

SOCIAL CARE FOR ADULTS IN HAVERING

LOCAL ACCOUNT

2023/2024

Your Local Account

Welcome to our seventh annual update on Adult Social Care (ASC) services in Havering, the Local Account. This document gives information about local care and support services for adults, as well as our future priorities.

Over the last four years, the Covid-19 pandemic and its legacy have deeply affected people who depend on care and support, as well as those who provide it. We are proud of the work our staff have done to support adults across Havering during this period, when we had to respond to unforeseen and unprecedented challenges.

We have had to consider the financial implications of the cost of care and support services on the council so we are championing innovation to ensure we meet our responsibilities, whilst still encouraging and supporting people to live their best lives for as long as possible, and to stay as independent as possible.

Our ambition for adult social care is for people to be able to live their lives to the fullest, with solid community support

networks in place to enable this. We call this Better Living.

Better Living is our strengths based approach to conversations with people who may need more care and support. This is around finding the best solutions to support people, in a way that feels right for them.

We encourage people to connect and use personal (friends and family) and local support (e.g. community groups, faith centres) for support; technology also has a role to play. Our service works closely with a number of organisations and voluntary agencies to get the right information, advice or support for our residents.

We have reframed our service to reflect the life cycle approach that we have agreed with our NHS locally – starting well, living well, and ageing well. For social care for adults this means we now have new directorates for Living Well and Ageing Well. This means ensuring that the work we do focuses on what really matters to our residents, clients and carers, and providing great places such as Community Hubs and Resource Centres available for use by clients, the community, voluntary groups and other external organisations, that are well facilitated and supported to enable maximum benefits to all users, and focusing on the wider determinants of health.

We hope you find this local account to be informative and useful.

Strategic Director of People

Havering People

The number of people that live in Havering has increased over the last decade from 242,550 in 2013 to 268,145 in 2023. This is a 10.6% increase compared to a 6.0% increase across London and a 7.0% increase across England.

The median age in Havering has reduced from 40 in 2013 to 39 in 2023.

In 2023, Havering has one of the highest proportions of older people aged 65 and over in London, with 17.6%, second only to Bromley's 17.9%.

From 2011 to 2021, the proportion of households in Havering experiencing at least one dimension of deprivation increased by 4% (1250 households). However, the proportion of households experiencing multiple dimensions of deprivation decreased. According to the Census, compared to the London (51.9%) and England (51.6%) average, Havering has a marginally higher proportion of households living in deprivation (52.7%).

The proportion of people in Havering born outside the UK has increased and now stands at almost 1 in 5. In 2011, 10.2% of people living in Havering were born outside the UK and in 2021 this was 19.4% (compared to 40.6% in London and 17.4% nationally). After England, the most common countries of birth recorded for Havering residents are Romania (increased from 459 to 5,393), India (increased from 2,301 to 4,603) and other non-EU European countries (increased from 864 to 4,233).

The rate of households in temporary accommodation as at 31 March 2024 was 11.28%, there was a total of 1127 households in Temporary Accommodation and as at April 2024.

As is the case nationally, life expectancy at birth in Havering has increased steadily over recent decades but the rate of improvement has slowed markedly since 2000. Life expectancy continued to increase, albeit slowly, until 2014-16. The most recent data available at borough level, aggregated for the period 2020-2022, shows that life expectancy in Havering has been reducing for both men (by 1.2yrs to 79.1yrs) and women (by 1.3yrs to 82.8yrs) since 2014-16. However, it remains similar to national averages, which also experienced a similar downturn.

Adult Social Care in Numbers

(For a glossary of terminology see the end of the local account).

The following shows some snapshot activity over the last two years for comparison:

	2023/24
New Deprivation of Liberty Safeguards Requests	1599
People who chose to meet their agreed health & social care needs by receiving Self Directed Support	1970

People using the reablement service	1576
People who have left reablement with a long term service	12.3%
Older people admitted to nursing / care homes (65+ average age 85)	261
Admission rate to nursing/care homes per 100,000 populations (65+ average age 85)	561.8
Older people receiving long term support	2,455

As can be seen, the numbers are Deprivation of Liberty Safeguarding Requests as well as People using the reablement service has increased. However, it is encouraging that less people are leaving the reablement with a long term service, being admitted to nursing/care homes or receiving long term support.

Number of new contacts

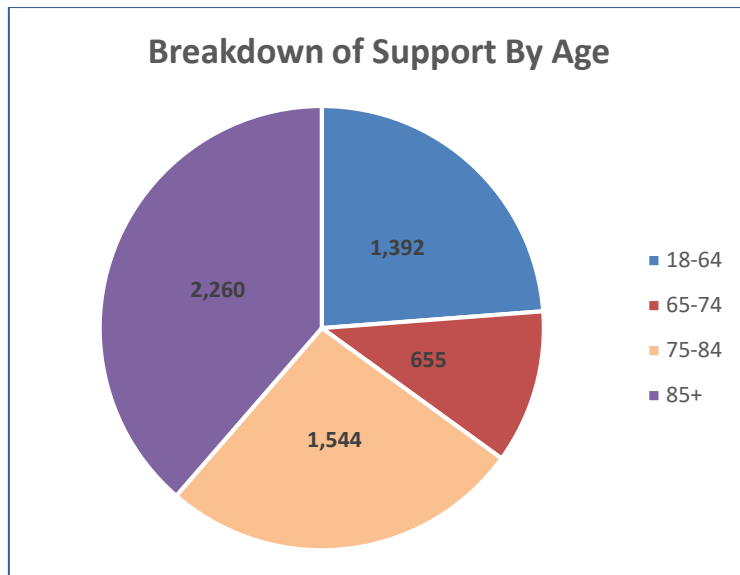
These are the number of requests that we receive from people who are not in receipt of long term support:

Year	New Contacts from Hospital settings	New Contacts from the Community	Total Contacts from New Customers
2023/24	2,353	4,005	6,358

Whilst we saw some reductions in new contacts from hospital settings, there was a further increase in new contacts in the community, resulting in a continuation of overall increases in contacts.

Support by age group:

Year	85+	75-84	65-74	18-64
2023/24	2260	1544	655	1392



During 2023/24:

1,843 people received one or more of our services (reduced from 2,173 people during 2022/23)

Of these: 760 (41.2%) were aged 85 or over (reduced from 836 people during 2022/2023)

1,257 (68.2%) were aged over 75 years old (reduced from 1,388 people during 2022/2023)

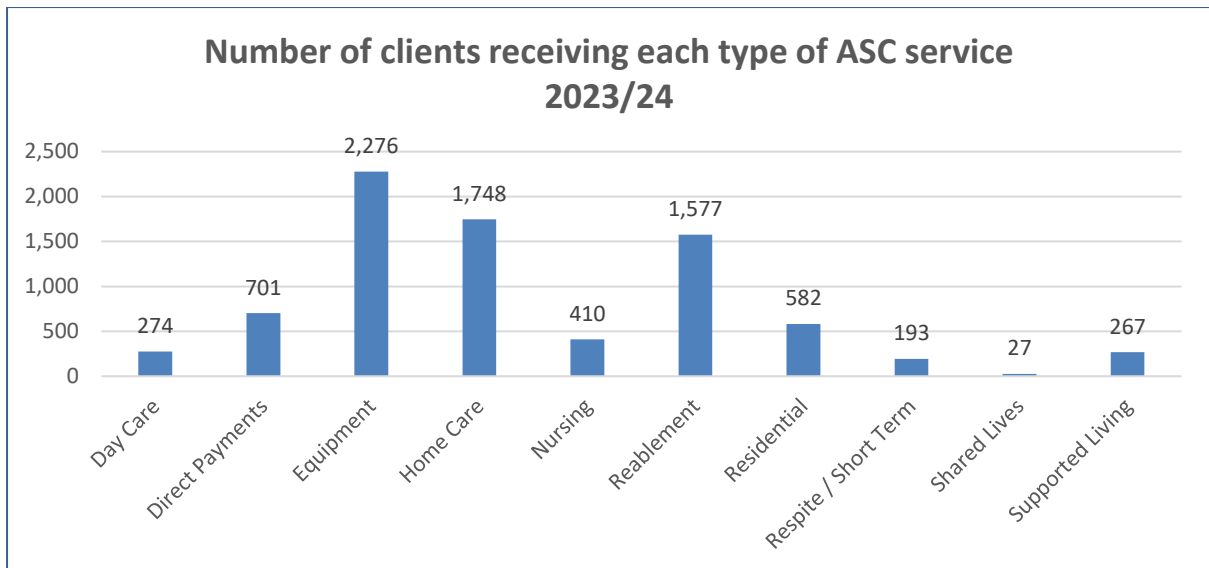
1,463 (79.4%) were aged 65 or over (reduced from 1,618 people during 2022/2023)

1,505 people were referred to our reablement service (increased from 1,380 people during 2022/2023)

The average numbers of people in receipt of homecare each week, and weekly hours delivered were:

Year	Number of service users	Number of Hours
23-24	983	16.83

The increase in hours represents increases in complexity and care need.



Carers supported by Age Group

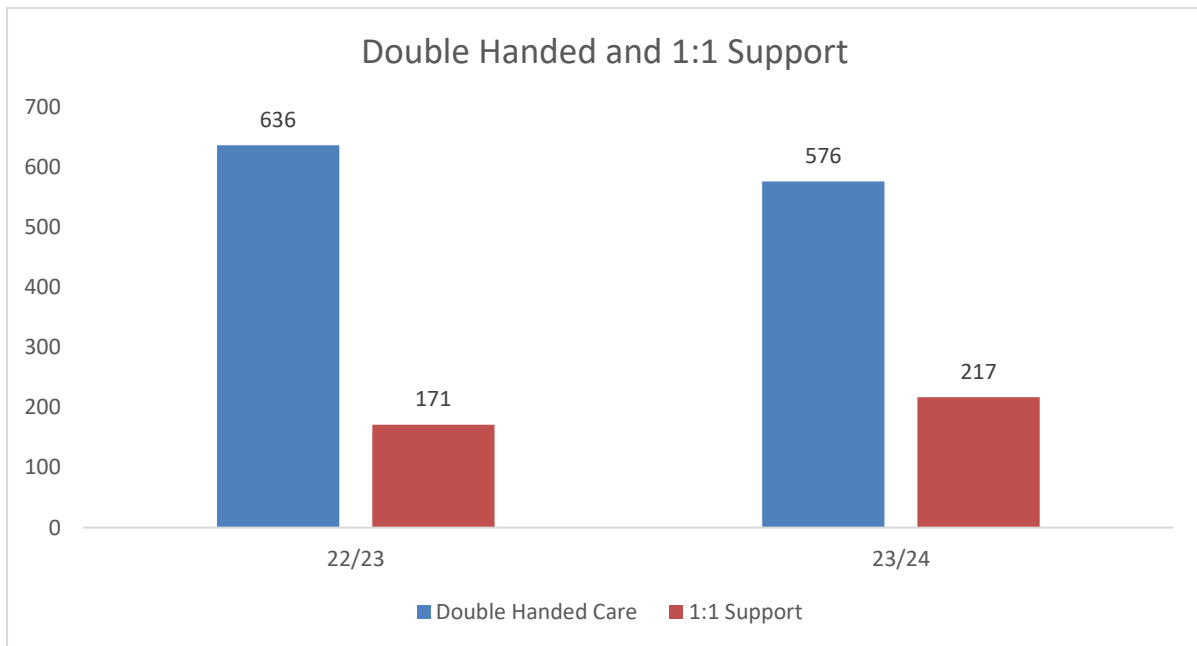
Carer Support by age group	2023/2024
18-25	45
26-64	1215
65-84	866
85+	205
Total	2331

Overall, support to carers is reducing.

Double handed care (where 2 carers are needed to support an individual with care and support needs) and one to one support (where a person needs dedicated support from a carer)

Whilst we had seen increases from 19/20 to 22/23 to double handed care as well as sharp increases to the need for 1:1 support in the community setting (i.e. homecare), 2023/2024 saw double handed care reduce significantly to levels below those seen in the previous three years where they rose to 661 during 20/21. However, we saw significant increases in 1:1 support. As a result, overall additional support has very slightly increased from 789 in 2022/23 to 793 in 2023/2024 people requiring additional support.

Type of Additional Support	2022/23
Double Handed Care	576
1:1 Support	217



The Budget

The budget position for Havering overall is very challenging; The Council has experienced large increases in demand for its social care services in recent years driven by a rapidly increasing young population and the 2nd highest number of older people in London. The increases in the cost of living coupled with a reduction in available Housing has also led to a significant increase in temporary accommodation costs. These pressures are being experienced by many boroughs but the changes in Havering's demographic profile is proportionally higher than most other London Boroughs.

The accumulation of these pressures together with inadequate grant funding from central Government has resulted in overspends for the last three years on the revenue budget. Havering has made representation to the Government about its persistent underfunding position and yet the funding formula remains unchanged.

The Adult Social Care area is a large area of pressure for the council, mainly due to increasing complexity in terms of clients' needs and increasing costs due to high inflation rates. High Inflation rates have had a significant impact on providers which has resulted in higher weekly costs per client.

The increases to National Living Wage has also caused increased costs in the care market. It is ever more difficult to balance the service needs with available resources. We endeavour to deliver savings and to continue to come up with new ways of working in order to be as efficient as we can. As we move forward with our integrated care system, we expect that budgets will become more place based, and tailored for locality areas within Havering.

A summary of the 2023/2024 financial position is below:

Area	Budget	Actual
Adult Community Team	39,177,474	42,892,696.73
Learning Disabilities	29,177,480	33,099,279.93
Mental Health	4,681,060	4,958,828.34
Strategy & Commissioning	2,781,889	3,387,491.00
Health & Social Care Other	1,920,356	2,125,162.36
Safeguarding	1,316,743	1,294,232.42
Total	79,055,002	87,757,688.78
Overspend		8,702,686.78

Although the Adult Social Care budget is under significant pressure, Havering is an extremely efficient council with low unit costs and an independent report shows Havering's estimated spend per adult resident on social care was also amongst the lowest of our neighbours and significantly lower than the national average. This demonstrates that the Council has managed its limited resources well and its unit costs are low.

The ASC outturn is an overspend each year for the last 4 years, significant pressure was seen in the COVID period. The overspends have previously been met from council reserves, and underspends in other council areas. However, due to the forecast increase in the size of the pressure within ASC and other pressures within Havering and with diminishing reserve balance this is not sustainable going forward and as such Havering has had to balance the budget by requesting a Capitalisation Directive from the Government.

Where we did well

Integrated Services – Havering Place Based Partnership

The Havering Place Based Partnership brings together the NHS, local government and providers of health and social care services, including the voluntary, community and social enterprise (VCSE) sector, Care sector, residents and communities. The key purpose is working together to ensure the Health and Wellbeing needs of our communities are met, with the citizen's needs at the heart of everything we do.

Havering partners are working to develop a strong and ongoing relationship with local people and staff, so we co-design our priorities and plans, ensuring that we are able to improve services in a way that will truly improve lives across the borough.

Through this we will:

- Understand and work with communities more closely
- Join up and coordinate services around the needs of local people
- Address social and economic factors that influence health and wellbeing

- Support improved quality and sustainability of local services

The partnership has strong buy in from partners, and is committed to better meet the needs of local people, and in particular to reduce health inequalities. The Partnership have recruited a number of Clinical and Care Leads to drive transformation across the borough, including those from a Care, and Community and Voluntary Sector background. Care Providers Voice leads are also key partners around the table, ensuring a two-way dialogue with Care Providers across the borough and the Partnership. In Havering, the partnership is the bedrock of integration of health and care services; with local 'neighbourhood' teams of health and care staff working much more closely with the community and voluntary sector and primary care networks – GP practices working together in their areas – to improve the way that care is delivered to local people. Through this approach local people will receive more seamless care, tailored to their needs.

The vision of the Havering Partnership is to pool our collective resources to create person centred, seamless care and support designed around the needs of the local people throughout their life course, with a strong focus on prevention, addressing inequalities and the wider determinants of health. This compliments Havering Council's vision for the 'Havering that you want to be part of', with a strong focus on people, place and resources.

Carers Strategy

A Carers Strategy Refresh has been completed in 2023 which has involved engagement with carers to create clear goals and priorities. As part of co-production to draft this strategy with carers and the ICB partnership, the partnership ran workshops, 1-1 meetings, wider presentations and surveys. These informed the priorities articulated in the strategy.

According to the 2021 Census, 8.7% of residents in Havering identified themselves as providing unpaid care. This is just under the national estimated average of 9% (5 million), but above the London average of 7.8%. Just under half of those that reported they provide unpaid care in Havering provide 19 or less hours a week. Reported numbers of carers has decreased nationally and in Havering since the 2011 census, most notably in the category of providing 19 hours or less unpaid care per weeks. Decreases in percentage of carers since 2011 has been partially attributed to Covid impacts, such as reduction in mixing households and increased deaths of vulnerable people who may otherwise require a carer.

There are 2,330 claimants of Carers Allowance in the borough and in the past year, 1,936 carers had an assessment of their needs carried out by Adult Social Care.

Quality Team

For all service provisions, quality and safety underpins all our intentions. Havering council is responsible for monitoring the standard of care and support services delivered, whether directly commissioned or not, to ensure services are safe and of a good quality.

The Havering Quality Outcomes Team works collaboratively with providers to acknowledge good practice and to ensure that services are safe, deliver high quality outcomes to service users and evidence compliance with regulatory and contract requirements.

The team work with a range of individuals and organisations including care practitioners in the community and a variety of teams and organisations within and outside the council. These include the Quality & Surveillance Group with health partners, Hospital Assessment Community Review Team (HACR), the Safeguarding Team within the Council, reporting where necessary to the borough Safeguarding Adult Board, Healthwatch Havering and the Care Quality Commission.

The team also regularly speak to service users and their families or advocates to obtain their views about what is positive and what improvements may need to be made.

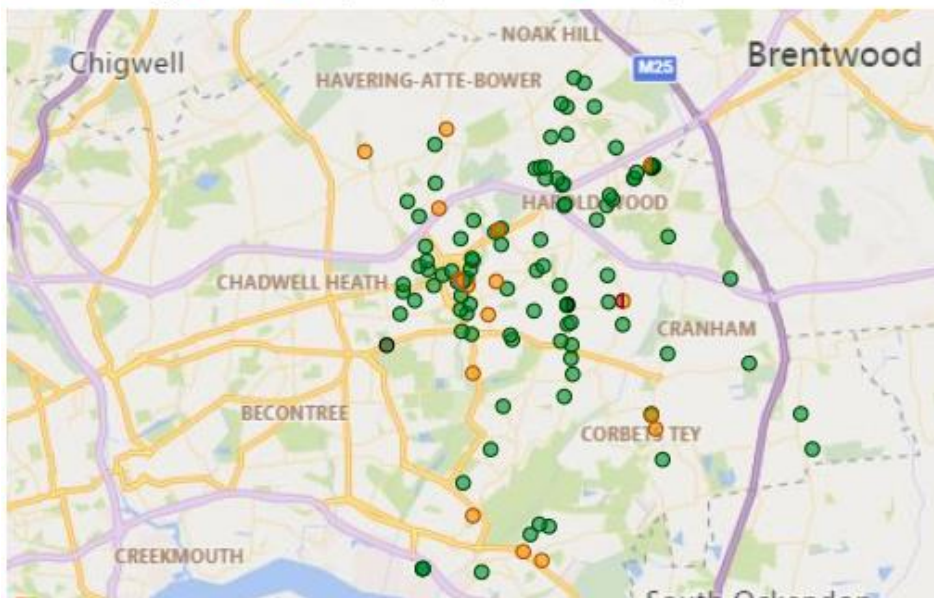
Regular forums and meetings are held to exchange information and ensure providers are fully informed with regard to expectations. Visits to providers are conducted on a regular basis and where there are concerns and additional support is needed, visits may be more frequent with additional meetings conducted to understand the improvements required.

All providers in the Borough, whether they are regulated or not are required to fully comply with requests from the Quality Outcomes Team and to provide information and documents within agreed timescales. This is essential given the Council’s duties under the Care Act to facilitate a sustainable market for high quality care and support, whilst managing provider failure and service interruptions regardless of how services are funded.

The latest CQC ratings for Havering are shown in the table and map.

Latest Rating	Locations	% Locations
Outstanding	3	2.3%
Good	106	80.9%
Requires Improvement	20	15.3%
Inadequate	1	0.8%
Unrated	1	0.8%

● Outstanding ● Good ● Requires Improvement ● Inadequate ● Unrated



Havering Care Association (HCA) in Partnership with Care Provider Voice (CPV)

Havering Care Association has existed for about 20 years, initially supporting elderly care home providers and more recently domiciliary care, LLD and Mental health services.

Over the last 7 years the Local Authority and the Association have been keen to build a closer partnership which recognises each other's' challenges, but together we are stronger and better placed to service our communities and residents for effectively, ensuring everyone can access good quality care.

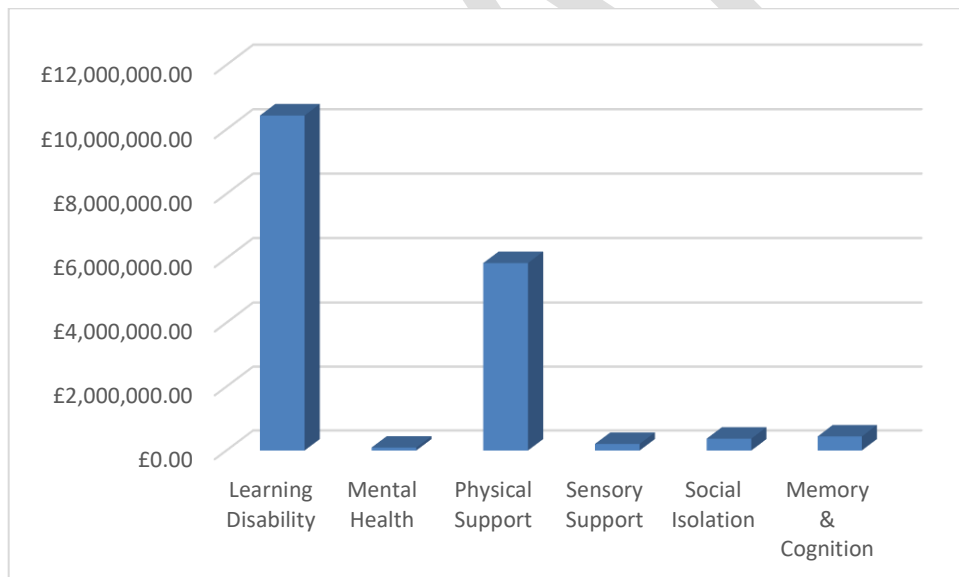
Providers are not just commissioned services, but an integral part of a well-functioning integrated care system. Which is why as an Association we welcome the Local Authority bringing in a private sector trusted organisation who are well established in fee modelling to support the fair cost of care modelling. The open and transparent way they have tackled the thorny issue of fees and their intent to sow provider engagement into all of its work may it be the Quality Assurance framework through to the expectation that providers will join HCA through the recently enacted Dom care framework.

Havering Care Association represents providers on the Borough Partnership, the safeguarding board and more recently members have been appointed to the Havering clinical and care leadership team, ensuring providers can influence how services develop in future for those who use their service.

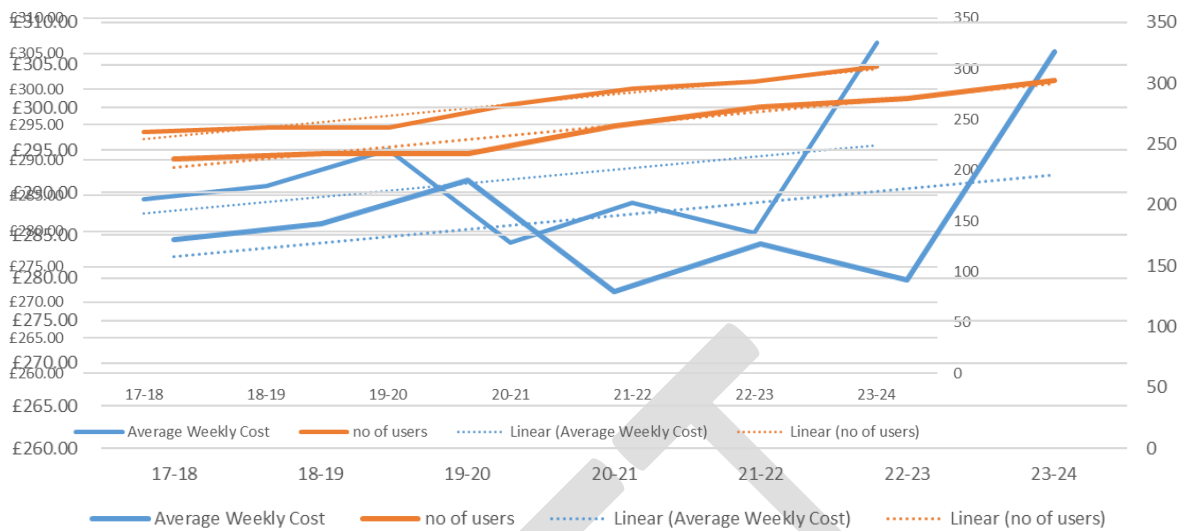
Havering Care Association is part of Care Providers Voice North East London which focuses on recruitment, resources and representation for providers.

Personalisation

The table shows net expenditure on direct payments among different client groups. The majority of spend is in the learning disability cohort followed by the physical disability cohort.



Expenditure has been steadily growing over the past few years, which is an indication that residents are benefitting from self-directed support, and that it may be helping to achieve more choice and control, something that Havering intends to expand upon.



Havering is committed to increasing the scope and scale of personalisation and the infrastructure that supports it. The implications for the market will be increased opportunities to respond to the demand that comes from individuals looking for choice in services that meet their outcomes.

Our approach to contracts will support the local authority’s preventative agenda which is a fundamental part of offering personalised services to residents with care and support needs.

Havering Dementia Action Alliance (HDAA)

Havering Council host the Havering Dementia Action Alliance (HDAA), which is affiliated to the Alzheimer’s Society. This is commissioned with the aim of making the lives of people living with dementia and their carers better, by making changes in the community through networking and dementia awareness training.

To date the HDAA has 105 organisations and individuals signed up as members. The current Dementia Coordinator has trained 817 people about dementia awareness and holds a regular monthly session at the Harold Hill Library. BHRUT and the Romford Bus Garage carry out their own dementia awareness training through the employee’s induction process. The Havering Dementia Action Alliance holds quarterly meetings to engage with its members and Community Events to showcase what providers are delivering in the community.

The Dementia Coordinator has designed a pocket sized Telephone Directory containing useful numbers of organisations, charities, Council departments and local elected councillors. These are proving very useful and worthwhile. The HDAA and Dementia Coordinator have a valuable role in representing the need to improve our dementia community and its carers in the development of our commissioned services.

Local Area Coordination

Local Area Coordination has now been operational in Havering for 4 years. 10 Local Area Coordinators (LACs) cover community patches in Harold Hill, Rainham, Collier Row and Romford. The expansion of the service into Romford was achieved in February 2024. LACs walk alongside residents experiencing complex life situations (mental health issues, disability, housing, ill health, bereavement) to achieve their vision of a good life. LACs have walked alongside over 500 residents with complex issues and over 300 people with 'light touch' brief support. LACs support residents for as long as needed, to become as confident as possible, to be in control of their own lives, link with community networks and resources, stay safe and well, and in many cases, offer something back to their own communities. Often people come back around for support and just call their LAC without the need for a referral process.

Shared Lives

The Shared Lives contract helps people to live at the heart of their communities, as part of an ordinary household; living independently, but not alone. The contract which runs until 2029 provides the provision of:

- long-term accommodation and support
- short term respite services
- day support for people with eligible needs for adult social care or for those who self-fund their care services.

There are four tiers to the delivery of outcomes and who they benefit. These are:

- Individual Outcomes: To be determined by the service and the client in their person-centred support plan
- Service Level Outcomes: Outcomes that are specific to service delivery, the provider and key stakeholders
- Strategic Outcomes: High level outcomes that all health and care services will contribute towards
- Social Value Outcomes: High level outcomes that all public and private services should work towards in promoting social value

Havering currently has 20 clients in long term placements with shared lives and 6 clients with complex support needs who use shared lives for regular respite. We plan to continue to grow the shared lives offering by recruiting more shared lives carers and offering more planned respite placements.

Compliments

'I am sending this not to say many thanks to you for your continued support to my son and through him support to my husband and I. Without your help. I don't know where we would have been financially and mentally.'

'To all the carers who gave such good care to my husbandand also helped me over the last year or so. I want to say a massive thank you. With special thanks to who was his main carer and all of you are good kind people.'

'I want to thank the wonderful social worker that came round. Who was kind, honest and made both and his mother very much at ease. Given her previous experiences I was worried how she would respond and you were "brilliant".'

'I want to say thank you to you all for your help in the care of my mum Your help is greatly appreciated in this very difficult time for our family.'

'Thank you for making the time to see me yesterday when I visited my aunt now she has been at for a few weeks. I just want to say how pleased I am with the help you have provided personally and with the obvious care that all the staff display under your leadership. You were kind enough to meet me at the weekend when I came a long way to visit for the first time and have been very caring efficient and dedicated since then. Thank you also for arranging for to have someone accompany her when she had to go to the hospital for treatment last week. Please convey my thanks and appreciation to your team.'

'I wanted to say how amazingand ahave been when helping to sort out care for my mum The skills they provided were both very practical and exercised with a huge amount of empathy and support. It's been my first experience with social services and I have to say I found the care your staff have given has made it a positive experience in a difficult and new situation.'

'Thank you for everything, we will never forget your support'

'Thank you for all the help you have given me during my recent phone call and resolving the issues I was concerned about. Also all the help you have given over the last couple of years regarding the It has always been a pleasure talking to you. '

'Thank you for the two letters I have just received, one from yourself dated and one from the FAB team dated They were very much appreciated and thank you for keeping me up to date with my Mum's increased Also I now have all the information from the FAB team with a statement of the deferred payments owing when the property is'

Where we need to do better

In the 2023/2024 financial year, Adult Social Care complaints decreased by 6% compared to the 115 complaints received in 2022/2023. Of the 109 complaints received, 28 (25.6%) were upheld, marking a reduction from the previous year's 42.6%. Outcomes for upheld complaints included apologies, explanations, or financial adjustments.

The majority of complaints were related to financial issues, particularly financial adjustments and disputes. The Client Finance and Financial Assessment and Benefits teams were most frequently cited for service failures. Communication issues were the next highest area of concern, with the Financial Assessment team receiving the most complaints. This suggests a review of these areas could be beneficial.

Other concerns included staff behaviour, service standards, delays and changes in service, and safeguarding and welfare issues.

Ombudsman enquiries increased to 14 in 2023/2024 from the previous year. Of these, 4 cases found injustice, 1 found no failure, and 9 were closed after initial enquiries. The increase may be due to heightened awareness of the new code of complaints handling introduced this financial year. Compliance with the Housing Ombudsman is required by April 2024, and a similar code for the Local Government and Social Care Ombudsman by April 2026.

Response times for complaints improved, with 72% of complaints responded to within 20 working days, up from 58% in 2022/2023. Member enquiries increased by 50% to 96 cases in 2023/2024, with 87.5% responded to within the timeframe, compared to 89.5% in the previous year.

Learning from complaints remains a priority within the new Corporate Complaints team. Effective September 1, 2023, the Social Care Complaints team integrated into the new Corporate Complaints team. The TOMM restructure has impacted complaints handling in some areas, and we are addressing these issues to restore service standards. The new Corporate Complaints system for tracking statutory complaints requires review to ensure effective and efficient case tracking.

A dedicated Service Improvement team will analyse complaints data and provide feedback to Service Managers and Directors for continuous improvement. Processes are under review to ensure robust complaints handling and timely, quality responses for our customers.

What Next?

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Liberty Protection Safeguards (LPS)

The Mental Capacity (Amendment) Act 2019 has paved the way for the introduction of Liberty Protection Safeguards (LPS). However, in April 2023 the Department of Health and Social Care announced that the implementation of the Liberty Protection Safeguards (LPS) will be delayed beyond the life of this parliament.

In due course, LPS will replace Deprivation of Liberty Safeguards (DoLS) to provide better protection for people aged 16 and above who:

- need to be deprived of their liberty in order to provide them with the care or treatment they need;
- do not have the mental capacity to make decisions about their own care and treatment arrangements.

People who might need LPS include those with dementia, autism, and learning disabilities who lack the relevant capacity.

There will be a series of training programmes to ensure we are ready for this change when it occurs.

Whilst this is on hold there are no changes to the Mental Capacity Act Deprivation of Liberty Safeguards and where adults are being deprived of their liberty in care home and hospitals DoLS should be applied. Where adults are deprived of their liberty in the community or supported living applications should be made to the Court of Protection for the deprivation to be authorised.

What do you think?

We hope you have found this document informative.

Whether you live in Havering and use social care yourself or care for somebody who does, or just want to have your say on local services, we would love to hear from you. To share your views on what you've read or if you would like to work with us to improve support for residents, please send your message to ASCBusinesssupporthub@havering.gov.uk

If you would like to know more about Adult Social Care in Havering visit:

https://www.havering.gov.uk/info/20015/adult_social_care

Terminology:

Reablement is about learning or re-learning daily living skills lost because of deterioration in a person's health or an increase in their support needs.

Homecare is where people live in their own homes but get support with household tasks, personal care or other things that help them maintain their independence and quality of life.

Self-Directed Support gives individuals informed choice about how social care is provided with a focus on working together to achieve individual outcomes.

A **carer** is somebody who cares, unpaid, for a friend or family member whose disability, illness, mental health or substance abuse problem is such that they need their support.

Direct Payments are payments made to individuals who have care and support needs or to carers who are eligible for support. The money received can be spent on things that help meet the needs as agreed in their support plan. Anyone who is assessed as needing care services has the right to request a direct payment instead of having services provided by the Council.

Prevention is about ensuring residents have access to a range of support that helps them maintain their independence and prevents or delays the need for ongoing support.

Personalisation in Havering means putting the individual at the centre of the process of working out what their needs are, choosing the support they need and having control over their life.

Safeguarding refers to people with a learning disability, dementia, or a mental health or substance abuse problem who have care and support needs that may make them more vulnerable to abuse or neglect.

The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.