

COUNCIL, 15 JULY 2015

REPORT OF THE OVERVIEW AND SCRUTINY BOARD

SUBJECT: OVERVIEW AND SCRUTINY SUB-COMMITTEES – ANNUAL REPORTS

On 5 May 2015, the attached reports went before the Overview and Scrutiny board for its consideration.

The Board agreed that the Annual Reports be submitted to Council.

There are no additional financial implications or risks arising from this report.

RECOMMENDATIONS

1. That Council note the Annual Reports of the Overview and Scrutiny Sub-Committees.

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Background Papers List

As per attached.

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Children & Learning Overview & Scrutiny Sub-Committee – Annual Report

Crime & Disorder Overview & Scrutiny Sub-Committee – Annual Report

Environment Overview & Scrutiny Sub-Committee – Annual Report

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Individuals Overview & Scrutiny Sub-Committee – Annual Report

Towns & Communities Overview & Scrutiny Sub-Committee – Annual Report

Children & Learning Overview and Scrutiny Sub-Committee Annual Report 2015/16

INTRODUCTION

This report is the annual report of the Sub-Committee, summarising the Sub-Committee's activities during its year of operation ended May 2015.

It is planned for this report to stand as a public record of achievement for the year and enable Members and others to have a record of the Committee's activities and performance.

The Sub-Committee met on 5 separate occasions including a Special meeting for the requisition of the Cabinet Members decision *Implementation of the primary expansion proposals*.

SUB-COMMITTEE MEMBERSHIP

Councillors Gillian Ford (Chairman), Jason Frost (Vice-Chair), Joshua Chapman, Philippa Crowder, Nic Dodin, John Glanville, Carol Smith, Keith Robert and John Wood

Co-opted Members: Emma Adams, Philip Grundy, Jack How, Julie Lamb, Lynda Rice and Ian Rusha

WORK UNDERTAKEN

The Sub-Committee established an Agenda reports pack, to keep members informed of work undertaken by boards and committees, focused on supporting children's health and wellbeing across Havering and placements out of borough.

Due to a high number of new Members, an induction programme was provided at the beginning of the year, outlining the role of Overview and Scrutiny, learning and achievement and Children's Services. The Sub-Committee agreed a work plan for the year.

During the year under review, the Sub-Committee considered and reviewed a number of issues including:

Future shape of education services, review of Children's Centres, OFSTED Action Plan, Multi-Agency Safeguarding Hub (MASH), Children's Improvement Board, School improvement Framework, Early help and troubled families, SEND transport,

Children and Young Peoples Plan, Healthwatch, school admissions, school places, corporate performance, school attendance, performance of all schools and vulnerable groups including those in receipt of pupil premium, Multi-Agency Sexual Exploitation Partnership and the Self Evaluation Framework (SEF).

1. SEND (Special Educational Need and Disabilities)

In the second July meeting, the Sub-Committee received an update on the Travel Training Scheme, and supporting SEND children to be able to travel independently. The Authority had run a pilot scheme where 29 children had been trained and a further 19 children were receiving training.

The Children and Families Act proposed to extend the SEND system from birth to 25; replace statements of special educational need with a new birth-to-25 education, health and care plan and offer families personal budgets.

There had been an increased demand for SEND transport at the same time as significant budgetary savings had to be made. The sub-committee discussed issues arising from the current service. A further review would be linked to changes in the SEND Bill and to providing parents with more options.

The Sub-Committee agreed to receive updates on the review process and outcomes.

Special schools have a very different profile with most children having a severe, moderate or profound, multiple learning difficulties – accounting for 79% of SEND in Havering's special schools.

Havering has successfully integrated the majority of these young people within the mainstream school environment, investing in the necessary support and adaptations to enable them to enjoy the same schooling as their peers.

2. Educational Attainment

A Topic Group of the Sub-Committee have looked into the logistic of narrowing the attainment gap between pupils entitled to free school meals (FSM) and all other pupils (non-FSM) as this was a key government priority. Whilst there were other important factors, analysis shows that poverty is often the key factor thus the introduction of the pupil premium.

Pupils attending Havering schools had a larger gap in attainment in 2013 between those currently eligible for FSM and Non-FSM pupils than was found nationally at both key stage two and key stage four.

4.1% of Havering 16-19 year-olds are NEET, lower than national, London and statistical neighbour averages. This performance is comparable with previous years.

3. Youth Engagement

The Sub-Committee welcomed a member of Havering's Youth Parliament who raised concerns over the lack of employment opportunities for young people.

4. School Attendance Exclusion

In March 2015 the Sub-Committee considered a detailed report on Attendance and Exclusion that was presented by the Alternative Provision & Looked After Children (LAC) Education Manager. This report covered a number of issues including:

- Pupils who missed more than 50% of school
- Taking children out of school for holidays in term time (much debated by Government)
- Vulnerable children as they are particularly at risk of exclusion
- Ethnic groups - highest rates of exclusion nationally are Gypsy/ Roma, Travellers of Irish Heritage and Black Caribbean communities
- Growing number of parents electing to 'home educate'

Permanent exclusion rates in Havering had been consistently higher than the London and national average over the past few years. The Sub-Committee was informed that the service worked and learnt from other boroughs and alternative providers to provide and make more choices available.

5. OFSTED Outcomes

Officers explained that official OFSTED grades could be:

- 1) Outstanding
- 2) Good
- 3) School requires Improvement
- 4) Poor/failing

Overall, Havering Infant Schools were performing exceptionally well and Junior Schools were performing broadly well. Secondary Schools were not performing as well as Primary Schools. Too few schools were performing at 'Outstanding' level (Grade 1), and too many required improvement (Grade 3). All failing schools were academies and hence not under direct control of the authority.

'Outstanding' and 'Good' schools were inspected once every five years. Some of Havering's 'Good' schools were performing at an 'Outstanding' level but had yet to be re-inspected, as inspection occurred once every five years for schools attaining Grade 1 or 2.

The Committee noted that although there were no Red ratings, there were a number of Amber ratings, which officers advised were being given the highest priority. An amber rating was possibly awaiting sign off and therefore the action had been completed but was not showing as completed on the system. Additional resources were being put into IT and training. The Committee requested an update on all Amber rated actions once completed.

5. Complaints Annual Report 2014

At its October meeting the Sub-Committee reviewed the Complaints Annual Report for 2014 and noted that most complaints were received via email and telephone as these were the instant, most convenient methods and comprised of three stages:

Stage One: Local Resolution

This had a 10 day response time (which could be extended to 20 days if a letter of delay explanation was sent to the complainant).

Stage Two: Independent Investigation

Two independent people would be invited to investigate the complaint and the original complaint response.

Stage Three: Review Panel

A panel would be called to independently review the complaint and the actions taken.

The highest levels of complaints had come from Under 12's Triage/MASH, Assessment teams and Looked After Children (LAC). LAC was a highly emotive area, and often resulted in a decision of one parent or another receiving care of a child. The other parent often did not agree with the decision of the Social Worker. Information had been improved for those outcomes. Acknowledging how parents felt often improved the outcome for the aforementioned parents. The summer break could impact on timing of the complaints process, as parties may not be available for interview or investigation.

Members correspondence had a 56% drop in 2013/14 compared to the previous year. This was largely due to the closure of children's centres in 2012/13 having increased the volume of complaints. 67% of these were responded to within 10 days.

6. Child Sexual Exploitation / Implications of Rotherham Inquiry

A presentation was given to the meeting in October 2014 on Child Sexual Exploitation (CSE) and the Implications of the Rotherham Inquiry.

Data from the police detailing that from July to September 2014 there had been 25 reported suspicions of CSE in Havering. Nineteen of those were investigated. Within those investigations, six gangs were disrupted. These gangs were not from Havering, but some of the victims were. This figure included all children (including 'Looked After Children' and 'at home' children).

The report into CSE between 1997 and 2013 in Rotherham had been widely publicised, and the implications for all Local Authorities and Local Safeguarding Children's Boards (LSCBs) were extensive, including a requirement for full auditing.

Further preventative work was due to be completed in schools including providing more information in Personal, Social and Health Education (PSHE) classes on the changing context of Havering, and all boroughs.

CORPORATE PARENTING PANEL

Annual Report 2015/16

The Panel met on 9 separate occasions including a meeting with Social Workers.

PANEL MEMBERSHIP

Councillors Gillian Ford (Chairman), Jason Frost (Vice-Chair), Joshua Chapman, Philippa Crowder, Nic Dodin, John Glanville, Carol Smith, Keith Robert and John Wood

WORK UNDERTAKEN

Due to a high number of new Members, an induction programme was provided at the beginning of the year, outlining the role of Corporate Parents, Looked After Children, Fostering and adoption. The Panel agreed a work plan for the year.

All Panel Members have been DBS checked.

The panel established the regular tracking of two children taken into care, monitoring their progress through the system.

During the year, the Panel considered and reviewed a number of issues including:

Virtual Head Teacher, Fostering and Adoption Panel, two individual cases for tracking, placement data, Performance indicators on Looked After Children (LAC) data, audits – children in Police protection, legal processes and delays in adoption, new adoption, Fostering & Private Fostering Statement, Corporate Parenting Strategy, Viewpoint survey & literature, LAC education, Children in Care Council, Staying Put Policy, fostering and adoption reports, transition leaving care.

The Panel has reinforced the need to celebrate the achievements of our LAC and officers are considering activities that will support this aim.

1. Viewpoint Survey

At the meeting held in November 2014, Members received a presentation on the 'Viewpoint' out turn, which was a summary of the surveys completed by children in care.

'Viewpoint' allowed children in care to express their views in a method which was measurable, meaningful and allowed action to be taken as a result of the responses given. Surveys were conducted electronically, and then followed-up at the following review meeting with their Social Worker, with individualised questions asked on any areas of concern previously raised in their 'Viewpoint' response.

The questions were not benchmarked against other authority's questions as they were focussed on local requirements. The survey was voluntary, as it was in other boroughs.

The survey results showed that:

- Children were generally happy in school
- Many of the children had high ambitions that the service could support them with
- Teachers were very prominent in the lives of the children and seemed to be highly regarded role models.

The panel identified the need for, outcome focused questions.

2. Looked After Children (LAC)

At the meeting in April 2014 the Sub-Committee were informed that the recently engaged Virtual Head, Paul Tinsley had commenced work. The Virtual School had been set up to theoretically place all Looked After Children within the context of one school, whilst they physically attended schools across the borough (and in some cases, across the country where they were placed out of borough).

The number of Looked After Children (LAC) has increased each year, placing extra demand on local services. There has been a corresponding increase in both the number of new LAC and those ceasing to be LAC, indicating a greater fluidity in the LAC population.

Schools that had difficulties could request support from the Virtual School. Occasional fixed term exclusions were worked on closely, but these were very occasional. Havering had much shorter and fewer fixed term exclusions than other authorities, usually amounting to a 1 or 2 day period. Reports on daily exclusions and attendance were given to the Head of The Virtual School, who was notified if anything needed to be done quickly.

The proportion of NEET (Not in Employment, Education or Training) young people was still too high (22%) in the 2013-14 year. Targets had been set to reduce this number. Good careers guidance including realistic careers action plans were needed for all LAC.

Improved practice, planning and management of LAC social work has led to significant improvements to the solidity of placements. The focus on ensuring permanency and stability for LAC has helped to improve the % of LAC experiencing long-term placements.

3. Social Workers

An informal meeting took place in February 2015 specifically to address Social Workers understanding of their roles, the structure, and the issues that Social Workers have in order to address any concerns and to improve the working of the teams.

The topics discussed included: MASH, Assessment Team, Safeguarding / Section 47, CAHMS and mobile technology working.

4. Children in Care Council

A presentation was received at the Sub-Committee meeting in April 2015 from the new Children in Care Manager, who is now in post and working on the re-launch of the Children in Care Council for the 242 0-18year old children in care in Havering.

The following key issues will be implemented:

- Raise the profile of the Children in Care Council
- Develop relationships with each child on an individual/personal basis
- Improve and maintain a good working relationship with Foster Carers
- Develop an action plan to promote the Children in Care Council events which will be held throughout the year
- Implement Q&A sessions and evaluate feedback.

Membership has already shown an increase since the re-launch.

Members will be meeting the Children in Care Council on a regular basis and will be attending a number of events being organised for Children in Care.

5. Staying Put Policy

This item has been discussed at a recent Sub-Committee meeting as the new policy effects 18-19 year olds' allowances. Their allowance would remain the same (although it will be funded from different sources i.e. benefits and housing) after age 19 if they are still in education or training, their allowances would be paid on a sliding scale.

Training is now in place to ensure this policy is disseminated to Foster Carers and relevant agencies/partnerships.

Children & Learning Overview and Scrutiny Sub-Committee (Special Joint Meeting with Health Overview & Scrutiny Committee Annual Report 2015/16

INTRODUCTION

This report is the annual joint report of the Children & Learning Overview and Scrutiny Sub-Committee and the Health Overview & Scrutiny Sub-Committee, summarising activities during its year of operation ended May 2015.

It is planned for this report to stand as a public record of achievement for the year and enable Members and others to have a record of the Committee's activities and performance.

The Sub-Committee met on 2 separate occasions and Members visited the new Child Development Centre 'The Acorn Centre'.

SUB-COMMITTEE MEMBERSHIP

Members of both the Children & Learning Overview & Scrutiny Sub-Committee and the Health Overview & Scrutiny Sub-Committee.

WORK UNDERTAKEN

The Sub-Committees agreed to meet to discuss children's health and wellbeing as there is scrutiny crossover. Two meetings will take place a year and an Action List has been developed.

Havering's Public Health team, Havering Clinical Commissioning Group (CCG), NHS England, North East London NHS Foundation Trust (NELFT) and Council Officers have supported the work of the Joint Committee

During the year under review, the Joint Sub-Committee considered and reviewed a number of issues including:

Healthy weight and obesity, immunisation, School Nurses, 0-5's transition, teenage breakdown and CAMHS issues, sexual health and teenage pregnancy, FGM, Educational Health and Care Plans, commissioned service for children.

1. Healthy Weight/Obesity

Within in the London Borough of Havering, one fifth of children at reception, are overweight or obese while one third of children of year 6 age are obese. This followed the trend of the national average and was marginally better than the London average. Historically, rates had been flat, but in recent years rates of obesity had been increasing with greater frequency. Some ethnic groups at a higher risk and as the diversity of the borough changes, further action to

address obesity may be required.

The short term impacts of obesity to children include being stigmatised and low self-esteem. The long term impacts include risk of type-2 diabetes and cardiovascular issues. Havering's model of treatment within the partnership focusses on prevention including, health advice to weaning mothers on diet, nutrition and cooking information, promoting parks and green spaces healthy walking schemes for over 10yrs, catering in schools, healthy schools programme, change for life clubs, leisure centres and smarter travel. Officers feel Havering has set a standard which was becoming best practice.

2. Immunisation

The officer from NHS England reported that the World Health Organisation (WHO) had stated, all Western countries would be without vaccine preventable diseases by 2020. Immunisation was the best chance to prevent the spread of disease. The Hepatitis B vaccination was now available for all of London. Havering is the national leader on flu vaccinations and children as young as four years old had self-administered flu vaccines nasally. All children, staff and parents associated with SEND schools, were to be given the flu vaccine. This had placed Havering at the top of the league for pilot schemes within schools. Teenagers had 'dovetailed' vaccinations where multiple vaccinations are given at the same time (HPV, School leavers' vaccine and MENC). These were available in schools, pharmacies and other locations as opposed to doctor's surgeries, reducing pressure on GP's.

3. School Nurses

School nurses are specialists in public health providing individual support to children and families and also issues of the school as a community, improving health. Their priorities are to keep children healthy and happy, including issues of weight, sexual health, reducing the number of children requiring help and reducing school absenteeism. The service has been variable between schools. The Council has a mandate to measure children in the National Children's Measurement Programme including vision and hearing checks. NELFT currently provide the service with 17 School Nurses covering 84 schools in the borough. More resources would increase the capacity of the team there was however also capacity to improve within current resources.

4. Mental Health/Teenage Breakdown and CAMHS

Havering has seen a significant growth in child mental health issues needing CAMHS (Child and Adolescent Mental Health Services). There had been a 6% increase of self-harm from 2011 (7%) to 2013 (13%) and a 4% increase of prolonged sadness or unhappiness. The risks associated with this include, sexual, self-harm, smoking, drinking, drug-taking and recklessness. The pressures on children and young people include: exams, general teenage years, social networking and the change of social interactions globally. Havering CAMHS Tier 4 service was nationally acclaimed, the small budget allocation does however limit work undertake. Referrals come from school nursing teams, intervention support, early years, parents, GP's or self-referral.

It is essential the referral routes are simplified as they can be complex and confusing. It was accepted that CAMHS information could be more accessible and clearer.

5. Sexual Health and Teenage Pregnancy

Poor sexual health included sexually transmitted infections, pregnancy, FGM and sexual abuse, whilst encompassing wider social implications including domestic violence and poor mental health.

Havering has the lowest rates of HIV in London, but the highest proportion of late diagnoses. High quality treatment and prevention services were commissioned but the critical change needed to be, young people taking charge of their own sexual health, including how to properly use contraception. The sexual health service is being recommissioned, focusing on treatment, with a greater focus on prevention including better use of GP surgeries and pharmacies promoting healthy relationships in schools. Appson mobile devices would be used to spread awareness of the services on offer. Good quality OFSTED inspected, mandated Personal, Social and Health Education (PSHE) is available in Havering Schools. However due to social and media changes, the sexualisation of children and young people had been increasing nationally.

6. 0-5 transition (Early Years)

As from October the borough will be mandated to deliver 0-5 services. Havering now has 27.5 health visitors. Local performance data would be produced monthly from October for the London Boroughs and parts of Essex, involved in NELFT. There is a lack of data around resident population in some areas. At primary school age, there was a 7% difference in GP registrations and the numbers in the school cohort. At a senior level, this was a 47% difference. The allocation calculated in 2008 transferring across to Havering for this service is extremely small and had not increased despite an increase in caseloads.

7. Education Health Care Plans

The new legislation framework in Social Care, combined early years, social care, schools and colleges in Children's and Young People's provision from, 0-25 years for those with Special Educational Needs and Disabilities. Awareness of the 'local offer' to support children, families, young people and Carers, includes NELFT, leisure services. Any corporate body or organisation is subject to 'open text response' and needed to be aware that anyone could now review their services. Specialist services were not provided locally in Havering, but there were substantial links with pan-London specialist services.

CRIME AND DISORDER SUB-COMMITTEE – ANNUAL REPORT, 2014/15

INTRODUCTION

This report is the annual report of the Sub-Committee, summarising our activities during its year of operation ending May 2015. This report will stand as a public record of achievement for the year and enable members and others to have a record of the Committee's activities and performance.

SUB-COMMITTEE MEMBERSHIP

Councillor David Durant (Chairman)
Councillor John Wood (Vice-Chairman)
Councillor John Glanville
Councillor Garry Pain
Councillor Dilip Patel
Councillor Linda Van den Hende

During the year under review, the Sub-Committee met on 5 occasions and dealt with the following issues:

1. Transforming Rehabilitation

With effect from 1 June 2014, the services provided by the London Probation Trust had been divided between two new organisations. The National Probation Service would deal with major risks and the Community Rehabilitation Company (CRC) would work closely with all other offenders.

The National Probation Service unit covering Havering would also cover Barking & Dagenham, and Redbridge. Initially the team had been allocated 1,500 cases the majority of which would be managed in custody.

The local CRC covered both Havering and Barking and Dagenham. The CRC would be run as a separate Company and MTCnovo became the new owner of the London CRC on 2nd February 2015. MTCnovo was essentially a joint venture between MTC and Amey, in partnership with third, public and private sector partners.

The Sub-Committee would be scrutinising the work of the new company in July.

2. Community Payback

Back in September the Sub-Committee had received details of the work of the SERCO Community Payback Team in Havering. In April 2,307 hours had been

delivered and 1,535 hours in May. The Community Payback team were working with StreetCare, Havering Homes and a number of schools. .

At its meeting on 22 April the Sub-Committee received a report from Housing Services on the work being undertaken on their behalf. The Sub-Committee had concerns that Housing's arrangements with SERCO were different to Streetcare and other sections of Culture and Leisure. Officers were asked to liaise with their colleagues to ensure a consistent approach to working methods.

3. Rotherham

Following the revelations of the problems in Rotherham, the Sub-Committee had sought an assurance from the police that we would not face a similar problem in Havering. The sub-committee heard of the steps taken locally and London wide to prevent a similar occurrence in London.

Havering was one of the first boroughs to introduce the Multi Agency Safeguarding Hub (MASH) and recently had combined the adult and children's MASHs to ensure an even greater integration. Multi Agency Sexual Exploitation (MASE) meetings had been introduced targeting young people at risk of sexual exploitation.

The police had indicated that they had no evidence locally that any one group was targeting another, but they were aware of a number of young females who were associated with gangs. The police and partners were working together to ensure these females were not sexually exploited.

Frequently missing persons were targeted by the police who met every day to identify these persons with priority given to finding them. London wide the Police were contacting all hotels, licensed premises and cab companies asking them to keep an eye open for any pattern which might indicate sexual exploitation of young people.

4. Body Cameras

The Borough Commander had advised that his force had received 52 body cameras. Whilst it was early days officers had found that, the use of cameras tended to calm people down. It was explained to people that the camera footage would be used in evidence. One of the outcomes was a decrease in complaints against officers.

When a victim was interviewed, an officer would turn off the camera if the person did not wish to be recorded. Unless required as evidence in a criminal proceeding the recording was stored for 31 days then destroyed.

5. MOPAC Targets

We have received regular reports on crime within the borough. The borough's targets, in seven priority crime types, had been set by the Mayor of London, these were:

MOPAC 7	Target	Status
Burglary	2320	On target
Criminal Damage	1471	Off target
Robbery	399	On target
Theft From Motor Vehicle	1288	On target
Theft of Motor Vehicle	764	On target
Theft person	250	Off target
Violence with Injury (VWI)	1158	Off target
TOTAL MOPAC	7650	On target

The Police had indicated that they were confident they could achieve the target for Criminal Damage. The situation with Theft Person and Violence with Injury was different. The target for Theft Person had been set before the first of the We 'R' Festivals. Each year the number of Theft persons on the weekend was sufficient to ensure it was impossible to meet the target.

The Police and partners had introduced a number of initiatives to tackle the problem of burglary, including the Safety Zone Initiatives. Monitoring of the effect of the Safety Zone initiatives had shown a reduction of 68.2% in burglary in the areas the subject of a Safety Zone initiative with neighbouring streets seeing a reduction of 44%.

6. Strategic Assessment

At the beginning of the year the Sub-Committee received a presentation on the findings from the Strategic Assessment. In the eleven years ending March 2013 the borough had seen a fall in the number of Notifiable offences from a high of 22,165 in 2003/4 to 16,438 in 2012/13. Long-term trends indicated that violence during the night-time economy, serious youth violence, weapon enabled crime and robbery were declining.

Whilst rates of alcohol related crimes had risen over the previous five years, in contrast to the national and regional trend, alcohol related violence, associated with the night-time economy had fallen.

For 2014/15 the Havering Community Safety Partnership had adopted the following strategic priorities and cross cutting themes:

- Strategic Priorities
 - Serious Acquisitive Crime (Burglary Dwelling and Vehicle Crime)
 - Violence against Women & Girls (includes Domestic and Sexual Violence)
 - Town Centres and Public Spaces

- Cross Cutting Themes
 - Community engagement and public confidence
 - Managing Offenders in the community.

In February 2015 the sub-committee revisited the Strategic Assessment to review progress made in the last 12 months and to consider the priority areas adopted by the Havering Community Safety partnership for 2015/16.

Amongst the highlights for the year were:

- The largest reduction in burglary in over a decade;
- Rates of crime in Romford Town Centre fallen below that of comparable centres, i.e. Bromley, Kingston and Sutton;
- Romford having the fastest declining rate of violence within the night-time economy of all regional centres;
- First borough to develop a Safer Neighbourhood Board.

Taking in to account all the information available to it the Havering Community Safety Partnership had agreed the following priority areas for 2015/16:

1. Protecting vulnerable individuals/victims;
2. Supporting the most prolific and/or high risk offenders;
3. Creating safer locations; and
4. Community Engagement and public confidence.

7. Youth Offending Service

Back in September concerns had been raised with the Sub-Committee concerning the way Barking and Dagenham had provided the borough's Youth Offending Service since October 2012. The main area of concern had been the management of the process of Referral Orders.

Details of the way the process should have been managed were provided with a volunteer panel member explaining what had been happening in reality. Officers admitted to the Sub-Committee that Barking and Dagenham had failed to provide adequate resources to ensure that the Referral Order process had worked process. Bringing the service back in-house provided the opportunity to rectify these failings and steps were already being taken to address all the issues.

On 22 April 2015 the Sub-Committee received an update from officers. They were pleased to note that the issues with the referral process had been addressed and more volunteers recruited and trained. The success of the decision to bring the service back in-house had been shown when the Ministry of Justice visited and complemented the service on its achievements and the innovative approach of sitting the service in the Early Years Team

The service was facing challenges with young people with problems being

relocated into the borough, but the service was in a good position to cope with these challenges.

8. Domestic Violence

In September 2013 recommendations had been submitted to the Cabinet as to ways the needs of the victims of Domestic Violence could be met. The main areas of concern were to ensure greater co-ordination between housing and education and to see how the new allocations scheme was working.

Officers advised the sub-committee of the ways those experiencing Domestic Violence could be helped under the new scheme. In the last 12 months one person had been rehoused under the terms of the East London Reciprocal Protocol and 18 where the main reason for homelessness was Domestic Violence.

The key issues with regard to taking into account school places was the need to balance:

- The need of the household to move to a place of safety, most typically away from their current location, with
- The availability of council stock, most of which is in Harold Hill, Romford/Collier Row and Elm Park.

The Sub-Committee were pleased to note that the liaison between Homes and Housing and Children and Learning was working well.

9. Anti-Social Behaviour

The sub-committee received a detailed briefing on the powers contained within the Anti-Social Behaviour, Crime and Disorder Act 2014. Anti-Social Behaviour was defined in the act as:

- Conduct the HAS caused, or is likely to cause, harassment, alarm or distress to ANY person;
- Conduct CAPABLE of causing nuisance or annoyance to a person in relation to that person's OCCUPATION of RESIDENTIAL premises;
- Conduct CAPABLE of causing HOUSING-RELATED nuisance or annoyance to ANY person.

The various tools available to the Council and its partners were:

- Community Trigger;
- Community Remedy;
- Civil Injunction;
- Criminal Behaviour Orders;
- Dispersal Powers;
- Community protection Notices;
- Public Space Protection Orders;

- Closure of premises associated with nuisance or disorder, etc.

For tenants of local authorities or social landlords the changes were even more restrictive. A tenant could be evicted because of the actions of either themselves or their visitors.

The sub-committee recommended that all councillors should receive the briefing on these new powers.

10. MOPAC Funding

We were advised that for 2014/15 the Havering Community Partnership had received £228,400 in funding from MOPAC. This funding would continue for three years. The following projects had been funded:

1. Street Triage - £30,000;
2. Improving Support for Domestic Abuse - £70,000;
3. Rent Deposit Scheme for offenders - £32,400; and
4. Gangs Prevention - £96,000.

The Council had been successful in renegotiating the projects selected for funding to enable the council and its partners to tackle the problem of gangs within the borough. To deal with the issue before it escalates.

All four projects were performing as required.

11. SAFER NEIGHBOURHOOD BOARD

The newly elected Chairman of the Safer Neighbourhood Board attended a meeting of the Sub-Committee to discuss progress since the Board's creation. A priority for the Safer Neighbourhood Board was to reinvigorate the work of the Ward Panels. There was need to get local people involved and determining local priorities.

Havering's Safer neighbourhood Board had been the first to receive approval for their funding from MOPAC . The Board would be challenging both the Metropolitan Police and MOPAC.

The Chairman of the Board reminded the sub-committee that the Board was answerable to MOPAC not the Council but he would be happy to keep the sub-committee advised of progress.

12. TOWN CENTRE VISIT

On the night of 3 April Councillor Linda Van den Hende and two officers visited Romford Town Centre to assess how the various initiatives were working to reduce the impact of crime and disorder. We were well looked after by the police and spent an interesting 4 hours plus meeting door staff, the street pastors and St John's ambulance. We were taken over to Hornchurch to see what was happening their but

spent most of the night in Romford.

Two years ago just one of the venues had introduced the ID scanner, now most of the larger venues had introduced this innovation. Feedback from the venues was positive as to the benefits of this machine.

Since the previous visit the Licensing Sub-Committee had undertaken a review of one of the premises which had led to its closure. This made it easier for the police to concentrate their resources along South Street.

13. CASHLESS BUSES

A representative of Transport for London (Tfl) attended the meeting on 22 April to advise the Sub-Committee on the effects of the introduction of cashless buses on crime and disorder. The decision to introduce cashless buses had been implemented in July 2014. For Tfl the decision had taken away two danger points. First neither drivers nor Revenue Protection Officers carried cash and therefore were not a target for robbery. Secondly they was no longer a reason to collect cash from the depots and transport it to the bank.

The Sub-Committees concern was that drivers might be subject to attack if they turned customers away who did not have a oyster card or sufficient credit and that those persons turned away could be vulnerable. According to TFL there had been no increase in attacks on staff nor was there any evidence to show customers had been put at risk.

Tfl had introduced a Vulnerable Persons protocol to ensure no vulnerable person was denied passage.

14. Neighbourhood Policing Teams

Back in November the Sub-Committee received a report on the work of the Neighbourhood Policing Teams and the Ward Panels. At that time, a senior officer had completed a review into neighbourhood policing. The findings of the first phase of the review had recently been published. These were considered by the Sub-Committee at its meeting in March. The key findings were:

- Neighbourhood policing under the Local Policing Model (LPM) was distinctly different to the previous ward-based 1:2:3 delivery model, which had been identical across all London wards irrespective of demand profile or threat, risk and harm indicators.
- Under the LPM, neighbourhood police officer posts had increased by 2,600 officers (138%).
- The roles and responsibilities of neighbourhood officers had increased.
- The Dedicated Ward Officer (DWO) shift pattern could be better aligned to their core roles and responsibilities.

- The brand and clarity of neighbourhood policing needed strengthening.
- 32% of neighbourhood constables were student officers in their first two years of service.

The key recommendations of the review were:

- The shift patterns for Dedicated Ward Officers would be adjusted to reflect their engagement role.
- DWOs would only be required to do central aid duties on New Year's Eve and for Notting Hill Carnival.
- The neighbourhood shift pattern would change to reflect the role of neighbourhood officers and to increase visibility.
- Non-emergency calls would be the responsibility of the nearest available unit and not just neighbourhood officers.
- Safer Neighbourhoods name to be readopted as this was recognised by the public.
- Review impact of aid on neighbourhood policing (phase 2).

IMPLICATIONS AND RISKS

Financial implications and risks:

None – narrative report only.

Legal implications and risks:

None – narrative report only.

Human Resources implications and risks:

None – narrative report only.

Equalities implications and risks:

While the work of the Sub-Committee can impact on all members of the community, there are no implications arising from this specific report which is a narrative of the Sub-Committee's work over the past year.

BACKGROUND PAPERS

Minutes of meetings of the Crime and Disorder Sub-Committee 2014/15

ENVIRONMENT OVERVIEW AND SCRUTINY SUB-COMMITTEE ANNUAL REPORT 2014/15

INTRODUCTION

This report is the annual report of the Sub-Committee, summarising the Sub-Committee's activities during its year of operation ended May 2015.

It is planned for this report to stand as a public record of achievement for the year and enable Members and others to have a record of the Committee's activities and performance.

SUB-COMMITTEE MEMBERSHIP

Councillor Ray Morgan (Chairman)
Councillor Carol Smith (Vice-Chair)
Councillor Alex Donald
Councillor Barry Mugglestone
Councillor Garry Pain
Councillor Patricia Rumble

WORK UNDERTAKEN

During the year under review, the Sub-Committee met on five occasions and dealt with the following issues:

1. Introduction to Overview and Scrutiny

At its July 2014 meeting the Sub-Committee received a presentation giving an insight into how Overview and Scrutiny worked in Havering. The difference between executive decision and those made by the Council. Overview and Scrutiny was the function by which Council decisions, or indeed any actions taken in connection with Council functions, can be reviewed and/or scrutinised. The factors for successful scrutiny Topic Groups were outlined and it was noted that the more tightly and realistically framed that the recommendations are, the more likely they are to be adopted/ implemented.

2. Introduction to service areas within the Committee's remit

A presentation was given to the meeting in July 2014 setting out the services covered by Streetcare, Public Protection and Energy Strategy. The Streetcare objectives were set out and the officers explained how the service operated in order to meet the objectives.

The Sub-Committee noted the areas within Streetcare included Street Cleaning and Street Scene, Waste and Recycling, Rivers and Water Courses, Highways, Street Lighting, and Traffic and Parking Control. The Energy Strategy Team were responsible for managing the Council's energy use, delivering energy saving projects in Council buildings, fleet vehicles, and street lighting, securing grants for insulation and boiler replacements for Havering residents and helping residents to lower their energy costs.

The main functions covered by Public Protection included, Food Safety; Health and Safety Enforcement; Licensing; Trading Standards; Metrology Service; Consumer Landscape Project with CAB; Private Sector Housing; Air Quality; Contaminated Land; Noise, odour, light and other statutory nuisances; Pest Control Advice; Financial Investigations and Stray Dogs Service.

3. Road and Pavements Topic Group

At its meeting in November 2015, the Sub-Committee agreed to established a topic group to look at the maintenance of roads and pavements in the borough. The Sub-Committee wished to understand all aspects of the maintenance of roads and pavements in Havering.

The group met with officers from Highways and the DSO together with a site visit to Central Depot to understand the step by step process for dealing with service requests for road and pavement defects, from first report to completion. The group were able to see the systems used from both the client side and the delivery side.

The group agreed that there were areas of the process that could be enhanced and a number of recommendations were discussed, which could enhance the whole operation.

Due to officers having to interpret survey data from United Kingdom Pavement Management System (UKPMS) it was agreed that the topic group would be deferred for 6 months to allow the data to be analysed more thoroughly.

4. Maintenance of greens and hedges in the borough

At its meeting in November 2014 the Sub-Committee received a brief on the maintenance of highway shrub beds and grass verges. It was noted that there were approximately 80,000 square metres of shrub bed throughout the borough roads, which were maintained. For the high priority areas, where shrubs were likely to grow and cause overhang to footpaths, carriageways and driveways, or were an obstruction on sightlines and road junctions these were pruned on three occasions. The remaining beds around the borough were pruned twice a year. The programmed pruning ran from March to December depending on the weather.

There were approximately 900,054 square metres of grass verge (including Rural Roads) throughout the borough. The grass was maintained by the In-

House Grounds Maintenance Unit on behalf of Streetcare. The grass verges were cut on nine occasions throughout the growing season from March until November.

5. Local Implementation Plan: Annual Spending Submission

A briefing paper on the Local Implementation Plan: Annual Spending Submission was received at the meeting in November 2014. Each year the council bid to Transport for London (TfL) for funding for its transport projects and programmes. It was noted that the submission had to comply with the Mayor for London's London Plan and his Transport Strategy, Council approved Local Implementation Plan (LIP) Strategy, the Council approved 2014/15 to 2016/17 Three Year Delivery Plan and the Latest TfL Guidance on preparing Local Implementation Plan.

Havering's funding from TfL has three elements:

- Corridors, Neighbourhood and Support Measures – these are comprehensive schemes and local area improvements including schemes to tackle congestion, assist freight, contribute to regeneration, controlled parking zones, cycling, walking, bus priority and bus stop accessibility.
- Principal Road Maintenance – this focuses on the improvement to the surface of Havering's Principal Road Network. This is dependent on the condition surveys which determine how much of the Principal Road Network across London requires structural maintenance.
- Local Transport Funding – This is £100k for projects of the Council's choice that support delivery of the Mayor's Transport Strategy.

6. Contaminated Land in the Borough

At its meeting in January 2015, the Sub-Committee received a presentation on Contaminated Land in the borough and the legal definition of what contaminated land was. It was noted that there was no land declared as contaminated in Havering; however there were sites that could potentially be affected by contamination. These sites were predominately in the south of the borough and contamination could come from old landfill sites or old factory sites of anything from 30 to 150 years old.

Under the Environmental Protection Act 1990 Part 2a, Havering has three main responsibilities. These are:

- Land Quality Reports – these reports can be provided to potential buyers of land. Whilst they give no definitive answers they provide as much information as is available. The landowner is also able to test the land themselves.
- Contaminated Land Inspections – the Council has a legal obligation to investigate sites. There have been four investigations made in recent years. The sites are generally those that have the biggest

potential risk to properties close to or on the potentially contaminated land.

- National Planning Policy Framework (NPPF) – It is essential that the services consulted on planning issues so that where potential contaminations may be present; conditions can be attached to the planning application. These conditions ensure that the liability is passed from the council to the developer.

The Sub-Committee were given details of how an investigation is carried out from informing local residents in writing that an investigation will be undertaken to the actual process of investigating the land, which could include taking samples from residents' gardens.

7. Probation Service Information

A brief was received from the Head of Streetcare at the meeting in January 2015, as to how the Probation Services was used by the Council, what tasks they undertook and how this was monitored. There were a number of tasks that were packaged for the probation services to carry out in a three-month period. These included shrub pruning, cleaning and painting of rails. It was essential that the jobs were fixed tasks so that monitoring could be carried out. Regular monthly meetings were held with the supervisors to received updates on the package of works. The council provided the equipment necessary for the job; however these were generally low cost items such as brooms, paint brushes, hi-visibility jackets and shovels. The work was well co-ordinated and carried out to a satisfactory standard. It was noted that approximately 18,000 hours of work had been carried out by the Probation Service in respect of Streetcare duties.

8. Budgets

At its meeting in January 2015 the Sub-Committee received budget figures, within its remit from Period 8. The details shown the current budget, any spend and the remaining balance. Officers stated that there were no immediate concerns however weather damage from either winds or ice/snow could have impacts on the budgets. This could include fallen trees, highway defects i.e. potholes and gritting of the roads.

9. Council Continuous Improvement Monitor – Progress of cabinet reports

In accordance with the Council's Continuous Improvement Model the Sub-Committee received updates on the following reports in January 2015:

- Keeping town centre vibrant by reducing on street parking charges and maintaining turnover of visitors – The Head of Streetcare stated that this report had been approved to harmonise the charges for on street pay and display and outlying car parks. As well as Parks across the borough. The tariff of 20p for 0-2 hours and 50p for 2-3 hours was introduced. The scheme had been a success and had

boosted the local shopping centres as visitors were able to spend more time in one location.

- Neighbourhood Responsibility progress report – It was noted that the initial focus of the Neighbourhood Responsibility project was on the Briar Road Estate. Its main purpose was to bring one community together through partnership working with committed groups of local residents. A vacant shop had been used to combine services including Streetcare, Social Care, Housing and Community Safety into one location and to establish a “Neighbourhood Office”. A residents group was established which included representatives from LBH, HAVCO the Police as well as local residents.

At its March 2015 meeting, the Sub-Committee received the following update:

- Progress of the approval to access energy efficiency funding through the Green Deal & Energy Company Obligation (ECO) via a Greater London Authority (GLA) framework. - The Sub-Committee noted that there had been a rise in energy prices which had resulted in less people being able to heat their home in winter. The team’s role was to help residents improve their homes to help reduce energy costs, particularly for the most vulnerable residents.

Funding was secured which was given directly to Havering residents to improve the energy efficiency of their homes – wall insulation, loft insulation, new boilers, and repair heating systems. These grants were targeted towards those who could not afford these measures. As part of a new framework introduced by the Coalition government, Green Deal were loans for measures and the Energy Company Obligation (ECO) were grants with stronger criteria so they were going to those most in need. The Sub-Committee noted the number of measures that had been put to place over the previous year.

10. CRM Enquiries

In January 2015 the Sub-Committee received details of enquiries raised under the Customer Relationship Management (CRM) system. The information presented was for all enquires, within the sub-committee’s remit, for the period December 2013 to November 2014. It was noted that the most popular enquiries included fly tipping, highway defects, registration of births and deaths, street lighting and green bin requests. A further update was given to the Sub-Committee at its meeting in March 2015.

11. Streetcare Service Plan

At its meeting in March 2015 a report was received that detailed the service plan for Streetcare Services. A number of areas of performance were discussed.

12. Community Safety Role and Responsibilities

A presentation on the roles and responsibilities was given to the Sub-Committee at its March 2015 meeting. It was noted that the Community Safety section was responsible for the strategic development and implementation of work to address crime and disorder in Havering. This strategic role functioned via Council and partnership activity through the Havering Community Safety Partnership (Crime and Disorder Reduction Partnership) which was a multi-agency group of representatives from the statutory, business and voluntary sector. The Sub-Committee were informed of the priorities for 2015-16.

13. Any other business

At the meeting of the Sub-Committee in March 2015, an issue was raised under urgent business relating to a new application that would be considered at the next meeting of Regulatory Services Committee. The issue related to the condition of the A1306 regarding lorry movements, mud, debris and enforcement. The Sub-Committee was informed that there were on-going complaints, enforcement and plans of action regarding lorry movements, mud and debris on the A1306. Various options were being considered for this site.

IMPLICATIONS AND RISKS

Financial implications and risks:

None – narrative report only.

Legal implications and risks:

None – narrative report only.

Human Resources implications and risks:

None – narrative report only.

Equalities implications and risks:

While the work of the Committee can impact on all members of the community, there are no implications arising from this specific report which is a narrative of the Committee's work over the past year.

BACKGROUND PAPERS

HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE ANNUAL REPORT 2014/15

INTRODUCTION

This report is the annual report of the Sub-Committee, summarising the Sub-Committee's activities during its year of operation ended May 2015.

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SUB-COMMITTEE MEMBERSHIP

Councillor Nic Dodin (Chairman)
Councillor Dilip Patel (Vice-Chair)
Councillor Gillian Ford
Councillor Jason Frost
Councillor Patricia Rumble

WORK UNDERTAKEN

During the year under review, the Sub-Committee dealt with the following issues:

1. QUEEN'S HOSPITAL AND RELATED ISSUES

- 1.1 Throughout the year, the Sub-Committee has sought to keep as a priority scrutiny of the performance of Queen's Hospital and of Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) in particular. Meetings and discussions with the Trust chief executive and other senior officers have been held throughout the year.
- 1.2 Care Quality Commission (CQC) Report and Trust Special Measures – Following a CQC report that was highly critical of aspects of performance at BHRUT and the Trust being placed in special measures following this, the Sub-Committee scrutinised as a matter of urgency the Trust improvement plan. BHRUT officers explained that the improvement plan covered areas such as the emergency care pathway, workforce issues, clinical governance and the leadership of the organisation as a whole. In order to gain a more detailed understanding of the issues facing the Trust, the Sub-Committee

also undertook a site visit to Queen's Hospital in January 2015. This proved a valuable opportunity for Members to view the elderly and general surgery wards and hold discussions with hospital staff.

- 1.3 BHRUT PALS – Officers from the BHRUT Patient Advice and Liaison Service (PALS) explained the service's role to the Sub-Committee. Members discussed the details of how the service sought to support patients and issues such as the difficulty patients often encountered in contacting the PALS service itself.
- 1.4 Patient Flows – The Sub-Committee also heard from the BHRUT chief executive on his plans to improve patient flows at Queen's Hospital. The performance of the hospital during the winter peak period was scrutinised as were initiatives such as the introduction of a Majors Lite section to speed up admissions and improvements to the system of dispensing medication on discharge.
- 1.5 Cardiac Centre, Barts Hospital – Whilst most services provided by Barts Heath NHS Trust are rarely used by Havering residents, the Trust does treat many victims of heart attacks from this borough. As such, the Sub-Committee held a useful visit in August 2014 to the new cardiac centre at Barts Hospital. Members toured this facility which would take over from the existing London Chest Hospital. Members were impressed overall with the new facilities although disappointed that little planning appeared to have taken place to consider the needs of patients with dementia.

2. INTERMEDIATE CARE

- 2.1 The Sub-Committee noted at several points during the year the success of pilots of two new services for Havering – the Community Treatment Team and Intensive Rehabilitation Service. Both services were designed to offer treatment close to or in people's homes and reduce the need for hospital admission. The Sub-Committee was pleased to be advised that these services were likely to be established permanently in Havering from August 2015.

3. PUBLIC HEALTH

- 3.1 The Sub-Committee scrutinised on three occasions this year the services provided by the Council following its receipt of new powers and responsibilities under the Public Health remit. Discussions with the Interim Director of Public Health covered the Council's role in areas such as oral health, immunisations, flu vaccines and sexual health services. It was noted that the Public Health team worked closely with BHRUT and Havering Clinical Commissioning Group (CCG) in order to provide effective services.

4. BREAST CARE SERVICES

- 4.1 Officers presented to the Sub-Committee details of proposals to transfer breast care services from the Victoria Centre in Romford to King George Hospital. Following a visit to the Victoria site, Members concluded that Havering residents would gain from using the more modern facilities at King George Hospital and therefore agreed that the proposals did not require formal consultation.

5. ST GEORGE'S HOSPITAL

- 5.1 The future of the St George's Hospital site in Hornchurch has continued to be a focus of the Committee's work throughout the year. Discussions have been held regularly with senior officers from Havering CCG who lead on the project. Members have expressed disappointment at the lack of detailed information in the plans presented and will continue to scrutinise the proposals as they develop. Towards the end of the period under review, the Sub-Committee was pleased to note that the CCG had approved an outline business case for the site and that this was now under consideration by NHS England.

6. PRIMARY CARE TRANSFORMATION PROGRAMME

- 6.1 CCG and GP Federation officers have updated the Sub-Committee on changes during the year to primary care services. The Sub-Committee has been pleased to note during the year the establishment of GP access hubs (now operated by the GP Federation) allowing access to GP appointments at weekends and in the evenings. The Sub-Committee was also supportive of the Complex Care 1,000 project whereby the 1,000 people with the highest number of long term conditions would be treated by a dedicated GP and practice nursing team. It was hoped that this would reduce the amount of hospital admissions required by people requiring the most complex levels of primary care.

7. MENTAL HEALTH SERVICES

- 7.1 The work of the North East London NHS Foundation Trust (NELFT) has continued to be scrutinised throughout the year, including services provided for children and adolescents (see below). Representatives from Havering MIND also attended the Sub-Committee in order to discuss a recent change in commissioning of employment services that were now provided by another organisation.

8. CARE ACT

- 8.1 In light of the close interrelationship between health and social care services, a senior social care officer briefed the Sub-Committee on the requirements of the Care Act being introduced from April 2015 and the impact of this on both the Council and on care facilities within Havering.

9. HEALTHWATCH HAVERING

- 9.1 The Committee has continued throughout the year to enjoy a productive working relationship with Healthwatch Havering. Healthwatch has been offered regular agenda slots and a member of the organisation is present and permitted to ask questions at each meeting of the Sub-Committee.
- 9.2 Healthwatch Havering presented to the Committee on a number of issues during the year. These included the organisation's annual report and a summary of the work it had undertaken around dementia and learning disabilities. The Sub-Committee also scrutinised visits Healthwatch had undertaken to local facilities using its enter and view powers and heard details of a consultation that Healthwatch had undertaken on GP access, in conjunction with the GP Federation.

10. JOINT WORKING WITH CHILDREN AND LEARNING OVERVIEW & SCRUTINY SUB-COMMITTEE

- 10.1 The Sub-Committee has on two occasions during the year under review (September and February) met jointly with the Children and Learning Overview & Scrutiny Sub-Committee in order to scrutinise matters relating to children's health. This included consideration of a number of issues such as healthy weight/reduction initiatives whereby the interim director of public health explained measures run by the Council such as walk to school schemes, school catering projects and the promotion of the use of Havering parks.
- 10.2 Children's health – Other issues scrutinised by the Sub-Committees relating to Children's Health included the immunisation programme and the role played by school nurses.
- 10.3 Children's mental health services – Officers from NELFT explained to the Sub-Committees the range of child and adolescent mental health services available. It was noted that demand for these services had increased and Members felt that advertising and communication around these types of services could be improved. In conjunction with the children and learning overview & scrutiny sub-committee, Members undertook a visit in April 2015 to the new NELFT Acorns Centre in Romford. Members toured the new

building which offered a range of children's health services including speech and occupational therapy, physiotherapy and child & adolescent mental health services. Members held discussions with medical staff at the site who explained that they were pleased to be able to make use of the new facilities.

11. OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

- 11.1 Councillors Dodin, Ford and Patel represented the Sub-Committee on the Joint Health Overview and Scrutiny Committee covering Outer North East London (ONEL). Working in conjunction with Councillors from Barking & Dagenham, Essex, Redbridge and Waltham Forest, this has allowed scrutiny of health services issues affecting more than one Council area. The following areas were considered at joint level.
- 11.2 Urgent Care Procurement – CCG officers explained to the Joint Committee the details of a programme to commission a single provider of urgent care across the ONEL boroughs. This programme has since been paused and is expected to restart with a conference of relevant stakeholders in June 2015.
- 11.3 GP Issues – The Joint Committee was joined in October by a representative of NHS England who explained the organisation's role in commissioning GP services. Features of the new GP contract were also discussed and Members raised concerns over access to GPs and difficulty obtaining appointments etc.
- 11.4 Great Ormond Street Hospital for Children NHS Trust – For the first time, the Joint Committee scrutinised services provided by Great Ormond Street Hospital. Considerable numbers of admissions to the hospital were received from each of the ONEL boroughs and the Joint Committee held useful discussions with the director of planning and information at the Trust. The Joint Committee was concerned to hear that Great Ormond Street was likely to lose out financially under changes to arrangements for specialised NHS commissioning and has written to NHS England expressing this view.
- 11.5 Maternity Services – In January, the Joint Committee undertook detailed scrutiny of maternity services at both BHRUT and Whipps Cross Hospital. Issues of maternity staffing at local hospitals were considered and the Joint Committee also agreed that joint working should be encouraged to develop breast feeding. The Joint Committee also agreed its support for a bid for funding to increase maternity consultant cover at Whipps Cross.
- 11.6 NHS 111 – Officers from the Partnership of East London Cooperatives – the provider of the NHS 111 service met with the Committee and discussed issues such as response times to calls to the service and the relationship between NHS 111 and commissioners.

- 11.7 Barts Health/Whipps Cross Hospital – Following the recent publication by the Care Quality Commission of a negative report on aspects of services at Whipps Cross Hospital, the Joint Committee scrutinised the Trust's improvement plan with senior Barts Health officers including the Chief Executive and Medical Director. At the same meeting, discussions were also held with officers from the Care Quality Commission on their inspection process and relationship with scrutiny.

IMPLICATIONS AND RISKS

Financial implications and risks:

None – narrative report only.

Legal implications and risks:

None – narrative report only.

Human Resources implications and risks:

None – narrative report only.

Equalities implications and risks:

While health issues and the work of the Committee can impact on all members of the community, there are no implications arising from this specific report which is a narrative of the Committee's work over the past year.

BACKGROUND PAPERS

Minutes of meetings of Health Overview and Scrutiny Sub-Committee and ONEL Joint Health Overview and Scrutiny Committee 2014/15.

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE ANNUAL REPORT 2014/15

INTRODUCTION

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It is planned for this report to stand as a public record of achievement for the year and enable Members and others to have a record of the Committee's activities and performance.

SUB-COMMITTEE MEMBERSHIP

Councillor June Alexander (Chairman)
Councillor Philip Hyde (Vice-Chair)
Councillor Ray Best
Councillor Viddy Persaud
Councillor Keith Roberts
Councillor Roger Westwood
Councillor Darren Wise

WORK UNDERTAKEN

During the year under review, the Sub-Committee met on five occasions and dealt with the following issues:

1. Introduction to Overview and Scrutiny

At its July 2014 meeting the Committee received a presentation giving an insight into how Overview and Scrutiny worked in Havering. The difference between executive decisions and those made by the Council was explained. Overview and Scrutiny was the function by which Council decisions, or indeed any actions taken in connection with Council functions, can be reviewed and/or scrutinised. The factors for successful scrutiny Topic Groups were outlined and it was noted that the more tightly and realistically framed that the recommendations are, the more likely they are to be adopted/ implemented.

2. Overview of Adult Social Care

At its meeting in July 2014, the Committee received a presentation setting out the services within Adult Social Care and Commissioning. A brief description of what each section was responsible for was explained. Members were given a detailed presentation on the Care Act and Better Care Fund, including details of

how the Care Act pulled together a number of legislation and law into one document.

3. Review of Services in Havering for People with Dementia or a Learning Disability

In July 2014 the Committee received a presentation from HealthWatch Havering setting out the findings of a review that had been carried out into the services available for people who have dementia or a learning disability. A number of workshops were carried out to find out from carers, volunteers and users what services were available in Havering. The framework for each workshop and for both topics was based around the following questions:

- What is missing?
- What would make a difference?
- What have you experienced that is good?

Over 100 people attended the workshops and a number of conclusions were reached. From these conclusions HealthWatch Havering agreed on a number of recommendations that had passed onto the relevant agencies.

4. Age Concern Reorganisation/ Relaunch (Tapestry)

At its meeting in September 2014, the Committee received a presentation from the CEO of Age Concern Havering on the proposed new branding and renaming to Tapestry. It was noted that Age Concern Havering remained independent when the national organisation became Age UK. New branding and logos were discussed together with the introduction and implementation of new values and new ways of working. A number of new services would be delivered to the clients of Tapestry. These included:

- Integrated service wide food program
- New community based activities involving “exercise for health”
- Increased community integration and involvement with all ages
- Integration of new technologies

The launch of the re-branding would take place in December 2014.

At its meeting in January 2015, the Sub-Committee were given a presentation on the new Tapestry organisation and its work. It was noted that the Tapestry Mission was “*To enable adults to lead a healthy, positive and fulfilling life*”. This would take account of the changes to service provision so that it would be available for all adults. Tapestry had three main priorities: Prevention, Care and Support. The values that underpinned the activities of Tapestry were Enterprising, Empathetic and Expert. It was noted that the service would be about identifying solutions for clients, to be understanding and professional and to be the best in terms of knowledge and learning.

The Sub-Committee was informed that whilst at present services available were by word-of-mouth, in the next few month there would be a bigger marketing drive

which would make use of more technology. The organisation would have to grow 25% in the next year, they had a very experienced board and the members were very confident that they could deal with the changing marketplace.

5. Dementia Strategy Review

In September 2014 the Committee received a presentation setting out the progress of the Dementia Strategy from the Locality Lead at the Clinical Commissioning Group Havering. The strategy was built around a number of statements from which indicators were collected. These included:

'I was diagnosed early' – The current rate of diagnosis was 57% which was an improvement on the previous year (47%) however there was always scope for improvement. There were approximately 3000 people in Havering who were thought to have dementia. The target figure for 2016/17 was 67%. It was noted that a lot of good work had been done however more work was needed in identifying patients, particularly in GP surgeries as this was the biggest area where diagnosis was poor.

'I understand so I make good decisions and provide for future decision making' – Members were informed that surveys of carers had been carried out in hospitals. The survey included questions about the care received, further information being offered and if the support was adequate to the relative's needs.

'I get the treatment and support which are best for my dementia and my life' – The Committee was informed that there were 40 care homes with Dementia Champions and 50 organisations in the Dementia Action Alliance. The Havering CCG was encouraging outstanding GP practices to sign up to the Dementia Action Alliance (DAA), however any organisation could be part of the DAA. A number of banks had signed up to the DAA in recognising if a number withdrawals are being made in a short period of time.

'I am treated with dignity and respect' – It was noted that the CCG would commission all future services with a requirement that it includes a dementia element as standard. There were consultations with then Phlebotomy service for those with dementia, since the waiting times were more difficult for someone with dementia.

The CCG would ensure that the Care Plans on the Health Analytics were shared between all local acute trusts so that there was a smooth transition between departments. This was particularly pertinent in A&E so that patients were known to have dementia before being approached by a clinician.

6. Funding Reform

At its meeting in September 2014, the Committee received a presentation from the Head of Adult Social Care and Commissioning setting out the Funding Reform under the new Care Act.

The main direct financial implications from the funding reform would be the rise in the upper capital threshold for means-tested support from £23,250 to £118,000. This would take effect from 2016/17. A cap would be set at £72,000 for the maximum contribution anyone would make to adult social care. This would include any residential and community services, and all previous contributions made towards community care services would be taken into account and be accrued towards the cap. All self-funders would be required to be provided with an independent personal budget, which would be reviewed and updated regularly. This budget will allow for the individual to progress towards the care cap.

The Committee was made aware of emerging concerns and priorities. These included affordability of services, and what they may cost, how many social work staff were required to meet the demands of residents and the review of all business process to make them more efficient and streamlined.

7. Healthwatch Havering Annual Report

At its meeting in September 2014, the Committee received an oral report from the Chairman of the Healthwatch Havering on its Annual Report 2013/14 which set out the work carried out by the organisation in the last year. It was outlined that Healthwatch Havering was a local independent consumer champion for health and social care. The umbrella body was Healthwatch England, which is part of the Care Quality Commission (CQC).

The launch of Healthwatch both nationally and locally coincided with emerging public concerns raised about Mid-Staffordshire Hospital and Winterbourne House care home. Locally, concerns were raised about a series of adverse CQC and other reports about care in Queen's Hospital and in several care homes in the borough. At the time the CQC carried out a new inspection regime of Queen's Hospital which placed the hospital in "special measures". Whilst Healthwatch Havering was not directly involved in the decision, it did submit evidence to the inspection team and was invited to a meeting where the CQC announced its findings.

Healthwatch Havering was a statutory members of the Havering Health and Wellbeing Board. It also had formal representatives on Health, Individuals and Children's Services Overview and Scrutiny Committees and a wide range of other relevant bodies, both local and regional to North and East London.

Healthwatch Havering had prioritised the eight established Health and Wellbeing priorities from their own perspective. The order being:

- The CQC inspection of Queens Hospital (Priority 7: Reducing avoidable hospital admission)
- Frail and Elderly Members of our community (Priority 5: Better integrated care for the 'frail elderly' population and Priority 1: Early help for vulnerable people)

- The Better Care Fund (Priority 8: Improvement the quality of services to ensure that patient experience and long-term health outcomes are the best they can be)
- The Care of Children in our Community (Priority 6: Better integrated care for vulnerable children)
- Joint Strategic Needs Assessment (Support the development of all 8 priorities)
- Dementia Strategy (Priority 2: Improved identification and support for people with dementia)
- Children and Families Bill (Priority 1: Early help for vulnerable people)
- Specialist and Cardiovascular Services (Priority 3: Earlier detection of cancer)
- Childhood Obesity (Priority 4: Tackling obesity)

Healthwatch Havering had also identified six key priorities for 2014/15. These were End of Life Care, Frail and Elderly care within the Emergency Department, Access to Primary Care, Access to Health Checks and Immunisation, Continue the programme of Care Home Visits, and to identify a project working with Young People. All these areas reflected concerns that have been brought to the attention of Healthwatch Havering and which supported the overall health and wellbeing of people.

8. Dementia and Diagnosis Topic Group

At its meeting in September 2014, the Sub-Committee established a topic group to look at Dementia and Diagnosis in Havering. The Sub-Committee wished to understand how awareness of dementia could be raised, pre-diagnosis procedures, understanding the process once diagnosis had taken place and what was in place for people and their families living with dementia.

The group met with representatives from the Havering Clinical Commissioning Group (CCG) and North East London NHS Foundation Trust, together with visiting two care homes in the borough who specialised in care for people living with dementia.

The group also attended a Focus Group run by the CCG and Dementia Action Alliance and were able to talk with people living with dementia and their carers about any areas that needed improving to make their lives better.

9. Learning Disabilities and Support Topic Group

At its meeting in September 2014, the Sub-Committee established a topic group to look at Learning Disabilities and Support available in Havering. The Sub-Committee wished to ensure that the council was helping those individuals with a learning disability with the transition from School to College/ University, and where capable, into work opportunities. It was agreed that members from the Children and Learning Overview and Scrutiny Sub-Committee should be co-opted onto the group as there would be an overlap of remit.

The group met with representatives from both Adult and Children's Social Care, the local College, the Job Centre and the Havering Chamber of Commerce, to understand what was currently in place. Representative from Special Educational Needs Support and Advocacy (SENSA) and Positive Parents were also invited to meetings to give their perspective of how parents and carers found the process.

The group agreed that there were improvements needed especially around the Education, Health and Care Plans. A number of recommendation would be included in the final report to Cabinet.

The group

10. Information and Advice Service

At the November 2014 meeting, the sub-committee received a brief on the information and advice provided by Adult Social Care. Officers explained when information may be needed and that by providing good information and advice would improve the wellbeing of people and may delay or prevent the need for further support.

Information was available from a number of areas, including Carepoint, Children's Centres, Neighbourhood Offices, Libraries, MyLife Havering (where you can find information online in one single place about the services and support available locally for children, young people and adults with special educational needs and disabilities), Voluntary sector organisations (Age Concern) and national organisations including NHS Choice, Net Doctor and the CQC website.

11. Telecare Presentation

At the meeting in November 2014, a presentation on assisted technologies was received. These were to promote independence and provide care at a distance. The Telecare centre ran 24 hours a day, 7 days a week with a response service. There were approximately 4,500 clients who received the service, the majority were elderly and lived in their own homes. The Sub-Committee viewed a number of the technologies including a pendant, a watch, flood detector, temperature extreme detectors as well as pill dispensers and on-track systems such as Skyguard and Vaga-watch. The latter were GPS systems which could track people who wandered outside of a particular area. The smallest area that could be set was 200 metres.

The Sub-Committee noted that there were 11 responders in total who worked across the 24 hour rota system. During the day there would be 5-6 responders and in the evening there would be 2-3 responders. The response time targets were 90% in 45 minutes and 100% in an hour. The average response time in Havering was 23 minutes with 99.2% in 45 minutes in the month of October.

The minimum cost was £4.68 a week, which included equipment, installation and all call-outs. The service was installing on average 100 units a month and

removing approximately 50 a month. All equipment was re-used and the service was not fixed to one supplier. The equipment was regularly tested and maintained every year.

12. Complaints Annual Report

At its meeting in November 2014, the Adult Social Care Complaints, Comments and Compliments Annual Report was received. The Sub-Committee noted that there had been a slight increase in complaints between 2012/13 and 2013/14. A breakdown of the complaints by services area was explained. The highest area of complaint was about external homecare however this service had the largest number of clients.

Recording of monitoring information had improved from previous years, with the method of contact for 2012/13 as mainly traditional e.g. letter, email and telephone, whereas the direction towards more online communication was recorded in 2013/14. It was noted that there had been 102 compliments made to the service which was almost the same as the complaints (108). The total number of member enquiries received during 2013/14 was 76, a 30% increase from 2012/13, and 75% were responded to within 10 days.

13. Dial a Ride

At its meeting in November 2014, the Sub-Committee received a presentation on the Dial a Ride service within Havering and the issues that were faced by its users. It was explained that this committee and its predecessors had been investigating this issue for a number of years.

The Sub-Committee noted that the service was provided free to its members, providing that they meet the relevant criteria. The cost per journey was £25.66 compared with just £12 per journey under the Taxicard scheme. Members noted the issues experienced by users of the Dial a Ride service, together with meetings and information that had been sought from different contacts at Transport for London over the previous years.

It was noted that consultants had been employed by TfL to carry out a Review of London's Social Needs Transport Market findings. A brief had been prepared and shared with the sub-committee. The sub-committee were keen to talk to TfL in order to progress and improve the service for residents in Havering.

In January 2015, the Sub-Committee met with a local Dial a Ride user to find out the concerns and issues faced on a daily basis by residents who used the Dial a Ride service. Members noted that since a new computerised scheduling system (Trapeze) had been implemented in 2008, the service had not been as efficient. Prior to the computerised system Dial a Ride could complete approximately 30 trip a day in Havering, however now they could only complete 16 trips a day. The system could not take account of group booking i.e. two members travelling together from the same location, or in the same street at the same time. Frequently Dial a Ride would send a separate vehicle for each individual. Other

issues included only one way travel with no return trips and difficulty in obtaining trips at weekends and evenings.

The Sub-Committee agreed that they would continue to progress the issues highlighted with TfL.

At its meeting in March 2015, the Chairman informed the Sub-Committee that the Vice-Chair and herself had met with representatives from Transport for London and Senior Officers from the Council to discuss the matter. A very productive meeting had been held, however due to the confidential nature of the meeting nothing further could be provided at this stage. As things progressed the Sub-Committee would be updated accordingly.

14. Council Continuous Improvement Model

In accordance with the Council's Continuous Improvement Model the Sub-Committee received an update on the following Cabinet reports:

Section 75 Agreement with North East London NHS Foundation Trust – A partnership arrangement between Havering and North East London NHS Foundation Trust (NELFT) had been established to provide mental health services for adults and older adults in Havering. The first Section 75 agreement for mental health was in 2009, and was renewed in 2013. Money was pooled between LBH and NELFT to deliver the service, and council staff were seconded to NELFT.

The budget for mental health services was outlined with the council contributing £11.88 million for the staffing and £1.25 million for commissioned services, with NELFT contributing £14.5 million.

The Sub-Committee was able to view a number of performance indicators for 2014/15 associated with mental health in Havering. It was noted that nationally for some years the key priority had been to support people with mental health issues to live as independently as possible, with less reliance on institutional settings (such as hospital beds and residential care settings), and Havering's activity information reflected this. It was also noted that the percentage of people with mental health being detained under the Mental Health Act rose in June, although it was not clear the full details of this spike.

Arranging for the provision of domiciliary care to adults – A framework had been agreed in November 2012 which commissioned a service where care agencies provided home care. At the time of the agreement there were twelve providers identified, this had then dropped to eleven. The total framework value was £37 million over a four year term; the service was half way through its term.

The Sub-Committee noted that the quality of care provided was satisfactory, however this linked with the corporate complaints. There was a national issue in recruiting staff for home care and this was true of the Havering providers. Concerns were raised about the impact this could have on the reablement team in the coming winter months if care packages were not delivered.

15. Havering Autism Plan

In January 2014, the Sub-Committee received a brief presentation on Adult Autism. Details were given of how the Autism Spectrum Condition could affect individuals. This included not knowing the world around them, not understanding body language, and having difficulty with social interactions. The officer explained the different support and reasonable adjustments that could be made for each individual.

The Sub-Committee noted that the National Adult Autism Strategy would be refreshed and it was the expectation that local authorities would take a lead on transforming health & social care, community and universal services as well as promoting support for Adults with Autism through organisational change and local leadership.

It was noted that the projected Adult Needs and Information Service had estimated the number of Adults with Autism in Havering was 1433. This was predicted to rise by 12% by 2030 to 1597. It was further noted that there was a growing number of young people with Autism Spectrum Condition, Learning Disabilities and Challenging Behaviours entering the system via the transition process.

16. Healthwatch Havering: Background on Enter and View

A representative from Healthwatch Havering provided the Sub-Committee with an overview of their "Enter and View" powers at its March 2015 meeting.

All representatives of Healthwatch Havering have undergone training in Enter and View, Safeguarding, Deprivation of Liberties and Mental Capacity Act. Their role was to be well informed lay people to look at the service provided.

All enter and view visits are announced and carried out by trained volunteers. Notes are made of visits which form a report. Once agreed this report is sent onto the CQC, the Local Authority and published on the Healthwatch Havering website.

17. Admission and discharge from Hospital to Care Home.

Following a request from members about the admissions and discharges from Care Homes, officers provided a presentation on the process in place at the meeting in March 2015.

The Sub-Committee were informed that there were 17 Nursing Care Homes with 964 beds, 22 Residential Care Homes with 643 beds and 20 Learning Disability Homes with 130 beds. There were two types of admission to hospital, the first was planned admission for an operation or tests under sedation, these would either be accompanied by a family member, carer, or the home would provide sufficient information to the hospital for the individual to attend alone. The second would be an unplanned admission, these could be in the form of an

urgent (via 999) sudden collapse, a serious fall, injury or at the request of the GP.

Each resident within a Learning Disability home was issued with a hospital passport which gives all their details together with their needs, in the event of an emergency an escort would accompany the resident. It was noted that whilst the hospital was aware of the hospital passport, these did not always come back to the home with the resident. Members felt that given recent technologies that the data could be uploaded onto a bracelet that could be worn by the resident and scanned at the hospital. This would prevent the need for paper copies which could get lost. It was agreed that this would also be useful for older people in care homes.

The process in discharging from hospital back to either a care home or an individual's own home was discussed. The Sub-Committee noted that the next of kin would be the first to be informed of the discharge. If an individual needed to be discharged into a care home before returning to their own home, this was often "step-down". This could be a form of respite care due to hydration, nourishment or because they had broken a limb or had a co-dependant who they could not care for. A social worker would carry out an assessment on the hospital ward and a detailed support plan would be written for the needs of the individual.

18. Overview of Safeguarding

At its meeting in March 2015, the Sub-Committee received a presentation on Safeguarding Adults in Havering. The Care Act and Making Safeguarding Personal had put the user at the centre of safeguarding planning with a multi-agency approach. The Safeguarding Adults Board (SAB) was on a firm footing, it had strengthened and had become more strategic over the past year. Members noted that the Board was attended by Chief Officers from all partners.

The Sub-Committee noted that Adults can make a choice about their lives, if they have the capacity. Adult Social Care will support the individual in their preference and choice. If an individual does not have the capacity then the Deprivation of Liberties and Mental Capacity Act comes into play. Support is then given to the family and friends of the individual too.

The Care Quality Commission had been looking into the Deprivation of Liberties and where these had been applied for. Due to this there had been a large increase in best interest assessments having to be carried out. The Sub-Committee noted that in 2013/14 there had been 33 assessments however in 2014/15 there had been 370 assessments carried out. Officers stated that as well as the new assessments, all outstanding assessments need to be reviewed; this had therefore increased the workload. All best interest assessments must be carried out by someone who is not involved in that person's care or in making any other decisions about it and must be a qualified social worker, nurse, occupational therapist or chartered psychologist with the appropriate training and experience.

19. Demand Management

An in-depth presentation on Demand Management was given to the Sub-Committee at its March 2015 meeting. It was explained that Demand Management was about reducing and/or slowing down the rise in demand for services to levels that are manageable within the resource envelope that Havering have. The majority of savings attributed to demand arrangements will arise from cost-avoidance, i.e. preventing an increased spend that would otherwise result from more people entering “the system” and using Adult Social Care services.

It was explained that this was a big issue to Adult Social Care as the demand would continue to rise given that ageing population and the changing demographic profile in Havering. The Care Act would also have a disproportionate impact on Havering given the amount of care homes located in the borough. The Sub-Committee were concerned that GP registrations had continued to rise each quarter with 3,064 additional registration in the second quarter to 2014/15.

The challenges were noted that would face Adult Social Care, given that the directorate alone accounted for 60% of the whole Council budget. The need to dramatically transform the operating models by prioritising early help, intervention and prevention is hoped to be the resolution. Officers stated that work had already started on focussing to deliver this.

The Sub-Committee were informed that there was lots of focus on demand management within senior staff meetings, working groups, the Care Act as well as many of the strategic documents, priorities and policies. The Demand Management Working Group was established in 2014 and had representation from across the Directorate including Public Health and Corporate colleagues. An Early Help, Intervention and Prevention (EHI&P) Strategy had been produced to help tackle demand and prioritise EHI&P services. This had been aligned to the Health and Wellbeing Strategy, the Care Act Programme and the draft Directorate Plan. There were five pilots about the start which would feed into the Implementation Plan. Whilst this was a Directorate Strategy, it was likely to evolve into a Council-wide and partner-wide strategy.

IMPLICATIONS AND RISKS

Financial implications and risks:

None – narrative report only.

Legal implications and risks:

None – narrative report only.

Human Resources implications and risks:

None – narrative report only.

Equalities implications and risks:

While the work of the Committee can impact on all members of the community, there are no implications arising from this specific report which is a narrative of the Committee's work over the past year.

BACKGROUND PAPERS

Minutes of meetings of Individuals Overview and Scrutiny Sub-Committee 2014/15.

TOWNS AND COMMUNITIES OVERVIEW AND SCRUTINY SUB-COMMITTEE ANNUAL REPORT 2014/15

INTRODUCTION

This report is the annual report of the Sub-Committee, summarising the Sub-Committee's activities during its year of operation ended May 2015.

It is planned for this report to stand as a public record of achievement for the year and enable Members and others to have a record of the Committee's activities and performance.

SUB-COMMITTEE MEMBERSHIP

Councillor Lawrence Webb (Chairman)
Councillor Linda Hawthorn (Vice-Chair)
Councillor Michael Deon Burton
Councillor Jason Frost
Councillor Jody Ganly
Councillor Steven Kelly
Councillor Barbara Matthews
Councillor Robby Misir
Councillor Frederick Thompson

WORK UNDERTAKEN

During the year under review, the Sub-Committee dealt with the following issues:

Introduction to Overview and Scrutiny – At its July 2014 meeting the sub-committee received a presentation giving an insight into how Overview and Scrutiny worked in Havering. The difference between Executive decision and those made by the Council. Overview and Scrutiny was the function by which Council decisions, or indeed any actions taken in connection with Council functions, can be reviewed and/or scrutinised. The factors for successful scrutiny Topic Groups were outlined and it was noted that the more tightly and realistically framed that the recommendations were, the more likely they were to be adopted/implemented.

Introduction to service areas within the Sub-Committee's remit – Members received presentations on the services within the remit of Sub-Committee. These included all services covered by Culture and Leisure, Regulatory Services, Housing and Community Safety. The Head of Services outlined their respective

services objectives and how the services operated in order to meet these objectives.

The Head of Service, Culture & Leisure explained that the service's main objectives were to transform lives through participation in, and enjoyment of culture.

The Sub-Committee was informed that the Corporate Policy & Diversity team provided support to the new administration in developing the Council's priorities and strategic plans for the future. The team's responsibilities also included maintaining the corporate performance framework and developing the 'Corporate Brain' intelligence function. Other services within Corporate Policy and Community Manager Team included the Community Engagement and Energy Strategy Team. The Head of Homes and Housing outlined the service area to the sub-committee. Members were informed that Homes & Housing Services comprised of 256 permanent staff and an additional 40 agency staff. That the service had the responsibility to manage all Council homes that consisted of:

- 9,938 social rented homes
- 2,260 leasehold properties
- Let 616 homes last year
- Spent £31m capital programme

The Head of Regulatory Services introduced the service area to the subcommittee detailing that the operational framework of the Regulatory Services was to carry out statutory based duties and powers. The teams provided an advisory, operational and enforcement function whilst working with a strong legal base to support activities of the respective teams.

At its meeting in September 2014, the Head of Economic Development Services. outlined the services objectives and how the service operated in order to meet these objectives. The Sub-Committee was informed that the service had a five year target part of which was to deliver Romford 2020 as an increasingly vibrant and prosperous Town Centre.

Work Programme - The sub-committee agreed to set up the following two Topic groups:

1. Social Inclusion in relation to future development to meet the needs of the diverse community
The group comprised of Councillors Alex Donald, Steven Kelly and Linda Hawthorn.

It was later decided not to undertake the scrutiny review on the above subject matter.

2. Landlord Accreditation Scheme
The Group was led by Councillor Jason Frost with Councillors Jody Ganly and Linda Hawthorn as members.

The Landlord Accreditation Scheme Topic Group report was considered by the sub-committee at the 22 April meeting.

Councillor Guide on Fire Safety - At its meeting in September 2014, the Sub-Committee received a briefing from the Director of Property Services, Homes & Housing on the briefing information on Councillor Guide on Fire Safety. The Sub-Committee was informed on the steps that Homes & Housing had taken to ensure safety of council residents in LBH properties.

The Sub-Committee was informed that the Homes & Housing had developed a Fire Action plan since the release of the findings ensuring a random check of windows in council was carried out.

Housing Capital Programme & Contractor Performance. At the request of the Sub-Committee, Members received a presentation on that detailed the programme context of the housing capital programme. The Capital Programme 2014 – 15 was in the second and final year of the programme to deliver decent homes from the decent homes grant. The Sub-Committee was informed that at the completion of the 2014/15 programme, the decent homes grant would result in a level of 97% decency in council homes in the borough.

Presentation on the Licensing Strategy At its meeting in October 2014, the Sub-Committee received a presentation on the Licensing Strategy from the Public Protection, Licensing and Health and Safety Divisional Manager. This presentation provided an opportunity for the Sub-Committee to be informed on the reshaped Licensing Strategy and the proposed consultation of the Statement of Licensing Policy.

The Sub-Committee was informed that the decision to develop a strategy originated from the Havering Night Time Economy costs and benefits report in 2010.

The draft strategy was consulted and the final strategy was adopted by Full Council on the 26 March 2014.

The Sub-Committee was informed that the Statement of Licensing Policy was a statement of how the Licensing Authority was going to consider licence applications in the borough. The policy had to be renewed every five years and a new policy would need to be produced next year in order to be in place for January 2016.

The Sub-Committee was informed that the new policy would need to be drafted, published and circulated for consultation to all premises, stakeholders, Members and residents of the borough who would like to have some input in developing the draft policy.

Following the presentation, Members agreed to form a joint working topic group with members of the Licensing committee to develop the draft policy that would be circulated.

The Sub-Committee noted that the Councillors Linda Hawthorn, Jason Frost, Frederick Thompson and Lawrence Webb would be joining selected Members from the Licensing Committee to form a working group.

Presentation on London Enterprise Panel At the request of the Sub-Committee, the Head of Economic Development, Culture & Community gave a presentation on the London Enterprise Panel (LEP).

Members gathered that part of the LEP Growth Deal, an initiative “London New Homes Bonus” (NHB) was to fund the Growth Deal. The presentation detailed the following programme that the service identified would provide maximum growth as part of the Growth Deal Project.

- Romford Town Centre
- Supporting retail businesses
- Havering business incubator hub
- Care Havering
- Build Havering
- Renewable energy investment

The Sub-Committee was informed that the service was looking to agree final allocations for each project area (to new total of £1.369m). Following this, the next action plan was to develop delivery plans for each of the six project areas for a prompt start on 1 April 2015.

The following preparatory works were outlined to the sub-committee:

- Romford Market Review (May 2015).
- Business and landlord engagement in Romford (Jan 2015)
- Recruitment of a Romford Growth Manager (April 2015)
- Market shaping and business development research into the local care and support market (March 2015)
- Number of renewable energy feasibility studies (March 2015)

Council Continuous Improvement Monitoring – Progress of three cabinet reports –
In accordance with the Council’s Continuous Improvement Model the Sub-Committee received updates on the following reports in January 2015:

In accordance to the Council’s Continuous Improvement Model, the Sub-Committee received a presentation update on the Revised Housing Allocation Scheme and Tenancy Strategy.

The Sub-Committee was informed that the report that went to Cabinet detailed a revised Allocations Scheme covering the eligibility for, and letting of, council housing in the borough. The revisions took account of the new freedoms and

flexibilities afforded to local authorities with regard to the letting of council homes brought in by the Localism Act 2011. The revisions had been informed by a thorough and detailed consultation with residents who were likely to be affected and stakeholders both within and outside the Council.

In accordance with the Council's Continuous Improvement Model, the Sub-Committee received a presentation update on the Housing Revenue and Capital Budget.

The Sub-Committee was informed that since 2012 the position of the Housing Revenue Account (HRA) had been different from previous years because of Self Financing HRAs. The HRA remained a ring-fenced account that was used to manage the Council's own housing stock. The proposed budget enabled the Council to manage the stock to a reasonable standard and to deliver the next phase of the Council's Decent Homes Programme. It further set rents, service charges and other charges for Council tenants for the year 2013/14.

The Sub-Committee was shown a presentation that outlined comparisons in income from the Housing Revenue Account in 2013/14 and 2014/15. Expenditure from the Housing Revenue Account 2013/14 and 2014/15 were also detailed.

The Sub-Committee was informed of the following issues for the HRA in 2014 – 2015, that were Rents & Service Charges related:

- The rent increase was 5.9%
- Average rents were now £90.80 although these were still the lowest in London
- Rents on empty properties went straight to target rents and this had generated an extra £0.5m this year
- Service charges covered costs

The presentation identified the following area of growth in 2014 – 2015 for the HRA

- Affordable Housing Team
- Mobility and under occupation programme
- Queen Street Villas
- Contribution to the capital programme, and completion in 2014/15

At its meeting in January 2015, the Sub-Committee received a presentation that updated on the Culture Strategy.

The Sub-Committee was taken through the Culture Strategy 2012-2014 and the updated on the progress against the Action Plan. The Sub-Committee was informed that the Culture Strategy was driven by a very simple ambition: "To transform lives through participation in, and enjoyment of culture"

The Strategy was based on the following objectives:

- Objective 1: Health and Wellbeing - Support a high standard of mental, physical and emotional health for all by increasing the number of people taking part in sport and Physical Activity and accessing the natural environment

- Objective 2: Learning and Development - Support learning opportunities for all, by enabling people to take part in new activities, ensuring development pathways are in place and providing access to coaching, officiating, leadership and club development training
- Objective 3: Towns and Communities - Enriching our towns and communities, through investment and engagement in culture, and delivering a high quality, safe, pleasant, visually interesting landscape and townscape for our residents.

The Sub-Committee noted that the following progress against the Action Plan from each of the objectives.

- 31 actions had been achieved (65%)
- 13 actions partially achieved (27%)
- 4 actions not achieved (8%), but 1 of these was because the action was no longer required.

Corporate Performance Reports 2014/2015 In accordance with the Council's Continuous Improvement model the Sub-Committee received a quarterly report that set out the Council's Corporate Performance Indicators.

At its meeting in September 2014 the Sub-Committee received details of service performance information for 2013/14 Quarter 4 and 2013/14 Annual reports and on October 2014 the Quarter 1 2014/15 report. The report provided Members with specific performance indicators that related to the work area of the Sub-Committee.

IMPLICATIONS AND RISKS

Financial implications and risks:

None – narrative report only.

Legal implications and risks:

None – narrative report only.

Human Resources implications and risks:

None – narrative report only.

Equalities implications and risks:

Whilst the work of the Committee can impact on all members of the community, there are no implications arising from this specific report which are a narrative of the Committee's work over the past year.

BACKGROUND PAPERS

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