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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Tuesday 12 January 2016	Town Hall, Main Road, Romford

Members 7: Quorum 3

COUNCILLORS:

June Alexander (Chairman)
Patricia Rumble (Vice-Chair)
Ray Best
Viddy Persaud
Roger Westwood
Darren Wise
Keith Roberts

For information about the meeting please contact:
Wendy Gough 01708 432441
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Protocol for members of the public wishing to report on meetings of the London Borough of Havering

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

Reporting means:-

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

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

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

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

What is Overview & Scrutiny?

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

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

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

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

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

Terms of Reference

The areas scrutinised by the Committee are:

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

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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

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

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

3 DISCLOSURE OF 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.

4 MINUTES (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Committee held on 22 September 2015 and authorise the Chairman to sign them.

5 SAFEGUARDING ADULTS

The Sub-Committee will receive a presentation on Safeguarding Adults in Havering.

6 HOMECARE SERVICES PROVIDED BY TAPESTRY

The Sub-Committee will receive details of the homecare services provided by Tapestry.

7 TOPIC GROUP UPDATES (Pages 5 - 10)

Dementia and Diagnosis Topic Group – The Sub-Committee are asked to note the Cabinet response - attached

Learning Disabilities and Support Topic Group – The Sub-Committee are asked to note the Cabinet response - attached

Social Isolation in Older People Topic Group – The Sub-Committee are asked to agree and approve the scoping document for the Social Isolation in Older People Topic Group.

8 PERFORMANCE INDICATORS FOR INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE (Q1 AND Q2) (Pages 11 - 24)

The Sub-Committee will receive a report detailing performance indicator information within its remit for the periods Quarter 1 and Quarter 2 of 2015.

9 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.

10 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 SUB-COMMITTEE
Town Hall, Main Road, Romford
22 September 2015 (7.00 - 8.50 pm)

Present:

Councillors June Alexander (Chairman), Ray Best, Viddy Persaud, Darren Wise, Keith Roberts, Steven Kelly (In place of Roger Westwood) and Phil Martin (In place of Patricia Rumble)

Apologies for absence were received from Councillor Patricia Rumble and Councillor Roger Westwood

5 **MINUTES**

The minutes of the meeting of the Sub-Committeee held on 30 June 2015 were agreed and signed by the Chairman.

6 **PROVISION OF CARE NOW AND IN THE FUTURE**

The Sub-Committee received a report detailing the Future of Care at Home. The current framework arrangement had been in place for the last three years and was due to expire in March 2017. Officers stated that work was commencing to review the services and to understand the needs of users and how the service could meet these needs.

Homecare was not always to the expectation of the residents and there was a need to change the way in which homecare in Havering was commissioned. The Care Act 2014 introduced a range of additional duties for Local Authorities including: promoting and maintaining wellbeing; actively involving users in designing their support plan and remuneration for travel. There was also the introduction of the new National Living Wage which needed to be considered in the commissioning.

Officers informed the Sub-Committee that there were a number of factors that needed to be addressed. These included the expectation of the user, the specification of care needed and what could be provided, capacity issues of the care workers, as well as the retention of staff. It was noted that Havering was the fourth highest paying borough in Greater London with a rate of £14.94, despite this; home care providers in Havering state that they struggle to recruit and retain staff. Another issue was the large geographical area of Havering which means that parts of the borough are difficult to reach. Some areas of the borough were particularly challenging to place care packages due to their remote locations or lack of residents also requiring support nearby.

Members asked how care workers were tracked and monitored to ensure that the service was being provided. Officers explained that it was often down to the user to provide this feedback, either directly to the service, or through their local councillor. Often this can just be a one-off situation where a care worker has not arrived, and was simply a communication issue. However where patterns emerged of care workers not providing the service, the Quality Team would investigate and follow up on any issues.

Members asked whether in the future there would be zoning for care packages. Officers stated that this would be the preference however due to capacity of care workers; agencies often had difficulties in accepting care packages.

The Council wanted to take a co-production approach working with providers, user and other stakeholders, to inform and to shape a sustainable model. ASC Commissioning had organising meetings with care providers to begin the discussions and contact had been made to determine what rates providers were paying their staff and whether they paid for travel times etc.

It was noted that rather than specifying exactly what the service should look like, it was more about defining the outcomes by working with providers and users to determine how to meet the needs. ASC Commissioning was working closely with Economic Development to help develop the market of social care business in the borough. Skills for Care and other stakeholders would be engaged with to help to up-skill the workforce and to ensure that all homecare staff had completed the new Care Certificate. It was hoped to turn care into a career which was attractive to help resolve some of the recruitment and retention issues.

It was noted that the same issues were faced across all London borough, however the turnover of staff in Havering was higher than other boroughs.

The Committee thanked officers for an informative report and asked that an update be given at a future meeting.

7 CARE ACT/ CAREPOINT UPDATE

The Sub-Committee received a presentation setting out the updated information and advice service in Havering. The aim of the service was to offer information and advice that helped people to improve their wellbeing and which prevented or delayed the need for care and support. It was proved that early information prevented the need for dependence on services.

The new offer was to bring information and advice to the community via a community hub together with outreach across the borough. The suggestion was that the community hub be situated in Chippenham Road, Harold Hill, however the building would not be ready until December 2015.

Members raised concerns about the agreed location given the feedback that had been received from residents accessing that location for other services. Concerns were also raised about how the service would be accessed by residents living in the west and south of the borough. It was felt that Romford was the major town within Havering and the hub should be based in Romford.

Officers stated that the previous location, in High Street, Romford, had not been successful therefore it was agreed to provide in a different location. It was agreed that baseline data would be provided on the contract at the previous Romford hub. Consultation had shown that outreach was the right model for users in Havering. This would be monitored and revisited if necessary.

It was agreed that officers would present any initial findings at the Sub-Committee in March.

8 ADULTS ANNUAL COMPLAINTS REPORT

The Sub-Committee received the Adult Social Care Complaints, Comments and Compliments Annual Report 2014-15. It was noted that there had been an increase in the number of Ombudsman referrals and the highest number of complaints received was within the Preventative and Assessment Team, with a sharp increase of 67% in 2014/15 compared to 2013/14. This was attributed to disputes over adaptations/ equipment as well as Freedom Passes, for which the responsibility had moved across from the London Councils to the local authority.

The main outcome in 2014/15 was 'explanation given'. However it was noted that 'apology given' was linked to 'explanation given' where it acknowledged that initial enquires may not have been dealt with or communicated effectively. More meetings had been offered in 2014/15 which had assisted both the complainant understand processes and the decision made and the Service in understanding from the complainant's perspective.

The Sub-Committee noted that there had been a drop in response times by 14% for informal complaints and 39% for formal complaints within 10 working days. External agencies response times within 10 working days had improved in 2014/15 with a complaint being dealt with by discussion with the complainant. There were 21% referred to safeguarding and therefore these cases were closed as a complaint.

The Sub-Committee noted the action plan and the work to be continued.

9 DEMENTIA AND DIAGNOSIS TOPIC GROUP REPORT

The Sub-Committee noted the topic group report and agreed to refer the recommendations to Cabinet.

10 LEARNING DISABILITIES AND SUPPORT TOPIC GROUP REPORT

The Sub-Committee noted the topic group report and agreed to refer the recommendations to Cabinet.

11 FUTURE AGENDAS

The Sub-Committee agreed to establish a topic group to look at Mental Health in the community. The first meeting would provide an overview of mental health to members which a view to looking at specific areas in following meetings. The first date of the topic group would be circulated.

The Chairman suggested that a presentation from Tapestry be given on the types of homecare services they provide at a future meeting.

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Chairman

DEMENTIA AND DIAGNOSIS TOPIC GROUP REPORT

Councillor Wendy Brice-Thompson, Cabinet Member for Adult Social Services and Health, introduced the report

Cabinet was informed that at its meeting on 9 September 2014 the Individuals Overview and Scrutiny Sub-Committee agreed to establish a topic group to scrutinise the different stages of diagnosis, how assessments were carried out and the support in place for people living with dementia.

The Topic Group concluded its investigations after five meetings and reported its findings to the Sub-Committee at its meeting on 22 September 2015.

The report before Cabinet identified the pre-diagnosis of dementia, the assessments that were carried out to identify memory loss and the support that was in place for people living with dementia.

During the review, the Topic Group had noted the process for referrals from GP's to the memory service currently administered by the North East London NHS Foundation Trust (NELFT) and the Clinical Commissioning Group (CCG).

The report noted the training and education that was available to GP's to ensure early diagnosis of possible dementia together with other symptoms which could cause memory loss.

The Topic Group also explored best practice in the borough's care homes in supporting residents living with dementia. The report identified a number of recommendations for NELFT, the CCG and Adult Social Care to implement.

Reasons for the Decision

Under the Local Government and Public Involvement in Health Act 2007, s. 122, Cabinet is required to consider and respond to a report of an Overview and Scrutiny Committee within two months of its agreement by that Committee or at the earliest available opportunity. In this case, Cabinet was required to do this at its meeting on 18 November 2015. Cabinet is also required to give reasons for its decisions in relating to the report, particularly in instances where it decides not to adopt one or more of the recommendations contained within it.

Other options considered:

None. There are no alternative options.

Before Cabinet came to its decision, Members expressed the view that the record should show their appreciation for the work undertaken by the Overview and Scrutiny Topic Group and that in addition to noting its report, Cabinet should endorse its findings and commend them to the appropriate body for implementation.
Cabinet:

1. **Noted** the report of the Topic Group and thanked it for its excellent work.

2. **Confirmed** and **supported** its recommendations and **referred** them to the Health and Wellbeing Board for implementation.

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LEARNING DISABILITIES AND SUPPORT TOPIC GROUP REPORT

Councillor Wendy Brice-Thompson, Cabinet Member for Adult Social Services and Health, introduced the report

Cabinet was informed that at its meeting on 9 September 2014, the Individuals Overview and Scrutiny Sub-Committee agreed to establish a topic group to scrutinise the support available to young people with learning disabilities with transition from School to College/Further Education and where capable, into work opportunities.

The Topic Group met on eight occasions during the course of its investigations and reported its findings to the Sub-Committee on 22 September 2015.

During the review, the Topic Group had noted that the changes from the current "statements of educational need" to Education Health and Care Plans were part of the Children's and Families Act which had become law on 1 September 2014.

The report considered how these Education Health and Care Plans should be written to ensure that they were person-centred.

The report also identified a number of recommendations for officers and external partners to ensure a joint working approach which ought to identify the best outcomes for the child.

Reasons for the decision:

Under the Local Government and Public Involvement in Health Act 2007, s. 122, Cabinet is required to consider and respond to a report of an Overview and Scrutiny Committee within two months of its agreement by that Committee or at the earliest available opportunity. In this case, Cabinet was required to do this at its meeting on 18 November 2015. Cabinet is also required to give reasons for its decisions in relating to the report, particularly in instances where it decides not to adopt one or more of the recommendations contained within it.

Other options considered:

None. There are no alternative options.

Cabinet:

1. **Noted** the report of the Topic Group and thanked it for its hard work and the high quality of its findings and pertinence of its recommendations and

2. **Authorised** the Cabinet Member for Adult Social Services and Health to establish a link between the Local Authority and Job Centres and local employers to enable people with learning disabilities to obtain employment.

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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

TIMETABLE FOR SOCIAL ISOLATION IN OLDER PEOPLE TOPIC GROUP

MEMBERS OF THE TOPIC GROUP:

Councillor June Alexander
Councillor Patricia Rumble
Councillor Ray Best
Councillor Keith Roberts
Councillor Philip Hyde

Objectives and Parameters

To identify social isolation in older people in Havering

1. To look at the root causes of social isolation, and how this affects the Mental Health of individuals.
2. To understand what support and services are available for older people in Havering to prevent social isolation, including the Social Inclusion Project.
3. To identify any areas for improvements and recommendations.

It was anticipated that these areas would be dealt with over three meetings.

Target date for completion

It is anticipated that this scrutiny review will be completed by March 2016.

What witnesses (if any) will be called?

Elaine Greenway – Acting Consultant in Public Health
Barbara Nicholls –Head of Adult Social Care and Commissioning
Clare Burns – Senior Locality Lead – Planning and Integration (CCG)
John Green – Strategic Commissioning Lead – Adult Social Care

Are visits to be undertaken

Visit to the Improving Access to Psychological Therapies (IAPT)
Visits to Potential clients of the Social Inclusion Project
Visit Voluntary Sector organisations – Tapestry/ MIND

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INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Corporate Performance Report: Quarters 1 & 2 (2015/16)
CMT Lead:	Andrew Blake Herbert, Deputy Chief Executive, (Communities and Resources)
Report Author and contact details:	Graham Oakley, Senior Performance and Business Intelligence Analyst,
Policy context:	The report sets out Quarter 1 and Quarter 2 performance for indicators relevant to the sub-committee

SUMMARY

The Corporate Performance Report provides an overview of the Council's performance for each of the strategic goals (Clean, Safe and Proud). All of the indicators relevant to this committee contribute to the achievement of the strategic goal that the people of the borough will be safe, in their homes and in the community.

The report identifies where the Council is performing well (Green) and not so well (Amber and Red). The RAG ratings for 2015/16 are as follows:

- Red = more than the **'target tolerance'** off the quarter target and where performance has *not improved*.
- Amber = more than the **'target tolerance'** off the quarter target and where performance has *improved or been maintained*
- Green = on or within the **'target tolerance'** of the quarter target

Where performance is more than the **'target tolerance'** off the quarter target and the RAG rating is 'Red', '**Corrective Action**' is included in the report. This highlights what action the Council will take to address poor performance.

Also included in the report are Direction of Travel (DOT) columns, which compare:

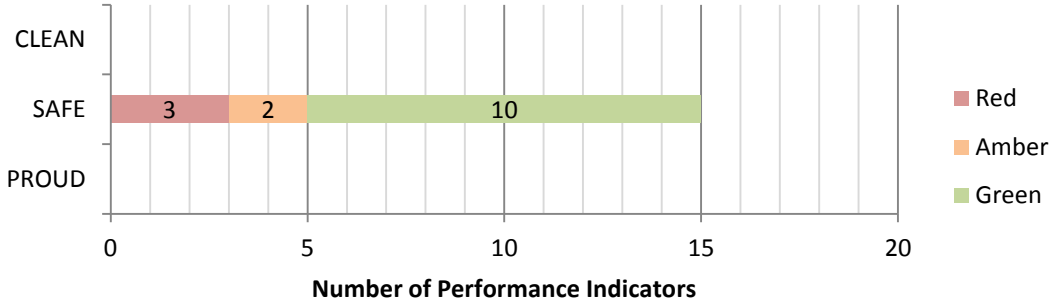
- Short-term performance – with the previous quarter
- Long-term performance – with the same quarter the previous year

A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance is the same.

OVERVIEW OF ADULT SOCIAL CARE INDICATORS

15 Corporate Performance Indicators fall under the remit of the Individuals Overview & Scrutiny sub-committee. These all relate to the Adult Social Care and Commissioning Service.

Q2 2015/16 RAG Summary for Adult Social Care



Of the 15 indicators, all have been given a RAG status for Quarter 2. **10 (67%)** are Green and **5 (33%)** are Red or Amber.

The current levels of performance need to be interpreted in the context of increasing demands on services across the Council. Also attached to the report (as **Appendix 3**) is a Demand Pressure Dashboard that illustrates the growing demands on Adult Social Care services and the context that the performance levels set out in this report have been achieved within.

The feasibility of being able to achieve the targets associated with the following indicators (performance against which is RAG rated as "Red" for Quarter 2) is currently being reviewed in the context of the increasing levels of demand:

- Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 18-64)
- Total non-elective admissions into hospital (general and acute), all-age, per 100,000 population

The outcomes of this review will be considered as part of the Council's budget strategy, as well as the corporate and service planning processes for next financial year, as additional budget and / or other resources would need to be allocated to these in order to improve their performance. The Council's draft budget already recognises the demographic pressures illustrated at **Appendix 3** however both the budget and / or the targets will be revised as necessary in light of the review of the level of additional resources required to achieve the targets as they are currently set.

Future performance reporting arrangements

In discussion with the Overview and Scrutiny Board and some of the Overview and Scrutiny Sub-Committees, consideration has recently been given to the current performance reporting arrangements and how they might be improved going forward.

Under the current arrangements, the quarterly and annual corporate performance reports are considered by the Cabinet first, then the Overview and Scrutiny Board and finally the various Overview and Scrutiny Sub-Committees. Depending on the meetings schedule in any given quarter, the whole cycle of reporting takes between four and seven months to complete. For Quarter 1 of this year, there is a seven-month time lag between the end of the quarter and the point at which most of the overview and scrutiny sub-committees have had the opportunity to scrutinise the data (so performance during the April to June period is being scrutinised in January).

Going forward, from the new financial year onwards, Cabinet has agreed that the quarterly and annual Corporate Performance Reports will be considered first by the individual overview and scrutiny sub-committees, then the Overview and Scrutiny Board and finally the Cabinet. This will allow the Cabinet reports to reflect any actions or comments the overview and scrutiny committees may be making to improve performance in highlighted areas as well as shortening the overall performance reporting cycle.

RECOMMENDATIONS

Members are asked to review performance set out in **Appendices 1 and 2** and the corrective action that is being taken; and note the content of the Demand Pressures Dashboard attached as **Appendix 3**.

REPORT DETAIL

67% (10 of 15) of Adult Social Care indicators were performing within target tolerance at the end of Quarter 2.

Highlights:

- The overall rate of delayed transfers of care from hospital at the end of Quarter 2 was better than target, better than Quarter 1 and better than at the same point last year.

- Part 1 of the delayed discharge indicator monitors the success of partnership working. There has been a reduction in the overall number of patients who are classed as a delayed discharge. To date there have been an average of 5.2 delays per month (2.7 per 100,000 population). This is split evenly across both the acute and non-acute sector. At the same point last year there had been an average of 7.8 delays per month (4.8 per 100,000), this was broken down by an average of 5 delays in the acute sector and 2.8 in the non-acute sector. There has been a significant reduction in the number of delays within the acute sector. There has also been an improvement in the short term direction of travel, from 2.9 delays per 100,000 in Quarter 1 to 2.7 delays per 100,000 in Quarter 2.

- Part 3 of the delayed discharge indicator monitors where Adult Social Care is the main reason for the delay in discharge from hospital. As with part 1 of this indicator there has been continued success in discharging patients from hospital. To date there has been an average of less than 1 delay per month (0.4 per 100,000) where the responsibility was Adult Social Care's. This compares to over 1 delay per month (0.6 per 100,000) at the same stage last year.

- Although there hasn't been an improvement in the number of admissions into long stay establishments, there has, however been relatively sustained performance with 133 admissions, this averages out at around 5 new admissions per week. Of the 133 admissions, 71 (53%) are over the age of 85.

- 88.9% of carers requested information and advice during the first half of the year, against a target of 75%.

Improvements required:

- Adult Social Care continues to try to improve the outturn in relation to Self-Directed Support (SDS) and Direct Payments. Currently 1,368 (67.8%) service users receive their support via self-direction out of a possible 2,018 service users.

- As with Self Direction, service users receiving a service via a Direct Payment (DP) continues to be a challenge. At present only 738 (36.6%) receive a Direct Payment, however performance has improved slightly from Quarter 1 to Quarter 2. It is particularly challenging for Havering as it is acknowledged that take-up of direct payments is difficult in the 85+ age group. A working group has been established to focus on increasing SDS performance and DP take up.

- The rate of permanent admissions to residential and nursing care homes for 18-64 year olds is currently worse than target however this target is particularly stretching as it only allows for 14 admissions per year. The Adult Social Care service is managing a number of complex cases where clients can no longer be supported in the community. Like the Council, the hospital and other health partners are also experiencing increasing demand, despite working proactively together to put in place a number of demand management initiatives (such as the Joint Assessment and Discharge Team, Community Treatment Teams and Intensive Rehabilitation Service), all of which are running at or near capacity. The Adult Social Care service is aware of upcoming transitions and is monitoring clients in the community who may need moving to residential placements in the near future.

- There are continual challenges for Havering in the area of non-elective admissions. Work is ongoing between the hospital trust and the Clinical Commissioning Group (CCG) to rectify the issues.

IMPLICATIONS AND RISKS

Financial implications and risks:

Adverse performance against some Corporate Performance Indicators may have financial implications for the Council, particularly where targets are explicitly linked with particular funding streams (e.g. the Better Care Fund).

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.

Human Resources implications and risks:

There are no specific Human Resource implications and risks arising from this report.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to review the Council's progress against the Corporate Plan and Service Plans on a regular basis.

Equalities implications and risks:

The following Corporate Performance Indicators RAG rated as 'Red' or 'Amber' could potentially have equality and social inclusion implications for a number of different social groups if performance does not improve:

- Number of Service Users receiving Self Directed Support
- Proportion of Mental Health Clients in Paid Employment
- Permanent admissions to residential and nursing homes per 100,000 population (18-64)
- Total non-elective admissions into hospital

The commentary for each indicator provides further detail on steps that will be taken to improve performance and mitigate these potential inequalities.

BACKGROUND PAPERS

The Corporate Plan 2015/16 is available on the website at http://www.havering.gov.uk/Documents/Council-democracy-elections/Corporate-Plan-on-a-page-2015-16.pdf

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Appendix 1: Quarter 1 2015/16 Corporate Performance Report

RAG Rating		Direction of Travel (DOT)	
Green	On or within the 'variable tolerance' of the quarter target	↑	**Short Term**: Performance is better than the previous quarter **Long Term:** Performance is better than last year
Amber	More than the 'variable tolerance' off the quarter target and where performance has improved or been maintained compared to the same quarter last year. Or where a NEW indicator, so no previous performance in the same quarter last year.	→	**Short Term:** Performance is the same as the previous quarter **Long Term:** Performance is the same as last year
Red	More than the 'variable tolerance' off the quarter target and where performance has not improved compared to the same quarter last year	↓	**Short Term:** Performance is worse than the previous quarter **Long Term:** Performance is worse than last year

Description	
Corporate Plan Indicator	
Outturns reported cumulatively	**(C)**
Outturns reported as snapshot	**(S)**
Outturns reported as rolling year	**(R)**

SAFE: Supporting our community											
Ref.	**Indicator**	**Value**	**2015/16 Annual Target**	**2015/16 Quarter 1 Target**	**Variable Tolerance**	**2015/16 Quarter 1 Performance**	**Short Term DOT against 2014/15 (Q4/Annual)**		**Long Term DOT against 2014/15 (Q1)**		**Comments**
ASCOF 2A(i) **(C)**	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 18-64)	Smaller is Better	10	2.4	±10%	2.7 (4 of 14,7134) (RED)	–	9.6	↓	1.4	Permanent admissions for individuals aged 18-64 years (2.7 per 100,000) is higher than target (2.4 per 100,000) and the same period last year (1.4 per 100,000). The indicator is anticipated to fluctuate throughout the year. **CORRECTIVE ACTION: Admissions will be monitored during the Panel process across all three service areas, and this will be overseen by the Head of Service at the monthly ASC Performance Group.**
ASCOF 2A(ii) **(C)**	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is Better	598.1	152.6	±10%	142.6 (65 of 45,582) (GREEN)	–	606.9	↓	67	Permanent admissions for individuals aged 65+ (142.6 per 100,000) is better than target (152.6 per 100,000) but worse than the same period last year (67 per 100,000). There continues to be pressure for placements in the borough. The average age of permanent admissions (aged 65+) to residential and nursing care homes is 84 years.
L7 (BCF)	Total non-elective admissions into hospital (general & acute), all-age per 100,000 population	Smaller is Better	No annual target. Targets set for each quarter	2,582 (Q4 2014/15)	±0%	2,730 (6,735 of 246,731) (Q4 2014/15 time lag) (RED)	–	Q3 2014/15 NOT AVAILABLE	–	NEW	Non-elective admissions into hospital (2,730) is higher than target (2,582) at the end of Q4. There were a couple of reasons that contributed to this indicator missing target: 1) some non-elective admissions were miscoded by BHRUT, which the CCG is working to rectify with BHRUT; and 2) there were a number of Long-Term Conditions, including COPD, Asthma, Pneumonia and heart failure. This was a new corporate indicator for 2014/15, so a DOT cannot be provided against Q4 2013/14. **CORRECTIVE ACTION: A 'deep dive' is being undertaken by the Clinical Commissioning Group (CCG) and Commissioning Support Unit to identify the causes of non-elective admissions.**
ASCOF 1F **(C)**	Percentage of adults in contact with secondary mental health services in paid employment	Bigger is Better	6.5%	6.5%	±10%	7.3% (35 of 480) (GREEN)	↑	6.8% (31 of 459)	↓	7.5% (39 of 520)	Adults in contact with secondary mental health services in paid employment (7.3%) is better than target (6.5%) but slightly less than the same period last year (7.5%). Mental health services (led by NELFT) are committed to the recovery model and work closely with service users to support them to fulfil their potential in accessing employment opportunities.
ASCOF 1G **(C)**	Percentage of adults with learning disabilities who live in their own home or with their family	Bigger is Better	63%	12%	±10%	11% (56 of 498) (GREEN)	–	63% (319 of 509)	↑	9.0% (46 of 509)	Adults with learning disabilities living in their own home or with family (11%) is within target tolerance (12%) and higher than the same period last year (9%). A work programme has been developed between the Learning Disability and Performance teams, so that the service is aware of the number of clients that need their accommodation checked. Performance is expected to be back on track for Q2.
ASCOF 1H **(C)**	Percentage of adults in contact with secondary mental health services living independently, with or without support	Bigger is Better	94%	94%	±10%	88% (421 of 480) (GREEN)	→	88% (405 of 459)	↓	92% (479 of 520)	Adults in contact with secondary mental health services living independently (88%) is within target tolerance (94%) but slightly less than the same period last year (92%). NELFT continue to help remove barriers that service users face in accessing accommodation.

L3 **(C)**	Percentage of people who return to Adult Social Care 91 days after completing reablement	Smaller is Better	5%	5%	±10%	4.2% (7 of 168) (GREEN)	↑	4.4% (28 of 640)	↓	1.7% (3 of 175)	People returning to ASC after completing reablement (4.2%) is better than target (5%) but worse than the same period last year (1.7%).
L6 (BCF) **(S)**	Carers who request information and advice	Bigger is Better	75%	75%	±10%	89% (144 of162) (GREEN)	→	89%	–	NEW	Data for this indicator is taken from the bi-annual statutory survey. The last survey showed that 89% of carers had requested information and advice, which was better than target (75%). This is a new corporate indicator for 2015/16, so a DOT cannot be provided.
L8 (BCF)	Patient/service user experience (managing long term conditions)	Bigger is Better	34%	34%	±10%	32.1% (547 of 1,703) (GREEN)	–	N/A	–	NEW	Data for this indicator is taken from the GP patient survey. 32% of patients/service users were satisfied with the support provided, placing the indicator within target tolerance. This is a new corporate indicator for 2015/16, so a DOT cannot be provided.
ASCOF 2C(i)a **(C)**	Overall rate of delayed transfers of care from hospital per 100,000 population	Smaller is Better	6	6	±10%	2.9 (5.5 of 192,716) (GREEN)	↑	4.5	↑	5.3	Overall rate of delayed transfers of care from hospital (2.9 per 100,000) is better than target (6 per 100,000) and the same period last year (5.3 per 100,000). Performance in this area is robustly monitored following the creation of the Joint Assessment and Discharge Team. ASC will continue to work with health colleagues to maintain positive performance in this area and improve discharge processes in the borough.
ASCOF 2C(i)b **(C)**	Rate of delayed transfers of care from hospital per 100,000 population	Smaller is Better	389.1	352.3 (Q4 2014/15)	±10%	252.4 (233 of 193,582) (Q4 2014/15 time lag) (GREEN)	↑	386.35 (Q3 2014/15)	–	NEW	Rate of delayed transfers of care from hospital (252.4 per 100,000) was better than target (352.3) at the end of Q4. This was a new corporate indicator for 2014/15, so a DOT cannot be provided against Q4 2013/14.
ASCOF 2C(iii) **(C)**	Rate of delayed transfers of care attributable to Adult Social Care (ASC) only per 100,000 population	Smaller is Better	1.0	1.0	±10%	0.5 (1 of 192,716) (GREEN)	↑	1.1	↑	0.8	Rate of delayed transfer of care attributable to Adult Social Care (0.5 per 100,000) is better than target (1.0 per 100,000) and the same period last year (0.8 per 100,000). ASC continue to focus efforts with the Joint Assessment and Discharge Team to ensure timely discharges take place for all clients with a social care need.
SAFE: [illegible] our influence											
ASCOF 2C(ii) **(C)**	Rate of delayed transfers of care from hospital attributable to Adult Social Care (ASC) and Health per 100,000 population	Smaller is Better	2.8	2.8	±10%	0.5 (1 of 192,716) (GREEN)	↑	2.0	↑	1.8	Delayed transfer of care from hospital attributable to ASC and Health (0.5 per 100,000) is better than target (2.8 per 100,000) and the same period last year (1.8 per 100,000). ASC continue to use their influence to ensure timely discharges take place for all clients with a social care need.
SAFE: Leading by example											
ASCOF 1C(i) **(S)**	Percentage of people using social care who receive self-directed support and those receiving direct payments	Bigger is Better	82%	82%	±10%	67.1% (1,363 of 2,031) (RED)	↓	75.4% (1,536 of 2,036)	↓	81% (1,516 of 1,876)	Self-directed support and direct payments (67.1%) are below target (82%) and the same period last year (81%). **CORRECTIVE ACTION: ASC will review a number of non self-directed support cases to find out if there are any specific reasons for low take-up. In line with the national picture, the service continues to face challenges in increasing the take-up of self-directed support for older people and is working hard to help people make best use of the money they receive to purchase their own care services. This is being done by the development of the Market Position Statement.**
ASCOF 1C(ii) **(S)**	Direct payments as a percentage of self-directed support	Bigger is Better	45%	45%	±10%	36.2% (735 of 2,031) (RED)	↑	36.1% (736 of 2,036)	↓	41.3% (774 of 1,876)	Direct payments (36.2%) is below target (45%) and below the same period last year (41.3%). **CORRECTIVE ACTION: A deep dive into the reasons behind the decline is being undertaken. This will be fed into the newly set up task group to review SDS (including Direct Payment) take up.**

Appendix 2: Quarter 2 2015/16 Corporate Performance Report

Havering LONDON BOROUGH

RAG Rating		Direction of Travel (DOT)	
Green	On or within the 'variable tolerance' of the quarter target	↑	**Short Term**: Performance is better than the previous quarter **Long Term:** Performance is better than at the same point last year
Amber	More than the 'variable tolerance' off the quarter target but where performance has improved or been maintained.	→	**Short Term:** Performance is the same as the previous quarter **Long Term:** Performance is the same as at the same point last year
Red	More than the 'variable tolerance' off the quarter target and where performance is worsening	↓	**Short Term:** Performance is worse than the previous quarter **Long Term:** Performance is worse than at the same point last year

Description	
Corporate Plan Indicator	
Outturns reported cumulatively	**(C)**
Outturns reported as snapshot	**(S)**
Outturns reported as rolling year	**(R)**

Ref.	Indicator	Value	2015/16 Annual Target	2015/16 Quarter 2 Target	Variable Tolerance	2015/16 Quarter 2 Performance	Short Term DOT against 2015/16 (Q1)		Long Term DOT against 2014/15 (Q2)		Comments
SAFE: Supporting our community											
ASCOF 2A(i) **(C)**	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 18-64)	Smaller is Better	10	5	±10%	6.8 (10 of 14,7134) RED	↓	2.7 (4 of 14,7134)	↓	3.4	The rate of permanent admissions for individuals aged between 18-64 years is currently worse than target; however, this performance indicator is particularly stretching as it only allows for 14 admissions for the year. It is unlikely that this target will be met by year end as performance would need to remain almost static until December to be on target. Increasingly services are managing a number of complex placements where clients can no longer be supported in the community. The services are aware of upcoming transitions cases and all services are monitoring clients in the community that may need moving to residential placements in the near future, particularly those with older carers.
ASCOF 2A(ii) **(C)**	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is Better	598.1	301.1	±10%	291.8 (133 of 45582) GREEN	↓	142.6 (65 of 45,582)	↓	265.5	Performance in this area is positive and above target at Q2. As ever, there is continued pressure for placements in the Borough and work is continuing to ensure that admissions are timely and appropriate. The average age of council-supported permanent admissions of adults (aged 65+) to residential and nursing care is 84 years.
L7 (BCF)	Total non-elective admissions into hospital (general & acute), all-age per 100,000 population	Smaller is Better	No annual target. Targets set for each quarter	2263	±0%	2734 (6747 of 246731) (Q1) RED	↓	2,730 (6,735 of 246,731) (Q4 2014/15 time lag)	–	NEW	Due to different frequencies of reports to the NHS, it was agreed that they would standardise their reporting arrangements for A&E, RTT, cancer, diagnostics, ambulances, 111 and delayed transfers of care so that all the data is published on one day each month. This means that there is a time lag on when their data is presented in house. Performance is worse than target and that of the previous quarter (Q4 2014/15). **Corrective Action:** Colleagues in CCG and BHRUT are continuing to look into the reasons for the underperformance.
ASCOF 1F **(C)**	Percentage of adults in contact with secondary mental health services in paid employment	Bigger is Better	6.5%	6.5%	±10%	5.4% (26 of 481) RED	↓	7.3% (35 of 480)	↓	7.9% (38 of 483)	This performance indicator is led by NELFT. Performance is currently below target in this area however the target is expected to be met by year end. Mental Health Services are committed to the recovery model and work closely with service users to support them to fulfil their potential in accessing employment opportunities.
ASCOF 1G **(C)**	Percentage of adults with learning disabilities who live in their own home or with their family	Bigger is Better	63%	29%	±10%	29.2% (147 of 503) GREEN	↑	11% (56 of 498)	↓	30% (138 of 459)	Performance in this area is just above target in Q2 and focused work is ongoing within the Community Learning Disabilities Team (CLDT) to ensure that performance is continues to improve by Q3 and the target is met by year end.
ASCOF 1H **(C)**	Percentage of adults in contact with secondary mental health services living independently, with or without support	Bigger is Better	94%	94%	±10%	86.7% (417 of 481) GREEN	↓	88% (421 of 480)	↓	91% (439 of 483)	This performance indicator is led by NELFT. Performance is currently slightly below target and has reduced further since Q1. NELFT continues to work to remove the barriers to Mental Health service users accessing and remaining in settled accommodation, and coming out of residential settlings back into the community

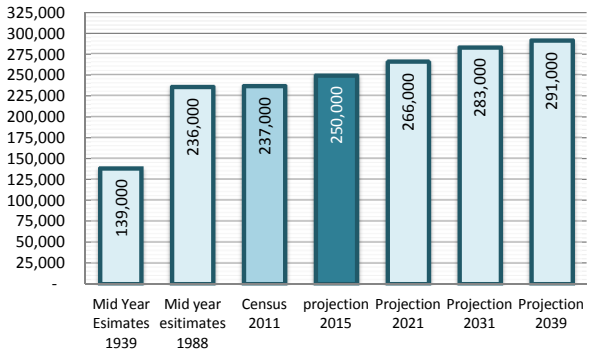
Ref.	Indicator	Value	2015/16 Annual Target	2015/16 Quarter 2 Target	Variable Tolerance	2015/16 Quarter 2 Performance	Short Term DOT against 2015/16 (Q1)		Long Term DOT against 2014/15 (Q2)		Comments
L3 **(C)**	Percentage of people who return to Adult Social Care 91 days after completing reablement	Smaller is Better	5%	5%	±10%	4.9% (17 of 346) GREEN	↓	4.2% (7 of 168)	↓	3.5% (12 of 339)	This indicator monitors the success of reablement and measures the percentage of service users who return after a successful reablement phase. The current outturn is close to target therefore it is possible that this indicator will be below target by Q3. **Corrective Action:** The majority of referrals into reablement are from hospital. As always discharge into reablement services will continue to be monitored to ensure appropriateness.
L6 (BCF) **(S)**	Carers who request information and advice	Bigger is Better	75%	75%	±10%	88.9% (144 of 162) GREEN	→	89% (144 of162)	–	NEW	This data is taken from the bi-annual statutory survey. This indicator is monitored annually as part of the Better Care Fund submissions.
L8 (BCF)	Patient/service user experience (managing long term conditions)	Bigger is Better	34%	34%	±10%	33.1% (Jul 15) (578 of 1748) GREEN	↑	32.1% (547 of 1,703)	–	NEW	Performance in this area is consistent. Data is taken from GP patient survey and will be monitored as part of the Better Care Fund submissions.
ASCOF 2C(i)a **(C)**	Overall rate of delayed transfers of care from hospital per 100,000 population	Smaller is Better	6	6	±10%	2.7 (5.2 of 192716) GREEN	↑	2.9 (5.5 of 192,716)	↑	4.1	The overall rate of delayed transfers of care from hospital is better than target and is better than both last quarter and the same period last year. Performance in this area is robustly monitored following the creation of the Joint Assessment and Discharge Team. ASC will continue to work with Health colleagues to maintain positive performance in this area and to improve discharge processes in the Borough
ASCOF 2C(i)b **(C)**	Rate of delayed transfers of care from hospital per 100,000 population	Smaller is Better	389.1	355.6 (Q1)	±10%	360.57 (698 of 193582) (Q1) GREEN	↓	252.4 (233 of 193,582) (Q4 2014/15)	–	NEW	Due to different frequencies of reports to the NHS, it was agreed that they would standardise their reporting arrangements for A&E, RTT, cancer, diagnostics, ambulances, 111 and delayed transfers of care so that all the data is published on one day each month. This means that there is a time lag on when their data is presented in house. Performance is positive in this area and is expected to remain so throughout the year. This indicator is monitored through the Better Care Fund submission.
ASCOF 2C(iii) **(C)**	Rate of delayed transfers of care attributable to Adult Social Care (ASC) only per 100,000 population	Smaller is Better	1.0	1.0	±10%	0.4 (0.8 of 192,716) GREEN	↑	0.5 (1 of 192,716)	↑	0.6	Performance in this area is within target and is better than at the same point last year. ASC continue to focus efforts with the JAD team to ensure timely discharges take place for all clients with social care needs.
SAFE: Using our influence											
ASCOF 2C(ii) **(C)**	Rate of delayed transfers of care from hospital attributable to Adult Social Care (ASC) and Health per 100,000 population	Smaller is Better	2.8	2.8	±10%	0.5 (1 of 192716) GREEN	→	0.5 (1 of 192,716)	↑	1.6	Performance in this area is well within target and significantly better than at the same point last year with the number of instances of a delayed transfer of care reducing greatly. ASC continues to use its influence to ensure timely discharges take place for all clients with a social care need.
SAFE: Leading by example											
ASCOF 1C(i) **(S)**	Percentage of people using social care who receive self-directed support and those receiving direct payments	Bigger is Better	82%	82%	±10%	67.8% (1368 of 2018) AMBER	↑	67.1% (1,363 of 2,031)	↓	73% (1,522 of 2,078)	Self-Directed Support (SDS) and personalisation continues to be at the heart of the service offer within Adult Social Care (ASC). ASC is currently below target for this indicator and performance is worse than at the same point last year but slightly better than last quarter. The Service will be reviewing a number of non SDS cases to establish if there are any specific or different reasons for the current low take up. It is anticpated that this project will lead to an increase in clients receiving services under SDS and that target will be met by year end.
ASCOF 1C(ii) **(S)**	Direct payments as a percentage of self-directed support	Bigger is Better	45%	45%	±10%	36.6% (738 of 2018) AMBER	↑	36.2% (735 of 2,031)	→	37% (779 of 2,078)	Direct Payments (DPs) are one component of the Self Directed Support (SDS) offer. ASC is currently below target for this indicator and is worse than at the same point last year. However, the performance has improved slightly since the last Quarter. A working group has been set up to focus on increasing SDS performance, and also to consider increasing DP take up by service users, where possible. However, in line with the national picture, ASC continues to face challenges in increasing the take up of DPs for older people and considering Havering's significant older population this explains the scale of the challenge the service has in this area

Appendix 3: Quarter 2 2015/16 Demand Pressure Dashboard

POPULATION

DP 01: Havering Population Growth

Annual



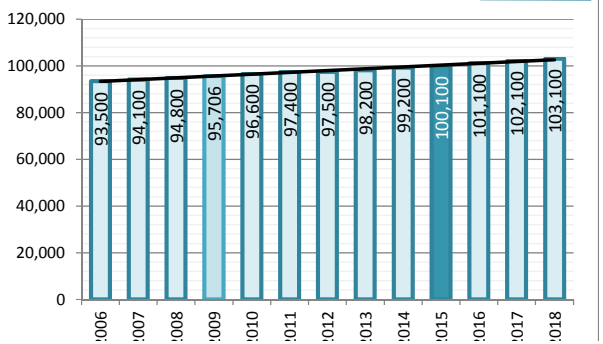
Source: ONS population estimates; 2011 Census; GLA 2013 round capped SHLAA projections

The ONS population estimates, the 2011 Census and GLA 2013 round capped SHLAA Projections , show that Havering's population growth has seen the second largest proportional increase in London from 1939-2015 (80%), Hillingdon has the highest (82%) and Bromley saw the third highest proportional increase in London(35%).

POPULATION

DP 02: Households - GLA Projections

Annual



Source: GLA Round Demographic Projections, 2014

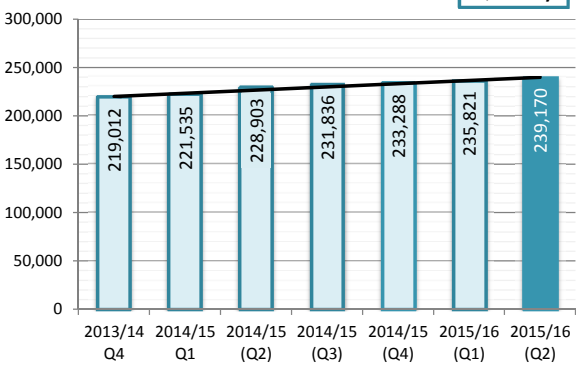
Using GLA estimates of the total number of households by borough, 1991-2041, the number of households in Havering has grown by 6,600 households (as at 2015) and is projected to grow by a further 3,000 households by 2018 .

** Figures rounded to nearest 100*

POPULATION

DP 03: GP Registrations

Quarterly

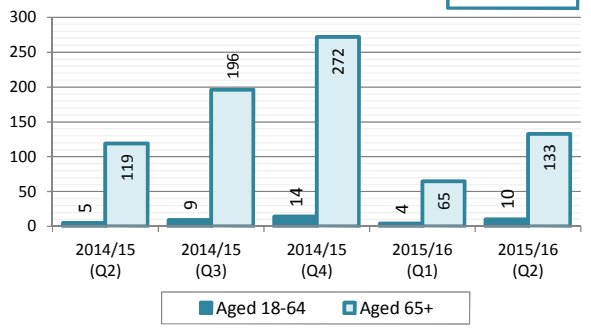


The figure for Q2 suggests that the total GP registered population of Havering CCG (that are also resident in Havering LA) increased by 1.4% from the previous quarter to 239,170 – a 4.5% increase from same quarter last year.

ADULT SOCIAL CARE

DP 09: Permanent admissions to residential and nursing care homes

Cumulative

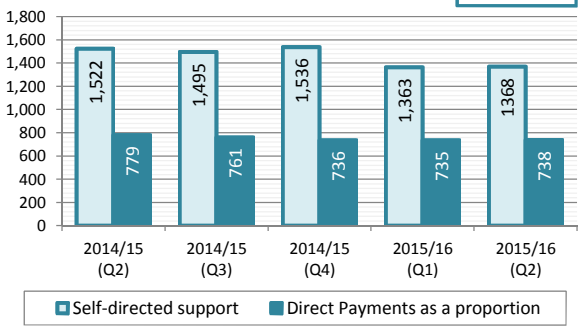


Demand for residents aged 18-64 has doubled (10) compared with the same period last year (5), and is 12% higher for residents aged 65+ (119 Q2 2014/15 to 133 Q2 2015/16).

ADULT SOCIAL CARE

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

Snapshot

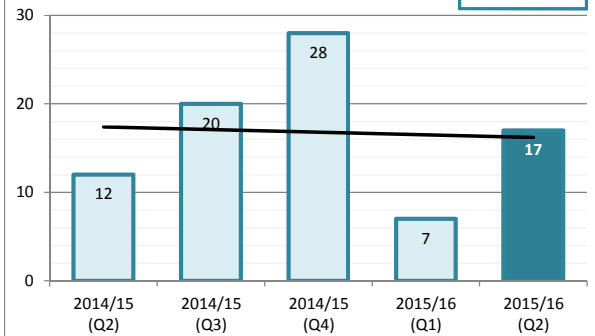


Self-directed support has decreased by 10% since Q2 2014/15 (from 1,522 to 1,368). Direct payments have fallen slightly (by 5%) from 779 to 738 since Q2 2014/15.

ADULT SOCIAL CARE

DP 11: Residents Requiring Ongoing Service After Reablement

Cumulative



This is a local indicator and is reported cumulatively . Demand has increased from 12 to 17 when compared to Q2 last year. The increase in demand from Q1 to Q2 2015/16 (10) is more than the demand from Q1 to Q2 2014/15 (9 (From 3 in Q1 to 12 in Q2)).

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