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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Thursday 28 July 2016	Town Hall, Main Road, Romford

Members 7: Quorum 3

COUNCILLORS:

Linda Trew (Chairman)
Ray Best (Vice-Chair)
June Alexander
Linda Hawthorn
Keith Roberts
Patricia Rumble
Roger Westwood

For information about the meeting please contact:
Wendy Gough 01708 432441
wendy.gough@onesource.co.uk

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

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

Reporting means:-

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

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

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

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

What is Overview & Scrutiny?

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

The sub-committees have a number of key roles:

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

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

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

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

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

Terms of Reference

The areas scrutinised by the Committee are:

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

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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

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

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

3 DISCLOSURE OF INTERESTS

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

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

4 THE SUB-COMMITTEE TO NOTE CHANGES TO ITS MEMBERSHIP FOLLOWING ANNUAL COUNCIL

5 MINUTES (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Committee held on 3rd March 2016 and authorise the Chairman to sign them.

6 FAMILY MOSAIC AND THE SERVICES THEY PROVIDE

The Sub-Committee will receive a presentation from officers of Family Mosaic on the services they offer to residents in the borough.

7 HEALTHWATCH ANNUAL REPORT 2015/16 (Pages 5 - 38)

The Sub-Committee is asked to note the Healthwatch Annual Report for 2015/16, as required by The Matters to be Addressed in Local Healthwatch Annual Reports Directions, 2013.

8 CORPORATE PERFORMANCE INFORMATION (Pages 39 - 54)

The Sub-Committee will receive a report on the Corporate Performance Information for Quarters 3 and 4 of 2015/16 and Annual Report, for areas within its remit.

9 CORPORATE PERFORMANCE INDICATORS - QUARTER 1

The Sub-Committee will receive a presentation on the Corporate Performance Information for Quarter 1, for areas within its remit.

10 WORK PROGRAMME REPORT - INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE (Pages 55 - 58)

The Sub-Committee are asked to agree its work programme for the 2016/17 municipal year.

11 FUTURE AGENDAS

Members are invited to indicate to the Chairman, items within this Sub-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.

12 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
3 March 2016 (7.00 - 8.30 pm)

Present:

Councillors June Alexander (Chairman), Patricia Rumble (Vice-Chair), Viddy Persaud, Roger Westwood, Darren Wise, Keith Roberts and Philippa Crowder (In place of Ray Best)

Apologies for absence were received from Councillor Ray Best

Councillor Philip Hyde was also present.

18 **MINUTES**

The minutes of the meeting of the Sub-Committee held on 12 January 2016 were agreed and signed by the Chairman.

19 **UPDATE ON INFORMATION AND ADVICE**

The Sub-Committee received a report and presentation on information and advice about how care and support was being delivered within Havering. It was noted that information and advice was fundamental to enable people, carers and families to take control of, and make well-informed choices about, their care and support and how they would fund it. Havering had decided that an organisation based in the local community would be best placed to provide resident with information and guidance about care and support.

The service would operate from community hubs around the borough, but after initially considering three fixed venue hubs, the approach had shifted to having one fixed hub and to work instead on building outreach to places already visited such as libraries, children centres and Queens Hospital. The new community hub service would be located at MyPlace in Harold Hill. This location was chosen as the building was accessible, regular community groups and activities already took place at the location and there were a number of meeting rooms which could be used for private consultations. This area also had a high level of need and a high number of social care assessments completed for residents.

The Carepoint website had also been redesigned and launched in December 2015. It was noted that the visits to the website had increased as it was co-produced by service users. The data would need to be verified and circulated to the Sub-Committee in the future. The feedback from users showed that the majority liked the Browsealoud and search function,

however the improvements that were suggested by users included a better service directory and easier navigation through the site.

The Sub-Committee was informed that marketing of the new service would commence in Spring 2016. It was hoped that this service would deal with queries at the frontline and avoid putting pressure on statutory services. Members noted that to date 30 clients had been assisted in completing benefit forms, performance information showed that customers felt more confident in make decisions after they had received advice and information from the service.

Officers stated that performance was measured through mystery shopping which checked the quality of the information and advice given. Outcomes were measured to ensure that good quality advice was given to people so they could live their lives independently.

The Sub-Committee noted that the main information and advice hub at MyPlace was open Monday to Friday, 9am to 5pm with late opening until 7pm on a Wednesday, and on a Saturday from 9am to 1pm. Specific outreach locations would be advertised and run on an ad hoc basis.

The Sub-Committee thanked officers for the informative presentation and report and requested that performance information be provided to the Sub-Committee in 6 months time.

20 INTEGRATED SOCIAL CARE TEAM

The Sub-Committee received a progress report on Integrated Social Care Teams, which focused on the multidisciplinary service integration around Havering.

Integration was not a new concept as it had been used historically, however the services had been fragmented and it was now felt that integrated services would better suit the needs of people who may need health and social care services, which could be delivered in a more co-ordinated approach.

The Barking, Havering and Redbridge CCG Integrated Care Coalition “Case for Change” set out the plans for the shift of resources from acute to community and to provide better care and services closer to peoples’ homes.

The locality model used was based on the six clusters of GP practices co-locating health and social care staff wherever possible, to ensure that multi-disciplinary working was embedded in daily practice and as well as through multi-disciplinary meetings. The approach would be targeted and proactive with joined up assessment, care planning and care co-ordination.

The Sub-Committee was informed that the locations for the integrated teams were:

- Cranham Health Centre, Avon Road
- Harold Hill Health Centre, Gooshays Drive
- Romford Health Centre, Main Road
- Elm Park Health Centre, Abbs Cross Lane

It noted that the teams at Cranham and Harold Hill had already been located and had been successful. All Social Care staff had been co-located with health staff, and home visits were still being carried out. The NHS number of clients would be used to ensure that there was no duplication across the integrated service.

Officers stated that the budgets from both Health and Social Care would be pooled. Whilst this would not be a cost saving, it would mean that pressures on the services would be lower as the service would be provided in a more cohesive and integrated way.

The Sub-Committee noted that performance monitoring was taking place to look at the benefits and impact of the move to co-location. There was a joint governance framework in place as well as an operational group.

The Sub-Committee thanked officers for an informative update and asked that the performance information be provided to the next meeting.

21 **DIAL A RIDE - UPDATE**

The Chairman informed the Sub-Committee that a meeting had been held with the Deputy Chief Executive, Communities and Resources, to discuss the current situation with the Dial a Ride service in Havering. Following this meeting a letter had been drafted to be sent to all Mayoral candidates setting out the situation.

The draft letter was agreed and signed by the Chairman.

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Chairman

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ANNUAL REPORT, 2015/16

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 the local consumer 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, supported by two part-time staff and a number of volunteers, both health and social care professionals and people who have an interest in health or social care issues.

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

CONTENTS

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. In the interests of the environment and economy, we are not producing printed copies this year but the report is available for downloading from our website, www.healthwatchhavering.co.uk .

This report contains hyperlinks (in italic type) to the relevant sections and to external URLs. Healthwatch Havering is not responsible for the content of external websites.

Foreword

Anne-Marie Dean, Chairman, Healthwatch Havering

Welcome to our third annual report. Again this year we have had tremendous commitment and support from our volunteers enabling us to achieve an even higher number of Enter and View visits on behalf of local residents.

In Havering we consider this a very important part of our role. We are very pleased to report that Barking Havering and Redbridge University hospital, the North East London Foundation Hospital, St Francis Hospice and all of the nursing and care homes which we have selected to visit have been very supportive and co-operative.

Following a visit, we always write a report and provide recommendations. All of our reports are published on our website and you can view lots of other information about our role within the borough at *www.healthwatchhavering.co.uk*

Seeking the views of local people is also very important to us and during this year we have launched the *'Tell Us What You Think'* cards scheme. This is the beginning of an evolving process. The cards offer residents the opportunity to provide comments and feedback on any local care service they are using on a simple reply paid card. Within the report you can read the first feedback that we have received.

We are increasingly working with a wider number of voluntary organisations and groups and this helps us formulate views on our priorities and how local care services can be improved. Working in partnership with the Clinical Commissioning Groups (CCG), the hospital trusts and the local authority enables us to be at the forefront of the changes and challenges which need to be understood and met. Most importantly to understand what the impact might be for residents.

Currently we are working with the Council's Health Overview and Scrutiny Committee to investigate and understand how and why so many patients have not had access to timely hospital health care such as investigations, outpatient appointments and surgical treatment. You can read more about this in the report.

The closure of the Meals on Wheels service provided by the borough is also being monitored by our volunteers. This is to ensure that some of our most vulnerable residents are properly able to order and access a wide and nutritional range of foods.

Accident and Emergency services continue to come under enormous pressure. It is important to understand the reasons behind our residents needing to use the Accident and Emergency services and how our residents can get the most appropriate, timely and relevant services for their needs. As part of that, recently in partnership with the CCG and other local Healthwatch we participated in a survey of over 1,000 patients across Barking & Dagenham, Havering and Redbridge seeking their views on the urgent and emergency care services. *The key headlines for Havering are contained within the report*.

There are a number of other examples of our work within the report and I very much hope that you enjoy reading about them.

Finally, I would like to thank you for reading our report, and our volunteers, residents and colleagues for their support.

The year at a glance

ENTER AND VIEW VISITS

This year we have undertaken 26 Enter and View visits to hospitals, community services, GP surgeries, nursing and care homes.

For every visit, our volunteers prepare a series of questions and issues that we want to discuss with the staff, patients and residents. This is based on feedback that we get from CQC reports, from relatives and patients, articles in papers and national issues which impact on health and social care. You can read all our reports and recommendations on our website at *http://www.healthwatchhavering.co.uk/enter-and-view-visits*

As the year ended, we carried out our first Enter and View visit to a GP surgery.

Read more about our Enter and View activities on page 11 and in Appendix 1

? - *People asked – "How can we be sure that our loved ones are getting the best possible care?"*

√ - *We have visited a large number of local health and social care establishments to ensure that they deliver good care and we have made recommendations for improvements where we felt it necessary to do so*

URGENT AND EMERGENCY CARE – what have residents said about this service

This year we have undertaken a detailed consultation using a questionnaire. This questionnaire was completed by a wide range of people living and working in our borough. Over 1000 people completed the 8-page questionnaire which had been designed in partnership with the CCG and our Healthwatch colleagues in Barking & Dagenham and Redbridge. People who completed the questionnaire ranged from young professional people working in the borough to older residents who were actually waiting for treatment in A and E departments, Walk-in centres and GP practices. The information given by these people is already helping to shape the new care models for GP practices and helping Queen's Hospital think about how to re-design their services.

Want to know what local people said? – read about it on page 14.

? - *People asked – "why do we have to go to A&E at hospital rather than have an appointment at our GP?"*

√ - *We have carried out a survey to find out what prompts people to go to A&E rather than their GP*

INFLUENCING THE CHANGING SHAPE OF HEALTH AND SOCIAL CARE

It is very important that we all take part in helping to design the changes that are needed for health and social care. It is also very important that we think how best to use the services in a way that it is simple and easy for patients and carers. This year there have been two very significant national issues which will change how our care is delivered this is the **Accountable Care Organisation** (ACO) bid, which is about the three boroughs working together to design more integrated services. The **Sustainability and Transformation Plan** (STP) involves designing services across the whole of North East London. All health and social care organisations across England will be part of an STP. We are working with both the ACO and the STP to help ensure and assist with the consultation process which is vital to informing the new models of care.

More information about the plans can be found at:

Accountable Care Organisation (ACO)
http://democracy.havering.gov.uk/ieListDocuments.aspx?CId=374&MId=3178&Ver=4

Sustainability and Transform Plan (STP)
https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/

? - *People asked – "How do we make sense of the changes going on around us?"*

√ - *We are actively participating in planning for the ACO and STP to ensure that the voice of the patient, resident and carer is heard and taken into account as the plans are developed*

THE LAUNCH OF 'TELL US WHAT YOU THINK' REPLY PAID CARDS FOR RESIDENT FEEDBACK

This year we have launched our *'Tell Us What You Think' reply paid, feedback cards* which enable residents to send us their thoughts and views, positive or negative, on any health or social care service that they are receiving within the borough. We have received a number of responses, which has enabled us to begin developing a database which will enable us to provide useful feedback for CQC inspections and Enter and View visits, and better inform consultation processes. We believe that positive feedback is a powerful tool and so we welcome feedback on services which are responding to residents and working well.

? *- People asked – "How can we tell you about the things we like – or the things we don't like – about health and social care facilities?"*

√ *- We have added "Tell Us What You Think" cards to the ways in which people can contact us and let us know what they think – in addition to contacting us by telephone, email, through the website or by personal call at our office*

The governance of the organisation

Team work is what has made this year not only successful in respect of our achievements but also in our ability to be able to work in an open and transparent group in running our Healthwatch organisation.

Involving members in the governance of the organisation

Last year we told you about the changes that we intended to develop this year which expanded the full role of our volunteer members to influence the management of Healthwatch.

Probably the most significant is the autonomy that we have created regarding the selection and decision-making by the volunteer members in determining one of the most important aspects of Healthwatch work that is the statutory responsibility set out in the Local Healthwatch Organisations Directions 2013 – Section 211 activities.

The Enter and View Panel meeting takes place monthly. The Panel is made up of volunteer members and is supported by Healthwatch staff. The Panel undertakes the following roles:

- ✓ Determining the organisations and premises that will be receiving a visit
- ✓ Reviewing the current timetable of visits and amending it if required
- ✓ Setting the dates for visits and identifying the team members who will carry them out
- ✓ Organising the dates for the preparation meeting prior to visiting and the de-briefing session
- ✓ Reviewing outstanding reports, including comments received from organisations that have been visited

- ✓ Considering all intelligence received regarding services in the borough
- ✓ Providing the draft information to prepare the final reports and provides final comments before publication

Our organisation is governed by a management board which comprises the company directors, staff and volunteer members. The board:

- ✓ Receives reports from the Enter and View Panel
- ✓ Considers monthly and projected financial reports
- ✓ Reviews reports from visits and meetings attended by directors, staff and volunteer members
- ✓ Approves changes to policy documents
- ✓ Receives presentations on strategic issues
- ✓ Provides opportunity for hearing the views of the public which have been shared with board members

Healthwatch Havering is in legal terms, a company limited by guarantee called Havering Healthwatch Limited. As a company limited by guarantee, it has no shareholders and is prohibited by law from distributing any financial surplus (or profit).

Making a difference

The Enter and View programme - A TOTAL 26 VISITS

With Havering having the largest number of care homes in London and a District General Hospital placed in "special measures" by the CQC and under close supervision by the former Trust Development Agency (TDA) (now NHS Improvement), we concluded that a major part of our work would have to be the Enter and View programme, since only by seeing facilities at first hand is it possible to judge how well they provide and care for those who use them, which is a key function of Healthwatch following the failures identified at Mid-Staffordshire Hospital, Winterbourne View and other health and social care facilities.

Towards the end of the year, we became aware of patients' complaints and concerns about a particular GP surgery in the south of the borough. Following consultation with local Councillors and the CCG, we decided to carry out an Enter and View visit to the surgery in order to gauge whether the concerns reported to us were valid and, if so, what might be done to address them. Our team had opportunity for an extended conversation with the practice partners and was also able to interview a number of patients who were waiting for consultations.

One of the issues highlighted to us was the lack of common training for reception and other front-line staff in GP surgeries – while recognising that each practice is, in effect, an independent small enterprise, all practices are an integral part of the NHS and it is in no one's interest for there to be huge variations in the standards and knowledge of these key staff. We have therefore formally recommended to the CCG that the possibility of their providing common training for surgery staff should be investigated and have indicated that, if asked, we would be happy to contribute to such a programme.

In the year, we carried out a number of visits to different wards and departments of Queen's Hospital, Romford, to NHS Community Services and to a number of care and nursing homes across the borough. The full details of our visits are set out in *Appendix 1*.

We have decided to introduce a system of re-visiting the facilities where we have carried out Enter and View visits a few months after publication of the relevant report so that we can gauge what progress proprietors and management have made in implementing our recommendations.

Did any service providers or persons who had a duty to respond to Local Healthwatch not do so?

We would like to take this opportunity to acknowledge the commitment and openness that all organisations across the borough have demonstrated. This approach evidences to us that all the organisations that we have worked with this year are committed to improving the care provided and will actively work to achieve improvements by using the recommendations provided by our volunteer members and it has not been necessary to recommend to Healthwatch England a special review.

Making Enter and View effective

It has always been our policy to ensure that our members – whatever their professional background, knowledge and expertise – are trained not only in Enter and View procedures but also in safeguarding and mental capacity and deprivation of liberty awareness. In addition, and in conjunction with Saint Francis Hospice (which is located in Havering and is a well-recognised training organisation for the Gold Standard Framework for End of Life Care), this year a number of our volunteers received End of Life Care training and Dementia Friendly awareness training.

We encourage our members to use these skills to be confident that the residential care and nursing homes that we visit are offering good care for people who have dementia or who are nearing the end of their lives.

Influencing official bodies and others

Enabling our activities to have an impact on the commissioning, provision and management of the care services

Joint Review of delayed treatments (RTT)

In the autumn of 2015, it emerged that a considerable backlog of referrals to treatment (RTTs) had been found at the two hospitals (Queen's, Romford and King George, Goodmayes) provided by the Barking, Havering and Redbridge University Hospitals Trust (BHRUT), a clear breach of NHS Constitution standards and potentially having serious consequences for the health of a large number of local people.

While responsibility for this failure rested with the previous rather than current management at BHRUT, tackling the consequential problems was clearly a matter for BHRUT and a plan was put in place to achieve that.

Initial estimates suggested that as many as 90,000 out-patient appointments and some 6,000 surgical procedures may have been missed, although the outpatients backlog was subsequently revised to around 50,000 – a significant reduction but still an obviously totally unacceptable number.

The concern at this prompted Healthwatch and Havering Council's Health Overview and Scrutiny Committee to launch a Joint Review.

As the year under review closed, planning for the Review was well-advanced but it had yet formally to begin. A full report of the Review will be included in next year's annual report but, at this stage, it seems likely that the key themes to be explored will include:

- ✓ The robustness of the IT systems used by BHRUT to deal with RTTs, outpatient and inpatient appointments and the exercise of "Patients' Choice"
- ✓ The effect of the delayed treatments on other patients' RTTs
- ✓ The robustness of alternative arrangements for treatment (for example, rather than surgery being undertaken by BHRUT, it might be undertaken by GPs who have the requisite skills and facilities, non-NHS providers or other NHS hospitals)
- ✓ The relationship between BHRUT and GPs and the extent to which GPs follow up referrals that do not appear to have been actioned
- ✓ The extent to which commissioners were aware of, and sought to remedy, the failure to action RTTs

The objective of the Joint Review is to understand how and why the failure of process occurred, to ensure that the measures in hand to deal with it are sufficiently robust to ensure that all patients who have experienced delay are not further placed at risk and that the knock-on effects for others are minimised, and to seek assurance that all due "lessons" have been learned in order to avoid a recurrence of the problem.

Public consultation and participation

The opportunity to embrace working across a wide range of local people was achieved in partnership with the CCG and our colleagues in Healthwatch Redbridge and Barking & Dagenham, embracing over 1000 residents in face to face discussion.

In March 2016, the Barking & Dagenham, Havering and Redbridge (BHR) CCGs jointly commissioned the Barking & Dagenham, Havering and Redbridge Healthwatches to carry out a survey of patients about their understanding of urgent and emergency care.

This survey was part of research by the CCGs into the changes needed in urgent and emergency care provision to address the over-use of hospital accident and emergency services. A&E attendances at Queen's Hospital, Romford are the highest in Greater London and proportionately near the highest nationally, with ambulance attendances also excessive.

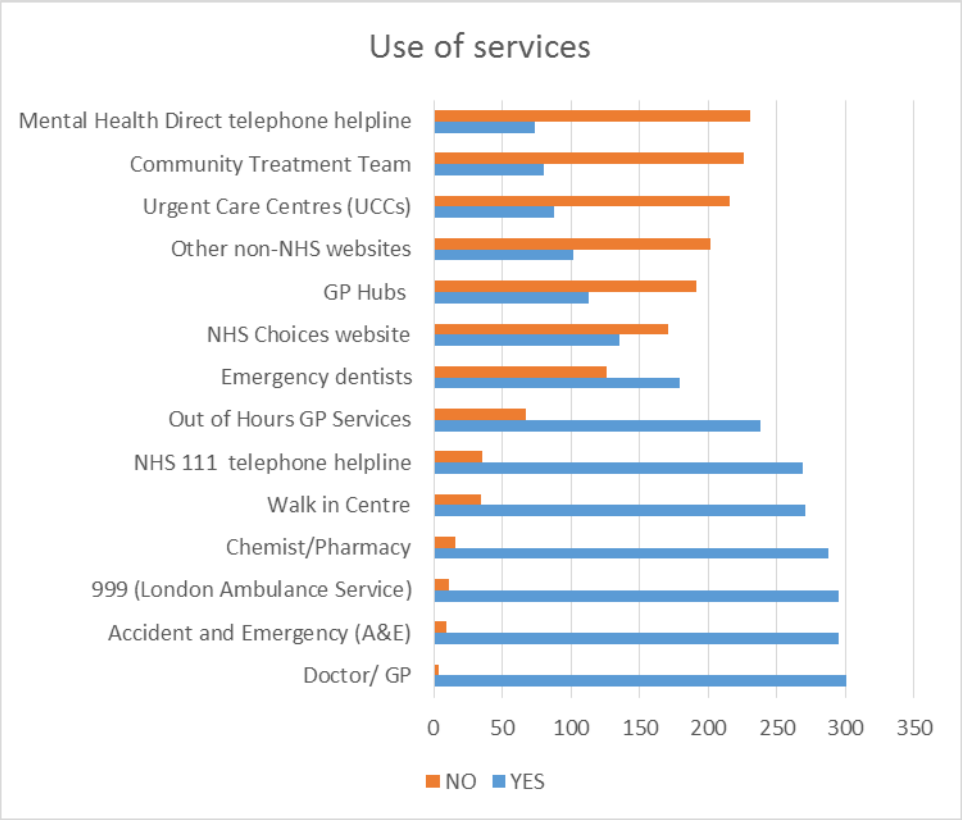
The purpose of the survey was to explore patients' understanding of the alternatives to attendance at A&E and how (or indeed whether) they would access advice before seeking treatment there.

Each Healthwatch interviewed, or saw in focus group/workshop settings, some 300 local residents. Venues used by Healthwatch Havering included a meeting of the Council's Health Overview and Scrutiny Committee, several GP surgeries, the urgent care centre at Queen's Hospital, Harold Wood Polyclinic, a training centre for young people with disabilities and the Havering Over Fifties Forum.

The survey revealed similarities and distinct differences between the three boroughs.

For example, Havering residents reported that they were less likely than the residents of the other two boroughs to seek advice before attending A&E – this is believed to be because Havering has a far more settled population than the other boroughs, so that people are more likely in Havering than elsewhere to decide for themselves where best to go and how to get there.

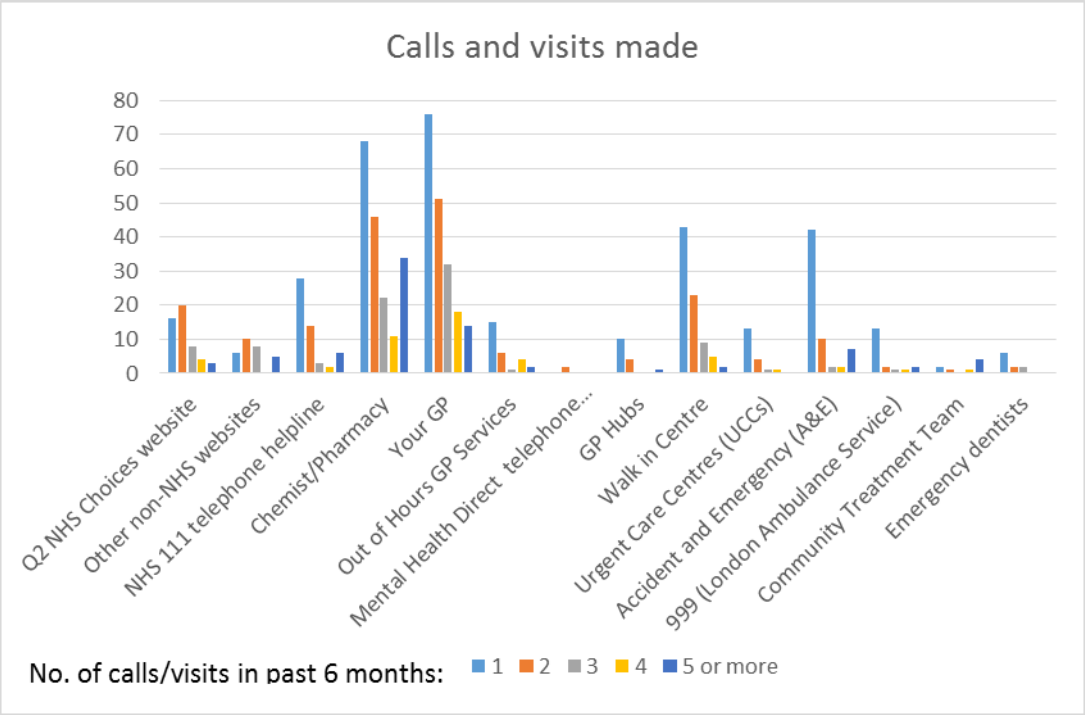
When asked what use they made of urgent and emergency healthcare facilities, the Havering residents surveyed responded as indicated in the following chart:



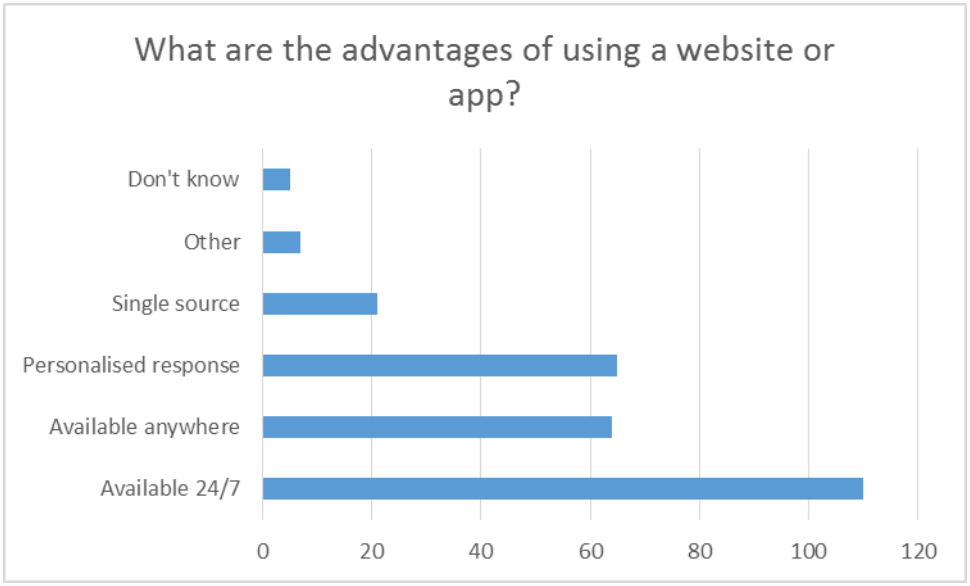
This clearly indicated that, for most of them, "traditional" sources of care and advice remained the places of choice from which to seek assistance. Unsurprisingly, by far the majority would seek assistance from their GP or from A&E in preference to other forms.

Likewise, when asked how often they had contacted the various sources of assistance, the GP was the most frequently used, though the pharmacy

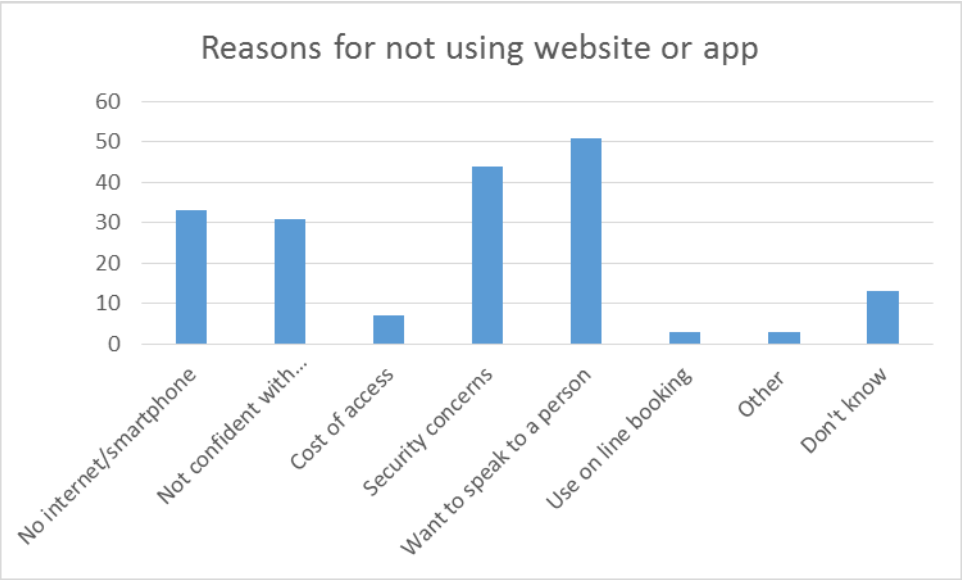
was also visited quite often – A&E and the Polyclinic (Walk In centre) were the third most frequently visited.



Participants were also asked to indicate whether they would use online facilities to seek healthcare assistance: a small majority (150 out of 272) indicated that they would. When asked what they saw as the advantages of using a website or app, respondents said:



Those who said they would not use a website or app gave the following as their reasons for declining to do so:



The clear message was that, for a significant minority of respondents, using a website or app was not considered an option because they wished to speak to a person, or lacked confidence in its security or in their ability to use it.

This survey is a rich data source for designing urgent and emergency care and these results will support the Vanguard pilot for urgent and emergency care of which Healthwatch will be a partner.

Seeking the views of our local residents: the pilot "Tell Us What You Think" cards

In autumn 2015 we began piloting a new means of gathering service users' and others' views – "Tell Us What You Think" cards. These are reply-paid cards that are being distributed across the borough, which people can complete and return to us with comments about health and social care facilities. We made it clear that these cards were not "complaints forms" and would be used primarily to help inform and guide our activities, for example by drawing our attention to health or social care facilities where there was cause for concern – or for that matter, where an excellent service was experienced.

Our intention is to use the comments on the cards as intelligence to help us decide what facilities to visit using Enter and View powers or, where appropriate, to raise an issue with the relevant provider and to pursue it as necessary.

As of the end of March 2016, we had distributed several thousand cards through our meetings with local voluntary organisations and official bodies.

To our disappointment, only 46 cards had been returned by then; however, we are aware that many people are keeping them to use at an appropriate time for them. Despite the apparently low level of response, those that were returned contained much useful intelligence and so we have decided to continue their use. The experience gained in this initial first phase of the scheme will enable us to redesign the cards in order to increase their usefulness. In addition, we have bought a supply of dispensers that we can place in suitable locations to enable people to help themselves to cards.

Importantly, this data can be put on Healthwatch England's Customer Relationship Management (CRM) programme which enables us locally to support the national confidential data base, which looks at national trends.

Health and Wellbeing

Healthwatch is a statutory member of the Health and Wellbeing Board, which has the responsibility of championing the local vision for health improvement and specifically looking at issues such as prevention and early interventions. The Board has to consider how best to tackle health inequalities and uses documents such as the Joint Strategic Needs Assessment (JSNA), which is produced by the Director of Public Health's team to provide the evidence to help support and determine local priorities.

The Board also has the responsibility of ensuring that patients, service users and the public are engaged in improving health and wellbeing and monitoring the impact of the boards work on the local community by considering annual reports and performance information.

This year the board has discussed and approved a range of issues that include:

- ✓ Drug and Alcohol reduction strategy
- ✓ Obesity Strategy
- ✓ Better Care Fund Plan
- ✓ Sexual Health Reconfiguration consultation
- ✓ Adult Social Care issues which has included, adapted housing for people with physical or sensory disabilities, key issues around the provision of home care.

Adult Social Care is a key issue for the borough as Havering is a high importer of older people and has one of the highest numbers of older people in the country.

The Board also looks at wider structural issues affecting the delivery of health and social care, including the development of the Accountable Care Organisation (ACO) bid. We have been involved in current consultation exercises seeking the view of the voluntary sector and the local people they represent.

Learning disabilities

We continue to champion initiatives to make the day-to-day lives of people with learning disabilities easier. Also committed to helping parents and carers receiving the support they need. We regularly attend and support BHRUT's Learning Disability Working Group, which includes hospital staff, Community Learning Disability Team staff, people with learning disabilities and carers. At its meetings, concerns about the needs of people with learning disabilities using the hospital services are discussed, trying to ensure that all the needs of people with a learning disability are considered in all hospital polices and ensuring that reasonable adjustments are made to the treatments provided to people with a learning disability.

Our work in this area has been centred around parents and carers in the community. We continue to chair (as a neutral participant) the quarterly meetings that bring together NELFT, the CCG, BHRUT, CAMHS, the local authority and Positive Parents, a representative group of parents of children who have learning disabilities. These meetings have gone from strength to strength in re-establishing a good working relationship between the parents and the service providers, who are all represented at a senior level. The meetings address long standing concerns and confident moves are being made towards designing services which reflect the needs of the children, their families and carers. Each meeting results in an action plan addressing the important issues for parents and carers of children with learning disabilities.

Our plan for 2016/17

We develop a work plan as a tool that helps us to identify the issues and activities that we need to undertake. The work plan is led and developed in participation with our volunteers. As an organisation that is grant funded, our work plan acts as a useful document contributing also to transparency as it is available to organisations that have a need to know what we are doing during this period.

Our priorities for 2016/17 are:

1 Mental Health Services

(a) Examine initial access to Mental Health Services (in Q2/3)

(b) Arrange training for Healthwatch members for Enter and View visits to Mental Health facilities

(c) Include in the Enter and View Programme visits to mental health facilities across the borough

2 Learning Disability Services

(a) Examine GP involvement with supporting patients who have a learning disability (LD), including health checks; and what use is made of CCG funding for GPs for LD support

(b) Continue working with Positive Parents

(c) Commence working with The Learning Centre, Harold Hill

(d) Carry out a further Enter and View visit to Lilliputs complex (in Q4)

(e) Examine the Adult Social Care programme of annual assessments

3 Acute Hospital Services

(a) Continue Enter and View visits (including follow-up) to Queen's Hospital

(b) Continue the Delayed Treatments Review jointly with Health OSC

4 Enter and View programme

(a) Continue Enter and View programme

(b) Continue review of GP Hub system

(c) Begin a programme of visits to pharmacies

(d) Begin follow-up visits to premises visited

5 NHS/Local Authority Vanguard and Accountable Care Organisation programmes

(a) Strategic issues as programmes develop

(b) UEC/UCC/A&E survey – follow up

6 Domiciliary Care Services

(a) Examine provision and commissioning of Domiciliary Care Services

(b) Examine care for those living with dementia in their own homes

(c) Examine provision of alternatives to Meals on Wheels

Funding, staff and organisation

Funding

Havering Council provided grant in 2015/16 to fund our activities at the same level as pertained for the financial years 2013/14 and 2014/15, £117,359.

The survey carried out with our neighbouring Healthwatch organisations on behalf of the CCGs produced income of £7,240. Part of that was defrayed to meet the costs of our participation in that exercise; the rest was used to defray general expenses or added to reserves carried forward.

A summary of the annual accounts is set out in Appendix 2.

Allowing for Corporation Tax adjustments (and subject to audit), the amount carried forward at the end of 2015/16 was £2,325.

Staff

Staff remained unchanged during 2015/16 from those in post at the end of March 2015. There are three directors – two who are engaged in executive roles as Chairman and Company Secretary respectively for 21 hours per week, while the third undertakes a non-executive role – and two part-time employees, the Community Support Officer and the Office Administrator.

Organisational Structure

There have been no organisational changes since the end of March 2015. The new structure we agreed then has proved worthwhile and we continue to use it.

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 and View visits
- Reports to official bodies, such as the Health and Wellbeing Board and Overview and Scrutiny Committees
- Official stationery, including letterheads and business cards
- Members' identity cards
- Newspaper advertisements
- Flyers for events

Appendix 1: Enter and View Visits

Havering has one of the largest residential and care home sectors in Greater London and, consequently, there is a need for a large programme of Enter and View visits. Recruitment, training and careful planning of the programme meant that it was not until near the end of 2013/14 that the first formal Enter and View visit could be undertaken (this was reported on in the 2013/14 Annual Report). However, during 2014/15, the number of visits increased and, in all, we carried out 22 visits, including two visits to a particular home. That active programme continued during 2015/16, with a total of 26 visits being made, and a number of visits is in hand for 2016/17 too.

On the whole, our visiting teams were made welcome and managers and proprietors were very co-operative in facilitating the visits. The team members were made to feel welcome by staff, residents and residents' friends and relatives alike.

Our teams also visited a number of wards or units at Queen's Hospital and at Goodmayes Hospital; there too they were made welcome and their visits carried out with the full co-operation of management and staff.

Few problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we will be following up to see what effect they have had.

All reports of our visits have been published on our website *(www.healthwatchhavering.co.uk/enter-and-view-visits)* and shared with the home or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies.

Visits undertaken

In addition to these formal Enter and View visits, we have continued working informally to improve facilities for patients at a health centre/GP practice about which we had received a number of complaints.

We did not exercise Enter and View powers at a dental practice, community pharmacy or ophthalmology practice during this year.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation[1] and most visits were carried out in exercise of them. On four occasions however, noted in the table that follows, visits were carried out at the invitation of the establishment's owners/managers and there was no need for the exercise of our statutory powers; but that has not affected how we have reported on such visits.

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
		2015	
20 April	Queen's Hospital: Elderly Care – Sky A Ward	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Reported problems with discharge of elderly patients
27 April	Hillside	Nursing Home	➢ CQC identified "care and welfare of people who use services" as requiring attention in October 2014 inspection report
1 June	Queen's Hospital: Maternity Unit	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Previous concerns about care provided in Unit ➢ To review progress following previous E&V visits
2 June	Abbcross	Nursing Home	➢ CQC rated as "Requires Improvement" in October 2014 report
24 June	Romford Grange	Residential Care for the elderly	➢ CQC rated as "Requires Improvement" in March 2015 report ➢ Previously visited in April 2014
6 July (visit by invitation)	Whipps Cross Hospital	Acute Hospital	➢ Whipps Cross Hospital has been in special measures since May 2015 ➢ Accompanying a Group of Councillors from Outer North East London Joint Health Overview & Scrutiny Committee
6 July	Queen's Hospital: Discharge Unit	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Reported problems with discharge of elderly patients
6 July	Queen's Hospital: Ambulance Arrival Lounge	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Reported problems with discharge of elderly patients

[1] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
9 September	Upminster Nursing Home	Nursing Home	➢ CQC rated as "Requires Improvement" in February 2012 report
21 September	Lilliputs Care Home complex and Day Care centre (registered by CQC as four separate units)	Residential and Day Care for people with a Learning Disability	➢ CQC reports rated Units as "Requires Improvement" (at various times since 2013)
1 October	Queen's Hospital: Outpatients' Departments	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Patients' reports of problems with appointments and other aspects of clinic administration
1 October	Queen's Hospital: Reception Areas (fire evacuation and security arrangements)	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013
1 October	Queen's Hospital: Pharmacy	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Reported problems with discharge of elderly patients
9 October (visit by invitation)	St Francis Hospice	Hospice for End of Life Care	➢ CQC reported "met all requirements" in November 2013 ➢ Visit carried out as part of arranged tour of premises
10 November	Derham House	Residential Care for the elderly	➢ CQC rated in December 2014 as overall "Good" but "effective service" rated "Requires improvement"
16 November	Hornchurch Nursing Centre	Nursing Home	➢ Reported concerns about care standards
24 November	Queen's Hospital: Ophthalmology Department	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Reported problems with appointments and other aspects of clinic administration
1 December	Lodge, The Lodge Lane, Collier Row	Residential Care for the elderly	➢ Rated by CQC in August 2015 as "Good" (but "Safe" Requires improvement) ➢ Concern expressed about care standards
18 December	Goodmayes Hospital: Sunflower Court in Turner Ward	Community Hospital (Mental Health)	➢ Concern expressed about care standards

Date of visit	Establishment visited Name	Type	Reason for visit
		2016	
19 January	Queen's Hospital: Tropical Lagoon - (Paediatrics)	Acute Hospital	➢ Queen's Hospital has been in special measures since 2013 ➢ Concern expressed about regarding delays and errors in dealing with patients
25 January	Barleycroft	Residential Care for the elderly	➢ CQC rated in April and November 2015 as "Requires improvement" ➢ Concern expressed about care standards
11 February (visit by invitation)	Japonica Ward, King George Hospital	Community Hospital (Rehabilitation Services in Acute Hospital setting)	➢ Visit by invitation to observe new care facility for elderly patients requiring rehabilitation before discharge
18 February	Ebury Court	Residential Care for the elderly	➢ CQC rated in December 2013 as meeting all requirements and in February 2016 as "Outstanding" ➢ To view Namasté approach to End of Life Care in practice
16 March (visit by invitation)	Community rehabilitation: Gray's Court Dagenham (Community Treatment Team/K466 Joint NELFT-LAS Team/Intensive Rehabilitation Service)	Community Health Services	➢ Visit by invitation to observe new care services
17 March	The Willows	Residential Care for the elderly	➢ CQC rated in January 2015 as "Requires Improvement" ➢ Concerns about care standards
31 March	Rosewood GP surgery	GP practice	➢ Following patients' reported concerns about changes in practice procedures

Future programme

Our future programme will be informed by CQC reports on establishments, by information gathered through meetings with local regulatory agencies and by complaints (and compliments, should we receive any) from service users.

We have already identified a number of establishments that we plan to visit during the course of 2016/17, including GP practices and pharmacies in the programme.

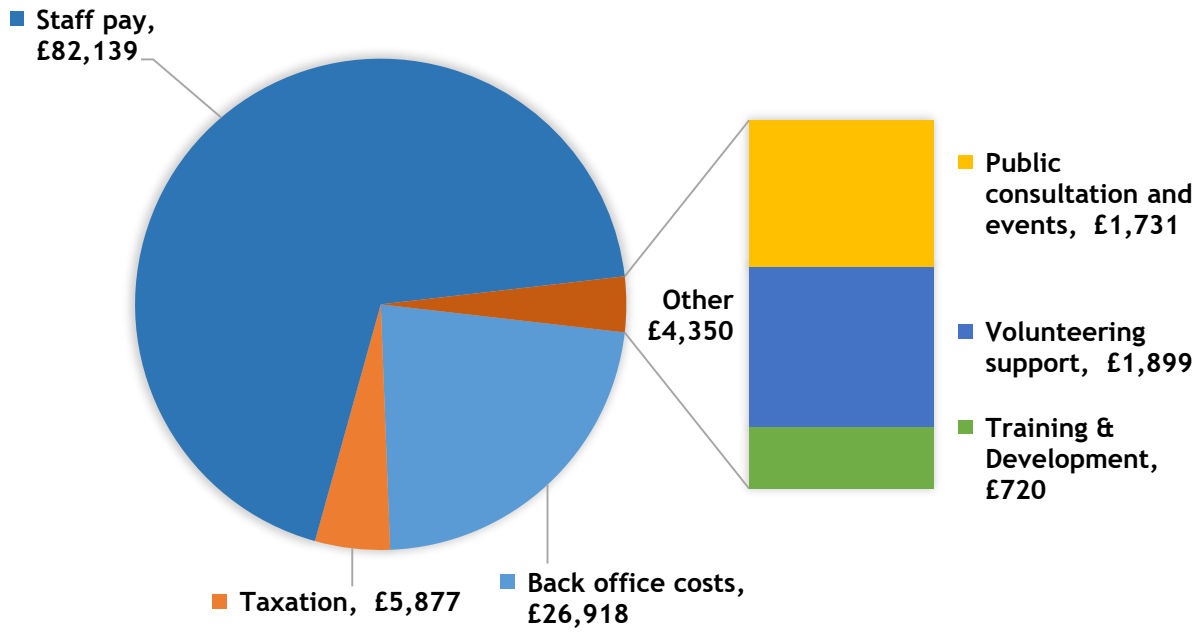
Appendix 2: Annual income and expenditure

The full details of our Annual Accounts will be published on the Financial reports section of our website, http://www.healthwatchhavering.co.uk/our-activities. Set out below is a summary version.

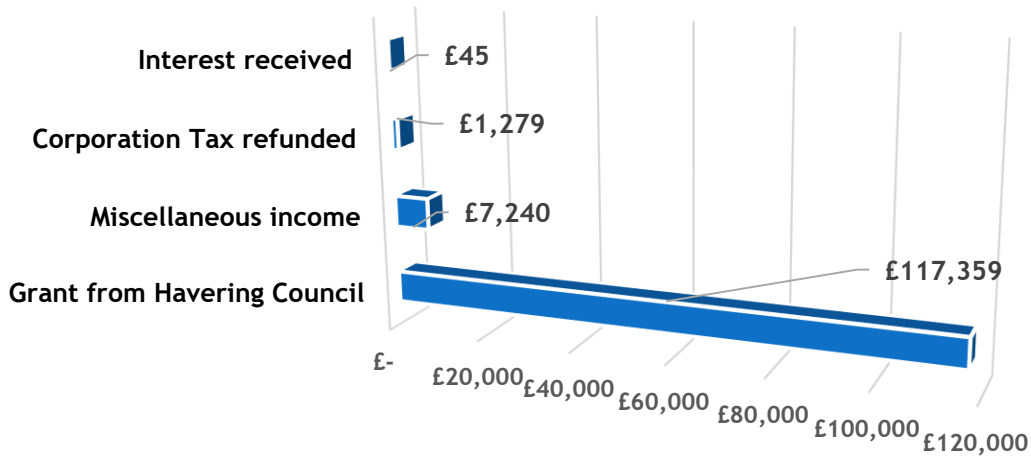
Please note that, at the time of preparing this Annual Report, the approved and audited Annual Accounts were not available. The summaries below are therefore based on the pre-audit accounts and are subject to correction. The Annual Accounts, once published, will be definitive.

The charts below summarise our Income and Expenditure for 2015/16. The surplus will be subject to Corporation Tax and the net surplus will be carried forward into 2016/17.

EXPENDITURE SUMMARY



INCOME SUMMARY



Participation in Healthwatch Havering

Local people who have time to spare are welcome 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 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:

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.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

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 us on **01708 303 300**; or email

enquiries@healthwatchhavering.co.uk

Healthwatch Havering is the operating name of
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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Corporate Performance Report: Quarter 3 and Quarter 4 / Annual (2015/16)
SLT Lead:	Barbara Nicholls, Acting Director of Adult Services
Report Author and contact details:	Graham Oakley, Senior Performance and Business Intelligence Analyst
Policy context:	The report sets out Quarter 3 and Quarter 4 / annual performance in 2015/16 for indicators relevant to the Individuals Overview and Scrutiny 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 were as follows:

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

Where performance is more than the **'target tolerance'** off the annual 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:

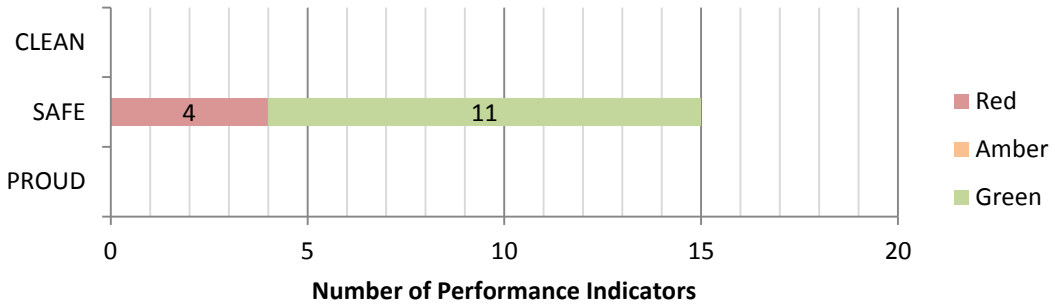
- Short-term performance – with the previous quarter
- Long-term performance – with the same quarter the previous year

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

OVERVIEW OF IDIVIDUALS 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.

Annual 2015/16 RAG Summary for Individuals



Of the 15 indicators, all have been given a RAG status in the annual report. **11 (73%)** are **Green** and **4 (27%)** are **Red** or **Amber**.

This represents slightly improved performance compared with Quarter 3, when 67% of indicators were RAG rated **Green** and 33% were RAG rated **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.

Measuring customer satisfaction

Whilst the PIs currently included in the Corporate Performance report provide both Members and officers with vital performance information that can be used to improve services, there are few PIs that focus on customer satisfaction. There are various options to address this, from undertaking small surveys on a quarterly basis, to larger surveys on an annual basis, consulting focus groups to setting up consultation panels, as well as many other options in between. So that the Council may fully understand the options available and what the benefits and resource implications of each option may be, the Communications Service is currently seeking views from an external consultant to gain expert advice on how we can gauge residents' satisfaction in the most meaningful way. This will inform any new performance indicators to be included in the Corporate Performance Report during 2016/17.

Future performance reporting arrangements

As approved by the Cabinet through the Quarter 2 Corporate Performance Report, from Quarter 1 of 2016/17 onwards 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 Overview and Scrutiny Board to maintain oversight of the value the individual committees are adding in monitoring and influencing performance and would also allow the Cabinet reports to reflect any actions the overview and scrutiny committees may be taking to improve performance in highlighted areas. Work has been undertaken with Committee Services when setting the annual corporate calendar to ensure that the Overview and Scrutiny Board and the Cabinet will still receive the reports within the same timescale as currently, but with the added benefit that the individual scrutiny committees would already have had the opportunity to scrutinise the data and commission relevant pieces of work in response. The time taken to complete the entire reporting cycle will therefore be shortened.

RECOMMENDATIONS

That Members of the Individuals Overview and Scrutiny Committee:

1. **Review** the levels of performance set out in **Appendices 1 and 2** and the corrective action that is being taken, and

2. **Note** the content of the Demand Pressures Dashboard attached as **Appendix 3**.

REPORT DETAIL

PEOPLE WILL BE SAFE, IN THEIR HOMES AND IN THE COMMUNITY

All 15 indicators relevant to Individuals are under the SAFE goal, 11 had a green RAG status at the end of 2015/16:

- Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 18-64);
- Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+);
- Total non-elective admissions into hospital (general & acute), all-age per 100,000 population;
- Percentage of adults with learning disabilities who live in their own home or with their family;
- Percentage of adults in contact with secondary mental health services living independently, with or without support;

- Carers who request information and advice;
- Patient/service user experience (managing long term conditions);
- Overall rate of delayed transfers of care from hospital per 100,000 population;
- Rate of delayed transfers of care attributable to Adult Social Care (ASC) only per 100,000 population;
- Rate of delayed transfers of care from hospital attributable to Adult Social Care (ASC) and Health per 100,000 population, and
- Percentage of people using social care who receive self-directed support and those receiving direct payments.

Four indicators had a red or amber RAG status:

- Percentage of adults in contact with secondary mental health services in paid employment;
- Percentage of people who return to Adult Social Care 91 days after completing reablement;
- Rate of delayed transfers of care from hospital per 100,000 population, and
- Direct payments as a percentage of self-directed support.

Highlights:

- The overall rate of delayed transfers of care from hospital ended the year under target (where lower is better), and was better than during both Quarter 3 of 2015/16 and the outturn for the previous year. The creation of the Joint Assessment and Discharge (JAD) team has been pivotal in this, and the Adult Social Care service continues to work with Health colleagues to improve discharge processes in the borough.
- Self-Directed Support continues to be at the heart of the service offer within Adult Social Care. As a result of this, the percentage of people using social care who receive self-directed support and those receiving direct payments exceeded the annual target and performed better than the previous quarter and the same time last year.
- Permanent admissions to residential care for service users over the age of 65 was monitored closely during 2015/16, with 271 admissions in the year. 2015/16's performance was better than the previous year and below the annual target of 598.1 (where lower is better). Of the 271 admissions, 157 (57.9%) were over the age of 85.
- 63.5% of Learning Disability service users (322 service users) resided in settled accommodation at the end of 2015/16. This compares well to 62.7% (319 service users) at the end of 2014/15.

Improvements required:

- The percentage of adults in contact with secondary mental health services in paid employment ended the year below target and also lower than during both

Quarter 3 of 2015/16 and the previous year. Corrective action is to be taken through the creation of a "Recovery Community" that will capture those mental health clients that fall between primary and secondary Mental Health services.

- The annual target was narrowly missed in relation to the percentage of people who return to Adult Social Care 91 days after completing reablement. It is suspected that some of the clients referred to the service during the year were not suitable candidates for reablement in the first instance. The average age of a service user who uses reablement is 81 years old however the average age of a service user who returns requiring on-going long term support is 86. It should also be acknowledged that there has been a bigger throughput to the reablement service in 2015/16 when compared to 2014/15. This indicator will be closely monitored during 2016/17 to ensure that appropriate service users are being referred to the service.
- Service users receiving a service via a Direct Payment (DP) continues to be a challenge. At present only 717 (35.1%) receive a Direct Payment. This continues to be a particularly challenging indicator for Havering, given its demographics, as it is acknowledged nationally that encouraging take-up of direct payments is particularly difficult in the 85+ age group.

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' could potentially have equality and social inclusion implications for a number of different social groups if performance does not improve:

- Percentage of adults in contact with secondary mental health services in paid employment;
- Percentage of people who return to Adult Social Care 91 days after completing reablement, and
- Direct payments as a percentage of self-directed support

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

Appendix 1 - Quarter 3 2015/16 Corporate Performance Report

RAG Rating		Direction of Travel (DOT)	
Green	On, above or within the 'target 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 'target 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 'target 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)**

Description	Indicator	Value	2015/16 Annual Target	2015/16 Quarter 2 Target	Variable Tolerance	2015/16 Quarter 3 Performance	Short Term DOT against 2015/16 (Q2)		Long Term DOT against 2014/15 (Q3)		Comments	Service	O&S Sub-Committee
SAFE: Supporting our community													
(C)	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 18-64)	Smaller is Better	10	7.5	±10%	10.2 15/147,134 RED	↓	6.8 10/147,134	↓	7.6 11/145,145	The rate of permanent admissions for individuals aged between 18-64 years has missed target; however, this performance indicator was particularly stretching as it only allowed for 14 admissions for the year. To date there have been 15 admissions into long stay care which has taken us over this year's 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.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
Page 45	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is Better	598.1	449.6	±10%	445.4 203/45,582 GREEN	→	291.8 133/45,582	↓	437.4 196/45,145	Performance in this area is positive and better than target at Q3. 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. Performance when compared to Q3 in 14/15 is consistent with only 7 placements' difference (203 placements in 15-16 compared to 196 placements in 14-15)	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
	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	2,352 (Q2)	±0%	2,433 (Q2) 6,003 / 246,731 RED	↑	2,734 (Q1) 6,747/246,731	–	NEW	This indicator is led by the Clinical Commissionig Group and runs a quarter behind (time lag). **Corrective Action:** There continues to be discussions between the CCG and the local hospital trust to identify reasons and pressures behind the indicator being below target for Q2 and inform corrective actions.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals or Health**
(C)	Percentage of adults in contact with secondary mental health services in paid employment	Bigger is Better	6.5%	6.5%	±10%	5.1% 25/493 RED	↓	5.4 % 26/481	↓	7.0% 34/487	This performance indicator is led by the North East London Foundation Trust (NELFT). Performance is currently below target in this area and and is worse than at the same stage last year. Mental Health Services continue to be committed to the recovery model and work closely with service users to support them to fulfil their potential in accessing employment opportunities. **Corrective Action:** Leadership have signed off for the plan for Recovery Community. This will help to push clients back into employment. There was a gap between primary and secondary care. The clients in the middle will fit in to the Recovery Community.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**

Description	Indicator	Value	2015/16 Annual Target	2015/16 Quarter 2 Target	Variable Tolerance	2015/16 Quarter 3 Performance	Short Term DOT against 2015/16 (Q2)		Long Term DOT against 2014/15 (Q3)		Comments	Service	O&S Sub-Committee
(C)	Percentage of adults with learning disabilities who live in their own home or with their family	Bigger is Better	63%	46%	±10%	47.4% 240/506 GREEN	↑	29.2% 147/503	↑	46% 217/468	Performance in this area is above target in Q3 and focused work is ongoing within the Community Learning Disabilities Team (CLDT) to ensure that performance continues to improve and the target is met by year end. Performance is also improved when compared to Quarter 3 of the previous year with 240 LD service users living in settled accommodation in 15-16, compared to 217 in 14-15.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
(C)	Percentage of adults in contact with secondary mental health services living independently, with or without support	Bigger is Better	94%	94%	±10%	84.8% 418/493 GREEN	↓	86.7% 417/481	↓	89% 433/487	This performance indicator is led by the North East London Foundation Trust (NELFT). Performance is currently below target, but is within the target tolerance, and has reduced further since Q2. NELFT continues to work to remove the barriers to Mental Health service users accessing and remaining in settled accommodation, and coming out of residential settings back into the community	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
(C)	Percentage of people who return to Adult Social Care 91 days after completing reablement	Smaller is Better	5%	5%	±10%	5.0% 28/562 GREEN	↓	4.9% 17/346	↓	4.0% 20/494	This indicator monitors the success of reablement and measures the percentage of service users who return after a successful reablement phase. As suggested in quarter 2, this target is back on track with only 5% of service users returning to the service requiring long term services. The outturn is however worse this year when compared to the same period in 14-15, with an extra 8 service users returning. There has however been an increase in the number of service users who have had a succesful reablement episode.	**Adult Social Care** *Local performance indicator*	**Individuals**
(S)	Carers who request information and advice	Bigger is Better	75%	75%	±10%	88.9% 144/162 GREEN	→	88.9% 144/162	–	NEW	Performance is positive in this area and is expected to remain so throughout the year. This indicator is monitored as part of the Better Care Fund submissions.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
	Patient/service user experience (managing long term conditions)	Bigger is Better	34%	34%	±10%	32.1% 547/1,703 GREEN	↓	33.1% 578/1748	–	NEW	Performance is positive in this area and is expected to remain so throughout the year. This indicator is monitored as part of the Better Care Fund submissions.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals or Health**
(C)	Overall rate of delayed transfers of care from hospital per 100,000 population	Smaller is Better	6	6	±10%	4.2 8.0/192,716 GREEN	↓	2.7 5.2/192,716	↓	4.1 7.8 / 189,960	The overall rate of delayed transfers of care from hospital is better than target and is on par with 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. To date an average of 8 patients per month are classed as delayed on the snapshot day.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals or Health**
(C)	Rate of delayed transfers of care from hospital per 100,000 population	Smaller is Better	389.1	450.5 (Q2 target)	±10%	313.56 (Q2) 607 / 193582 GREEN	↑	360.57 (Q1) 698/193,582	–	NEW	There is a three month timelag for this performance indicator, as such performance relates to Q2. Performance is positive in this area and is expected to remain so throughout the year. This indicator is monitored as part of the Better Care Fund submissions. This measure is monitored on a quarterly basis, with 4 targets set throughout the year. Performance for Q2 was better than target with only 607 days delayed for the 3 month period across Health and Social Care.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
(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%	0.7 1.4/192,716 GREEN	↓	0.4 0.8/192,716	↑	0.8 1.6 / 189,960	Performance in this area is within target and is better than at the same point last year. ASC continues to focus efforts with the JAD team to ensure timely discharges take place for all clients with a social care need. As at period 3 there had only been an average of 0.4 delays per month where the repsonsibility was Adult Social Care's across both the acute and non acute sectors.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
SAFE: Using our influence													
(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%	0.9 1.8/192,716 GREEN	↓	0.5% 1 / 192,716	↑	1.8 3.4 / 189,960	This part of the indicator monitors where the delay is the responsibility of Adult Social Care only or is a shared delay with Health. To date there has been an average of 0.9 delays per month across both the acute and non acute sectors. 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.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**

Description	Indicator	Value	2015/16 Annual Target	2015/16 Quarter 2 Target	Variable Tolerance	2015/16 Quarter 3 Performance	Short Term DOT against 2015/16 (Q2)		Long Term DOT against 2014/15 (Q3)		Comments	Service	O&S Sub-Committee
SAFE: Leading by example													
(S)	Percentage of people using social care who receive self-directed support and those receiving direct payments	Bigger is Better	82%	82%	±10%	71.4% 1438 / 2013 AMBER	↑	67.8% 1,368 / 2,018	↓	73% 1,495/2,052	Self-Directed Support (SDS) and personalisation continue 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 slightly worse than at the same point last year. There has, however, been significant improvement since the quarter 2 outturn with performance currently standing at 71.4%. At the end of quarter 3 there were 1,438 service users receiving their long term community care via self-directed support. 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.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
(S)	Direct payments as a percentage of self-directed support	Bigger is Better	45%	45%	±10%	36.8% 741/2013 AMBER	↑	36.6% 738/2018	↓	37% 761/2,052	Direct Payments (DPs) are one component of the SDS offer. ASC is currently below target for this indicator and performance is slightly worse than at the same point last year; however, for the second successive quarter performance has improved. There are now 741 service users receiving a direct payment. The working group continues 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.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**

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Appendix 2

Annual 2015/16 Corporate Performance Report

RAG Rating		Direction of Travel (DOT)	
Green	On or within the 'target tolerance' of the annual 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 'target tolerance' off the annual 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 'target tolerance' off the annual 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	VariableTarget Tolerance	2015/16 Annual Performance	Short Term DOT against 2015/16 (Q3)		Long Term DOT against 2014/15 (Annual)		Comments	Service	O&S Sub-Committee
SAFE: Supporting our community												
(C)	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 18-64)	Smaller is Better	10	±10%	10.2 (15 / 147,134) GREEN	→	10.2 15/147,134	↓	9.6	The rate of permanent admissions for individuals aged between 18-64 years has missed target slightly but is within tolerance. This performance indicator was particularly stretching as it only allowed for 14 admissions for the year. By year end there had been 15 admissions into long stay care. 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.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
(C)	Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is Better	598.1	±10%	594.5 (271 / 45,582) GREEN	↓	445.4 203/45,582	↑	606.9	Performance in this area remains positive and the target for 2015/16 has been met. As with previous years, there is continued pressure for placements in the Borough and work within the service continues 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. Performance when compared to Q4 in 14/15 is a slight improvement with 271 admissions in 15/16 compared to 272 in 14/15	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
(C)	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	±0%	2,425 (Q3) (5,960 / 245,731) GREEN	↑	2,433 (Q2) 6,003 / 246,731	↑	2,427 5,965 / 245,731	This indicator is led by the Clinical Commissioning Group and is split into 4 quarterly targets. Performance in this area has improved from Q2 to Q3. Performance for Q4 is currently unknown due to the delay in reporting, however it is expected to be consistent with Q3.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals or Health**
(C)	Percentage of adults in contact with secondary mental health services in paid employment	Bigger is Better	6.5%	±10%	4.7% (22 / 467) RED	↓	5.1% (25 / 493)	↓	6.8% (31 / 459)	This performance indicator is led by the North East London Foundation Trust (NELFT). Performance is currently below target in this area and is worse than at the same stage last year. Mental Health Services continue to be committed to the recovery model and work closely with service users to support them to fulfil their potential in accessing employment opportunities. **Corrective Action:** The NELFT Leadership Team has signed off the plan for Recovery Community, which will help to push clients back into employment. There was a gap between those under primary and secondary care, with the clients in the middle fitting into the Recovery Community.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
(C)	Percentage of adults with learning disabilities who live in their own home or with their family	Bigger is Better	63%	±10%	63.5% (322 / 507) GREEN	↑	47.4% (240 / 506)	↑	62.7% (319 / 509)	Performance in this area has met target for 15-16; At year end there were 322 service users with a Learning Disability in settled accommodation. This compares well to 319 in 14/15.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**

Ref.	Indicator	Value	2015/16 Annual Target	VariableTarget Tolerance	2015/16 Annual Performance	Short Term DOT against 2015/16 (Q3)		Long Term DOT against 2014/15 (Annual)		Comments	Service	O&S Sub-Committee
(C)	Percentage of adults in contact with secondary mental health services living independently, with or without support	Bigger is Better	94%	±10%	86.1% (402 / 467) GREEN	↑	84.8% (418/493)	↓	88.2% (405 / 459)	This performance indicator is led by the North East London Foundation Trust (NELFT). Performance did not meet target, but is within the target tolerance, and the outturn has increased since Q3. NELFT continues to work to remove the barriers to mental health service users accessing and remaining in settled accommodation, and coming out of residential settings back into the community.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
(C)	Percentage of people who return to Adult Social Care 91 days after completing reablement	Smaller is Better	5%	±10%	5.9% (42 / 715) RED	↓	5.0% (28 / 562)	↓	4.4% (28 / 640)	This indicator monitors the success of reablement and measures the percentage of service users who return for on-going services after a reablement phase. The year end target was missed, and performance was worse than at the same stage last year. The average age of a service user who uses reablement is 81 years old, however the average age of a service user who returns requiring on-going long term support is 86. **Corrective Action**: There will be close monitoring of this indicator during 16-17 to identify suitability for reablement.	**Adult Social Care** *Local performance indicator*	**Individuals**
(S)	Carers who request information and advice	Bigger is Better	75%	±10%	85.8% GREEN	↓	88.9%	–	NEW	Although the short term direction of travel has reduced, there has been a positive outturn for this indicator with year end target being met. This indicator will change next year as per the Better Care Fund Submission.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
(S)	Patient/service user experience (managing long term conditions)	Bigger is Better	34%	±10%	33.1% 595 / 1,800 (January 2016) GREEN	→	33.1% 578/1,748 (July 2015)	↑	32.1% 547/1,703 January 2015)	This indicator is monitored twice a year and is taken from the GP patient survey. Performance remains consistent and will continue to be monitored in 16/17 as part of the Better Care Fund.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals or Health**
(C)	Overall rate of delayed transfers of care from hospital per 100,000 population	Smaller is Better	6	±10%	3.9 7.5 / 192,716 GREEN	↑	4.2 8.0/192,716	↑	4.5	The overall rate of delayed transfers of care from hospital is better than target and is an improvement when compared with the previous 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. To date an average of 7.5 patients per month are classed as delayed on the snapshot day.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals or Health**
(C)	Rate of delayed transfers of care from hospital per 100,000 population	Smaller is Better	389.1	±10%	438.06 RED	↓	313.56 (Q2)	–	NEW	This indicator is monitored as part of the Better Care Fund submissions. This measure is monitored on a quarterly basis, with 4 targets set throughout the year. Performance for Q4 was worse than target with 848 days delayed for the 3 month period across Health and Social Care. The majority of delays occurred in the Acute Sector with the main responsibility for delay being Health.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
(C)	Rate of delayed transfers of care attributable to Adult Social Care (ASC) only per 100,000 population	Smaller is Better	1.0	±10%	0.7 (1.4 / 192,716) GREEN	→	0.7 (1.4 / 192,716)	↑	1.1	Performance in this area is better than target and is better than at the same point last year. ASC continues to focus efforts with the JAD team to ensure timely discharges take place for all clients with a social care need. As at quarter 4 there had only been an average of 1.4 delays per month where the responsibility was Adult Social Care across both the acute and non acute sectors. The majority of the delays were in the non-acute sector where 13 of the 17 delays occurred.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
SAFE: Using our influence												
(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	±10%	1.1 (2.1 / 192,716) GREEN	↓	0.9 (1.8/192,716)	↑	2.0	This part of the indicator monitors where the delay is the responsibility of Adult Social Care only or is a shared delay with Health. To date there has been an average of 1.1 delays per month across both the acute and non acute sectors. 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.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**
SAFE: Leading by example												
(S)	Percentage of people using social care who receive self-directed support and those receiving direct payments	Bigger is Better	82%	±10%	82.2% (1,678 / 2,041) GREEN	↑	71.4% (1,438 / 2,013)	↑	75.4% (1,536 / 2,036)	Self-Directed Support (SDS) and personalisation continue to be at the heart of the service offer within Adult Social Care (ASC). ASC has achieved target for this indicator and has improved performance when compared to the same point last year. At the end of quarter 4 there were 1,678 service users receiving their long term community care via self-directed support.	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**

Ref.	Indicator	Value	2015/16 Annual Target	VariableTarget Tolerance	2015/16 Annual Performance	Short Term DOT against 2015/16 (Q3)		Long Term DOT against 2014/15 (Annual)		Comments	Service	O&S Sub-Committee
(S)	Direct payments as a percentage of self-directed support	Bigger is Better	45%	±10%	35.1% (717 / 2,041) RED	↓	36.8% (741/2,013)	↓	36.1% (736/2,036)	Direct Payments (DPs) are one component of the SDS offer. ASC is currently below target for this indicator and performance is worse than at the same point last year. There are 717 currently service users receiving a direct payment. **Corrective Action:** The working group continues 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	**Adult Social Care** *Reported to Department of Health (DH)*	**Individuals**

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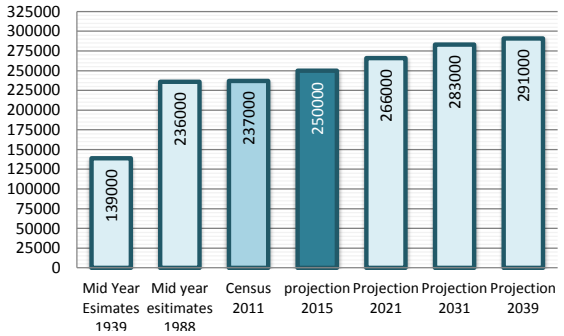
Appendix 3: Quarter 4 2015/16 Demand Pressure Dashboard

Annual **POPULATION**

DP 01: Havering Population Growth



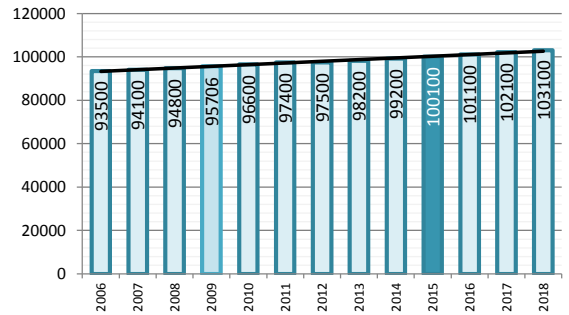
Source: ONS population estimates; 2011 Census; GLA 2013 round capped SHLAA projections

The ONS population estimates, the 2011 Census and GLA 2013 round capped SHLAA Projections show that Havering's population 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%).

** Figures rounded to nearest 100*

Annual **POPULATION**

DP 02: Households - GLA Projections



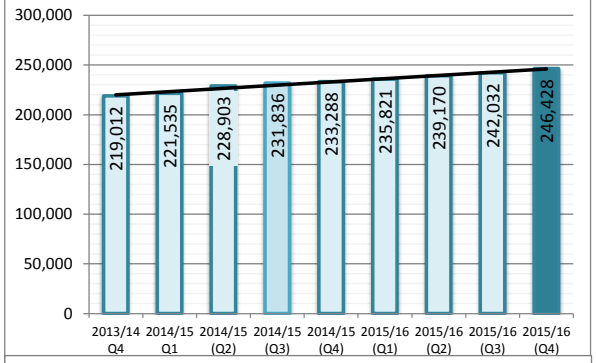
Source: GLA Round Demographic Projections, 2014

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*

Quarterly **POPULATION**

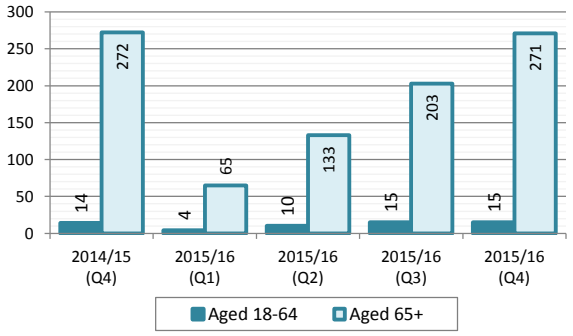
DP 03: GP Registrations



Q4 data shows Havering's GP registrations are continuing to increase each quarter, with 4,396 additional registrations between Q3 2015/16 and Q4 2015/16.

Cumulative **ADULT SOCIAL CARE**

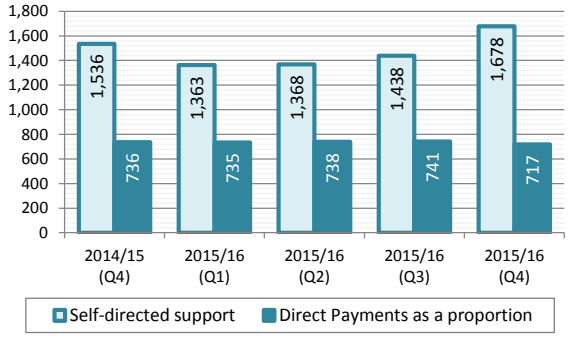
DP 09: Permanent admissions to residential and nursing care homes



Demand for residents aged 18-64 has increased by just one person (7.1%) for Q4 of 2015/16 compared to the previous year, and reduced by one person (0.4%) for residents aged 65+. The number of admissions for each age group has remained reasonably consistent in each quarter of the financial year.

Snapshot **ADULT SOCIAL CARE**

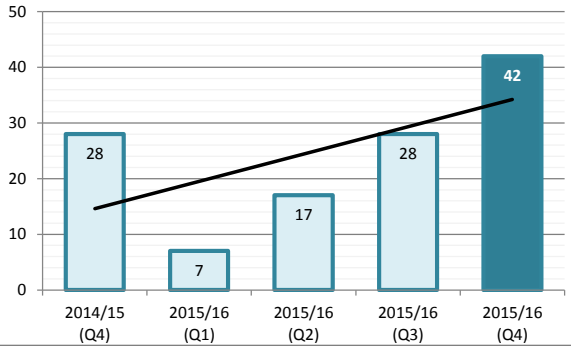
DP 10: Self Directed Support and Direct Payments as a Proportion



Self-directed support has increased slightly (by 9.2%) since Q4 of 2014/15 (from 1,536 to 1,678) and has risen in each quarter of the financial year too. Take up of direct payments has fallen in Q4 from Q3 and is now also lower than at the end of year 2014/15 (2.6% reduction).

Cumulative **ADULT SOCIAL CARE**

DP 11: Residents Requiring Ongoing Service After Reablement



This is a local indicator and is reported cumulatively . Demand has increased from 28 to 42 (a 50% rise) when compared to Q4 of last year. The demand increase from Q3 to Q4 2015/16 (14) is slightly more than the demand increase from Q2 to Q3 2015/16 (11).

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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE

Subject Heading:	Sub-Committee's Work Programme
CMT Lead:	Daniel Fenwick – Legal and Governance
Report Author and contact details:	Wendy Gough Committee Administration 01708 432441 wendy.gough@havering.gov.uk
Policy context:	To agree the Sub-Committee's work programme for the 2016/17 municipal year.
Financial summary:	None – overview and scrutiny work will be covered by existing resources

SUMMARY

At this stage of the municipal year the Sub-Committee is required, so far as is practicable, to agree its work programme for the forthcoming year. This applies to both the work plan for the Sub-Committee as a whole and to the subject of any topic group run under the Sub-Committee's auspices.

RECOMMENDATIONS

That the Sub-Committee agree its work programme for 2016/17 municipal year.

REPORT DETAIL

Shown in the schedule at the end of the report is a draft work programme for the Sub-Committee's four meetings during the municipal year. The issues for the first meeting have been drawn up by officers following initial discussions with the Chairman.

Members will note that a significant remainder of the workplan has been left blank at this stage. This is to reflect the fact that Members may wish to select further issues for scrutiny. In addition, previous experience has shown that it is beneficial to leave some excess capacity for scrutiny in order to allow the Sub-Committee to respond fully to any consultations or other urgent issues that may arise during the year.

Additionally, the Sub-Committee has the power to select an issue for more in depth scrutiny as part of a topic group review. Council has recommended that, in view of limited resources, only one such topic group is run at any one time. The Sub-Committee is therefore requested to consider what should be the subject of its next topic group review, if any.

IMPLICATIONS AND RISKS

Financial implications and risks: None – it is anticipated that the work of the Committee can be supported from existing resources.

Legal implications and risks: None

Human Resources implications and risks: None

Equalities implications and risks: None

BACKGROUND PAPERS

None.

Havering
LONDON BOROUGH

Schedule: Draft Work Programme for the Individuals Overview and Scrutiny Sub-Committee.

Individuals Overview and Scrutiny Sub-Committee			
Meeting 1 (28 July 2016)	**Meeting 2 (1 November 2016)**	**Meeting 4 (24 January 2017)**	**Meeting 5 (25 April 2017)**
Work Programme Report of the Individuals OSSC	ASC Complaints Report – Veronica Webb	Dementia Strategy Update	Transition of Children to Adulthood and the support available • Looked after children • Children with disabilities
Presentation from Family Mosaic on the service they provide	Carepoint update • Contract • Data on flow of visits	Support for Carers	
Corporate Performance Reports (Q3, Q4, Q1)	Update on Integrated Social Care Hubs progress • And performance data		

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