



Havering

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

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm	Tuesday 9 March 2021	Zoom
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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
Jan Sargent

**For information about the meeting please contact:
Luke Phimister 01708 434619
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.

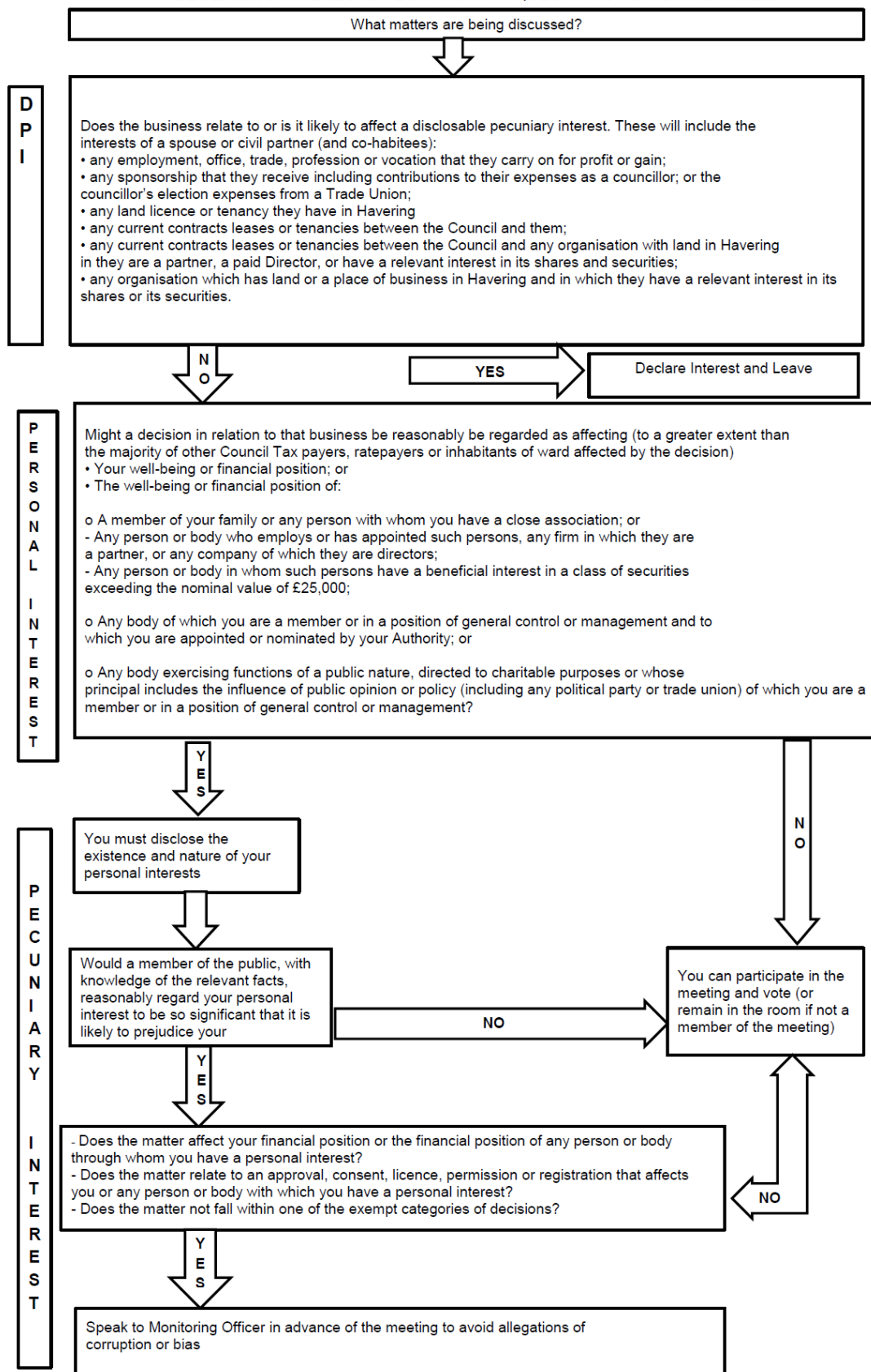
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert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

Protocol attached for noting

5 MINUTES (Pages 5 - 6)

To approve as a correct record the Minutes of the meeting of the Committee held on 26th November 2021 and authorise the Chairman to sign them.

6 QUARTER 3 PERFORMANCE REPORT (Pages 7 - 24)

Report and appendices attached

7 UPDATE ON ADULT DAY CENTRES (Pages 25 - 32)

Report attached

8 UPDATE ON HOSPITAL DISCHARGES (Pages 33 - 38)

Report attached

**Andrew Beesley
Head of Democratic Services**



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 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.

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

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

**MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Virtual Meeting
26 November 2020 (7.00 - 8.30 pm)**

Present:

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

There were no apologies for absence.

5 PROTOCOL FOR VIRTUAL MEETING

The Committee **noted** the protocol.

6 MINUTES

The minutes of the meeting held on 15th September 2020 were agreed as a correct record and would be signed by the Chair at a later date.

7 COVID-19 AND CARE HOMES - HEALTHWATCH HAVERING

The report presented to the Committee by Healthwatch Havering updated the Committee on the responses and feedback from residents and families of residents currently in care homes.

It was reported to the Committee that from 26th June 2020 to the meeting date, there had been 0 deaths in Havering care homes but 45 deaths where the resident had tested positive in the previous 28 days so COVID-19 was therefore deemed a COVID-19 related death and the number of excess deaths at the start of COVID-19 were high. It was noted by the Committee that the average response was 3.8 out of a possible 5, which was at the higher end of satisfactory. PPE usage was rated 4, home testing was rated 3.8, quarantine measure were rated 3.8 and medical care of residents was rated 3.8. The Committee were pleased to receive detail that the care homes had coped with COVID-19 well and had surpassed expectations.

It was explained to the Committee that certain care homes in Havering were arranging for safer visits between family members and residents but was still in the planning and logistics stage. NHS staff in care homes had expressed anxious views about being the first to have the COVID-19 vaccination but the Committee noted the news of the roll out of the vaccine was very positive.

The Committee **noted** the report by Healthwatch Havering.

8 COVID-19 - IMPACT AND RESPONSE ON CARE IN HAVERING

The report presented to the Committee gave an update on the impact and response from Havering Council and the support given from Havering to the care homes.

Members of the Committee noted that there had been increased costs, due to a need of more insurance, food, £150k of PPE and improved infection control; a decrease in interest from self-funding residents; reduced visits from the residents' family members to protect the residents and more pressure on staff to work longer days, added stress and increased concerns regarding infection and contracting and passing on COVID-19.

Members noted that Havering had supported care homes by providing a service for the care homes to contact to resolve queries, escalate issues and be a point of contact for the carers to talk to. Havering also injected a total of £1million into care providers with an extra distribution of £2.5million ICF which supported care homes with a package to support mental health.

It was noted by the Committee that challenges remained with restricting outbreaks in care homes and within the wider community, the delivery of the winter plan and proactively and efficiently working with care providers.

The Committee **noted** the report.

9 ADULT SOCIAL CARE ANNUAL COMPLAINTS & COMPLIMENTS REPORT

The report presented to the Committee outlined the annual complaints and compliments received in the period of April 2019 to March 2020.

Members noted there were 74 complaints in the period with ombudsman enquiries increasing by 1 with 3 maladministration with a penalty and 1 with no penalty. It was noted that External care home complaints increased to 17. The Committee was pleased to hear that 72% of complaints involved with Adult Social Care were responded to within 20 working days compared to 61% in 2018-2019. It was noted that most responses were conducted via email with telephone calls being increasingly used. The Committee was extremely pleased to hear that compliments had increased by 8 from 2018-2019, to 60. It was finally noted that member enquiries had decreased by 19 from 2018-2019 with 88% being responded to within the timeframe.

The Committee **noted** the report.

Chairman



INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Quarter 3 performance report
SLT Lead:	Jane West, Chief Operating Officer
Report Author and contact details:	Graham Oakley, Senior Performance and Business Intelligence Analyst - 01708 433705, graham.oakley@havering.gov.uk
Policy context:	The report sets out Quarter 3 performance relevant to the remit of the Individuals Overview and Scrutiny Sub-Committee
Financial summary:	<p>There are no direct financial implications arising from this report, which is for information only. However adverse performance against some performance indicators may have financial implications for the Council.</p> <p>All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience financial pressure from demand led services.</p>

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

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

SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance against indicators within the remit of the Individuals Overview and Scrutiny Sub-Committee for Quarter 3 (October 2020 – December 2020).

RECOMMENDATION

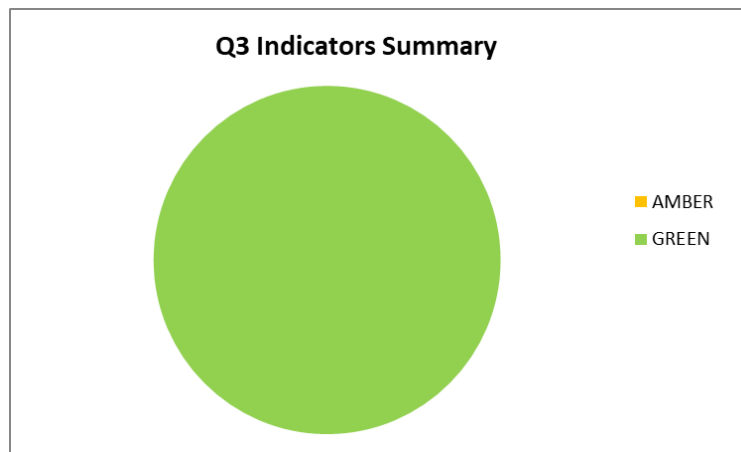
That the Individuals Overview and Scrutiny Sub-Committee:

- notes the contents of the report and presentation and makes any recommendations as appropriate; and
- considers which indicators members wish to receive in 2021/22 (a list of potential indicators is attached at **Appendix 2**).

REPORT DETAIL

1. The same two indicators reported in 2019/20 were carried forward for reporting in 2020/21 and these have been supplemented by regular updates on the results of the Homecare Outcomes Survey. This report and the attached presentation provide an overview of the Council's performance against the two indicators selected. The presentation highlights areas of strong performance and potential areas for improvement.
2. Tolerances around targets were agreed for 2020/21 performance reporting by the Director of Adult Social Care. Performance against each performance indicator has therefore been classified as follows:
 - **Red** = outside of the quarterly target and outside of the agreed target tolerance, or 'off track'
 - **Amber** = outside of the quarterly target, but within the agreed target tolerance
 - **Green** = on or better than the quarterly target, or 'on track'
3. Where performance is rated as '**Red**', '**Corrective Action**' is included in the report. This highlights what action the Council will take to improve performance.
4. Also included in the report are Direction of Travel (DoT) columns, which compare:
 - Short-term performance – with the previous quarter (Quarter 2 2020/21)

- Long-term performance – with the same time the previous year (Quarter 3 2019/20)
5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same. It should be noted that reporting for the rate of permanent admissions to residential and nursing care homes is cumulative and therefore the Direction of Travel is based on the distance from target for the relevant quarters.
6. Both performance indicators selected by the sub-committee have been included in the Quarter 3 2020/21 report and assigned a RAG status.



Of the two indicators:

2 (100%) have a status of **Green** (on target).

This is improved performance when compared with both Quarter 2 of 2020/21 and Q3 of 2019/20 when, in both cases, one indicator was rated Amber and the other Green.

7. The Council's Quality Outcomes team collect feedback from those receiving homecare to understand the outcomes of the service and a summary of this feedback has previously been reported to the Individuals Overview and Scrutiny Sub-Committee. Due to COVID-19 the team has re-focused on supporting providers with information and guidance concerning outbreaks, infection control, grants and vaccine take-up of staff and residents. The Council are currently reviewing when the team will be in a position to return to this objective.

8. Attached at **Appendix 2** is a list of available performance indicators monitored within the service, from which members may wish to consider making any new selections for the 2021/22 financial year.

IMPLICATIONS AND RISKS

Financial implications and risks:

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

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

Legal implications and risks:

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

Human Resources implications and risks:

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

Equalities implications and risks:

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

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

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

gender reassignment.

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

BACKGROUND PAPERS

Appendix 1: Quarter 3 Individuals Performance Presentation 2020/21

Appendix 2: List of potential indicators

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Havering

LONDON BOROUGH

Quarter 3 Performance Report 2020/21

Individuals O&S Sub-Committee

9 March 2021

About the Individuals O&S Committee Performance Report

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

OVERVIEW OF INDIVIDUALS INDICATORS

- 2 Performance Indicators are reported to the Individuals Overview & Scrutiny Sub-Committee.
- Q3 performance figures are available for both indicators.

Page 16

Q3 Indicators Summary



Of the two indicators:

2 (100%) have a status of **Green** (on target).

Quarter 3 Performance

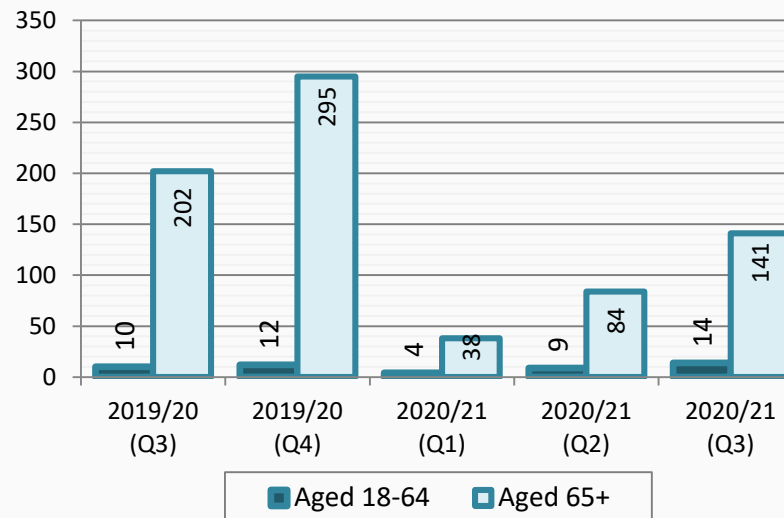
Indicator and Description	Value	Tolerance	2019/20 Outturn	2020/21 Annual Target	2020/21 Q3 Target	2020/21 Q3 Performance	Short Term DOT against Q2 2020/21		Long Term DOT against Q3 2019/20	
% of service users receiving direct payments	Bigger is better	10%	35.7%	36.0%	36.0%	GREEN 36.1%	↑	34.8%	↑	36.0%
Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is better	10%	635.3	600	445.8	GREEN 301.9	↑	186.3	↑	435

Positive Performance

- Consistent number of Service Users receiving Direct Payments – over a third of recipients of community based care are receiving their care via a Direct Payment. This is significantly above the London average of 27.4%.
- Improvement in the number of Service Users aged 65+ permanently admitted into Long Term Care. The average age of those permanently admitted has risen from 84 in Quarter 2 to 85 in Quarter 3, and 86.5% are aged 75+.

ADULT SOCIAL CARE

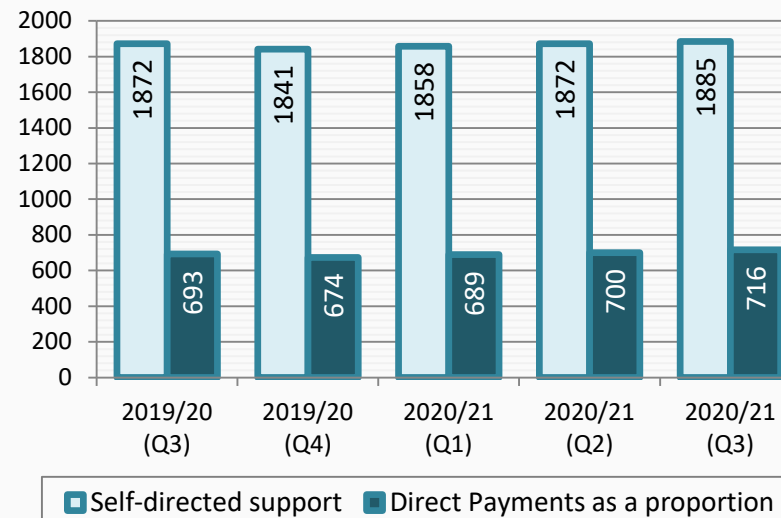
DP 09: Permanent admissions to residential and nursing care homes



By the end of Q3, there had been 14 adults aged 18-64 in council-supported permanent admissions to residential and nursing care, this is 4 more than in 2019/20, when there was 10. There have been 141 adults aged over 65 in council-supported permanent admissions, whereas for the same period in 2019/20 there had been 202.

ADULT SOCIAL CARE

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



At the end of Q3, there were 1,885 service users receiving self directed support, compared to 1872 at the same stage last year. There was a slight increase in the service users in receipt of direct payments from December 2019 compared to December 2020 (693 in December 2019) compared to 716 in December 2020).

Any questions?



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Appendix 2 – Pool of Indicators

The following indicators are all reported on a monthly basis within the service and are therefore available for quarterly reporting to the Individuals Overview and Scrutiny Sub-Committee.

Enhancing quality of life

- Proportion of people using social care who receive self-directed support
- Proportion of people who receive a direct payment either through a personal budget or other means
- Proportion of Carers using social care who receive self-directed support
- Proportion of Carers who receive a direct payment either through a personal budget or other means
- Proportion of Adults with Learning Disabilities who live in their own home or with their family
- Proportion of Adults with Learning Disabilities in paid Employment
- Proportion of adults in contact with secondary mental health services who live independently with or without support
- Proportion of adults in contact with secondary mental health services in paid Employment

Delaying care and reducing the need for care and support

- Permanent admissions (Aged 18-64) to residential and nursing care home, per 100,000 population
- Permanent admissions (Aged 65 and over) to residential and nursing care home, per 100,000 population
- Delayed transfers of Care (DTOC) from hospital
- Delayed transfers of Care (DTOC) from hospital which are attributable to ASC/Shared
- Delayed transfers of Care (DTOC) from hospital which are attributable to ASC only

Safeguarding

- Making Safeguarding Personal: % of cases where desired outcomes were expressed and these were either partially or fully met

Local indicators

- Carers receiving needs assessment or review and a specific carer's service, or advice and information
- Percentage of ASC clients who receive an annual review of their needs and services
- Proportion of people who completed reablement services with no further care provided, who return to ASC within 91 days to receive further ongoing care
- Number of PAs on LBH accredited list

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INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE

Subject Heading:	Update on Council-run adult disability day centres and external privately run adult day centres.
SLT Lead:	Barbara Nicholls (Director of Adult Services)
Report Author and contact details:	Andrew Sykes (Service Manager for Disabilities) 01708 434198 Andrew.sykes@havering.gov.uk
Policy context:	Supporting vulnerable adults, Meeting duties under the Care Act 2014
Financial summary:	Reduction in collection of fees and charges/income from other boroughs who purchase placements at our council run day services

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

- 1.1. This report outlines how our council run adult day centres (Avelon Road Centre (for adults with learning disabilities and the Yew Tree Day Centre (for adults with physical and sensory disabilities)) and external day services in the borough have adapted their offer and continued to operate during the pandemic.

- 1.2. This report covers the period 23rd March 2020 to February 2021. It is primarily a reflective report to advise the committee of the actions taken to ensure that our most vulnerable residents continue to receive support. This report also aims to reassure the committee that our centres continue to operate in a Covid secure way and maintain a focus on promoting and protecting the health and well-being of vulnerable adults and our staff.

RECOMMENDATIONS

- 2.1. It is recommended that this report serves primarily as an update to the committee about the work undertaken by day provisions to adapt their respective offers in order to support vulnerable residents during the on-going pandemic and whilst usual operations are affected.
- 2.2. The committee are asked to note that at all times the overall wellbeing of vulnerable residents and their carers has been paramount and support has continued to be delivered and targeted to those residents identified as most vulnerable or at risk.

REPORT DETAIL

Background context:

- 3.1. The Avelon Road Centre (day provision for adults with learning disabilities) and the Yew Tree Day Centre (day provision for adults with physical and sensory disabilities) continued to operate as usual until the Coronavirus pandemic began in March 2020. Prior to the start of the pandemic the Avelon Road Centre (ARC) could offer placements to up to 70 people per day and Yew Tree Day Centre (YTDC) could offer up to 20 placements per day.

Lockdown 1:

- 3.2. As the country entered a national lockdown both centres began preparing for a managed closure in line with the national guidance issued at that time. The closure of both centres was agreed via a non-key decision dated 20th March 2020 and regular communication updates were published on the Councils 'service disruptions' webpage.

- 3.3. Whilst the centres were closed, staff were redeployed to support the council's wider response to the Coronavirus pandemic. The staff worked in teams to physically visit the home addresses of all of the vulnerable adults that were not able to be contacted by telephone by those undertaking the NHS shield calls. These visits enabled vulnerable residents to be seen and to check that they had enough food and medication and that they were not socially isolated. Over 650 community visits were undertaken by the day centre staff whilst the centres were closed. This was an extremely worthwhile piece of work as only 12 cases were escalated to senior management for action. 10 individuals were visited who had high needs and had fallen through the various support loops. Although this process was time consuming, it was successful in terms on enabling contact to be made. The above work took place within a framework for accountability, responsibility and escalation which was monitored by internal audit.
- 3.4. Some staff were deployed to make shield telephone calls on behalf of the NHS and others were deployed to provide an outreach offer to some existing centre clients with learning disabilities for whom the disruption in normal routine was causing issues for the individual and/or their carer.
- 3.5. Staff also implemented a welfare check programme whereby all day centre clients were contacted to determine how they were managing (frequency of contact was determined by known risk factors). In over 40 cases a visit to the clients home was undertaken to maintain contact in person 'through the window'. This was appreciated by clients and carers and positive feedback was received. Where clients or carers were found to be struggling to manage due to the protracted lockdown, onward referrals were made to the Community Learning Disability Team for social work support.

Preparing to reopen both Centres:

- 3.6. A non-key decision to re-open both council day centres was presented at Leaders briefing and signed off on 7th August 2020. This briefing outlined the comprehensive plans that had been put in place in order to re-open safely, in a phased way. It also contained details as to how the centre would ramp down at pace in the event of an outbreak.
- 3.7. The Avelon Road Centre reopened to 27 clients on 17th August 2020 with Yew Tree following a week later on 3rd September 2020. A comprehensive reopening and recovery plan was developed and clients were invited back to

both centres who were considered in high need according to an agreed criteria. The Centres implemented bubble/zone working and the staff were trained and committed to working in a way that would ensure that the buildings were Covid secure.

Lockdown 2:

- 3.8. Following advice received from the Association of Directors of Adult Services (ADASS) via the Department of Health and Social Care (DHCS) day centres were able to remain open during lockdown 2 as long as the rule of 15 was adhered to (maximum 15 clients per zone/bubble). The centres again adapted their respective offers and remained open. ARC once again provided an outreach service to those who had been identified as at risk by non-attendance and where it had been highlighted that this would adversely affect their mental health and wellbeing.

Lockdown 3 and the current position:

- 3.9. The centres closed again on 21st December 2020 for the Christmas break however the subsequent government announcement that England was to enter a third lockdown meant that the centre had to adapt its offer and operating model. The Centres reopened again on 7th January 2021.
- 3.10. Since the 7th January and at present ARC is providing a service to 7 clients. Numerous activities such as keep fit and games are provided which are interactive sessions. The life skills programme, particularly baking remains popular and as client numbers are currently low, this enables one to one support to be provided.
- 3.11. Clients of Yew Tree have all elected to stay at home and an online programme has been put in place by the staff team to enable people to connect via Zoom. This is proving worthwhile to clients and staff.
- 3.12. Both ARC and Yew Tree were also part of a pilot to implement Lateral Flow Testing for staff at each site. Both sites are now formally registered which enables staff to be tested regularly and both sites offer twice weekly testing to Drivers and Escorts of the Passenger Travel Service. This has been instrumental in ensuring that the centres remain Covid secure and that any potential transmission risks can be managed.

External day provision:

- 3.13. The above summarises the measures taken by our council run adult day provisions since the start of the pandemic and continuing. However the majority of adult day provision in Havering is privately operated and our

Joint Commissioning Unit has remained in contact with local day service providers to provide support and advice as well as to gather information as to how they have adapted their offer during the pandemic period.

- 3.14. An exercise is currently underway (via a survey) to establish how many clients have continued to benefit from support via an adapted offer whilst the centres remain closed.
- 3.15. Day service providers are keeping in regular contact with their clients (and families or carers), depending on the type of provision and the client's needs, support is being tailored through different mechanisms, prioritising client/carer's needs according to personal need or request. This includes:
- Transferring regular learning worksheets and activities onto an online platforms, sending hard copies to those who do not have facilities for online work.
 - Online Activities include: Health and Wellbeing, Catering, Bingo, Quizzes, Music/Drama sessions, competitions. Providing special virtual events such as sing a long and afternoon teas.
 - Delivering activities for those who do not want to participate online. These will include art and crafts, cross words and puzzles
 - Providing telephone befriending, for vulnerable clients in need of emotional support.
 - Carrying out practical tasks such as picking up shopping, dropping off board games/jigsaws, collecting prescriptions, topping up gas and electric meters for vulnerable clients.
 - Targeted community visits may be undertaken for those members who would be at risk without face-to-face contact
 - On standby to carry out essential tasks for clients.
- 3.16. There are specific external day care provisions which remain open to clients who are in crisis or are high risk of carer breakdown, also providing alternative outreach services. These providers have notified us about the clients who continue to attend to enable adult social care to so review individuals needs to ensure sufficient level support is being provided.
- 3.17. For those day services who are not able to provide the specific support required by the client (carer) alternative 1-1 support via a personal assistant is being obtained.
- 3.18. In summary, all day centres for people with disabilities continue to operate in some capacity, often with a limited offer which may be delivered online or

directly to a small number of individuals at the centres. In addition welfare checks via the telephone are being undertaken to provide support and advice and this remains ongoing. As soon as it is possible and considered safe to do so, the centres will re-open and begin ramping up attendance and capacity in a phased and managed way.

IMPLICATIONS AND RISKS

Financial implications and risks:

The main direct financial impact of the periods of closure in respect to the day centres mentioned in this report has been the loss of income, which is usually received from other local authorities who purchase placements at the centres.

The main income losses relate to the Avelon Road Centre and The Yew Tree Day Centre who have estimated income losses of £80k and £24k respectively in this financial year.

These losses have been reported to MHCLG in the relevant return, of the total £104k loss, around £74k of this may be recoverable within the rules of the scheme.

Sajeed Patni (Business Partner, Finance and Procurement) - 9th February 2021

Legal implications and risks:

The Council has a duty to provide support by way of direct provision or direct payment where care and support is set out in an adult's Care and Support Plan. It is assumed that the service users of day care provision have this set out in their Care and Support Plans. It is possible therefore that any such service users unable to access day care may complain about the difficulties they encounter accessing the provision. However, in the context of the national pandemic the Council should be able to defend the reduced service being provided as long as it is doing whatever is reasonably practical and does not endanger the health and welfare of staff or service users.

Otherwise there are no legal implications in noting the content of the Report.

Stephen Doye (Head of Law (Community)), Legal and Governance – 12th February 2021

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.

Julian Sivill (Strategic HR Business Partner) – 10th February 2021

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, 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.

Jerry Haley (Senior Community Development & Resilience Officer) – 10th February 2021

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INDIVIDUALS OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:	Hospital Discharges update
SLT Lead:	Barbara Nicholls
Report Author and contact details:	Laura Neilson Commissioning Programme Manager, laura.neilson@havering.gov.uk
Policy context:	The Communities Vision: The needs of our most vulnerable residents are identified and met
Financial summary:	No financial Implications

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

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

SUMMARY

This report gives an overview of the current discharge processes into key Adult Social Care services, the changes put in place to support flow during the COVID-19 pandemic, the challenges and the plans for future system development.

RECOMMENDATIONS

That members note the information in this report and respond with any queries.

REPORT DETAIL

Background

The London Borough of Havering (LBH) are currently in a section 75 partnership agreement with the London Borough of Barking and Dagenham and BHRUT for the provision of a Joint Assessment and Discharge (JAD) team. In addition to the social workers and nurses involved in supporting discharges there is also the Discharge Coordination Unit (DCU) which is an admin function to record and coordinate all discharges that require Adult Social Care (ASC) support.

Historically, most patients in hospital requiring an ASC service would receive an assessment prior to discharge and the care would be arranged to start upon their return home. It has been a system intention for many years to move away from assessing people whilst they are in an acute setting and undertake the assessment in the community. The COVID-19 pandemic and need for rapid hospital discharge resulted in this being implemented across BHR earlier than planned with only the very complex cases being assessed by ASC prior to discharge.

Operational Detail

There are a number of discharge pathways into a range of community services across health and social care but the key pathways for ASC are homecare, reablement, residential care and nursing care.

The acute therapists assess people requiring homecare and make recommendations regarding the level of care required. Following discharge the individual is then contacted by a member of the JAD team within 48 hours to do a welfare call and ensure the package is meeting their immediate need. The package is then reviewed by a social worker within 6 weeks of the person returning home.

For placements into residential care homes a basic level of assessment is undertaken by the acute therapists whilst the person is in hospital to identify the need for a residential placement. The individual is discharged into an available residential placement and assessed by a social worker within 6 weeks to determine longer term care needs. If residential care is required longer term there is an option to remain in that placement or the individual / family / carer can choose an alternative placement.

Reablement referrals are referred directly from the acute therapists to the provider. An assessment takes place once the person has been discharged, care is normally delivered for between 4 and 6 weeks. If no further care is required at the end of the reablement period the provider discharges the individual from the service, if further care is required this is communicated to the brokerage team who liaise with ASC to ensure an assessment for longer term need is undertaken within one week and then placement will be made with a homecare agency.

Services available upon discharge

LBH have the following services available to support people following a hospital discharge:

Homecare
Reablement
Home Settle and Support
Residential care
Nursing care
Extra Care / Supported living

To support with the increased demand and to manage the infection risks during the pandemic additional services were commissioned:

- The Lodge designated setting for COVID positive residential placements
- The Fountains designated setting for COVID positive nursing Placements
- Tu Vida homecare for COVID positive homecare placements
- Lodge Group homecare – additional homecare for COVID positive homecare placements or overflow of reablement cases when there are capacity issues
- Additional reablement hours with Essex Cares Limited

Changes implemented to support discharge flow

Over the past 12 months, the brokerage team and the JCU have worked in collaboratively with all system partners to revise discharge pathways ensuring there are no unnecessary delays. The LBH brokerage team in particular reviewed all of their pathways and processes and liaised with providers to ensure they could facilitate same day discharges. The system shifted to a 7 day week for discharges which has been supported by the brokerage team working weekends, this has resulted in an increase in the number of people discharged over the weekend preventing the unmanageable referral numbers on a Monday.

Challenges with discharges

Generally the flow of discharges has improved considerably over the COVID period due to collaborative system working. There are still a few challenges which arise regularly, these include:

- Homeless cases and housing issues resulting in delays to discharge
- Equipment delays, particularly at the weekend
- Difficulties contacting ward staff to confirm discharges
- JAD do not always receive a complete and correct dataset at the point of referral which results in delays whilst they try to contact the ward.

A weekly system wide meeting has been established to discuss and resolve issues with discharge pathways, this is a really positive meeting and has improved relationships between system partners. In addition to this, throughout the pandemic period there has been a daily system call to discuss specific discharge delays.

Future plans

The past year has brought many challenges in terms of discharges but it has also provided an opportunity to drive forward system changes to improve discharge flow. Key system developments include:

Discharge Single Point of Access

The discharge guidance issued in September 2020 stipulated that there must be a single coordinator working across all system partners to secure timely discharges on the appropriate pathway. The BHR system response to this was the Hospital Discharge Unit (HDU) managed by North East London Foundation Trust (NELFT) which worked in partnership with the JAD and the DCU to coordinate all discharges. Prior to the pandemic, the BHR system had already committed to developing a discharge single point of access (SPA) across BHR to coordinate all discharge pathways. The development of the HDU was a step towards this and a project is now underway to review all current arrangements and develop the blueprint for the new SPA with a planned mobilisation date of June 2021.

HomeFirst

The HomeFirst principle is that no one should be assessed for any longer term care whilst in an acute setting. Historically judgements have been made on how an individual will manage when they return home based on the outcome of assessments whilst they are in an alien environment that can be confusing for them. In addition to improving outcomes for individuals, a HomeFirst approach can also result in reduced hospital length of stay, reduction in ongoing care packages, equipment costs and referrals to community services.

Following a successful phase 1 pilot in 2019, Havering are currently working with the reablement provider and BHRUT to deliver phase 2. The model has demonstrated more efficient discharge processes and will transition into being the default pathway for access into reablement service from March.

Discharge to Assess

The Discharge to Assess (D2A) principle is the same as HomeFirst but locally we use it to describe the discharge pathway for new nursing placements. Although D2A has been operational for a few years across BHR, Havering are currently running a pilot to determine the benefits of aligning therapy support to 3 block commissioned nursing homes.

Once identified as requiring a nursing placement at the point of discharge the individual is discharged into 1 of the commissioned beds (1 of these is currently for COVID positive patients.) If the individual is able to engage in therapy they will receive daily therapy sessions for the duration of the 6 week stay. A multi-disciplinary team decision is made during the 6 weeks to determine if the individual requires on-going nursing care, can step down to residential care or can even return home with a care package.

The initial 2 months have demonstrated that the D2A pathway streamlines discharge processes for new nursing placements reducing length of stay. In addition there have been extremely positive outcomes for individuals with 2 people having already returned to their usual place of residence following their 6 week assessment period in a D2A bed.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications as a result of the recommendations made in this report.

Legal implications and risks:

There are no apparent legal implications in noting the content of the 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:

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