Public Document Pack

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Tuesday 31 August 2021	Town Hall, Main Road, Romford

Members 8: 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

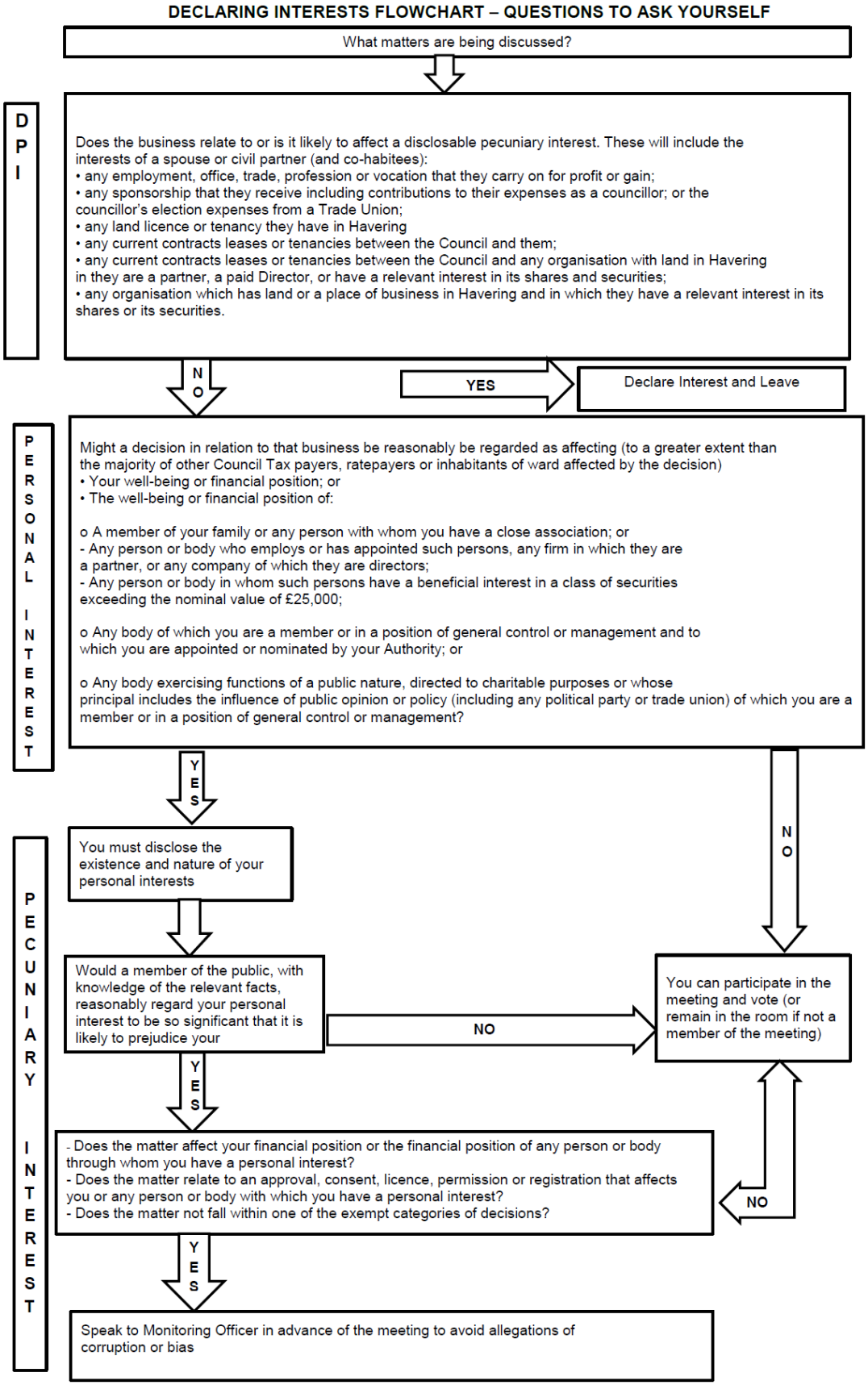
and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

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
What matters are being discussed?
DPI
Does the business relate to or is it likely to affect a disclosable pecuniary interest. These will include the interests of a spouse or civil partner (and co-habitees):
• any employment, office, trade, profession or vocation that they carry on for profit or gain;
• any sponsorship that they receive including contributions to their expenses as a councillor; or the councillor's election expenses from a Trade Union;
• any land licence or tenancy they have in Havering
• any current contracts leases or tenancies between the Council and them;
• any current contracts leases or tenancies between the Council and any organisation with land in Havering in they are a partner, a paid Director, or have a relevant interest in its shares and securities;
• any organisation which has land or a place of business in Havering and in which they have a relevant interest in its shares or its securities.
NO
YES
Declare Interest and Leave
PERSONAL INTEREST
Might a decision in relation to that business be reasonably be regarded as affecting (to a greater extent than the majority of other Council Tax payers, ratepayers or inhabitants of ward affected by the decision)
• Your well-being or financial position; or
• The well-being or financial position of:
o A member of your family or any person with whom you have a close association; or
- Any person or body who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- Any person or body in whom such persons have a beneficial interest in a class of securities exceeding the nominal value of £25,000;
o Any body of which you are a member or in a position of general control or management and to which you are appointed or nominated by your Authority; or
o Any body exercising functions of a public nature, directed to charitable purposes or whose principal includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management?
YES
NO
PECUNIARY INTEREST
You must disclose the existence and nature of your personal interests
Would a member of the public, with knowledge of the relevant facts, reasonably regard your personal interest to be so significant that it is likely to prejudice your
NO
You can participate in the meeting and vote (or remain in the room if not a member of the meeting)
YES
- Does the matter affect your financial position or the financial position of any person or body through whom you have a personal interest?
- Does the matter relate to an approval, consent, licence, permission or registration that affects you or any person or body with which you have a personal interest?
- Does the matter not fall within one of the exempt categories of decisions?
NO
YES
Speak to Monitoring Officer in advance of the meeting to avoid allegations of corruption or bias

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

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

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

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

3 DISCLOSURE OF INTERESTS

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

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

4 MINUTES (Pages 1 - 4)

To approve as a correct record the Minutes of the meeting of the Committee held on 13th July 2021 and authorise the Chairman to sign them.

5 NEL HEALTHWATCH INSIGHT TO DISABLED RESIDENTS (Pages 5 - 46)

Report and appendix attached

6 REABLEMENT UPDATE (Pages 47 - 54)

Report attached

7 COVID-19 VACCINATION PROGRAMME UPDATE (Pages 55 - 68)

Report attached

8 INDIVIDUALS QUARTER 1 PERFORMANCE (Pages 69 - 86)

Report and appendix attached

9 INDIVIDUALS OSSC ANNUAL COMPLAINTS REPORT (Pages 87 - 112)

Report and appendix attached

Andrew Beesley
Head of Democratic Services

MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Town Hall, Main Road, Romford
13 July 2021 (7.00 - 8.02 pm)

Present:

Councillors Ciaran White, Linda Van den Hende, Michael White (Vice-Chair), Jan Sargent and Ray Best

1 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillor Christine Smith (Councillor Ray Best substituting). The meeting was therefore chaired by Councillor Michael White.

Apologies were also received from Councillors Nic Dodin and David Durant

2 **DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

3 **MINUTES**

The minutes of the meetings of the Sub-Committee held on 9 March 2021 and 13 April 2021 were agreed as a correct record and signed by the Chairman.

4 **HEALTH AND SOCIAL CARE BILL WHITE PAPER UPDATE**

Officers explained that the Health and Social Care Bill was expected to receive Royal Assent in January 2022 and be implemented by April 2022. The Bill would lead to the biggest changes to the NHS since the creation of CCGs in 2013.

Key changes included Integrated Care Systems being given statutory responsibility to deliver health care. The Secretary of State would be given further powers to intervene in the NHS although this had not been fully detailed as yet. The White Paper did not mention the planned longer term reforms of social care and it was unclear when this legislation would be published.

Other proposals in the Bill included the reintroduction of OFSTED-style inspections of adult social care departments and arrangements for patients to have care assessments in care homes etc rather than in hospitals. A pilot of this model was already running in Havering with two care homes

providing rehabilitation. It was hoped to extend this to cover all discharge to assess cases in Havering. This was the same process with private care homes as seen in Havering. The Bill also contained commitments on obesity strategies and safety & quality measures in NHS settings.

It was emphasised that local government would be a key partner in many of these changes as would the borough partnership. It was important to consider the wide determinants of health including housing, education and people feeling safe in their communities.

Healthy lifestyles from an early age would be emphasised with the aim of keeping people out of hospital. The Cabinet Member for health would retain strategic leadership over the borough partnership which would have funding and decision-making devolved from the Integrated Care System. Services from Acute Trusts would continue to be commissioned at Integrated Care System level.

Details could be circulated of the governance arrangements for the new systems. Health and Wellbeing Boards would continue and an Integrated Care Partnership Board would be established for Havering. A single Clinical Commissioning Group for North East London had started in April and the governance of this was being revisited to ensure a strong local voice.

Social care performance information would continue to be inspected and feed into the forthcoming inspection process. It was unclear at this stage exactly what the inspections would focus on although this was expected to prioritise outcomes for residents. Once this had been clarified, recommended performance indicators could be suggested to the Sub-Committee.

Peer reviews of social services in London were in the process of being re-established following the pandemic.

It was clarified that the Sub-Committee would be used as a governance forum for the changes. It was important that the views of patients were taken into account and engagement with residents would be planned. It was hoped funding support for this work would be provided by the Integrated Care System. Details of what areas the Integrated Care System would be responsible for were still to be confirmed. A roadmap on progress towards the White Paper could be brought to a joint meeting of the Health and Individuals Overview and Scrutiny Committees or to the Joint Health Overview and Scrutiny Committee for Outer North East London.

The NHS had seen a lot of restructures in recent years including the establishment of a single Clinical Commissioning Group for North East London. The Bill moved this onto a statutory footing with the establishment of Integrated Care Systems. This would mean the potential loss of some local presence but would give a bigger voice for the NHS across North East London. The new system would not be more bureaucratic. CCGs would be abolished from April 2022 but the new Borough Partnerships would allow

joint working across local government, the NHS, social care and the voluntary sector. Borough level work would allow more integration in adults and children's social care.

It was agreed that an update report on progress towards the White Paper should be a standing item on future agendas of the Sub-Committee.

The update was noted by the Sub-Committee.

5 QUARTER 4 PERFORMANCE REPORT

Officers advised that targets for the proportion of service users receiving direct payments was running just below its target level. The rate of permanent admissions to nursing homes was on target.

More direct payments were being made overall and Havering figures for this were above the London average. There were now fewer service users in residential homes although there had been some rise in numbers due to the pandemic. The average age of people admitted was 84 years. Some 56% of admissions required physical support. 94% of admissions were white-British which was in line with the over-65 population of Havering.

The Sub-Committee agreed that it should scrutinise and indicator on the proportion of people who complete the reablement service with no further care required. It was noted however that a different local reablement indicator would have to be developed. Other Performance Indicators could details of the new inspection system were known.

Chairman

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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE

Subject Heading:	NEL/Healthwatch Havering insight on disabled residents during COVID-19
SLT Lead:	Barbara Nicholls
Report Author and contact details:	***Ian Buckmaster*** Executive Director & Company Secretary, Healthwatch Havering
Policy context:	
Financial summary:	***This report is for information only and therefore has no financial implications***

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

Cleaner	[]
Safer	[]
Prouder	[x]
Together	[x]

SUMMARY

This report provides the final draft of the second stage of the NEL Healthwatch questionnaire following from the previous meeting. The final report had not been approved, however, this is only due to cosmetic changes not data changes.

RECOMMENDATIONS

It is recommended that the Committee note the report.

REPORT DETAIL

Ian Buckmaster from Healthwatch Havering will be giving a verbal update and presentation on appendix 1 to this report.

IMPLICATIONS AND RISKS

Financial implications and risks: None

Legal implications and risks: None

Human Resources implications and risks: None

Equalities implications and risks: None

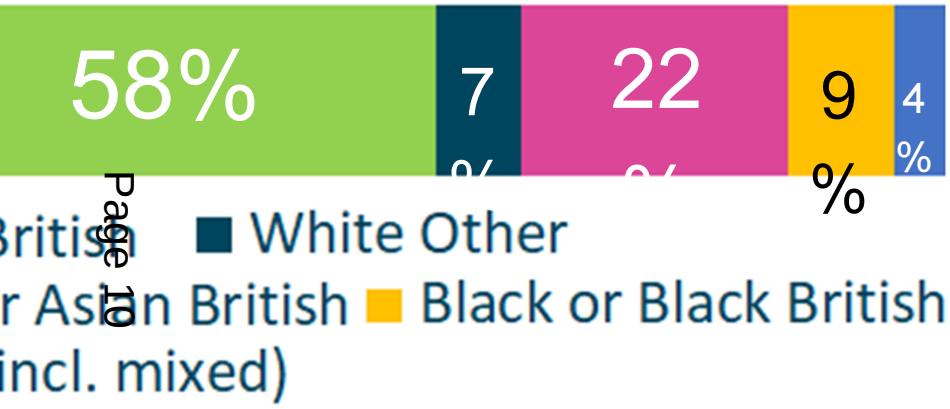
North East London July 2021

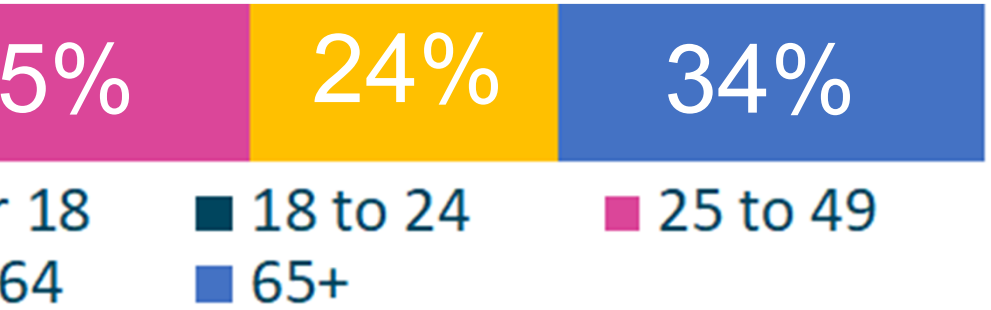
Summary

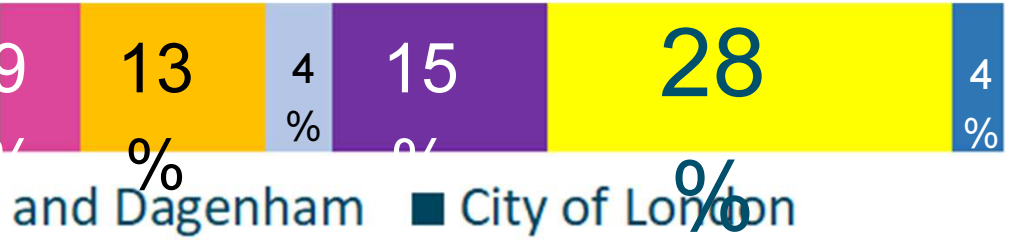
Voices of disabled residents

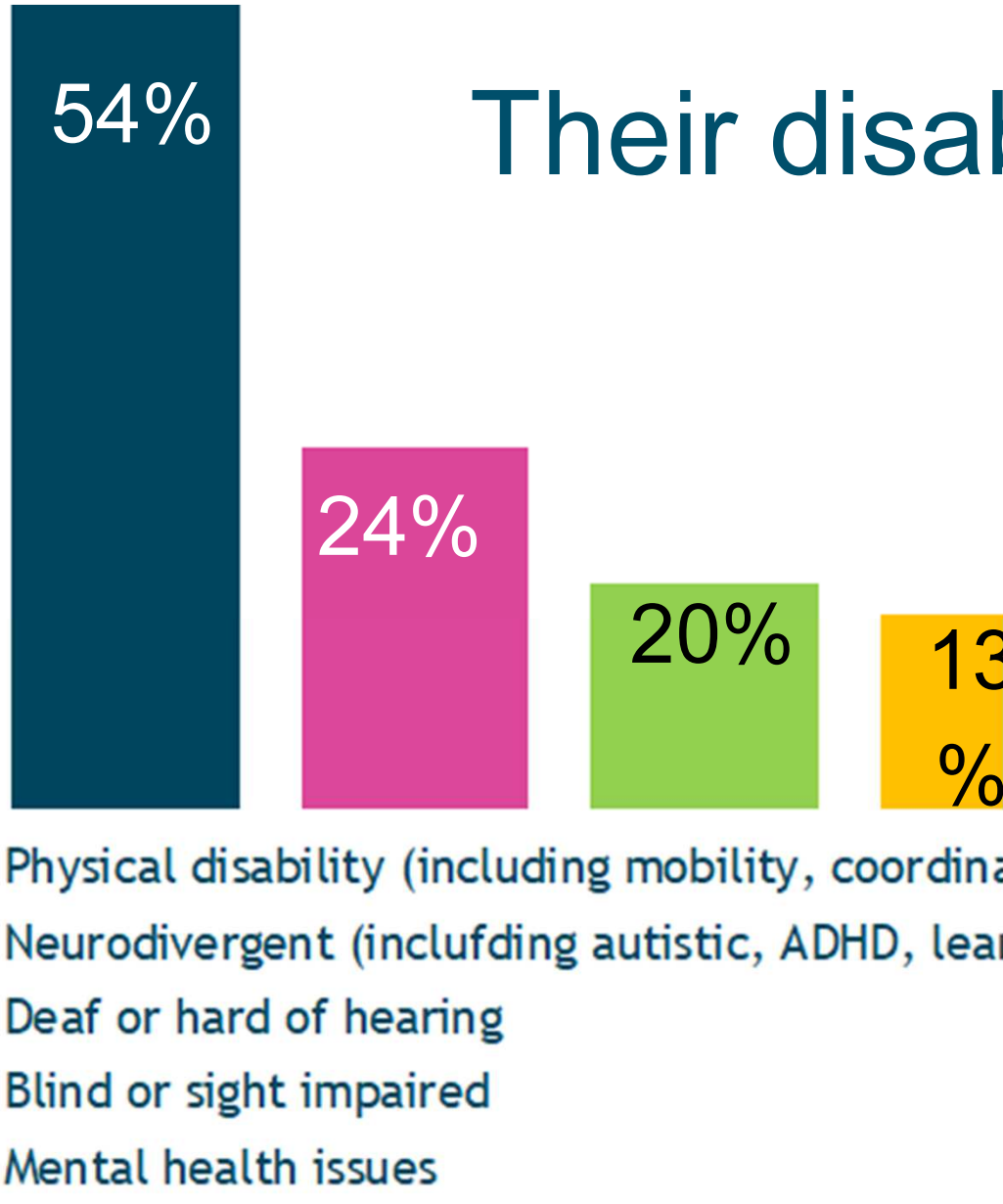
Summary

or living with a serious long-term conditions









No "one size fits all" solution

Strategies that work well:

Clear, straightforward online and email information is useful
people, those who are economically active and for some au
but less accessible for those with learning disabilities and fr
minorities (especially Black) communities.

Easyread materials featuring graphic illustrations, large font
contrasts are useful not just for users with learning disabiliti
people with some sight impairments or neurological disorde
those who are not fluent in English, including Deaf BSL spe

An easyread front page containing essential information could be
letters sent by the NHS or Government regarding health and soci

Information which is not in writing could entail online videos
broadcasts as well as outreach by telephone or in person. It
accessible to those who are sight impaired, have learning di

No "one size fits all" solution

crucial role in ormation.

eady seen by most trusted authority when ealth and social care

nt records, they have n) specific information son's communication

Personalised outre information more a

Collecting and recor person's specific co and offering differen contact by phone, t sent by email) wou and social care profe them in the way contacted, and to ens

people could communicate their contact preferences ONCE, t ies; and through integrated care systems these would be used

Services experiencing e most cancellations:

- Hospital outpatients
- Community services (such as chiropody or physiotherapy)
- Day centres

ruptions in healthcare/ e most vulnerable:

- abilities (unable to work rsonal care).
- es.
- n.
- ularly children under 18.

Covid-19 related disruptions have c
untreated cases in non-urgent he
affecting secondary and specialist car

**To manage this backlog we n
transparent prioritisation**

- Prioritise issues that would be likely to
more resource-intensive to treat if not a
- Work with primary care providers, socia
community services to offer temporary
pain management, occupational therap
and social prescribing.
- Communicate transparently about waiting lists; update patients regularly on the time they have to wait and how they can manage in the meantime; offer reassurance that it is safe to wait.

safety
nake
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abled

rement to
he door

with
who need

Most respondents experienced online consultations

More online and telephone consultations can be such as those who cannot easily travel because physical or mental health; but are not accessible sensory impairments, learning disabilities or a la most likely to struggle.

Investment in both telephone infrastr access pays off in the lon

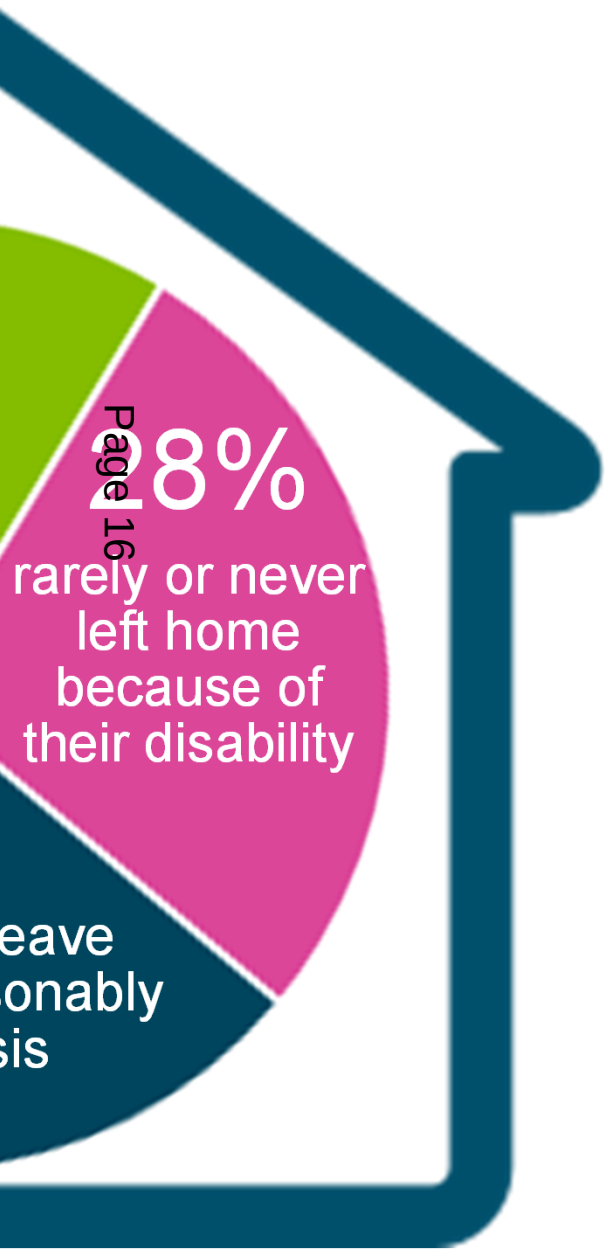
While telemedicine is not suitable for/ accessible everyone, a responsive telephone and e-consult free of technical errors and adequately staffed, c good service to those who do benefit from it, and

dards

where a patient/user can choose their communication preferences (e.g BSL, Eas
ferences can be shared across the health and care system if people wish?
ng tools for key impairment groups? People with learning disabilities seem to be
ou can get things right for people with learning disabilities it will also help a wide ra
r people to contact us and communicate with us?

ple while they wait for treatment that has been delayed due to Covid?
unication about waiting lists as transparent as possible?
ointments process giving people?
notice as possible.
tes on waiting times, where they are in the list and any changes.
ontact within the service.
nd support on how to manage their condition while they wait
ks with community care particularly around mental health and long term care?
munity services and the voluntary and community sector play re:pain managemen
ablement care and social prescribing e.g supporting better mental health.

house and use online services.



42%
received personal care

73% from family members

34 from paid carers

%

17%
were workin
full-time or pa
time

20 were
of the

30% were

32% were digitally exc

- Young people with disabilities were at risk of social isolation.

uptions in healthcare/ social care:

hronic pain

backgrounds

65, particularly

- people with learning disabilities
- Digitally excluded people
- People with more severe disabilities (unable to work or leave home)

53%

experienced disruption in their healthcare or social care.

Most affected by social isolation:

- People aged under 25
- People
ethnici

5%

- People with learning disabilities or sight impairments may struggle with o
- BAME respondents rely more on word of mouth and less on online sourc

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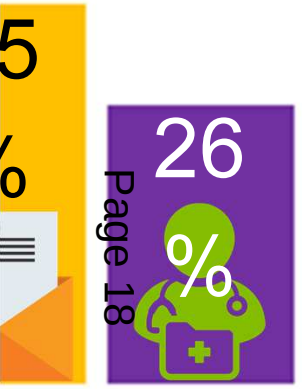

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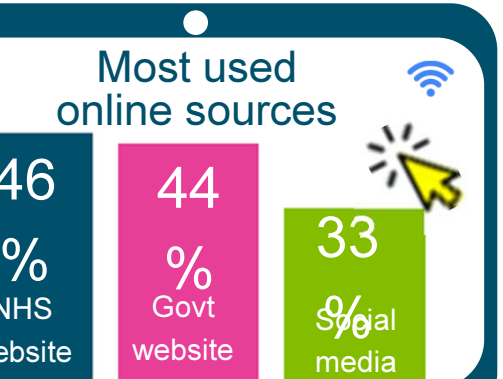
Health or social care professionals



4% depended exclusively on friends and family
They were more likely to belong to these gr

Neurodivergent/LDs

Sight impaired

BAME, especially black ethnicities

D

Most likely to use online sources

- Mental health-related disability
- White non-British ethnicities
- Aged under 65
- Economically active (worker or jobseeker)

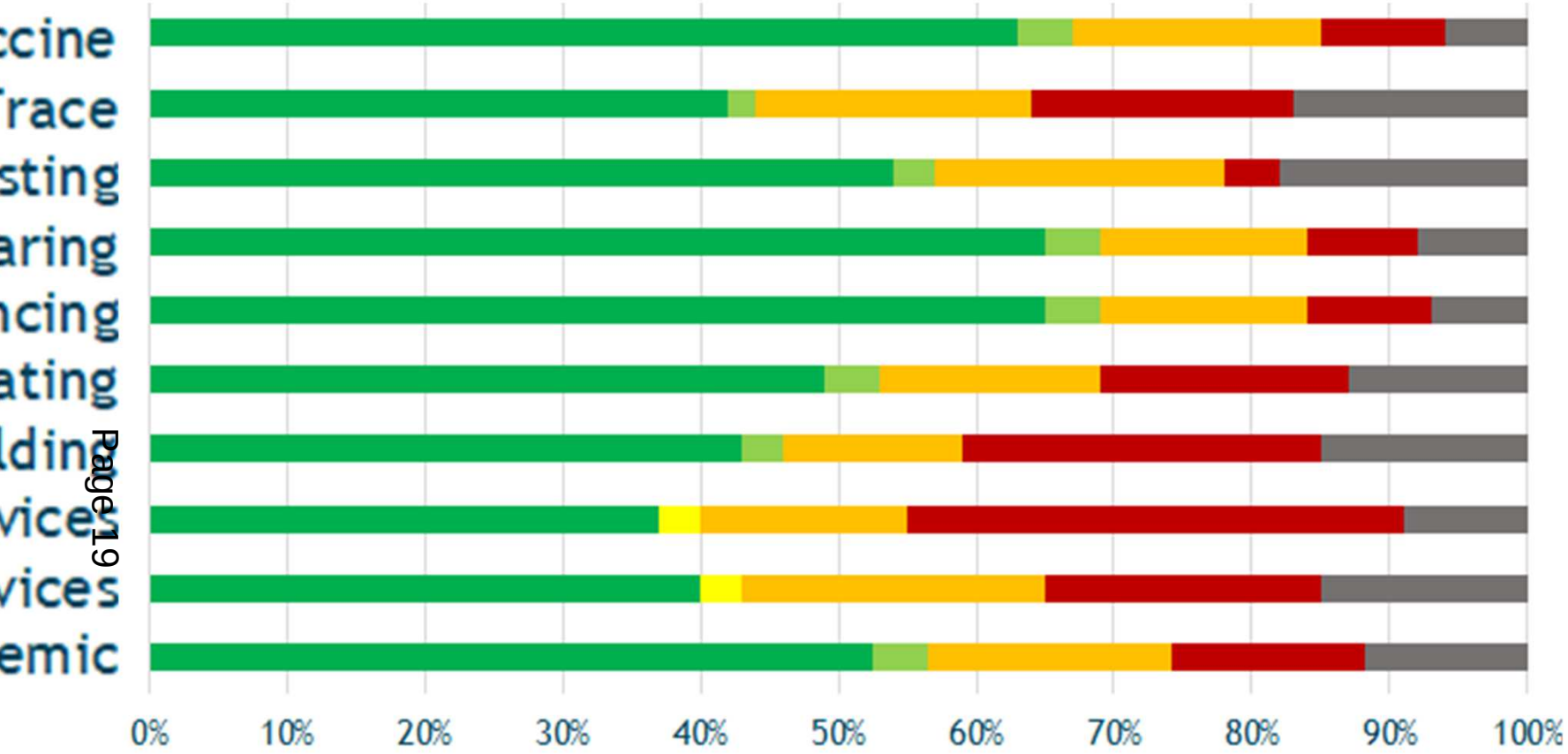
Least likel

- Neuroc
- Blind o
- Severe
  person
- Black e
- Aged o

- Respondents who were autistic, living with learning disabilities or with sensory im

find accessible information.

Covid-related topics



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felt there was

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felt there was

- Information presented simply, with clear explanations, is accessible to
- Written materials can be made more accessible with large print and plai
  however, some may do better with information that is not in written Eng

nts expressed a need for information to be
plain, jargon-free language with simple
.

a need for written materials to be formatted
ed-friendly way (large print, plain
nd, no unnecessary embellishments)

eceive information in formats that did not
ritten word (such as by telephone, video call

Information wh
may be more a

Thos
impa

Deaf
Britis

Peop
learn

41%

of res
sight

- Bespoke strategies should be formulated for reaching out to disable
excluded or unable to communicate.

I prefer to receive official communication from the government either via post addressed to me personally, or via an official email where there aren't too many links to click on to find the information.
(Havering resident)

My elderly, stroke survivor husband watches the news, but he doesn't see himself as vulnerable. If the doctor rings he gives it to me to deal with. He just doesn't really see the vulnerable as being him.
(Tower Hamlets resident)

The information that I receive needs to be relevant to me.
(Hackney resident)

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access.
- Communication should not excessively rely on online information, particularly the elderly, those with cognitive and sight impairments bariers to accessing online services.

32%
of all respondents were digitally excluded.

38%
of neurodivergent respondents were digitally excluded.

52%
of sight impaire respondents were d excluded.

sent electronically
d include clickable
on a mobile phone.
ower Hamlets resident)

mns on an iPhone and
easonable size (not
ge as standard, just
resident)

I've received an email from the council- but those who are digitally excluded must have missed out on information. These people will only be informed by their families and sometimes the information is very minimal. (Tower Hamlets resident)

Send m
as a le
who co
the int
not mi

Some
smart

unnecessary clutter.
- Alternatives to written information (such as audio/video, contact b
should be considered for those who cannot read.

ple with sight impairments may not always be able to read
en text; providing information in other formats, such as
o or video, may be more accessible for some of them.

hose who are able to read, the use of large print, bold
s and contrasting colours (such as black lettering on
e background) can help.

ne resources should consider compatibility with
otive software such as screen readers.

41% o
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41% o
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use of
nquiries, as
o a person.
websites and
s are not easy
er people
ith with their

The accessible information standard is not being applied in many health settings. Despite filling a form in at my GP surgery they had no record of my preferred format and kept sending me letters which I cannot read.

(Havering resident)

I received inf
Healthwatch
critically help

Health profes
various degre
their patients

- Subtitling informative videos can make them more accessible to pe
impairments; but it is important to make them large and easily legib
hearing impairments are also sight-impaired.
- Written text is accessible for those who experienced hearing loss c
but may be less so for native speakers of BSL.

16% of respondents with a hearing impairment also had a sight impairment.

11% of respondents with a hearing impairment said they found it harder to access the information they needed because the language used was too complicated.

6% of respon
impairme
access th
because

9% of respon
impairme
access th
because

There should be information posted to residents who have disabilities, in large writing and easy to digest.

(Tower Hamlets resident)

Plain language, and videos being subtitled and signed would help me a lot.

(Newham resident)

Face coverings make
understand people. You
rely in reading lips unt
there is background n
listening to someone w
of water and the perso
what it sounds like.

Health briefings should

- Easyread materials, featuring visuals and simple explanations usi
may help neurodivergent respondents stay informed.
- The written language is not a suitable medium for all; some respon
understand information presented visually or in a face to face con

aterials

mages,
ations in
ge and
tting may
cessible
rd text.

15% of neurodivergent respondents said they found it harder to stay informed about Covid because they found the language too complicated.

59% of
sai
inf
to

30% of neurodivergent respondents said they would like to receive infomation in plain language, with easy to understand explanations

30% of
sai
inf
wri

videos suitable for
children who have
es.

resident, parent of child
with learning difficulties)

to produce and I need

Someone visiting the sheltered accommodation staff members could give information and explain to residents. It is difficult when someone has dementia and we as a family are trying to support, but lodge has restrictions.

(Redbridge resident, family of adult with dementia)

*Speak to
informat
changing
Easy to
good co
informat
promotio*

Written materials in a variety of languages may be helpful to some BA
cultural considerents may need to be taken into account; such as the f
oral cultures may be more responsive to direct outreach and multimed
information.

s
ely
nat
ng.

Voice recording or perhaps some form of taping of news from like BBC Somalia or something similar. When we were back home we did shared information over the radio so maybe something similar to that.

(Tower Hamlets resident, Somali)

I prefer telephonic communication in my native language so I can understand.
(Tower Hamlets resident, Bangladeshi)

It's easier for me when it words or even when someo stuff or my mind wande version it would have been

(Tower Ham

Make informative ma much shorter and simpler colourful pictures, ske cartoons and regular ch prompts, videos and messages.

(Newham resident,

non-White
y would
ormation in
an English.

White non-
aid they
eive

Doctors should explain things clearly,

circulating.

- A small number of respondents living with long-term conditions fe receiving sufficient information specific to their circumstances.

66

e who intend to e the vaccine d prefer to be nformed by their GP

%

Some respondents living with long-term expressed a desire for more specific in to their specific cirumstances.

I have no doubts about the safety of the vaccine, but I know that I am Immunosuppressed and I am susceptible to catching infections, so I am unsure if the vaccine will work effectively, and I have not been able to ascertain the information about M.E and the Covid vaccine, and if any particular vaccine will be more efficacious.

(Tower Hamlets resident, diagnosed with ME/CFS)

I'm nu it; ta

be

d-

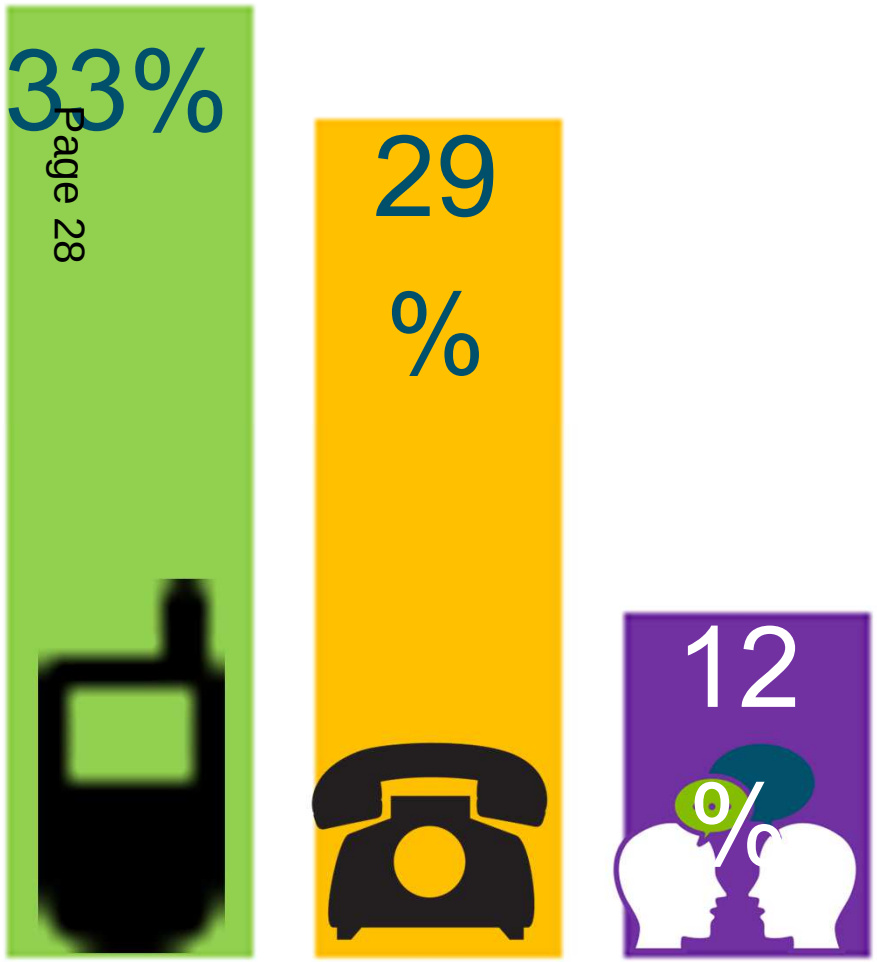
A lot of people of BAME heritage are very reluctant to take the vaccine as they've been exposed to many conspiracy theories.

The BAME community have the lowes rates this needs to be addressed T issue is equal access for all to healt the perception is that this communit it does not have equal access The out

alternative methods of communication.

Not a "One size fits all" approach

12 would prefer to only b
verbally, via phone or
without written text.



54 % of respondents with sight impairments preferred to be contacted by phone

SMS was preferred by:

- Respondents with mental health issues;
- Respondents of White non-British ethnicities;
- Women.

SMS was less popular for:

- Respondents with sight impairments;
- Respondents aged under 18 or over 65;
- Respondents of Asian ethnicities.

Phone was preferred by:

- Responding with sight impairments;
- Respondents with learning dissabilities;
- Respondents who are shielding;
- Respondents who are digitally excluded;
- Respondents aged 65+.
- Respondents of ethnicities other than White British

Phone was less popular for:

- Autistic respondents;
- Respondents with mental health issues;
- Respondents aged 18 to 24.

- Access to toilets is essential for people with some long-term condition
- People need to be able to get to vaccination centres easily; helpful me them local and near public transport, providing parking and a transpor

vaccination sites accessible for people ities

r accessibility, including ramps and lifts.

toilets, including for wheelchair users.

or people who cannot stand for long.
include reclining or lying down.

nd a free or cheap transport service.
are easily accessible by public transport.

has access to vaccination in their local area.
ough their GP surgery)

at home for those who cannot leave it easily.

Excel didn't have problem especially home (we don't all
(Tower Ha

Ensure there are e they are near to managed when one I thought all of th my home and well
(To

Make sure if they something like hosp wheelchair accessi different floor.
(Tower

Any disabled perso in my view. Goin senseless when pe months.
(Bark

See if we can ac wait outside or s

- People who are anxious or sensitive to sensory overload could benef
slots.

vaccination sites accessible for people with
g disabilities

er communications on-site need to be accessible for those with
g impairments, or learning disabilities.
anguage, contrasting large print, Braille)

on centre staff with disability awareness training,
nication strategies for different disabilities.

on centre staff with training on supporting people who are
ety or fear of the needle.

s, bright lights and other sensory overload. Consider offering
ose who need them.

ng and long waiting times.

I'd like
where yo
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to toilets
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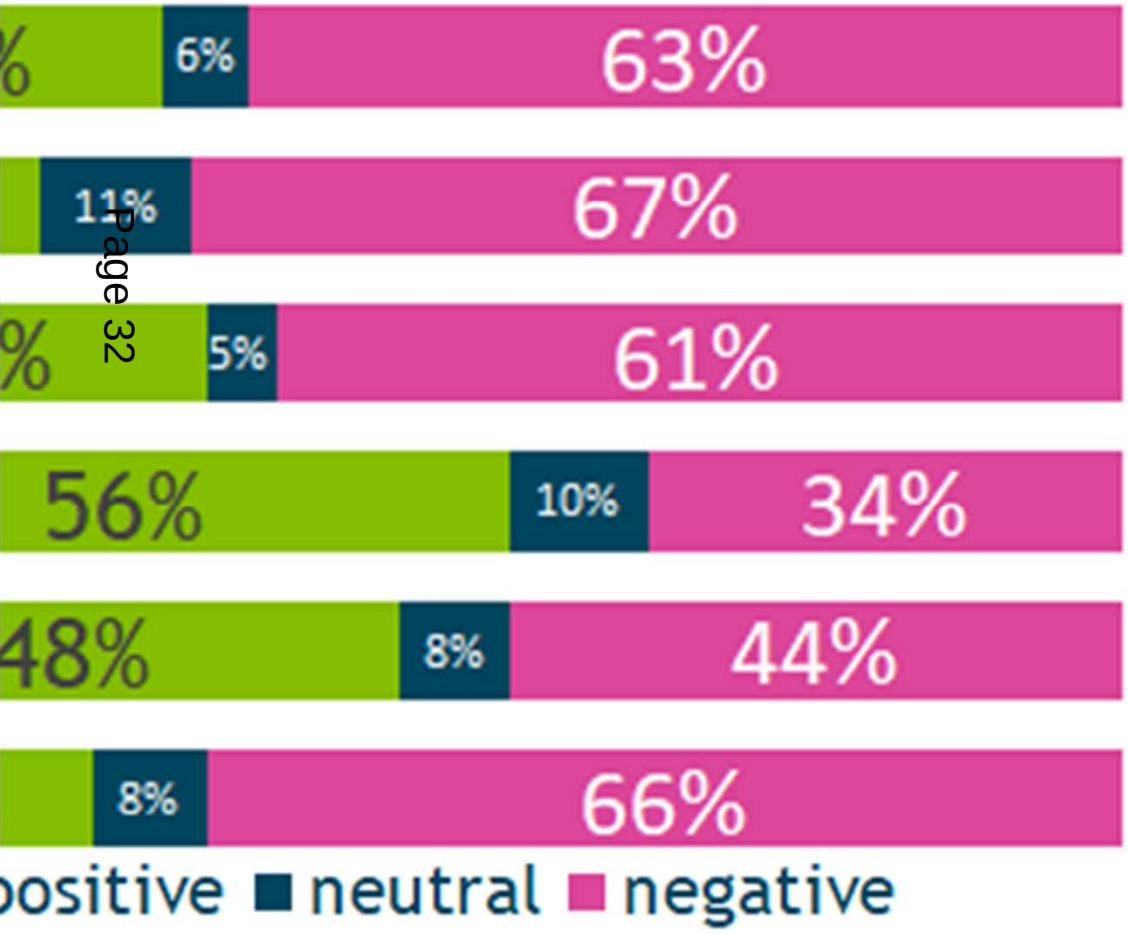
BSL acce

Brightly

- People with hearing impairments and children under 18 had the most health and social care services.

eople's experience of health ices leaned negative.



Most positive exp

- Young adults (18 t
- People with sight i

Most negative e

- Children (under 18
- People with hearin

e hospital-based procedures, hospital outpatients and provision of day c

excluded.

- Hospital outpatient services, community services (such as chiropod centres have been the most affected by cancellations.

People most affected by disruptions in healthcare/ social care:

- People with more severe disabilities (unable to work or leave home, in need of personal care).
- People with learning disabilities.
- People living with chronic pain.
- People aged under 65, particularly children under 18.
- People from BAME backgrounds
- Digitally excluded people

Services e most canc

- Hospita
- Commu as chir physiot
- Day ce

pandemic
- In some cases, Covid protection measures may make practices less

GP

ive

What works well

- Medication is handled efficiently.
- Quality of treatment is good.
- Doctors are kind and compassionate.

I have been able to talk to my GP over the phone and not had any problems getting my medication. Going forward I would like to see the telephone service stay the same as I have found it to be very convenient.

(Hackney resident with lupus)

I was Covid positive and was hospitalised for 10 days and was on Oxygen for 10 days. My GP was very supportive.

(Tower Hamlets resident with chronic respiratory issues)

The amount of people seeing a GP lessened during the

What needs in

- Not all GP practices a
- Online systems are n
- Practices are difficult
- Communication with
- People wait too long f

I cannot hear without lip-reading, and now my GP has to wear mask and I have to use the intercom to get through a locked door; this is difficult for me.

(Redbridge resident, partly deaf)

I have found the GP appointments have been ok just via video call. But information from surgery staff has been inconsistent. Have been

- Repeat prescription requests were the most widely use online serv

of the 430 respondents who used GP services...

25% used e-consult forms.

23% had an online consultation.

80% had a telephone consultation.

19% booked an appointment online.

or p

r the phone at home, so I had my daughter explain to me
ying and ask questions, I felt much more comfortable, I
(Tower Hamlets resident, fibromyalgia)

ents seemed a good option for me, but I've been couple of
well for routine blood tests etc. I've booked them through
but I was using the system before and nothing particularly
(Newham resident, autistic with anxiety disorder)

My GP does phone calls only- I face to face, there are things phone call. (Tower Hamlet

My GP surgey don't answer their the internet. I have to get son and do online consultation.
(Tower Hamlets resident, r

- In some cases, Covid protection measures may make practices less

er or harder to book now?

egarding getting a vaccination locally where I know the ad received my letter inviting me for a vaccination, but I ortant and that I was jumping the queue. This could be understanding of the difficulties people like myself have.

Who had the hardest time ge

- People with sight impairmen
- People with hearing impairm
- People with mental health is
- People of Asian ethnicities;
- People aged 50 to 64.

Getting the care I need from my GP is much ha on the phone. Harder to schedule appointments to remote calls, but then when that isn't suffi seen face to face, which means delays in ca routine appointments myself rather than ha schedule them. Repeat medication needs to be than automatically renewing. I'd rather not see

Those who received treatment as inpatients for Covid in particular re
- Long waiting lists and cancellations impact upon patients' access to
- Remote service provision makes communication with doctors harde

What works well

- Quality of treatment is good.
- Doctors and nurses are kind and compassionate.
- Those hospitalised with Covid report a good experience.

What needs im

- Cancellation to r appointments im
- People wait too
- Communication

I found hospital services easier to access, but this is just because I'm a cancer patient.
(Tower Hamlets resident, deafblind cancer patient)

I was scared to be admitted to the hospital because of Covid. But I seen they took a high standard on health and safety and hygiene issue. I am really happy about their service.
(Tower Hamlets resident with heart disease)

I don't understand a lot on me face to face so I can ex
(City of

I have had no reply whatso to a message I left some w
(Waltham Forest

Because of pandemic m cancelled until this summer

- Phone appointments can be more convenient for some, but they po
  and not everything can be done remotely.

Out of the 298 respondents who used hospital se

18% had an online consultation.

74% had a telephone consultation.

8% booked a appointme online.

hrough video calls means avoiding the commute nxiety. It also means if the consultant is late I don't n the waiting room. As they call me on a video app ss appointments even if I've forgotten about them.

(Tower Hamlets resident with mental health issues)

g from surgery, still getting test results and making , doing that over the phone was incredibly difficult. easily see a nurse in the breast clinic to ask about

My consultant was aware of my deafness b TELEPHONE on the day of my appointme switch to telephone a few days prior) - no cor Information Standards and no response to t morning to advise and explain the situation.

(Haveri

Appointments are either being cancelled at th to a telephone appointment; my mum, who is it. Some appointment would be good to keep

being affected by service cancellations and delays.
- Those who experienced cancellations felt unsupported, as most of th
managing their health in the meantime.

harder to access

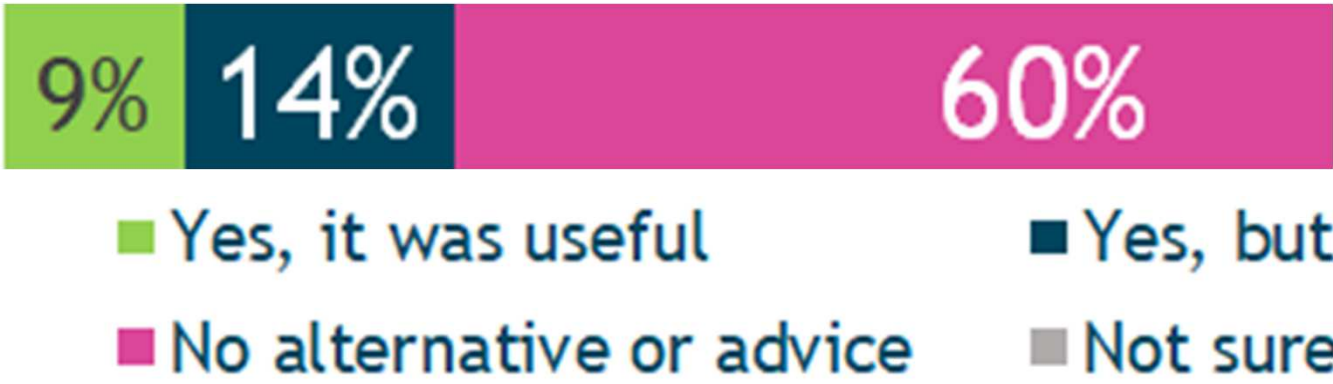
d hospital services
cellations.

cellations affected
al.

cellations affect you?

Those who experienced cancellations fel
to manage their own health, with only a r
any alternative or advice:

Did you receive any other alternatives or advic
health after your hospital appointments were c



Accessing the hospital has been much harder since all appointments have been cancelled and have not yet been offered any new ones. I need to see a neurologist, a Parkinsons specialist nurse and the eye

I hav
cance
new h
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are long.
- When people can access mental health services, they have positive e online or telephone sessions.
- Communication about changes to services in the pandemic needs im

al

What works well

- People find therapy and/or treatment helpful.
- Online systems for accessing mental health support work well.

What needs improvement

- Communication with mental he
- People wait for a long time to g health support.
- There is limited choice for whe mental health support.

ive

> Mental health services have been very responsive via emails and can do online video call - really straightforward.
>
> (City of London resident)

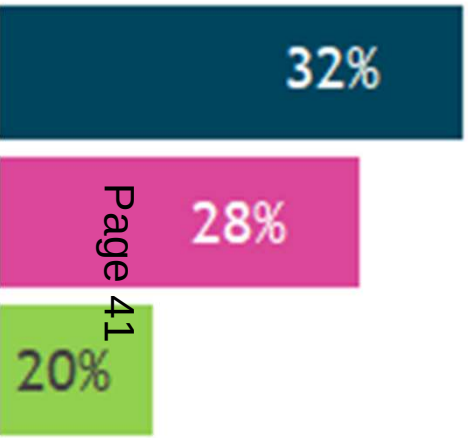
I wasn't feeling great, so I reconnected with the IMPART service and they got me help. I have experienced some cancellations, but useful alternatives

I had to rearrange some counselling appointments, so I missed some. They should have been clearer that they changed all the appointments to over the phone in the beginning. This would have made things clear and I may not have missed my appointments.

(Tower Hamlets resident, depression)

hospital-based service or Community Mental Health team.
- Most types of consultation and mental health treatment have been c online.

ved mental
port from:



Out of the 143 respondents who used mental he

20%
had a therapy session online

26%
had a therapy session over the phone

13%
spoke to a psychiatrist mental hea nurse onlin

6%
booked mental health appointments online

10
used a men app or w

My mental health problems started during the pandemic. speak to my GP without having to explain everything to t helpful because as soon as I told them I am blind and my da

though not to the same extent as hospital outpatient services.

- Those who experienced cancellations felt unsupported, as most of t managing their health in the meantime.

harder to support now?

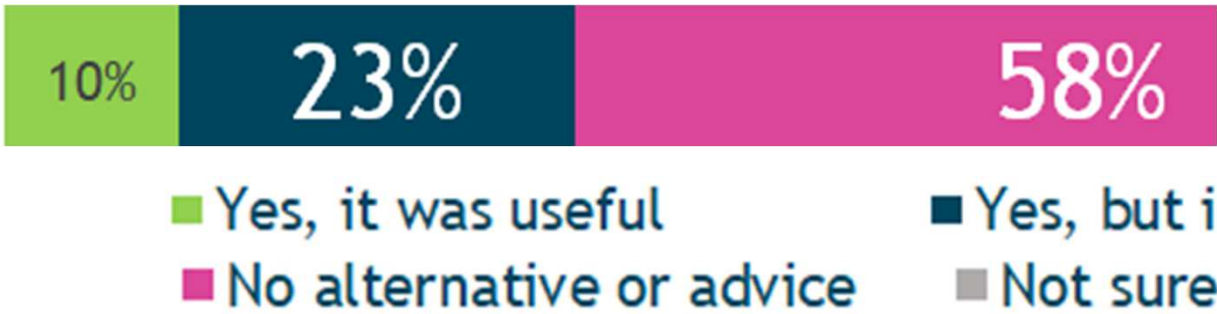
ed mental health enced cancellations.

ncellations affected eal.

rently accessing th services felt they health support but

Those who experienced cancellations felt po manage their own health, with only a minorit alternative or advice:

Did you receive any other alternatives or advice on ho health after your hospital appointments were cancelle



I have waited for over a year and nothing has happened.

(Hackney resident, hearing impaired)

Because of the pandemic all face to face appointments have been canceled. so I'm having a very hard time.

(Tower Hamlets resident)

Covid stopped face to face assessments so my Asperger's diagnosis took much longer.

(Havering resident, autistic)

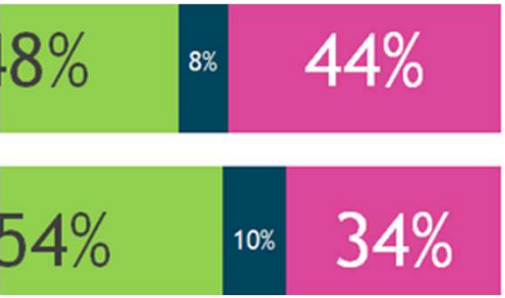
I find access to t somewhat harder. dehumanising. To having to tell your s

Unable to use men access mental heal occurred, where 4 children under 11.

(Barking and Dagenha

service provision caused by the Covid-19 pandemic can be lacking.
- Most nurses and carers started wearing appropriate PPE as soon as
in a minority of cases there were delays in implementing Covid safety

at home



offer a good
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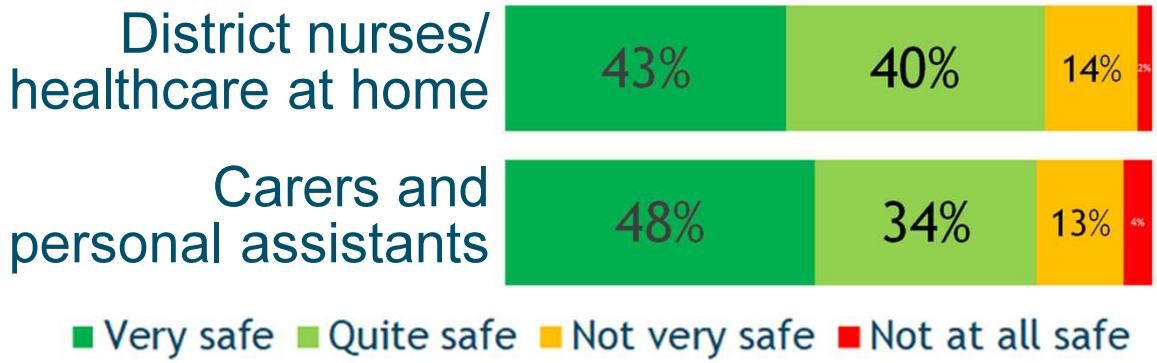
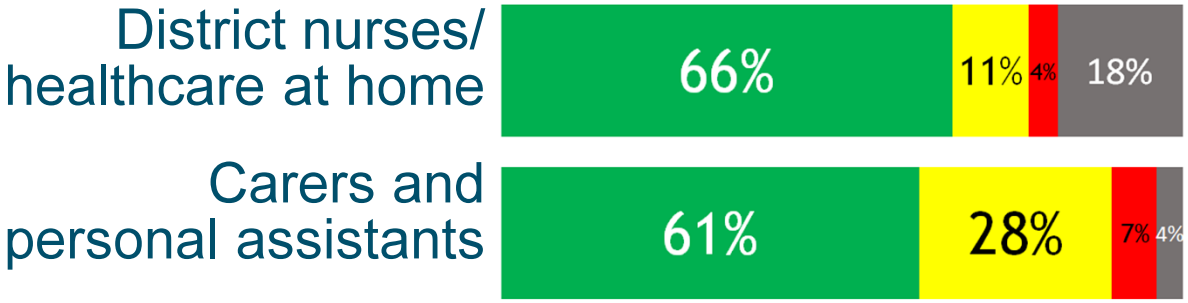
disruptions,
ss often.
anges in service

How safe do you feel having care professionals in your home?



Did health professionals wear personal protection equipment?



outcomes and social isolation.

89%
of them stopped attending while day centres were closed in the Covid-19 pandemic.

54%
of them took part in online activities organised by their day centre/

Most affected:

People aged under 65.
People of Black ethnicities.
Men
People with learning disabilities.
People with hearing impairments.

ONLY
34%
of those whose day centres were closed received any alternative care arrangements or support

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Feedback on the best methods to reach different impairmen
implemented by the ICS Comms and engagement team as so
the information. This helped inform the location and re loca
centres and the production of videos, Easy Read and webina
impairment groups. We are now informing the third phase o
programme

Our profiling of those at risk of digital exclusion was used to tra
staff to help them to continue to reach everybody in the commu

communication preferences are being used to inform both imp
accessible information standards but also to help manage the
care that will be a consequence of Covid.

We are participating in a wide range of quality improvement, tra
design programmes including improving hospital communicatio

with their own voluntary and community sector partners to reach resident grounds and impairment groups.

We would particularly like to thank all of the local residents who took the during what were very difficult times. We are committed to ensuring that make a difference to health and social care and hope you will continue to health and care system to build back better.

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTNITY COMMITTEE

Subject Heading:	Reablement Update
SLT Lead:	Barbara Nicholls
Report Author and contact details:	Laura Neilson, Commissioning Programme Manager laura.neilson@havering.gov.uk
Policy context:	Supports priorities in the Joint Health & Wellbeing strategy: - Better integrated support for people most at risk - Quality of services and patient experience
Financial summary:	This report is an information report and therefore there are financial implications

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

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

SUMMARY

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

RECOMMENDATIONS

That members note the information presented in this report

REPORT DETAIL

Current Service Model

The reablement service was recommissioned in 2018/19 and the new contract was awarded to Essex Cares Limited (ECL) and commenced in April 2019. The current model primarily supports the hospital discharge pathway, supporting residents returning home at the earliest opportunity and providing them with a period of reablement for up to six weeks, working to a support plan that maximises residents return to good health and improved functioning. Information about the ECL service can be found on their website - https://www.ecl.org/services/reablement

Since the service commenced in April 2019 the partnership working across the system has developed significantly which has positively impacted on the delivery model of the service.

In line with system priorities and COVID-19 Hospital Discharge Policy requirements, ECL have worked in partnership with London Borough of Havering (LBH) and Barking, Havering & Redbridge University Trust (BHRUT) to trial the 'Home First' concept which ensures no decisions about care are made while the person is in an acute environment. The key elements to this service model include

- No therapy assessment undertaken in the acute setting
- Same day referral and service start
- ECL meet the individual at home to undertake an assessment, this is carried out by either a Trusted Assessor (TA) or a qualified therapist. The team of TAs are supervised by the therapist
- Equipment needs are identified by ECL and equipment is ordered and provided on the same day

- Care commences immediately and any other community referrals are made by ECL, this includes to the Intensive Rehab Service (IRS), Assistive Technology (AT) and the British Red Cross (BRC)
- The level of care required is reviewed and adjusted continuously throughout the reablement period

This process was initially piloted in late 2019 with a maximum of 2 referrals a day, with phase 2 of the pilot delayed due to the COVID-19 pandemic. Phase 2 commenced in Sept 2020.

Phase 2 outcomes indicated the model was successful in terms of supporting discharge flow and improving outcomes for residents so it was decided that the next stage was to test the model as a 'business as usual' approach for all reablement referrals.

The 'extended pilot' phase commenced in April 2021 and by the end of June there were 363 individuals supported via this pathway.

Performance information

Table 1 Key performance indicators (contractual)

KPI	Total Average
% of referrals responded to within 1 hour	96%
% of assessments completed within 24 hrs	98%
Ongoing care hours reduced at the end of reablement period	519 (per month)
% of completed reablement packages which required **no further care**	85%
Average score of customers who completed satisfaction survey at the end of reablement period	97%

The percentage of people not requiring further care at the end of the service is consistently high every month. It was expected that due to the changes to the pathway and the service accepting much higher acuity cases there would be a reduction in the number of people not requiring care but this has not been the case.

There has been an increase in the number of people returning to Adult Social Care (ASC) within 91 days - 5.8% against target of 4% for 2020/21. It is likely the increase is due to the increased level of need for the cohort of people receiving reablement and also the high number of people being referred to the emergency reablement provider as opposed to ECL due to issues with capacity.

Demand

The demand for the service has increased significantly over the past 6 months with an average number of referrals of 177 (Dec 2020 – July 2021) compared to 128 the previous year.

The service has been able to accept an average of 121 referrals and start an average of 82 per month. The number of starts is less than the number of accepted case due to the number of residents referred by the hospital for same day discharge, who in the end are not discharged. This is currently an average of 42 per month. Ongoing work continues with BHRUT to reduce these numbers as this impacts service capacity because resource is allocated to cases which then do not get discharged.

Table 2 referral figures

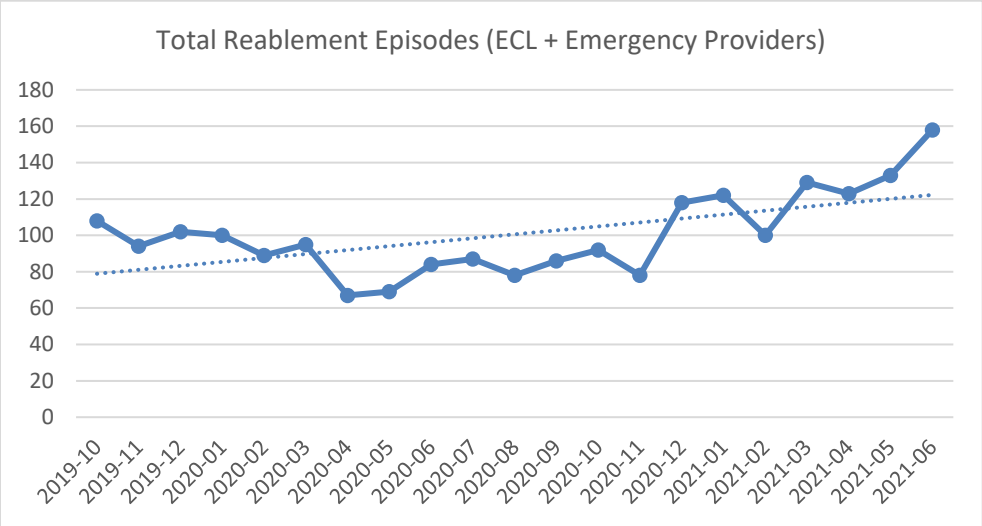
	Dec – July 2019/20	Dec-July 2020/21
Number of referrals per month	128	177
Number accepted per month	101	123
Number started per month	72	82
Cancelled Discharges per month	29	42
Number placed with 'emergency' provider per month	18	52
Average number of hours delivered per week	613	837

Additional Capacity

Due to the increased demand, there has been a requirement for LBH to purchase additional capacity from ECL, this was initially an additional 100 hours but was increased to 200 hours in May. This additional capacity is funded by the National Hospital Discharge Fund.

It is acknowledged that demand is still significantly exceeding capacity and the use of emergency reablement provision remains high.

Graph 1 – Total reablement episodes



Level of need

The service is commissioned to deliver approx. 700 hours of care support per month which at the time of procurement was estimated to be approx. 108 episodes (accepted / started).

It has become evident over the past 12 months that there has been a change in the level of acuity / level of needs of people referred into the service which impacts the number of people able to start a reablement episode with ECL each month. This is likely due to the changes in the pathway with the HomeFirst implementation and people being discharged from hospital earlier as per the national Hospital Discharge Policy requirements.

The increased level of need is reflected in the average number of hours an individual requires over the course of their reablement period.

- In June 2020, on average an individual would need approx. 22 hours of support to complete their reablement
- By May 2021 this had doubled to 42 hours

It is also reflected in the number of double handed packages referred through to the service which June 2020 – Nov 2020 was 7 per month and Dec 2020 – July 2021 was 13.

Support during the pandemic

ECL were able to consistently provide a reliable service during the first wave of the pandemic in March-May 2020 at a time when there was a lot of uncertainty and instability in the market due to COVID-19.

The demand for the service during the initial pandemic period (March – Aug) was relatively low but ECL were able to accept the majority of the cases which resulted in our lowest usage of our 'emergency' reablement provision in 18 months.

There were no issues with the service accepting COVID-19 positive cases and at times of pressure ECL agreed to accept positive homecare cases when the brokerage team were unable to source another provider.

The future of the HomeFirst Model

The HomeFirst model commenced as the default pathway for all reablement referrals in April 2021 and the evaluation of the first few months has demonstrated positive outcomes:

- 2119 less hours required (for 329 people) when the individuals were assessed in their own environment compared to what was recommended at the point of discharge
- 76 less referrals to the intensive rehab service
- Same day referral and discharge supporting hospital flow
- Number of people not requiring further care at the end of the reablement period has remained stable even with the increased acuity of the cases

The challenge with this model for reablement is it essentially streams all new referrals (no previous care) into the service to ensure no decisions are made regarding the requirement for long term care at the point of discharge. This has increased the number of referrals into the service and whilst it is resulting in positive outcomes for residents, the model needs to be kept under review in terms of commissioned capacity, including the use of the emergency provision..

The current arrangements for the extended pilot come to an end at the beginning of October and system level discussions are underway regarding a sustainable future model for HomeFirst across BHR.

IMPLICATIONS AND RISKS

Financial implications and risks:

The reablement service plays a key role in the delivery of adults budget savings through the deferral of long term care needs and the reduction in support required while service users continue to live independently. The Adults Budget includes provision of £1.815m in respect of the block reablement service.

In response to increased demand through the pandemic the Council has purchased additional reablement hours funded through the hospital discharge programme (HDP). The current phase (July to Sept 2021) of the HDP provides health funding for up to 4 weeks from discharge. If HDP funding does not continue beyond September and demand remains at the current level there is a risk that the budget

will be overspend, or demand unmet. It is to be noted that the Director of Adult Social Care has this currently under review in consultation with Corporate Finance.

Legal implications and risks:

There are no apparent legal implications in noting the content of this Report.

Human Resources implications and risks:

This report is for information only and does not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

Equalities implications and risks:

This report is for information only. The contract is monitored with regard to protected characteristics as defined in the Equalities Act 2010.

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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 31st August 2021

Subject Heading:	COVID-19 Vaccination programme in Havering
SLT Lead:	Barbara Nicholls, Director of Social Care & Health
Report Author and contact details:	
Policy context:	This report provides an update about the vaccination programme in Havering.
Financial summary:	There are no direct financial implications arising from this report.

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

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

SUMMARY

This report provides an update about the vaccination programme in Havering. It should be noted that the vaccination programme is led by the NHS, with the council supporting where required.

RECOMMENDATION

That the Individuals Overview and Scrutiny Sub-Committee:

- Notes the contents of the report and makes any recommendations as appropriate.

REPORT DETAIL

1. Vaccination programme.

In November 2020 NHS England wrote to Primary Care Networks (PCNs) tasking them with the implementation of the national COVID-19 vaccination programme. In Havering there are four PCNs which provide primary care health services to a population of over 279,164 patients within the borough.

PCN Name	No. of Member Practices	Total Population Covered
Havering North PCN	14	82,231
Havering Marshalls PCN	3	47,990
Havering Crest PCN	8	42,663
Havering South PCN	17	106,280

*Based on December 2020 practice list sizes

PCN Clinical Directors spoke with their respective member practices and Havering North, Crest and Marshalls PCNs decided to form a TRI-PCN proposition to work collectively to implement the COVID-19 vaccination programme.

In early December 2020 Havering CCG, PCN Clinical Directors and Havering Council came together to identify suitable premises to become COVID-19 vaccination sites. The TRI-PCN opted for an NHS building, Raphael House based on the Victoria Hospital Site in Pettits Lane Romford. The TRI-PCN successful completed the national assurance process and were entered into Phase 1 of the programme, their vaccination service went live 14 December 2020. Havering South PCN opted to use Hornchurch Library and completed the national assurance process in quick succession, commencing the vaccination service on 21 December 2020.

Patients were contacted for their first COVID-19 vaccine in age and at-risk group order, following JCVI guidance, with the view to administer the second vaccine within 12 weeks.

Cohort	Total Population in Cohort
1 - (Older Adults in Residential Care Home)	972
2 – Age 80 and over	13,237
3 – Aged 75 to 79	9,192
4 – Aged 70 to 74 or CEV = High Risk	21,177
5 – Aged 65 to 69	11,392
6 – Aged 16 to 64 in an at-risk group	23,959
7 – Aged 60 to64	10,035
8 – Aged 55 to 59	12,702
9 – Aged 50 to 54	13,884
10 – Aged 40 - 49	29,995
11 – Aged 30 - 39	36,805

Both Raphael House and Hornchurch Library on average were administering between 4,000 to 5,000 patient vaccinations per site per week.

In February 2021 North East London Foundation Trust (NELFT) our community services health provider opened a mass vaccination site at The Liberty shopping centre in central Romford. Accepting patients for vaccination across any borough and part of the national booking system. The implementation of this service supported PCNs in their efforts and Havering have vaccinated more patients than any other borough in North East London. Completing 173,701 first doses and 149,782 second doses. Each service operates a stringent call and recall policy, noting natural attrition rates mean Havering will not achieve comparable second doses to match the first due to the boroughs elderly demographic.

Havering PCNs opted into Phase 2 of vaccination programme in May 2021 and immediately commenced surge planning for the national release of cohort 12 (18 to 29-year olds). Raphael House and Hornchurch Library vaccination services worked closely with Havering Council colleagues to plan pop-up vaccination events which took place at various sites throughout the borough, for example: Gallows Corner Tesco. The events were successful and proved to be a great source of information for hesitant patients.

The TRI-PCN Raphael House service collaborated with Havering Council for their call centre to contact all patients outstanding their first or second dose, booking them directly into vaccine appointments provided by the service. Over 7,000 calls were made and Havering have vaccinated 62.9% of 18 to 29-year olds.

Havering Clinical Directors are working with member practices to recall all outstanding patients across all cohorts and data is shared regularly at PCN network meetings. Sites will continue this to offer vaccinations to these patients and look at various options such as workplace pop-up clinics to improve vaccination rates. Havering Council have circulated a questionnaire to local businesses and will share the results with PCN sites in due course, if there is appetite we will plan these events.

NHS England have released the service specification for Phase 3 COVID-19 booster programme which is due to commence 6 September. The booster programme will

look to vaccinate all patients over 50 years old with a third jab by end of December, starting with those most vulnerable and in line with the previous JVCI cohort groupings. Sites are currently planning activity, workforce and vaccine supply required to deliver the booster programme.

South PCN will continue to work from their hub site at Hornchurch Library with the view to hold practice-based pop-ups at the following sites if and when necessary:

- Avon Road Surgery (Cranham Health Centre)
- Haiderian Medical Centre (Central Upminster)
- Rosewood Medical Centre (Elm Park)
- Maylands Health Care (Hornchurch)

Site assurance visits are currently underway and further information relating to the above clinics will be circulated in due course.

The TRI-PCN will continue to work from their hub site Raphael House and host practice-based pop-up clinics at the following sites:

- Rush Green Medical Centre
- Lynwood Medical Centre (Collier Row)
- Straight Road Surgery (Harold Hill)
- Central Park Surgery (Harold Hill)
- North Street Medical Care (Romford)

Site assurance visits have commenced and further information to be shared in due course. Please note these clinics are subject to change depending on the assurance and national approval process.

NHS England are still in the process of piloting the co-administration of the Flu and COVID-19 vaccine, Havering PCN sites have indicated they would like to co-administer where possible. However, until NHS England confirm this as an option, sites are working on potential plans and which may change depending on the guidance released in due course. Noting if approved, patients will be given the option to receive both jabs, or offered two appointments where necessary.

Havering PCN sites have hibernated in August to ensure workforce are able to commence Phase 3 COVID-19 booster programme. NELFT are currently supporting these efforts and by offering 16 to 17-year olds their first dose of the vaccine.

Week commencing 16 August PCN sites are being asked to review provision for vaccinating 12 to 15-year olds, specifically vulnerable and those living with at risk adults. National GP Practice clinical system searches are targeting this cohort with the aim to start vaccinating 23 August 2021.

2. <u>The borough's progress</u>

The rollout of the vaccine was carried out by priority groups as identified by the joint committee on vaccination and immunization (JCVI). Initially there was nine priority groups.

1. Residents in care home for older adults and their paid carers – vaccine available from 8th December 2020

2. All aged 80 and over and frontline health and social care workers – vaccine available from 8th December 2020
3. Aged 75 and over – vaccine offered early January 2021
4. Aged 70 and over and clinically extremely vulnerable - vaccine offered early January 21
5. Aged 65 and over – vaccine offered first week February 2021
6. Aged 16 to 64 with underlying health conditions and unpaid carers – vaccine offered mid February 2021
7. Aged 60 and over – vaccine offered end February 2021
8. Aged 55 and over – vaccine offered first week March 2021
9. Aged 50 and over – vaccine offered middle March 21

Once the nine priority groups had been offered the vaccine the rollout was offered to the younger age groups

- Aged 45 and over – offered early April 2021
- Aged 40 and over – offered late April 2021
- Aged 35 and over – offered middle May 2021
- Aged 30 and over – offered end of May 2021
- Aged 25 and over – offered first week June 2021
- Aged 20 and over – offered middle of June 2021
- Aged 16 and over – offered middle August 2021

As of 22 August 2021, **79.0%** of Havering population (20+) have received the 1st dose of the coronavirus vaccine and **70.5%** the 2nd dose.

Table 1: Number and percentage of people vaccinated in Havering, 1st dose from 8 December to 22 August 2021. London and England data up to 18th August.

Vaccination 1st Dose

Age group	Population	Havering		London	England
		Number	%	%	%
00 - 04	17679	0	0.0%	N/A	N/A
05 - 09	17643	0	0.0%	N/A	N/A
10 - 14	16443	6	0.0%	N/A	N/A
15 - 19	15033	5196	34.6%	N/A	N/A
20 - 24	15187	9455	62.3%	N/A	N/A
25 - 29	18382	10992	59.8%	56.2%	61.9%
30 - 34	20707	13054	63.0%	55.8%	64.9%
35 - 39	20682	14357	69.4%	58.7%	69.8%
40 - 44	18620	14133	75.9%	64.5%	75.7%
45 - 49	17230	14010	81.3%	70.6%	81.5%
50 - 54	18232	15785	86.6%	75.5%	86.2%
55 - 59	17826	15839	88.9%	78.5%	88.7%
60 - 64	15506	13968	90.1%	81.0%	90.5%
65 - 69	12258	11181	91.2%	83.4%	92.4%
70 - 74	12487	11638	93.2%	86.4%	94.6%
75 - 79	8889	8368	94.1%	87.6%	95.5%
80 - 84	6502	6165	94.8%	87.4%	95.4%
85 - 89	4313	4080	94.6%		
90+	2397	2242	93.5%		
Total 20+	209218	165267	79.0%		

Data source: NIMS Data

Table 2: Number and percentage of people vaccinated in Havering, 2nd dose from 8 December to 22 August 2021. London and England data up to 18th August.

Vaccination 2nd Dose

Age group	Population	Havering		London	England
		Number	%	%	%
00 - 04	17679	0			
05 - 09	17643	0			
10 - 14	16443	5			
15 - 19	15033	1956	13.0%	N/A	N/A
20 - 24	15187	5248	34.6%	N/A	N/A
25 - 29	18382	6964	37.9%	33.9%	36.5%
30 - 34	20707	9754	47.1%	41.8%	47.8%
35 - 39	20682	12073	58.4%	48.2%	57.9%
40 - 44	18620	12910	69.3%	57.4%	68.8%
45 - 49	17230	13207	76.7%	64.4%	76.4%
50 - 54	18232	15217	83.5%	70.6%	82.8%
55 - 59	17826	15377	86.3%	73.8%	85.6%
60 - 64	15506	13606	87.7%	77.1%	87.9%
65 - 69	12258	10984	89.6%	80.6%	90.8%
70 - 74	12487	11516	92.2%	84.2%	93.4%
75 - 79	8889	8284	93.2%	85.4%	94.4%
80 - 84	6502	6079	93.5%	84.6%	93.5%
85 - 89	4313	4024	93.3%		
90+	2397	2177	90.8%		
Total 20+	209218	147420	70.5%		

Data source: NIMS Data

Table 3: Percentage of people vaccinated in Havering 1st dose by ethnicity
8 December to 22 August 2021

Vaccination 1st Dose

Age group cohorts	Asian		Black		Mixed		White	
	population	% vaccinated	population	% vaccinated	population	% vaccinated	population	% vaccinated
00 - 04	2314	0.0%	1341	0.0%	1079	0.0%	10556	0.0%
05 - 09	2021	0.0%	1556	0.0%	927	0.0%	11061	0.0%
10 - 14	1436	0.0%	1706	0.0%	719	0.0%	10456	0.1%
15 - 19	1148	40.0%	1441	20.1%	456	27.9%	8906	37.5%
20 - 24	991	70.6%	1114	42.7%	377	56.0%	9863	65.2%
25 - 29	1459	70.6%	1252	43.9%	431	47.6%	12434	61.6%
30 - 34	2426	75.5%	1291	46.9%	452	53.8%	13563	64.0%
35 - 39	2822	81.5%	1389	54.8%	427	63.5%	13301	70.5%
40 - 44	2216	85.5%	1553	65.2%	359	71.3%	12128	77.7%
45 - 49	1442	89.3%	1404	70.7%	308	76.3%	11885	84.3%
50 - 54	1097	89.1%	1535	77.6%	282	81.9%	13274	89.4%
55 - 59	835	91.9%	1308	76.5%	222	82.9%	13520	91.9%
60 - 64	778	89.5%	788	74.4%	153	86.3%	12255	92.6%
65 - 69	606	90.9%	389	72.0%	78	80.8%	10037	93.7%
70 - 74	482	87.8%	237	67.1%	55	74.5%	10646	95.3%
75 - 79	263	88.2%	180	64.4%	43	76.7%	7677	96.1%
80 - 84	176	90.9%	150	66.0%	30	73.3%	5667	97.0%
85 - 89	96	82.3%	73	58.9%	18	77.8%	3851	96.9%
90+	19	84.2%	26	76.9%	4	100.0%	2204	96.0%

Data source: NIMS Data

Table 4: Percentage of people vaccinated in Havering 2nd dose by ethnicity
8 December to 22 August 2021

Vaccination 2nd Dose

Age group cohorts	Asian		Black		Mixed		White	
	population	% vaccinated	population	% vaccinated	population	% vaccinated	population	% vaccinated
00 - 04	2314	0.0%	1341	0.0%	1079	0.0%	10556	0.0%
05 - 09	2021	0.0%	1556	0.0%	927	0.0%	11061	0.0%
10 - 14	1436	0.0%	1706	0.0%	719	0.0%	10456	0.0%
15 - 19	1148	15.8%	1441	6.5%	456	9.6%	8906	14.9%
20 - 24	991	38.1%	1114	18.9%	377	28.4%	9863	37.9%
25 - 29	1459	45.2%	1252	24.0%	431	29.7%	12434	39.9%
30 - 34	2426	56.3%	1291	32.5%	452	40.9%	13563	48.6%
35 - 39	2822	69.4%	1389	42.5%	427	52.5%	13301	60.3%
40 - 44	2216	78.4%	1553	56.3%	359	61.8%	12128	71.9%
45 - 49	1442	83.8%	1404	62.7%	308	70.8%	11885	80.3%
50 - 54	1097	84.6%	1535	71.6%	282	77.0%	13274	87.1%
55 - 59	835	88.9%	1308	72.4%	222	81.1%	13520	89.8%
60 - 64	778	85.1%	788	68.7%	153	81.0%	12255	90.8%
65 - 69	606	88.6%	389	67.1%	78	79.5%	10037	92.4%
70 - 74	482	86.7%	237	62.4%	55	72.7%	10646	94.4%
75 - 79	263	86.3%	180	62.2%	43	74.4%	7677	95.3%
80 - 84	176	89.2%	150	63.3%	30	66.7%	5667	95.7%
85 - 89	96	81.3%	73	56.2%	18	77.8%	3851	95.6%
90+	19	73.7%	26	73.1%	4	100.0%	2204	93.2%

Data source: NIMS Data

Table 5. Homeless people (up to 6 Aug 2021)

Homeless setting	First Dose	Second dose
YMCA	71	55
Will Perrin House	24	23
Abercrombie House	19	18

3. Council role

Vaccination Outbound call centre from 30th June 2021.

The Council worked in partnership with the PCNs in calling residents who according to the GP records have either not been vaccinated or partly vaccinated and are scheduled for their 2nd dose. The Council set up an outbound call centre using staff that volunteered their time to work on this and we worked with the Havering Volunteer Centre who provided us with volunteers to make these calls.

In 5 weeks the team reached out to over 23 000 residents where we either made bookings or noted down concerns that residents have with the vaccines available. We identified residents who are unable to leave their home to have the vaccine who have been referred back to their GP and also residents who suffered adverse reactions and wanted to speak to a health care professional.

Vaccine Pop-ups from 7th July 2021

Since early July the Council has been working in partnership with the CCG and GPs on rolling out vaccine pop-ups across the borough. To date there has been 12 pop-up clinics with over 600 vaccinations administered and many of which are for residents who are having a first dose. We have further sessions planned in late August and into September as we use the vaccine bus or an existing council site.

As of 17th August we are now able to administer vaccinations to 16-17 year olds so we are looking at rolling the programme to schools and colleges in preparation for the commencement of school.

Communications team, Community Development team and Public Health team worked closely together with local communities and community groups to understand the issues facing the communities. We have sought both positive and negative opinions and beliefs so that we can tailor communication and engagement with residents to:

- to empower communities with the skills and knowledge to discuss the vaccination,
- to spread the vaccination message through community peers (word of mouth),
- to co-produce messages that matters to the communities, and
- to repurpose the vaccination services as the eligible cohort expands.

A carefully co-designed media campaign was carried out using a number of videoclips featuring young people, minority groups and professionals, and in a few languages, social media campaigns using Twitter and Facebook. Digital matrix signs, street advertising boards and ad vans were used at different areas of Havering at different dates such as schools, parks and high streets. There have also been targeted leaflet drops advertising vaccination sites, electronic bulletins such as Living in Havering and printed materials. Online paid advertising was used to reach different targeted groups including young and BAME. This has also been used in geographic areas which have lower vaccine take up.

A series of engagement Zoom sessions were held with the residents, council staff, social care staff and communities organised either by the council and through the community groups. These sessions allow participants to ask the questions and are very interactive and engaging. In addition, officers attended community meetings and gave Question & Answers sessions around vaccines

Vaccine ambassador training was given to staff (including council and social care staff) and community leads to equip them with the skills required to discuss delicate matters and understand how to motivate another person for a positive behaviour change. Up to 30th June 2021, 174 Vaccination Ambassadors had been trained. The vaccine ambassadors were given vaccine related information at the training and regular updates after the training. The ambassadors were also given conversational skills to aid guided conversations using a motivational interview approach. The aim was to empower individuals to feel confident to address vaccine hesitancy with

colleagues, friends and families and to signpost them to creditable and factual information. Surveys and focus groups were conducted to understand how we best support them and to evaluate the impact of the training. The follow-up survey found that the confidence score remains above 4 from 3 before the training. 90% of them engaged in supportive conversations and more than half of them has had 5 or more consultations around vaccination.

There has been wide ranging engagement with different groups and communities, including faith groups, outreach at Black barbers, Eastern European groups including community food shops, young people groups and much more. We have worked closely with faith leaders (from a number of denominations – Catholic, Baptist, Pentecostal and Anglican across the borough), who in May/June 2021 were supportive of arranging pop-ups on-site, disseminating information through their newsletters and social care media channels including contacting their congregations for appetite to be vaccinated at their places of worship. In the end, almost all reported that the majority of their congregations had been double vaccinated already. In June and July, three pop-up were arranged at the Islamic Cultural Centre, which successfully administered a number of first and second doses. Consideration is underway for further pop-ups at the Centre. The Centre and many other faith and community leaders have been very supportive of ensuring positive messaging to their worshippers, and encouraging uptake.

There are also a number of partnership projects with the community and voluntary sector to assist the success of the vaccination programme. This included:

- Working with Havering Association of People with Disabilities. This included 'buddying' of people who had had the vaccine with disabled people who were nervous regarding the vaccine so they would have the vaccine. People were also escorted to the vaccine centres to enable them to have the 'jab'.
- Youth Unity – the group produced two videos. The first one was a mixture of people pro and against the vaccine enabled us to see what factors were stopping people having the vaccine (not been tested enough etc.) https://vimeo.com/569969418
- The second recently created video was when people had just received the vaccine and was designed to be upbeat and to allay the fears that were encountered in the first video. They also created a survey which was sent out to their contacts, which provided us with deeper insights into why younger people do not want the vaccination. The insights regarding this survey were:
    - COVID won't affect them too badly, so why should they have to have a vaccine that hasn't been properly tested
    - Fertility Issues
    - Lack of trust in the government
    - Feel forced into it rather than it being their own decision
    - And in some small cases, parents were getting the vaccine, but they didn't want their young people (teenagers not children) to also get vaccinated, they felt the vaccine risk was higher than the COVID risk
- House of Polish and European Communities. Sourced a polish doctor who worked with communications to produce a video to allay fears within European Communities. This was distributed through to European communities widely. HOPEC also have an office within the Mercury Mall to

promote the EU settled status scheme and this was used to allay fears of our European communities. HOPEC have given us insights into hesitancies within the Eastern European Community. One particular insight this group gave us was the different in vaccine rollouts, for example, in Poland Astra Zeneca is given to the younger population and Pfizer to the older population, this was leading to people getting their vaccinations abroad rather than in the UK.

- Havering B.A.M.E Forum have produced a survey to find out the views of communities and are in the process of working with faith groups to enhance the take up of the vaccine. Finalisation on workshops are being discussed and these are due to take place face to face.
- Whilst it is difficult correlate these projects to vaccination uptake directly, we can be sure that these interventions sparked conversation and debate amongst communities who may be hesitant providing people to seek more information and hopefully get vaccinated.

Further work is being done to reach the black African and Caribbean groups and young people as the still show as the lowest vaccine uptake groups. A youth focused event music is being worked on as part of this.

4. Social care providers

The Council has played a key role in supporting all care providers with vaccine uptake to ensure all eligible staff receive the vaccine within the required timescales. This includes those working in residential and nursing care homes, homecare, supported living services, day opportunities and personal assistants.

Initially there was little information about the vaccine itself, pathways to receiving the vaccine were developing and care providers had many questions and concerns.

The Council has been proactive providing support including regular online meetings with the Director for Adult Social Services, Public Health and the Commissioning team to answer questions and find solutions to problems.

For example Residential and Nursing Care homes were one of the initial priority groups and we arranged for the communication team in the hospital to take pictures of the Managers receiving their job to help encourage hesitant staff.

The Council has worked closely with the Clinical Commissioning Group (CCG), Barking Havering and Redbridge University Trust (BHRUT) and North East London Foundation Trust (NELFT) to ensure front line care workers are prioritised such as arranging roving services to deliver the vaccine at the provider's premises or ensuring priority access to vaccine hubs.

We have provided regular phone calls to offer support, developed FAQs, held Q&A sessions, worked with provider associations and trained vaccination ambassadors.

The Council has been working tirelessly over the last few months to encourage those who are hesitant to take up the offer. For example a specific session was organised

to answer questions on the COVID-19 vaccine and pregnancy, fertility and breastfeeding. Local health professionals answered questions from around a hundred women online (https://www.youtube.com/watch?v=ZgO1GNm3-Fs)

Officers have been directly contacting providers to encourage uptake and ensure their reporting is accurate and up to date on Capacity Tracker. This includes the Director for Adult Social Services personally phoning all care homes with low uptake.

This has increased uptake. Havering is now overall above target for both residents and staff.

The following is the latest information on vaccine uptake taken from Capacity Tracker as of 16th August 2021:

Care Home Residents	96%
Care Home Staff	86%
Homecare Staff	78%
Supported Living Staff	83%

The focus is now on the handful of providers where uptake remains low.

From 11th November 2021, new regulations will require all care home workers, and anyone working or volunteering inside the premises of a care home to be fully vaccinated against COVID-19, unless they have a medical exemption.

It is of note that adult social care council staff, NHS staff, and other workers (such as tradespeople) who must also be vaccinated to undertake their usual work in care homes.

The requirement will not apply to:

- Anyone who provides evidence that shows for clinical reasons they should not be vaccinated.
- Family and friends visiting a care home resident
- Any person providing emergency assistance
- Any member of the emergency services in execution of their duties
- Anyone undertaking urgent maintenance work
- Any person who whom it is reasonable to provide comfort or support to a care home resident in relation to their bereavement following the death of a relative or friend
- Any person visiting a dying care home resident.

The Council are working with care homes to help them work through the implications of this including identifying any potential staffing issues. We are doing all we can to ensure staff who have not received a first dose do so by 16th September in order to ensure they receive both doses before the deadline.

IMPLICATIONS AND RISKS

Financial implications and risks:

There is no net budget impact on the Council arising from the vaccination programme.

In line with correspondence from DHSC in November 2020, the additional costs incurred by the Council in supporting the vaccination programme will be funded through NHS England via local CCGs.

Legal implications and risks:

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

Members may also be aware that as from 11 November anybody working in or visiting a care home including relatives and professionals will need to have received both doses of the vaccine unless they are exempt by virtue of The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 ("the 2021 Regulations").

Human Resources implications and risks:
Given the Coronavirus outbreak, the paramount consideration of the Council is the health and wellbeing of Members and officers. The proposals contained in this report will directly impact on staff that work in Adult Social Care who will be managed in accordance with the Council's HR and specific Covid-19 related policies and guidance.

Equalities implications and risks:
The Vaccination Bronze Group considered and will continue to consider four of the main protected characteristics within its work. These were race, religion, disability and age. The work was targeted by working with partners designed to increase the uptake of covid vaccines within these groups. The group considered and monitored data of these characteristics at each of its weekly meetings and interventions were introduced to ensure positive outcomes for these protected characteristics as outlined above.

BACKGROUND PAPERS

None

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 31st August 2021

Subject Heading:	Quarter 1 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 1 performance relevant to the remit of the Individuals Overview and Scrutiny Sub-Committee
Financial summary:	While the overall number of admissions in Quarter 1 is broadly in line with the target, it shows a significant increase against the same quarter in 2020. This represents a significant financial pressure in Quarter 1, with an increased risk if that pattern continues. 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.

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

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

SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance against indicators within the remit of the Individuals Overview and Scrutiny Sub-Committee for Quarter 1 (April 2021 – June 2021).

RECOMMENDATION

That the Individuals Overview and Scrutiny Sub-Committee:

- notes the contents of the report and presentation and makes any recommendations as appropriate.

REPORT DETAIL

1. The same two indicators reported in 2020/21 have been carried forward for reporting in Q1 of 2021/22. Members have also asked for a third indicator to be included in reporting, to monitor the effectiveness of 'Discharge to Assess'. This is being developed and should be available for reporting from Quarter 2.

2. 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.

3. Tolerances around targets were agreed for 2021/22 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'

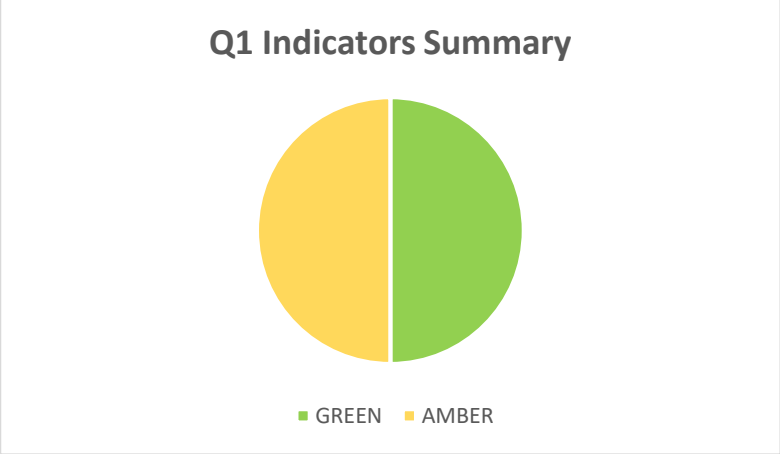
4. Where performance is rated as '**Red**', '**Corrective Action**' is included in the report. This highlights what action the Council will take to improve performance.

5. Also included in the report are Direction of Travel (DoT) columns, which compare:

- Short-term performance – with the previous quarter (Quarter 4, 2020/21)
- Long-term performance – with the same time the previous year (Quarter 1, 2020/21)

6. 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.

7. Both performance indicators selected by the sub-committee have been included in the Quarter 1 2021/22 report and assigned a RAG status.



Of the two indicators:

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

There is consistent performance when compared with Quarter 4 of 2020/21 where one indicator was rated Green and one indicator was rated Amber and also when compared with Q1 of 2020/21 where one indicator was rated Green and one indicator was rated Amber.

IMPLICATIONS AND RISKS

Financial implications and risks:

The rate of care home admissions is only one of a number of factors which will impact on the Council's budget. There are a number of other factors which need to be considered including the mix of hospital / community placements, the needs (and therefore cost) of those being placed, and the average number of deaths within care homes during the same period. While the overall number of admissions in Quarter 1 is broadly in line with the annual target, it does show a significant increase against the same quarter in 2020; while at the same time, the number of deaths has fallen and the average cost of new placements has increased. This represents a significant financial pressure based on Quarter 1, with an increased risk if that pattern continues.

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 children's 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.

The presentation attached at Appendix 1 contains a breakdown of the data behind the two performance indicators by age, gender, ethnicity and support reason.

BACKGROUND PAPERS

Appendix 1: Quarter 1 Individuals Performance Presentation 2021/22

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Havering

LONDON BOROUGH

Quarter 1 Performance Report 2021/22

Individuals O&S Sub-Committee

31st August 2021

About the Individuals O&S Committee Performance Report

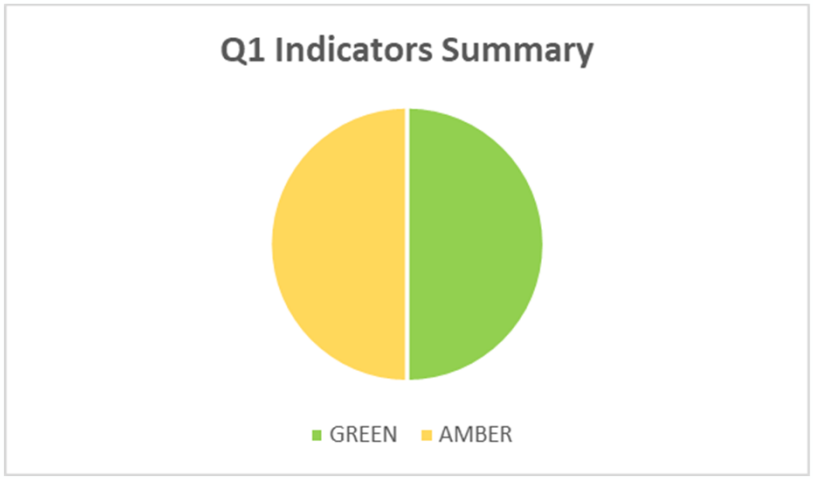
- Overview of the Council's performance against the indicators selected by the Individuals Overview and Scrutiny Sub-Committee

- 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 currently reported to the Individuals Overview & Scrutiny Sub-Committee, with a third in development for reporting from Q2.
- Q1 performance figures are available for both indicators.



Of the two indicators:
1 (50%) has a status of **Green** (on target) and **1 (50%)** has a status of **Amber** (within target tolerance)

Quarter 1 Performance

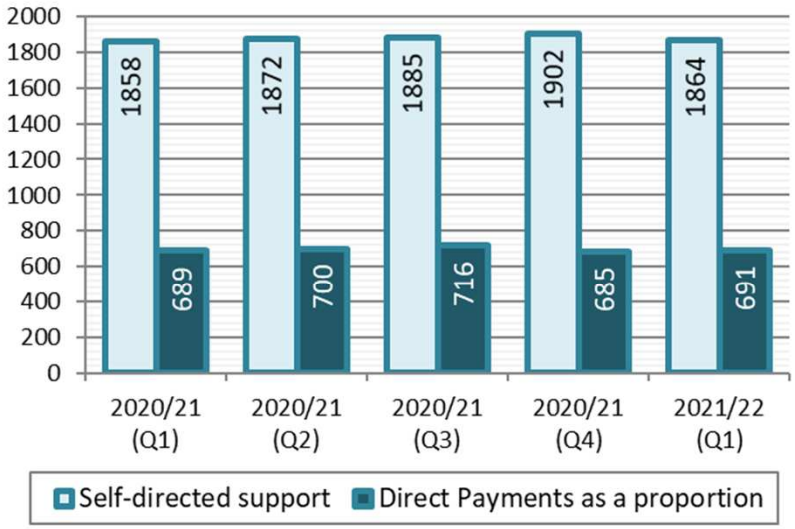
Indicator and Description	Value	Tolerance	2020/21 Outturn	2021/22 Annual Target	2021/22 Q1 Performance	Short Term DOT against Q4 2020/21		Long Term DOT against Q1 2020/21	
% of service users receiving direct payments	Bigger is better	10%	34.7%	35.0%	GREEN 35.5%	↑	34.7%	↑	35.2%
Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is better	10%	587.3	600	AMBER 154.8	↑	587.3	↓	88.3

Positive Performance

- Improvement in the number of people receiving a Direct Payment when compared to 20-21

ADULT SOCIAL CARE

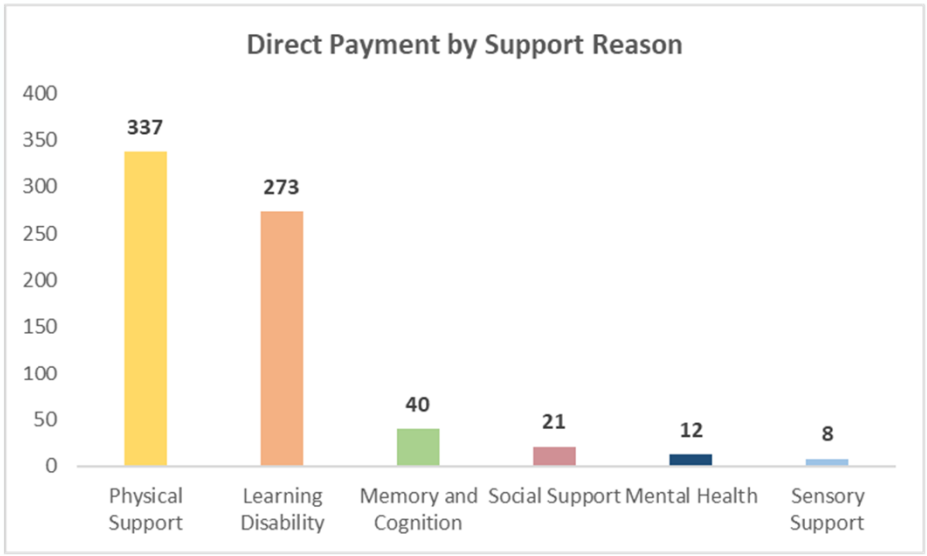
DP 10: Self Directed Support and Direct Payments as a Proportion

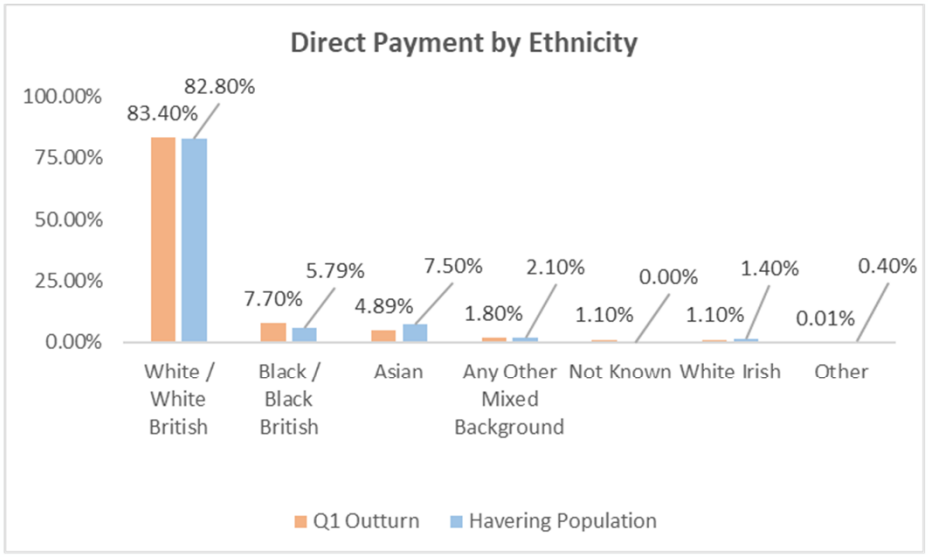


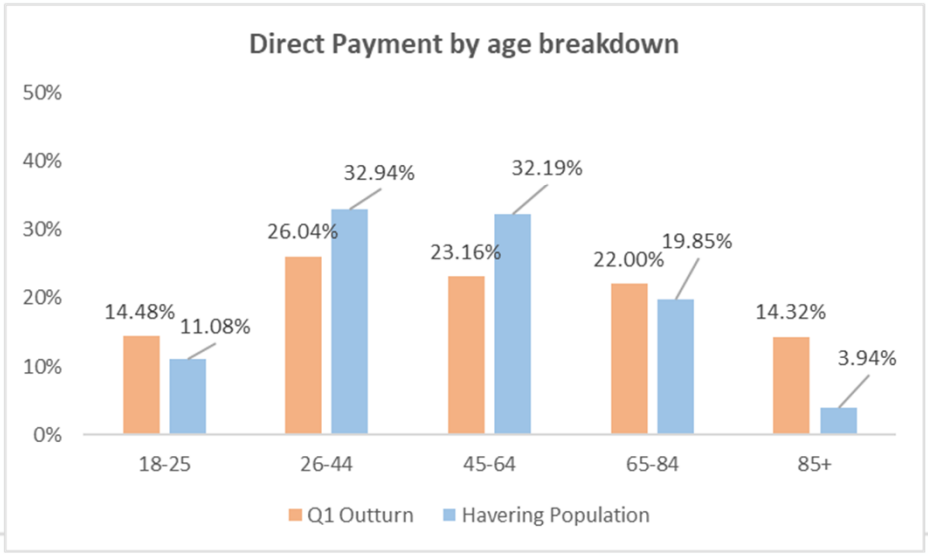
At the end of Q1, there were 1,864 service users receiving self directed support, compared to 1,858 at the same stage last year There was a slight increase in the service users in receipt of direct payments from June 2020 compared to June 2021 (689 in June 2020) compared to 691 in June 2021).

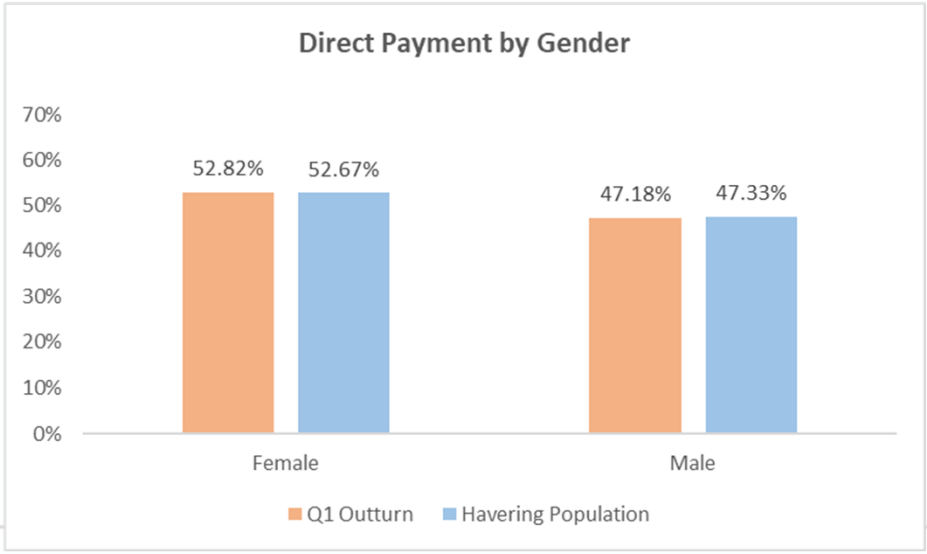
Demographic breakdown of direct payments

Havering LONDON BOROUGH









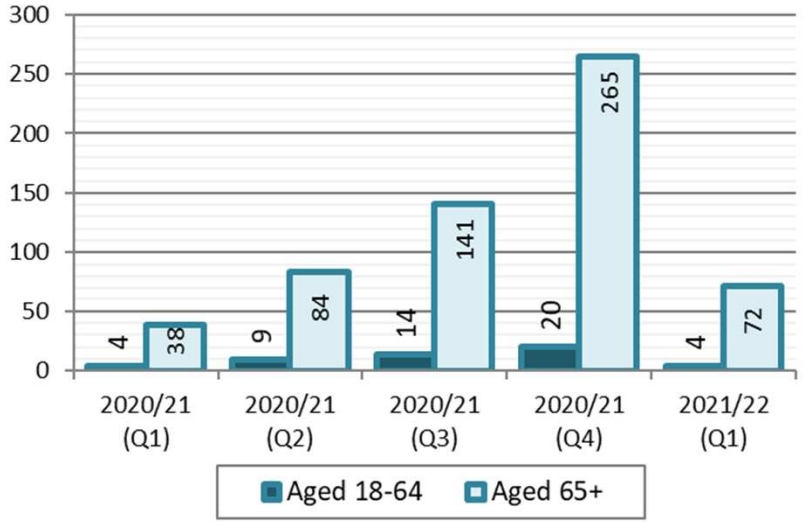
Areas for Improvement

- Off target for Adults aged 65+ permanently admitted to residential or nursing care

	19/20	21/22
Hospital	24	45
Community	35	27
Total	59	72
% from Hospital	**40.7%**	**62.5%**

ADULT SOCIAL CARE

DP 09: Permanent admissions to residential and nursing care homes



By the end of Q1, there had been 4 adults aged 18-64 in council-supported permanent admissions to residential and nursing care, this is the same as 202021, when there was also 4. There have been 72 adults aged over 65 in council-supported permanent admissions, whereas for the same period in 2020/21 there had been 38.

Demographic breakdown of 65+ admissions

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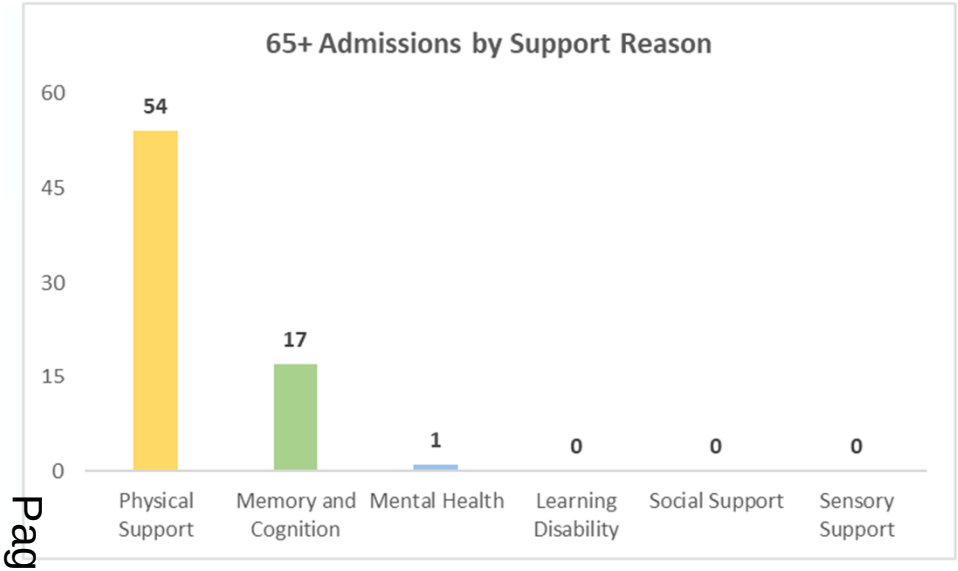
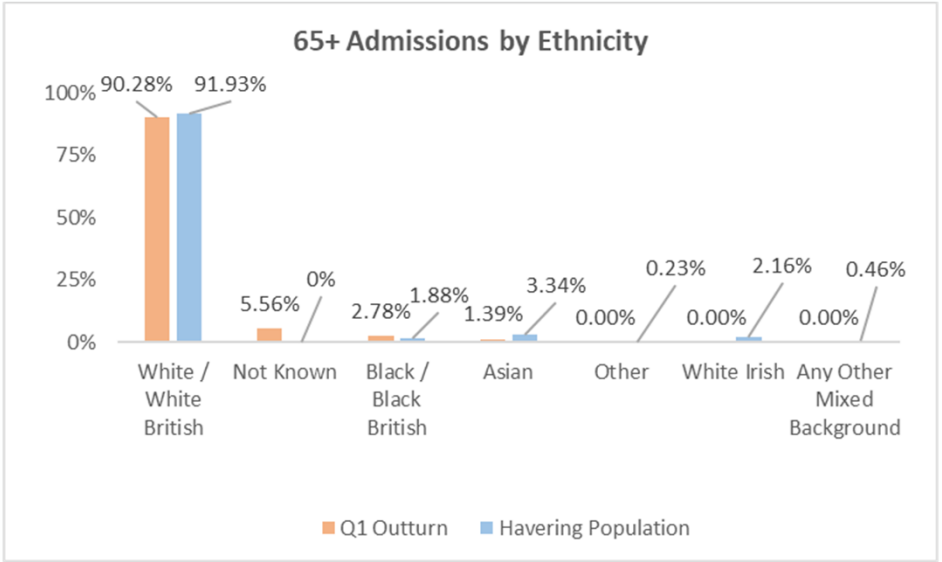
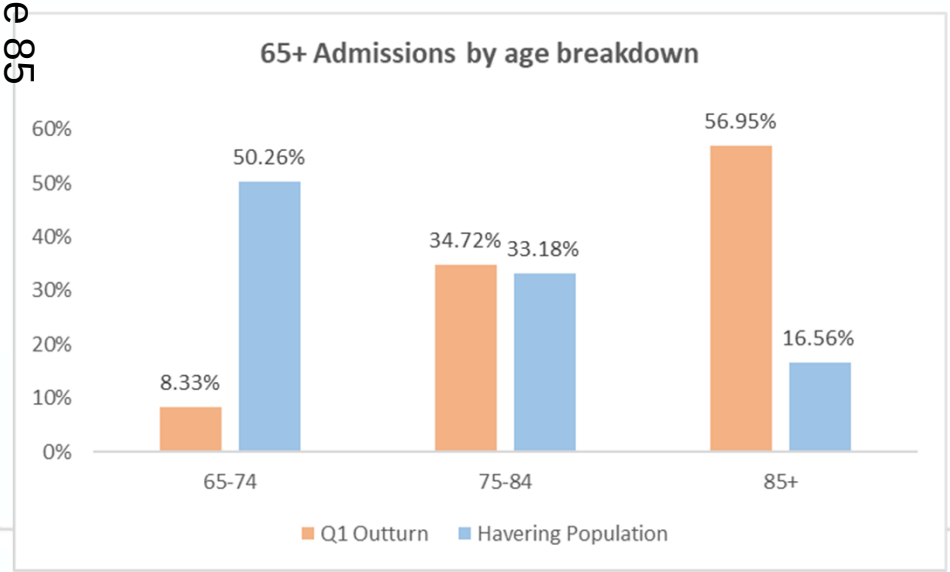
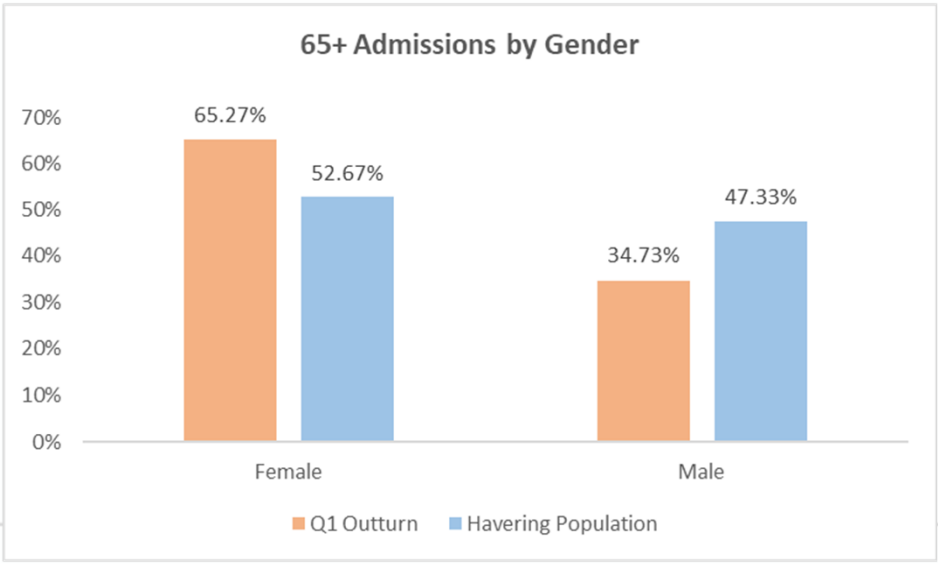








Any questions?

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE - 31 AUGUST 2021

Subject Heading:	Adult Social Care Annual Complaints & Compliments Report
SLT Lead:	Barbara Nicholls
Report Author and contact details:	***Veronica Webb Tel: 01708 432589*** Veronica.webb@havering.gov.uk
Policy context:	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.
Financial summary:	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	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The Adult Social Care Annual Complaints Report 2020-21 is attached as Appendix 1. The report outlines the complaints, enquiries, compliments and Members correspondence received during the period April 2020 – March 2021.

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 with the particular challenges faced by the service during 2020-21 with the added pressures resulting from the coronavirus (COVID-19) pandemic and the continued efforts in resolving and learning from complaints.

2. That Members note the continued use of complaints as a learning tool to identify actions to improve services. The continued monitoring by the Service and the Complaints & Information Team to ensure actions are implemented to evidence the service improvements with a view to reduce similar complaints.

3. That Members note the increase in the positive feedback received by staff, during a particularly difficult period, by way of compliments received and highlighting examples of good practice.

REPORT DETAIL

1. Adult Social Care complaints decreased overall in 2020-21(70) by 5% compared to 2019-20(74). Although complaints have steadily decreased over the years, it is not clear if the decrease during 2020-21 could have been impacted by the restrictions in place during the pandemic. During January to March 2021 complaints started to show an increase of 48% compared to October to December 2020. This may have been attributed to the government's four steps to move out of lockdown, resulting in greater take up of services and access to care homes.

2. Ombudsman enquiries decreased in 2020-21(6) compared to 10 in 2019-20. Of the six enquiries, three found maladministration, injustice with penalty regarding home care provision, disabled freedom pass and support for service user with complex needs with threat of homelessness. Of the remaining enquiries, one was not upheld, one closed after initial enquiries with no further action and one closed as outside of jurisdiction.

3. External home care complaints continued to be the highest area for complaints in 2020-21, however compared to the number of clients receiving homecare, this represents 1.26% of the clients who complained. The majority of these complaints were in relation to disputes of charges linked to the care provided. There were increases in the number of complaints

across the frontline teams (Adult Community Teams and Havering Access Team) in 2020-21, regarding communication and information. These increases also included complaints relating to Occupational Therapy (OT) around equipment/adaptations, as the OT function has been incorporated within the frontline teams. It should be noted that at the beginning of the pandemic and during the lockdown periods, frontline staff were completing the majority of assessments and reviews virtually via video or telephone calls. This was a significant change of practice at that time both for staff and clients and likely impacted upon how information was shared and received..

4. The number of complaints upheld (9) or partially upheld (14) represented 35% of the total complaints (66) responded to in 2020-21, with 25 (38%) not upheld and 18 (27%) complaints withdrawn. Of those upheld, the majority resulted in an apology or information/explanation given with the next highest resulting in a financial adjustment.

5. Learning from complaints continues to play an important part in Adult Social Care. There continues to be ongoing work with staff through team meetings, 1:1 supervisions and case audits around importance of information sharing and accurate record keeping. Recommendations from the Ombudsman has resulted in training of all front line staff in Housing processes with dedicated email launched for referrals and working with Housing on complex cases where there is a threat of homelessness. The start of the development of tighter processes around eligibility and having consistency and clarity, and the clarifying of roles for the administering of Disabled Freedom Passes and the roles of professionals within the Community Learning Disability Team in terms of decision making. This work was paused due to the pandemic, but is due to restart in the next few months.

6. Response times for complaints fell in 2020-21, with 47% of complaints responded to within 20 working days, compared to 64% in 2019-20. This is due to the COVID-19 pandemic with adult social care playing its part in the broader council response to the pandemic, in particular support to NHS shielding calls and outreach visits and managing 'business as usual' - safeguarding, urgent/crisis intervention, carer breakdown and emergency respite arrangements

7. Complaints received for those aged 45-54 have more than doubled in 2020-21 with increases also across ages 65-74; and 75-84 and increases across most age groups of female service users. There were increases for those with memory and cognition difficulties, isolation and visual impairment.

8. Havering has a high representation for those of 'White British' background which is reflective of the borough population. There were small increases in those from an 'Asian/Asian British-Any other Asian background'; 'Asian/Asian British-Pakistani'; 'Mixed White & Asian' and 'White any other White background'.

9. There was an increase in those recorded of 'Catholic' religion. Those not recorded has increased and attention to recording should be addressed through case file audits. There was a decrease across most categories of marital status with a slight increase of those 'Living with Partner'. The recording of sexual orientation still remains low due to possible sensitivities.

10. The preferred method of contact in 2020-21 continued to be by email (57%), with telephone (19%) being the next preferred method, which decreased from 31% in 2019-20. Expenditure on complaints totalled £850 in 2020-21 representing time and trouble payments arising from Ombudsman recommendations.

11. Compliments increased in 2020-21 to 71 compared to 2019-20 (60). The frontline teams i.e. Adult Community Teams and Havering Access Team received the highest number of compliments. The examples of compliments shows the positive work by Adult Social Care staff during a very difficult period.

12. Member enquiries increased by 14% in 2020-21 (111) compared to 2019-20 (95) with 70% (78) being responded to within timeframe.

13. Learning from complaints continues to be a focus within Adult Social Care. The Liquidlogic social care system for complaints went live in April 2021. There is still ongoing work to be done regarding reporting mechanisms.

14. The impact of the pandemic during 2020-21 has not shown the increase in complaints initially anticipated, which is likely to be due in part to the restrictions over the year. The impact may be felt in 2021-22 as restrictions are lifted and families have access to relatives and clients have greater access to services. However the examples of the compliments received and the work and support that has been put in may lessen the impact.

15. It is important to note that during 2020-21 the Ombudsman had ceased to deal with complaints for a period of time, however statutory complaints continued throughout the period. Learning from complaints continues to play an important part in service improvements within Adult Social Care.

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:
There are no HR implications.

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.

APPENDIX 1

ANNUAL REPORT
2020-21

ADULT SOCIAL CARE

Complaints, Comments and Compliments

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

Prepared by: Veronica Webb
Complaints & Information Team Manager

Contents

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 2020 to March 2021.

During this period, both nationally and locally, the coronavirus (COVID-19) pandemic has had a profound and unprecedented impact on people receiving and providing social care and it continues to impact upon the service in terms of demand of new clients and the complexity of needs of those clients.

During the pandemic an increased number of individuals were admitted to hospital and consequently discharged to Adult Social Care. Nationally, discharge pathways out of hospital were updated and significantly more individuals were discharged during the period. This had significant impacts on the frontline social care teams and on commissioned providers.

Due to the impacts of lockdowns and social distancing measures, care homes were told by government to restrict visitors such as family and friends. Daycare providers ceased their activities for extended period of time to protect vulnerable clients, and whilst these settings have reopened, this has been done in a COVID-secure way. In addition staff and clients of the service have had to change the way they engage with clients and assessments and reviews were conducted virtually where possible.

In addition, and particularly at the beginning of the pandemic Council resources were diverted to meet the crisis and staff supported calls being made to 'NHS Shielding' local residents to ensure that they had access to food, medication and other support during the first lockdown.

Complaints did not increase during this time. This could be due to the fact that many people found themselves unable to see their relatives and friends who are older and/or have disabilities, and also the closure of some front line services such as day centres, learning disabilities respite provision and face to face contact was restricted.

Complaint response times were effected as staff across the service were redirected to support the Councils response to the first wave and lockdown, and priority of remaining resources had to be refocused. Adult social care, along with the council more generally continued throughout 2020/21 to support the COVID-19 response, through the multiple lockdowns and the easing of restrictions into 2021/22.

What has been highlighted is the increase in the number of compliments and the type of compliments received during 2020-21, which supported the continued dedication and positive work being done by Adult Social Care staff during a particularly challenging year

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.

Learning from complaints is ongoing for Adult Social Care and with the implementation of complaints on the Adult Social Care social care system, Liquidlogic, this should lead to more evidenced based learning leading to service improvements.

2. Introduction

Local authorities have a statutory requirement for complaints, which are set out in The Care Act Statutory Guidance paragraph 3.55: Complaints and the Local Authority Social Services and National Health Service Complaints Regulations 2009. It is a requirement for the 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 relates solely to a regulated service, this will be referred to the relevant agency.

Formal - Complaints will be responded to within 20 working days from the date in which points of complaint are agreed and/or relevant consent or further information received. Complaints involving an external agency will be responded to within 25 working days. Complaints requiring an independent investigation will be completed 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 and are advised of such in responses.

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

3. Service Context

Adult Social Care is responsible for ensuring the most vulnerable adults in our community, and their carers, are provided with support to meet their assessed essential needs. Safeguarding is a priority, with a personal approach adopted with each case. The service ensures residents are provided with practical support to help them live their lives and maintain independence, dignity and control, with individual wellbeing at the heart of every decision.

The service supports and works with individuals across our communities: older adults, adults who have physical disabilities, those with sensory impairment, mental health needs and learning disabilities, as well as carers in the community. In addition, we have direct delivery of services including day opportunities for people with learning disabilities and physical disabilities.

Adult Social Care has responsibility for supporting individuals to remain well and self-sufficient for as long as possible in the community, as well as providing services to those who are vulnerable and have social care needs. For those that do not meet the eligibility criteria, we also have a duty to provide information and advice to all borough residents, and to signpost to services. The service operates a strength bases approach to frontline social care to support clients to make best use of community resources and to carry out assessments based on client assets and strengths. We continue to work with and integrate with partners to help people remain well and active for as long as they are able.

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

In 2020-21 there were a total of 6 Ombudsman investigations regarding Adult Social Care decisions. There were 3 decisions for maladministration – Injustice with penalty, 1 not upheld, no maladministration/service failure, 1 closed after initial enquiries, no further action and 1 closed after initial enquiries, out of jurisdiction.

The 3 decisions returned for maladministration were regarding commissioned home care provision, a Freedom Pass application and support of a service user with complex needs with threat of homelessness.

	Apr20 – Mar21	Apr19 – Mar20	Apr18 – Mar19
Maladministration (no injustice)		1	
Maladministration Injustice with penalty	3	3	2
Maladministration injustice no penalty			1
No maladministration after investigation			
Ombudsman discretion			
-Cases under investigation/ongoing			
-Investigation not started/discontinued			
Not upheld no maladministration/service failure	1	2	
Closed after initial enquiries: no further action	1	1	4
Closed after initial enquiries: out of jurisdiction	1		1
Premature/Informal enquiries		3	1
Total	6	10	9

4.2 Total number of complaints

In 2020-21 there were 69 statutory complaints, a 7% drop from 2019-20 (74). The steady decrease in complaints over the last few years has continued, however during 2020-2021 the restrictions in relation to the pandemic may have had a bearing on this decrease. We anticipate that as commissioned providers reopen post lockdown and as care homes open more widely to family members we may see an increase in complaints in 21/22 and we are preparing for this.

Total Number of Statutory Complaints		
2020--21	**2019-20**	**2018-19**
69	74	91

4.3 Stages

There was a slight decrease in formal and informal complaints during 2020-21 from 2019-20, although during the last quarter started to show an increase of 48% i.e. January to March 2021 (25), compared to the previous quarter i.e. October to December (13). Enquiries increase slightly by 4% during 2020-21. The last quarter increase may have been impacted by the governments published roadmap out of lockdown - the four steps - which saw greater take up of services and access to care homes etc.

	Enquiry		**Formal**	**Informal**	**Joint health and adult social care formal complaint**
Apr 20 – Mar 21	54		47	22	
Apr 19 – Mar 20	52		50	24	

4.4 Service Areas

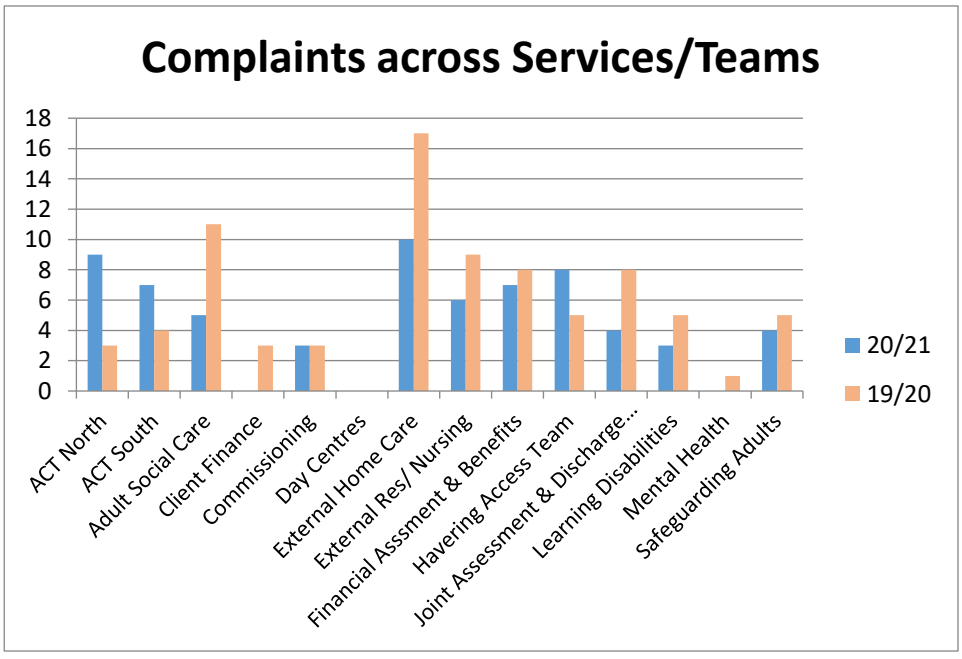
Frontline teams (Adult Community Teams and the Havering Access Team) showed an increase in the number of complaints during 2020-21, regarding lack of communication or

disputing information given and also equipment and adaptations linked to occupational therapy assessments

As mentioned Adult Social Care staff contributed to Council efforts to support users in the first wave and lockdown of the pandemic which included NHS shielding calls, outreach visits, with priority being given to safeguarding urgent/crisis intervention, carer breakdown, emergency respite arrangements at the cost of scheduled work. Adult Social Care also saw an increase in domestic violence cases during this period, which also reflected the national picture. This caused significant pressure on staffing resources. Staff also moved to virtual methods of conducting routine assessments and reviews (via video or telephone calls), attending in person for emergency situations only, and this may have also impacted upon the complaints received during this period

Areas such as external home care, residential/nursing homes, and learning disabilities saw a decrease in complaints during 2020-21. As families were unable to have access to relatives it is unclear whether any impact may be shown in 2021-22, once restrictions are lifted and families begin to return to normal visiting patterns. Access to services by clients case managed by the Community Learning Disabilities Team was also significantly impacted by the pandemic with users not accessing services such as day opportunities due to lockdowns, shielding and social distancing measures.

Although the highest number of complaints received were in relation to homecare, when comparing the number of homecare clients involved in complaints ie. 23 to the total number of homecare clients in 2020-21 i.e. 1,821 this equates to 1.26%. When looking at the number of homecare hours received for those involved in complaints i.e. 7,877hrs to total number of homecare i.e. 725,925 hrs in 2020-21, this equates to 1.09%.



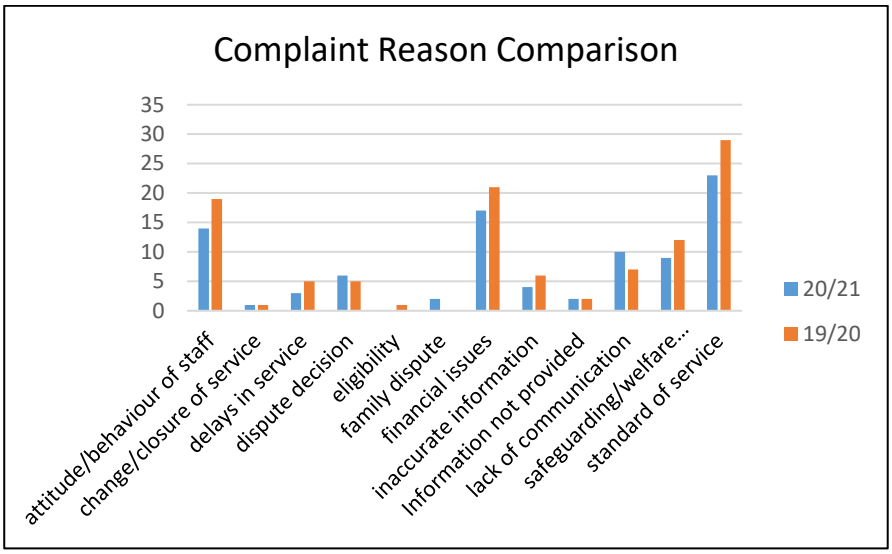
4.5 Reasons

'Standard of service' was the highest reason for complaint during 2020-21, as in 2019-20, however this has decreased by 21%. Where standard of service was given as the primary reason for complaint, the majority were in relation to care provided via home care or residential/nursing home, followed by discharge arrangements and provision of equipment.

'Financial issues' was the second highest during 2020-21, and remains mainly around disputes on charges and invoices. 'Attitude/behaviour of staff' was the third highest with the majority of these referring to being unhappy with home carers and care provision arranged through social workers.

However with the three highest reasons, i.e. 'standard of service', 'financial issues', 'attitude/behaviour of staff', these have all decreased in 2020-21 compared to 2019-20.

It is noted that 'lack of communication' has risen slightly in 2020-21 compared to 2019-20, which related to communication regarding care provision, finance and discharge arrangements. There was a very small increase for 'dispute decision' compared to 2019-20.



4.6 Outcomes & Learning

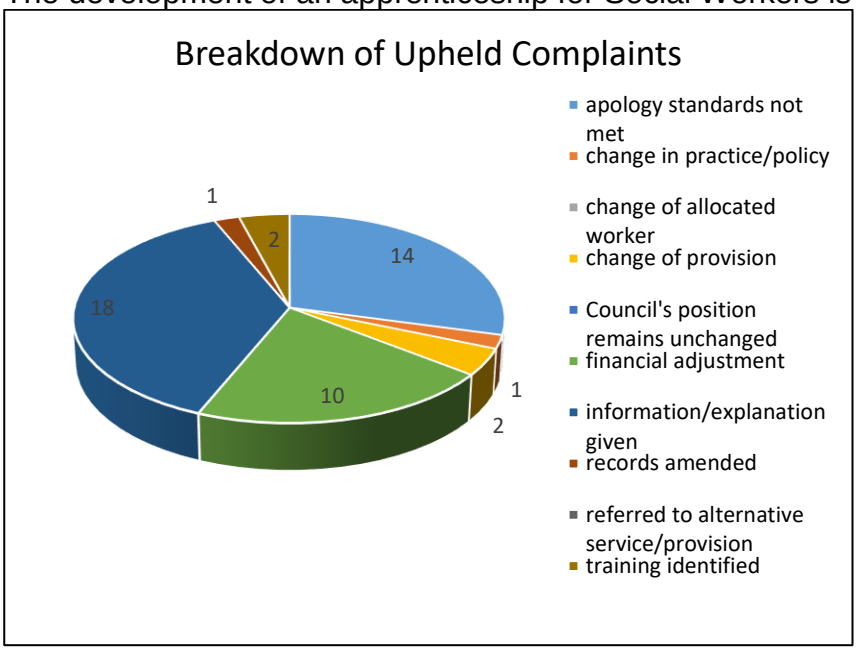
Of the 66 complaints which recorded an outcome (3 ongoing), 35% of complaints were partially upheld or upheld, 38% not upheld and 27% withdrawn. Complaints partially upheld increased slightly in 2020-21 compared to 2019-20, although there were a lower number of complaints in 2020-21.

	Upheld	Partially Upheld	Not Upheld	Complaint Withdrawn	Referred to Alternative Service – outcome unknown	Total for year
20/21	9	14	25	18		66
19/20	9	11	34	20		74

For complaints that were partially upheld or upheld, 39% resulted in an apology being given with information or an explanation required, with 35% in addition requiring a financial adjustment. The remaining 26% in addition to either an apology being given or information/explanation provided resulted in either a review of practice or provision, records amended, or training identified.

An increase in the number of Occupational Therapy requests for equipment, to help support people at home, also had its challenges, with a shortage of Occupational Therapists (OT) not only locally, but also nationally. In order to meet this challenge in future and the difficulties of recruiting, Adult Social Care developed a four year apprenticeship programme for Occupational Therapists, utilising existing resources to help ease the pressure in future years.

The development of an apprenticeship for Social Workers is also being explored.



4.6.1 Learning from Complaints

During 2020-21, COVID-19 ushered in unprecedented times with the priority and focus for Adult Social Care being on vulnerable residents within Havering and ensuring appropriate support was provided. With the complaint outcomes it highlighted that there was still a need for workers to ensure that service users and family members received appropriate, relevant and accurate information. This resulted in social workers being reminded across the teams as part of team meetings, 1:1 supervision about the importance of recording decisions and when information is provided and to whom. This is also reinforced with case file audits that are conducted twice a year looking at random cases across services.

Many of the financial adjustments were in relation to homecare or respite charges, and home care agencies and residential/nursing homes also need to take on board the importance of their own record keeping. This is being progressed through communications from the Joint Commissioning Unit.

4.6.2 Learning from the Ombudsman

The Local Government Ombudsman ceased to deal with complaints for a period of time during 2020-21 (between late March and the end of June 2020) linked to the pandemic.

It is important to note that where Adult Social Care commission a service, the local authority will be deemed responsible for those services and the actions of the organisation. Commissioning, as part of their monitoring and quality visits inspect records and complaints of providers and will make recommendations for improvements required.

Quality visits were restricted significantly during the pandemic. Through the roadmap out of lockdown, these have now been reinstated and are progressing. This is also reinforced through the Quality and Safeguarding Board meetings that take place, which covers safeguarding concerns, quality concerns, and complaints. Complaints representation at these meetings has been challenging due to staffing issues and this was addressed with the stabilising of the team during 2020-21.

As a result of an Ombudsman's decision received in 2020-21, there were areas which required improvement in relation to identifying and being clear about the criteria for disabled freedom passes, and where they are refused to ensure the decision is clearly communicated, explaining the reasons for refusal against the relevant criteria. Work began in December 2019 to look at the learning arising from this particular complaint with emphasis on ensuring that internal processes are fit for purpose and ensure that decisions are consistent and clearly explained. The complaint highlighted that there was a need to tighten up our guidance and be more specific about what we meant by eligibility, ordinary residence and inclusion on the learning disability team register. It transpired that eligibility meant different things to different departments and this had led to confusion and a poor experience for the complainant as terminology used was misleading. A flow chart was subsequently developed that sought to clarify the specific responsibilities of both Business Support Officer's administering Disabled Freedom Pass applications and the role of professionals within the Community Learning Disability team (CLDT) in terms of decision making. This work was paused due to the pandemic and is due to be restarted and the process finalised in the next few months.

Although there is already partnership working between Adult Social Care and Housing, it was highlighted that a clearer process was needed when dealing with individuals who are threatened with homelessness where it impacts on an individual with complex needs. Robust procedures should be put in place for sharing of information between Adult Social Care and Housing for those with complex needs. Training was provided by Housing to all Adult Social Care front line staff regarding housing process and as part of this Housing are to liaise with Adult Social Care on complex placements and ways to work with them. A dedicated email was re-launched for referrals in July 2021.

In 2019/20, an Ombudsman case in relation to live-in care from – this resulted in review of models for live in care throughout 2020/21, cases are assessed on need and funding is provided in line with the care need, rather than an arbitrary monetary maximum – although this remains an indicative guide where live-in care is required.

4.7 Response times

Response times declined during 2020-21, with 47% being responded to within 20 working days and 53% being responded to over 20 working days, compared to 2019-20 with 64% responded to within 20 working days. It was reflective of the difficult year, with a number of workers being transferred to other COVID-19 related activities for lengthy periods of time throughout the year providing pandemic support.

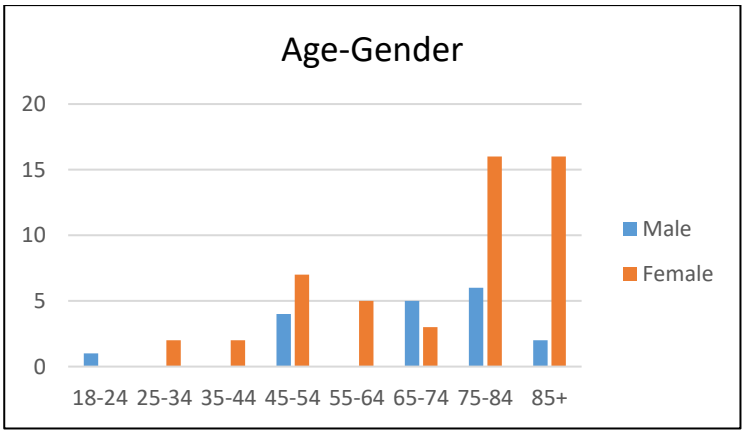
	Within 10 days	%	11-20 days	%	20+ days	%	25+ days	%	Total
Informal/ Formal	20	**30**	11	**17**	35	**53%**			66
Adult Social Care	20	**30**	11	**17**	9	**14**	9	**14**	49
External Providers							17	**26**	17

4.8 Monitoring information

4.8.1 Age

During 2020-21 those aged 45-54 more than doubled compared to 2019-20; 65-74 increased by 100% and 75-84 showed an increase of 16%. It is noted that during 2020-21 there were a much higher number of females to males across all the age ranges barring 18-24 and 65-74.

	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	undeclared
20/21	1	2	2	11	5	8	22	18	
19/20	5	5	3	4	6	4	19	25	6



4.8.2 Disability

There has been decreases across nearly all disability categories, with increases in those who require support for 'Memory and Cognition' of 36% in 2020-21 compared to 2019-20, and those requiring 'Isolation' and 'Visual impairment' support during 2020-21.

	Access & Mobility	Hearing impairment	Learning Disability	Personal care support	Memory and Cognition	Social Support/ Isolation	Social Support - Carer	Visual impairment	Not recorded
20/21	7	1	4	29	19	2	1	2	4
19/20	11	1	8	31	14		1		5

4.8.2 Ethnicity

As reflected in the population of Havering, 'White British' is the highest ethnicity, although this has dropped by 17% compared to 2019-20. There has been a slight increase in those of 'Asian/Asian British – Any other Asian background', 'Asian/Asian British – Pakistani' and 'Mixed White & Asian'

	Asian / Asian British - Any other Asian background	Asian / Asian British - Indian	Asian/Asian British - Pakistani	Black British/Any other black background	Mixed - Other / Multiple Ethnic Background	Mixed - White & Asian	Mixed - White & Black Caribbean	White Any other White background	White - British	Not declared
20/21	3	1	1			1		2	52	9
19/20	1	2		1	1		1	1	63	1

4.8.3 Religion

Those who are 'Catholic' have doubled during 2020-21, whereas those of other religions have seen slight decreases. It is noted that those not recorded has increased and attention to recording will need to be addressed through the case file audits, although it is not clear if this has been impacted by a shift in priorities through the pandemic.

	Catholic	Christian	Church of England	Church of Scotland	Jehovah's Witness	Jewish	Muslim	No Religion	Not recorded	Not stated
20/21	4	2	17	1			1	3	31	10
19/20	2	5	25	1	1	1	1	5	20	10

Marital Status

There has been a decrease across all categories within marital status, with only those 'Married' remaining at the same level and 'Living with Partner' increased slightly. Again those recorded has increased and this will need attention.

	Living with Partner	Married	Not recorded	Other	Single	Unknown	Widowed
20/21	2	9	38	1	9	2	8
19/20	1	9	23	2	16	5	15

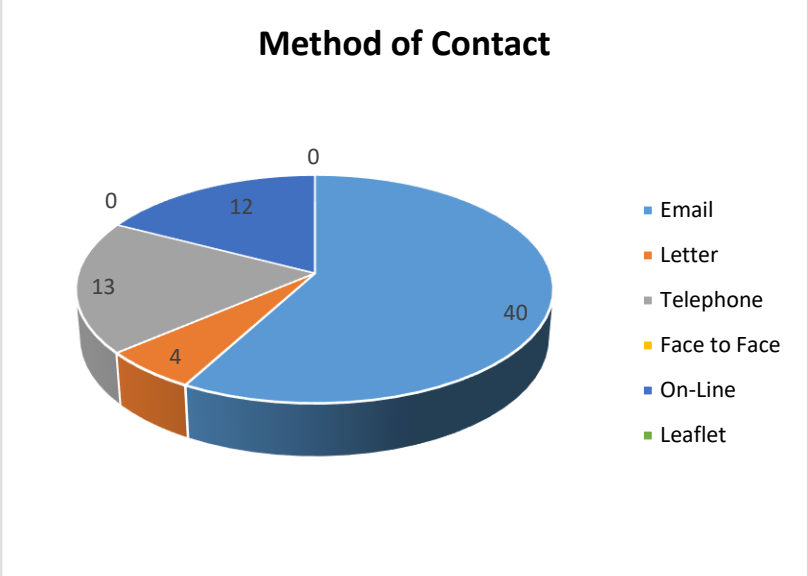
4.8.4 Sexual Orientation

This continues to be a category in which recording of this data could be seen as very sensitive and personal to an individual and is reflected in the high numbers that are 'not known'.

	Heterosexua	Not disclose	Not known	Not recorded	Prefer not to say
20/21	4	2	51	12	
19/20	6	5	58	2	

5 How we were contacted

'Email' was the highest method of contact during 2020-21 at 57%, with telephone being the second highest method of contact at 19%, although it is noted that this has dropped from 2019-20 (31%). Those choosing to complain using the online service increased in 2020-21 and represented 17%. During 2020-21 an online form for Social Care complaints went live on the Havering website.



6 Expenditure

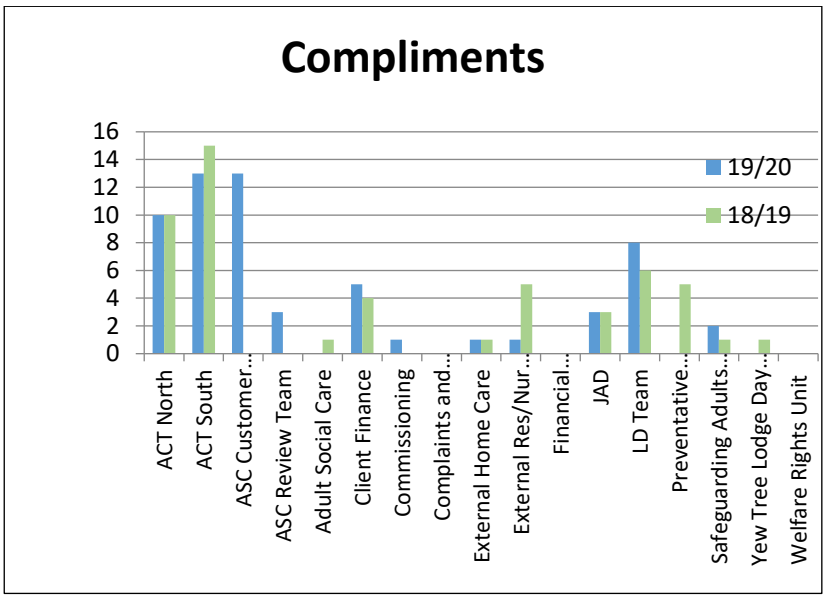
Expenditure has decreased in 2020-21 and represents time and trouble payments relating to three Ombudsman decisions, two from 2019-20 and one from 2020-21.

	Publicity £	Payment £	Total £
Apr 2020- Mar 2021		850.00	850.00
Apr 2019- Mar 2020		8,609.21	8,609.21

7. Compliments and resident satisfaction

7.1 Compliments

The number of compliments received during 2020-21 increased to 71 from 60 in 2019-20. This was encouraging particularly during the difficult times experienced by many, showing the positivity of the work by Adult Social Care.



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

A relative is thankful for the help with social inclusion - *'Thank you for your help in all this; we are all very grateful for your time and effort. You will be making a very anxious and vulnerable young person very happy tomorrow when the iPad arrives.'* – Learning Disabilities

A family member is grateful for support given during bereavement - '*I would like to thank you and especially …….. for all her help and kindness that she has shown whilst helping my family and myself during this sad time of …….. passing away'. '…….. gave us all the details we ask for in friendly manner always polite and in extremely considerate way'.* – Appointeeship & Deputyship

A concerned mother and daughter regarding an elderly couple - *'Thank you for your email and the action that your teams have taken. I don't think I can reply securely so I will keep to initials. My Mum has spoken to … several times since my referral, initially because she wanted to let him know that we had alerted safeguarding. I agree that this wasn't a safeguarding issue but felt it the best course to take to get the couple the help they needed. I know from …, via my Mum that they are both now safe. My Mum has relayed that …. looks better in himself, although sad that he can't visit due to COVID-19. I would like to thank you and your teams for the swift support given to the couple and for keeping in touch……' 'Compliments are given less freely or frequently than complaints.'* - Safeguarding

A foster carer caring for an autistic person requiring help, when she could no longer safely care for him – *'The help arrived in the form of ……. She assessed our situation and organised a placement….. 'On the 1st day in the home he rang telling me he had no phone charger, and this is in the pandemic, we were unable to immediately get one and take it to him. …… kindly got her daughter's spare charger and took it to the home…' '…… has been a source of constant support and reassurance for me and …. and he seems to be very happy.' '…… has been a rock throughout the last year ….' 'I feel she has behaved above and beyond one would expect from a social worker.'* - Adult Community Team South

A daughter grateful for help with her mum – '*Having you as mum's social worker these past few months has helped us to get through what has been a very tough time. You have been very communicative and followed up with every point that has come up, your commitment has been greatly appreciated. We now feel we can enjoy the next stage as mum settles into life at …… and are very much looking forward to being able to visit again.'* – Adult Community Team North

A physiotherapist relays thanks from family about carers of their mum following a visit - *I have recently done a review of …… care and her family couldn't be more pleased with the quality of care that she*

has been receiving from you. Her daughter, ….., specifically commented that the carers are even accommodating her dad's wishes and treating them both with respect and care.' - External Home Care

A person writing in with their appreciation – *'I am contacting you to thank you for the help given to me a few weeks ago. In particular I would like to praise the support and kindness given by …….. His kind and professional manner was very much appreciated and I am very grateful to him and your team for your help'* – Welfare Rights Unit, Financial Assessment & Benefits Team

A daughter is thankful for help given to her parents – '*I spoke to Dad tonight he actually Thanked me for being interfering and is so glad those who visited today are checking in with him every 3 weeks. Although he turned down carers he's grateful for …. and her number.' '…I spoke to Mum she was very excited about her new meals...all done and really nice...' 'They sounded really Happy and settled, for Dad to Thank me you've all done a grand job.' 'Thank you ALL SO VERY MUCH……I truly can't thank you enough for all the intervention...* 👍❤'– Havering Access Team

A family thanks the care home - *'You all do an amazing job, mum has thrived since she has been living with you, she eating, drinking, gaining weight and has improved tremendously in her well being, that is all thanks to you all.'* – Residential/Nursing Home

7.2 Adult Social Care Outcomes Framework – Survey 2020/21

Due to the pandemic, the service users survey was voluntary in 2020-21 and therefore was not undertaken in this year and comparative data is not available for 2020-21. The next survey will therefore be due in early 2022.

	20/21	19/20
% Service User who are satisfied with their quality of life		90.2%
% Service User who have control over daily lives		74.9%
% Service User who feel they have as much social contact as they like		48.3%
% Service User overall satisfaction		65.4%
% Service Users who find it easy to find information about services		72.4%
% Service Users who feel safe		71.7%
% Service Users who think services make them feel safe		86.8%

8. Members Enquiries

The number of MP/Councillor enquiries received in 2020-21 was 111, a 14% increase from 2019-20 (95), with 70% (78) being responded to within timeframe in 2020-21, compared to 88% in 2019-20

9. Conclusion

Adult Social Care continue to embrace complaints as a learning tool, and the senior management team continue to ensure that improvements are embedded in the service.

During 2020-21 complaints has not shown the increase anticipated. As mentioned previously this could be due in part to the restrictions that occurred over the year and the impact of the pandemic. The impact may be felt in 2021-22, as restrictions are lifted and families start having access to relatives. It is also noted that the level of support provided may lessen the impact, as could be seen in the increase and examples of the compliments received in 2020-21 compared to 2019-20.

Complaints during this period were impacted with Corporate complaints, as well as the Ombudsman, ceasing to deal with complaints for a period of time during 2020-21. Statutory social care complaints continued to be dealt with throughout 2020-21 however response times were impacted as many staff were moved to help support the council's COVID-19 response, with adult social care supporting initial efforts to support NHS shielding clients during lockdown. It is anticipated that response times will improve over the 2021/22 year, as the pandemic and its impact start to recede.

Learning from complaints will continue with improved monitoring on actions arising from complaints to improve service provision. Adult Social Care complaints went live on the Liquidlogic system at the beginning of April 2021. It is anticipated this will lead to better monitoring to provide evidence based learning, through the action plan incorporated within Liquidlogic to be completed by managers and the exploration of reporting mechanisms available within Liquidlogic for this.

Havering
LONDON BOROUGH

APPENDIX 1

9. 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	• Improved recording of information given on financial assessment and charges	• Financial assessment case note implemented in 2016/17.
		• Forms introduced to be signed by service user/financial representative (JAD only)
		• Compliance with completion monitored by:
		  • Monthly performance reporting
		  • 1-1 supervision
			• All	Ongoing	Case notes to continue to be used to record information on advice and guidance given, including date and who was provided with information. Ensure form signed by service user.
					Managers reminding staff within 1:1 and team meetings about importance of accurate and detailed recording.
					Twice a year case file auditing takes place looking at random cases across the service.

Lack of accessible information about adult social care more generally leading to complaints about level of service / incorrect information	• Reviewing information to ensure it is available and accessible, and provided to people in timely fashion	• Locality model under review • New arrangements at adult social care 'front door' implemented in February 2020 (Better Living), with strengthened information and advice provision at first point of contact. Renewed focus to begin in 2021/22, due to COVID-19 forcing different ways of working throughout 2020/21	• Head of Integrated Care • Head of Joint Commissioning Unit	March 2022 and ongoing (First implemented February 2018)	Primary Care Networks now established, and health and social care will form integrated care systems by April 2022 presents opportunity to produce joint information with health. Development of Community Hubs (first one launched in June 2021) in and the website (https://www.haveringcommunityhub.com/) and expansion of local area coordinators. Community Navigators within HAT now link in with Local Area Coordinators.

Issues Identified	Lessons Learnt	Action to be taken	Department	Timescale	Review
Percentage of complaints responded to within timescales needs to improve. Noted that performance deteriorated significantly due to the pandemic. This needs to be rectified over 2021/22	• Response times require improvement	• 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. • Commissioning to support Complaints Team in getting information from external social care providers back within timescale • 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).	• All • Head of Integrated Care • Head of Joint Commissioning Unit Complaints Manager	Ongoing	Quarterly report to senior management team on complaints performance. Member enquiry reviewed by Head of Integrated Care moved to as and when required during this period. Proposed visits to Provider agencies looking at Complaints and recording following lifting of restrictions. Initial attendance to virtual team meetings to be arranged regarding overview of team, followed by specific sessions at team meetings re Complaints, Subject Access Requests and Freedom of Information requests.
Quality and level of service received from commissioned providers continue to be affected by recruitment and retention of front line care and support staff		• Proactive work with providers via Quality and Safeguarding Team work and provider forums to identify issues and support resolution, including supporting sustainability of market. • Attendance at Provider Forums.	• Head of Joint Commissioning Unit.	Ongoing	Quality Team have restarted in person visits to care providers and are addressing issues in consultation and collaboration with CQC, commissioning, safeguarding and operational services. Provider forums were run virtually through the pandemic and this will continue.
Changes in provision (or funding body[1]) need to identify where there are financial implications and that these are communicated	• That financial implications are clear for service users and their financial representatives where there is a change of service	• Assessments needs to be completed with budget information • Financial assessments need to be undertaken following change in provision, including where the funding body changes	Adult Social Care	Ongoing	Working with BHR CCG's on ensuring the correct financial information is given to service users and families as part of review process and continues to be given/shared. Head of Integrated Service to review process in line with the changes to JAD.

[1] This includes where the funding body changes from the council to the NHS for example

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.	• Assessments need to be completed to ensure compliance with Care Act	• Monitoring and authorisation of assessments –this should be picked up via new social care system	• ASC	Ongoing	Case file audits take place twice yearly. Head of Integrated Service has bi-monthly briefings sessions to managers and seniors around finance information and importance of sharing information with families/service users
Poor Communication	• Communication between teams i.e. finance and care management needs improving to ensure changes that have financial implications are actioned in timely manner. • Clarification when case is closed to an individual rather than the service. • Messages taken need to be clear and concise and referred on in a timely manner.	• Service management to pick up with teams and raise in team meetings, 121s etc.	• All	Ongoing	This is continuously being discussed and staff reminded through 1:1s, team meetings and team briefing sessions.