



# 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>Thursday 26 November 2020</b>	<b>Zoom</b>
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Members 7: Quorum 3

**COUNCILLORS:**

Nic Dodin  
Denis O'Flynn  
Christine Smith (Chairman)  
Ciaran White

Linda Van den Hende  
Michael White (Vice-Chair)  
David Durant

**For information about the meeting please contact:**  
**Luke Phimister 01708 434619**  
**[luke.phimister@onesource.co.uk](mailto:luke.phimister@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.

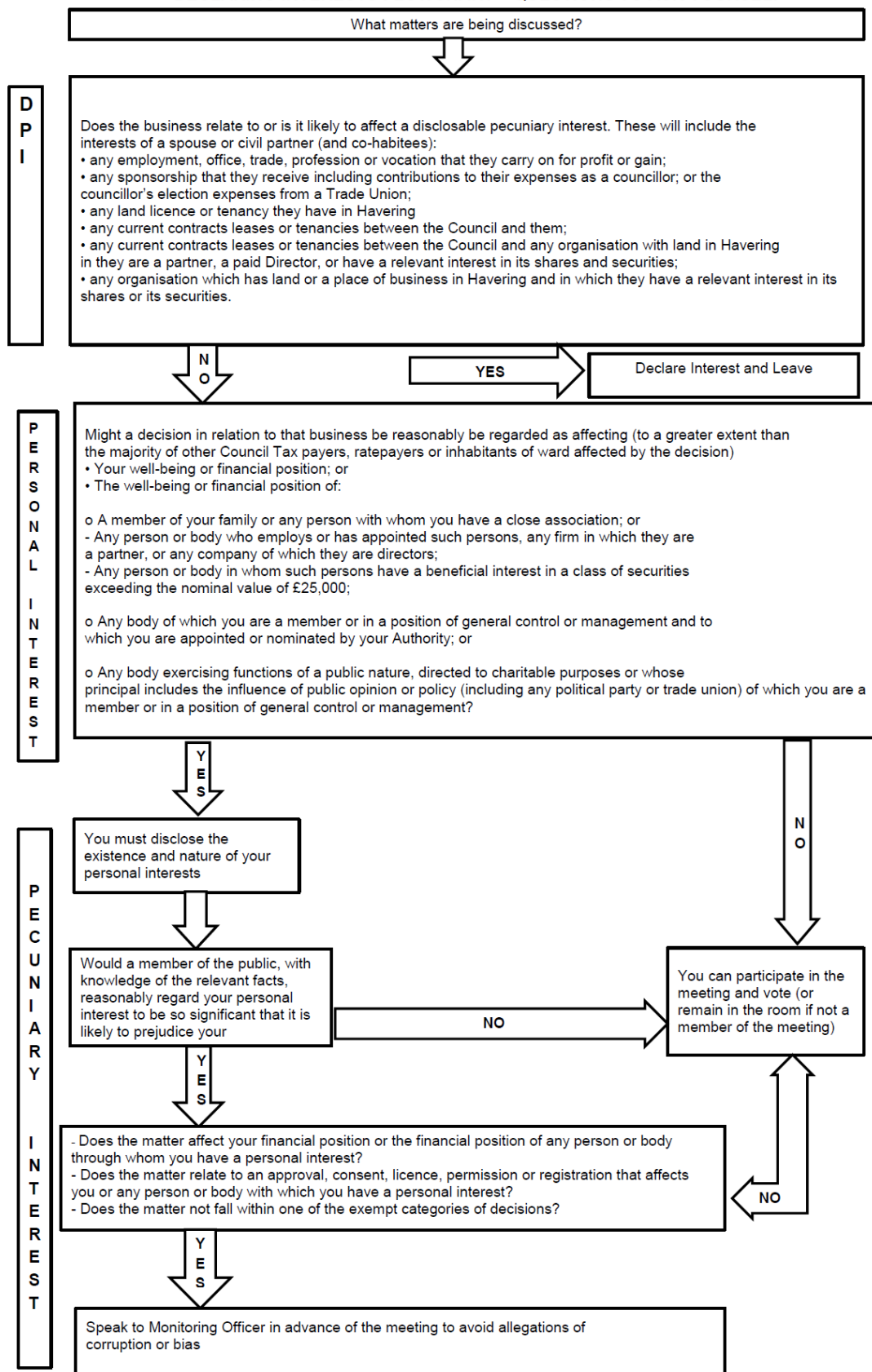
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert 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 PROTOCOL FOR VIRTUAL MEETING (Pages 1 - 4)**

For noting by the Committee

### **5 MINUTES (Pages 5 - 8)**

To approve as a correct record the Minutes of the meeting of the Committee held on 15<sup>th</sup> September 2020 and authorise the Chairman to sign them.

### **6 COVID-19 AND CARE HOMES - HEALTHWATCH HAVERING (Pages 9 - 36)**

Report attached.

### **7 COVID-19 - IMPACT AND RESPONSE ON CARE IN HAVERING (Pages 37 - 60)**

Report and appendix attached.

### **8 ADULT SOCIAL CARE ANNUAL COMPLAINTS & COMPLIMENTS REPORT (Pages 61 - 84)**

Report and appendix attached.

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

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## LONDON BOROUGH OF HAVERING

### PROTOCOL ON THE OPERATION OF INDIVIDUALS OVERVIEW AND SCRUTINY SUB COMMITTEE MEETINGS DURING THE COVID-19 PANDEMIC RESTRICTIONS

#### 1. Introduction

In accordance with the Local Authority and Police Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panels Meetings (England and Wales) Regulations 2020, all meetings of Individuals Overview and Scrutiny Sub Committee (OSSC) held during the Covid-19 restrictions will take place in a 'virtual' format. This document aims to give details on how the meetings will take place and establish some rules of procedure to ensure that all parties find the meetings productive.

#### 2. Notification of Meeting

Once the date for a meeting has been set, an electronic appointment will be sent to all relevant parties. This will include a link to access the virtual meeting as well as guidance on the use of the technology involved.

#### 3. Format

For the duration of the Covid-19 restrictions period, Individuals OSSC meetings will be delivered through video conference call, using Zoom software. Instructions sent with meeting appointments will cover how to use the software. Additional IT support will also be provided to any Member requesting this in advance of the meeting.

#### 4. Structure of the Meeting

Although held in a virtual format, the Individuals OSSC Meeting will follow, as far as is possible, the standard procedure for these meetings, with the following principal stages:

- Chairnan's annoucements
- Apologies for absence
- Disclosures of interest
- Minutes of the previous meeting
- Presentation and consideration of reports

#### 5. Technology Issues

Agendas setting out the items for the meeting will be issued in advance in the normal way, to all parties, in accordance with statutory timetables. The agenda will also be published on the Council's website – [www.havering.gov.uk](http://www.havering.gov.uk) in the normal way. The guidance below explains how the meeting is to be conducted, including advice on what to do if participants cannot hear the speaker and etiquette of participants during the meeting.

Remote access for members of the public together with access for the Press will be provided via a webcast of the meeting at [www.havering.gov.uk](http://www.havering.gov.uk).

If the Chairman is made aware that the meeting is not accessible to the public through remote means, due to any technological or other failure of provision, then the Chairman shall temporarily adjourn the meeting immediately. If the provision of access through remote means cannot be restored within a reasonable period as determined by the Chairman in consultation with the Clerk, then the remaining business will be considered at a time and date fixed by the Chairman. If he or she does not fix a date, the remaining business will be considered at the next scheduled ordinary meeting of the Individuals OSSC.

## **6. Management of Remote Meetings for Members**

The attendance of Members at the meeting will be recorded by the Democratic Services Officer clerking the meeting. The normal quorum requirements for meetings as set out in the Council's Constitution will also apply to a virtual meeting of Individuals OSSC.

Democratic Services Officers will monitor participant involvement during the virtual call to ensure that there are no drop outs. Members will be informed at the beginning of the meeting to use the chat function if they have missed part of the debate, and to request for the clerk or Chairman to recap briefly over what was said.

In the event that a Member's video feed has failed but he/she is able to hear what is being said then the Member should confirm as such using the chat function to the clerk.

In the event that a Member's audio and video feed has failed then the Chairman will invite the Committee to determine whether to proceed or adjourn the meeting to a later date.

## **7. Etiquette at the meeting**

For some participants, this will be their first virtual meeting. In order to make the hearing productive for everyone, the following rules must be adhered to and etiquette observed:

- The meeting will be presided over by the Chairman who will invite participants to speak individually at appropriate points. All other participants must remain silent or muted until invited to speak by the Chairman;
- When a participant is invited to speak, a Democratic Services Officer will unmute them and mute the participant after their statement has been made. Participants **will not** have the ability to mute and unmute themselves.
- If invited to contribute, participants should make their statement, then wait until invited to speak again if required;
- If it is possible, participants should find a quiet location to participate in the Zoom meeting where they will not be disturbed as background noise can affect participants.
- If there are intermittent technological faults during the meeting then the Chairman will ask the speaker to repeat from the point where the disruption started. Whilst



intermittent disruption is frustrating, it is important that all participants remain professional and courteous.

- The Committee Procedure Rules as shown in the Council's Constitution will apply to the meeting in the normal way, as far as is practicable.

## **8. Meeting Procedures**

Democratic Services Officers will facilitate the meeting. Their role will be to control conferencing technology employed for remote access and attendance and to administer Member interaction, engagement and connections on the instruction of the Chairman.

The Council has put in place a technological solution that will enable Members participating in meetings remotely to indicate their wish to speak via this solution. This will be via the 'raise hand' function in the Participants field of the Zoom software used for the meeting.

The Chairman will follow the rules set out in the Council's Constitution when determining who may speak, as well as the order and priority of speakers and the content and length of speeches in the normal way.

The Chairman, at the beginning of the meeting, will make reference to the protocol for the meeting.

Members are asked to adhere to the following etiquette during remote attendance at the meeting:

- All Councillors and participating officers are asked to join the meeting no later than twenty minutes before the start to allow themselves and Democratic Services Officers the opportunity to test the equipment.
- Any camera (video-feed) should show a non-descript background or, where possible, a virtual background relating to Havering and Members should be careful to not allow any exempt or confidential papers to be seen in the video-feed.
- During general discussion, rather than raising one's hand or rising to be recognised or to speak, Members attending remotely should avail themselves of the remote process for requesting to be heard and use the 'raise hand' function in the participants field of the Zoom software.
- Members may only speak when invited to by the Chairman of the meeting.
- Only one person may speak at any one time.
- All speakers and attendees, both Councillors and members of the public, are welcome to remain on the Zoom call until the conclusion of the meeting. The meeting will also be webcast so that it can be viewed by non-participants.
- When referring to a specific report, agenda page, or slide, participants should mention the report, page number, or slide so that all Members have a clear understanding of

what is being discussed at all times

Any voting will be conducted using the electronic voting function within Zoom. The Democratic Services Officer will announce the result of the vote and the Chairman will then move on to the next agenda item.

A record of votes and how individual Members voted will be appended to the minutes, following the meeting.

Any Member participating in a remote meeting who declares a disclosable pecuniary interest, or other declarable interest, in any item of business that would normally require them to leave the room, must also leave the remote meeting. The Democratic Services Officer or meeting facilitator will move the Member to the Zoom waiting room until the item is complete, and then return them to the meeting.

## **9. Public Access to Meeting Documentation following the Meeting**

Members of the public may access minutes, decision notices and other relevant documents through the Council's website. [www.havering.gov.uk](http://www.havering.gov.uk)

For any further information on the meeting, please contact [luke.phimister@onesource.co.uk](mailto:luke.phimister@onesource.co.uk), tel: 01708 434619.

**MINUTES OF A MEETING OF THE  
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE  
VIRTUAL MEETING  
15 September 2020 (6.00 - 7.00 pm)**

**Present:**

Councillors Christine Smith (Chairman), Michael White (Vice-Chair), Nic Dodin, Ciaran White and Linda Van den Hende

Councillor Denis O'Flynn was absent.

**1      PROTOCOL ON THE OPERATION OF THE OVERVIEW & SCRUTINY  
SUB-COMMITTEE**

The Committee considered the report and **NOTED** its contents.

**2      MINUTES**

The minutes of the meeting held on 5 March 2020 were agreed as a correct record and would be signed by the Chair at a later date.

Point for action:

The Director of Adult Services to provide a feedback on the work done with women surrounding energy saving trust by the next meeting.

The sub-committee also received an update on the outcomes from Voluntary and Community sector services. Members were informed that two Local Area Coordinators have been appointed, they are currently working with resident in Harold Hill and will extend to Rainham.

**3      QUARTER 1 PERFORMANCE REPORT**

The Sub-Committee received the quarter one performance indicators (PIs) update. The PIs are the standards by which performance of services are measured within the Council.

The update provided an overview of performance against the two performance indicators selected for monitoring by the Sub-Committee in 2019/20 as the final meeting of the 2019/20 financial year was cancelled due to the Covid-19 pandemic and lockdown. Therefore the Sub-Committee

has not had the opportunity to consider which indicators it wishes to receive during 2020/21.

The update report also sought clarification from the Sub-committee whether it wishes to continue receiving these, or any alternative indicators.

It was noted that the sub-committee would be supplemented with regular updates on the results of the Homecare Outcomes Survey which was last delivered at the February meeting.

The Sub-Committee noted the following highlights for the two reported indicators.

The percentage of service users receiving direct payment was rated at Amber, it was noted that this was within tolerance.

The Sub-Committee was informed that there was a consistent number of service users receiving direct payments. It was noted that over a third of recipients of community based care were receiving their care via a direct payment.

The Sub-Committee was informed that at the end of quarter one, there were 1858 service users receiving direct payment in contrast to 1865 at the same stage last year. The percentage was recorded at 35.2% which was within acceptable tolerance and this percentage was also noted to be significantly above the London average of 27.4%.

The rate of permanent admission to residential and nursing care homes per 100,000 population for person aged 65+ (no recorded target). The value for the rating indicated smaller being better.

The report outlined an improvement in the number of service users 65+ permanently admitted into Long Term Care. It was stated that there were 38 adults aged over 65 in council supported permanent admissions, at this same time in 2018/19 there were 59 adults.

The sub-committee was informed that the figures for quarter one could be considered artificially low as a result of Covid 19, it is noted that there have been an increase in admissions to care homes due to breakdown in family care responsibility due to Covid which may impact on figures from quarter three onward.

In response to the length of time an elderly will stay in a care home, it was noted that the average time could be about six to nine months but this could be longer in a residential care home. It was noted that the sub-committee would be provided the actual timescale outside of the meeting.

The Sub-Committee noted the contents of the report and presentation.

Members requested to be provided with the comprehensive list of indicators for the sub-committee in order to consider if to select any new indicators.

## 4 UPDATES

The Chairman requested that members of the sub-committee forward any subject area for inclusion on the work programme.

The Sub-Committee received a briefing on the work carried out by Adult Social Care Services around Covid 19.

Members were informed that in order to make hospital acute beds available, a new hospital discharge policy was introduced which meant that the clinical commissioning group were made responsible for arranging the discharge and funding of all new care package placement for those leaving hospital.

This resulted in a lot of elderly persons going in to care home settings. At the end of August, NHS England decided that the initial Covid 19 was now over. It was stated that Adult Social would now be undertaking individual review.

It was stated that at the beginning of September, NHS introduced a new hospital discharge arrangement that the first 6 weeks of hospital discharge would be funded by the NHS to enable a discharge be effected and for ongoing assessment to take place as it was felt no person should stay in an acute bed unnecessarily.

In response to a Member enquiry, the Director for Adults Services assured the sub-committee that there was no risk of any vulnerable person being stepped down from not receiving a care home setting.

The Public Health Consultant also briefed the sub-committee on the Adult Social Services activities with care homes throughout the emergency period. It was stated that from the very early start of Covid 19 the Director of Public Health was organising meetings to understand what needed to be planned for and what to expect.

Adult Social Services at the early stage started to procure personal protection equipment (PPE) from the wider market where it was available.

The sub-committee was informed that the service started to give support to care homes in terms of advice as the National Organisation for Infection Control was beginning to get overwhelmed responding to care homes. The service was able to give guidance on how to admit new patients to care homes.

The sub-committee was informed that the service and public health were able to provide training on infection control to care homes.

The Public Health Consultant outlined to the sub-committee noted that the service was able to model what was thought to be needed within Havering care homes on a week on week basis and procure such requirements. The

Public Health Consultant also supported the creation of an Infection Control Team which covered the BHR area providing generally telephone advice and visiting care homes.

It was noted that during the first month of the pandemic, the service kept an open door communication with providers.

A Provider Emergency Command Centre that worked 7 days a week was put in place to respond to any emergency situation.

It was mentioned that Adult Social Care supported the shielded patient list response programme through outbound calls to vulnerable person in the community. The shielded patient list contained about ten thousand names in addition to the seven thousand list that adult social care already have on its records.

The briefing informed the sub-committee that Adult Social Services was already considering plans for how to respond in the future in general terms to future outbreaks such as Covid.

The Director for Adult Services also mentioned plans for the future to provide the sub-committee with information and data on lessons learnt. This would provide Members an opportunity to speak with Care Providers and family members of patients.

A Member mentioned that the Carers Trust were capturing data on what went well and could be done in preparation for a second wave. It was stated that such information could be shared with the service as part of lesson learnt process.

The following other areas would be considered:

- Day Centres - the impact of its closure on users and families
- Hospital discharge – the new policy
- Impact on how the service had to respond to care home resident with learning difficulties or dementia and their families

The Sub-Committee noted the briefing.

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**Chairman**

# healthwatch

## Havering

### Covid-19 and Care Homes



## October 2020



## 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, who are supported by a team of part-time staff and volunteers.

### 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 reinforced 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 is 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***



## Introduction

The Covid-19 pandemic of 2020 took the world by surprise.

At the end of 2019, stories began to circulate of a strange new infection that was running rife in the Chinese city of Wuhan (of which few people outside China had then heard). During January, news emerged that the infection was spreading both within China and, gradually, to other countries. Initially, in Europe, Italy appeared to be badly affected; then Spain; then the first person in the United Kingdom became infected. Soon, people were dying because of the infection. By mid-March, it became apparent that drastic action was needed to reduce, if not halt, the spread of the disease; on 23 March the Prime Minister instructed people other than key workers to “stay home, stay safe and protect the NHS”.

The infection was so novel that, even at the time of writing this report, there is no single name for it - the scientific name, “severe acute respiratory syndrome coronavirus 2” (abbreviated SARS-CoV-2), is not particularly easy to say or remember, so the generic name “Coronavirus” has become common (even though that is a family name for a range of viruses); another term, Covid-19, is also in common use and will be used in this report.

Nationally, the imperative to prevent the NHS being over-run by Covid-19-infected patients became paramount: one consequence was that, across the United Kingdom large numbers of care home residents who had been in hospital for any reason were discharged back to their care homes without being tested for Covid-19.

As of 9 October, worldwide some 35.8 million cases of Covid-19 infection had been reported, with 382,686 known cases in England and 41,432 deaths<sup>1</sup>. In Havering, there had been 1,815 known cases and 286 deaths (about 0.1% of the population of the borough).

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<sup>1</sup> The statistics in this report, unless stated otherwise, are drawn from national statistics provided by the Office of National Statistics (ONS) or derived from them. © Crown Copyright, used in accordance with the Open Government Licence

Although Havering has one of the largest concentrations of care homes in London, and the largest population of people over 65 years of age, the number of deaths in care homes was remarkably low - the first death in a care home occurred during the week ending 3 April; no care home deaths were recorded after 26 June until the week ending 9 October. The total of deaths in care homes was 44 (up to 9 October).

One of the criticisms (in hindsight) of the government and NHS that emerged was that care home residents in hospital at the time were discharged from hospital to care homes without being tested for Covid-19 infection. Although a more detailed breakdown is not available, Barking, Havering & Redbridge University Hospitals Trust (BHRUT) have advised that between weeks ending 22 March and 31 May, 53 people were discharged from Queen's Hospital, Romford and 44 from King George Hospital, Goodmayes into care situations (including foster care)<sup>2</sup>. The statistics suggest that, other than in mid-April when the pandemic was at its worst, it is unlikely that discharges from hospital to care home led to many deaths in those care homes.

Given the age and, in general, frailty of care home residents, when the Government ordered a nation-wide lockdown on 23 March, it was inevitable that they would be subjected to higher levels of protection than the general public. Visitors were no longer permitted to enter care homes and opportunities to visit were greatly restricted, if allowed at all. This inevitably caused great distress to family members and residents alike. As lockdown continued, various concerns emerged about the wellbeing of care home residents: the availability of personal protective equipment for staff; the movement of care home staff from home to home; the mental health of the residents, given the denial of visitors.

Appendix 1 to this report gives relevant statistics.

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<sup>2</sup> BHRUT response to Freedom of Information request: see the Appendix 1 to this report

## The survey

The pandemic and consequent lockdown generally caught the public unawares; it was only in mid-March that the seriousness of the situation became obvious, and there was little time to prepare (and panic buying of “essentials” such as toilet rolls and baked beans ensued).

During the first few months of lockdown, it did not seem appropriate to trouble people by asking them to complete a survey but, in June (some three months into lockdown) Healthwatch Havering concluded that it would be useful to survey friends and relatives of care home residents to find out what they felt about their experience since lockdown began so that lessons can be learned for the future.

The survey was launched online in July and closed at the end of September. It was supplemented by three online videoconferences, one in July and two in September. The survey was conducted anonymously and participants were not asked to name the care home in which their relative or friend was a resident.

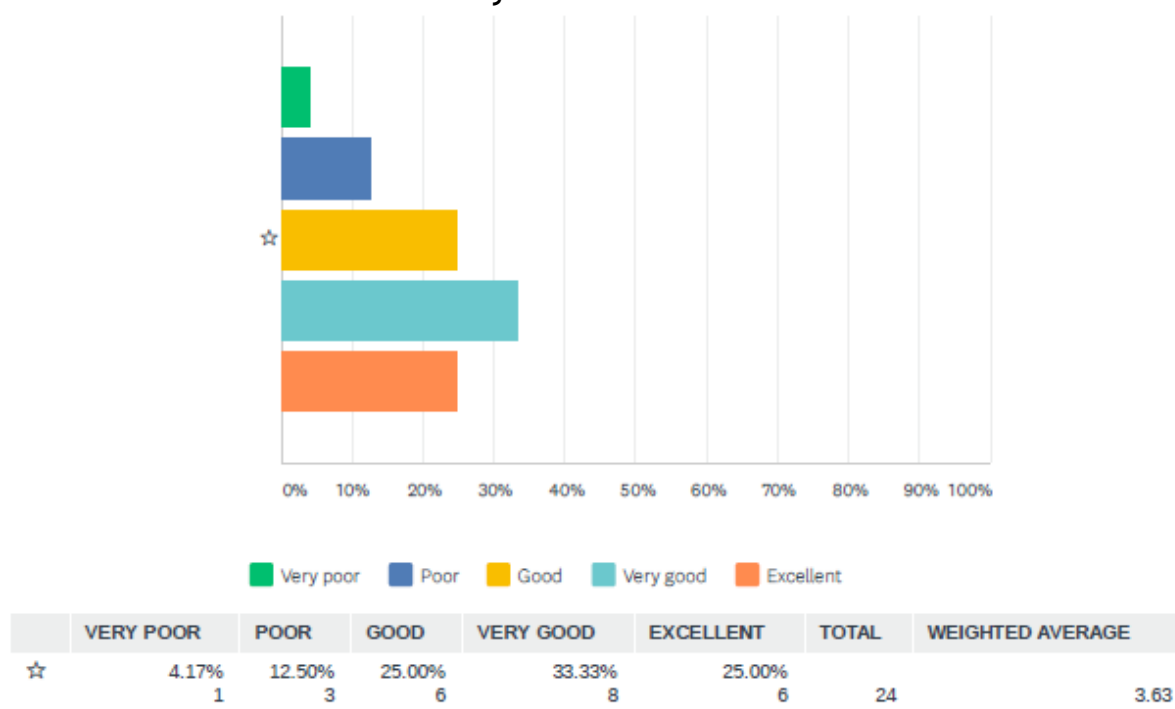
Participants were asked to rate their experience of the care given to their friend or relative, mainly on a scale from 1 (Very Poor) to 5 (Excellent), although there were also some Yes/No answers and detailed comments.

Overall, the weighted average score was 3.8, bordering Very Good, which indicates that, in general, people were satisfied with the care offered *under the particular circumstances* of the Covid-19 pandemic. Inevitably, and unsurprisingly, people were distressed by the difficulty (if not impossibility) of seeing their loved ones as they would have prior to the pandemic but were prepared to tolerate the restrictions on doing so that were the result of the pandemic, accepting their inevitability.

It is important to bear in mind that everyone will have experienced the homes' response to the pandemic lockdown differently, even those commenting on the same home's response.

## Survey results

Q1 Have you managed to communicate and keep in touch with the care home staff and was this easy to achieve?



Q2 Have you managed to get adequate feedback from staff?



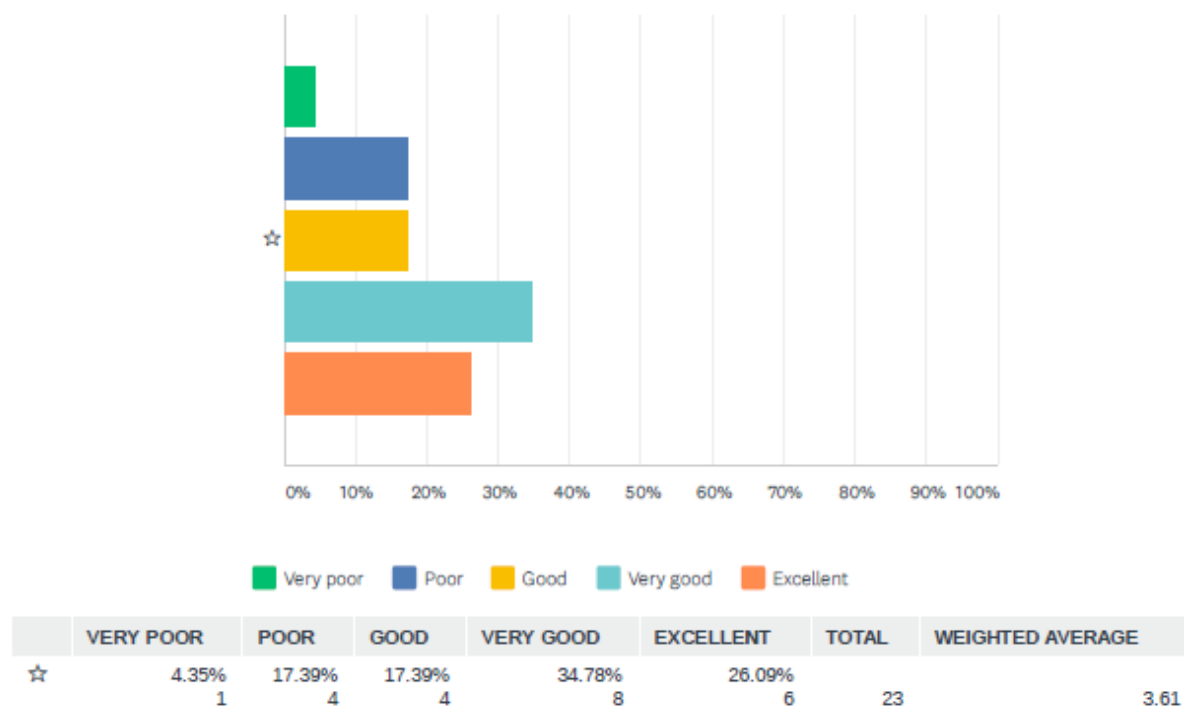
Q3 Have you managed to keep in touch with your loved one and, if so, how?



Responding to this question, people gave comments including:

- Able to arrange garden visits up until 18 August when taken into hospital since then not strong enough to sit in garden
- Visited in garden 6 times since April now back in lockdown no visiting
- Short walk just nearby wheeling relative on days not too hot. We met at front door and kept mask on while outdoors
- We have been able to meet my mum in a small marquee in the grounds
- My mother doesn't respond well on the telephone, so the outdoor visits have been wonderful
- It has been very difficult to get information with the care home staff regards the family trying to ensure human, verbal and visual contact with our relative which is paramount to their emotional and physical wellbeing. Even at this stage it is a constant battle to have any form of contact with our relative. There seems to be a total lack of common sense. It is very bizarre that many members of different staff can have contact with our relative but we are refused which is resulting in severe emotional and mental repercussions on our loved relative. It seems she is in a concentration camp. She has lost her power of speech due to stroke and on the occasion where we were allowed to see her at a distance in the garden the staff had not put in her hearing aids which removed the one method of communication we had with her as all others removed, no touching. I feel the staff need training as each resident's needs are individual and the present methods of care are cruel

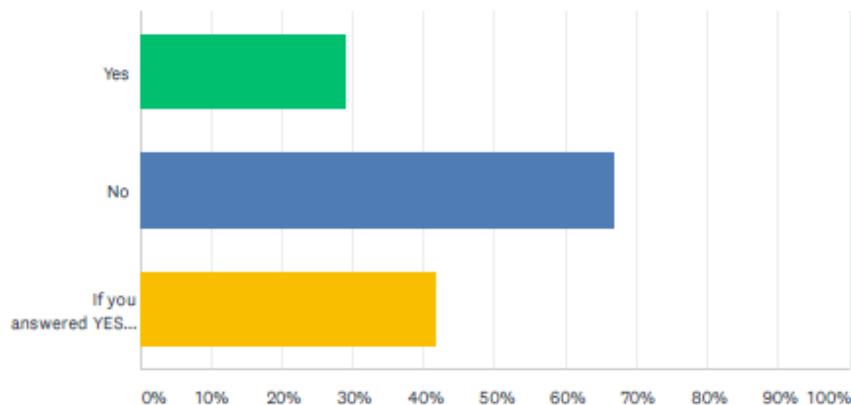
Q4 How effective have you found the care home to be in meeting your relative/ friend's communications needs, enabling you to keep in touch to raise any concerns?



Responding to this question, people gave comments including:

- Speak to care home staff on a daily basis
- Visits very good, telephone contact not so good
- No leeway to visiting at present. I live abroad and have just been able to visit my mother after 7 months. My mother's home will not agree to my daughter visiting in my place. We are her only immediate family
- They have taken the time to make sure all residents have been offered face time with relatives
- I have not been in the home yet as my wife has only been there for 2 months. Generally, I am quite happy with the standard
- They are restricted by the guidance

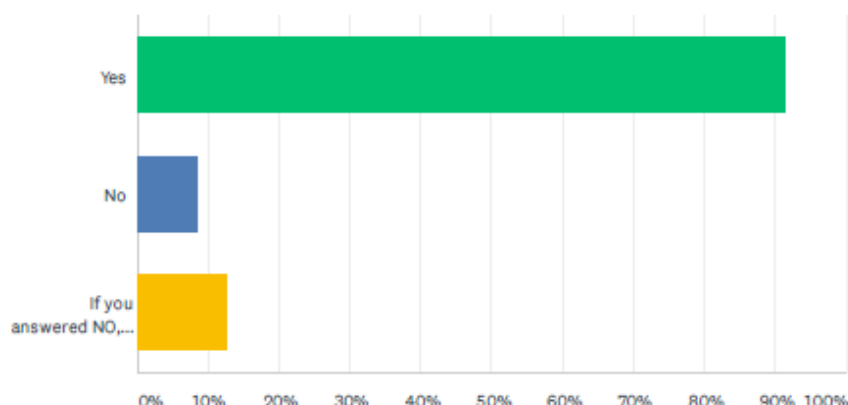
Q5 Were you able to offer any support to the Care home and if so, how was this achieved?



Responding to this question, people gave comments including:

- By sending cards and letters of appreciation to the staff.
- Short walking nearby accompanied, with me wheeling chair. Done with mask on while weather warm.
- Met at front door
- I handed in person specific supplies for my relative at the front door plus biscuit and chocolate treats for staff.
- The only support we have been able to give has been through co-operation and encouragement.
- I offered as per government guidelines to be regularly tested if I could visit home on a weekly basis to attend to personal needs of our relative e.g. do hair, nails etc to maintain some form of human contact with family to help our relative whose life on this earth is limited and family contact is vital
- I offered to help with volunteer gardening but they refused all help, even outdoor help! No logical explanation as to why outdoor help is so hazardous but this demonstrates home's over-protective approach to this crisis.

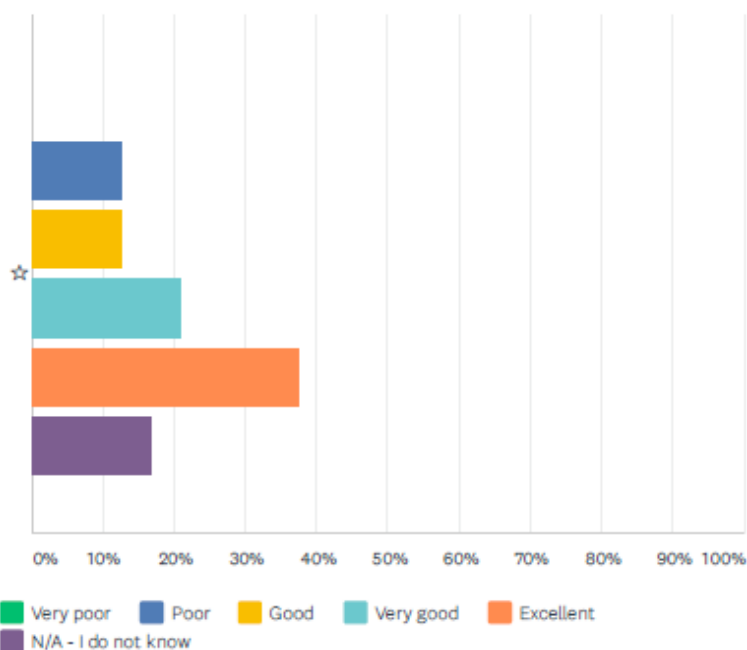
## Q6 Do you feel the home achieved a safe environment?



Responding to this question, people gave comments including:

- Many different members of staff have regular contact with our relative, then they go out into community where Covid is present but on any occasion we have seen them with our relative they have not worn PPE, no mask wearing.
- Staff not always wearing masks
- The home has been great

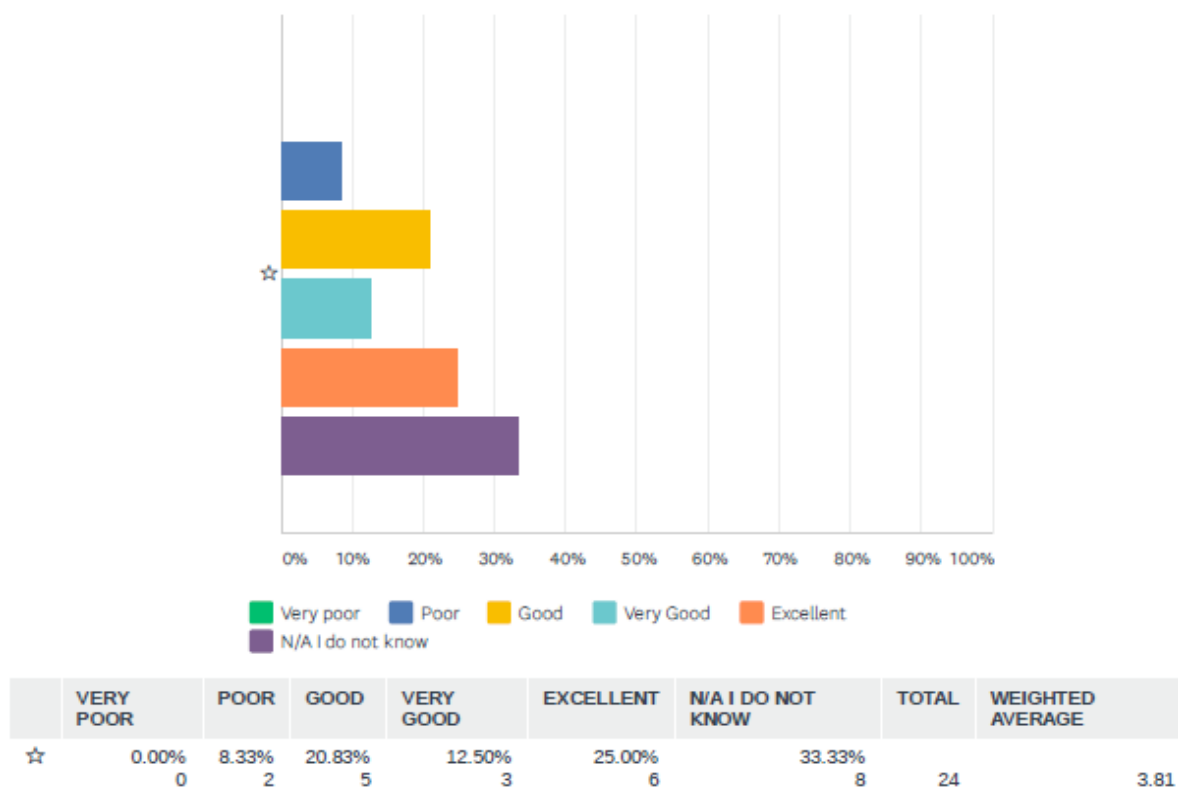
## Q7 How would you rate the home's arrangements for Personal Protective Equipment?



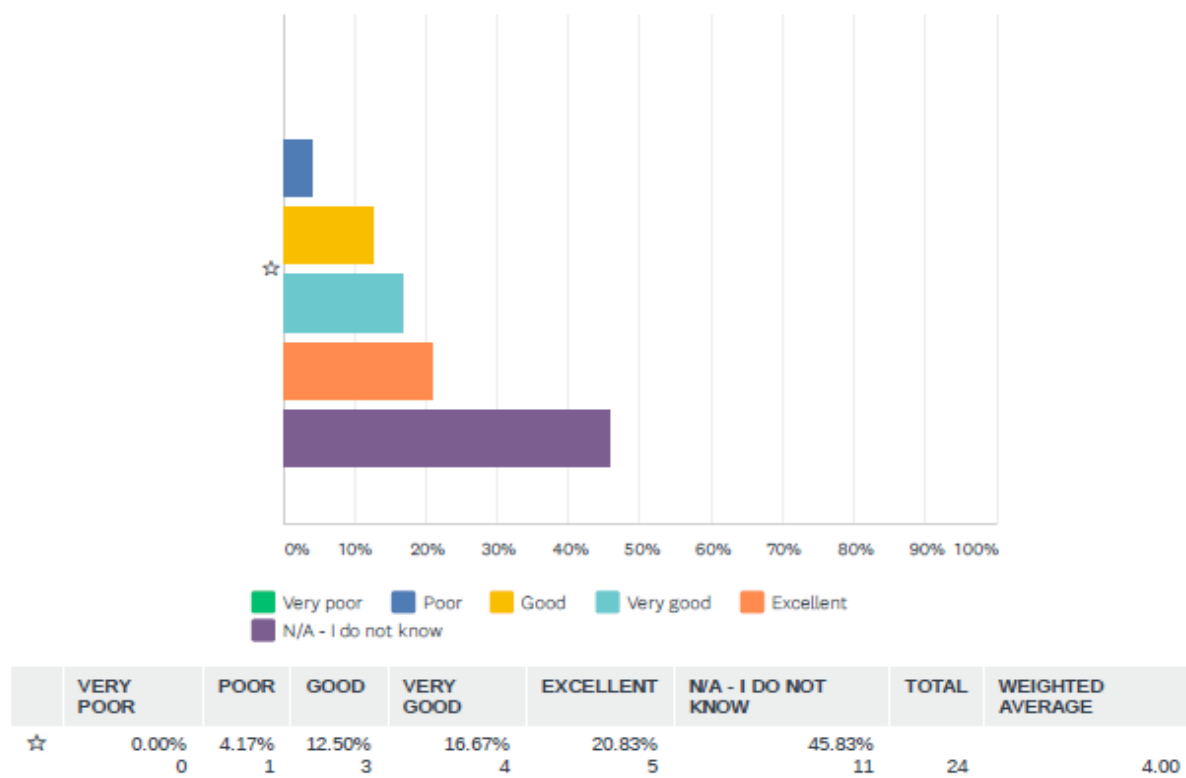
	VERY POOR	POOR	GOOD	VERY GOOD	EXCELLENT	N/A - I DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	12.50% 3	12.50% 3	20.83% 5	37.50% 9	16.67% 4	24	4.00



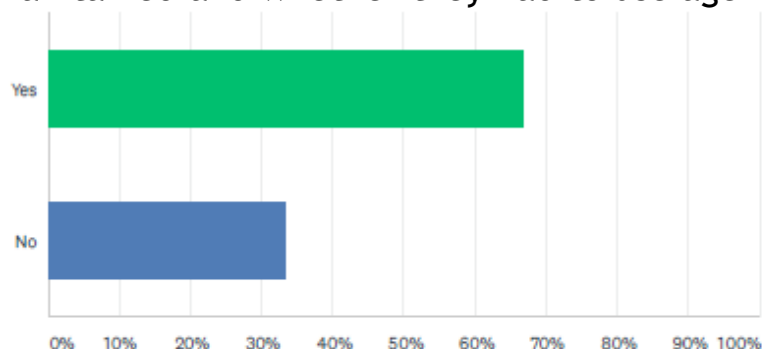
## Q8 How would you rate the home's arrangements for testing staff and residents for Covid-19?



## Q9 How would you rate the home's arrangements and facilities for residents who needed to be quarantined?

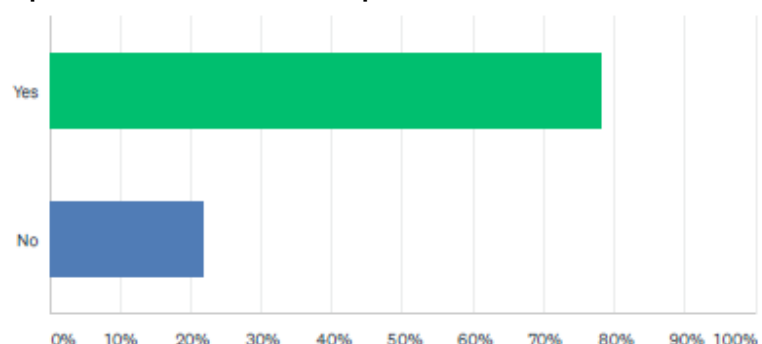


Q10 Did the manager or staff advise you on how their staffing levels were being maintained and whether they had to use agency staff?



ANSWER CHOICES	RESPONSES	
Yes	66.67%	16
No	33.33%	8
TOTAL		24

Q11 Are you confident that you were kept up to date on whether the home had people who had tested positive for Covid-19?

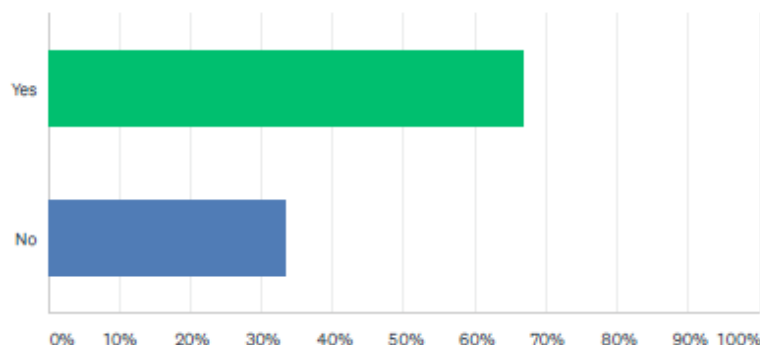


ANSWER CHOICES	RESPONSES	
Yes	78.26%	18
No	21.74%	5
TOTAL		23

Responding to this question, people gave comments including:

- No members of staff or residents have been positive. The home kept abreast/ahead of precautions.
- No cases at all in my mother's care home
- Their concern about covid was very reassuring
- Praise God, they have all been safe
- The home did not have COVID at all no residents had the virus excellent

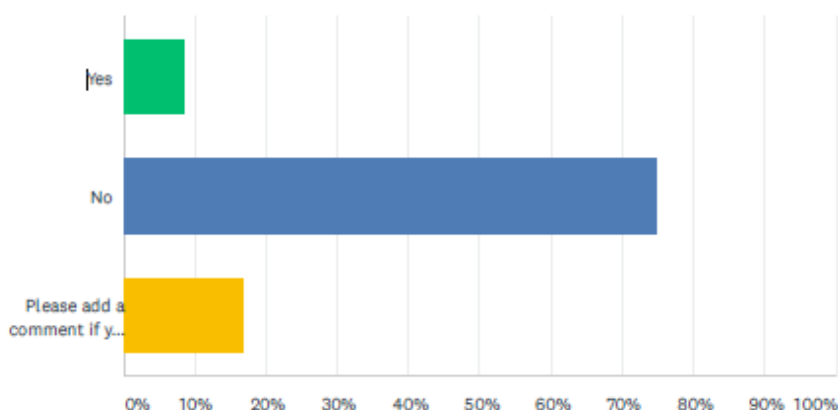
Q12 Have you been kept informed about the needs and any changes to your loved one's care plan?



Responding to this question, people gave comments including:

- Decision made to put my mother on a Prozac drug without first advising me. Video call with doctor and drug prescribed and started. I received a phone call to tell me this had happened
- No communication, on phoning always told they are busy, call back in one hour; still busy and on and on the same story. Told call when manager on duty but impossible to get through

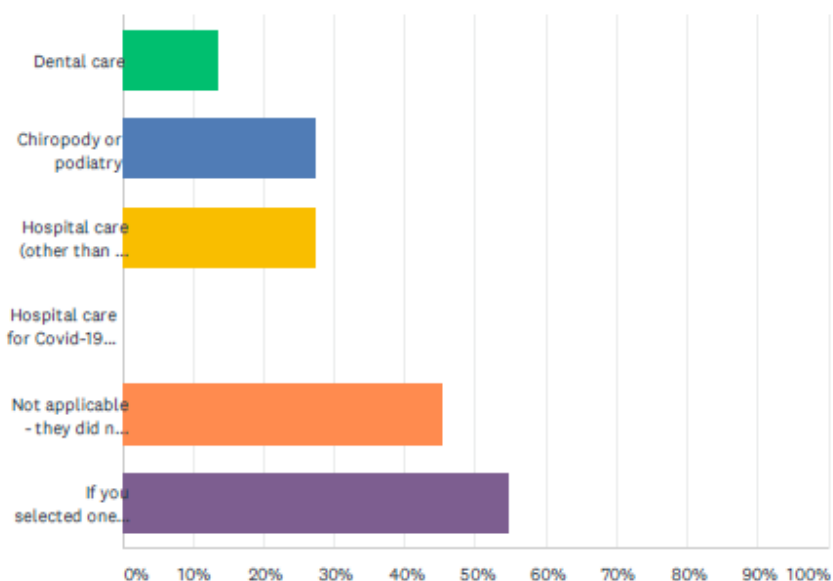
Q13 Have you had any concerns regarding the medical care at the home, and their care plans?



Responding to this question, people gave comments including:

- Have phoned when he had a fall
- There have been the inevitable difficulties regarding outside help for optician, hearing, dentist etc, but that has been unavoidable
- Doctors did not visit home when I thought an actual visit was required. How many undiagnosed ailments have occurred due to doctors not visiting homes? If we could shop with face masks, doctor visits should have been achieved!

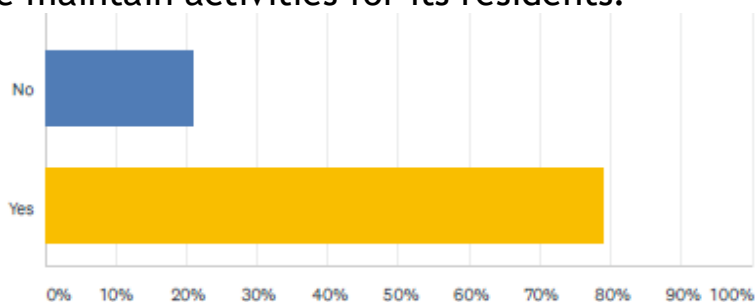
Q14 Has your friend/relative required additional care since the crisis began, and how was the service they received?



Responding to this question, people gave comments including:

- Broken dentures: I collected them and took them for repair (Excellent service)
- Mum required it but she did not receive it. Care home staff not qualified even to cut fingernails. She has had a stroke and her fingers curl up and long nails could cut into hand. All care homes are very isolated.

Q15 Did the home maintain activities for its residents?

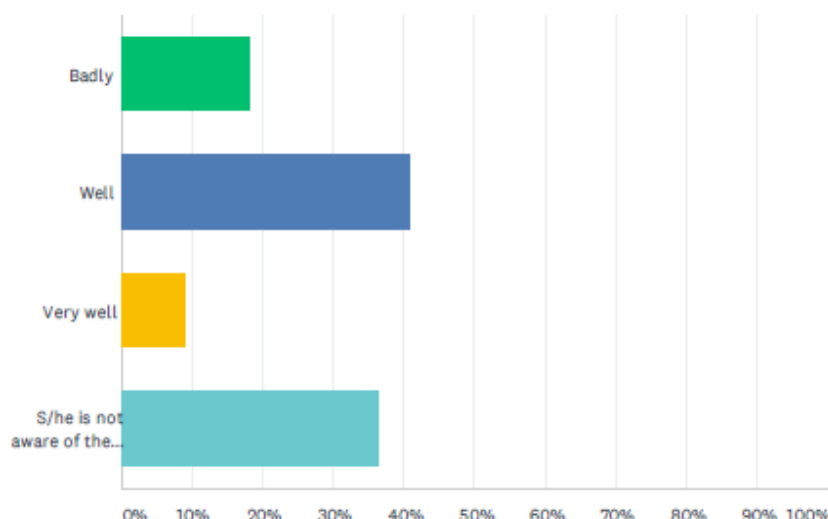


Responding to this question, people gave comments including:

- Very good on Facebook
- Believe all outside entertainments cancelled. Believe staff may have carried out some sessions
- Think the home has done the best they could at this time with activities and residents' birthdays & celebrations
- The activities programme has been very good and often posted for relatives to see. But how many games of bingo and quizzes should one person have to partake in. Mum needed some physical exercise which she needs assistance with due to the stroke but she has not had this therefore has lost mobility and confidence

- Think the home has done the best they could at this time with activities and residents' birthdays & celebrations

Q16 How has your friend/relative been able to cope with life during the pandemic?

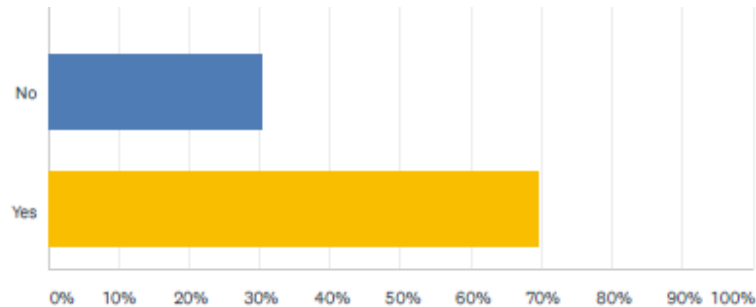


Responding to this question, people gave comments including:

- I feel a lack of regular family visitors has led to a decline in both mental and physical health.
- Not sure - sometimes better than others
- Some frustration. Does not like change of routines
- I visited my mother every six weeks from France where I live. I have done this since 2006 when my father died. The last time I saw her was in January 2020. My next trip was cancelled and all subsequent ones until 11th July 2020. I have been able to visit for 6 consecutive days for half hour outside. **She no longer recognises me**
- Although have put well, she is finding things very difficult
- Relative's mental health has got a lot worse in this period
- It's been hard on everyone concerned, but the home has done the best they can to make everyone as safe and relaxed as possible
- Mum really misses visitors, not badly but not well!
- She has coped amazingly especially considering she is also grieving loss of her husband 6mths ago. BUT her low points are very low and she feels imprisoned as she has lost all her liberty. The home has not asked how she is coping or what can be done to assist. Her poor mental health affects her desire to want to get up and be mobile and hence she is losing what little mobility she has left. **SHE IS DETERIORATING AND I FEEL SO HELPLESS**

UNABLE TO HELP HER. PLEASE TELL OUR GOVERNMENT NOT TO FORGET  
CARE HOME RESIDENTS.

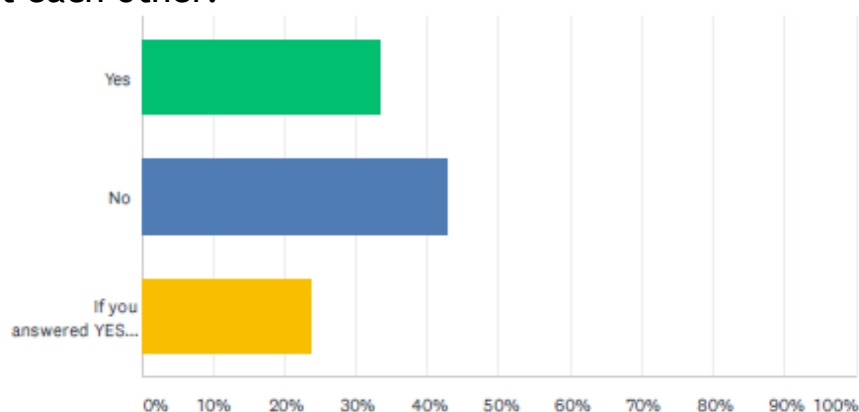
Q17 Have friends and relatives been able to offer each other support?



Responding to this question, people gave comments including:

- Havering Dementia Carers support group have kept in touch and are there to help with advice if needed
- Giving lifts to care home sometimes and allowed to visit in bedroom or garden, as well. Masks worn.
- There was a WhatsApp group set up so that relatives have the option of joining
- A couple of Zoom meetings for relatives to keep us all up to date and an opportunity to ask questions, share ideas.
- As a family we communicate with each other which is supportive.

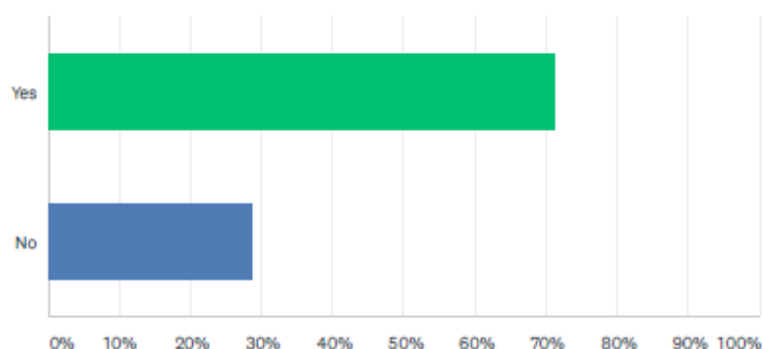
Q18 Would you like there to be a way for friends and relatives to support each other?



Responding to this question, people gave comments including:

- For places like the above group to be able to meet up and chat
- We have this set up with almost daily calls to each other
- I would like to know if other relatives are as frustrated as me, then we could petition the home and government together.

Q19 If you have not been able to visit your friend/relative, do you know when that might be possible?



Responding to this question, people gave comments including:

- Have visited twice, but the home is now in lockdown again.
- Need to know what will happen when the weather changes - they have told me of an area they would like to use but needs to be approved by the CQC
- Visits in an outside marquee began as soon as the government gave permission. The home had already anticipated and prepared for it.
- Only one person once a week - which has now stopped
- We have been able to visit weekly since the beginning of July
- We have had a garden visit which has been explained above
- The home thankfully has been more lenient than government guidelines, allowing up to 3 visitors at a time in a carefully managed outdoor setting. Very sensible.
- The home set up a place outside with social distancing and with protection provided excellent

**Q20 What has impressed you most about the way the home has handled the crisis?**

- Regular testing for residents and staff and no visitors inside the care home
- Their care, compassion, and selflessness, especially when it has meant putting themselves and their own families at risk
- Caring for residents is top priority
- Compassion and flexibility. Professional and can-do attitude in spite of rules for Virus
- Their anticipation of events and emphasis on residents' mental as well as physical wellbeing. The Zoom meetings with relatives.
- They have kept the residents and staff safe and have kept residents entertained and occupied. There seems to have been a really good community feel within the home. The manager has been very open with relatives, and very thorough in safeguarding against Covid.
- I believe the staff deserve the most praise. They continue to look after everyone to the best of their ability under such horrendous circumstances
- They have cared for mum very well, considering the circumstances
- The home has had no Covid in it which is great and my relative's physical health has Improved
- They have kept us informed at every level and there has been no case of Covid-19 in the Home
- My wife has settled from the first minute and seems comfortable. I feel they are providing a better standard of life than I did
- Very poor training of staff. Total lack of human understanding
- The home has kept virus-free. The dedication of the caring staff in working throughout.
- Transparency throughout, clear rules clearly communicated. Attention to detail and going above and beyond in the care shown to residents. A dedicated team giving consistent care of a high standard
- Keeping the families/friends informed
- The home has had no Covid in it which is great and my relative's physical health has Improved
- Keeping them safe from COVID
- Staying Covid free



Q21 Staff and residents have had a difficult time the last 4 months.

Can you see any positives that we need to ensure remain part of the recovery and new ways of working and living together?

- Not having recovering covid sufferers sent into care homes
- Continuity of staff had been very important, particularly for residents
- That residents are allowed to see their loved ones more regularly
- People use masks indoors explaining why and are very scrupulous on hygiene. Continue to communicate in the easiest way. Perseverance and cheerfulness and optimism.
- Outdoor visits by relatives have had a positive effect on frail residents, but cannot continue in the same way through the winter
- We need to see dementia relatives in care homes
- It is hard to say as we are not able to go into the home. But the sense of community that, as far as we can make out, has been strengthened and development has been good, as for many weeks there was no outside contact
- I think that families are really important to the health and wellbeing of our relatives in care.
- They need to maintain their connections to their past and present. We are that connection
- Think maybe homes need to share ideas.
- People seem to have more time for each other and are constantly checking to make sure everyone is happy. It's great to see people making more time for each other
- Since my wife has been in the home, I have realised how stressed I was. I am more relaxed; my friends have noticed a change for the better in me. Also, the guilt I expected to have has only materialised occasionally.
- To continue to use social media to enable us to thank the staff as well as see what everyone is doing.
- Designated family member being able to visit and help with care of relative in the home as has been allowed elsewhere. A safe bubble.
- There are no positives in being locked in a home for over 4 months. Please survey the residents who can explain first-hand how it feels to be the last in society to be still locked away when their carers can shop/socialise/go on holiday!!!
- Open and honest communication. Staff need recognition for their unwavering commitment to those they care for.
- Well done on your hard work and compassion

## Conclusions

It is clear that the majority of participants in the survey were appreciative of the efforts of care homes' managers and staff to keep their loved one safe during a situation that was without precedent and in circumstances that were traumatic for all concerned. The distress experienced by those residents aware of their surroundings at the near total exclusion of visitors can only be imagined; their relatives and friends experienced similar feelings but accepted the inevitability of the restrictions and that they were introduced to protect their loved ones' health and safety from infection.

That said, some themes emerge from the survey:

- Most participants found communication with care home staff easy to maintain but many felt more could have been done
- Feedback about staff was generally very good
- Most homes tried to ensure contact was maintained, including visits outdoors, but not always successfully, with some participants feeling that more could have been done ("It seems she is in a concentration camp"; "I live abroad... [but the] home will not agree to my daughter visiting in my place")
- Homes were not always open to offers of help from relatives and friends of their residents
- Although generally relatives and friends felt that homes achieved a safe environment and made good use of personal protective equipment (PPE), there was concern that staff were not always using PPE and that some residents were being cared for by different members of staff, some of whom were attending more than one home and generally moving about in the community
- Most participants were confident that homes were keeping them up to date regarding Covid-19 infection among staff and residents - this is borne out by the relatively low number of deaths in the homes in the period under review (see Appendix 1)

- There was, however, concern that relatives and friends were not informed about changes in their loved ones' care plans although there were few general reservations about medical care
- Residents were generally able to access health care such as dentistry, chiropody and hospital care when needed
- Generally, homes were able to continue to offer activities to keep residents engaged - although there was criticism of an over-reliance on bingo!
- Most residents appeared to have coped well with the restrictions imposed by lockdown. But there was concern about the mental health consequences of prolonged inability to see visitors. Feelings of being imprisoned and losing liberty were reported, leading to diminished mobility and an inability to recognise visitors
- The ability of residents to support one another was welcomed
- Participants nonetheless found much to be impressed about in the way homes had coped with the situation
- Homes need to nurture their relationship with residents' friends and relatives, and keep them informed of all relevant developments

At the time of writing this report, England has gone into another period of lockdown and the Government have issued updated guidance on outsiders' access to care homes <sup>3</sup>. It is to be hoped that the lessons learned during the initial lockdown can be applied in the interests of residents during the coming period.

**During the initial phase of the pandemic, despite all the difficulties, homes in Havering were able to control infection well, ensuring that**

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<sup>3</sup> New guidance to support safe care home visits during lockdown, DHSC, 4 November 2020 (<https://www.gov.uk/government/news/new-guidance-to-support-safe-care-home-visits-during-lockdown>)

the number of fatalities from Covid-19 among residents was lower than elsewhere, with some homes experiencing none. Homes and their staff are to be congratulated for that achievement; and may that vigilance and care continue.

Healthwatch Havering would like to thank all respondents to the survey and videoconference calls for their help and co-operation, which is much appreciated.

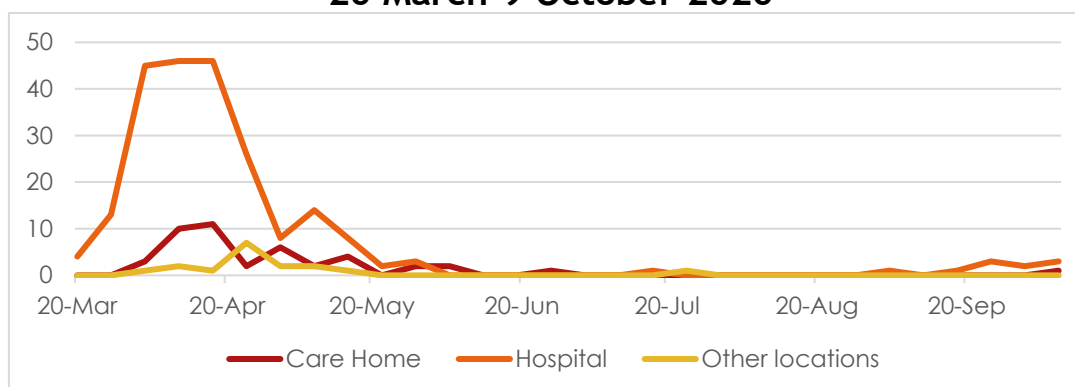
### Disclaimer

This report relates to the videoconferences in July and September 2020 and the related survey and is representative only of those individuals who participated. It does not seek to represent all service users' relatives.

This report is dedicated to the memory of all who lost their lives as a result of the Covid-19 pandemic.

Appendix 1

ONS reports: Mortality from Covid-19 in Havering,  
20 March-9 October 2020



Week Ending	Deaths		
	Hospital	Care Home	Other locations <sup>4</sup>
20-Mar	4	0	0
27-Mar	13	0	0
03-Apr	45	3	1
10-Apr	46	10	2
17-Apr	46	11	1
24-Apr	26	2	7
01-May	8	6	2
08-May	14	2	2
15-May	8	4	2
22-May	2	0	0
29-May	3	2	0
05-Jun	0	2	0
12-Jun	0	0	0
19-Jun	0	0	0
26-Jun	0	1	0
03-Jul	0	0	0
10-Jul	0	0	0
17-Jul	1	0	0
24-Jul	0	0	1
31-Jul	0	0	0
07-Aug	0	0	0
14-Aug	0	0	0
21-Aug	0	0	0
28-Aug	0	0	0
04-Sep	1	0	0
11-Sep	0	0	0
18-Sep	1	0	0
25-Sep	3	0	0
02-Oct	2	0	0
09-Oct	3	1	0

Key: No deaths =  -9 =  10-19 =  20 or more =

<sup>4</sup> Source ONS: Deaths at Home, in the Hospice, in other Communal Establishments and “Elsewhere”

**Persons discharged from BHRUT Hospitals to care homes,  
March-May 2020**

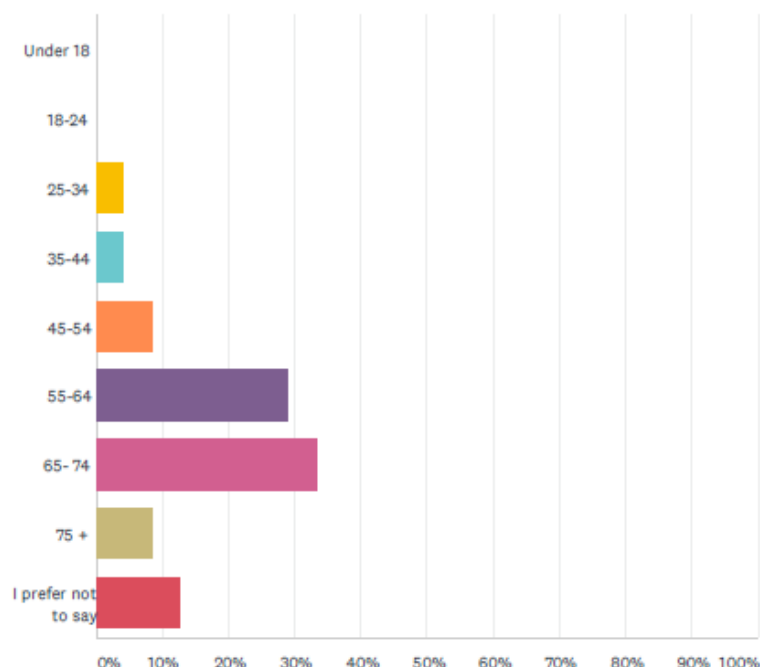
<b>Week Ending</b>	<b>King George Hospital</b>	<b>Queen's Hospital</b>	<b>Grand Total</b>
22/03/2020	2	2	4
29/03/2020	5	8	13
05/04/2020	4	7	11
12/04/2020	5	4	9
19/04/2020	5	6	11
26/04/2020	8	3	11
03/05/2020	4	2	6
10/05/2020	4	9	13
17/05/2020	5	4	9
24/05/2020	0	6	6
31/05/2020	2	2	4
<b>Grand Total</b>	<b>44</b>	<b>53</b>	<b>97</b>

**Source: Response to Freedom of information request from BHRUT**

## Appendix 2

### Demographics of participants in the survey

#### Age range:



ANSWER CHOICES	RESPONSES
Under 18	0.00% 0
18-24	0.00% 0
25-34	4.17% 1
35-44	4.17% 1
45-54	8.33% 2
55-64	29.17% 7
65- 74	33.33% 8
75 +	8.33% 2
I prefer not to say	12.50% 3
Total Respondents: 24	

**Gender:** Women: 87.5%; Men 12.5%

**Ethnicity:** White British: 96%; White Other: 4%

**There were no respondents from an ethnic minority (probably reflecting the ethnic mix in care homes in the borough)**

## 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**

email [enquiries@healthwatchhavering.co.uk](mailto:enquiries@healthwatchhavering.co.uk)

To join the Healthwatch Havering Friends Network,  
[click here](#) or contact us as above





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

*Registered Office:  
Queens Court, 9-17 Eastern Road, Romford RM1 3NH*



Call us on **01708 303 300**

email **[enquiries@healthwatchhavering.co.uk](mailto:enquiries@healthwatchhavering.co.uk)**

Website: **[www.healthwatchhavering.co.uk](http://www.healthwatchhavering.co.uk)**



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## OVERVIEW AND SCRUTINY COMMITTEE

<b>Subject Heading:</b>	COVID – Impact and response on care in Havering
<b>SLT Lead:</b>	Barbara Nicholls
<b>Report Author and contact details:</b>	John Green. 01708 433018, john.green@havering.gov.uk
<b>Policy context:</b>	The need to adjust and respond to the covid pandemic to keep people as safe as possible in care settings
<b>Financial summary:</b>	None

### 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

The report is to inform on the responses from within the authority and support given to care providers in Havering. These activities have all contributed to try and keep vulnerable Havering residents as safe as possible in the current pandemic.

### RECOMMENDATIONS

For members to take note of the presentation.

### REPORT DETAIL

The report is in the form of a presentation attached as appendix 1.

## **IMPLICATIONS AND RISKS**

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

There are no further financial implications in noting the content of the presentation, which provides the financial support to care providers, including commissioned day services, and distribution of the Infection Control Fund.

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

There are no legal implications in noting the content of the presentation.

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

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce

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

This is an information paper and is therefore not requiring of an Equalities Impact Assessment.

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, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

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.



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# COVID – Impact and response on care in Havering

John Green – Head of the Joint  
Commissioning Unit

Purpose of presentation is to summarise:

1. Impact on care homes and the support available in Havering
2. Care home staff resilience, sickness and testing
3. Impact on home care and the support available in Havering
4. Availability of PPE for providers
5. Impact of pandemic on voluntary/third sector commissioned care services
6. Back up plans to support in event of care home/provider failure
7. Support available to shielding residents without a formal care package
8. Partnership working



## 1. Impact

Increased costs - insurance, food, PPE, different ways of working to improve infect control

Increased vacancies with reduced interest from self-funding residents

Reduced visiting to protect residents

Pressure on staff – extra work, stress, concerns around passing infection to residents or family.

## 2. Support from the Council

- Named contact in the Council for support. The Quality team have literally been a shoulder to cry on, resolved queries & escalated issues
- Financial Support - two payments to care providers totalling £1m, plus distribution of £2.5m ICF which predominantly supported care homes.
- Chocolates to recognise contribution of staff
- FAQs
- Support with PPE
- Commissioned COVID beds to protect homes
- Package of mental health support

## 3. Resilience and Testing

- Care homes have adapted to new ways of working
- Reduced agency
- Sourced alternative food supplies
- Developed COVID safe ways for family to visit loved ones
- Care staff take additional precautions, above those recommended, such as ceasing visits with their own friends and family.
- Staff and residents tested weekly
- Support in managing outbreak - PH, IPC team, Quality outcomes team

## 1. Impact

Increased costs - PPE, different ways of working to improve infect control

Reduction in number of people coming through to agencies

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Pressure on staff – extra work, stress, concerns around passing infection to residents or family.

Guidance, testing and communication of results

## 2. Support from the Council

- Named contact in the Council for support. Advice and guidance as and when it was available
- Financial Support - two payments to care providers totalling £1m, plus distribution of £2.5m ICF – second payment in process
- FAQs
- Support with PPE
- Commissioned COVID provider to protect other agencies

- Via a Council wide effort emergency PPE was provided to all providers in need, on the same day the request was made
- Supplies were provided through deliveries the Council received from central government (London Resilience Forum) and from stock procured by the Council
- Provided over £150k PPE items to care homes in emergencies since 27-Mar-20
- Supported 31 of Havering's care homes with emergency PPE deliveries
- Made 223 deliveries to 91 providers in total during the pandemic

- Government has committed to provide COVID PPE to regulated providers until 31-Mar-2021
- Supplies are obtained via the national PPE Portal
- Data from PPE portal shows 70% of in borough eligible providers have registered; 60% of these have already ordered
- Weekly registration and order updates are provided by DHSC
- Regular communication with providers to promote portal and access

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Providers registered on PPE portal per setting	Yes – provider has registered	No – provider is eligible to register but has not yet registered	Total	Percentage registered	Percentage ordered out of those registered
Residential social care	41	17	58	70%	60%
Community based adult social care services (including homecare and supported living)	46	19	65	70%	60%
Community drug and alcohol services	0	2	2	0%	0%
Grand Total	88	39	127	70%	60%

- **Councils are to supply PPE to non-regulated providers** that meet the eligibility criteria until 31-Mar-2021
- **Monthly supplies have been ordered** via the Commissioning Alliance based on demand modelling with Public Health
- **Providers will be delivered an agreed, scheduled monthly supply** of COVID PPE by Distribution Hub
- **Council is prepared to support regulated providers** in emergencies or where the PPE portal is unable to meet needs through contingency supplies
- **Similar processes** are in place for PPE deliveries to education settings and Council departments
- **Dashboard** monitors incoming and outgoing deliveries and is reported on at Bronze



- **Council commissions a number of voluntary sector providers** to provide preventative services to residents
- **Council funding continued** to these services throughout the pandemic to support alternative services to be provided to usual service users
- Since the initial lockdown, most services are now **running some form of face to face service** in a COVID secure way
- **Infection control funding has been offered** to a small number of eligible voluntary sector providers, including non-commissioned
- **Ongoing support is available** from the Council via contract monitoring meetings, newsletters, FAQ's and VCS provider forums
- Services are **eligible for free COVID PPE** from Council over winter period

- **Financial support provided** throughout pandemic
- Enabled providers to **continue to support service users** in a COVID secure way
- **Providers undertook a Council resilience assessment** that was reviewed by commissioners, quality officers and operations
- **Council supported reopening** through providing access to public health advice and other national guidance
- Council reassured itself that day services were **aware of their duties to support clients in a COVID secure way** through requesting evidence of COVID policies/risk assessments
- Services are **eligible for free COVID PPE** from Council over winter period

- RAG rating developed with quality, commissioners and operations
- Majority of commissioned CGDS's have demonstrated a high level of resilience
- Actions plans are in place to support all CGDS's according to rating
- If majority/all CGDS's move to medium-high unsustainability, further action and financial support may be required OR provider failure policy may be triggered

CGDS	RAG Impact on Council if closure	RAG Risk of unsustainability	Action plan in place?
Eastway	Medium	Low	YES
Funky Willows	Low	Low	YES
Headway	Medium	Low	YES
Heathlands	Low	Low	YES
Jackson's Cafe	Medium	Medium	YES
New Opportunities Group	Low	High	YES
Osborne Partnership	Low	Low	YES
Tapestry (HOPWA & Painsbrook)	Medium	Low	YES
The Learning Centre	Low	Low	YES
Treetops	High	High	YES
Trinity	Medium	Low	YES
Vibrance	Low	Low	YES
Walter Boyce Centre	Low	Low	YES

Back up plans to support in event of care home/provider failure

- Developing a set of measures to identify providers in trouble
- Winter plan
- Business Continuity
- Proud to Care
- Designated beds – reducing risk across the market
- Infection Control Fund round 2
- Mutual Aid

A Council wide effort has ensured a programme of support for shielding residents which has been offered to those with and without a care package, including:

- **Food shopping support** including offering priority shopping slots, signposting to local delivery services, providing foodbank vouchers and arranging food parcel deliveries to eligible residents
- **Arranging welfare support** including befriending services, check in and chats, dog walking and other services
- **Support to access Test & Trace** and answering COVID queries through a dedicated email and hotline
- **Providing links to other Council services**, including adult social care, children social care, housing and safeguarding

- **Set up of a virtual hub** providing information & advice, signposting, online activities, peer sharing and general wellbeing support
- **Community co-ordinators** providing support across the borough
- **Professional care calls** to vulnerable people from Tapestry
- Befriending services
- **Hot food delivery services** to vulnerable people from Tapestry
- **Mental wellbeing support** including professional counselling services
- Creative activities through Queen's Theatre and safe library access

- **Strong relationships** – not to be undervalued and not typical of all systems
- **Health partners - CCG** set up of a variety of groups and a S75 agreement to ensure funding flows across the system
- **Hospital** continual work to ensure flow from hospital into community is quick and safe
- **Partner LAs** primarily B & D and Redbridge – meet regularly and real mutual aid – e.g. designated settings

- Challenges remain
  - Increasing prevalence
  - Care home outbreaks
  - Community outbreaks
  - Winter plan delivery
  - Working with all partners proactively and effectively and will continue to do so
- Questions?





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## INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE - 26 NOVEMBER 2020

<b>Subject Heading:</b>	Adult Social Care Annual Complaints & Compliments Report
<b>SLT Lead:</b>	Barbara Nicholls
<b>Report Author and contact details:</b>	<i>Veronica Webb Tel: 01708 432589</i> Veronica.webb@havering.gov.uk
<b>Policy context:</b>	An annual report is required as part of the remit of 'The Local Authority Social Services & NHS Complaints (England) Regulations 2009 and Health and Social Care (Community Health and Standards) Act 2003.
<b>Financial summary:</b>	There are no financial implications as this report is for information purposes and is required as part of the statutory complaints regulations

### 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

The Adult Social Care Annual Complaints Report 2019-20 attached as Appendix 1 is for consideration and outlines the complaints, enquiries, compliments and Members correspondence received during the period April 2019 – March 2020.

Adult Social Care Annual Complaints fall within the remit of the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' with a requirement to publish the annual report.

## **RECOMMENDATIONS**

1. That Members note 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. That Members note 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. That Members note the positive feedback to services by way of compliments received and highlighting good practice.

## **REPORT DETAIL**

1. Adult Social Care complaints have continued to decrease over the last few years. In 2019-20 the number of statutory complaints were 74 an 18% decrease from 2018-19 (91). However enquiries through the Social Care Complaints Team have more than doubled from 24 in 2018-19 to 52 in 2019-20.
2. Ombudsman enquiries increased by one in 2019-20 (10) compared to 9 in 2018-19. Three found maladministration, injustice with penalty and one maladministration no injustice. The remaining enquiries, were premature (3), closed after initial enquiries (1) and were not upheld and found no maladministration (2).
3. External home care complaints continue to be the highest area for complaints, in 2019-20 (17), however this represents 0.71% of service users receiving home care and 1.49% of the total commissioned care hours throughout 2019-20. Home care complaints tended to be linked to 'standards of service', the highest reason for complaints and 'financial issues' usually arising from invoice disputes and requests for reductions or cancellation of invoices.
4. Those complaints upheld(9) or partially upheld(11) represented 12% and 15% respectively of the total complaints for 2019-20, with 34 not upheld and 20 complaints withdrawn.
5. Learning from complaints continues to be at the forefront of Adult Social Care and as a result of recommendations by the Ombudsman a review of service users was undertaken in 2019-20 that may have been affected by arbitrary limits. Clients have been identified who are in receipt of live in care and individual reviews are still to be undertaken. A project approach will be

taken to review costing models for all live in care currently commissioned and funding for future live in care packages will be based on assessed need and package structure.

6. The Liquidlogic social care system went live during 2019-20 and service areas across Adult Social Care. Statutory complaints are to be included on Liquidlogic however implementation has been impacted due to Covid-19.
7. Response times for complaints improved in 2019-20, with 72% of complaints involving Adult Social Care only (46) responded to within 20 working days, compared to 61% in 2018-19. Complaints involving external providers (28) with a timeframe of 25 working days, had 43% of complaints responded to over the 25 working day timeframe.
8. Monitoring information represents service users and shows less than the total number of complaints due to service users involved in more than one complaint. There has been a decrease in the numbers of those aged 85+ and 75-84, those requiring personal care support and have support for memory and cognition. Although it is notable that the number of those with access and mobility issues and learning disabilities increased slightly in 2019-20.
9. There is wide representation across varying ethnic backgrounds in 2019-20, with White British the highest and reflective of the borough's population make up, with no representation for Black/Black British African in 2019-20. Representations across various religious groups is evident in 2019-20 and those 'not recorded' improved in 2019-20. In 2019-20 'single' people more than doubled in 2019-20 (16) compared to 2018-19 (5), while those 'married' decreased from 19 in 2018-19 to 9 in 2019-20. There was improvement in recording of sexual orientation in 2019-20 with only two 'not recorded', compared to 72 in 2018-19, with 58 'not known'.
10. The preferred method of contact in 2019-20 continued to be by email(43%), with telephone(31%) the next preferred method which increased by 21% from 2018-19. Expenditure on complaints in 2019-20 resulting from Ombudsman recommendations totalled £8,609.21 for reimbursements and time and trouble payments.
11. Compliments increased in 2019-20 to 60 compared to 2018-19 (52). The Havering Access Team, previously known as Adult Social Care Customer Services, along with the Adults Community Teams received the highest number of compliments, with most teams across Adult Social Care receiving compliments. Examples of some of the compliments received by individual staff or team is included within Appendix 1.
12. Member enquiries decreased by 17% in 2019-20 (95) compared to 2018-19(114) with 88% (84) being responded to within timeframe.

13. Learning from complaints continues to be a focus within Adult Social Care. The implementation of Liquidlogic to improve recording practices should be more evident in 2020-21. Joint efforts between the Social Care Complaints Team and Team Managers have improved response times. However it should be noted with the current Covid-19 situation it has already had an impact on complaints, although it will not be clear how much of an impact until 2020-21.
14. It is even more important that compliments continue to be received by Adult Social Care, which provides a welcome morale boost in very difficult times.

## **IMPLICATIONS AND RISKS**

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

There are no specific financial implications to this report, which is for information only. Costs incurred through complaints will be contained within Adult Social Care allocated budgets. However, despite the reduction in the number of complaints highlighted in the report, there is still a risk of consequential compensation payments, which is being managed in the service by ensuring lessons are learned and procedures reviewed to minimise the risk of compensation arising from future complaints.

Despite the number of complaints decreasing, costs to the Service of investigation of Ombudsman enquiries, and the added risk that these may increase in the future, needs to be considered.

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

There are no apparent legal implications from noting of this report.

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

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

### **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. We are regularly monitoring the equalities profile of our customers and it is encouraging that disclosure is improving year on year.

The most recent monitoring information has evidenced that the number of ethnic minorities accessing the complaints process is reflective of the population within Havering and therefore accessing information about our Complaints, Comments and Compliments Policy and Procedure or the facilities available to make a complaint/compliment is available to these groups. Monitoring data shows that there has been a significant increase in complaints made by service users with physical disabilities and this has been linked to the increase in disabled freedom pass complaints, however this will need continued monitoring.

We will continue to ensure that our communication is clear, accessible and written in Plain English, and that translation and interpreting services or reasonable adjustments are provided upon request or where appropriate. We will need to ensure accurate and comprehensive monitoring data is maintained to cross-tabulate complaints data against protected characteristics. This will provide us with more detailed information on gaps/issues in service provision and barriers facing people with different protected characteristics, and will enable us to take targeted actions and make informed decisions on service improvement and future service provision.

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# **ANNUAL REPORT 2019-20**

## **ADULT SOCIAL CARE**

### **Complaints, Comments and Compliments**

**Prepared for: Barbara Nicholls, Director Adult Social Care & Health**

**Prepared by: Veronica Webb  
Complaints & Information Team Manager**

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## **1. Executive Summary**

Adult Social Care complaints fall within the remit of the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' which includes a requirement to publish an annual report. This report covers the period April 2019 to March 2020.

Changes have been made in practices regarding arbitrary limits which was a big learning curve for Adult Social Care during 2019-20 as part of the Ombudsman's recommendations. Reviews were undertaken and changes in guidance and practice are to be implemented.

There has been steady improvements in response times which is welcomed across both complaints and member enquiries and it is hoped that this will continue in this way, although mindful of the current situation with Covid-19 and how this may impact complaints in 2020-21.

Adult Social Care continues to support a personalised approach to customer needs in the Havering community. Training and development opportunities for staff will focus on these skills that are essential for effectively undertaking this responsibility. It is of vital importance that existing, and potential, customers receive the highest quality of service delivery possible. The needs of Adult Social Care staff in relation to implementation of the Care Act, with greater integrated working with health services, have been captured within the new Workforce Development Strategy and Plan.

Adult Social Care continues to use monitoring data from the complaints process as an indicator of how well Adult Social Care is delivering its services to the community. To ensure that there is significant continuity, and consistency in advice, along with other areas of delivery, frontline and support staff across the service teams need to be part of a stabilised workforce that is able to meet service and quality standards. Relevant outcomes from the complaints process have been incorporated into the new Plan in order to aid learning and improve staff performance.

The continued dedication of staff within Adult Social Care has been echoed in the rise of compliments received during 2019-20 with some exceptional examples of staff going above and beyond.

It is not clear with Covid-19 what impact this will have on Adult Social Care, as it continues to affect not only financial resources but our staffing resources also, who have tirelessly worked towards assisting those most vulnerable in our community.

## 2. Introduction

Under the Local Authority Social Services and NHS Complaints Regulations 2009, made under powers in Sections 113 to 115 of the Health and Social Care (Community Health and Standards) Act 2003, it is a requirement for local authority Adult Social Care and Children's Services to have a system of receiving representations by, or on behalf of, users of those services. Havering Adult Social Care welcomes all feedback, whether this is a comment on improving the service, complaint on what has gone wrong, or compliment about how well a service or individual has performed.

Havering has adopted the statutory guidelines for complaints management as outlined by the Department of Health and good practice principles of the Local Government Ombudsman, and has encompassed this within its new procedures as follows:

### Local resolution

Informal- Where a complaint involves a regulated service, is a minor concern, or where a complainant does not wish to take it through the formal process.

Formal - Where the complaint is considered low-medium risk, we aim to respond within 10 working days where possible. Where a complaint is considered medium-high risk, we aim to respond within 10-20 working days. Where a complaint is considered complex and may require an independent investigation, we aim to respond within 25-65 working days. Timescales may vary in agreement with the complainant.

Although there is no longer a Stage 3 Review Panel in the regulations, it has been agreed within Havering to have an option for complaints to be reviewed by a Hearings Panel.

Complainants who remain dissatisfied will have the right to progress to the Local Government Ombudsman.

The time limit for complaints to be made has remained at 12 months.

### 3. Service Context

Adult Social Care in Havering provides a wide range of support, including information and advice, front line assessment and social work/occupational therapy services for adults who have an identified care and support need, and are eligible for assistance with meeting those needs. We provide support to older people (65+); individuals with a physical or sensory disability; individuals with a learning disability; and individuals with mental health needs. In addition, we have direct delivery of services including day opportunities for people with learning disabilities and physical disabilities. The Service also includes Safeguarding Adults. The Service is further supported through brokerage of care, management of direct payments and client income and managing client finance arrangements, as well as quality and contract monitoring of provider services.

### 4. Complaints Received

#### 4.1 Ombudsman referrals

The number of Ombudsman referrals have increased slightly by one, from the previous year to 10 during 2019-20. Three found maladministration with injustice, regarding a care provider, personal budget allocation and deferred payments.

	Apr19 – Mar20	Apr18 – Mar19	Apr17 – Mar18
Maladministration (no injustice)	1		
Maladministration Injustice with penalty	3	2	2
Maladministration injustice no penalty		1	
No maladministration after investigation			1
Ombudsman discretion			
-Cases under investigation/ongoing			
-Investigation not started/discontinued			
Not upheld no maladministration/service failure	2		
Closed after initial enquiries: no further action	1	4	3
Closed after initial enquiries: out of jurisdiction		1	2
Premature/Informal enquiries	3	1	1
<b>Total</b>	<b>10</b>	<b>9</b>	<b>9</b>

#### 4.2 Total number of complaints

In 2019-20 there were 74 statutory complaints, an 18% drop from 2018-19 (91). The steady decrease in complaints over the last few years has continued. It should be noted however, that with the current Covid situation, this could impact on figures for 2020-21.

Total Number of Statutory Complaints		
2019-20	2018-19	2017/18
74	91	108

#### 4.3 Stages

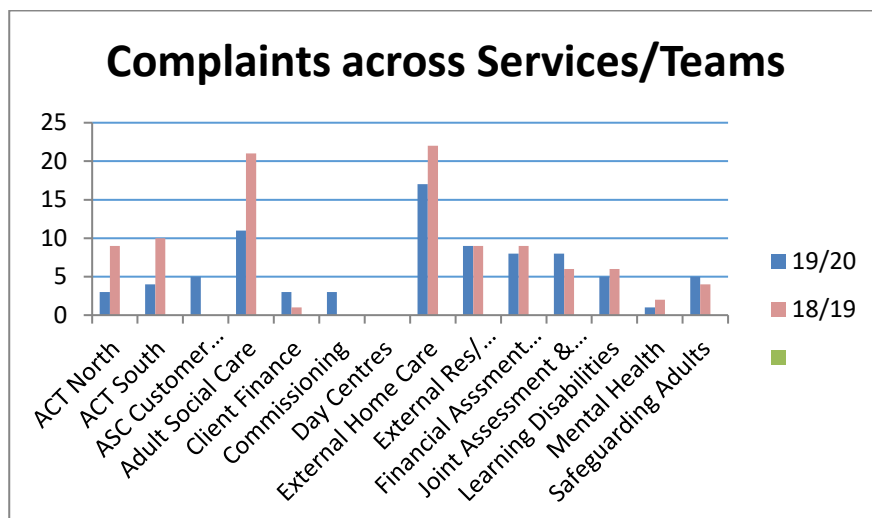
Although the number of statutory complaints have decreased, includes both Formal and Informal complaints, the number of enquiries have more than doubled. Enquiries made to Adult Social Care that do not fit within the statutory complaints process, still require a response either by the Service or by the Social Care Complaints Team.

	Enquiry	Formal	Informal	Joint health and adult social care formal complaint
Apr 19 – Mar 20	52	50	24	
Apr 18 – Mar 19	24	66	25	

## 4.4 Teams

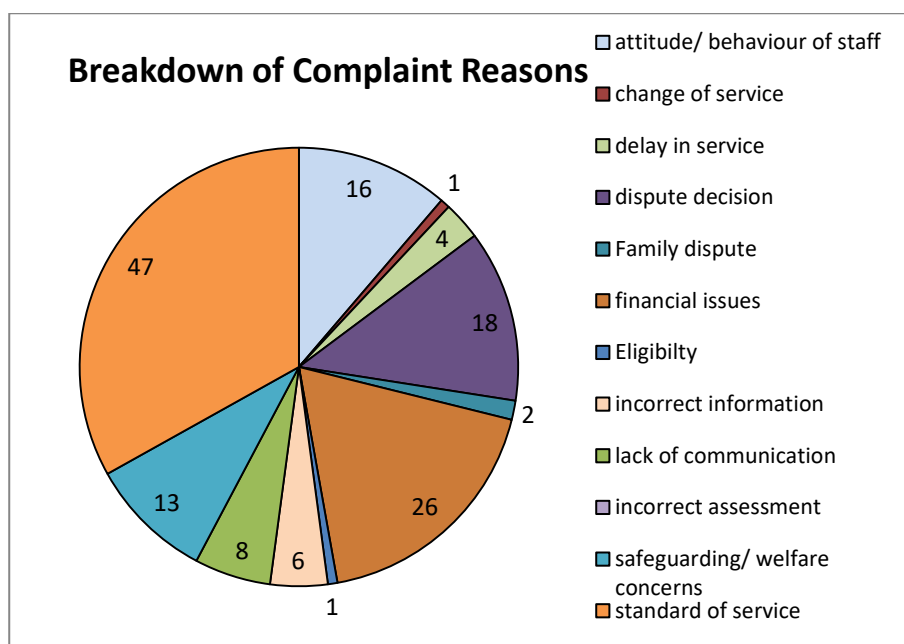
Across nearly all teams there has been a decrease in the number of complaints, with the following service areas seeing a small increase; Client Finance, Commissioning, Joint Discharge Team (JAD) and Safeguarding.

External home care has received the highest number of complaints during 2019-20 (17). This is low in comparison to the number of home care clients (1,694) during 2019-20 and equates to 0.71% complaints. The total commissioned hours for complaint cases in 2019-20 totalled 10,486, and the commissioned hours for all home care clients in 2019-20 totalled 703,822. Complaints' commissioned hours therefore represented 1.49%.

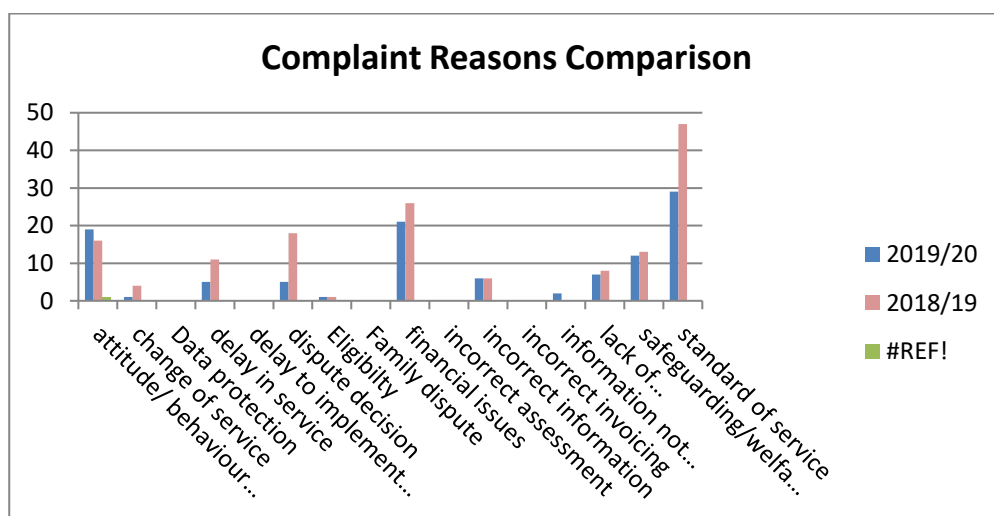


## 4.5 Reasons

In 2019-20 'standards of service' continued to be the highest reason for complaint, with the majority of those complaints relating to timing of care visits and quality of care provided, many complaints resulting from requests for reductions or cancellation of invoices. This is also reflects on 'financial issues' being the next highest reason.



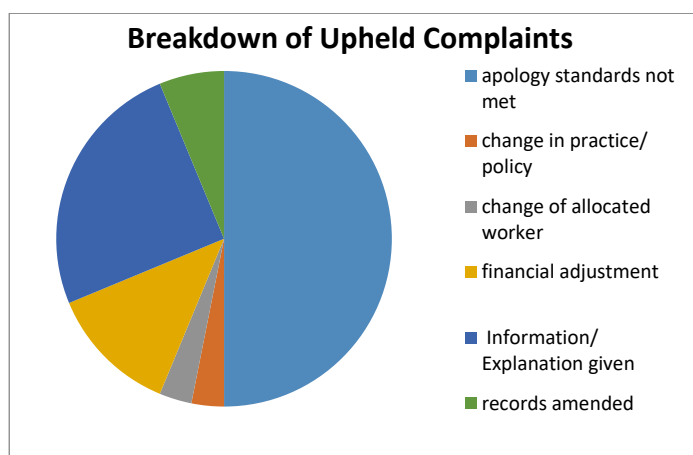
Compared to 2018-19 there has been a slight increase in the number of complaints related to attitude/behaviour staff from 16 to 19 in 2019-20. On further interrogation, many of these complaints were to do with the complainant not being happy about carers, level of charges, outcome of assessment or family member not agreeing with a decision.



## 4.6 Outcomes & Learning

Of the 74 complaints during 2019-20, 9 (12%) were upheld and 11 (15%) partially upheld. Those complaints either upheld or partially upheld, where the expected standards were not met, an apology was provided with further explanation or information as shown the in the breakdown below.

	Upheld	Partially Upheld	Not Upheld	Complaint Withdrawn	Referred to Alternative Service – outcome unknown	Total for year
19/20	9	11	34	20		74
18/19	13	16	38	12	14	91



#### 4.6.1 Learning from Complaints

During 2019-20, complaints highlighted areas of improvement for cross communication between teams i.e. social care teams and finance/brokerage regarding changes in provision, and consistency of start and end of provision recording. This should be negated with the new Liquidlogic social care system being embedded, and improvement may become more evident in 2020-21.

Further engagement with Health to explore improved communications at an earlier stage where responsibility for funding transfers from health to the local authority, resulting in charging implications for service users.

#### 4.6.2 Learning from the Ombudsman

A review of service users who may have been affected by arbitrary limits was undertaken and the practice that led to arbitrary upper limits was stopped. Clients have been identified who are currently in receipt of live in care. It has been identified that there is a variation in rate depending on client need and placement start date.

Individual reviews are still to be undertaken. To date, one package has been reviewed and a new costing negotiated based on assessed need.

A project approach will be taken to review the costing models for all live in care currently commissioned and an approach will be presented for the funding of future live in care packages based on assessed need and package structure.

The timeline for this activity has been impacted by COVID.

Following an assessment or review, copies of the assessment/review were not provided in a timely manner. This is an area requiring improvement. With the implementation of Liquidlogic for Adult Social Care records, this may have some impact to help improve this area. However, it also should be noted that with the increasing pressures following the Covid-19 outbreak this may impact on this.

### 4.7 Response times

Response times of complaints during 2019-20 has improved, with 64% of total complaints (47 of 74) responded to within 20 working days. However when looking at the number of complaints for Adult Social Care only, response times within 20 days for 2019-20 were



72% compared to 61% in 2018-19. There were 28 complaints involving external providers, which have a 25 working day timeframe.

	Within 10 days	%	11-20 days	%	20+ days	%	25+ days	%	Total
Informal/ Formal	21	28	26	35	9	12	18	24	74
Adult Social Care	12	26	21	46	7	15	6	13	46
External Providers	9	32	5	18	2	7	12	43	28

## 4. Monitoring information

### 4.8.1 Age

The figures below represent service users involved in complaints, three of which were involved in more than one complaint, therefore for monitoring information counted as one individual.

There has been a significant drop in those aged 85+ in 2019-20 (25) compared to 2018-19 (43), and this may be reflective of the drop in those 85+ receiving Adult Social Care services. Slight increases in 2019-20 across ages 18-24; 45-64 and 65-74.

	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	undeclared
19/20	5	5	3	4	6	4	19	25	
18/19	3	5	3	2	4	3	22	43	6

### 4.8.2 Disability

There was an increase in 2019-20 for those with access and mobility issues and those with a learning disability of 18% and 50% respectively compared to 2018-19, while those with personal care support and memory and cognition decreased.

	Access & Mobility	Hearing impairment	Learning Disability	Personal care support	Memory and Cognition	Mental Health	Social Support	Visual impairment	Not recorded
19/20	11	1	8	31	14		1		5
18/19	9		4	44	22	1	1	1	9

### 4.8.3 Ethnicity

White British remains the highest and reflects the borough's population make up. Representations across a number of varying ethnic backgrounds continue to access the complaints process, although there has been no representation in 2019-20 of those of Black/Black British African compared to 2018-19.

	Asian / Asian British - Any other Asian background	Asian / Asian British - Indian	Black / Black British - African	Black British/Any other black background	Black / Black British - Caribbean	Mixed - Other / Multiple Ethnic Background	Mixed - White & Black Caribbean	White Any other White background	White - British	Not declared
19/20	1	2		1		1	1	1	63	1
18/19			4	1	1		1		77	7

### 4.8.4 Religion

The number of representations across a number of differing religions has decreased in 2019-20 from 2018-19 and reflective of the decrease in the number of complaints received. There were 20 not recorded in 2019-20 which improved from 2018-19 and continued efforts need to be made to capture this information.

	Buddhist	Catholic	Christian	Church of England	Church of Scotland	Jehovah's Witness	Jewish	Muslim	No Religion	Not recorded	Not stated	Other religion
19/20		2	5	25	1	1	1	1	5	20	10	
18/19		4	6	26		2	2	2	3	30	15	1

#### 4.8.5 Marital Status

In 2019-20 the increase in those that were single is notable compared to those that were married which has shown a decrease in 2019-20. Compared to 2018-19 in which those that were married was higher than those that were single.

	Living with Partner	Married	Not recorded	Other	Separated	Single	Unknown	Widowed
19/20	1	9	23	2		16	5	15
18/19		19	38	1	1	5	11	16

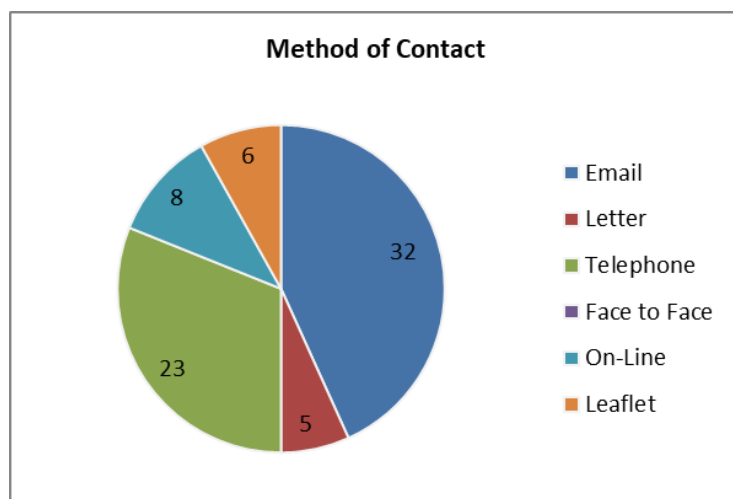
#### 4.8.6 Sexual Orientation

There has been a significant improvement in the recording of this information, with only two 'not recorded'. There is a high number recorded as 'not known' and would need some exploration as to why.

	Heterosexual	Not disclosed	Not known	Not recorded	Prefer not to say
19/20	6	5	58	2	
18/19	13			72	6

### 5 How we were contacted

Email continued to be the preferred method of contact in 2019-20 (43%) as in 2018-19 (51%), with telephone contact being the second preferred method (31%), which has shown an increase from 2018-19 (21%).



### 6 Expenditure

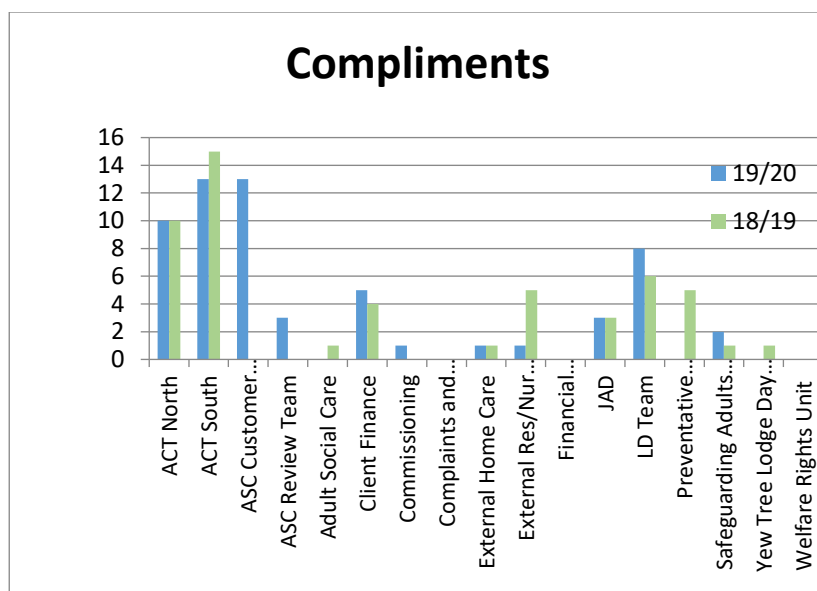
Payments shown below include reimbursement and time and trouble payments resulting from Ombudsman recommendations.

	Publicity £	Payment £	Total £
Apr 2019- Mar 2020		8,609.21	8,609.21
Apr 2018- Mar 2019	531.25	1,300	1,851

## 7. Compliments and resident satisfaction

### 7.1 Compliments

The number of compliments increased in 2019-20 to 60 from 52 in 2018-19. The Havering Access Team (previously ASC Customer Services) is the first point of contact and received the highest number of compliments, along with ACT South. It is encouraging to that compliments continue to increase and teams are making every effort to ensure they forward these to the Social Care Complaints Team.



Some of the outstanding work of teams/staff are shown by a few examples given below:

“Following many difficult years within the NHS care and social services system...my voice my families voice and most importantly my mothers voice and now her best interests have finally been heard...I cannot begin to find the right words and thank ..... & your immediate team for your help advice and support during the most recent weeks..... you an asset to the NHS & Social Services..I wished you could continue to be apart of our family case...you will be missed and thank you kindly from the bottoms of my & our hearts...my Dad is a changed man we hope and somehow your kindness and professionalism has helped our family” – **ACT North**

‘We feel truly blessed to of had you walk into our lives. Your sincere love, tenacious efforts and actions to support and guide me and my family in helping my Nan have the best comfort and care towards the end of her life was received so gratefully in my heart that after our phone calls I would cry with relief knowing that you were there for us.

## ADULT SOCIAL CARE ANNUAL REPORT 2019-20

You were always going that extra mile as if my Nan were your own family and would always get back to me with reassurance or positive results.

I know that you probably don't get praised enough in your job but please continue being an earth angel for others in need at the darkest moments of their life because you do make a difference.

I hope life treats you well because you really do deserve the best. – **ACT South**

'I felt I needed to get in touch with you to commend an employee of yours who I feel went above and beyond what could have been expected of him.... I can't commend him highly enough for how good he was in the way he treated ... with respect. He has natural ability for showing the right amount of understanding, compassion and persuasion.' – **Havering Access Team (ASC Customer Services)**

'I just thought I needed to drop you a quick line as generally people are very quick to criticise and slow to give praise when something is done right.

This is one of those cases where thanks are totally justified. ... 'The transition from home to her new home was both professional easy and caring for .... Special thanks must be given to several key people' – **Learning Disabilities Team**

'Recently a disabled family member passed away, who was looked after by a neighbouring council, but after an extremely stressful long line of telephone calls, I began to lose hope of finding anyone to help me with my enquiries.

In desperation I happened to call Havering Council in the hope that they held some responsibility towards my family member. It turned out Havering didn't, but when I called, I was passed to .....

..... was the most helpful, kind, considerate staff member, who went above and beyond to assist in my time of need.

I cannot stress enough how helpful he was and how his relentless hard work brought me straight to the team that would assist and thanks to him, we were able to arrange the funeral and we will now be able to lay our uncle to rest.' – **Client Finance**

## 7.2 Adult Social Care Outcomes Framework – Survey 2019-20

At the time of writing the report the Adult Social Care Outcomes Framework report for 2019-20 was being finalised, however the figures are provided below.

	19/20	18/19
% Service User who are satisfied with their quality of life	90.2%	88.4%
% Service User who have control over daily lives	74.9%	74.8%
% Service User who feel they have as much social contact as they like	48.3%	45.6%
% Service User overall satisfaction	65.4%	62%
% Service Users who find it easy to find information about services	72.4%	67.9%
% Service Users who feel safe	71.7%	69.5%
% Service Users who think services make them feel safe	86.8%	89.8%

## **8. Members Enquiries**

The number of MP/Councillor enquiries received in 2019-20 was 95, a 17% decrease from 2018-19 (114), with 88% (84) being responded to within timeframe in 2019-20, compared to 75% in 2018-19.

## **9. Conclusion**

Adult Social Care have continued to embrace complaints as a learning tool, and has senior management buy-in to ensure that improvements are embedded in the service. The improvements in response times has also been a joint effort between the Social Care Complaints Team, which increased its capacity during 2019-20 and Team Managers and has reflected in the increase of complaints being responded to within timeframes.

Although it is hoped that this will continue in 2020-21 with the current situation regarding Covid-19 it has already had an impact on complaints, with more being seen, and increased complexity. The move towards using the social care system for statutory complaints has been delayed, again due to Covid-19 implications.

It is very encouraging to note the compliments that are being received by teams and staff and at a time when many may criticise Adult Social Care, there are also many that take time to thank and appreciate the good work that individuals and teams undertake. This should give staff and teams a morale boost to the very difficult role they have.

## 10. Complaints Action Plan

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Information about financial assessment process and potential client contribution reportedly not properly conveyed	<ul style="list-style-type: none"> <li>Improved recording of information given on financial assessment and charges</li> </ul>	<ul style="list-style-type: none"> <li>Financial assessment case note implemented in 2016/17.</li> <li>Forms introduced to be signed by service user/financial representative (JAD only)</li> <li>Compliance with completion monitored by:               <ul style="list-style-type: none"> <li>Monthly performance reporting</li> <li>1-1 supervision</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>All</li> </ul>	Ongoing	Case notes to continue to be used to record information on advice and guidance given, including date. Ensure form signed by service user. Senior management to meet with individuals where case note recording identified as an ongoing concern. Implement in the new care management system
Lack of accessible information about adult social care more generally leading to complaints about level of service / incorrect information	<ul style="list-style-type: none"> <li>Reviewing information to ensure it is available and accessible, and provided to people in timely fashion</li> </ul>	<ul style="list-style-type: none"> <li>Locality model under review</li> <li>New arrangements at adult social care 'front door' being planned, with strengthened information and advice provision planned at first point of contact.</li> </ul>	<ul style="list-style-type: none"> <li>Head of Integrated Care</li> <li>Head of Joint Commissioning Unit</li> </ul>	March 2020 and ongoing  Implemented February 2018 and for review by March 2020  <b>Review delayed due to COVID-19</b>	Redesigned locality model to include other Council departments and external agencies on virtual or co-located basis.
Percentage of complaints responded to within timescales needs to improve	<ul style="list-style-type: none"> <li>Response times require improvement</li> </ul>	<ul style="list-style-type: none"> <li>Complaints involving other NHS agencies – adult social care element to be responded to within 20 days. Noted that NHS timescales for response are longer than 20 days.</li> <li>Commissioning to support Complaints Team in getting information from external social</li> </ul>	<ul style="list-style-type: none"> <li>All</li> <li>Head of Integrated Care</li> <li>Head of Joint Commissioning Unit</li> </ul>	Ongoing	Quarterly presentation to senior management team on complaints performance.  Head of Integrated Care reviews all members enquiries weekly to ensure response within timescale.

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Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
		care providers back within timescale <ul style="list-style-type: none"> <li>Raise the profile of Complaints and the learning opportunities presented by increased attendance at Team Meetings and presence in various forums, (i.e. staff events).</li> </ul>	Complaints Manager		Improved engagement with providers and other agencies is ongoing.
Quality and level of service received from commissioned providers continue to be affected by recruitment and retention of front line care and support staff		<ul style="list-style-type: none"> <li>Proactive work with providers via Quality and Safeguarding Team work and provider forums to identify issues and support resolution, including supporting sustainability of market.</li> <li>Attendance at Provider Forums.</li> </ul>	<ul style="list-style-type: none"> <li>Head of Joint Commissioning Unit.</li> </ul>	Ongoing	Engagement with care home providers: "Working with Care Homes to Understand Costs"
Home care charges need to be ratified when charging for services	<ul style="list-style-type: none"> <li>Confidence that invoices reflect actual delivery</li> </ul>	<ul style="list-style-type: none"> <li>Brokerage to ensure that invoices provide evidence of actual service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Brokerage Team</li> </ul>	Ongoing	New Active Homecare Framework established January 2017. Improved use of CM2000 by providers on the framework
Changes in provision (or funding body <sup>1</sup> ) need to identify where there are financial implications and that these are communicated	<ul style="list-style-type: none"> <li>That financial implications are clear for service users and their financial representatives where there is a change of service</li> </ul>	<ul style="list-style-type: none"> <li>Assessments needs to be completed with budget information</li> <li>Financial assessments need to be undertaken following change in provision, including where the funding body changes</li> </ul>	Adult Social Care	Ongoing	Adult Social Care need to ensure when multi-disciplinary team is completing an assessment that they give financial information and document accordingly.  Case file audits and Practice Audits undertaken regularly (although frequency in 2020 has dropped due to COVID-19). Next Practice audits to start 26/11/2020, for one month.

<sup>1</sup> This includes where the funding body changes from the council to the NHS for example

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Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Assessments/ Reviews need to be completed appropriately with budget information, relevant signatures, clear recording showing start and end dates of provision.	<ul style="list-style-type: none"> <li>Assessments need to be completed to ensure compliance with Care Act</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring and authorisation of assessments –this should be picked up via new social care system</li> </ul>	<ul style="list-style-type: none"> <li>ASC</li> </ul>	Ongoing	<p>March 2021. The new Care Management System (Liquid Logic) went live for ASC in August 2019.</p> <p>Case file audits and Practice Audits undertaken regularly (although frequency in 2020 has dropped due to COVID-19). Next Practice audits to start 26/11/2020, for one month.</p>
Poor Communication	<ul style="list-style-type: none"> <li>Communication between teams i.e. finance and care management needs improving to ensure changes that have financial implications are actioned in timely manner.</li> <li>Clarification when case is closed to an individual rather than the service.</li> <li>Messages taken need to be clear and concise and referred on in a timely manner.</li> </ul>	<ul style="list-style-type: none"> <li>Service management to pick up with teams and raise in team meetings, 121s etc.</li> </ul>	<ul style="list-style-type: none"> <li>All</li> </ul>	Ongoing	<p>Case file audits and Practice Audits undertaken regularly (although frequency in 2020 has dropped due to COVID-19). Next Practice audits to start 26/11/2020, for one month.</p>
Contracts not being signed for top-up arrangements	<ul style="list-style-type: none"> <li>Contracts should be signed to ensure compliance with top-up fee arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>A project to review top up arrangements is underway to be completed by April 2020.</li> </ul>	<ul style="list-style-type: none"> <li>Joint Commissioning Unit</li> </ul>	<p>April 2020</p> <p>Completion of work delayed due to COVID-19</p>	<p>April 2021</p>



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Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Resources	<ul style="list-style-type: none"> <li>Resources need to be sufficient to ensure timely responses to complaints and that there is sufficient capacity to ensure process is robust.</li> </ul>	<ul style="list-style-type: none"> <li>Senior Management have identified resource issues within the team that has led to a lack of resilience. This has been addressed through deployment of temporary resources with permanent recruitment underway.</li> </ul>	<ul style="list-style-type: none"> <li>Business Management</li> </ul>	July 2019	January 2020 – Additional resources were put in place, alongside a process review. However during 2020 the implications of Covid-19 and other staffing matters have resulted in the need for a further review of resourcing levels.

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