



# Havering

L O N D O N   B O R O U G H

## INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

<b>7.00 pm</b>	<b>Tuesday 3 September 2019</b>	<b>Committee Room 3A - Town Hall</b>
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Members 7: Quorum 3

### **COUNCILLORS:**

Nic Dodin  
Jan Sargent  
Denis O'Flynn  
Christine Smith (Chairman)

Ciaran White  
Linda Van den Hende  
Michael White (Vice-Chair)

**For information about the meeting please contact:  
Richard Cursons 01708 432430  
[richard.cursons@onesource.co.uk](mailto:richard.cursons@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

**DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF**



## **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 MINUTES** (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Sub-Committee held on 16 July 2019 and authorise the Chairman to sign them.

### **5 CORPORATE PERFORMANCE REPORT - QUARTER 1** (Pages 5 - 20)

Report attached

### **6 HEALTHWATCH HAVERING ANNUAL REPORT** (Pages 21 - 42)

Report attached

### **7 SAFEGUARDING ADULTS TOPIC GROUP** (Pages 43 - 46)

Scoping document attached

**Andrew Beesley**  
**Head of Democratic Services**

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**MINUTES OF A MEETING OF THE  
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE  
Committee Room 2 - Town Hall  
16 July 2019 (7.00 - 8.30 pm)**

**Present:**

Councillors Christine Smith (Chairman), Michael White (Vice-Chair), Ciaran White, Nic Dodin, Jan Sargent, Denis O'Flynn and Linda Van den Hende

**1 MINUTES**

The minutes of the meeting held on 7 March were agreed as a correct record and signed by the Chairman.

It was **noted** that Member's previous request for information on the Gingerbread Charity had not yet been received. Officers undertook to investigate and circulate the information.

**2 CORPORATE PERFORMANCE INFORMATION - QUARTER 3**

The Sub-Committee received the quarter four performance report which provided an overview of the Council's performance against the two performance indicators selected for monitoring by the Sub-Committee:

- Percentage of service users receiving Direct Payments; and
- Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+).

The percentage of service users receiving Direct Payments had a green rating. This was a target of 35%, with a Q4 performance level of 36.2%. It was explained that for some residents, direct payments were unsuitable as they did not have the capacity to manage the payments. There was however a process to guide service users and a Direct Payments Team was available to offer advice.

The rate of permanent admissions to residential and nursing care homes was at a green rating and well within target. The Q4 performance target was 660 with 2018/19 performance at 601.1 where lower performance was better. The current performance was slightly higher than the previous year, however remained low.

**The individuals OSSC:**

- **Noted** the contents of the report and the actions identified to improve services.
- Members also **noted** the positive feedback to services by way of compliments received and highlighted good practice.

**3 ADULT SOCIAL CARE COMPLAINTS ANNUAL REPORT 2018-19**

The Director of Adult Services presented the Adult Social Care Complaints Annual Report to the Committee. The report detailed the complaints enquiries and compliments received during the period April 2018 to March 2019.

There was a statutory requirement to publish the report annually.

Adult Social Care complaints have decreased slightly. Ombudsman enquiries had stayed at the same level. Out of the nine received in the relevant period two were found to be maladministration injustice.

The highest number of complaints received related to external home care. These included complaints on standards of service which was linked to financial issues and disputes on charges. There had also been an increase in complaints relating to attitude and behaviour of staff.

The number of complaints upheld in 2017-18 was 13 with 16 partially upheld, 38 not being upheld and 12 being withdrawn.

Areas identified for improvement during the year were around completeness of assessments, information to providers on the treatment of direct payments used for respite and financial information still highlighted as an area for improvement. Some of these may be picked up through the new Adult Social Care system Liquid Logic when implemented.

Overall response times to complaints still needed to improve although there has been some improvement.

Compliments had increased from 49 in 2017/18 to 52 in 2018/19

Member enquiries had increased to 114 in 2018-19 from 68 in 2017-18 with 75% being responded to within timescale.

**The Individuals OSSC:**

1. **Noted** the contents of the report and the continued work in resolving and learning from complaints and the challenges faced by the service with increasing demands.



2. **Noted** the actions identified to improve services and the continued monitoring by the Service and the Complaints & Information Team to ensure these are implemented evidencing service improvements and with a view to reduce similar complaints.
3. **Noted** the positive feedback to services by way of compliments received and highlighting good practice.

#### **4 FUTURE AGENDAS**

It was **agreed** that a presentation be given at the next meeting on Safeguarding Adults with a view to establishing a topic group on the subject thereafter.

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**Chairman**

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## INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 3rd September 2019

<b>Subject Heading:</b>	Quarter 1 performance report
<b>SLT Lead:</b>	Jane West, Chief Operating Officer
<b>Report Author and contact details:</b>	Graham Oakley, Senior Performance and Business Intelligence Analyst - 01708 433705, <a href="mailto:graham.oakley@havering.gov.uk">graham.oakley@havering.gov.uk</a>
<b>Policy context:</b>	The report sets out Quarter 1 performance relevant to the remit of the Individuals Overview and Scrutiny Sub-Committee
<b>Financial summary:</b>	<p>There are no direct financial implications arising from this report. However adverse performance against some performance indicators may have financial implications for the Council.</p> <p>All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience financial pressure from demand led services.</p>

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

Communities making Havering	[X]
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

## SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance against indicators within the remit of the Individuals Overview and Scrutiny Sub-Committee for Quarter 1 (April 2019 – June 2019).

## RECOMMENDATION

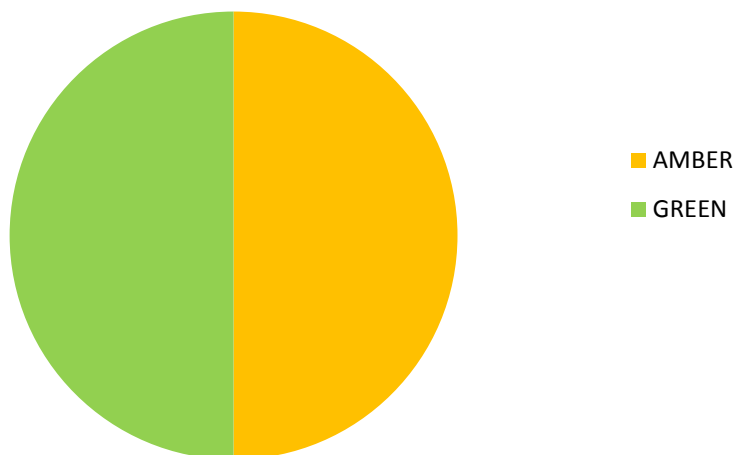
That the Individuals Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.

## REPORT DETAIL

1. For the 2019/20 financial year, the Individuals Overview and Scrutiny Sub-Committee has chosen to continue monitoring the same two indicators that were received in 2018/19, supplemented by regular updates on the results of the Homecare Outcomes Survey. This report and the attached presentation provide an overview of the Council's performance against the two indicators selected. The presentation highlights areas of strong performance and potential areas for improvement.
2. Tolerances around targets have been agreed for 2019/20 performance reporting. Performance against each performance indicator has therefore been classified as follows:
  - **Red** = outside of the quarterly target and outside of the agreed target tolerance, or 'off track'
  - **Amber** = outside of the quarterly target, but within the agreed target tolerance
  - **Green** = on or better than the quarterly target, or 'on track'
3. Where performance is rated as '**Red**', '**Corrective Action**' is included in the report. This highlights what action the Council will take to improve performance.
4. Also included in the report are Direction of Travel (DoT) columns, which compare:

- Short-term performance – with the previous quarter (Quarter 4 2018/19)
  - Long-term performance – with the same time the previous year (Quarter 1 2018/19)
5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same. It should be noted that reporting for the rate of permanent admissions to residential and nursing care homes is cumulative and therefore the Direction of Travel is based on the distance from target for the relevant quarters.
6. Both performance indicators selected by the sub-committee have been included in the Quarter 1 2019/20 report and assigned a RAG status.

### **Q1 Indicators Summary**



Of the two indicators:

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

There has been sustained performance when compared with Quarter 1 of 2018/19 and performance has slightly deteriorated when compared to the previous quarter, when both indicators were rated Green.

## **IMPLICATIONS AND RISKS**

### **Financial implications and risks:**

There are no direct financial implications arising from this report. However adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services, such as childrens and adults' social care. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

### **Legal implications and risks:**

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress.

### **Human Resources implications and risks:**

There are no HR implications or risks involving the Council or its workforce that can be identified from the recommendations made in this report.

### **Equalities implications and risks:**

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

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

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

The Council is committed to all of the above in the provision, procurement and

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

**BACKGROUND PAPERS**

Appendix 1: Quarter 1 Individuals Performance Presentation 2019/20

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# Haverling

LONDON BOROUGH

# **Quarter 1 Performance Report 2019/20**

## **Individuals O&S Sub-Committee**

**3rd September 2019**

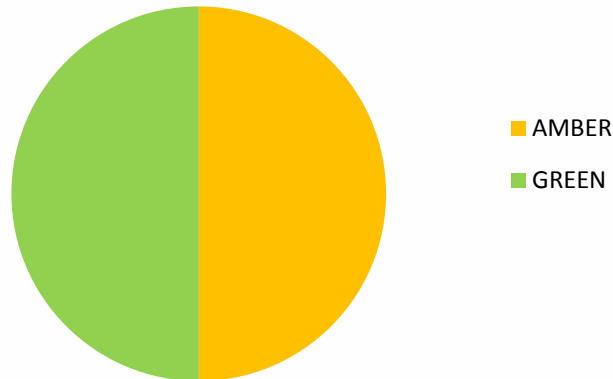
# About the Individuals O&S Committee Performance Report

- Overview of the Council's performance against the indicators selected by the Individuals Overview and Scrutiny Sub-Committee
- The report identifies where the Council is performing well (**Green**), within target tolerance (**Amber**) and not so well (**Red**).
- Where the RAG rating is '**Red**', '**Corrective Action**' is included in the presentation. This highlights what action the Council will take to improve performance.

## OVERVIEW OF INDIVIDUALS INDICATORS

- 2 Performance Indicators are reported to the Individuals Overview & Scrutiny Sub-Committee.
- Q1 performance figures are available for both indicators.

Q1 Indicators Summary



Of the two indicators:

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

# Quarter 1 Performance

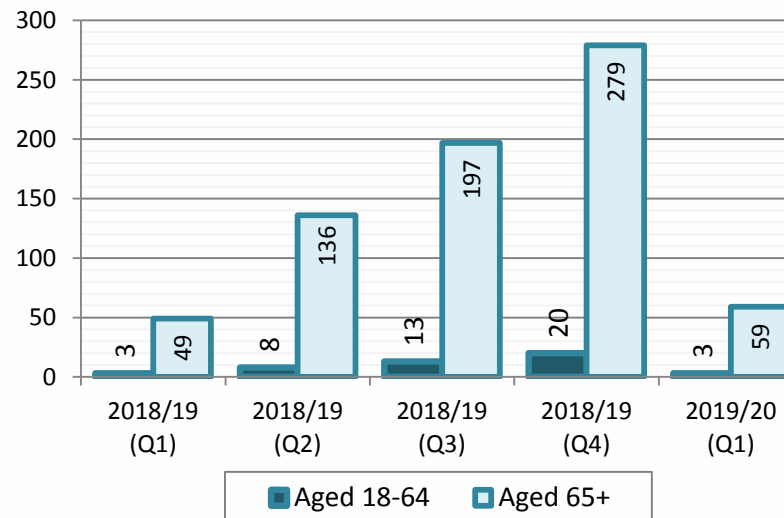
Indicator and Description	Value	Tolerance	2019/20 Annual Target	2019/20 Q1 Target	2019/19 Q1 Performance	Short Term DOT against Q4 2019/20		Long Term DOT against Q1 2018/19	
% of service users receiving direct payments	Bigger is better	5%	36.5%	36.5%	AMBER 36.2%	➡	36.2%	⬆	33.6%
Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is better	5%	600	142.6	GREEN 127.1	⬆	601.1	⬇	106

## Positive Performance

- Better than target (where lower is better) for the rate of permanent admissions for service users aged 65+ into nursing or residential care.
- More Service Users receiving Direct Payments – increased from 660 in June 2018 to 694 in June 2019.

## ADULT SOCIAL CARE

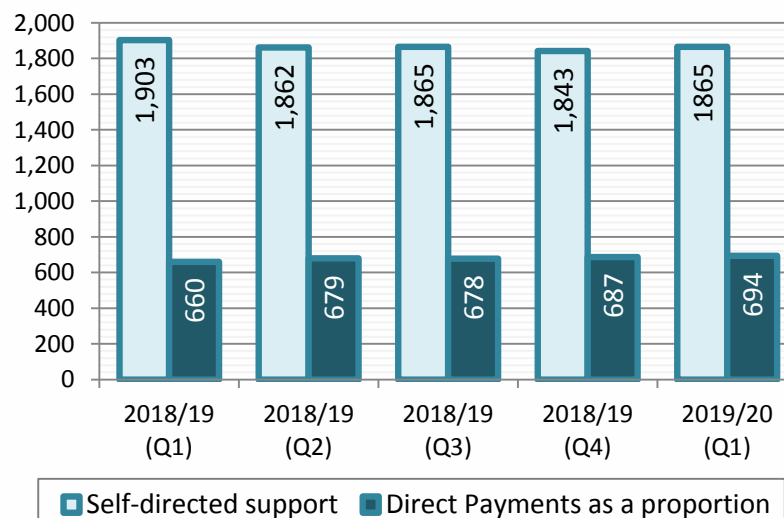
### DP 09: Permanent admissions to residential and nursing care homes



By the end of Q1, there had been 3 adults aged 18-64 in council-supported permanent admissions to residential and nursing care, this is the same when compared to Q1 in 2018/19. There have been 59 adults aged over 65 in council-supported permanent admissions, whereas for the same period in 2018/19 there had been 49.

## ADULT SOCIAL CARE

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



At the end of Q1, there were 1,865 service users receiving self directed support, compared to 1,903 at the same stage last year. There was an increase in the take-up of direct payments from June 2018 compared to June 2019 (660 in June 2018 compared to 694 in June 2019).



# Any questions?



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**healthwatch**  
Havering

## Annual Report 2018 - 2019

### Havering's independent champion for people using local health and social care services

Agenda Item 6



# Message from our Chairman

Welcome to this year's annual report. This report provides you with a resume of the work that we have undertaken on behalf of the residents of Havering and our plans for the coming year.

Our role is to listen to what people like about services and what could be improved. We share your views with those with the power to make change happen.

To achieve this on your behalf, we work in partnership with Queen's and King George Hospitals, Mental Health services, Clinical Commissioning Groups, GPs, the London Borough of Havering and the Care Quality Commission (the organisation that sets and inspects the standards of care in health and social care).

As usual our volunteers have been busy undertaking Enter and View visits in nursing and residential homes, GP practices and Queen's Hospital. Our volunteers are local residents and they made over 100 recommendations aimed at improving care locally in 2018/19.



## Message from our Chairman (continued)

During this past year the NHS has been developing the most ambitious plans in its 70 year history.

The Long Term Plan has been based on 'bottom up' discussions with major charities, voluntary organisations and patient groups.

This year over 600 residents have helped us to shape services in Urgent and Emergency Care, Cancer Services, Vision Services and GP and Primary Care.

We want more of our residents to be able to influence and achieve the services that are important for them.

As GPs begin to work more closely together in groups called Primary Care Networks which include community services, patients' views will be an important aspect of shaping the service model.

The views of patients who have disabilities, the frail and elderly members of our community are essential as the care models change to supporting people to live at home safely for longer.



# About Us - People are at the heart of everything we do

We are a small but effective team, comprising:

Three directors who work part-time

Two office staff, also part-time

Fifteen active volunteers

Four volunteers who take a less-active part

Five people who are training to become full volunteers

## Our volunteers

We see our volunteers as our Ambassadors, championing the role of Healthwatch across the borough and beyond as many Volunteers attend other voluntary and community group meetings, such as:-

- Alzheimer's Society and the Havering Dementia Action Alliance
- GP Practice Participation Groups
- Havering MIND
- NHS Retirement Fellowship
- Richard Poyntz Charity (Upminster and Cranham)
- Queen's Hospital volunteering, patient experience and participation
- St John Ambulance
- Church and Synagogue volunteering
- First Step
- Havering Over Fifties Forum
- NHS England patient participation
- NHS Retirement Fellowship
- Tapestry
- Townswomen's Guild



# Highlights of our Year

Over 600 service users, carers and relatives contributed by sharing their views and concerns

Over 590 users follow us on Twitter and we have had more than 2,100 people visited our website

25 Enter and View reports on Hospitals, GPs' Nursing and Residential Homes

Working with other organisations, we have attended over 110 meetings

111 recommendations for service improvement

# How we have made a difference by listening to your views.

Right care, Right place, Right time - consultation on urgent and emergency care

Over 40 comments from patients were included in the report

From listening to residents, the 3 recommendations below were made to the CCG

- ✓ That the CCG acknowledge the popularity of the option to walk in to urgent care facilities without prior appointment and ensure that, as services develop, the option of attending for urgent care without appointment be preserved.
- ✓ That all GP surgeries be requested to ensure that the options for seeking urgent care when the surgery is closed are prominently displayed, within and outside (where possible and practicable) the surgery premises, and that use of electronic screens for that purpose be considered.
- ✓ That any information campaign use images of NHS staff “on the job” as the main means of communicating the message and that use of closely worded text be avoided so far as possible.

These recommendations have all been taken on board and are being implemented





# Listening to you - our report on Vision Services

Our report crossed the boundaries between Hospital, Primary care, Social care, the Royal College of Ophthalmologists and the Royal National Institute for the Blind

Our aim was that services for visually impaired residents, children and adults, was that in future, in our Borough, Vision Services would be able to cross the boundaries as seamlessly as our report

Listening to residents and voluntary organisations, The Partially Sighted Club and Sight Action Havering together we made a total of 18 Recommendations - and all of them are being implemented



# Vision Services - change is happening!

The CCG have recommissioned community services with a much wider and consistent offer for all

BHRUT are working in partnership with RNIB to provide an Eye Clinic Liaison Officer arriving shortly

North East London Eye Network has supported the development of services

BHRUT are re-designing their hospital services and their internal facilities







# Helping you find the answers



- ✓ Havering has the highest number of older people in London
- ✓ We work alongside Nursing and Care homes together we aim to improve the lives of residents
- ✓ Our volunteers visited 25 care and nursing homes, GP practices and hospital services this year
- ✓ Our volunteers made over 100 recommendations for improvement



# Networking...

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**Chairman Anne-Marie Dean, Andrew Rosindell MP, Julia Lopez MP and Director Ian Buckmaster**

**At the Healthwatch England Conference in the House of Commons, January 2019**



**Havering Volunteer Centre Chief Executive Shelley Hart, Havering Mayor Cllr Dilip Patel and three Healthwatch volunteers**

**At the Havering Volunteer Centre Awards, 2018**



Our plans and priorities for the year ahead must recognise the importance of ensuring that residents views are at the centre of the health and social care changes which will begin to affect residents in the coming months.

- We will combine this with our Enter and View work, ensure the continued improvements in Vision Services, and identify a simple project selected by our volunteer members for this year
- To develop our consultation and engagement skills working across the span of all age groups
- Work closely with the CCG and LBH to ensure that we are available to support the proposed health and social care changes
- To improve our knowledge and widen our understanding of the diverse needs of our growing community
- Develop a model of engagement to work with children and young people

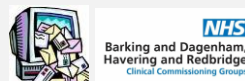


# Our Finances 1

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Our principal source of income continued to be the grant from Havering Council. At £117,359, this grant has remained at the same level since 2013 - for more detail see Our Finances 2 following



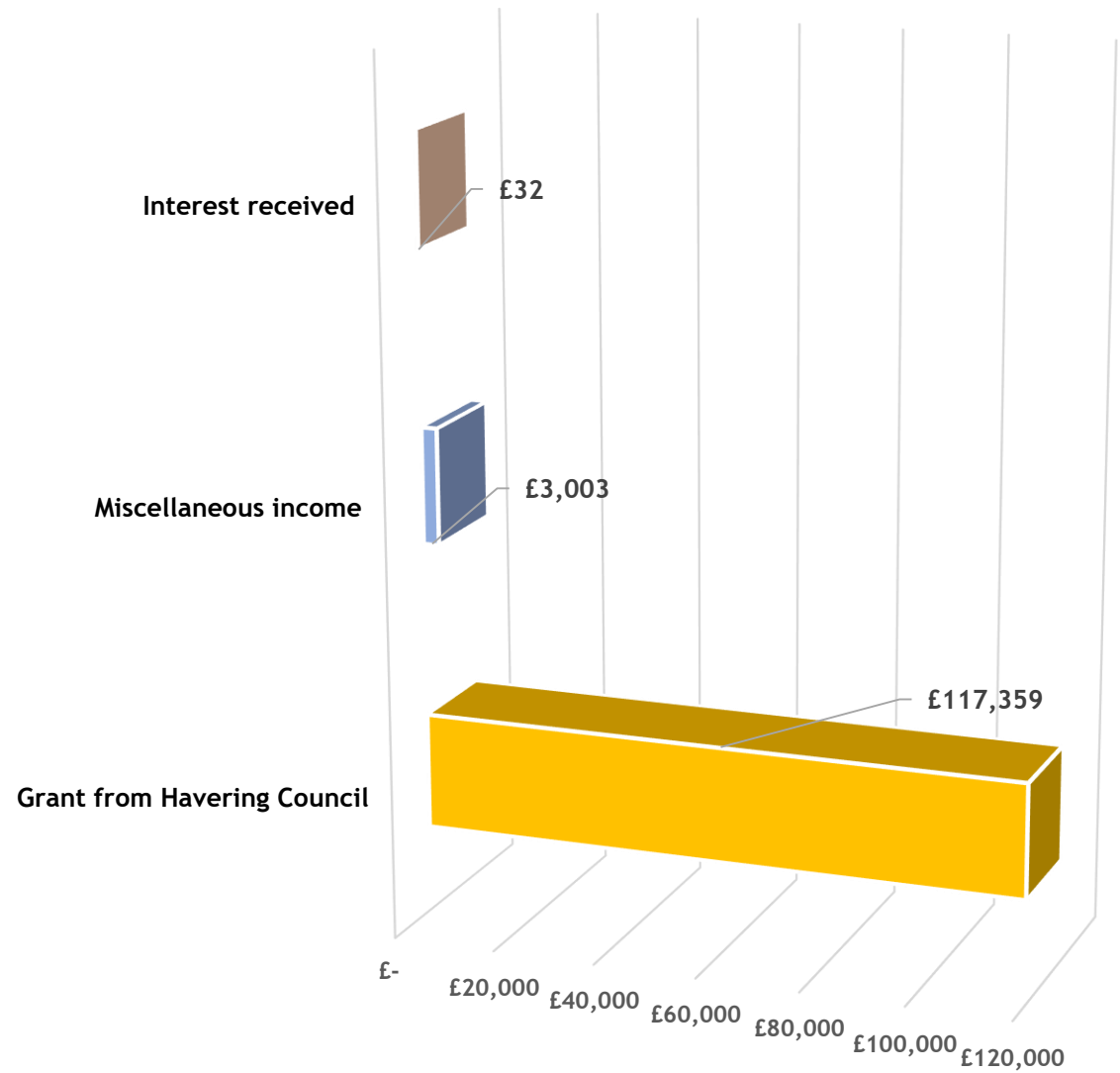
We had miscellaneous income of just over £3,000, including £2,000 for commissioned work undertaken on behalf of Havering CCG and £250 from the sale of redundant computers- for more detail see Our Finances 3 following



As always, our main expenditure was on our staff.

The statutory annual accounts are available on our website at <http://www.healthwatchhavering.co.uk/our-activities>

## INCOME SUMMARY

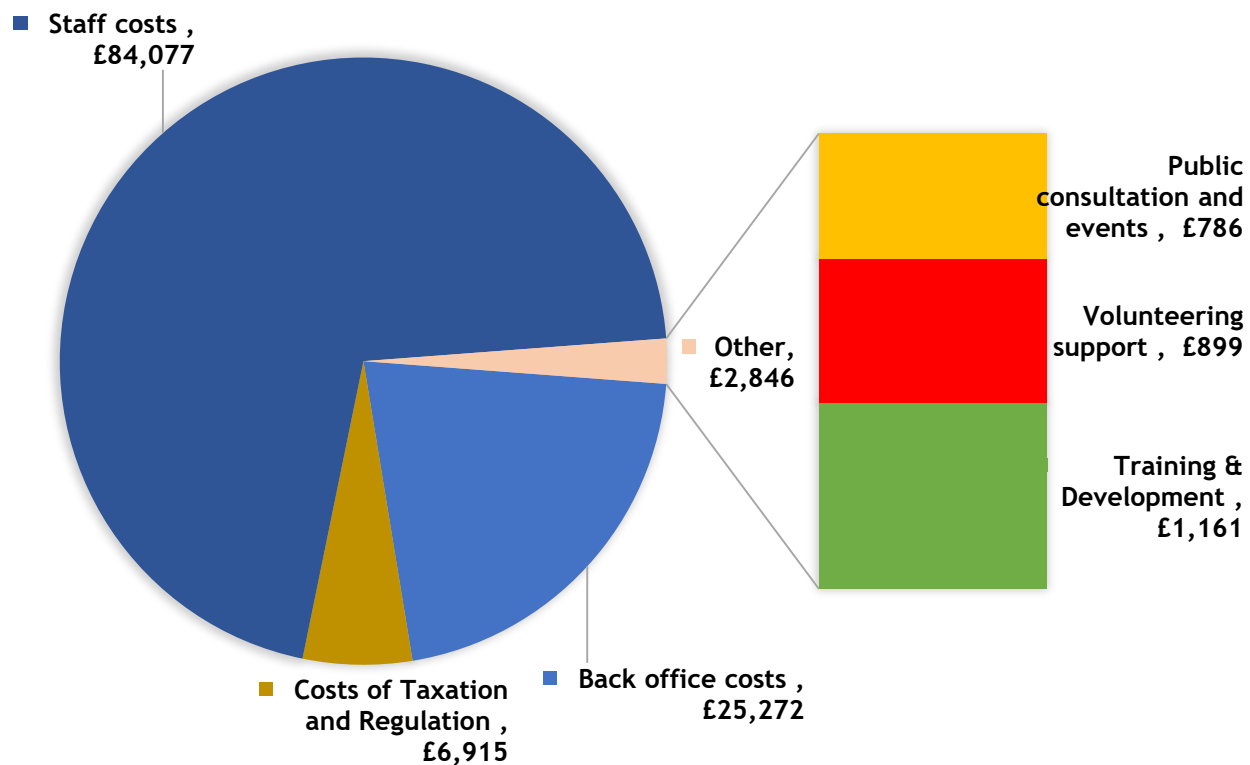


# Our Finances

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2

# Our Finances

## EXPENDITURE SUMMARY





# Our Enter & View programme 1

## Introduction

Havering has one of the largest residential and care home sectors in Greater London, a significant number of single-handed or small partner GP practices, one of the busiest hospitals in the country and a community health Trust that provides a range of services beyond the borough's boundaries.

We have long taken the view that a robust programme of Enter and View visits is the best way that we can be sure that the needs of users of health and social care services are being met. Entering and viewing facilities enables our volunteers to observe first-hand how facilities work, in real time. This provides assurance to the public that facilities are the sort of places they would want to use for themselves, their relatives and friends.

To that end, we identify premises that should be visited through a monthly meeting of staff and volunteers at which the programme is managed, visits arranged and the findings of recent visits reviewed. In 2018/19, we carried out 25 visits (with one premises visited twice). The list of facilities we have visited follows.

Our visiting teams have always been made welcome and managers and proprietors are very co-operative in facilitating the visits. The team members were able to discuss the facility with staff, residents/patients and their relatives and friends alike.

Where we have made recommendations, we have been, or will be, following up to see what effect they have had.

All reports of our visits are published on our website [www.healthwatchhavering.co.uk/enter-and-view-visits](http://www.healthwatchhavering.co.uk/enter-and-view-visits) and shared with the home and all relevant agencies. Owing to the thorough nature of pre-publication checks, not all of the reports had been published at the date this report was prepared.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation and all of these visits were carried out in exercise of them.

**We did not find it necessary to make recommendations to Healthwatch England on special reviews etc, nor has anyone failed to respond to our reports.**

## Our Enter & View programme 2

Visits 2018  
up to  
September

Date of visit	Establishment visited		Reasons for visit	Number of recommendations for improvement
	Name	Type		
2 May	Hillside	Nursing Home	To observe the normal operation of the home	5
14 May	The Robins Surgery	GP	To observe the normal operation of the practice	None specific to practice
15 May	Dr Abdullah, Rainham Health Centre	GP	To observe the normal operation of the practice	6
21 May	Queen's Hospital: Outpatients' Departments	Hospital	To observe the normal operation of the departments	6
18 July	Abbcross Nursing Home	Nursing Home	To observe the normal operation of the home	4
24 July	The Willows	Residential Care Home	To observe the normal operation of the home	None
1 August	Billet Lane Medical Practice	GP	To observe the normal operation of the practice	None specific to practice
1 August	Dr S Subramaniam, Mungo Park Practice	GP	To observe the normal operation of the practice	None
13 September	Queen's Hospital: Maternity	Hospital	To observe the normal operation of the department	4
19 September	Queen's Hospital: Emergency (A&E) Department	Hospital	To observe the normal operation of the department	5
29 September	Romford Nursing Care Centre	Nursing Home	To observe the normal operation of the home	None

# Our Enter & View programme 3

## Visits 2018 from October

Date of visit	Establishment visited		Reasons for visit	Number of recommendations for improvement
	Name	Type		
4 October	Queen's Hospital: Patients' Meals (Third visit)	Hospital	To observe the normal operation of the department	6
8 October	Faringdon Lodge	Residential Care Home	To observe the normal operation of the home	2
16 October	Langley House	Residential Care Home	To observe the normal operation of the home	4
11 September and 1 November	<del>Barleycroft</del>	Residential Care Home	To observe the normal operation of the home	12
7 November	Dr K Subramanian, Harlow Road Surgery	GP	To observe the normal operation of the practice	3
19 November	The Lodge, Collier Row	Residential Care Home	To observe the normal operation of the home	6
3 December	Dothan House	Residential Care Home	To observe the normal operation of the home	5
5 December	Urgent Treatment Centre (PELC) at Queen's Hospital	Hospital/Community Care	To observe the normal operation of the department	5
10 December	Arran Court	Residential Care Home	To observe the normal operation of the home	None

# Our Enter & View programme

4

Visits  
in  
2019

Date of visit	Establishment visited		Reasons for visit	Number of recommendations for improvement
	Name	Type		
25 January	Greenwood Practice: Ardleigh Green and Gubbins Lane branches	GP	To observe the normal operation of both branches of the practice	8
6 February	Havering Court	Nursing Home	To observe the normal operation of the home	4
11 February	Queen's Hospital: Discharge Lounge and Ambulance Waiting Lounge	Hospital	To observe the normal operation of the department	8
20 February	Alton House	Residential Care Home	To observe the normal operation of the home	None

## Name and status of Havering Healthwatch company; and new contract

- Since the inception of Healthwatch, the service in Havering has been provided by the Company (Havering Healthwatch Limited) originally set up by Havering Council in 2013. Between 2013 and the end of March 2019, the service was funded by a series of annual grants from the Council to the Company.
- In October 2018, however, the Council announced that it intended to undertake a test of the market for the provision of Healthwatch services from April 2019 by running a competitive bidding process. Havering Healthwatch Limited was one of two prospective providers to submit bids and, after a close-run competition, was successful in retaining the contract to provide the service.
- The specification of the contract differed in some respects to the original grant-funded arrangement, requiring changes in the way that the service is provided. Restrictions in the contract required the name and status of the company to be altered and, following the appropriate legal process, on 15 March 2019 the name of the company was changed to **Havering Healthwatch C.I.C.** and it became a Community Interest Company.
- Havering C.I.C. remains a company limited by guarantee, registered in England & Wales.
- The new contract will run for five years, until 2024, with the possibility of an extension for two further years.



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# Our governance 2

## Involving volunteers in governance

- In consequence of the new contract, a range of changes to governance arrangements and policies and procedures are in hand. We will report fully on them in our next Annual Report.
- During 2018/19 we continued to involve our volunteers in governance of our organisation.
- All volunteers are entitled to attend both our Engagement Programme Panel (formerly the Enter & View Panel) and the Management Board. The Panel meets monthly and the Board generally meets every couple of months.
- All volunteers are also members of the Company and are entitled to attend its general meetings. In 2018/19, we held an Annual General Meeting and an Extraordinary Meeting to deal with the change of name and status to a Community Interest Company.
- In preparation for the new contract, we also established a Governance Committee, which will meet monthly in 2019/20.
- We also arranged for a small group of volunteers to review our governance arrangements and their recommendations have been taken into account in our new governance arrangements that will apply from April 2019.

## Compliance with statutory requirements

- We have maintained our engagement with the Havering Health and Wellbeing Board, Health and other Overview & Scrutiny Committees and the Outer North East London Joint Health Overview & Scrutiny Committee. We have been represented at most meetings of these bodies.
- We have used the Healthwatch logo on stationery, reports and on our website. We continue to hold a licence from Healthwatch England to do so.
- Copies of this Annual Report will be sent to various stakeholders, including Healthwatch England, Havering Council, Havering CCG and the British Library.
- We are registered as a Community Interest Company with Companies House and for data protection purposes by the Information Commissioner.



# Contact us:

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**healthwatch**  
Havering

*Healthwatch Havering is the operating name of  
Havering Healthwatch C.I.C.  
A community interest company limited by guarantee  
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## INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 3 SEPTEMBER 2019

<b>Subject Heading:</b>	Safeguarding Adults Topic Group
<b>CMT Lead:</b>	John Jones Interim Director of Legal & Governance
<b>Report Author and contact details:</b>	Richard Cursons, 01708 432430, richard.cursons@onesource.co.uk
<b>Policy context:</b>	An overview of the Council's Safeguarding Adults Process
<b>Financial summary:</b>	No impact of presenting of the overview itself which is for review only.

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

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

### SUMMARY

An overview of the Council's Safeguarding Adults process will be presented at the meeting.

### RECOMMENDATIONS

1. The Sub-Committee to note the overview.
2. The Sub-Committee to agree to the content of the scoping document.
3. The Sub-Committee agree the membership of the Topic Group.

**REPORT DETAIL**

The Sub-Committee will receive a presentation on the Council's Safeguarding Adults process.

**IMPLICATIONS AND RISKS**

**Financial implications and risks:** None of this covering report.

**Legal implications and risks:** None of this covering report.

**Human Resources implications and risks:** None of this covering report.

**Equalities implications and risks:** None of this covering report.

**APPENDICES**

Appendix A – Scoping document

## INDIVIDUALS OSSC: Safeguarding Adults – SCOPING/ TERMS OF REFERENCE DOCUMENT

### Scope and Objectives of Review

To explore the safeguarding adult process, including activity, performance and outcomes.

To scrutinise progress made by Havering adult social care in implementing and embedding 'Making Safeguarding Personal' (a national framework).

To investigate the views of Havering residents who have been subject to the safeguarding adult process, including carers/family members, to hear about their experience of safeguarding.

To shadow a home visit (resident consent required) with the adult social care worker undertaking the safeguarding intervention.

### Witnesses to be Called

Head of Integrated Services (responsible for safeguarding across adult social care)

Service Manager for Safeguarding Adults (specialist role)

2-3 service users (and carers/families) with lived experience of safeguarding intervention (where at least service user has reported their outcome has been met and where at least one service user has reported their outcome has not been met).

2-3 service users (and carers/families) who are currently subject to safeguarding (with consent) to observe safeguarding practice. This would be subject to client consent and Head of Integrated Services

Commissioners, including Quality Team.

2-3 providers of services (such as homecare and residential/nursing)

NELFT safeguarding lead

BHRUT safeguarding lead

### Visits to be undertaken (if applicable)

Homecare providers forum

Care home providers forum

Residents with experience of a safeguarding intervention (consent will be required)

Adult Safeguarding Service (Mercury House)

### Target Timescale

Meeting 3<sup>rd</sup> September 2019 – agree final scope and terms of reference

Meeting 4<sup>th</sup> December 2019 – update to subcommittee

Meeting 5<sup>th</sup> March 2020 – final report and recommendations (if any) agreed by subcommittee

O&S Board 11<sup>th</sup> April 2020 - final report and recommendations (if any) presented by Chairman of Individuals Subcommittee

If applicable, report to Cabinet within 2019/20 municipal year.