ASCOF 2C(iii)	Delayed transfers of care that are attributable to Adult Social Care only per 100,000 population	Smaller is Better	1	1	0.8	New indicator	N/A	As with the other 2 parts of this indicator, Part 3 for DTOC which only measures delays attributable to Adult Social Care, has also significantly improved with only 1 delay on average per month. While it is a new indicator, we are able to provide a RAG rating as it has exceeded target.	Adults Services
L3	Percentage of people who, having undergone reablement, return to ASC 91 days after completing reablement and require an ongoing service	Smaller is Better	6%	6%	5.9%	6.9%	↑	The number of service users using reablement services has increased, however the percentage of service users that re-present has decreased ensuring that performance improved from 2012/13.	Adults Services
CY13	Percentage of Child Protection (CP) Plans lasting more than 24 months	Smaller is Better	4%	4%	4.7% (6 of 129)	4.1%	↓	Outturns are provisional, however, initial data shows that we have just missed our target. Due to the small number of children, this indicator fluctuates significantly. In this particular instance, a legal delay outside of our control affected the outturn.	Children's Services
(ex) NI065	Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time within 2 years	Smaller is Better	5%	4%	5.8% (10 of 171)	0%	↓	Outturns are provisional, however, initial data shows that we have missed our target. As with CY13, a small number of children can have a disproportionate impact on reported figures. National and statistical neighbours achieved approximately 5.5%.	Children's Services

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
CY15	Number of new in-house foster carers	Bigger is Better	10 teenagers 5 children	10 teenagers 5 children	8	16	↓	<p>This indicator is performing worse than target and worse than the previous year. This is partly due to the fact that recruiting foster carers for teenagers is much harder.</p> <p>Corrective Action: A recruitment campaign to target foster carers for teenagers will continue through 2014/15.</p>	Children's Services
ASCOF 1C(i)	Percentage of people using social care who receive self-directed support and those receiving direct payments	Bigger is Better	80%	70%	47.7%	48.4%	↓	<p>The number of service users that have received self-directed care has increased, however this has been counteracted by a bigger increase in the number of service users receiving community based services. This indicator has also been adversely affected as the number of service users that have received equipment and reablement services has increased in the year.</p> <p>Corrective Action: The way that this indicator is measured for 2014/15 is changing and this will have a positive impact on the outturn. There will continue to be a push within Adult Social Care to promote the use of Self Directed Services.</p>	Adults Services

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

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
CS8	Percentage of corporate complaints escalated to Stage 2	Smaller is Better	10%	10%	7.0%	New indicator	N/A	<p>This indicator is performing better than target (10%). While it is a new indicator, we are able to provide a RAG rating as it exceeds the target. There is no DoT, however, comparing against 2012/13.</p>	Corporate Health

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
CS10	Percentage of Member/MP enquiries completed within 10 days	Bigger is Better	90%	90%	83%	81%	↑	The outturn for this indicator (83%) is within target tolerance for the year (90%). It is also performing better than last year's outturn (81%).	Corporate Health
ISS10	Percentage of suppliers paid within 30 days of receipt, by Transactional Team, by invoice	Bigger is Better	95%	97%	96% (89,860 of 93,767)	96% (89,600 of 93,072)	→	The outturn for this indicator (96%) is within target tolerance for the year (97%). It is performing the same as the previous year (96%). Of the 93,767 invoices received in 2013/14, 89,860 invoices were processed within 30 days.	Corporate Health
CS21	Percentage of customers satisfied with the Contact Centre	Bigger is Better	85%	85%	89% (21,779 surveys)	87% (6,222 surveys)	↑	This indicator is performing better than target. It is also performing better than the same time last year. This is despite there being over three times more surveys (15,557) completed.	Customer Services
CS1	Percentage of Council Tax collected	Bigger is Better	97%	97% (£118.3m)	97.14% (£118.5m)	96.98% (£115.3m)	↑	This indicator has exceeded target (97%) and has also improved on last year (96.98%).	Exchequer Services
CS2	Percentage of National Non-Domestic Rates (NNDR) collected	Bigger is Better	96.5%	96.5% (£72.3m)	97.42% (£73.0m)	96.14% (£68.9m)	↑	Following the slight drop in collection in Q3 (due to significant increases to the gross debt and large increases in Rateable Value), this indicator has exceeded target and has also improved on last year.	Exchequer Services
CS3	Speed of processing new Housing Benefit/Council Tax Benefit claims (days)	Smaller is Better	24 days	24 days	26 days	30 days	↑	The outturn (26 days) is within the annual target tolerance (24 days) and has improved on the previous year (30 days).	Exchequer Services

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
CS4	Speed of processing changes in circumstances of Housing Benefit/Council Tax Benefit claimants (days)	Smaller is Better	16 days	18 days	12 days	21 days	↑	The annual outturn (12.27 days) has exceeded the annual target (18 days) and is better than the previous year (21 days).	Exchequer Services
Survey	Percentage of residents who feel informed about what the Council does	Bigger is Better	42%	47%	42%	Not available	N/A	This question was included in the Your Council Your Say Survey (2013) and achieved 42%. It was not included in the Spring Clean Survey (2012) and so no direction of travel is available.	Corporate Policy & Community
CS7	Percentage of Corporate Complaints completed within 10 days	Bigger is Better	90%	90%	73%	68%	↑	While this indicator is not within target tolerance for the year (90%), it is performing better than last year (68%).	Corporate Health
CI1	Sickness absence rate per annum per employee (days)	Smaller is Better	7.6 days	7.6 days	10.5 days	7.7 days	↓	Sickness absence is worse than target (7.6 days) and the same time last year (7.7 days). Current figures show sickness absence decreasing in recent months. Corrective Action: HR are working with Heads of Service to address sickness in their area and offer tailored support.	Corporate Health
TBC	Percentage of queries resolved at first point of contact	Bigger is Better	Deleted	Not available	Not available	New indicator	N/A	This indicator was due to replace the "Percentage of avoidable contact" performance indicator this year, however, we are still awaiting changes to the technology to enable us to collect the data and report an outturn.	Customer Services
(ex) NI014	Percentage of avoidable contact	Bigger is Better	Deleted	8%	Not available	4.46%	N/A	This indicator was due to be replaced by the "Percentage of queries resolved at first point of contact" performance indicator. Unfortunately, we are still awaiting changes to the technology to allow this information to be collected.	Customer Services

Partnership Indicators *(the Council is not solely responsible for the target and/or performance)*

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
CSP1	The number of burglaries reported	Smaller is Better	2,465	2,580	2,396	2,753	↑	This indicator has exceeded target. There has been a reduction in burglaries in Havering (almost 13%) in 2013/14 compared to the previous year. The target for 2014/15 is provisional and we are awaiting guidance from the police.	Corporate Policy & Community
CSP2	The number of anti-social behaviour (ASB) incidents reported	Smaller is Better	8,104	8,451	6,748	Met Police methodology changed	N/A	ASB incidents reported to the Metropolitan Police in Havering have reduced in 2013/14 and we are performing better than target. As the Met Police methodology changed, there is no DoT against 2012/13.	Corporate Policy & Community
PH2	Participation in National Child Measurement Programme	Bigger is Better	85%	85%	94.5% (Reception) 93% (Year 6)	94.5% (Reception) 93% (Year 6)	→	The NCMP is a surveillance system tracking the weight of children at two key stages. Performance is significantly higher than target and is the same as the previous year. The proposed target, set by the Department for Health, has been retained for 2014/15.	Public Health
(ex) NI112	Teenage pregnancies per 1,000 population (< 18 year old girls)	Smaller is Better	N/A	35	26 (Q3 2012/13)	28 (Q3 2011/12)	↑	ONS releases conception statistics 14 months after the period to which they relate. The most recent figures are for Q3 (2012/13).	Public Health
PH3	Percentage of eligible patients offered an NHS Health Check	Bigger is Better	66%	16.5%	20.8% (14,240)	9.4% (6,529)	↑	Performance (20.8%) is significantly better than target (16.5%) and much higher than the previous year (9.4%). This means 14,240 patients have been offered an NHS Health Check this year (7,711 more than in 2012/13).	Public Health

Ref.	Indicator	Value	2014/15 Annual Target	2013/14 Annual Target	2013/14 Annual Performance	2012/13 Annual Performance	DOT	Comments	Service
	Percentage of eligible patients receiving an NHS Health Check	Bigger is Better	35	49%	47% (6,396)	47% (4,780)	↓	Performance (47%) is within target tolerance (49%) and only slightly worse than the previous year (47%). Despite this (due to population changes) 6,396 patients have been offered an NHS Health Check this year (1,616 more than in 2012/13).	Public Health
ASCOF 2C(i)	Overall number of delayed transfers of care from hospital per 100,000 population	Smaller is Better	5.5	7	5.3	10.5	↑	Performance for this National Measure is taken as a snapshot of delays as at the last Thursday of each month. Performance for part 1 of this indicator has improved significantly throughout 2013-14 with an average of less than 10 delays per month.	Adult Services

New Indicators (2014/15)

Ref.	Indicator	Value	2014/15 Target	Comments	Service
CS2	Call abandon rates	Smaller is Better	10%	This is a new indicator proposed by Customer Services	Customer Services
CS3	Percentage of online transactions	Bigger is Better	30%	This indicator uses new technology and replaces "PASC visitors seen within 15 minutes (%)"	Customer Services
TBC	Number of persons enrolled on the Keys for Change programme	Bigger is Better	140	This indicator replaces "Number of extra care housing units in the borough"	Homes & Housing
TBC	Premium Health Indicator (1) – under development	TBC	TBC	This will be a new indicator proposed by Public Health	Public Health
TBC	Premium Health Indicator (2) – under development	TBC	TBC	This will be a new indicator proposed by Public Health	Public Health
ASCOF 2C(i)b	Delayed transfers of care from hospital per 100,000 population (average per month)	Smaller is Better	135.5 (Apr-Dec) 128.8 (Jan-Jun)	This is a new indicator proposed by Adults Services	Adults Services
ASCOF 1F	Proportion of adults in contact with secondary mental health services in paid employment	Bigger is Better	5.5%	This is a new indicator proposed by Adults Services	Adults Services
ASCOF 1G	Proportion of adults with learning disabilities who live in their own home or with their family	Bigger is Better	62%	This is a new indicator proposed by Adults Services	Adults Services
ASCOF 1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	Bigger is Better	94%	This is a new indicator proposed by Adults Services	Adults Services
ASCOF 2Ai	Permanent admissions to residential and nursing care homes per 100,000 population (aged 18-64)	Smaller is Better	9	This is a new indicator proposed by Adults Services	Adults Services
ASCOF 2Aii	Permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is Better	584.6	This is a new indicator proposed by Adults Services	Adults Services
L6	Proportion of Carers who request information and advice	Bigger is Better	69% (Nov 14) 75% (Jun 15)	This is a new indicator proposed by Adults Services	Adults Services
L7	Avoidable emergency admissions	Smaller is Better	178.4 (Apr-Sep) 170.0 (Oct-Mar)	This is a new indicator proposed by Adults Services	Adults Services
L8	Patient/service user experience (national metric – under development)	Bigger is Better	TBC	This is a new indicator proposed by Adults Services	Adults Services

Deleted Indicators (2014/15)

Ref.	Indicator	Value	2013/14 Outturn	Comments	Service
(ex) NI014	Percentage of avoidable contact	Bigger is Better	N/A	Avoidable contact is no longer measured. It was due to be replaced by "first point of contact" but this cannot be collected as changes to the technology are still outstanding.	Customer Services
TBC	Percentage of queries resolved at first point of contact	Bigger is Better	N/A		Customer Services
L6	Number of extra care housing units in the borough	Bigger is Better	0	This indicator has been replaced with the new "Key for Change programme"	Homes & Housing
LA25	People of working-age qualified to at least Level 2	Bigger is Better	61.1%	We cannot control the performance of this indicator. Data is publically available but not current.	Learning & Achievement

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ANNUAL REPORT, 2013/14

Making a difference...

*Presented in accordance with
“The Matters to be Addressed in Local Healthwatch
Annual Reports Directions, 2013”*

*Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383*



What is Healthwatch Havering?

Healthwatch Havering is your new consumer local champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary. There is also a full-time Manager, who co-ordinates all Healthwatch Havering activity.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution will be vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,
but you make a life by what you give.'***
Winston Churchill

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We will be sending copies of this Annual Report to the statutory recipients (including the British Library) and circulating it widely to local health and social care organisations. Printed copies will be available for the public. It will also be available on our website, www.healthwatchhavering.co.uk .



Foreword



Anne-Marie Dean, Chairman, Healthwatch Havering

It is a pleasure to welcome you to our first annual report.

Firstly, I would like to begin by thanking our volunteers, staff and the statutory and voluntary organisations that have supported us in becoming established within Havering. With their help and advice we have become part of the Havering network of health and social care organisations.

Healthwatch Havering is part of a new national concept which gives every individual, in every community, their own local independent consumer champion for health and care. Our umbrella body is **Healthwatch England**, which is part of the Care Quality Commission.

Our job is to champion the needs of children, young people and adults. We know that if we can make things better for the most vulnerable in our communities, we will all benefit. We work for everyone, not just those who shout the loudest.

During the year patients, service users, carers and concerned members of the public have shared with us a number of matters. Our approach is always to listen carefully, build up a detailed

picture gaining a clear understanding of what is important to each individual.

Although we work in partnership with the health and care sector, voluntary and community sector; we are independent, and so we can, and do, when required, speak loudly on behalf of all individuals in Havering and we are not afraid to point out when things have gone wrong.

The strength of our work is entirely based in the strength of our volunteer team. They lead and set the priorities and objectives, based on personal knowledge and the experiences that people and organisations share with us and the national and local agenda. Within our Annual Report we share with you examples of their work and achievements.

We have had a busy and successful year and thank you for your part in helping us to achieve this.

1 Making a difference: working with local partner organisations to improve services

The launch of Healthwatch both nationally and in Havering in April 2013 coincided with emerging public concern about standards of care in health and social care settings - the scandals of Mid-Staffordshire Hospital and the Winterbourne House care home were just the two most remarked-upon examples of a series of failings that attracted the attention of the media and other commentators.

Safeguarding is at the heart of all we are doing in the Borough. It is often more effective to work informally in the background than stridently to produce formal reports and recommendations.

Locally, concerns arose following a series of adverse Care Quality Commission (CQC) and other reports about care in Queen's Hospital, Romford and in several residential care homes. Our contacts with the Barking, Havering & Redbridge University Hospitals Trust (BHRUT) and with several care home proprietors have received positive responses.

In late 2013, Queen's Hospital was one of the first in England to be subjected to a new inspection regime by the CQC, as a result of which the hospital was placed in "special measures". Although not directly involved in that decision, we submitted preliminary evidence to the inspection team and we were present by invitation at the meeting at which the CQC announced the findings of the inspection team.

Our Social Care team has been paying close attention to the Borough's care homes and, in particular, those identified by the CQC as being in need of significant improvement. We have not needed to make formal recommendations or representations to the CQC so far but our close working relationship with them both has led to the development of mutual trust and respect that enables us to be informally influential.

More recently, we have worked on services for people with Dementia and for people with a Learning Disability - both areas of growing concern nationally as well as locally. We are developing strong links with both statutory and voluntary agencies operating in those areas, enabling us to be influential without necessarily having to take formal action. We have recently submitted a series of recommendations to commissioners and providers of health and social care services for people with Dementia or for people with a Learning Disability, based on what people who live or work in the Borough have told us through our **"Have your say..."** events on Learning Disability and Dementia.

2 Making a difference: working for local people

Although Healthwatch Havering has no direct remit to represent, or act as advocate for, individuals or to investigate individual complaints, people in distress do not always appreciate exactly whom to approach for help and contact Healthwatch Havering “because we are here”. We have taken the view that we have a general duty of care to help those in distress.

Generally, we carry out that duty by referring people on to those best placed to help them but, occasionally, a more detailed intervention may be needed. Moreover, of course, an approach from a person in distress may be symptomatic of some underlying systemic failure that *is* within our remit.

An example of possible systemic failure emerged with difficulties in getting appointments at Queen’s Hospital:

- a patient who had a life-threatening illness, who needed further medical attention was having trouble getting an appointment
- another was distressed because he had been told by Queen’s Hospital that he had only a limited time to contact them to make an appointment for treatment for a respiratory problem but was unable to get through on the telephone, and was concerned that he would miss the slot
- one patient’s paperwork for the pain clinic was lost and, despite being in agonising pain, she was told that she would have to go to the back of the queue

In each case, we made representations on the patient’s behalf and appointments were promptly arranged for them.

In another case, a patient contacted us having taken her two young sons to be vaccinated at her GP practice - while there, she had a disagreement with the nurse and felt awkward about returning to the practice; she was very worried about not having a GP. We told her to contact NHS England, and we later learned that she had been allocated to another GP within a couple of days.

One man rang the office - his mother had been refused a stair lift on the ground that she lacked mental capacity to use it safely, even though the son was living with her. We referred him to the appropriate staff in Adult Social Care and he later told us that his mother had received her stair lift - his thanks were profuse!

3 Making a difference: influencing official bodies and others

Healthwatch Havering is a statutory member of the Havering Health & Wellbeing Board. We are also formally represented at meetings of Havering Council's Health, Individuals and Children's Services Overview & Scrutiny Committees and a wide range of other relevant bodies, both local and regional to North and East London.

A fuller list of the organisations etc. with which we are involved is set out in *Appendix 1*.

Informal meetings are regularly held with senior managers of Havering Adult Social Care, BHRUT and Havering Clinical Commissioning Group (CCG). A good working relationship has been established with the local officers of the CQC Inspectorate responsible for health and social care facilities in Havering.

After a visit by our Social Care team to a particular, rather large care home, it transpired that their residents shared 8 or 9 GPs: as such a large number could have led to confusion over which GP was responsible for which residents, we contacted the CCG and suggested there should be fewer, designated GPs. As a result, the CCG has designated a single GP for the home instead. This case was recently cited to Healthwatch England as an example of the sort of change for the better that local Healthwatch can be instrumental in achieving¹.

In February, we undertook an announced "Enter & View" visit to a care home in Romford that had given the CQC cause for concern. Our team found that the home had made progress in dealing with the problems identified by the CQC but that there were still issues to be addressed. Our recommendations following the visit led to the home's proprietors employing an additional activities coordinator.

We have developed an ambitious work programme for 2014/15, which will include an investigation of patient-related activity at GP practices (see *Chapter 8*).

¹ Comments to the Committee of Healthwatch England in February 2014 by Councillor Sir Merrick Cockell, Chairman of the Local Government Association and former Leader, Royal Borough of Kensington & Chelsea

Further details of our Enter & View activities are given in [Appendix 2](#). Some case studies of actions that have led to positive change are given in [Appendix 3](#).

Although strictly outside the scope of this Annual Report, we recently learned that BHRUT had welcomed as positive the feedback we have given them following an Enter & View visit to the Maternity Unit at Queen's Hospital. Their Chairman said, on the record at a Board meeting, that:

"I am pleased to say that an independent review by Healthwatch into our maternity services was very complimentary. This is a reflection of the Journey of Improvement that has been carried out in BHRUT's maternity services"

Subsequently, BHRUT confirmed their acceptance of our recommendations for further improvement (details are on our website).

We have established a useful working relationship with Healthwatch England, both at national level and in London. During 2013/14, we had no occasion to make any suggestions or proposals to Healthwatch England on matters for investigation (though as publication of this annual report was nearing, we did agree to support a special inquiry proposed by Healthwatch England into hospital and other institutional discharge, based on local work about discharge already carried out - see [Appendix 3](#)).

4 Making a difference: public consultation and participation

Healthwatch Havering is developing a role in consulting the public and encouraging their participation in health and social care issues.

In September, we commissioned the Film Unit of the Media Studies Group of Sixth Formers of a local School, the Coopers' Company & Coborn School, Upminster, to produce a short film of local peoples' thoughts about local health services. This film is available on **You Tube**.

In December, we held a workshop at which the CCG and North East London Foundation Health Trust (NELFT) were able to give presentations about their plans for improving home care services: **New Services Putting Care Closer to Home** was well-attended and generated valuable feedback for the CCG and NELFT in proceeding with their plans.

Over two weeks at the end of February and beginning of March, we held five **"Have your say... on Learning Disability and Dementia services"** events around the Borough. These gave health and social care professionals, service users and carers, and representatives of the voluntary sector an opportunity to discuss health and social care services for people who have Dementia or a Learning Disability. The information gathered in the course of those events has proved invaluable and the formal report is now on our website.

Some of our volunteers provided a stand at Havering's **National Women's Day** in March, at Havering College.

We are represented at the monthly meetings of Havering's **Over-Fifties Forum**, giving us the opportunity to discuss health and social care issues with them on a regular basis.

We are planning to hold more **"Have your say..."** events in the course of 2014/15, probably in mid-summer, late autumn and spring; and we will also hold sessions to follow up the December event on **Putting Care Closer to Home** and the recent **"Have your say on..."** event about services available in Havering for people who have dementia or a learning disability. We have also arranged for the Nursing Director of Havering CCG to address a public meeting on the CCG's response to the Francis Report (about the Mid-Staffordshire Hospital scandal) and its implications for Havering.

5 Making a difference: Health and Wellbeing

Among the key provisions of the Health & Social Care 2012 was an obligation on local authorities to establish a new statutory executive committee, the Health & Wellbeing Board (HWB).

The HWB, uniquely in local government, includes as voting members representatives of the relevant CCG and the Chief Executive and chief officers responsible for Public Health, Adult Social Care and Children's Services as well as local Councillors. It is chaired by the Leader of the Council (or his nominee). Most significant, however, from the Healthwatch perspective, is the obligation to appoint a representative of the local Healthwatch to the HWB as a full voting member, since this gives us a key role within the principal health and social care planning and co-ordinating body for the borough.

Since April 2013, Healthwatch Havering has been represented at the Havering HWB by Anne-Marie Dean, its Chairman, who has attended every meeting of the Board, which meets on a monthly basis in the Town Hall, and the vast majority of all the work of the board is undertaken as an open public meeting. There is also a monthly preparation meeting to ensure that the most important issues are prioritised and reports are properly prepared for discussion. When required there are also special meetings where the board has additional development work needed to support main documents and papers such as the Better Care Fund. Healthwatch Havering is an active contributor at all of these meetings.

We have presented an end of year report on our progress to the Board, which included our work plan for 2014/15 and is available on our website.

The Health and Wellbeing Board established 8 Priorities for 2013/14 and some of the key highlights from a Healthwatch perspective are:

- *The CQC inspection of Queens Hospital (Priority 7: Reducing avoidable hospital admissions)*

From the local people's perspective, there had been a growing concern about care standards, the A&E, unsafe discharge of the frail and elderly and some complex concerning complaints.

Healthwatch submitted a report to CQC on the evidence provided by local residents as part of the formal process. In addition, we worked with the HWB to ensure that it was at the heart of the discussions to support the Hospital to develop detailed integrated plans to help them move forward positively, such as the development of 7 day working and successful recruitment initiatives.

Particular focus has been placed by the HWB on the safer and more effective management of A&E, which reflects the CQC report. The focus is to develop more detailed integrated plans for reducing avoidable hospital admissions.

- Frail and Elderly Members of our community (Priority 5: Better integrated care for the 'frail elderly' population and Priority 1 Early help for vulnerable people)

This work has ranged from the monitoring of patients admitted to A&E to discharge, developing detailed community plans which aim to ensure wherever possible hospital admissions are avoided.

The HWB has overseen the development of the Tri-borough (Havering, Barking & Dagenham and Redbridge) Integrated Care Coalition which sets out plans for the shift of resources from acute to community services, detailed intermediate care plans for long term conditions and comprehensive rehabilitation services run by NELFT.

We supported the work on the Frailty Audit undertaken in A&E by University College Hospital Partners and the outcomes from this audit have significantly influenced the development of services and the training of staff.

As part of our **Have your say...** series of consultation events, we hosted an event at which the CCG and NELFT outlined their Integrated Care programme.

- The Better Care Fund ((Priority 8: Improvement the quality of services to ensure that patient experience and long-term health outcomes are the best they can be)

The Better Care Fund sets out joint strategic aims and the plans to support the implementation of new care models. This is the first time that such an integrated financial joint community action plan has been developed.

The proposed service plans addresses both health and social care and is developed and led by both the CCG and the Council. The total proposed value of the pooled budget for 2014/15 is £6,946,000 and for 2015/16 the budget increases to £18,914,000.

- The Care of Children in our Community (Priority 6: Better integrated care for vulnerable children)

During the year the HWB has received a number of reports that look at the needs and the welfare of children in our community. These reports have included: Child Death Overview Panel, Looked after Children, Child Protection Processes, the Troubled Families report and the Serious Case Review reports.

The Safeguarding Borough team have developed a highly effective Multi Agency Safeguarding Hub (MASH), which has gained recognition as a highly effective tool in safeguarding for children and young people across London.

We in Healthwatch Havering work closely with the Safeguarding team, particularly on the safeguarding of vulnerable adults which is highlighted elsewhere in this Annual Report.

- Joint Strategic Needs Assessment (Supports the development of all the 8 priorities)

Healthwatch Havering was consulted, and provided recommendations, on the JSNA. These included requesting more detailed data on

- Carers - age group, area, health group and whether adult or children
- Accommodation - residents maintained in care and nursing homes, enhanced sheltered accommodation and warden controlled.
- How the needs of the increased number of residents on the Waterloo estate have their primary care needs met, so that there is not an increased burden on A&E
- How is the predicted growth in the early year's group being addressed by primary, social and educational teams?
- The training of health and social care providers in cultural needs and practices, given ethnicity is up from 8% in 2001 to 17% in 2011.
- More lately, following our **Have your say...** sessions on Learning Disabilities and Dementia, we have requested more detailed information on individuals with learning disability and dementia.

- Dementia Strategy (Priority 2: Improved identification and support for people with dementia)

The management of people who have dementia and their families has been a yearlong discussion item. The strategy has now been received and approved by the HWB with encouragement for this to be implemented as quickly as possible.

Our Social Care Team is particularly involved in working with people with dementia in their work with Care Homes and their Enter & View programme.

- Children and Families Bill (Priority 1: Early help for vulnerable people)

There have been regular updates to keep the HWB informed of the progress being made to develop the proposals expected once the Children and Families Bill has passed by Parliament.

The Board has particularly focused on Special Educational Needs and Disability (SEND) Project. The reports have outlined The Local Offer, Educational Health and Care Plans from 0-25, Joint commissioning and Personal Budgets.

Our Learning Disability Team is working closely with the Council and local voluntary organisations, parents and schools.

Our **Have your say...** sessions on Learning Disabilities and Dementia have supported both the Dementia Strategy and development of services for people with a Learning Disability by enabling people who use the services, carers and professionals to help inform the commissioning of services for these vulnerable groups.

- Specialist and Cardiovascular Services (Priority 3: Earlier detection of cancer)

Throughout the year there have been detailed discussions regarding the provision of specialist cancer services. This has involved detailed presentations from senior clinicians and the clinical working parties tasked with reviewing and providing recommendations for change. The HWB was keen to reinforce support to keep the services, talents and abilities of key staff local to the Queen's Hospital. This work is still on going and is also being covered in detail by the Havering Council Health Overview & Scrutiny Committee and the Outer London North East Joint Health Overview and Scrutiny Committee (which covers Barking & Dagenham, Havering, Redbridge and Waltham Forest), on both of which we are represented.

Healthwatch expressed the concerns on behalf of patients and their carers that

- Earlier detection was vital and better training of GPs and better public awareness campaigns were necessary
 - No patient should have to travel to London for routine tests
 - Proper transport arrangements should be made for patients and carers who have to travel to London for regular chemotherapy or other debilitating therapies
 - Greatly improved communication/integration is needed between Queen's Hospital and the London hospitals' clinical teams, as patients had shared their concerns regarding 'being lost in the system' and losing valuable time in the treatment programme
- Childhood Obesity (Priority 4: Tackling obesity)
The Public Health team produced a report and programme for the HWB which was well received. The HWB has requested a more comprehensive approach, which is to include looking at 'best in class' programmes where organisations/countries are able to demonstrate real sustained improvement in the management of childhood obesity.

As the first year began, a key priority for all members of the HWB was to establish a common base, an agreed understanding of what was happening, how it was happening and to whom, when and why: questions such as how does each member contribute to a positive culture and how do we agree priorities coming from such diverse starting points. These issues have all been discussed in an open and supportive way and, although it has been a challenging year for the Health and Wellbeing Board, a lot has been achieved.

6 Developing volunteer participation

The Directors decided early on that the differences of function between the former LINK and Healthwatch Havering meant that a new approach was needed.

We were clear that we would be looking for particular levels of commitment and participation (which had to be developed, rather than taken for granted) and that time would be needed to achieve that: we also wanted to encourage people who had never been involved in the former LINK to join us.

We therefore took time to develop a model of involvement that we felt would suit our vision for Healthwatch Havering. Although there will always be a place for new members, our structure is designed to make the most of the talents, abilities and experiences of those who have volunteered to join us.

Currently, four Lead Members are in post, and fourteen Active Members have been appointed; in addition, a total of 147 Supporters, including local organisations as well as individuals, are on our mailing list. We are really pleased with the progress that we, as effectively a start-up organisation, have been able to make. Although there remain a number of Lead Member vacancies, those already appointed have begun work on a variety of issues:

- * The Social Care Lead Member and members of her team have met the managers and/or proprietors of care homes that have fallen short in CQC report. The team have also written to those care homes that have received good reviews in recent CQC reports
- * The Hospital Lead Member and her team have met the Chief Executive and/or other senior managers of BHRUT
- * We have participated in a survey on the use of A&E
- * Following comments from members of the public, we have begun to review a number of aspects of services provided by or through GP practices
- * The newly-appointed Lead Member for people who have a Learning Disability has begun work, particularly in relation to services for young people.

All of our current volunteers have now received, or are due shortly to receive, training about “Enter & View”, safeguarding (both adults and children), mental capacity and deprivation of liberty.

Our volunteers have taken leading roles in the “**Have your say...**” sessions, acting as facilitators to lead discussion as well as acting as hosts.

Profiles of our Directors, Staff and Members are shown in **Appendix 6**.

7 Governance, finance and business support

Statutory responsibility for the conduct of the legal, financial and business affairs of the Company rests upon the three Directors in accordance with the Articles of Association.

The Directors are clear that it is essential for the volunteers who comprise Healthwatch Havering to play an active role in the direction of the organisation's affairs. As a result, all volunteers wishing to play an active role in Healthwatch Havering are (after providing satisfactory references, completing a Disclosure & Barring Service (DBS, formerly CRB) check and undergoing appropriate training) admitted to membership of the Company; and those members designated as Lead Members serve on the Strategy, Assurance and Governance Board.

Greater detail of the governance arrangements is given in *Appendix 4*.

Finance

Healthwatch Havering is funded principally by grant from Havering Council in accordance with section 221 of the Local Government & Public Involvement in Health Act 2007, as amended. The Council has a statutory obligation to secure provision of a Healthwatch service and receives specific funds from the Government for that purpose.

It is understood that the Council has passed the bulk of the available finance to Healthwatch Havering.

An abstract from the Annual Accounts is set out in *Appendix 5*.

Business support: resilience

It became clear during summer 2013 that the amount of effort required of Healthwatch was, unexpectedly, significantly greater than had been the case with the former Local Involvement Network (LiNK). Not only were the commitments expected by official bodies much greater than ever required of the LiNK - including statutory membership of the Health & Wellbeing Board and close consultation with the CQC over a range of regulatory functions - but the "back office" functions of running a business required more attention than anticipated, largely because the previous contractor for supporting the LiNK had dealt with such issues from its central office, in effect hidden from sight, whereas Healthwatch Havering has to deal with all such matters itself. The financial and other penalties that can be incurred as a result of failure to comply with the statutory requirements of Her Majesty's Revenue & Customs, Companies

House and other regulatory bodies can be considerable and demand constant attention.

In consequence, the time required of the Chairman and Company Secretary was much greater than anticipated; accordingly, both are now engaged for 21 hours per week and remunerated accordingly (see [Appendix 4](#)). Moreover, the workload of the volunteer Lead Members has grown; as volunteers, their time is more limited and, to ease the pressure on them, two part-time posts, of Administrative Assistant and Community Support Assistant, reporting to the Manager, have been created to ensure that the Members are given the support they need to be effective.

Short profiles of the Directors, Staff and Lead Members are given in [Appendix 6](#).

Business support: office accommodation and equipment

Initially, office accommodation for the Manager was provided at the CarePoint premises in High Street, Romford. Unfortunately, that arrangement proved disappointing as no permanent base could be made available there and the facilities that could be used were very limited. A possibility of accommodation in the Harold Wood Polyclinic was pursued but proved impossible to achieve in a realistic timescale. An office was therefore taken on commercial terms in Morland House, Romford. The room initially available there proved inadequate for our needs but in November we were able to move to a much larger room, ideal for our purposes, but an unforeseen additional expense.

As an entirely new organisation, Healthwatch Havering had to acquire new office equipment. Equipment transferred from the LINK proved to be obsolete and inadequate for our purposes, and had to be replaced. In addition, it was necessary to obtain a range of IT services, including a website, email system, land-line telephone system, mobile telephones, PCs, printers, wireless local network and a photocopier.

8 Looking forward...

An Annual Report inevitably looks back upon the year past. We do, however, have ambitious plans for the coming year and feel it appropriate to give a flavour of them here.

Our Key Priorities for 2014/2015

We have identified 6 key priorities for 2014/15, reflecting areas where we have been alerted to concerns or there are changes in service provision, and which will support the overall health and wellbeing of people.

- End of Life Care
- Frail and Elderly Care within the Emergency department
- Access to Primary Care
- Access to Health checks and immunisation
- Continue the programme of Care Home visits
- To identify a project working with Young People

How we will approach the Key Priorities

We have been developing dedicated programmes of work to enable us to get a comprehensive understanding of

- Ways in which we can jointly measure and define good care,
- The rights of people and how these are supported
- The challenges and opportunities within the health and social care environment
- Joint approach to collecting and sharing information and overall provision

We will manage the process by

- Setting priorities for six months ahead;
- Reviewing them on a monthly basis, adjusting as necessary to accommodate any new issues or concerns e.g. feedback from public forums
- Sharing evidence and information with our partners

- Where appropriate, making immediate contact to ensure urgent concerns are shared and known.

Social Care Work stream

Developing networks across the Borough

- Bi-monthly Borough Safeguarding Meetings since January 2014
- Three-weekly Borough Quality Assurance Team meetings since November 2013
- Regular meetings with Care Home Providers commenced in August 2013
- Quarterly meetings with local CQC team

Enter and View programme for Care Homes

- Number of homes visited from December to March 2014 = 3 (1 Enter & View, 2 informal)
- Number planned for April 2014 to September 2014 = 15 (5 every two months)

Extending this role 2014/15

- Discuss and develop locally the CQC's work on 'End of Life' care
- More extensive training on Dementia
- Establish a better understanding of 'Domiciliary Care'

Hospital Services Work stream

Developing networks across the Borough

- Meetings with the Deputy Director of Nursing at Queen's hospital
- Member of St. Francis Hospice board
- Key high profile meetings - CQC, Coroner Reports
- Attendance at the Outer North East London Health Joint Overview & Scrutiny Committee on Acute Service reconfiguration in respect of Cardiac and Cancer services

Enter and View programme for Hospital Services

- Visits to Queen's Hospital will commence once the Trust has published its proposals to respond to the 'Special Measures' position
- Queen's Hospital Maternity Unit visit in early April

Extending this Role for 2014/2015

- Care of the Frail and Elderly in the Emergency Department
- Discharge processes once the new joint Borough arrangements have been in place for 6 months
- Alcohol and Drug recovery programme
- End of Life Pathway
- Review of the waiting times for Chemotherapy services

Learning Disabilities Work stream (this role began in February 2014)

Developing Networks across the Borough

- Member of the Learning Disability Health Pathway Group at BHRUT
- Member of the Learning Disability Partnership board
- Member of the Children with Disabilities and Special needs forum

Enter and View programme for Learning Disability services

- Planned visits will commence in Autumn 2014
- There will be joint visits undertaken between the Learning Disabilities team and the Social Care team, with a particular emphasis on Dementia

Extending this role in 2014/2015

- To 'shadow' the key members of the Boroughs Learning Disabilities team
- To visit as many providers/users and organisations as possible to enable us to map the provision
- Determine the level of provision and consultation with users, carers and families by and with NELFT
- Investigate issues which are raised by people about the health and social care provision e.g. the provision of yearly health checks

Other work streams

We will be developing other work streams during the year as and when the opportunity arises. For example, we are in the process of setting up a team to visit GP surgeries.

Knowing the patch...

The London Borough of Havering is one of the largest of the London Boroughs - see the profile in [Appendix 7](#). This profile has informed, and will continue to inform, our work priorities and programmes.

Appendix 1: Involvement with other organisations

Healthwatch Havering is a member of, or is represented at meetings of, a range of local, regional and national bodies, both statutory and voluntary.

Healthwatch Havering is a statutory member of the [Havering Health & Wellbeing Board](#).

We are also formally represented at meetings of Havering's Overview & Scrutiny Committees: Health; Individuals; and Children's Services. We also have a co-opted member on the Outer North East London Joint Health Overview & Scrutiny Committee (which brings together the Health OSCs of Havering, Barking & Dagenham, Redbridge and Waltham Forest, and is also attended by representatives of the Healthwatches of those boroughs).

In addition, Healthwatch Havering is a member of, or is represented at meetings of:

- * Barking, Havering & Redbridge University Hospital Trust Learning Disability Health Pathway
- * Children with Disabilities and Special Needs Strategy Group
- * CQC Dementia Advisory Group (a national body)
- * Havering Adult Services Quality Assurance Team
- * Havering CCG Voluntary and Community Sector Health and Social Care Forum
- * Havering Dementia Action Alliance
- * Havering Safeguarding Adults Board
- * Havering Winterbourne Steering Group
- * Local Government Association (LGA) Healthwatch Local Peers meetings
- * NHS England (London)'s pan-London Quality Surveillance Group (representing North East London)
- * North East London Quality Surveillance Group
- * PLACE Inspection Teams for Queen's Hospital and King George Hospital, Chadwell Heath
- * St Francis Hospice Clinical Governance Group
- * St George's Hospital Site Steering Group (currently in abeyance)
- * University College Hospital Partners - developing services for frailty in North East London
- * Urgent Care Board for Barking & Dagenham, Havering and Redbridge (which also includes the three CCGs, Boroughs, BHRUT and NHS England)

Informal meetings are regularly held with senior managers of the Adult Social Care Quality & Assessment Team, BHRUT and CCG on a regular basis and a good working relationship has been established with the local officers of the CQC Inspectorate responsible for health and social care facilities in Havering, with regular meetings programmed to discuss matters of mutual interest (including discussion about care homes that are cause for concern); and we attended the CQC Quality Summit at Queen's Hospital, prior to the publication of the CQC report on their Autumn 2013 inspection of BHRUT (which led to the hospital being placed in special measures).

We have developed a network of strong working relationships with health and social care providers and commissioners. Using those networks has enabled us to obtain relevant information without the need to resort to use of statutory powers.

Our Lead Member for Dementia represented Healthwatch nationally on an Advisory Group set up by the CQC in respect of proposed changes in the way that they inspect care homes providing for people with dementia.

Appendix 2: Enter and View

The power to carry out “Enter and View” visits to health and social care premises is the most powerful tool available to local Healthwatch organisations. The law allows entry to almost all premises where publicly-funded health or social care is provided, including not only hospitals and residential care homes, but also GP surgeries, pharmacies, dental surgeries and opticians’ practices. Enter and view visits may be both announced and unannounced. Reports of all our Enter & View visits are checked for factual accuracy with the management of the establishment visited and published on our website.

Healthwatch Havering considers that, to be effective, the power to enter and view should be:

- Used appropriately - neither as mere routine nor as a last resort, nor as a licence for simple curiosity or nosiness;
- Used sparingly: in particular, unannounced visits should be made only where there are serious concerns about a particular establishment; and
- Exercised only by Healthwatch members who have acquired essential skills by undergoing training in safeguarding, mental capacity and deprivation of liberty.

We recognise too that Enter and View visits can be disruptive of an establishment’s proper routine and, potentially, a source of anxiety for management, staff and residents or patients.

For all those reasons, in the year under review, only one enter and view visit was undertaken, as it took time to ensure that all those members undertaking such visits had been properly trained.

Date of visit	Establishment visited		Reason for visit	Announced or unannounced?
	Name	Type		
17/2/14	Barleycroft	Residential care	Concerns raised by CQC	Announced

In addition to formal Enter & View visits, several informal visits were made in the course of the year to residential care homes in order to discuss particular issues. As the year closed, a similar informal visit had been arranged to a GP practice in the borough about which members of the public had raised concerns with us.

Since the year end, we have carried out a number of Enter & View visits, details of which are available on our website.

Appendix 3: Case studies

The following “case studies” are examples of the sort of activity that we have carried out during the year, with the aim of making a difference...

Care Homes:

- Following our “Enter & View” visit to Barleycroft, one of our recommendations was that they improve their activities arrangements for residents. The Manager has told us that they now have two activity co-ordinators.
- We carried an informal visit to a care home and learned that 8 or 9 GPs were assigned to the home, each dealing with a handful of residents, a clearly unsatisfactory and inefficient situation. We contacted the CCG (which responded promptly) and, as a result, there is now a single GP caring for all of the residents, holding a surgery there weekly.

Queen’s Hospital:

- Following the inquest into the death of a pregnant woman in the Maternity Unit at Queen’s Hospital as a result of inappropriate surgical intervention, we met senior representatives of BHRUT and asked a number of questions, most importantly, why there was no process in place for the supervision of the junior medical staff. BHRUT has now put measures in place to avoid a recurrence of the problems that had arisen in that case and the Trust had welcomed our feedback.

Annual Health Checks:

- We learned at one of our “Have your say...” sessions that many people with a Learning Disability were finding it hard to have an annual health check. This was mentioned at a later session attended by a GP representative of the CCG, who undertook to look into the issue. The CCG subsequently wrote to all GPs in the borough reminding them that these checks should be undertaken and offering training; and suggesting that “a hub” could be set up where such checks could be dealt with in a single location.

One-Stop Shop for Learning Disability

- During discussion at another “Have your say...” session, it transpired that NELFT were looking for a site for a “one stop shop” for people with a Learning Disability; a senior officer from Adult Social Care, hitherto unaware of this need, was able to facilitate investigation of a suitable site.

Dementia services

- At another “**Have your say...**” session, members of the Age Concern dementia team expressed concern that, although they had been in the past, they were no longer being invited to some meetings that NELFT held about dementia patients. Representatives of NELFT who were present said that they would look into this and, if possible, reinstate the Age Concern attendance.
- As a result of what we learned during the “**Have your say...**” sessions, we have recommended that NELFT review the provision of Admiral Nurses, with a view to increasing their cover, and that the CCG ensure that all GPs have the right level of training and expertise to treat appropriately their patients who have dementia or a learning disability.
- Subsequently, we have become members of the Havering Dementia Action Alliance, and intend to use our activities, such as Enter & View visits, to ensure that due recognition is given to the needs of people who have dementia.

Orchard Village Medical Centre

- The Centre was closed as it had been flooded but local people complained that information was available about alternative facilities only by actually visiting the Centre. We contacted the CCG which then arranged to put up a notice on its website indicating that the Centre was closed and that patients should contact the Harold Wood Polyclinic.

Appendix 4: Governance arrangements

Healthwatch Havering is, in legal terms, a company limited by guarantee called Havering Healthwatch Limited². As a company limited by guarantee, it has no shareholders and is prohibited by law from distributing any financial surplus (or profit) generated in the course of its business to individuals.

This form of business entity satisfies the requirements of the Local Government & Public Involvement in Health Act 2007, as amended by the Health & Social Care Act 2012, and various orders and regulations made under those Acts (all referred to here as “the governing legislation”), which is the legal basis for Healthwatch nationally.

Havering Healthwatch Limited was incorporated in February 2013, having been set up by Havering Council, which then invited the three individuals who are now the directors to take over the company and to move it forward in forming Healthwatch Havering. The legal and business affairs of Havering Healthwatch Limited are directed by the Management Board of the three directors (see below). This is the statutory Board of Havering Healthwatch Limited.

Membership of Havering Healthwatch Limited is open to anyone resident or working in Havering who has satisfied the Board that they are qualified for admission.

“Qualified for admission” means obtaining a satisfactory Disclosure & Barring Service certificate and satisfactorily completing a series of relevant training sessions. Membership of the company confers rights of voting at general meetings as provided for in the Company’s Articles of Association. Members guarantee to contribute £1 in the event of the Company being wound up with outstanding debt.

There is also a Strategy, Governance and Assurance Board, comprising the directors, the Manager and those members of the Company who have been designated Lead Members. This Board oversees the work of Healthwatch Havering, deciding the strategic direction of its activities and holding the Management Board to account for its stewardship of the Company’s resources.

Lead and Active Members

The governing legislation envisages that the bulk of Healthwatch activity will be undertaken by volunteers, both those who work as healthcare professionals (legally termed “volunteers”) and members of the public who have an interest in health and social care issues (legally termed “lay persons”), supported by professional administrators. Across England, different Local Healthwatch organisations have adopted different approaches to ensuring that volunteers and lay persons are engaged directly in the governance of their organisation as well as undertaking Healthwatch activity generally. Havering Healthwatch has chosen not to distinguish

² Healthwatch Havering is the operating name of Havering Healthwatch Limited, a company limited by guarantee, registered in England and Wales under No. 08416383. The Registered Office is Morland House, 12-16 Eastern Road, Romford RM1 3PJ

between the different types of voluntary effort and so terms all who participate in its activities as “Members”

Healthwatch Havering decided early on to give its Members a stake in the organisation by admitting them as members of the company.

There are two categories of member (but all are members of the Company):

Lead Members who commit on average at least five hours a week to Healthwatch activity. Each is responsible for a discrete area of activity, and either leads a team of volunteers or has an over-arching responsibility for facilitating issues common to several, or all, teams.

Active Members who commit on average at least two hours a week to Healthwatch activity. They are the members of the teams (and may, if they wish, belong to more than one team) and undertake the majority of Healthwatch activity.

Supporters

Healthwatch Havering recognise that there are many people who have an interest in health and social care matters who, for one reason or another, do not wish to, or cannot, commit to giving regular time but are able to respond to enquiries, give information and occasionally help out at events.

Such people are not regarded as volunteers and are not members of the company but are termed “supporters”. They play no part in the governance of the organisation.

The Management Board

The Management Board comprises the three Directors who, acting collectively as the statutory Board, are responsible for ensuring the company’s compliance with the various legal requirements for running a business, including company law, taxation (income and corporation), accountancy, health & safety and, of course, the legal framework for Healthwatch (including authorising members to undertake enter and view visits). In accordance with arrangements made by Havering Council, each Director is paid a basic fee of £5,000 per annum, in return for which they commit to a minimum of five hours per week, supervising the organisation generally. Two of the Directors also have executive responsibility as Chairman and Company Secretary respectively, for which they are additionally remunerated; the third Director is non-executive.

The Directors are supported by the (full time) Manager, Community Support Assistant and an Administrative Assistant (both part time), all of whom are salaried employees.

The Strategy, Governance and Assurance Board

The Strategy, Governance and Assurance Board brings together the Management Board and the Lead Members and is responsible for setting the broad policy direction for the organisation. Active Members may be invited to attend Board meetings from time to time.

Among other issues, the Board receives monthly finance updates and reports about the numerous meetings at which Healthwatch Havering is represented.

The Board not only holds the Management Board to account for its stewardship of the Company's resources but considers matters such as the Work Programme, reports of Teams' activities and publication of the Annual Report.

Policies and standard operating procedures

The Management Board decided early on that it was important that Healthwatch Havering should have a series of agreed policies and operating procedures to guide its activities and to ensure that volunteers were aware of the scope - and the constraints - of its activities.

The following policies have been formally adopted:

- Attendance at conferences and events outside London
- Complaints Procedure
- Declaration of Interests Guidance
- Equality & Diversity
- Escalation Procedure for complaints
- Expenses
- Health and Safety
- Safeguarding
- Use of IT
- Volunteer
- Whistle Blowing

A comprehensive handbook for volunteers has been produced.

Every member is issued with a photo-identity card which includes their Disclosure & Barring Service certificate number and, on the reverse, a statement of their statutory right to be involved in Enter and View visits.

Members are encouraged to claim all out-of-pocket expenses and Lead Members are issued with a mobile phone at Healthwatch Havering's expense for use on Healthwatch business. Oyster cards are available to cover the cost of travel on public transport.

The “Healthwatch” logo and trademark

Havering Healthwatch Limited has a licence agreement with Healthwatch England governing use of the Healthwatch logo and trademark.

The Healthwatch logo is used widely for Healthwatch Havering activity. It is used on:

- The Healthwatch Havering website
- This Annual Report
- Publications such as reports of public consultation events and Enter & View visits
- Reports to official bodies, such as the Health & Wellbeing Board and Overview & Scrutiny Committees
- Official stationery, including letterheads and business cards
- Members’ identity cards
- Newspaper advertisements
- Flyers for events

Appendix 5: Summary statement of Income and Expenditure

This Appendix is summarised from the Annual Accounts of Havering Healthwatch Limited. A copy of the full set of Annual Accounts is available from the Company on request, and may be viewed on the Healthwatch Havering website.

	£	£	£	£
<u>INCOME</u>				
Havering LBC: Main grant, 2013/14	117,359			
Havering LBC: Supplementary grants, 2013/14	9,184			
Havering LBC: Supplementary grant, 2014/15	12,000			
Miscellaneous receipts	376			<u>138,919</u>
<u>EXPENDITURE</u>				
1 COSTS OF MANAGEMENT				
Administration costs				
Office expenses, insurance and fees	9,532			
Office rent (including refundable deposit)	10,340			
Mileage, travel and subsistence	2,118	21,990		
Payroll				
Fees and salaries	74,181			
Employers' NICs and pension contribution	8,629			
Payroll administration	1,829	84,639	106,629	
2 COSTS OF VOLUNTEERING				
Volunteers' out of pocket expenses reimbursed		809		
Publicity		1,476		
Recruitment expenses		1,096		
Equipment and supplies		2,079	5,460	
3 COSTS OF TRAINING AND DEVELOPMENT			1,902	
4 COSTS OF PUBLIC CONSULTATION AND EVENTS			3,624	117,615
5 AT BANK				
Carried forward to 2014/15		7,443		
2014/15 supplementary grant (received in 2013/14)		12,000		
2013/14 Corporation Tax provision (due 31 December 2014)		1,861		21,304
				<u>138,919</u>

Appendix 6: Directors, Staff and Members

Healthwatch Havering is led by a combination of Directors of the Company, staff and volunteer Lead Members.

Directors and Manager

Executive Chairman and Director: Anne-Marie Dean



Anne-Marie has over thirty years' experience working in the NHS. She has been a Chief Executive and Board Director of an acute hospital and Director of Commissioning of a former PCT. Her career has included eight years' experience as a Director of a private sector organisation working in both health and social care. As well as being Chairman of Healthwatch she is a volunteer for St. John Ambulance at its National HQ, and is also a Non-Executive Director of a mental health and social care trust.

Executive Director and Company Secretary: Ian Buckmaster



Ian is a Chartered Secretary who, until he retired in March 2013, had worked for nearly 40 years in Havering Council's Democratic Services. In his time there, Ian had been clerk to the Social Services Committee, various Health Committees and the Housing Committee, as well as the full Council and Cabinet. He is an expert in governance and is responsible for Healthwatch Havering's legal, business and financial affairs. He is also District President of St John Ambulance for East London.

Non-Executive Director: Hemant Patel



Hemant is a pharmacist, and has for many years been the Secretary of the North East London Pharmaceutical Committee, which represents pharmacists across the region. He has served four terms as President of the Royal Pharmaceutical Society of Great Britain, and is a member of the steering group of the NEL Public Pharmacy Partnership.

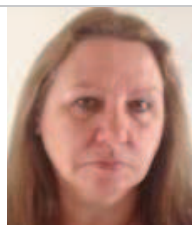
Manager: Joan Smith



Joan began her working life as a police officer with the Metropolitan Police, at Stoke Newington. When she left the police, she went to work in the City, in banking, staying there for some 25 years. In 2009, she became Organiser of Havering Local Involvement Network (LINK), and transferred to Healthwatch Havering when it took over from the LINK.

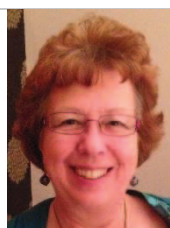
Lead Members

Lead Member, Hospitals: Debbie Baronti



Debbie has over 20 years' experience in NHS management, including 10 years at Assistant Director level with NHS Havering. She is currently employed by a CCG in South London.

Lead Member, Social Care: Christine Ebanks



Christine began her career in the NHS as a cadet nurse in 1970 and then trained as a State Registered Nurse at Harold Wood Hospital. In 1975, she started midwifery training at Barking and Ilford Maternity Hospitals, and then served as a midwife until retirement in March 2013, working initially in hospitals and, from 1989, in as a community midwife in Havering.

Lead Member, Learning Disability: Alan Jones



Alan is a former Detective Inspector, having served with the Metropolitan Police for 30 years. In 2002, when posted to Romford, he became responsible for the Vulnerable Persons Unit, was Chair of the Multi-Agency Public Protection Arrangements and sat on the Elder Abuse Panel. After retiring from the police, Alan worked for the Mayor of London. Previously Chair of Victim Support Havering, he has also worked for Havering Samaritans. Currently, he volunteers with the Citizens' Advice Bureau and is a member of the Independent Monitoring Board at ISIS Prison, Belmarsh.

Lead Member, Dementia Services: Cliff Reynolds



Cliff joined Age Concern Havering following early retirement from the Financial Services industry in 2002. At Age Concern, he was as Information, Advice and Advocacy Manager providing support to older people and their carers. In that role, he provided advocacy support for elderly people in care homes. Cliff is Chair of Havering Over 50's Forum, and was Vice Chair of the Havering LINK until it was replaced by Healthwatch in 2013.

Facilitator, Communication and Design: Irene Buggle



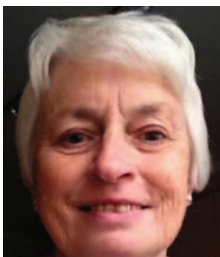







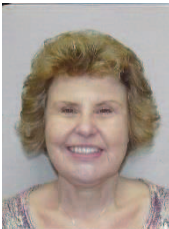



Following a 30-year career holding management positions in an organisation providing market research, marketing and editorial for the pharmaceutical industry, since 2007 Irene has been co-director of a consultancy providing information solutions about that industry to the NHS, media and others, both public and private.

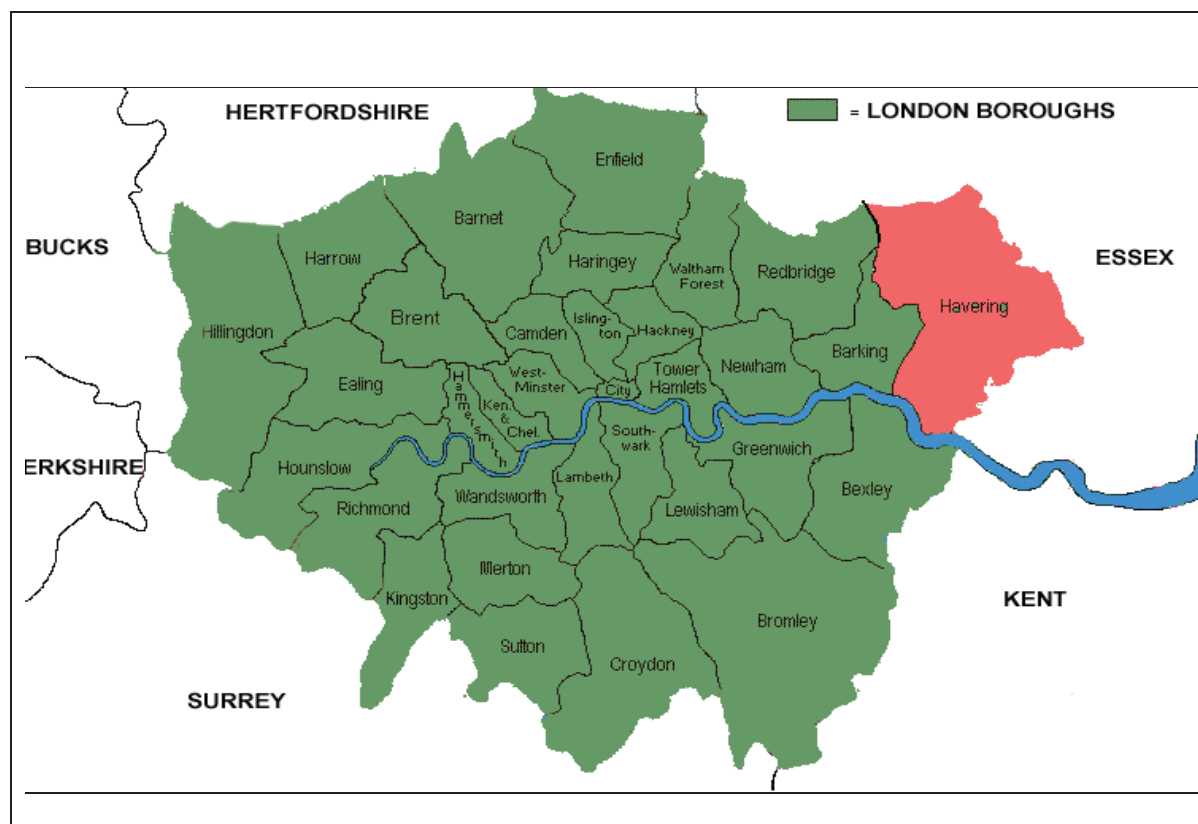
Staff

	
Administrative Assistant: Carole Howard	Community Support Assistant: Beverley Markham

Members

			
Nike Adenmosun	Pierrett Burden	Jenny Ggregory	Donal Hayes
			
Emma Lexton	Terry Matthews	Diane Meid	Dianne Old
			
Lorna Poole	Lucy Sanya	Adrienne Saunderson	John Skillman

Appendix 7: Profile of the London Borough of Havering



The London Borough of Havering was formed in 1965 by the amalgamation of the Borough of Romford and the Urban District of Hornchurch (although the present boundaries differ slightly from the original, as a result of subsequent boundary reviews). It is the third largest of the London Boroughs, and the easternmost, and one of the least built-up, with around 50% of its area designated as green belt, of which a significant part is given over to agriculture or outdoor leisure.

Despite its “leafy borough” appearance, however, the borough has pockets of considerable deprivation: within a couple of miles of each other are wards among the most prosperous in England, and others among the least prosperous.

For many years, the borough has had a disproportionately large, and growing, population of people over 50. This was recognised as a trend likely to affect the provision of health and social care services as long ago as the early 1980s, and has continued without break ever since; the borough has the highest proportion of people aged 85 or over in Greater London and one of the highest such proportions in the whole of England. The proportion of residents from an ethnic minority has also risen markedly since 2000.

Paradoxically, the borough is also experiencing high growth in the proportion of the population aged 18-24; again, that growth (albeit from a much smaller percentage of the population) is among the highest in both Greater London and England.

The following information is extracted from the Havering Joint Strategic Needs Assessment³:

It is estimated that 236,100 people currently live in Havering. Greater London Authority population projections estimate that:

- By 2016, Havering's population will have grown by 5.4% (12,699 people), compared to 5.2% in London
- By 2021, Havering's population will have grown by 11.5% (27,095 people), compared to 8.6% in London
- By 2026, Havering's population will have grown by 14.1% (33,314 people), compared to 10.7% in London

243,508 people are registered with a GP in Havering (GP list population). The GP list population is larger than Havering's estimated population, which could be due to factors such as residents from neighbouring Boroughs being registered with Havering GPs, or patients moving away and not informing their GP.

There are 54,018 people aged 0-18 in Havering, 23% of Havering's population; 36% of the population are aged 50+ (85,999 people); and 21% of the population are of retirement age (60+ females, 65+ males; 49,122 people).

Of the 236,100 Havering residents:

- 52% are female
- 48% are male

The greater number of females than males in Havering's population may in part be explained by the longer life expectancy of females: 55% of the 50+ population are female and 45% male; but in the very elderly (aged 75+), 61% are female and 39% male, with 72% of the most elderly (90+) being female.

Among young people and middle aged adults (aged less than 65), there is a fairly even proportion of males and females at most ages. However, for children and young adults (up to age 33), there is often a greater proportion of males than females by up to several percent. Between the ages of 34 to 65, the proportion of females is often greater than the proportion of males by up to several percent.

In terms of deprivation, Havering is ranked 177th out of 326 local authorities for deprivation (1st being most deprived, 326th being least deprived). However, there are pockets of deprivation, with two small areas of Havering falling into the 10% most deprived areas in England and 11 small areas in Havering falling into the 20% most deprived areas in England.

³ As published on the Council's website www.haveringdatanet/research/jsna.htm – permission to reproduce these findings is gratefully acknowledged

Havering's current population is less ethnically diverse than London overall, with the greatest diversity being among young people:

Ethnicity	0-15			16-64M/59F			65M/60+F		
	Havering	London	England	Havering	London	England	Havering	London	England
White	83%	62%	83%	88%	69%	86%	96%	83%	96%
Mixed	4%	8%	4%	1%	3%	2%	0%	1%	0%
Asian or Asian British	6%	14%	8%	5%	14%	7%	2%	8%	2%
Black or Black British	5%	13%	3%	4%	10%	3%	1%	6%	1%
Other	1%	2%	1%	1%	4%	2%	1%	2%	0%

It is estimated that between 2011 and 2016, Black African and Black Caribbean groups will be the fastest growing ethnic groups in Havering, and will increase faster than in London or outer London Boroughs overall:

	% Growth 2016 Havering	% Growth 2016 Outer London	% Growth 2016 Greater London	% Growth 2021 Havering	% Growth 2021 Outer London	% Growth 2021 Greater London
All Ethnicities	5%	4%	5%	12%	7%	9%
White	4%	1%	3%	9%	1%	4%
Black Caribbean	22%	8%	5%	42%	13%	8%
Black African	33%	16%	11%	61%	25%	18%
Black Other	21%	13%	10%	41%	23%	18%
Indian	11%	8%	8%	21%	13%	13%
Pakistani	11%	12%	11%	20%	19%	19%
Bangladeshi	10%	16%	9%	18%	27%	17%
Chinese	14%	12%	13%	27%	19%	21%
Other Asian	17%	11%	11%	33%	19%	18%
Other	21%	19%	17%	39%	31%	29%
Black and Minority Ethnicities	21%	12%	10%	40%	20%	17%

The Borough is served by

- Havering London Borough Council
- Havering Clinical Commissioning Group
- Barking, Havering & Redbridge University Hospitals NHS Trust
- North East London Foundation Health Trust

Participation in Healthwatch Havering

We need local people, who have time to spare, to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering. To achieve this we have designed 3 levels of participation which should allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Lead Members

To provide stewardship, leadership, governance and innovation at Board level. A Lead Member will also have a dedicated role, managing a team of members and supporters to support their work.

Active members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call our Manager, Joan Smith, on **01708 303 300**;
or email enquiries@healthwatchhaverling.co.uk



*Healthwatch Havering is the operating name of
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No. 08416383*

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