



Haverling

L O N D O N B O R O U G H

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm

Thursday
5 March 2020

Committee Room 3A
Town Hall, Main Road,
Romford

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:
Luke Phimister 01708 434619
luke.phimister@onesource.co.uk

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 - 2)

To approve as a correct record the Minutes of the meeting of the Committee held on 4th December, 2019 and authorise the Chairman to sign them.

5 QUARTER 3 PERFORMANCE REPORT (Pages 3 - 28)

Report attached for consideration.

6 REABLEMENT UPDATE (Pages 29 - 32)

Report attached for consideration.

7 OUTCOME FEEDBACK FROM VOLUNTARY AND COMMUNITY SECTOR PREVENTATIVE SERVICES (Pages 33 - 34)

Report attached for consideration.

Andrew Beesley
Head of Democratic Services

**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Committee Room 2 - Town Hall
4 December 2019 (7.05 - 8.30 pm)**

Present:

Councillors Nic Dodin, Jan Sargent, Denis O'Flynn, Christine Smith (Chairman), Ciaran White, Linda Van den Hende and Dilip Patel (In place of Michael White)

Apologies for absence were received from Councillor Michael White

9 MINUTES

The minutes of the meeting held on 3 September 2019 were agreed as a correct record and signed by the Chair.

10 QUARTER 2 PERFORMANCE UPDATE

The report presented to the Committee set out the Council's performance against indicators for Quarter 2.

The Committee noted that percentage of service users receiving direct payments is at 35.9% which is below the target of 36.5% but was still within the 5% tolerance.

The Committee also noted that the Council is performing above the target for the rate of permanent admission to residential and nursing care homes aged 65+. Members were advised that payment for an individual's space at a care home does not stop if that individual is admitted into hospital, unless that individual will no longer return to that care home.

The Committee noted the report and appendix.

11 ADULT SOCIAL CARE COMPLAINTS ACTION PLAN UPDATE

The report before the Committee gives an update on the action plan as outlined in the Adult Social Care Annual Complaints report 2018-19.

Members of the Committee noted that the majority of complaints were with regards to money as residents did not feel they had received the correct or complete information. Members noted that the updated charging policy information would be sent out in the packs that are delivered to residents and financial advisors.

The Committee noted that weekly meetings would be held for staff to analyse what cases have gone through and what cases are outstanding and the providers' forums are regularly attended.

The Committee also noted that the standard of practise has increased and the service aims to recruit and maintain more staff. Members noted that the service would be more resident focused rather than target focused. It was also noted by the Committee that the Better Living Model will be relaunched in February 2020.

The Committee noted the report and appendix.

12 SOCIAL ISOLATION AND SUPPORTING RESIDENTS

The report presented before the Committee outlined how support for social isolation and loneliness will be developed.

Members of the Committee noted that social isolation is more prevalent in the elder population and the effects of social isolation and/or loneliness can be a reduced life expectancy and the need for more health and social care earlier in the individual's life. Members noted that the Council wants to support non-paid carers (i.e. family and friends) and to try and develop peer support networks for carers. The Council also wants more support for individuals who live alone that have low-level learning disabilities. The Committee noted future developments such as Local Area Coordinators, autism strategy and community coordinators.

The Committee noted the report.

13 ENTER & VIEW VISIT TO A&E RECEPTION/PELC

The report presented to the Committee gave detail on the recent enter and view visits to local emergency care facilities made by Healthwatch Havering.

Members noted that the visit was 6 months prior and there had been no change or progress in those 6 months. Members noted that new ticket machine system with better signage was to be implemented and this was to be reported on at the next meeting.

The Committee noted the report and appendix.

Chairman



INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE

Subject Heading:	Quarter 3 Performance Report
SLT Lead:	Jane West, Chief Operating Officer
Report Author and contact details:	Graham Oakley, Senior Performance and Business Intelligence Analyst - 01708 433705, graham.oakley@havering.gov.uk
Policy context:	The report sets out Quarter 3 performance relevant to the remit of the Individuals Overview and Scrutiny Sub-Committee
Financial summary:	<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	<input checked="" type="checkbox"/>
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 3 (October 2019 – December 2019).

RECOMMENDATION

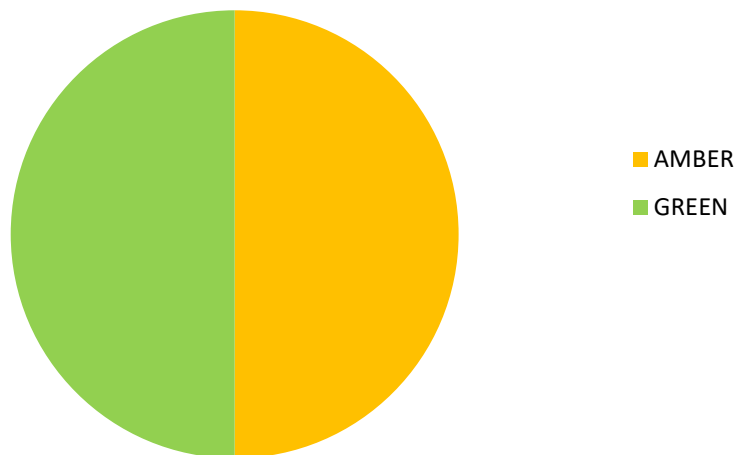
That the Individuals Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.

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 2 2019/20)
 - Long-term performance – with the same time the previous year (Quarter 3 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 3 2019/20 report and assigned a RAG status.

Q3 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 2 of 2019/20 and a slight decrease in performance with Q3 of 2018/19 where 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 3 Individuals Performance Presentation 2019/20

Appendix 2: Quarter 3 Homecare Survey Presentation 2019/20

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Haverling

LONDON BOROUGH

Quarter 3 Performance Report 2019/20

Individuals O&S Sub-Committee

5th March 2020

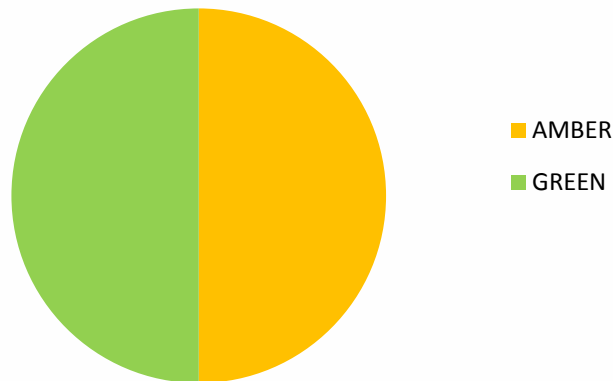
About the Individuals O&S Committee Performance Report

- 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.
- Q3 performance figures are available for both indicators.

Q3 Indicators Summary



Page 12

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 3 Performance

Indicator and Description	Value	Tolerance	2018/19 Outturn	2019/20 Annual Target	2019/20 Q3 Target	2019/20 Q3 Performance	Short Term DOT against Q2 2019/20		Long Term DOT against Q3 2018/19	
% of service users receiving direct payments	Bigger is better	5%	36.2%	36.5%	36.5%	AMBER 36.0%	↑	35.9%	↑	35.4%
Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is better	5%	601.1	600	447.5	GREEN 435	↓	267	↓	424.4

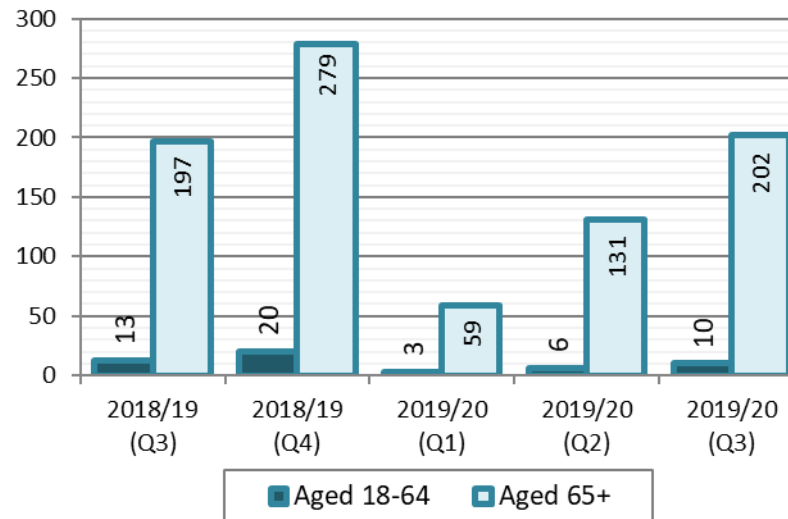
Page 13

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 678 in December 2018 to 693 in December 2019.

ADULT SOCIAL CARE

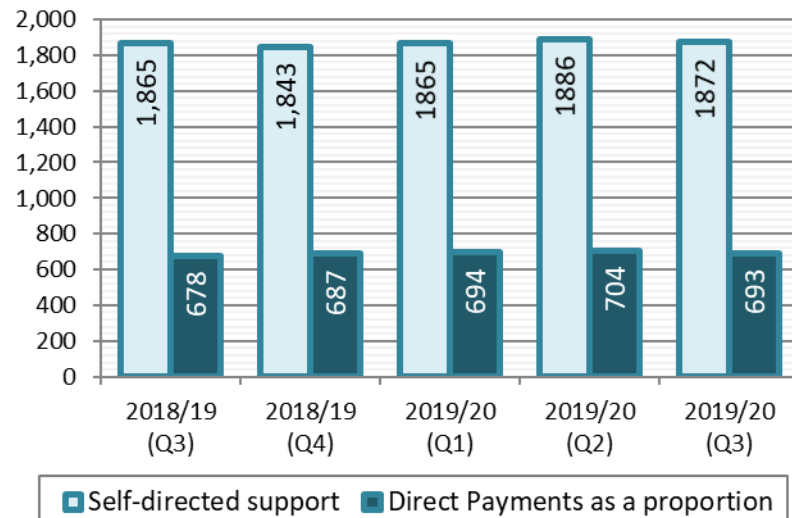
DP 09: Permanent admissions to residential and nursing care homes



By the end of Q3, there had been 10 adults aged 18-64 in council-supported permanent admissions to residential and nursing care, this is 3 less than in 2018/19, when there was 13. There have been 202 adults aged over 65 in council-supported permanent admissions, whereas for the same period in 2018/19 there had been 197.

ADULT SOCIAL CARE

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



At the end of Q3, there were 1,872 service users receiving self directed support, compared to 1,865 at the same stage last year. There was an increase in the take-up of direct payments from December 2018 compared to December 2019 (678 in December 2018) compared to 693 in December 2019).

Any questions?



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Homecare Outcomes

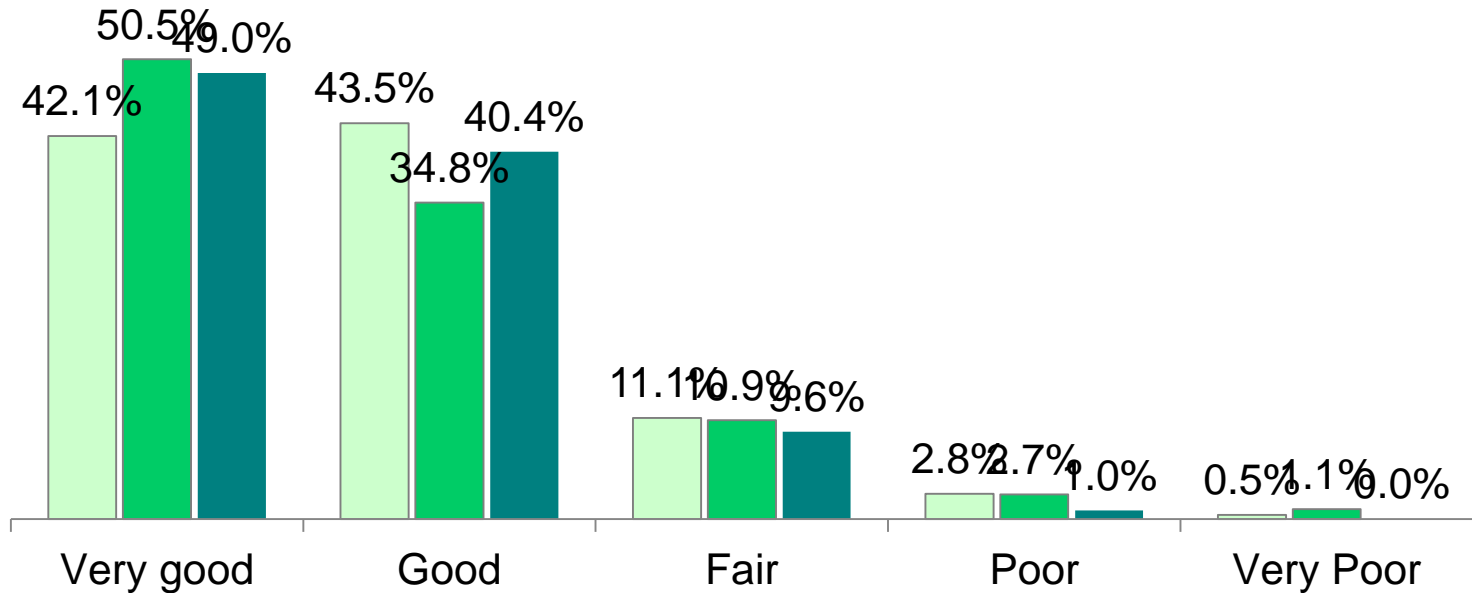
Ben Campbell

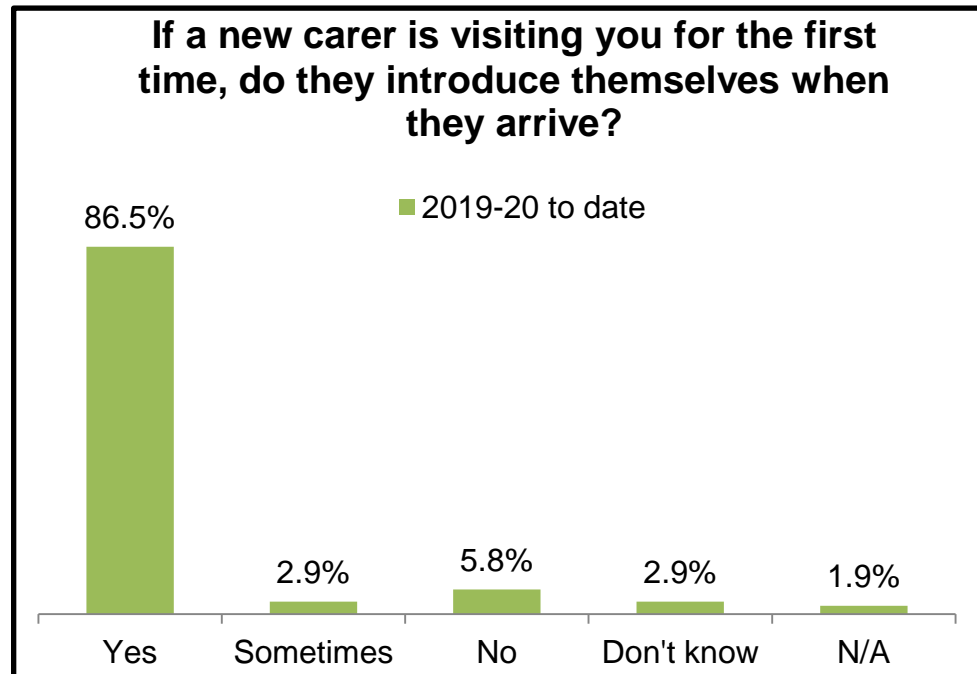
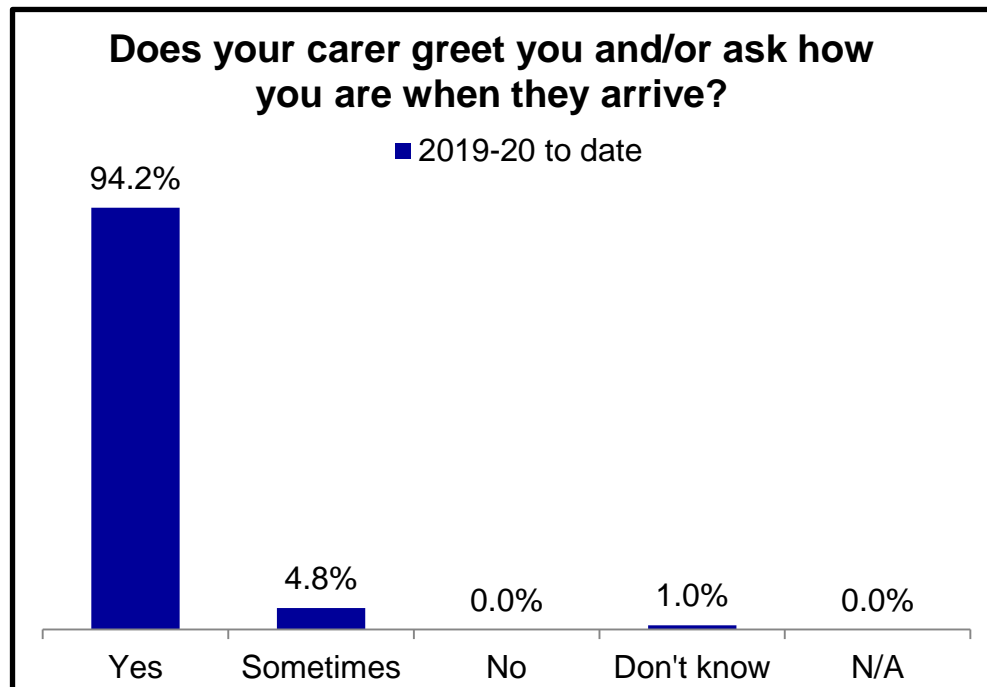
Outcomes

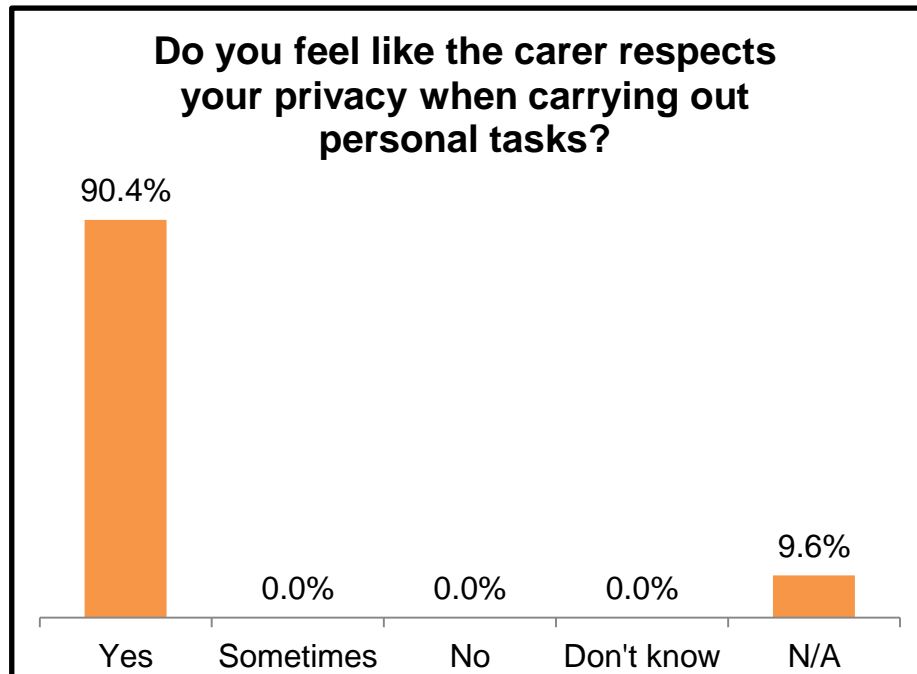
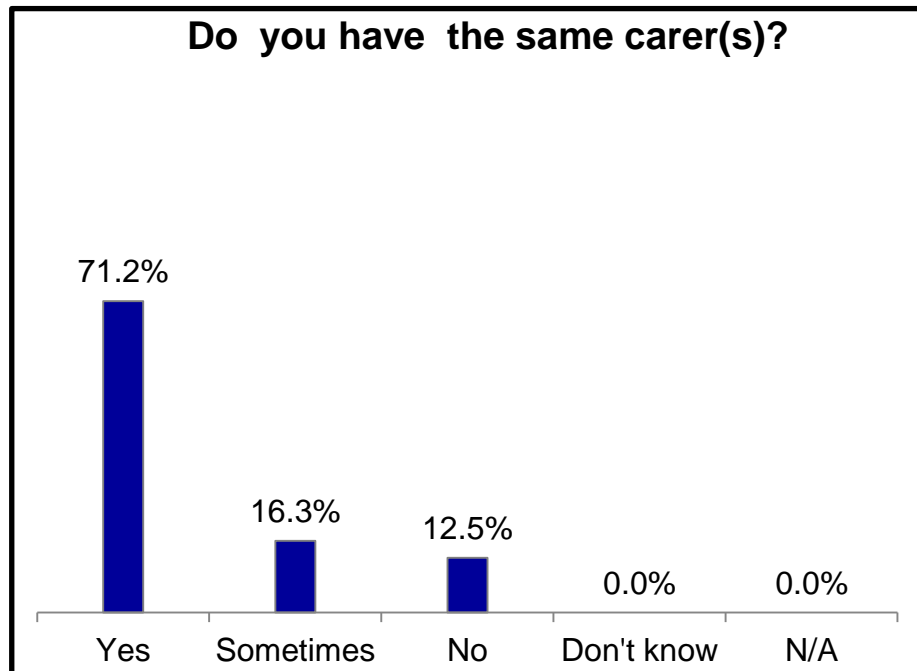
- We consulted with residents that use homecare & stakeholders to ensure design the outcome questions – what was important to them?
- We have been collecting this feedback for 3 years
- The Quality Outcome team ring each homecare user and go through the questions
- 104 responses to date (this will continue to 31/03/20)
- This includes low, medium and high care packages

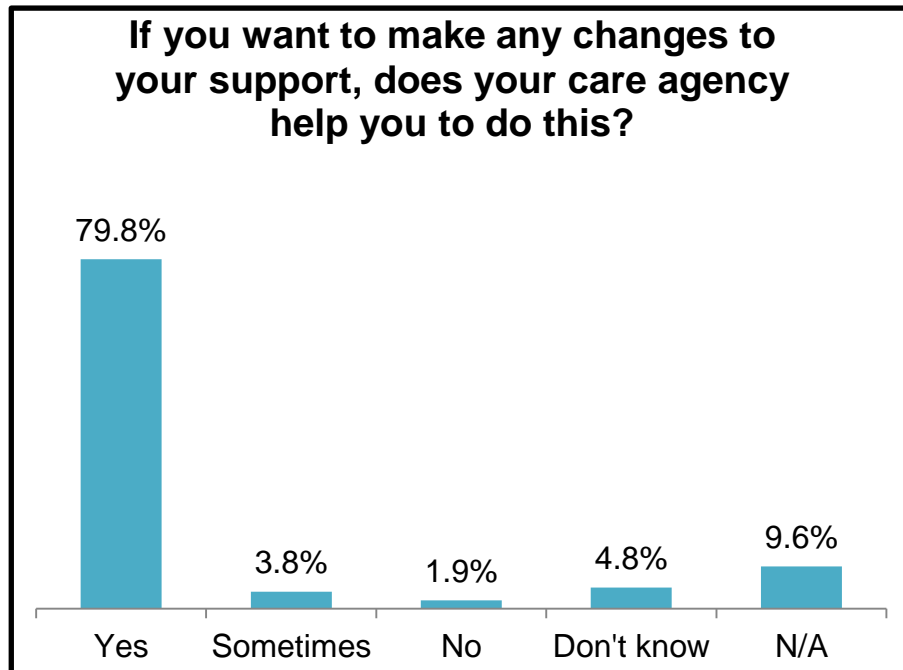
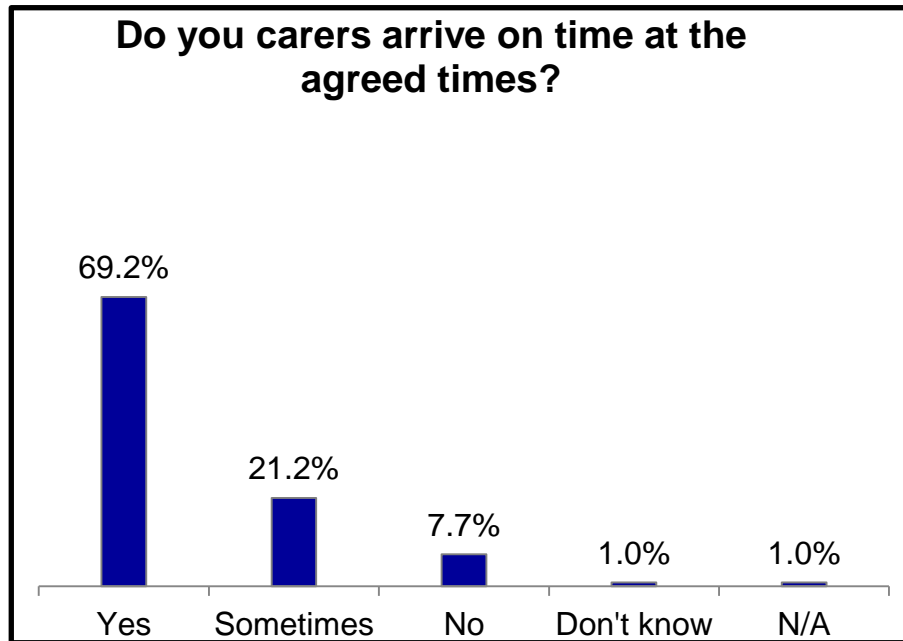
Overall how would you rate the service that your carer provides?

2017-18 2018-19 2019-20 to date









We collect free text comments

- This is analysed under themes
- Mostly positive particularly with regard to care staff.
- Some negative comments about continuity of care staff and dealing with the office

Comments

'The girls are marvellous'

Page 26

'carer from ___ is absolutely fantastic and has been providing support to ___ for 8 years and always goes over and beyond her duties'

'my regular carer is excellent and I get on really well with him, we discuss football and snooker which I like'

'Being able to trust them is the most important thing. I wouldn't put up with incompetence.'

'Male carer is absolutely brilliant, all the carers and support provided by Havering council has been top notch'

'Has different carers at weekends when timings vary and can be a bit hit and miss but this does not cause a problem.'

Going Forward

- We have introduced a minimum payment of 30 minutes regardless of the care visit duration – interested to see if this has a positive impact on homecare service
- Share general themes relating to each service provider (both positive and negative).
- Work with providers to support continuous improvement

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INDIVIDUALS OVERVIEW & SCRUTINY SUB COMMITTEE

Subject Heading:	Reablement Update
SLT Lead:	Barbara Nicholls
Report Author and contact details:	Laura Neilson, Commissioning Programme Manager laura.neilson@havering.gov.uk
Policy context:	Supports priorities in the Joint Health & Wellbeing Strategy: <ul style="list-style-type: none"> • Better integrated support for people most at risk • Quality of services and patient experience
Financial summary:	No financial implications

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

Communities making Havering	[x]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

This report provides an update on the service delivery and performance outcomes of the Reablement Service delivered by Essex Cares Limited.

RECOMMENDATIONS

That members note the information presented in this report.

REPORT DETAIL

Background

Reablement is the active process of supporting an individual to regain skills, or gain new / alternative skills and confidence to enable them to remain living independently or with less support in their own home.

The Reablement service was recommissioned in 2018/19 with the new contract being awarded to Essex Cares Limited (ECL) and commencing in April 2019.

The previous recommissioning exercise which was undertaken in 2017, whereby London Borough of Havering (LBH) worked in partnership with Havering Clinical Commissioning Group (CCG) and North East London Foundation Trust (NELFT) to design a new integrated approach to reablement, ensuring a reduction in duplication and a greater focus on outcomes for the service user. There was a specific focus on delivering an integrated model of care with the rehabilitation service provided by NELFT (separately commissioned through the CCG) ensuring that people receiving both services experienced a joined up and coordinated service whilst driving efficiencies across the system.

In addition to the integration with rehab there were some other key changes to the service that were developed as part of the system wide design process. They included:

- Direct referral to the service from hospital therapists, eliminating duplication of assessment inherent in the previous process – this was in line with the Trusted Assessor model
- Contractual requirement to complete a reablement assessment at the service users home within 24 hours consistent with a 'Home First' approach
- A requirement to continually review progress against goals and a more in depth review at approx. 4 weeks to determine if further care is required post reablement.

The new design was very effective in enhancing quality, improving outcomes and ultimately supporting people to remain independent in their own home.

The new service

The most recent recommissioning exercise was an opportunity to review the successes of the new integrated approach and build on the design in line with council and system priorities such as HomeFirst and Better Living.

In terms of the specification for the service there were no significant changes but a greater emphasis on integration with key services on the intermediate care pathway and better connections with the community.

Performance – (data as of Dec 2019)

The service is commissioned to deliver approx. 1300 episodes of reablement per year, 108 per month.

The service has received an average of 154 referrals per month and accepted an average of 110.

There have been 182 joint reablement and rehabilitation cases

520 people have been supported to access other community services

KPI	Total Average (April-Dec 19)
% of referrals responded to within 1 hour	96%
% of assessments completed within 24 hrs	99%
Ongoing care hours reduced at the end of reablement period	517.52 (per month)
% of completed reablement packages which required no further care	92%
Average score of customers who completed satisfaction survey at the end of reablement period	93%

Service user outcomes

% of people fully or partially meeting their goals agreed at initial assessment:

Health & medication Management – 93%

Mobility – 90%

Accessing the community – 65%

Looking after yourself – personal care – 88%

Looking after yourself – home skills – 79%

Support Networks – 93%

Challenges

There are some challenges with the service which are being continuously worked through with system partners. The key challenge, specifically over the winter period is capacity – as the performance figures show, the demand for the service far exceeds the commissioned activity. The provider has been able to respond well to demand in general but there has been a requirement to purchase additional capacity from other providers to ensure the patient flow at the hospital isn't affected.

There are many things which are affecting the provider's capacity which include the number of failed discharges they experience from the hospital and the number of people/families refusing the service at the first visit. This is being managed with system partners to minimise impact in future months.

System partnership working

Since the new service commenced in April 2019 the partnership working across the system has developed significantly which has positively impacted all areas of the service.

Quarterly stakeholder meetings are held with representation from ECL, BHRUT, LBH community team managers and NELFT. This has become a transparent and constructive forum to deal with issues any of the partners are experiencing. Feedback regarding this meeting is extremely positive and it has enabled continuous refinement of the pathway and processes.

ECL have worked in partnership with LBH and BHURT to undertake a pilot to test the 'Home First' concept which ensures no decisions about care are made while the person is in an acute environment. ECL have supported this by providing a therapist to meet the service user in their home following discharge to undertake their functional assessment. The outcomes of the first phase of this pilot have been very positive with a reduction in bed days, care hours, equipment and ongoing therapy needs. Phase 2 of the pilot is due to commence on 1st March.

Future service plans

Following the Home First pilot it is envisioned that this becomes the default discharge pathway for all patients in the hospital which should see a reduction in demand from the hospital due to people being assessed in their own home. This will release some capacity in the service to allow more referrals from the community. The potential for improved outcomes is significant as currently almost all people referred to reablement from the community do not require further care at the end of the service period.

There are plans to explore integrating reablement into the Locality plans focusing on delivering services at locality level across the borough and also further developing connections with community services.

IMPLICATIONS AND RISKS

Financial implications and risks: None applicable to this report

Legal implications and risks: None applicable to this report

Human Resources implications and risks: None applicable to this report

Equalities implications and risks: None applicable to this report

INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Outcome feedback from Voluntary and Community Sector Preventative Services
SLT Lead:	Barbara Nicholls, Director of Adult Social Care & Health
Report Author and contact details:	Ben Campbell, Commissioning Programme Manager, ben.campbell@havering.gov.uk ext 1381
Policy context:	The Council’s Joint Commissioning Strategy states: “The Havering commissioning strategy is fundamentally about Prevention , managing demand for services by improving the health and well-being of people in the community”
Financial summary:	There are no finance implications

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

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

A presentation attached highlighting the key outcomes achieved by the commissioned voluntary sector services.

RECOMMENDATIONS

To note the outcome feedback from residents

REPORT DETAIL

The attached presentation describes the adult social care preventative services which have been commissioned to reduce or prevent residents need for care and support. The presentation then goes on to evidence the outcomes delivered by these services.

IMPLICATIONS AND RISKS

Financial implications and risks: There are no direct financial implications or risks arising from this report. However, we are looking at how we can demonstrate the financial benefits of these services reducing demand and delaying the need for care and support

Legal implications and risks: None

Human Resources implications and risks: None

Equalities implications and risks: None

Voluntary and Community Sector Services

Outcomes Report for Overview and Scrutiny Individuals Subcommittee

5TH March 2020

Page 35

Background

Money invested with the Voluntary Sector to reduce or prevent residents need for care and support

Services commissioned to:

- Promote **social inclusion** for those who are isolated and/ or prevent people from becoming socially excluded.
- Develop community resilience and personal wellbeing through **peer support** networks.
- **Carers** supported in their caring role and to maintain a life of their own.

Key areas of need

1. Physical disabilities and/ or sensory impairment
2. Frail elderly
3. Mental health needs
4. Learning disabilities or autism
5. Dementia

Principles

- Services that build personal, family and community **resilience**.
- Developing pathways to more **independent living**.
- Peer support groups that continually look to extend reach and encourage **self-organising** groups.
- Commissioning services that build networks and can show a **growing reach**.



Carers

What's on offer?

- Dementia services, - Emotional support, - Regular telephone support, - Peer support groups, - Awareness training, - Range of information, - Informal advocacy, - Access to welfare benefits.

Services available to adults providing care to an individual of 18 years of age who has one or more of the following needs:

- PSD
- Dementia
- Mental Health
- Older or Frail
- LD and Autism



Elderly and Frail

What's on offer?

- Quiz night, - Bowling, - Sunday Lunch, - Coffee mornings, - Line dancing, - Cinema and theatre trips, - Museum and exhibition outings, - Lectures and concerts.

Targets Social Inclusion and Peer Support through two groups:

- Di's Diamonds – mixed group aged 50+
- Diamond Geezers - men's only club. Trips to the dog track, pubs

Both groups help the elderly make new connections with people to help them become more involved within the community.



Physical and Sensory Disability

What's on offer?

- Managing stress, - Giaro health management, - Gentle Exercise, - Art club,
- Community friends, - Friday social club, - Introduction to computers, - Camera club,
- Family history tuition, - Time for tea, - H.A.D on tour.

Targets Social Inclusion and Peer Support through:

- Planning on above activities for people with disabilities and carers.
- Enable and encourage independent social arrangements, friendships and connections with the community.
- Facilitate connections with long term peer support opportunities.
- Promoting independence.



Dementia

What's on offer?

- Singing for the brain –Involving people with dementia as well as their carers in interactive sing-song sessions.
- There are two sessions per week, Mondays at Harold wood and Wednesdays at Gidea Park.

Targets Social Inclusion by boosting confidence, self esteem and quality of life.

Due to the volunteers within the community, Singing For the Brain has now become self sustaining!



Tapestry
prevention, care and support

Dementia

What's on offer?

- Peer Support Lunch Club: various small activities including card and board games, singing and art. Service users then have lunch together to help build connections amongst one another. At the end of the day service users are dropped home through Tapestry's transport.

The service promotes creating new friendships and bonds to increase quality of life. But also providing them with a safe and supported environment to increase their confidence and group participation.

Two venues (north and south of the borough) and takes place twice a week.



Mental Health

What's on offer?

- Mental health information and advice, - Support to access community opportunities,
- One-to-one and group sessions to gain new experiences and meet new people,
- Working together to face life's challenges.

Page 44

The support is provided on a one-to-one basis and in group settings.

There are two services available, Social Inclusion Project and Peer Support Group. Both help individuals reduce social isolation and loneliness in order to help them improve their mental wellbeing.

Autism and Learning Disabilities

What's on offer?

- Sign posting and advice, - On-line forum, - On site groups, - Outreach, - Provision of quiet space, - Family support, - Parent support group.

The service allows people with ASD to come to a safe place to make new friends, access support, become more socially interactive and develop new skills.

The service also raises awareness by being in a central location of Romford Mall. This allows autism friendly communities, employers and opportunities.

Outcome Measures

1	Wellbeing	Service users have a good quality of life	No. / % reporting improved quality of life
2	Social Inclusion	Service users have as much social contact as they would like	No / % reporting increased social inclusion and social contact
3a	Resilience	Service users have the skills, tools and confidence to manage in their daily lives	No. / % reporting they are better able to manage in their daily lives
3b	Carer resilience	Carers feel supported in their caring roles	No / % of carers who feel more supported in their caring role and able to remain in their caring role
4	Carer quality of life	Carers are able to balance their life with their caring role	No / % of carers who have more of a balance between their caring role and own life

Page 46

Outcomes

Between April 2019 and Sept 2019 we have collected feedback from 312 people supported by VCS

- 91% reported improved quality of life.
- 89% reported increased social inclusion and social contact.
- 81% reported they are better able to manage in their daily lives.
- 61% of carers from Carers Hub reported they feel more supported in their caring role and are able to continue in their caring role.
- 50% of carers from the Carers Hub said that they have a better balance between their caring role and their personal life.

We are currently looking at how we can demonstrate how much these services are saving the Council

Developments

- Placed a successful bid to Age UK national who have received funding from the Energy Savings Trust. The project will support 1,300 older people to save energy across Havering and Tower Hamlets.

Page 48

Looking at how we can build links with Health, for example signpost people from GP surgeries