



Haverling

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

PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE AGENDA

7.00 pm

Thursday
9 March 2023

Appointment Centre –
Town Hall

Members 12: Quorum 4

COUNCILLORS:

Ray Best
Patricia Brown
Jason Frost (Chairman)
Laurance Garrard

Linda Hawthorn
Jacqueline McArdle
Christine Smith
David Taylor

Bryan Vincent
Frankie Walker (Vice-Chair)
Julie Wilkes
Darren Wise

CO-OPTED MEMBERS:

Statutory Members representing the Churches

Jack How (Roman Catholic
Church)

Statutory Members representing parent governors

Julie Lamb, Special Schools

Non-voting members representing local teacher unions and professional associations:
Ian Rusha (National Education Union)

For information about the meeting please contact:

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

Under the Committee Procedure Rules within the Council's Constitution the Chairman of the meeting may exercise the powers conferred upon the Mayor in relation to the conduct of full Council meetings. As such, should any member of the public interrupt proceedings, the Chairman will warn the person concerned. If they continue to interrupt, the Chairman will order their removal from the meeting room and may adjourn the meeting while this takes place.

Excessive noise and talking should also be kept to a minimum whilst the meeting is in progress in order that the scheduled business may proceed as planned.

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:

- Drug, Alcohol & sexual Services
- Health & Wellbeing
- Health O & Scrutiny
- Adult Care
- Learning and Physical Disabilities
- Employment & Skills
- Education
- Child Protection
- Youth Services

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- Fostering & Adoption Services
- Education Traded Services
- Early Years Services
- Looked after Children
- Media
- Communications
- Advertising
- Corporate Events
- Bereavement & Registration Services
- Crime & Disorder

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

To receive (if any)

2 DISCLOSURE OF INTERESTS

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

3 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.

4 MINUTES (Pages 1 - 4)

To approve as a correct record the Minutes of the meetings of the Committee held on 6th December 2022 and 15th January 2023 and authorise the Chairman to sign them

5 POLICING NUMBERS UPDATE (Pages 5 - 20)

Report and appendix attached

6 ADULT SOCIAL CARE FINANCIAL OUTTURN (Pages 21 - 34)

Report and appendix attached

7 LOCAL AREA COORDINATION UPDATE (Pages 35 - 42)

Report and appendix attached

Zena Smith
Democratic and Election Services Manager

Public Document Pack Agenda Item 4

**MINUTES OF A MEETING OF THE
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE
Council Chamber - Town Hall
6 December 2022 (7.00 - 7.30 pm)**

Present:

COUNCILLORS

Conservative Group Ray Best, Jason Frost (Chairman), Christine Smith and David Taylor

Havering Residents' Group Laurance Garrard, Jacqueline McArdle, Bryan Vincent and Julie Wilkes

Labour Group Frankie Walker (Vice-Chair)

All decisions were taken with no votes against.

8 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received for the absence of Councillors Patricia Brown, Lamb and Darren Wise.

9 DISCLOSURE OF INTERESTS

There were no disclosures of interests.

10 CHAIRMAN'S ANNOUNCEMENTS

The Chairman reminded Members of the action to be taken in an emergency.

11 MINUTES

The minutes of the meetings held on 12th July 2022 and 6th September 2022 were agreed as a correct record and signed by the Chairman.

12 PEOPLE OSSC TOPIC GROUP SCOPES

The Sub-Committee were presented with 3 topic groups' scopes.

Members first considered the scope for the Adult SEND Provisions topic group. The lead member, Councillor Wise explained that the initial aim of the group was to investigate the provisions that were currently in place for adults with SEND to identify areas of focused scrutiny. Councillors Wilkes and McArdle nominated themselves to join the topic group.

Members then discussed the EHCP and SEND School Provisions topic group. Members noted that the lead member, Councillor Pat Brown, had sent apologies so were not prepared to make a decision. Members did state that the investigation of special school places was key and should be a main focus.

Members finally considered the School Readiness. Councillor Frankie Walker, the lead member of the topic group, explained to the Sub-Committee the school readiness rates for children on free school meals in Havering was below the London and England averages and this would be the main focus alongside children in poverty. Cllr Walker identified the wards within Havering with the largest percentage of children in poverty but explained the data was from 2017 so would be looking for more up to date data. Members noted that not all children in poverty are able to access free school meals. Cllr Walker explained that the topic group would scrutinise other London Borough's and Council's provisions and analyse them compared to Havering's provisions. Other members suggested consulting external services and business which are not Council-led or funded.

The Sub-Committee:

- 1) **Approved** the scopes for the Adult SEND and School Readiness topic groups
- 2) **Approved** for the Adult SEND and School Readiness topic groups to commence at the earliest possible time

Chairman

Public Document Pack

**MINUTES OF A MEETING OF THE
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE
Appointment Centre Rooms 10 & 11 - Town Hall
25 January 2023 (7.00 - 7.55 pm)**

Present:

COUNCILLORS

Conservative Group	Ray Best, Jason Frost (Chairman), Christine Smith and David Taylor
Havering Residents' Group	Laurance Garrard, Jacqueline McArdle, Bryan Vincent and Julie Wilkes
Labour Group	Patricia Brown and Frankie Walker (Vice-Chair)
East Havering Residents Group	Darren Wise

19 CHAIRMAN'S ANNOUNCEMENTS

The Chairman reminded members of the procedure to take in case of an emergency.

20 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

There were no apologies for absence.

21 DISCLOSURE OF INTERESTS

There were no disclosures of interests

22 IN-BOROUGH SUPPORTED HOUSING UPDATE

The Sub-Committee was presented with an update on the in-borough supported housing scheme.

Members noted the Council had commissioned Centre Point as the service provider and officers explained that this had been positive and savings had been made. Sub-Committee members had also noted the scheme was beneficial as the Council owned the properties so would reduce costs, provide greater decision making opportunities for the Council and present less risk if a provider goes bankrupt.

Officers explained that the Council was looking at expanding the scheme as it had received such positive feedback. Members finally noted that the scheme was for 18-24 year old residents who have been referred to the Council by their social worker.

The Sub-Committee did not suggest any recommendations.

23 EHCP AND SEND PROVISIONS TOPIC GROUP

The Sub-Committee received the scope for the EHCP and SEDN provisions topic group.

Cllr Pat Brown, who was leading the topic group, updated members that she had sent initial questions to officers and had visited Corbets Tey school.

The Sub-Committee approved the topic group scope.

Chairman

People Overview & Scrutiny Sub-Committee

9 March 2023

REPORT

Subject Heading:

Police Extraction and Response Times Update

Report Author and contact details:

Luke Phimister, Committee Services Officer
Luke.phimister@onesource.co.uk

Policy context:

The report deals with information previously requested by the Sub-Committee.

Financial summary:

There is no significant financial impact of the report itself.

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

Communities making Havering
Places making Havering
Opportunities making Havering
Connections making Havering

SUMMARY

The attached papers gives updated information on Police extraction and response times for Havering.

RECOMMENDATION

That the Board scrutinises the information presented and decides what further action it wishes to take.

REPORT DETAIL

Members of the Sub-Committee have previously received information on Police response times in Havering and the number of occasions on which local officers are extracted to police events in central London or elsewhere at the 6th September 2022 meeting. This information is attached and the Sub-Committee is invited to scrutinise this and agree any appropriate recommendations or follow-up action.

East Area Response Policing Senior Partnership Meeting January 2023

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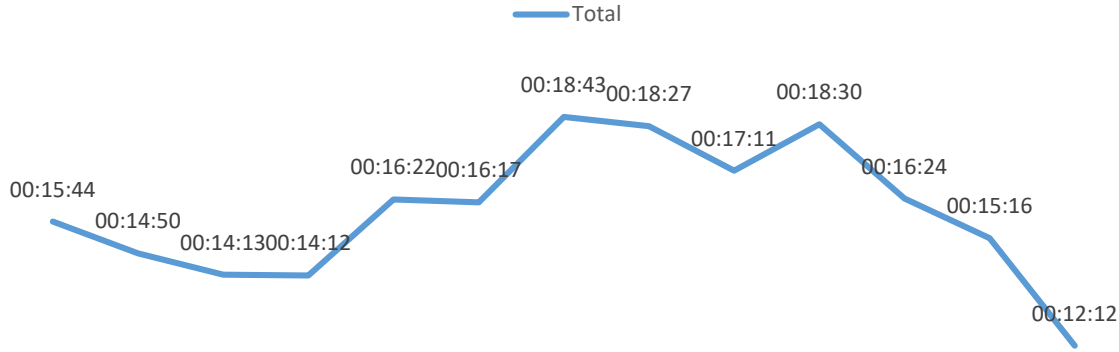


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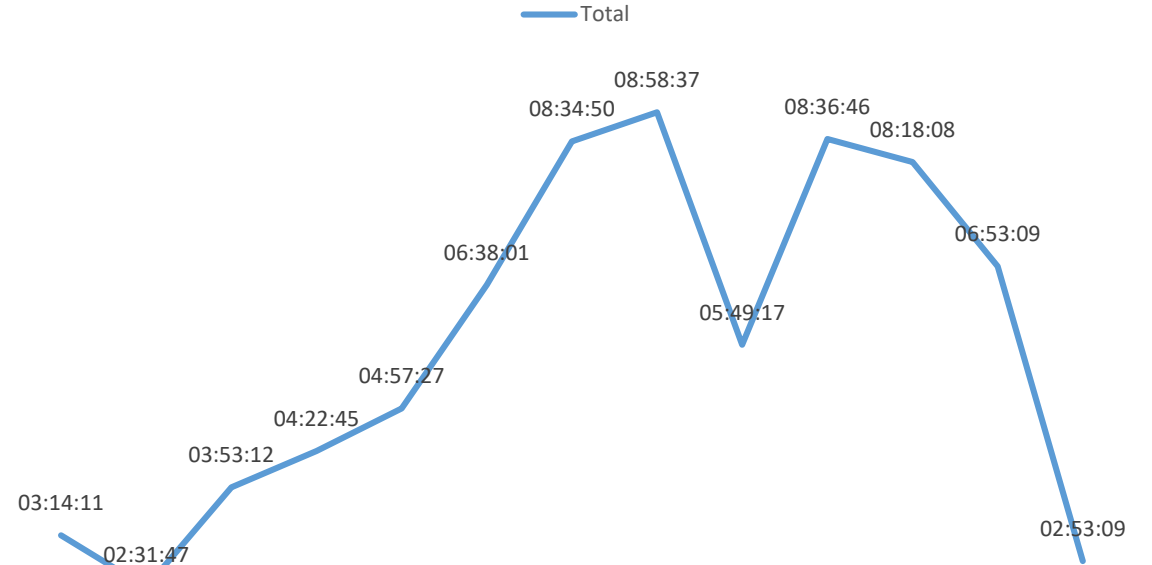
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Response Times Average – EA – 12 Months

I Grade



S Grades



JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
2022												2023

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
2022												2023



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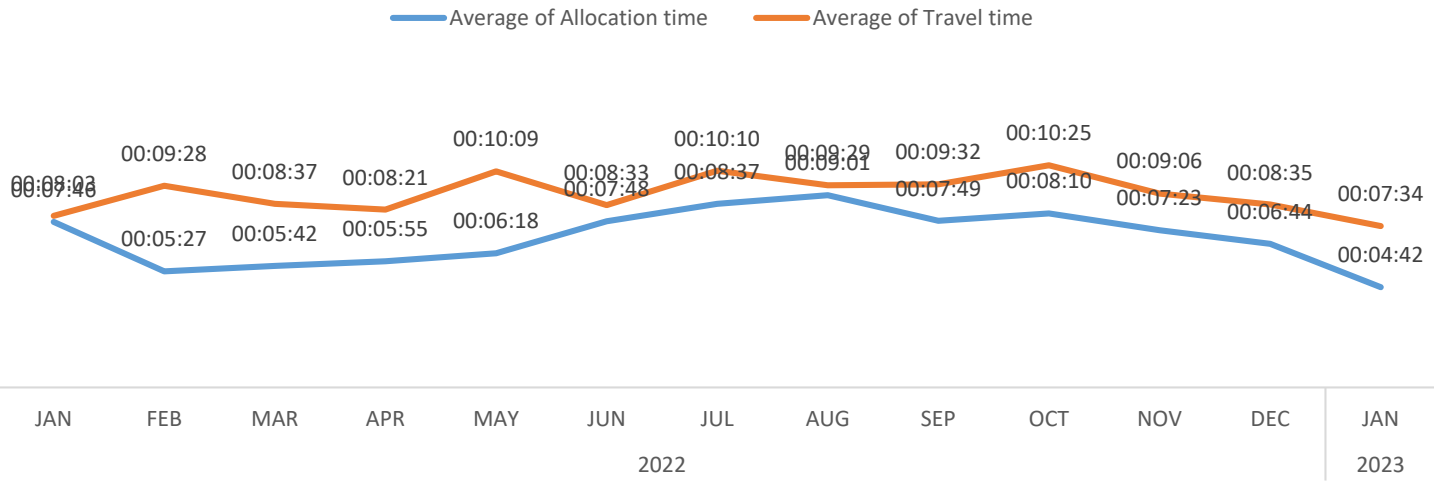


I&S Grade - Allocation and Travel Timeline - EA

I&S Grade - Allocation and Travel – EA East, South & West – January to date

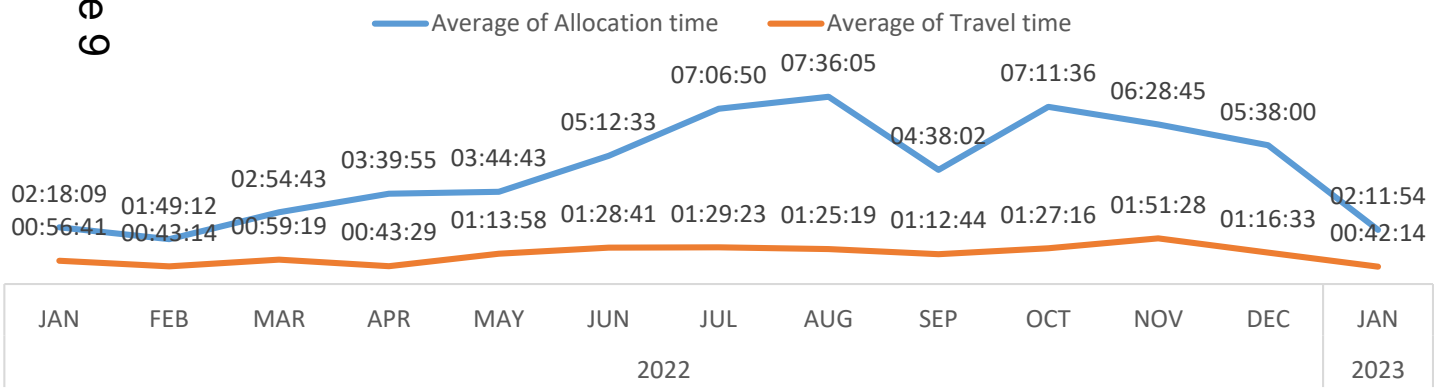
I Grade

— Average of Allocation time — Average of Travel time



S Grades

— Average of Allocation time — Average of Travel time



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% of I Calls In Target For January

78.2%



% of S Calls In Target for January

■ % of S Calls In Target

57.6%



EA

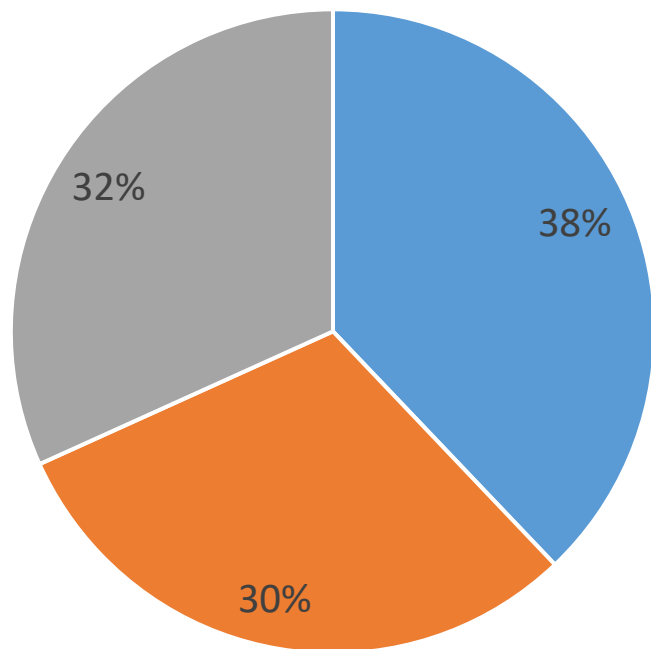


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What Percentage of EA's Calls does each area deal with

■ JI ■ KD ■ KG



Area	Amount of Calls per Year	Average Calls per month (average)
Redbridge (JI)	26009	2167
Havering (KD)	20830	1736
Barking & Dagenham (KG)	21799	1817



London Borough of Barking and Dagenham

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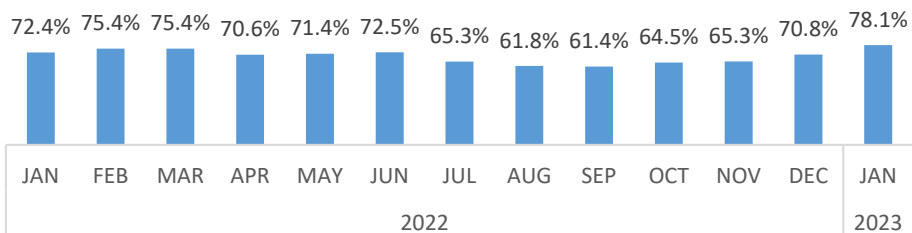
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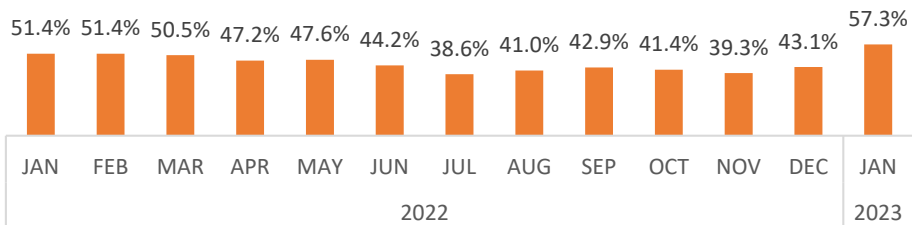
Barking & Dagenham – 12 Months

Call volume, Missed Calls and Locations

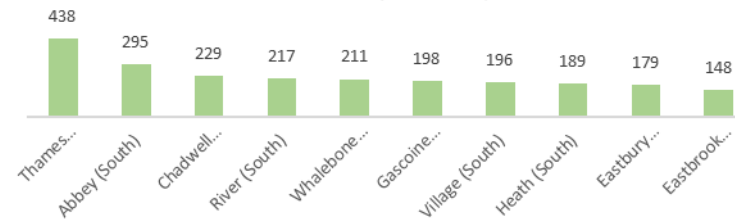
% of I Calls In Target



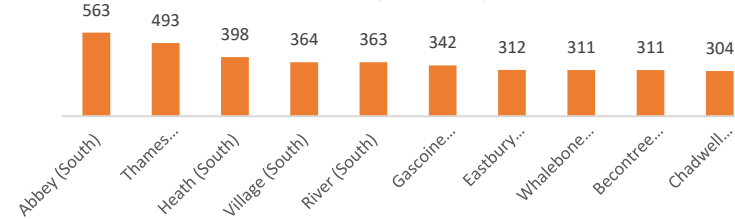
% of S Calls In Target



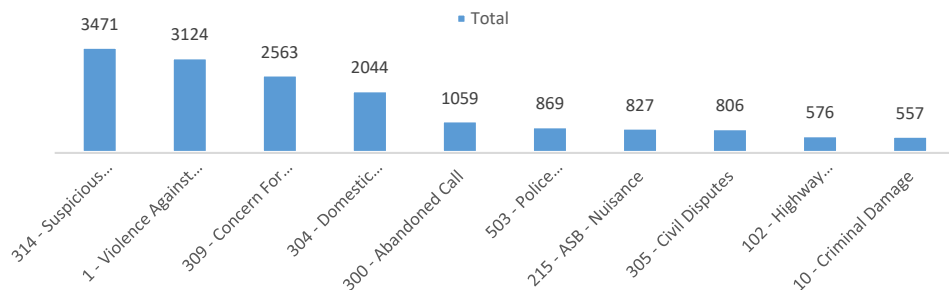
Missed Calls -By Ward - Top 10



Missed Calls -By Ward - Top 10



Barking & Dagenham - Top 10 Call Types



London Borough of Redbridge

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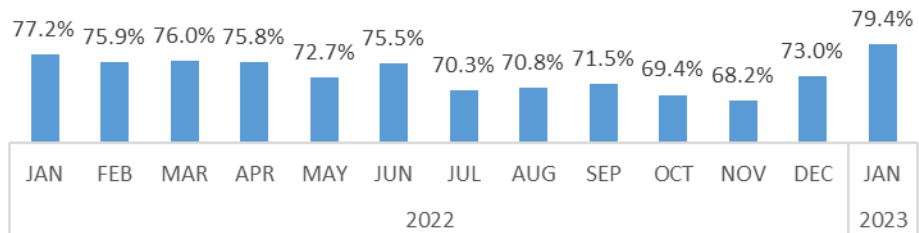
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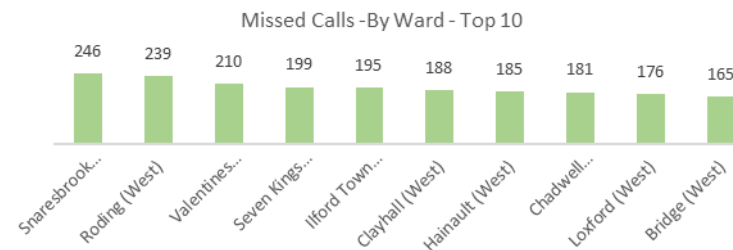
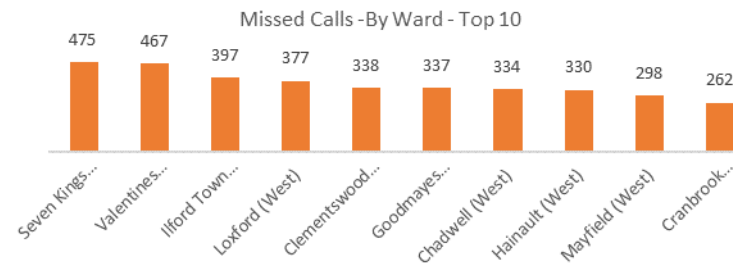
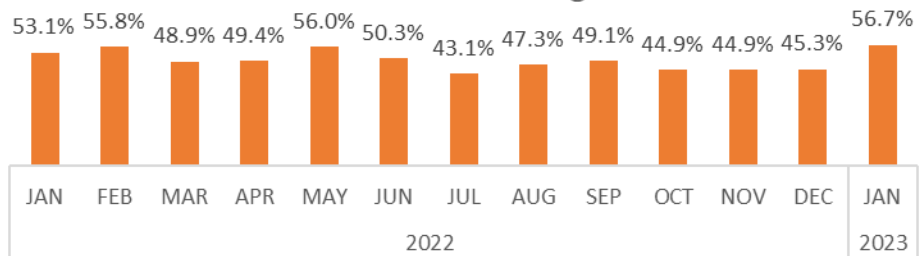
Redbridge – 12 Months

Call volume, Missed Calls and Locations

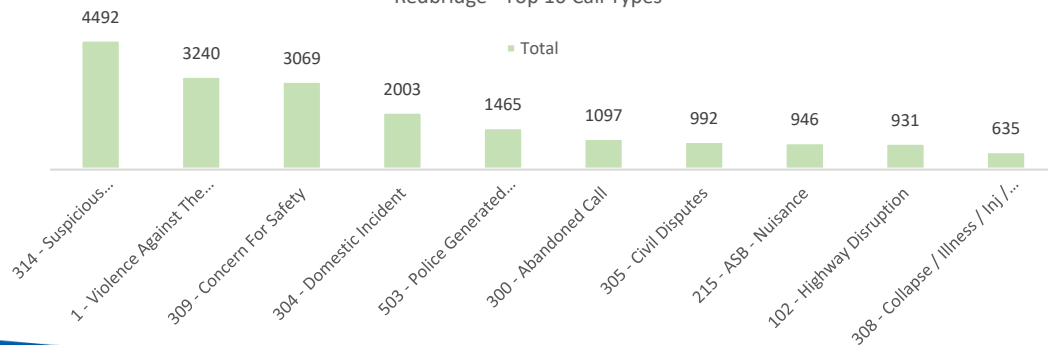
% of I Calls In Target



% of S Calls In Target



Redbridge - Top 10 Call Types



London Borough of Havering

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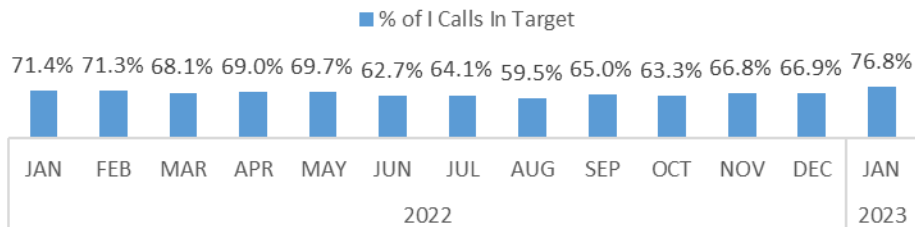


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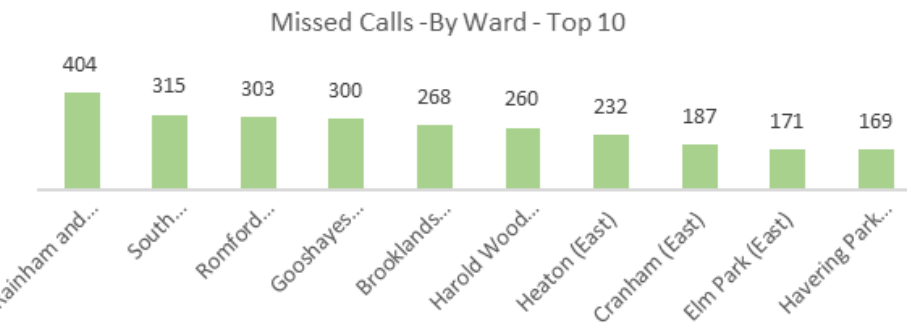
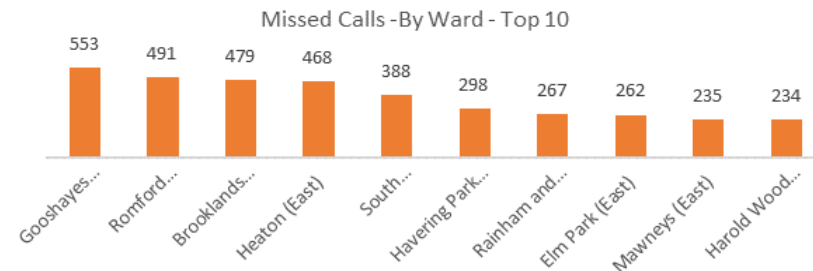
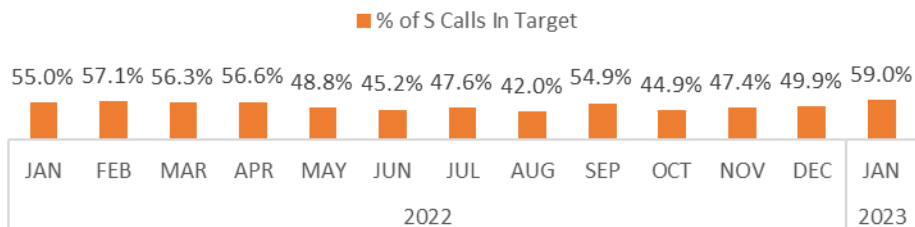
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Havering – 12 Months Call volume, Missed Calls and Locations

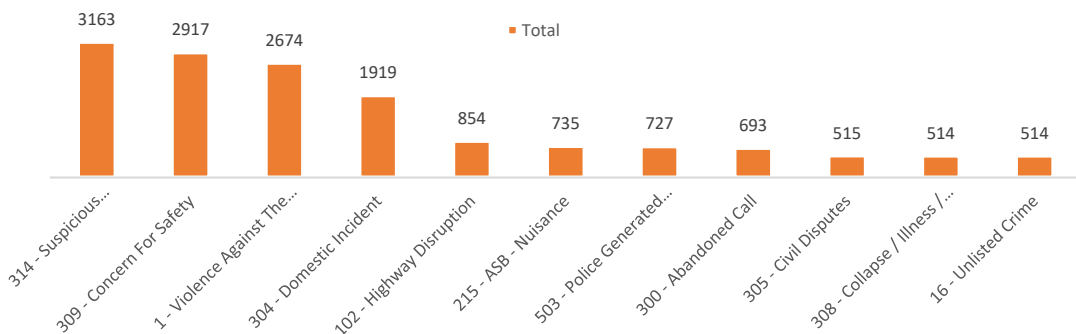
% of I Calls In Target



% of S Calls In Target



Havering - Top 10 Call Types



Burglary Suspect Caught

On **Saturday 24th December 2022** the owner of a Silver Toyota Auris parked their vehicle outside their address in Dagenham. The vehicle was left locked and secured with the keys to the vehicle left secure in the address.

On the morning of Christmas day, the victim woke up to find his keys and car were missing. The burglary was reported and the stolen vehicle had an ANPR marker placed on it

PC Josh Thornton 2153EA and **PC Jack Healy 1387EA** came on duty shortly after the burglary was reported and began proactively monitoring the ANPR systems when they noted that this vehicle stolen in a burglary was on the move. The officers managed to locate the vehicle, which failed to stop for police and was driving dangerously in order to avoid officers.

Officers pursued the vehicle for some distance, keeping up a very professional commentary and allowing TPAC units to get to their location. The vehicle then tried to go the wrong way down the M11, at which point traffic units deployed TPAC tactics.

Male Was detained arrested and charged

On **Wednesday 28th December 2022**, **PC Carl Simonovitch 1292EA** and **PC Tom Parry 1403EA** responded to a call whereby the victim stated that he had been stabbed in the stomach by his fiance's son.

Officers arrived at the address where **PC Parry** commenced giving urgent first aid to the victim, managing to stop the bleeding until LAS arrived. He then went on to act as the continuity officer.

PC Simonovitch spoke to all witnesses at the scene obtaining important information about the suspect. He reviewed CCTV of the incident which lead to a full description of the suspect and the direction they travelled in and a description of the knife. This was quickly circulated.

Due to the circulation of the above details, **PC Jamil Muley 1399EA** and **PC Janet Matthews 1315EA** were able to go to the locality of where suspect had made off, **PC Muley** has then seen a male matching the description and subsequently detained and searched him, where he was found in possession of two knives. **PC Muley** then arrested the suspect for the GBH and conveyed to custody. Suspect gave a no comment interview and was subsequently charged.



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MIST Investigation Team Update

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EA MIST+

Staff

Number of Supervisors: 16

INSP: 1

PS: 9

DS: 6

PC: 50

Crimes: MIST progress PIP 1 level investigation reported via telephone/internet/front office/scheduled appointments
This includes all P1P 1 Level hate Crime & Commercial Burglary.

MIST Currently have: 845 live investigations, shared by 50 PC's.

Prisoner Processing: MIST will progress relevant detainees who have been arrested by ERPT Officers. This involving's interviewing them under caution and any associated tasks.

To note: 65 positive outcomes so far January 2023 for 118 prisoners.

Hate Crime Team: Dedicated Hate Crime desk that assist OIC's of Hate Crimes by arranging interviews, maintaining victim care & ensuring statements are obtained at the earliest opportunity to prevent loss of evidence. Currently 142 Hate Crimes being carried.

Victim Care

Hate Crime: Hate Crime desk complete tasks to improve and maintain victim satisfaction.

- All victims contacted within 24 hours of overnight search – 124H and Catch completed.
- Each crime set for 7 day call back post overnight search.
- On first 7 days – first 6 questions of VSS completed and documented – when required OIC spoken to with regards to praise & areas of improvement.
- At the point of closure victim reassurance call completed, last 2 questions and free texted completed via VSS when required OIC spoken to with regards to praise & areas of improvement.

At Present on duty MIST Supervisors are assigned 2 CRIS' each per set to complete VSS.

Good news



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PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

Subject Heading:

**ASC outturn projections at period 9
2022/23 and main cost drivers of spend**

SLT Lead:

**Barbara Nicholls, Director Adult Social
Care**

Report Author and contact details:

**Caroline May, Assistant Director Business
Management**
01708 433671
Caroline.May@Havering.gov.uk

Policy context:

The report provides an update on the key cost drivers in Adult Social Care linked to the financial monitoring position at the end of period 9

SUMMARY

An update on the Adult Social Care (ASC) budget projections for outturn as at period 9 2022/23 and a review of the key cost drivers impacting the budget across the service.

RECOMMENDATIONS

To note the contents of the report.

REPORT DETAIL

This report gives some national context of the main cost drivers related to Adult Social Care (ASC), the budget pressures and outturn position as at period 9 and explores the cost drivers that are pertinent to Havering.

1. National Context

1.1 In November 2022, the *Association of Directors of Adult Social Care* published their Autumn survey that concluded that adult social care is in a significantly worse position to cope than in the same period in 2021. Nationally nearly half a million people are waiting for a care act assessment or review. Adult social care, both councils and providers (such as care homes and care agencies) is increasingly struggling to recruit and retain staff, with the highest vacancy rate of 165,000 reported for 2021/22.

1.2 Even though many more home care hours are reported as being provided than for a similar period last year, the number of hours that cannot be delivered due to staffing capacity is rising at an even faster rate. This means that more people are not getting the essential

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care and support that they need, which will consequently restrict their ability to live full lives. The majority of councils have reported prioritising responses in relation to hospital discharge or where abuse or neglect has been reported.

1.3 The State of the Adult Social Care Sector and Workforce in England 2022, published by *Skills for Care*, gives the following statistics:

- The number of vacant posts in adult social care have increased by 52% in one year and it is now the highest rate since records began in 2012/13. This means on any given day there are around 165,000 vacancies.
- We may need an extra 480,000 people working in social care by 2035 to keep pace with demand. In addition, we may lose a further 430,000 people in the next 10-years if those aged 55 and over decide to retire.
- Turnover rates remain high at 29% meaning that 400,000 people left their jobs last year, but 63% are recruited from elsewhere within the sector. This represents significant costs to employers.

1.4 Spiralling levels of inflation have impacted hugely on ASC providers, the workforce and people who access care and support. Councils and care providers both face increased costs due to inflation, meaning that care providers in nearly every part of England have sought emergency or in-year increases to their fee rates.

1.5 The level of resources available to ASC is not sufficient to address the issues in any meaningful way. In fact, the situation is getting worse, with councils having to make more savings to 'live within their means'. This will have far reaching consequences if the long term funding situation is not addressed. These are unwelcome trends and behind every statistic are people's lives.

2. National Funding

2.1 In October 2020 *The Health and Social Care Committee* outlined that £7bn per year additional funding would be required by 2023/24 and commented that this would be a "starting point". *The Health Foundation* has suggested an additional £14.4 billion a year by 2030/31. In its August 2022 report on the long-term funding of adult social care, the *Levelling Up, Housing and Communities Committee* described these estimates as "credible" and recommended the Government "urgently needs to allocate more funding in the order of several billions each year, at least £7 billion."

2.2 Social care is increasingly financed through local government revenue. There are a number existing funding streams from Government included in the Better Care Fund (BCF) and more recently Discharge Funds to improve patient care and system flow to support pressure.

2.3 With regard to future funding, at the Autumn Statement 2022, the Government said it would make available up to £2.8 billion in 2023/24 and £4.7 billion in 2024/25 to help support adult social care and hospital discharge going forward. The Social Care Grant will also be worth £3.85 billion in total in 2023/24 and includes £1.185 billion delaying charging reform, council's core spending power and £161 million due to the rolling in the Independent Living Fund. The Adult Social Care Market Sustainability and Improvement Funding £562m nationally is to be ring-fenced to adult social care to support the Government objectives of "tangible improvements to adult social care and, in particular, to address discharge delays, social care waiting times, low fee rates, workforce pressures, and to promote technological innovation in the sector" - Havering will receive £2.355m. It is this funding in particular that is insufficient for the council to make any meaningful inroads in meeting these objectives.

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2.4 The Government is also allowing local authorities to increase the adult social care precept by up to 2% per year in 2023/24 and 2024/25. The Government therefore forecasts a 9.2 per cent increase in local government core spending power; however, this is based on the assumption that councils will raise their council tax by the maximum permitted by 5 per cent next year, including a 2 per cent adult social care precept. Council tax is increasingly seen by central government as a solution for meeting long-term pressures facing high-demand national services such as ASC.

3. The Havering ASC Budget Position

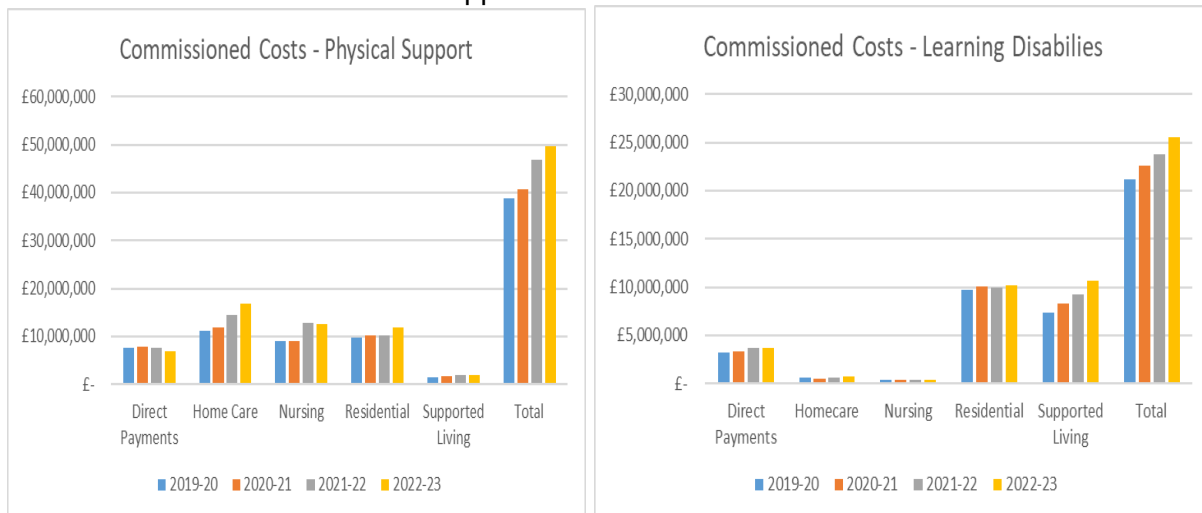
3.1 The period 9 position as reported for ASC was:

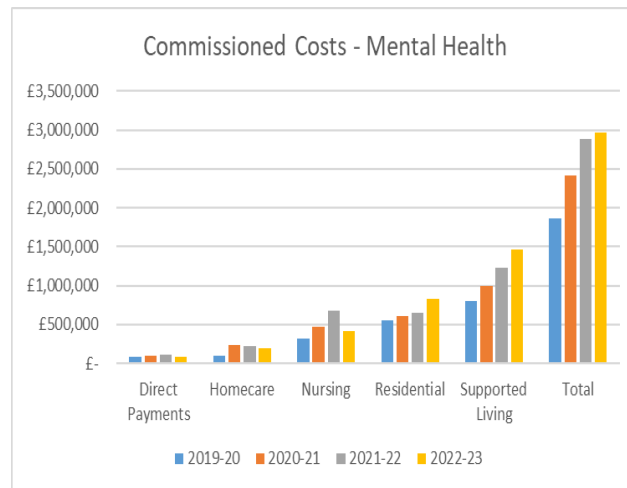
Service	Original Budget £'m	Revised Budget £'m	Forecast £'m	Current Forecast Variance to Budget £'m
A4600C-Adult Services Total	6.97	7.983	8.035	0.052
A4610C-ASC Business Management Total	12.479	3.941	3.866	-0.075
A4620C-ASC Integrated Services Total	53.075	61.479	63.783	2.304
A4600B-Adults Total	72.524	73.403	75.684	2.281

3.2 As at period 9 ASC is currently expected to have an overspend position of £2.281 mil at the end of March 23 – although the service continues to work to mitigate this as far as possible.

3.3 The key pressure areas across the ASC budget is in provisions across all main service areas: Physical Support; Mental Health; and Learning Disabilities. In particular, the following provisions are showing the most significant budget pressures:

- **Physical Support & Memory and Cognition A4630E** – Homecare, Residential and Nursing.
- **Learning Disabilities A4650E** – Supported Accommodation, Residential Care and Direct Payments.
- **Mental Health A4622E** – Supported Accommodation and Residential Care.





3.4 ASC Savings 22/23

3.5 In 22/23 the service has worked hard to achieve savings in year to mitigate the cost pressures as far as possible. Targeted reviews have been a focused programme of work and frontline workers have worked on reducing costly 121s and have maximised Continuing Health Care funding for clients with complex health needs. As at Feb 22 £1.41mil has been achieved – this has been a huge achievement, but a significant challenge. Many of the existing high cost packages and CHC cases have now been reviewed making the further savings in year increasingly challenging to achieve.

3.6 The service also works to a ‘strength based’ approach to all cases (Better Living) and when assessing and reviewing clients needs explore all family and community resources to support with meeting that need. Better Living has achieved considerable saving across the ASC budget over the last few years, and in 22/23 has achieved £1.21mil.

4. Cost Drivers of the ASC Budget

4.1 This report will focus on the key drivers of costs to give more detail on the budget pressures that ASC is facing including:

- Increases to complexity – illustrating how people need more hours of care per week, and implications of complex
- Hospital discharge – the shifting profile of activity via the hospital, and how this creates ASC pressures
- Provider cost increases – including rate challenges and inflation pressures
- Growing waiting lists – including staffing pressures and risks to delays in assessment and review
- Transitions – the risks and pressure of individuals moving from Children’s Social Care (CSC) to ASC.

5. Increases to Complexity

5.1 In recent years ASC has seen increases to complexity of client needs. Many clients have more than one main care need and in fact have multiple needs with additional complications and requirements. Complexity is seen across a multifaceted combination of different health, behavioural, societal, and demographic factors that make the assessment and delivery of care more complex. The principles of prevention embedded throughout ASC nationally several years ago have worked well keeping individuals safe and well in their own homes for as long as possible, but as demographic age increases ASC invariably

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see the subsequent amount of care that needs to be provided and complexities also taking an upward trajectory albeit at a later date.

- 5.2 The complexities seen daily by frontline practitioners are more intricate than single conditions that have a significant impact on daily life, but increasingly range from clients with multiple additional issues such as cognitive impairment; clients lacking mental capacity to make decisions; clients with substance abuse issues; clients that wander or pose a risk to themselves; clients with psychological impairments; clients with challenging behaviour where they can be a risk to others. There are also complexities around caring and/or family arrangements and situations that lead to safeguarding complexities that frontline practitioners are increasingly supporting such as domestic violence and coercion and control and/or court of protection cases or inherent jurisdiction cases to protect individuals who have capacity but are considered 'vulnerable' because their decision-making is compromised.
- 5.3 COVID and the associated social isolation through the various lockdowns has also led to an increase in complexity impacting, not just the more obvious health factors of clients leading to more complex physical needs, but also an increase in issues such as hoarding and self neglect. This is a very challenging area of social care and there are no quick fixes to supporting clients. Frontline practitioners have to explore a client's history; life, difficulties and strategies for self-protection to even begin to be able to assess why the person self-neglects and offer subsequent support in replacing attachment to objects with interaction and relationships with people and the community. Locally, these issues are being addressed with partners such as the London Fire Brigade, via the Safeguarding Adults Board, and the ASC has recently recruited to a specialist Hoarding Pathway Coordinator role to connect with residents to build long term relationships in the community.
- 5.4 There are also increasing pressures from unpaid carers who are struggling to maintain their caring role post pandemic and are seeking increased support (for example respite) and long term placements for the people they previously cared for, due to no longer being able to cope. A number of clients (such as people with learning disabilities) are living with their parents who may now be in their 70's and 80's and older. Particularly since the pandemic, some parents have found they are no longer able to cope. This is an area of concern, as those engaged with to date are a small proportion of the total number of carers and families with caring responsibilities in Havering, some of which will be unknown to us.
- 5.5 Complexity matters not just because of the costs of the provision of care to meet complex needs, but also the in time taken to manage these cases by frontline practitioners – complex cases can need a significant number of visits and increase significantly the contact with clients, families and providers. In ASC 154 current cases are recorded on the LAS client database as significantly complex by managers.
- 5.6 Over the last four years, ASC has applied a 'Better Living' approach to all assessments and reviews of need to ensure that all local family and community resources are considered to meet needs. This has helped balance some of the cost impacts associated complexity; however, when the assessed need is evident and there are no other ways to meet the need ASC must provide the right level of care accordingly.
- 5.7 ASC has seen home care and direct payment costs increasing to support people living in the community. Whilst these are often small increases per individual, the volume of increased is significant and impacts on the budget. Although new starters and those leaving the service mainly offset each other in terms of overall client numbers, the increases in cost continue to be more than the packages ASC are able to reduce. This has been a continuing trend with new clients costing more than leavers, due to complexity.

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5.8 The table below shows the number of homecare service users and the average number of hours over the last 4 years. Over last 3 years number of hours per homecare client has increased by approx. 3 hrs per client per week.

Year	Clients	Hours	Average Hours Per Client
19/20	893	11726	13.13
20/21	928	13026	14.03
21/22	985	16286	16.53
22/23	1039	17807	17.14

6. Hospital Discharge

6.1 During the pandemic, there was national mandate to move to a Trusted Assessor Discharge to Assess (D2A) model of discharge planning. Individuals deemed 'clinically optimised' and not requiring an acute hospital bed, but that may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting such as a residential or nursing home. Rather than the assessment for longer-term care and support needs being undertaken on the hospital ward (as was the case pre-pandemic), it is undertaken in the individuals home or in the care home setting. This sought to minimise delayed discharges and free up more hospital beds as a quicker form of discharge.

6.2 The following tables shows the increase in individuals discharged from hospital into ASC services who were not receiving a service prior to hospital admission and average costs over the last four years.

New Discharges into a ASC Service	2019/20	2020/21	2021/22	2022/23 (as at Dec 22)
Block Reablement	831	639	827	679
Emergency Reablement	154	208	656	321
Homecare	303	349	235	226
Nursing Placements	44	64	173	61
Residential Placements	20	47	58	41
Total Discharges	1,352	1,307	1,949	1,328

Average Weekly Cost	2019/20	2020/21	2021/22	2022/23 (as at Dec 22)
Emergency Reablement	£ 201.36	£ 258.64	£ 261.90	£ 259.42
Homecare	£ 265.67	£ 326.78	£ 375.88	£ 398.19
Nursing Placements	£ 740.45	£1,656.48	£1,605.65	£1,221.26
Residential Placements	£ 606.85	£ 801.86	£ 695.65	£ 862.00

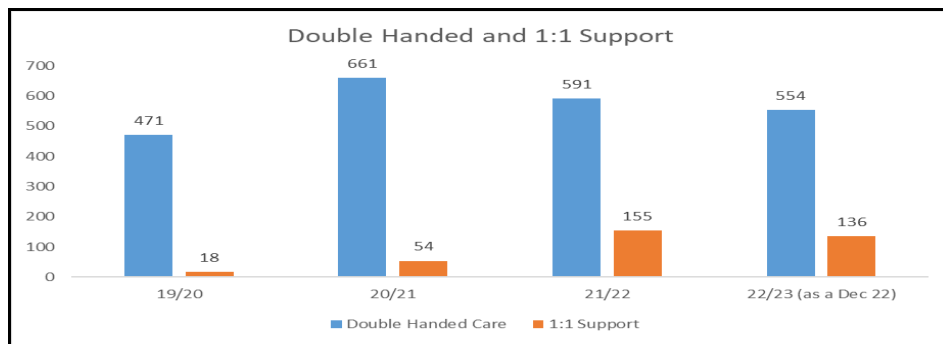
6.3 The number of people coming out of hospital with a long term care and support needs has also continued to increase as seen in the table below.

Year	Number to Long Term Support after Hospital
19/20	447
20/21	444

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21/22	585
22/23 (as at Dec 22)	519

6.4 The impact of the pandemic meant that a higher number of people were admitted to hospital who have had significant longer term needs following discharge than seen previously. In addition individuals were leaving the hospital at an earlier stage with higher care needs. As shown in the graph below ASC saw a significant increase in nursing care discharges that included costly 121 and double handed care support. Many of the 121s put in place since the pandemic and D2A have since been reviewed by the service and mitigated as far as possible and Continuing Health Care funding has been explored as appropriate to minimise the budget pressure. These actions have minimised the numbers entering nursing care and emergency reablement which has minimised pressure on the ASC budget.



6.5 There was also an exponential increase in the need for reablement services for clients to regain their independence at home. Reablement episodes and the number of people using reablement has also increased significantly between 2019 and 2022. In 22/23 the indication is that this trend is beginning to plateau following partnership focus with BHRUT around the D2A pathway.

Year	Number of Reablement Episodes	Number of People
19/20	1075	981
20/21	1103	1030
21/22	1736	1474
22/23 (as at Dec 22)	1211	1056

6.6 During the pandemic to ensure urgent support for the entire system, ASC brokered all D2A nursing placements for clients (including Health placements). Health rates for care are generally higher than ASC rates. The council was reimbursed for the majority of these placement costs via the Government Hospital Discharge Pathway funding managed by the ICB. When this funding stopped at end March 2022 ASC returned the D2A brokerage for nursing care to the ICB to arrange and fund directly to ensure that the council did not take on unnecessary placement costs. The council continues to broker community based services and residential care to support hospital discharge.

6.7 It should be noted that hospital discharge is a key priority for government and there is expectation that councils will do everything possible to support discharge for people who no longer have any acute need to remain in hospital.

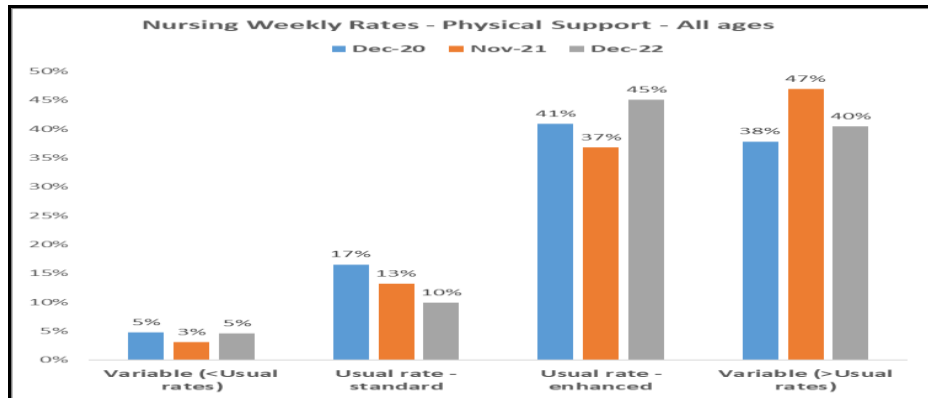
7. Provider cost increases

7.1 Over the last few years there has been increasing pressure on ASC budgets due to increasing provider costs for care, including the increasing cost of staff wages, the knock on impact of high inflation, and more recently rising utility costs. A small number of

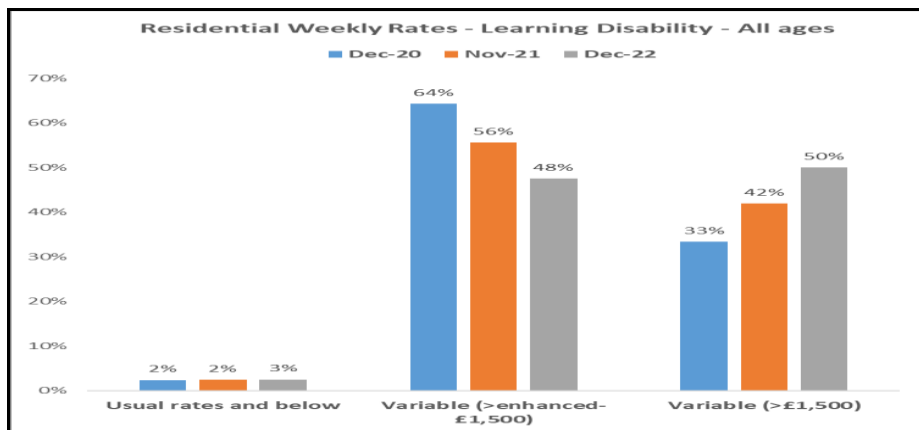
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providers are leaving the market meaning that clients are needing to be rehomed, often at a higher cost.

7.2 As part of D2A many providers were getting higher Health rates for care for a period rather than council rates. During the pandemic, neighbouring boroughs across north east London, as well as Essex also increased the number of beds they were using in Havering, driving up demand for care home placements. This in addition to the complexities in client needs as part of the COVID ‘hangover’ and the longer term impact of this has meant that many providers are not accepting ASC rates. The table below shows that the vast majority of providers will only accept clients at our enhanced rates around above with around 85% only taking clients if we pay above our agreed rates.



7.3 The issues around client complexities is also impacting other areas of care provision, in Learning Disabilities, for example, some of the most complex clients may only be accepted by one provider willing to take on the ‘risks’ associated with the client. This means that these providers will often request higher rates. The graph below shows clearly the trend over the last couple of years of a movement towards the variable rate above the usual rates.



7.4 Care providers are also being significantly impacted by increases in the National Living Wage which is impacting on the rates and inflationary uplifts that the ASC has to make in order to ensure sustainable services. For the past 6 months, providers are building in increased inflationary pressures into what they are charging. The Association of Directors of Adult Social Services has estimated the increase in the national Living Wage from April 2022 has cost councils around £977 million.

Financial year	National Minimum Wage	increase	%increase
2016/17	£7.20		
2017/18	£7.50	£0.30	4.17%

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2018/19	£7.83	£0.33	4.40%
2019/20	£8.21	£0.38	4.85%
2020/21	£8.72	£0.51	6.21%
2021/22	£8.91	£0.19	2.18%
2022/23	£9.50	£0.59	6.62%
2023/24	£10.42	£0.92	9.68%
from 2016/17 - April 2023		£3.22	44.72%

7.5 Inflationary pressures due to the cost of living crisis have also impacted significantly on providers, particularly buildings based services such as care homes. The cost of electricity and gas has increased significantly, as well as food and supplies. For home care agencies, the cost of petrol has impacted, in terms of travel between visits. The cost of living crisis has impacted on provider staff financial circumstances, with some drift reported to companies paying more than social care providers are able to.

7.6 Councils were required to undertake a 'Fair Cost of Care' exercise between May and October 2022 to improve understanding of how much it costs to provide care, including assessing the various costs care providers face. This was part of the preparation for further funding reform in 2023, including the introduction of the 'cap care' – the maximum that any resident would have to pay in their life-time for their care cost. This was to redress the imbalance between what many providers charge self funders vs councils. A median cost of care was calculated for care homes for older people and home care for those 18 +.

7.7 Whilst the government announced the introduction of the care cap would be delayed until October 2025, there remains expectation that councils 'move towards' the median cost of care over the next two years. An external company was commissioned by the council to independently work with providers around their cost base to calculate the median cost of care. The outputs of this work were as follows:

Provider type	Current usual rate	Median cost of care	Percentage change
Home care	£19.68	£23.88	21.35%
Residential care	£695.00	£911.53	31.16%
Nursing care*	£678.00	£952.92	40.55%

* Nursing homes also receive £209.19 per week directly from the NHS, so this amount is the net cost to the council

7.8 In its submission to the DHSC, the council estimated that moving to the assessed median cost care would result in a cost pressure of £9m from April 2023 if we moved to the median cost of care from April 2023 (which we are not).

Fair Cost Of Care *	2023/24	2024/25	2025/26	2026/27
Residential	2,813	2,842	2,877	2,915
Nursing	2,840	2,840	2,840	2,840
Home Care	3,221	3,255	3,295	3,338
Total Fair Cost of Care at 2022/23 prices	8,874	8,936	9,011	9,092

*assumes uplifting to cost of care median from April 2023 for illustrative purposes

8. Growing waiting lists

8.1 As ASC comes under greater and more sustained pressure, staff are going to great efforts to provide care in challenging circumstances. But as pressure on services continues to build, we will undoubtedly see performance impacted.

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- 8.2 Due to the combination of staffing pressures linked to recruitment and retention (seen nationally also) and the aforementioned issues of complexity being held within the service, there are now waiting lists across all of the frontline community teams. Pre-pandemic there were not such persistent or large waiting lists. Scheduled reviews are becoming increasingly challenging to complete and are often being superseded by urgent unscheduled reviews. During the last year on average there were around 900 scheduled reviews that were overdue.
- 8.3 There are currently around 400 cases across the frontline community team's waiting lists with a number of the oldest waiting (non-urgent) case being on the list in excess of 6 months, with a small number at a little over a year. Each member of frontline staff is carrying a caseload of around 30 cases (on some occasions this can be up to 35 cases) an increase of around 20% per worker in the last 4 years. The Team is relying on the daily Duty function to pick up when cases are escalating in priority and urgency, in addition to having to regularly review the list to ensure risks are mitigated.
- 8.4 Due to the staffing pressures workers are also having to take on Duty more regularly which ultimately means less time to manage their caseload. Waiting lists also have unintended consequence of causing a higher volume of calls and complaints coming into the service impacting on staff time. The Senior Leadership Team in ASC is working with team managers to support them with the unprecedented waiting lists and implementing a protocol to ensure a consistent approach across all teams.
- 8.5 Increasing caseloads and staffing turnover mean that staff have to continually work in a risk based way, with those that are most vulnerable and most at risk taking precedence on a daily basis. Waiting lists also have an unwanted impact in the complexity of the day to day workload for the frontline staff. Some assessments and reviews are carried out when clients reach crisis and therefore these lead to more complexity for the teams. The risks to waiting lists are multiple: increased falls, caring arrangements breaking down, and conditions deteriorating. This can also lead to unintended cost pressures as reviews can lead to higher costs, for example managing crisis and if needs have changed.
- 8.6 In terms of recruiting staff over the last 3 years this has been consistently challenging. Many of the vacancies in the service have not been successful in permanent recruitment and ASC has to rely on agency workers. Due to the high number of vacancies nationally the competition for high calibre, experienced workers has increased and we have many successful applicants changing their mind (due to an increased offer from another council) just before taking up the role which dramatically impacts recruitment and management time. There are also cost pressures incurred due to the need to maintain safe staffing levels which results in more costly agency staff to maintain service provision.
- 8.7 The service is currently designing a Complex Care Team with Advanced Social Care Practitioner roles to pilot. The aim would be for this team to tackle some of the most complex cases across the service to ease some of the pressure of the frontline teams.
- 8.8 ASC has also recently taken part in a Local Government Association Workforce Planning Focus Group over the last few months and is currently finalising the resulting Workforce Action Plan to tackle some of the local issues. This includes a reinvigorated focus on the retention of staff as well as attracting staff to work in the Borough. There will be a focus on apprenticeships for occupational therapy and social work to support an internal 'pipeline' of talent; development of the Havering benefits package to support frontline workers; closer working with HR to develop and improve internal processes to support recruitment.

9. Transition

9.1 Transition cases from children’s to adult services occur across all service areas: Physical Support; Mental Health and Learning Disabilities; however, the most significant numbers come to Learning Disabilities. The young people transitioning from the children’s service often have significant needs. In addition young people are living longer with vastly more serious health needs than ever before. ‘Poor transition’ can lead to disastrous outcomes both physically and mentally for these vulnerable young adults, but meeting assessed needs can be exceptionally costly in this client group. The more complex their need, the more challenging transition can be for some young people. Therefore young people transitioning can often have higher level of care than older adults to support their needs and ensure their safety. This is a high risk area both in terms of the outcomes for young people, but also in terms of the cost implications.

9.2 The service has seen a significant increase in the complexity of needs of young people transitioning into the service in recent years, as shown in the table below. Whilst the numbers of transitional cases fluctuate the main driver of costs in this area is the average costs of placements. In 22/23 so far there have been 4 clients that have weekly costs of between £2,500 and £4,000 per week amounting to an impact of £1mil per annum.

Year	Number of Clients	Average Weekly Cost
19/20	18	£797.00
20/21	30	£682.00
21/22	19	£829.00
22/23 (as at Dec 22)	13	£1,215.00

9.3 ASC do work closely with CSC and there are plans to move towards a model that ensures early and comprehensive identification of young people as a younger age that will transition to the service in order to plan for or prevent the development of care and support needs. We also need ensure that young carers and parent carers receive transition assessments, involving them in considering their existing networks and experiences. ASC has also seen an increase in the numbers of young people required an adult service and/or mental health service, including: leaving care; leaving education; looked-after children; young people with specific needs placed in educational establishments out of borough; young people receiving CAMHS; and young people with life-threatening illnesses as they move from child to adult service provision.

9.4 This partnership working is also important to ensure that future needs can be understood across the Borough and planning can be put in place to ensure there is adequate service provision to meet needs.

9.5 This is particularly important focus in relation to the Learning Disabilities service that see the largest number of transitions each year. In LD clients overall are increasing each year as reflected in the table below (22/23 YTD numbers are shown) and this is impacted significantly by transitions. There was a large increase in 2020/21 and this trend is continuing.

	2019-20	2020-21	2021-22	2022-23
Direct Payments	243	261	270	269
Homecare	46	49	54	49
Nursing	8	8	8	7
Residential	138	139	131	126

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Supported Living	138	152	162	164
Total	573	609	625	615

10. Benchmarking

10.1 Some benchmarking as compiled using ASC Financial returns is attached as an appendix to supplement this report.

IMPLICATIONS AND RISKS

Financial implications and risks:

All of the financial implications arising as a result of the cost drivers explored within this report are contributing to the significant overspend that has been reported at period 9.

The financial position of Adult Social Care along with savings delivery is monitored closely on a monthly basis, activity data is thoroughly reviewed and work is undertaken to ensure forecasts are robust.

The ongoing pressure within adults has been reviewed and growth of £9 million has been allocated through the MTFS process for 23/24 to mitigate some of the ongoing pressures.

Legal implications and risks:

There are no direct legal implications arising from this report which is for information purposes only. All social care activity is carried out in line with relevant legislation, notably the Care Act 2014.

Human Resources implications and risks:

There are no direct HR implications arising from this report, which is for information only. The workforce pressures as outlined are managed by Adult Social Care.

Equalities implications and risks:

There are no direct Equalities implications arising from this report, which is for information only.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

There are no environmental or climate change implications or risks arising from this decision.

BACKGROUND PAPERS

Appendix A – Benchmarking data

Table 1: Gross Current Expenditure (in millions) on long and short term care combined, by age band and primary support

LA name	Population by borough			18 to 64					65 and Over					Total popn	
	Population 18-64	Population 65+	Total 18+ Population	Physical, Sensory and Memory and cognition	Learning Disability Support	Mental Health Support	Total	Per head of population 18-64	Physical, Sensory and Memory and cognition	Learning Disability Support	Mental Health Support	Total	Per head of population 65 and over	Total Spend	Per head of population all adults
Barking and Dagenham	136,079	19,123	155,202	£7,271	£15,932	£6,333	£29,537	£217	£18,844	£2,612	£2,203	£23,659	£1,237	£53,195	£343
Barnet	242,953	56,551	299,504	£10,484	£37,151	£11,183	£58,818	£242	£42,745	£4,540	£5,064	£52,349	£926	£111,167	£371
Bexley	148,990	41,028	190,018	£7,385	£19,523	£3,532	£30,440	£204	£25,452	£2,652	£1,216	£29,320	£715	£59,760	£314
Brent	226,109	39,877	265,986	£7,575	£19,275	£5,003	£31,852	£141	£34,432	£1,763	£1,507	£37,703	£945	£69,554	£261
Bromley	198,988	58,356	257,344	£8,627	£38,686	£5,377	£52,689	£265	£27,663	£4,153	£2,302	£34,118	£585	£86,807	£337
Camden	148,934	24,989	173,923	£10,940	£16,737	£6,457	£34,134	£229	£26,608	£2,535	£6,991	£36,135	£1,446	£70,269	£404
City of London	6,747	1,240	7,987	£342	£653	£1,169	£2,164	£321	£1,426	£0	£353	£1,779	£1,435	£3,943	£494
Croydon	247,107	53,416	300,523	£16,825	£37,161	£7,270	£61,256	£248	£41,155	£6,358	£2,026	£49,539	£927	£110,795	£369
Ealing	241,344	44,769	286,113	£9,281	£25,426	£5,141	£39,847	£165	£32,528	£3,309	£4,363	£40,200	£898	£80,047	£280
Enfield	202,578	45,300	247,878	£15,769	£32,274	£1,976	£50,018	£247	£45,507	£1,386	£996	£47,888	£1,057	£97,907	£395
Greenwich	193,163	30,454	223,617	£9,748	£29,353	£8,828	£47,929	£248	£32,899	£2,510	£1,608	£37,018	£1,216	£84,947	£380
Hackney	183,516	20,718	204,234	[x]	[x]	[x]	[x]	[x]	[x]	[x]	[x]	[x]	[x]	[x]	[x]
Hammersmith and Fulham	132,392	19,101	151,493	£2,132	£11,232	£2,346	£15,709	£119	£24,551	£2,117	£2,251	£28,920	£1,514	£44,629	£295
Haringey	181,849	27,961	209,810	£7,389	£29,098	£11,938	£48,424	£266	£29,012	£1,321	£3,443	£33,777	£1,208	£82,201	£392
Harrow	162,428	40,490	202,918	£6,442	£23,294	£5,473	£35,209	£217	£30,384	£2,877	£1,438	£34,698	£857	£69,907	£345
Havering	157,291	46,192	203,483	£9,597	£23,251	£2,197	£35,045	£223	£33,528	£1,955	£190	£35,673	£772	£70,718	£348
Hillingdon	192,382	41,314	233,696	£6,465	£28,026	£6,465	£42,379	£220	£24,740	£3,472	£1,788	£30,000	£726	£72,379	£310
Hounslow	187,694	34,252	221,946	£5,036	£17,022	£3,436	£25,494	£136	£17,021	£1,708	£2,121	£20,850	£609	£46,344	£209
Islington	159,787	20,448	180,235	£9,713	£33,131	£3,963	£46,807	£293	£28,326	£1,343	£3,563	£33,232	£1,625	£80,040	£444
Kensington and Chelsea	100,311	20,797	121,108	£4,116	£9,435	£3,014	£16,564	£165	£19,409	£1,641	£1,537	£22,586	£1,086	£39,150	£323
Kingston upon Thames	106,917	24,507	131,424	£2,847	£16,934	£3,075	£22,856	£214	£16,037	£2,088	£382	£18,507	£755	£41,363	£315
Lambeth	235,713	27,507	263,220	£11,253	£37,094	£7,464	£55,811	£237	£40,994	£3,193	£3,125	£47,312	£1,720	£103,123	£392
Lewisham	206,563	28,846	235,409	£11,651	£28,521	£2,314	£42,485	£206	£32,958	£819	£5,237	£39,013	£1,352	£81,498	£346
Merton	141,072	27,280	168,352	£3,534	£18,226	£2,430	£24,190	£171	£18,089	£3,019	£2,281	£23,388	£857	£47,578	£283
Newham	241,474	25,468	266,942	£16,765	£28,599	£9,507	£54,871	£227	£31,305	£3,873	£3,089	£38,266	£1,503	£93,137	£349
Redbridge	195,425	38,146	233,571	£7,612	£27,738	£4,834	£40,184	£206	£30,162	£3,975	£1,982	£36,119	£947	£76,303	£327
Richmond upon Thames	119,767	31,644	151,411	£4,627	£17,616	£1,035	£23,278	£194	£22,329	£5,261	£4,222	£31,812	£1,005	£55,090	£364
Southwark	223,183	25,997	249,180	£10,512	£28,983	£4,911	£44,406	£199	£29,117	£1,849	£952	£31,919	£1,228	£76,324	£306
Sutton	128,681	31,864	160,545	£3,207	£16,656	£1,400	£21,263	£165	£25,453	£6,035	£2,372	£33,860	£1,063	£55,123	£343
Tower Hamlets	230,416	17,606	248,022	£10,827	£30,104	£9,761	£50,692	£220	£32,482	£3,947	£9,278	£45,707	£2,596	£96,399	£389
Waltham Forest	186,918	28,584	215,502	£8,079	£26,931	£7,804	£42,815	£229	£27,138	£2,557	£4,017	£33,711	£1,179	£76,526	£355
Wandsworth	237,334	31,627	268,961	£6,593	£30,134	£3,303	£44,030	£186	£23,689	£5,362	£3,953	£33,003	£1,044	£77,033	£286
Westminster	149,583	24,991	174,574	£7,707	£12,813	£3,127	£23,647	£158	£27,470	£8,767	£2,440	£38,677	£1,548	£62,324	£357

lowest	£119	lowest	£585	lowest	£209
average	£212	average	£1,143	average	£345
median	£217	median	£1,060	median	£345
highest	£321	highest	£2,596	highest	£494

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PEOPLE OVERVIEW AND SCRUTINY SUB-COMMITTEE

Subject Heading:	The sustainability of Local Area Coordination (LAC) in Havering
SLT Lead:	Barbara Nicholls, Director of Adult Social Care and Health
Report Author and contact details:	Claire Monmirelle Claire.monmirelle@havering.gov.uk
Policy context:	Local Area Coordination supports the Council to deliver against its Corporate Plan 2022-2027 priorities under People: “Things that are important to our Residents”.

SUMMARY

People Overview and Scrutiny Sub-Committee have requested an item on the sustainability of Local Area Coordination (LAC). Specifically:

- How sustainable is LAC?
- Has there been any partnership buy-in?
- If LAC is successful, could it be scaled up to cover the entire Borough?

This report details a short history of Local Area Coordination in Havering and the impact on the lives of residents and communities before addressing the specific questions. Appendix 1 sets out the costs for a staged approach to a full borough roll out of LAC.

RECOMMENDATIONS

Members are asked to note the contents of the report and consider the feasibility of continuation and expansion of LAC.

REPORT DETAIL

Introduction and background

Local Area Coordination has been operational in Havering for two and a half years. 8 Local Area Coordinators cover three main areas (Harold Hill, Rainham and Collier Row/Havering Park) split into 8 'patches' of 10-12,000 residents. Over 400 people have been 'walked alongside' (supported). The team receive regular introductions from other areas of Havering that are not covered by LAC. Full borough coverage of LAC would enable all residents to benefit.

The concept of Local Area Coordination originated in Western Australia and is now operational in 12 areas across the UK. There is an increasing national interest in it and new teams are emerging. The Local Area Coordination Network provides guidance and support to the Havering team, and the governance sits with a Council-led multi-agency Leadership Group.

Local Area Coordination enables people to:

- Stay strong, safe and connected as contributing citizens
- Find practical, non-service solutions to problems wherever possible
- Build more welcoming, inclusive and supportive communities
- Support system change as a result of real time learning and data
- Prevent or reduce demand for costly services wherever possible
- Build community capacity and resilience, thinking about natural connections/solutions first

Based in the heart of their communities, Local Area Coordinators (LACs) 'walk alongside' people to help them achieve what a 'good life' looks like for them. They work with people on a 1:1 basis, empowering them to get to where they want to be – their vision of a good life. People are circling the system or just giving up because they find things difficult to navigate, this means their issues escalate and they end up in crisis, going into hospital or being evicted from their homes for example, when this did not need to happen. Many residents in Havering live complex lives, often blighted by crisis points. Local Area Coordinators are making a direct impact on the lives of residents, therefore helping to reduce and avoid costs to the statutory system.

In Havering, Housing and mental health issues are the most prevalent reasons for having an LAC walking alongside a resident. Other reasons are linked to physical ill health, domestic violence, debt and money problems, unemployment, isolation, or a sudden change in family circumstances. The team works closely with Housing, Mental Health services, Adult Social Care and Children's Services as well as other in-house services, the NHS, the voluntary and community sector and charitable organisations. LACs also have regular presence at the community hubs.

Following an 'introduction', (there is no complex referral process or waiting list), LACs are able to 'go straight in' to the person, with their consent, and make a difference immediately. LACs walk alongside people with multiple complex needs and actively help coordinate support and 'services' around a person.

At the end of June 2022, 125 people were identified as having avoided multiple costly service interventions by having a Local Area Coordinator. Cost avoidance estimates were £1.4 million per annum. The team has walked alongside over 400 people.

How sustainable is LAC?

Local Area Coordination in Havering is currently funded by £200k ongoing Better Care Fund (BCF) revenue money in three areas of the borough (8 'patches'). This has been used in 23/24 to fund the service until September 2023. At this stage there is no confirmed funding to sustain the service beyond September 2023.

The 8 Local Area Coordinators are on fixed term contracts and secondments. LAC was part funded from 2020 with different contributions from the CCG (BCF and MH underspend), Transformation, Housing and Public Health and some or all of this funding was provided until March 2023 but has now ceased, leaving the BCF £200k as the only certain funding for 23/24. (See Appendix 1).

Discussions with the Integrated Care Board have been taking place with a business case under consideration for funding from September 2023. This would make the service in its current scope and scale sustainable. Confirmation is anticipated shortly. The council is seeking confirmation as soon as possible as the current employment status of the LACs is based on short term placements into posts. Once long term funding is secured security of employment as LACs can be addressed.

The Havering Place Based Partnership is working as a collective and is undertaking a mapping exercise across the borough to identify all community based frontline support for residents. This Havering based 'integrated care co-ordinating and social prescribing network' incorporates Local Area Coordination, Social prescribing and health co-ordination.

Has there been any partnership buy-in?

LAC has benefited from excellent partnership buy-in, including funding from council departments such as Housing and Public Health. As Appendix 1 shows, the council has also invested transformation funding since it's inception. However the council's current financial position is such that for 2023/24, there is no current funding from departments. The benefits of LAC are well recognised by partners both in and outside the council, so where possible it will be considered in future financial years. Council officers wish to extend thanks to the Integrated Care Board for their support through the LAC Leadership Group and funding. Council departments will continue to review the financial position of directorates through 2023/24, as it is completely understood that LAC supports vulnerable people in a

unique way, and this results in cost avoidance to statutory services. Further work will be undertaken to better understand the cost avoidance benefits to system partners.

If LAC is successful, could it be scaled up to cover the entire Borough?

There is growing evidence of the success of LAC. There is latent demand from people in the borough who live in areas not covered by the current scope of the service. If funding could be secured, then LAC could be scaled up to cover the entire borough. Appendix 1 indicates the costs and profile of what would be needed to scale up. Maintaining the service as is will be important to ensure that if and when the opportunity to scale up does come then we can build on an existing provision that has built learning and understanding of how to deliver a LAC service.

IMPLICATIONS AND RISKS

Financial implications and risks:

The Local Area Coordination pilot has been running since 2021 and has been funded through CCG Funding, Better Care Funding, Public Health contributions, Housing contributions and Transformation funding. The breakdown of this is shown in appendix 1. The funding was agreed for the pilot period and no funding beyond 2022/2023 is yet agreed. Discussions with the Integrated Care Board have taken place and verbal reassurance has been given that additional funding will be available to continue funding the service. If additional funding is not secured, then the pilot will not continue. There is currently funding available to continue running the service until September 2023.

Local area Co-ordinators avoid costly service interventions and the cost avoidance savings that have been achieved as at June 2022 are estimated to be £1.4 million, these cost avoidance savings are attributable to both the Local Authority and to Health. If Local Area Co-ordination was to cease, then this could potentially cause increased costs to other Local Authority Services and to Health Services.

The estimated costs of rolling local area co-ordinators out to the entire Borough are shown in appendix 1. A full business case would need to be reviewed before any increased roll out is undertaken.

Legal implications and risks:

The work of LACs does not appear to be based on any specific statutory duty but is an innovative way of addressing the community's needs as a whole and has potential benefits for the community and the public authorities contributing to this to reduce spend by taking preventative measures.

Section 2 Care Act 2014 imposes a duty on the local authority to take appropriate steps to prevent or delay the development of needs for care and support of adults in its area, and it is possible that some of the outcomes of the work of LACs will assist in compliance with this duty.

In respect of any activity not covered by s 2 Care Act then s 1 Localism Act 2011 provides a general enabling power for the Authority to do anything any individual can do.

The extension of existing contracts will need to be undertaken in accordance with the terms of each contract with legal or procurement advice as necessary.

Human Resources implications and risks:

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

Equalities implications and risks:

LAC forms part of the Council's commitment to the provision, procurement and commissioning of its services that improve the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants. The equalities and social implications set out in this report are positive, in that it will enable LACs to continue walking alongside Havering residents. The majority of the residents supported by an LAC have protected characteristics in age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

Monthly monitoring is in place to assess how the Local Area Coordination service meets the needs of all residents, in particular those from ethnic minority communities and people with disabilities.

An EA has not yet been completed and will be carried out in the next development phase to take account of the changing demographics with Havering and how the Local Area Coordination team are actively responding to this.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

LACs walk alongside residents experiencing difficulties and challenges in their lives, supporting them to build on their own strengths and use community resources. The team uses very few resources, instead maximising the use of existing community based assets.

In line with the Havering Climate Change Action Plan (HCCAP), the direct support that Local Area Coordinators provide include:

- Outdoor and forest walks and meeting people outside
- The promotion of and involvement in litter picking and other local community environmental activities

- Making full use of schemes that provide recycled white goods and used household items and clothes.

BACKGROUND PAPERS

[LAC Network](#)

[Havering Local Area Coordinators | The London Borough Of Havering](#)

PEOPLE OVERVIEW AND SCRUTINY SUB COMMITTEE 9th March 2023

The sustainability of Local Area Coordination (LAC) in Havering

Appendix 1

Funding history of LAC up to March 2023

Funder	20-21	21-22	22-23
CCG Original Allocation	£100,000	£0	£0
CCG Better Care Fund	£200,000	£0	£200,000
CCG MH Underspend	£0	£88,000	£0
Public Health	£19,275	£50,000	£25,000
Housing	£19,275	£42,200	£43,354
Transformation	£0	£134,098	£134,098
Core funding			£6,622
Underspend C/F	£0	£34,006	£54,886
Total:	£338,550	£348,304	£463,960

April 2023 to March 2026 – a 3 year proposed plan to achieve full borough coverage

April 2023 - March 2024	8 Local Area Coordinators plus recruitment of 4 more and expansion into Romford/Brooklands wards
April 2024 – March 2025	12 Local Area Coordinators 4 further Local area Coordinators recruited and expansion to a further area (yet to be decided)
April 2025 – March 2026	16 Local Area Coordinators 6 further Local Area Coordinators to be recruited and full borough rollout
April 2026	22 Local Area Coordinators in post

The table below shows calculations of what it would cost to roll LAC out across the entire borough over 3-4 years from September 2023 when current funding expires.

Year	September 2023 - March 2024 (7 months)	April 2024 – March 2025	April 2025 – March 2026	April 2026 onwards
Staff	8 LACs 1 Manager	12 LACs 1 senior LAC 1 Manager	16 LACs 2 Senior LACs 1 manager	22 LACs 2 Senior LACs 1 Manager
Staffing costs	£249,000 (funding)	£661,000	£896,000	£1,166,000

PEOPLE OVERVIEW AND SCRUTINY SUB COMMITTEE 9th March 2023

Other costs	£8,750	£15,000	£15,000	£15,000
Total	£257,750	£676,000	£911,000	£1,181,000