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Royal Borough of Windsor & Maidenhead

NOTICE

OF

MEETING

ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

will meet on

THURSDAY, 17TH MAY, 2018

At 7.00 pm

in the

ASCOT AND BRAY - TOWN HALL

TO: MEMBERS OF THE ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

COUNCILLORS MOHAMMED ILYAS (CHAIRMAN), JUDITH DIMENT (VICE-CHAIRMAN), JOHN LENTON, MARION MILLS, LYNDA YONG AND ASGHAR MAJEED

SUBSTITUTE MEMBERS
COUNCILLORS CHARLES HOLLINGSWORTH, GERRY CLARK, DR LILLY EVANS, EILEEN QUICK, NICOLA PRYER AND JULIAN SHARPE

Karen Shepherd – Service Lead Democratic Services - Issued: Wednesday, 9 May 2018

Members of the Press and Public are welcome to attend Part I of this meeting. The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Andy Carswell 01628 796319**

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AGENDA

PART I

MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a DPI or Prejudicial Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in the discussion or vote at a meeting.** The speaking time allocated for Members to make representations is at the discretion of the Chairman of the meeting. In order to avoid any accusations of taking part in the discussion or vote, after speaking, Members should move away from the panel table to a public area or, if they wish, leave the room. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

Disclosable Pecuniary Interests (DPIs) (relating to the Member or their partner) include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any licence to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where:
  a) that body has a piece of business or land in the area of the relevant authority, and
  b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

A Member with a DPI should state in the meeting*: 'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'*

*Or, if making representations on the item: **'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

A Member with a Prejudicial interest should state in the meeting*: 'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'*

*Or, if making representations in the item: '**I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***

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ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

TUESDAY, 13 MARCH 2018

PRESENT**:** Councillors Mohammed Ilyas (Chairman), Judith Diment (Vice-Chairman), Marion Mills and Asghar Majeed

Officers: Hilary Hall, Angela Morris, Shilpa Manek and Teresa Salami-Oru

APOLOGIES

Apologies for absence were received by Alison Alexander.

DECLARATIONS OF INTEREST

There were no declarations of interest received.

MINUTES

The minutes of the meeting held on 30 January 2018 were Unanimously Agreed as an accurate record.

Councillor Majeed requested a work programme be added as an Agenda item for future meetings.

Councillor Majeed requested the following item to be added to the work programme, attendance at Accident and Emergency including length of wait and peak hours for attendance. Hilary Hall, Deputy Director Strategy and Commissioning, suggested that the data should be secured and then the Acute Trust invited to give a report / presentation on its work.

ACTION: Work Programme to be added as an Agenda item for future meetings.

ACTION: Trust be invited to give a report / presentation to the Panel.

SMOKING CESSATION INTERVENTIONS

Teresa Salami-Oru, Service Leader / Consultant in Public Health, presented the report to the Panel.

Points raised by the Panel and responses from the Officers were as below:

- The reports stated that 12.2% of RBWM residents smoked, that was approximately 16000 smokers, depending on the population denominator used. Panel Members asked if these numbers could be decreased further. The Panel were informed that the team were continuing to commission an evidenced based service, responding to emerging need and evidence as it was presented. For example they had noted, over the last twelve months changes in how people quit. They noted that many people were giving up through numerous methods and were not using the service alone to support their quitting attempts. The service were intending to respond to this as appropriate. It was known that many smokers were quitting through vaping, online apps and online services from the NHS.

- Panel Members asked how did the RBWM statistics compare with other local authorities? Officers commented that our smoking prevalence was comparably better

than the England and South East figures; however the borough were on par with local authorities with similar populations. The Panel noted the downward trend in adult smoking prevalence.

- Panel Members asked if any follow up was given to people after they had given up smoking and was there any evidence showing that after giving up smoking, another substitute was found, such as sweet foods? Officers reported that the evidence showed that giving up smoking beyond 4 weeks, for example remaining smoke free between six months and one year demonstrated a much greater chance of sustained behaviour change. However it was noted that giving up often required a lifestyle approach, as many smokers often had other lifestyle issues such as excess weight. Officers would work with providers in the new financial year to introduce healthy lifestyle coaching to smokers.

- Panel Members asked if ethnic minority groups had been considered. Officers reported that they knew there was evidence that showed certain ethnic minority groups were more likely to smoke more than the general population. Locally the borough had fewer ethnic minority groups than the England average and had therefore not targeted such groups. Vulnerable groups, shown to have greatest need, had been targeted. The programme was flexible and could be changed to target ethnic minorities if this was identified as a local need.

The Chairman requested that the Service Lead gave a little background on the project. The Service Lead informed the Panel that since 2016, the stop smoking service was targeted. The Royal Borough targeted three specific groups, pregnant women, people with mental health issues and young children. The evidence supported the rationale for these groups. After a task and finish group was commissioned by this Panel in May 2017, it was agreed that the target groups would be increased to include children and young adults and their families, parents and carers and people with long term conditions. This would address the issues better, improve their quality of life and save money to the system.

The Chairman asked how the under 18's had been engaged. It was confirmed that this was mainly through schools and peer mentoring work at the youth centres. The youth service worked directly with young children. The full workforce was working to prevent young children from smoking.

The Chairman asked when this would be reviewed again and the Deputy Director Strategy and Commissioning confirmed that a report would come back in the summer to update the Panel again on the performance and activity.

ACTION: Panel update in Summer 2018 (June/July 2018).

DRUG AND ALCOHOL TREATMENT SERVICES

Teresa Salami-Oru, Service Leader / Consultant Public Health, presented the report to the Panel.

Points raised by the Panel and responses from the Officers were as below:

- Panel Members noted that the use of opiates such as heroine was on the increase and becoming a real issue, they asked if more could be done to bring the usage down. Officers informed the Panel that it was very important to understand that the team worked really hard to help people who use opiates and that the Royal Borough were performing 10% better than other comparable authorities.

- RBWM worked very closely with other local authorities in matching data and understanding the underlying mental health problems and abusive backgrounds. More needed to be done to support the mental health issues.

- The Lead Member for Adult Services, Public Health and Communications, Councillor Stuart Carroll, had been working very closely with the Principal Member for Housing and Communications, Councillor Ross McWilliams, to integrate the issues of mental health, use of drugs and alcohol and homelessness. These people were very vulnerable and even though the services had come a very long way, there were still further challenges ahead.

- Panel Members asked how long the team stayed in contact with the people who were trying to give up or had already given up. Panel Members noted that it was important to understand that each case was different and that the broader challenge was to look at the best practice and do better. There were good policy and national guidance but it was an extremely difficult role.

- Panel Members found the report very interesting and encouraging and asked if all the good work that RBWM were doing could be communicated to our residents. The Lead Member informed the Panel that it had been publicised to residents in the Around the Royal Borough, via social media, via the press and the CCG had widely promoted too.

- The Panel requested that a report be presented at a future meeting. The Lead Member agreed that a report be presented to the Panel at a future meeting.

- Mark Sanders, Healthwatch, asked if there had been a rise in the use of prescription drugs. Officers reported that information was available and would be sent to the Panel.

- Mark Sanders, Healthwatch, pointed out that smoking cannabis seemed to be an acceptable culture amongst young people, how was this issue going to tackled in a few years times? Officers reported that the youth teams were working with young people and teaching them about the impact of drug and alcohol misuse and the impact on their mental health.

- The coding used for people admitted into A & E for an alcohol related admission were often incorrectly coded resulting in overestimated figures.

ACTION: Panel update in Summer 2018 (June/July 2018).

EACH STEP TOGETHER

Angela Morris, Deputy Director Health and Adult Social Care, gave a presentation on 'Each Step Together'.

Points raised by the Panel and responses from the Officers were as below:

- The Panel asked if the 47 page assessment, which was referred to in the presentation, was an online form? Officers reported that the 47 page assessment had been rewritten so it could be completed a little at a time.
- Panel Members asked the differences between the Mental Health Team and the Crisis Team? The Crisis Team focused on mental health issues at that particular time and the Mental Health Team had a more long term approach.
- The Panel requested some case studies when reported on again.
- Mark Sanders, Healthwatch pointed out that there needed to be a better understanding between all the teams working together, this would then save time and also have a financial advantage.

The meeting, which began at 7.00 pm, finished at 8.00 pm

CHAIRMAN…….

DATE…….....

NHS
East Berkshire
Clinical Commissioning Group

Your views matter- Transforming urgent care services

Issues paper

1. FOREWORD

This paper sets out a number of challenges faced by the NHS locally. In East Berkshire we have some exciting opportunities to improve the way that health and care is delivered to residents and want to talk to local people about the changes that could be made. East Berkshire Clinical Commissioning Group (CCG) wants to make sure that any changes are the right thing for people living in East Berkshire.

The CCG will be having a number of conversations with local people. The first in this series of conversations will focus on what happens when you have an urgent health need or concern. Urgent care is for people who urgently need help or advice about their health, but it is not life threatening or life changing. We also want to talk to people about how we ensure that the quality and safety of patients in community beds is maximised. This paper is published to provide information to support people to take part in these conversations.

Our aim is to work with local people to design changes that are right for patients, communities and the taxpayer. We want to ensure our residents receive services at the right time and in the right place. The CCG knows that the population needs and issues are different in each of our localities, so we will have conversations in local areas about what needs to change. We will also talk to those who might be most affected.

Together with our partners in the NHS, local authorities and the voluntary and community sector we want to create a health and care system which allows people to:

- Be involved in and understand their care, enabling them to feel supported and in control
- Have early access to proactive services that work together
- Be able to access and navigate services easily
- Be supported through services if they have complex needs
- Have an improved experience of care

Our strategy is to work better with people to help them lead healthier lives, avoid them becoming ill and maintain their good health for as long as possible. We also want to provide good quality services for people when they need them

The CCG has a good track record of improving local services which impact positively on health outcomes for patients. Examples are;

- commissioning a new stroke service which has improved waiting times for people requiring urgent treatment
- providing weekend and evening GP appointments giving residents greater access to a GP
- commissioning an improved NHS 111 service with more clinical input.

We know things need to change. We expect to deliver more care and support in our local communities with less in hospitals. We will have a greater focus on making sure that services are joined up so that people find it easier to access help and support when they need it.

If we understand your views we can improve the local NHS even more.

GP Leaders and AO

2. ABOUT THIS PAPER

This paper sets out the challenges facing the local and national NHS and our current thinking about how these issues might be addressed. It is published for discussion with local people and is not part of a formal consultation. We want to understand what is important to people when they have an urgent health need or concern or if they or their loved one needs care in a community hospital. If our discussions about the best way to address the issues set out in the paper lead to proposals for major service change, we will of course carry out a formal public consultation on the options available. We are not yet at the stage of knowing whether this will be needed and welcome your views and questions on this Issues Paper.

3. WHAT DO WE MEAN BY URGENT AND EMERGENCY CARE?

Urgent Care

Urgent care services are for people who have a problem that needs attention the same day, but is not life-threatening or life changing. Currently, these services are provided by a number of health professionals, including GPs, nurses, paramedics, pharmacists and others.

Urgent care is suitable for patients with a new illness or new / recent injury that requires assessment or treatment within the next 24 hour period.

Emergency Care

Emergency care services are for people who have a condition that is potentially life threatening or life-changing. These services are usually provided by hospital emergency departments or by an emergency ambulance. It includes care provided by paramedics and ambulance technicians, hospital nurses and doctors. Emergency care is suitable for patients whose life is at immediate risk from severe illness, injury or serious worsening of a condition.

4. EXISTING SERVICES

Primary Care

Primary care is day-to-day care provided by clinicians who act as the first point of contact with the health system. It includes services provided by GPs, practice nurses, pharmacists and others. Primary care is suitable for patients with long term conditions and those with a new condition that requires assessment or treatment. The patient may be seen on the same day or within a few days.

There are 52 general practices in East Berkshire. They provide routine and urgent appointments from 8am to 6.30pm Monday to Friday.

Primary Care Enhanced Access

These are appointments booked in advance that are available in the evenings or at weekends. Patients see a GP or practice nurse. Appointments may be available within the patient's own practice. Some practices join together to provide these appointments at another location. If this is the case they are still able to access the patient's medical records. The reason for the patient being seen in an enhanced access appointment will usually be known to the healthcare professional assessing or treating them in advance. Bookings for these appointments is through the patient's own practice and in the future will be accessible by via NHS 111. Primary Care Enhanced Access is provided at a variety of locations across East Berkshire. These are:

Boundary House, Bracknell

St Marks Hospital, Maidenhead

King Edward VII Hospital, Windsor

Bharani Medical Centre, Slough

Farnham Road Surgery, Slough

Langley Medical Centre

Crosby House, Slough

Out of Hours

Out of hours primary care is for when a patient has a new healthcare need and their own practice is closed. Out of Hours primary care operates from 6.30 pm to 8 am and is provided by GPs, nurses and other staff. Care might be provided over the phone or face to face. A patient being cared for by this service will usually be unknown to the healthcare professional assessing or treating them. Out of hours primary care is accessible by phoning NHS 111 and in the future by using NHS 111 Online.
Out of Hours is provided at three locations across East Berkshire and one location in Surrey:

- Bracknell Urgent Care Centre, Brants Bridge, Bracknell
- Outpatients Department, St Mark's Hospital, Maidenhead
- Herschel Medical Centre, Osborne Street, Slough
- Outpatients Department, Frimley Park Hospital, Surrey

NHS 111 (Integrated Urgent Care)

NHS 111 is a telephone number available 24/7. It is free to call. People can use this number to access assessment, treatment and advice. NHS 111 is provided by specially trained call handlers, nurses, mental health professionals, pharmacists and GPs. NHS 111 has access to a range of

primary care and urgent care clinicians, some of which can be spoken with immediately. It can also directly book a same day appointment over the phone where necessary. NHS 111 can direct patients to other services, including emergency care.

NHS 111 is suitable for patients with a new illness or new / recent injury, patients with a long term condition and patients wanting to know where services are in their area.

NHS 111 is provided over the phone. The call centres are based in Bicester, Oxfordshire and Otterbourne, Hampshire. Some clinicians in the service are also based in Wokingham, Berkshire. NHS 111 has access to a database of local services. These three centres are all linked and calls can be answered or passed between them seamlessly

NHS 111 Online will be introduced in East Berkshire in July 2018. NHS 111 Online uses the same triage system that is used to assess callers phoning 111 but allows patients to go through this assessment by themselves. NHS 111 Online will tell patients which service is most appropriate to meet their needs and how quickly they should access that service. It will then tell the patient where the nearest appropriate service for their needs is.

Where NHS 111 Online identifies that a patient would benefit from speaking with a clinician, the patient can be called back from a clinician within the Integrated Urgent Care service. In the future, NHS 111 Online will be able to book an appointment for some services such as Out of Hours primary care.

Urgent Treatment Centres

Urgent Treatment Centre is the new term for Walk In Centres, Minor Injury Units and Urgent Care Centres. These services will need to comply with national standards for Urgent Treatment Centres. These standards are:

- The service should be available at least 12 hours a day, for patients with an urgent care need.
- Urgent Treatment Centres are staffed by GPs, nurses and other staff at strategic locations across East Berkshire that make sure no patient has to travel a long distance for care.
- Care will usually be provided face to face and includes access to x-ray, blood tests, ECGs (to test heart function) and other diagnostics.

Urgent Treatment Centres are suitable for patients with illness and injury, including simple broken bones, wounds that require closing and minor head or eye injuries. A patient being cared for in an Urgent Treatment Centre will usually not already be known to the healthcare professional assessing or treating them.

Patients can walk in to an Urgent Treatment Centre or have an appointment booked for them by phoning NHS 111. In the future, patients will be able to book an appointment by using NHS 111 Online.

Existing services are provided at:

- Bracknell Urgent Care Centre, Brants Bridge, Bracknell
- St Mark's Minor Injury Unit, St Mark's Hospital, Maidenhead
- Slough Walk In Centre, Upton Hospital, Slough

These services do not comply with the expectations of the new national standards.

Emergency Department

This service is available 24 hours a day, every day of the week, for patients with an emergency care need. Emergency Departments are suitable for patients with severe and life-threatening/ life changing illness and injury, including resuscitation, complex broken bones and treatment of significant wounds. A patient being cared for in an Emergency Department will usually not already be known to the healthcare professional assessing or treating them.

Patients can walk in to an Emergency Department, be referred by NHS 111 or their own GP or be transferred by emergency ambulance. Emergency Departments are located at a variety of locations in and surrounding East Berkshire. These are:

- Wexham Park Hospital, Slough
- Royal Berkshire Hospital, Reading
- Frimley Park Hospital, Surrey

4.1 COMMUNITY HOSPITAL BEDS

NHS funded community beds are provided at St Marks Hospital in Maidenhead (?? Beds) and Upton Hospital in Slough (?? Beds). These beds provide care when a person does not need to be in an acute hospital bed, e.g. at Wexham Park, but their care needs cannot be met at home. A person may require a community bed to prevent them from having to be admitted to an acute hospital bed or to help them recover after being in an acute hospital.

5. WHAT WE HAVE ALREADY HEARD FROM LOCAL PEOPLE

The three CCGs in East Berkshire engaged with local people/ people using services on a range of topics between 2013 and 2017. These are some of the things we heard that are relevant to urgent care:

- People do not always understand or know how to navigate the urgent care system.
- People often revert to the Emergency Department because they feel they have nowhere else to go or other services fail to respond.
- Sometimes patients and carers do not understand what is being explained to them
- Patients and their families/carers want to be involved with their care.
- The biggest barrier to service change or change of location would be accessible transport.
- People find it particularly important to be able to book same day appointments as well as appointments in advance.
- People want more access to GP services e.g. evening and weekend appointments.

- People would like to be able to have more choice of how they book appointments e.g. access to online appointments.
- People have told us that they would be open to accessing GP services in different ways, e.g via Skype, digital apps, group consultations but wouldn't want this to replace traditional methods.

We have already used some of this feedback to shape services, e.g. extended hours.

A copy of the full report can be found on our website.

6. WHY THINGS NEED TO CHANGE

There are 5 reasons why the local NHS needs to change:

3.1 Quality of Care: All patients should get the best possible care. The standard of local services is generally high but the quality of our services varies.

We have heard from local people that they sometimes find it difficult to know which services to go to if they have an urgent care need or concern. Those with complex needs find it difficult to navigate all of the information and services they need. We have also heard that people have difficulties in accessing appointments at their GP surgery, both in normal hours and during evenings and weekends.

We want East Berkshire to lead the way in delivering national standards for urgent and emergency care, including waiting times in the Emergency Department and for ambulances

New national specifications for urgent treatment centres, out of hours primary care and 111 were published in 2017. We will make sure our local services meet these new requirements.

Mental health is equally as important as physical health, but it hasn't had the attention that other services have historically had. We want to be able to provide care for people in mental health crisis in a timely manner and in the most appropriate place.

We know that recruiting nurses, carers and other health professionals is becoming increasingly challenging and that low staffing can lead to poor quality of care and patient safety issues. Single wards on separate sites offers significantly less resilience than wards co-located on one site.

3.2 Changes in the needs of our population:.

Advances in medicine and public health mean that people live longer than they used to, but living longer means that people are also living with a number of long term conditions (e.g. diabetes, heart disease and dementia) and become increasingly frail as they enter very old age. 1 in 3 people are living with one or more long term illness. One in four adults will experience a mental illness at some point each year in the UK. This means that demands on health services are greater than ever and that the way we deliver services has to reflect the changing needs. As people live longer they also tend to become more socially isolated. The effect of loneliness and isolation on people's health is

similar to the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking.

Of course there will always be people who require specialist care in hospital but many people can stay in their home environment, where they can be supported to recover more quickly. National evidence shows that patients who stay for a long period in hospital, particularly those who are elderly, begin to lose some of their independence and usual levels of fitness and health. We want to offer services in the community, to support people to remain in their home where it is clinically appropriate to do so.

3.3 Meeting needs in the most appropriate way: Some health services are duplicated and others fragmented. This means that some residents find it confusing to know which service to go to. Patients often end up in the Emergency Department because they are unclear where they should go, especially out of hours and at weekends. This leads to the Emergency Department being overcrowded, resulting in those needing emergency care waiting longer for critical treatment. People who are admitted to hospital sometimes stay there for longer than they need to because effective arrangements are not in place to get them back home.

Patients with complex needs find the number of services that they need do not always work well enough together to support their needs.

Children and young people too often end up going into hospital for physical and mental health issues, when they could be looked after better in the community. This is often in an emergency or when they are in crisis because they have been unable to get the support they need at an early stage

People with mental health problems are often not supported at an early enough stage which means they end up in crisis and present to urgent or emergency care services.

Demand for general practice is increasing rapidly and we know that people find it difficult to access a GP or nurse when they need one.

More people are using mobile devices to access health care and using health tracker devices to monitor their lifestyles and conditions. Some people also use technology to access assessments of their health and advice on their care. The way that people access everything including booking holidays and ordering shopping is changing and the NHS needs to make the best use of technology used in other aspects of modern life.

Taking all of the above into account, we want services that are convenient and accessible and allow patients to access the level of care that is most clinically appropriate to manage their condition. We know that some people attend the Emergency Department unnecessarily when their treatment could be provided elsewhere. We want to ensure that the sickest and most injured patients are able to access emergency care quickly and that all patients are able to be cared for on the same day, if their clinical need requires it.

3.4 Financial challenges. The cost of providing care is rising at a greater rate than the additional funding the NHS has received and will receive in the future. This is because the NHS is treating more people than ever before, advances in medicine mean that the treatments available have improved and the needs of the population have changed.

We do not have the money or the staff to go on as we are. If we keep doing things the way we are doing them now, the local NHS will not be able to continue to deliver what it is delivering today in five years' time.

We know from our past achievements that doing things differently can get better services for residents within the same or a more affordable budget. Locally, some of our community health service buildings are not suitable for the delivery of modern health services. This means we are spending money on maintaining old buildings, some of which are unused, that we could be spending on services.

If we can remove duplication of some services and better co-ordinate services for people we will drive out some of the inefficiencies.

3.5 Workforce challenges. There is a shortage of qualified staff such as GPs, nurses, paramedics and therapists. It is particularly difficult to attract people to work in East Berkshire due to the high cost of living in our area.and there is a lot of competition from London where salaries are higher.

Demand for general practice is increasing rapidly. Nationwide GPs have 330 million consultations a year (a 10% increase in recent years). The high demand for general practice, workload pressures, flexible working patterns and sometimes negative press makes recruitment and retention for general practice very difficult. This means that we need to make the best use of the skills of all NHS staff and ensure that patients see the right person at the right time. There is a national shortage of GPs and primary care nurses, so we need primary care staff such as nurses, pharmacists and GPs to work differently to support patients. Some of our local practices are already grouping together to share skills and provide some services collectively. Community pharmacists are working as part of general practice teams using their specialist training to advise patients on their medications and minor illnesses.

7. We want to design services that make the best use of the clinical resource we have available and support people to offer multi-disciplinary care. We will strive to make East Berkshire an attractive place for skilled healthcare staff to come and work. **WHO MIGHT BE AFFECTED BY THESE ISSUES?**

Anyone might need to use urgent care services. The nature of urgent care is that it cannot be planned. However we do know that there are certain groups of people who tend to use urgent care services more than average or who may not be able to easily access them. These are: xxxxxx

We will be having conversations with these groups during our engagement period.

8. THE DECISIONS WE WILL HAVE TO MAKE

- We will have to make decisions about the type and location of urgent care services in the future (not the Emergency Department).
- We will have to decide how to ensure that the quality and safety of patients in community beds is maximised and to do this we will need to consider the availability of workforce and the appropriateness of the buildings.
- We will have to agree the service models that will serve our population in the future and how community buildings can best meet these needs

We will be using what we have heard from our conversations with you to inform our thinking about the next steps and whether we need to proceed to a formal consultation before making these decisions.

9. YOUR VIEWS

These are the things that we would like to talk to you about:

We know from talking to patients that they often find it difficult to know where to go for urgent care or advice. We would like to understand from you:

- How do you decide to use which service and why?
- If you had an issue that you felt was urgent what would you do?

We want people to have access to the right advice at the right time. Some of the ideas we have for this involve increasing the number of professionals in the general practice team e.g. community pharmacists, paramedics and mental health practitioners.

- If you were asked to see another member of the team such as a paramedic or pharmacist and it would get you the quickest access to the care or advice you were looking for, would you see them or wait longer for a different health care professional?

- If you spoke to a doctor other than your own GP what would make you feel confident in taking advice from them?
- If a health care professional assessed you and said your care need was not 'urgent' and could be managed the next day, would you follow this advice?
  - If you would not follow this advice, what would you do?

We want to offer the best care we can within the resources we have.

- Would you support us grouping services together in fewer places, if we could offer better care to patients by allowing staff to work more flexibly and support each other better?
- What is important to you about where urgent care services are located?

We want to learn from the experiences people have had from urgent care services in the past.

If you have used NHS 111, Walk In-Centre, Minor Injury Unit or Urgent Care Centre in the last 12 months we would like to understand:

- What was good about your experience?
- What could have been better about your experience?
- Has anything stopped you from using NHS 111, Walk In Centre or Urgent Care Centre in the past? If so, please tell us why.
- What is working well in GP services that we can build on?

The way that people access health care and advice has changed. We want to help patients identify and access services that are most suitable to their level of need.

- Would you support us in new ways of working such as using technology to improve the care available to patients?

We want to make sure that people requiring urgent care for mental health issues receive the most appropriate care.

- What do you think is important for people requiring urgent mental health services

National requirements for urgent care services can be found at Appendix 1. There are no additional funds to meet these standards.

- Do you have ideas about how we can meet the new standards and make sure everyone has appropriate access to services?
- Is there anything else you think is important when we are thinking about how best to provide urgent care?

We want to ensure that the care provided in community hospital beds is a safe and as high quality as possible.

- What do you think is important when people need care in a community hospital bed?

GET INVOLVED

We will be having conversations with local people in June and July. We will be speaking to those who use urgent care and those most likely to be affected by any changes. We will then review everything that we have heard and will use the feedback to develop our proposals going forward. Should we come to the conclusion that we need to develop proposals for major service change we would put these proposals forward for public consultation later in the summer.

Join the debate:

- at one of our public meetings (details to be inserted)
- complete our online survey at …….
- Invite us to a community group to discuss your views

We have taken the advice of the Consultation Institute, have worked with local partners and followed NHS advice to ensure our public conversations on these issues follows best practice.

If you require this document in another format or language, please contact us on.

Please have your say

Appendix 1

National Standards

New principles and standards for Urgent Treatment Centres were published by NHS England in 2017, which should:

- be open for at least 12 hours a day seven days a week, including bank holidays
- be staffed by a range of healthcare professionals, including GPs, nurses and others
- provide both pre-booked same day and "walk-in" appointments, with an emphasis on patients contacting 111 for a booked appointment
- help patients to self-care, providing health information and education
- provide a range of testing (such as blood tests and ECGs) and access to x-ray
- issue prescriptions where clinically appropriate and have access to mental health services
- be able to offer British sign language, interpretation and translation services

New standards for Integrated Urgent Care (111 and out of hours primary care) were published by NHS England in 2017, which should:

- allow patients dialling 111 to speak to a wide range of clinicians where clinically appropriate, including nurses, mental health professionals, pharmacists and GPs
- enable booking of appointments in Out of Hours services and Urgent Treatment Centres, where clinically appropriate
- issue prescriptions where clinically appropriate
- be able to offer British sign language, interpretation and translation services
- send details of the patient's contact with 111 to a range of other services if required, to avoid the patient having to repeat information unnecessarily

Report Title:	**Local Government & Social Care Ombudsman Report – 16 003 062**
Contains Confidential or Exempt Information?	NO - Part I
Meeting and Date:	Adult Services and Health Overview and Scrutiny Panel - 17 May 2018
Responsible Officer(s):	Andy Jeffs, Executive Director Jacqui Hurd, Head of Library and Resident Services
Wards affected:	None

www.rbwm.gov.uk
Royal Borough of Windsor & Maidenhead

REPORT SUMMARY

1 On the 28 November 2017, the Local Government & Social Care Ombudsman (LGO) issued a draft report to the council following an investigation into a complaint originating in December 2015, against the Royal Borough of Windsor and Maidenhead, ref 16 003 062, finding fault causing injustice, and as a result the LGO made a number recommendations to the council. Officers responded to the draft report and immediately began working on implementing all the recommendations.

2 On 15 February 2018, the LGO issued its final report to the council (embargoed until 23 March 2018). The head of service dealt with service improvements in November and it was not until the final report that the relevant Lead Member or Leader were notified on the 26 February 2018. The Lead Member at the time the incident occurred was notified on the 8th March 2018.

3 On 23 March 2018, the Local Government & Social Care Ombudsman (LGO) published the report.

4 Officers regret and have apologised for any distress that has been caused to Mr X through their actions.

5 All the recommendations made by the LGO were accepted at the draft report stage and they were actioned shortly after receipt of the draft report from the LGO on 28 November 2017.

6 The council is taking additional steps to ensure the housing service is strengthened, including having the housing enabling and housing options services under the leadership of one Executive Director, investing in a new housing system, developing a new housing strategy, updating the homeless strategy and allocations policy driven by the council's priorities, best practice and taking account of the new requirements from the Homeless Reduction Act.

7 In 2016/17, the LGO received 48 complaints about the Royal Borough, of which:

- Three were incomplete or invalid
- 20 were referred back for local resolution
- 12 were closed after initial enquiries

8 The remaining 13 resulted in detailed investigations, of which six were upheld and seven were not. This gives the Royal Borough an upheld rate of 46%, which is below the national average of 53%.

1 DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That Adult Services and Health Overview and Scrutiny Panel notes the report and:

i) Notes the actions implemented, following the report, to improve services.

2 REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

2.1 On the 28 November 2017, the Local Government & Social Care Ombudsman (LGO) issued a draft report to the council following an investigation into a complaint originating in December 2015, against the Royal Borough of Windsor and Maidenhead, ref 16 003 062, finding fault causing injustice, and as a result the LGO made a number recommendations to the council. Officers responded to the draft report and immediately began working on implementing all the recommendations

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2.4 Officers regret and have apologised for any distress that has been caused to Mr X through their actions

2.5 In 2016/17, the LGO received 48 complaints about the Royal Borough, of which:

- Three were incomplete or invalid
- 20 were referred back for local resolution
- 12 were closed after initial enquiries

The remaining 13 resulted in detailed investigations, of which six were upheld and seven were not. This gives the Royal Borough an upheld rate of 46%, which is below the national average of 53%.

2.6 If the LGO decide it is in the public interest to highlight issues emerging from an investigation, they will write and publish a public interest report which is the case here. Publishing a public interest report may not, of itself, be a direct judgement on the council and most common reasons for deciding to do so are:

- There are wider issues from which other authorities could learn
- What went wrong was so significant or is recurrent
- The complaint highlights systemic problems within the authority or the wider sector
- The issues relate to the implementation of new legislation and how authorities have taken this forward.

They will also usually issue a public interest report if an organisation does not agree with the findings or recommendations from their investigation, or put things right to their satisfaction.

2.7 Mr X left his family home on 8 December 2015 following the breakdown of his marriage. The same month he asked the council for help with housing as he was homeless.

2.8 Mr X had numerous contacts with the council after that initial contact and he was provided with accommodation in Windsor in April 2016, moving to alternative accommodation in July 2016. However, it was not until March 2017 that Mr X moved to a permanent housing association property in Windsor.

2.9 Mr X first complained to the council in April 2016, and he complained to the Local Government & Social Care Ombudsman when he received no response.

2.10 The LGO referred the matter back to the council in June and again in August 2016 as the LGO thought the council should have the opportunity to deal with the complaint properly. The LGO contacted the council again in September 2016, but the council did not respond until November 2016, when a letter was also sent to Mr X.

2.11 The LGO decided to investigate Mr X's complaint and on 9 February 2017 asked the council for further information.

2.12 Despite reminders, telephone contact the council did not respond to the LGO's enquiries. As a result the LGO arranged to inspect the council's files and to interview an officer on 4 May 2017. The LGO cancelled these arrangements, however, when the council assured the LGO that a response would be sent by 2 May 2017. The council did respond but did not answer all the questions or provide all the information requested.

2.13 As a result the LGO interviewed officers in June 2017. On 16 June the LGO asked the council for further information, but only received this after informing the council it would issue a witness summons if it did not do so.

2.14 Mr X's complaint to the Local Government & Social Care Ombudsman (LGO) was that the council:

- Failed to protect his belongings when he became homeless – Not upheld
- Did not offer him suitable accommodation – Upheld
- Did not help find him permanent housing – Upheld
- Would not rehouse him in central Windsor – Not Upheld, and
- Did not deal with his complaint about these matters properly – Upheld.

2.15 The conclusions of the investigation by the LGO identified the following faults where the council:

- Did not keep proper records of some of its decisions and of its contact with Mr X
- Offered Mr X unsuitable interim accommodation
- Took too long to provide Mr X with temporary accommodation and the accommodation it eventually offered was unsuitable

- Used one standard letter when it offered interim and temporary accommodation, and failed to notify applicants of their right to request a review of the suitability of temporary accommodation
- Uses current standard letters that are both interim accommodation offer letters, but one is incorrectly titled “Offer of Temporary Accommodation”
- Does not have a standard letter for offers of temporary accommodation
- Failed to nominate Mr X for an available ground floor flat in an area of Mr X’s choice after a housing association rejected an earlier nomination
- Failed to deal with Mr X’s complaint in accordance with its complaints procedure
- Failed to deal properly with the LGO

2.16 The LGO found these faults caused injustice to Mr X and made a recommendation that the council must consider the report and confirm within three months what action it has taken or proposes to take.

2.17 In addition the LGO recommended the council should:
- Apologise to Mr X for the identified faults and for the injustice this caused him, and provide the LGO with a copy of its letter
- Pay Mr X £1,050 for the three and a half months he was without any accommodation
- Pay Mr X a further £2,875 for the eleven and a half months he lived in unsuitable temporary accommodation
- Pay Mr X £250 for his time and trouble pursuing his complaint. This makes a total payment of £4,175. The council should provide proof it has made this payment
- Amend its interim accommodation offer letters so that both are correctly titled, and provide the LGO with copies
- Create a separate temporary accommodation offer letter and provide the LGO with a copy, and
- Review and improve its complaint handling arrangements and its Ombudsman liaison arrangements, and tell us what it has done to improve its arrangements, including those arrangements for handling complaints in relation to outsourced services.

2.18 The council received and reviewed these recommendations when the LGO issued their draft report to us on 28 November 2017. All the recommendations were accepted and the following actions were completed:
- An apology was made to Mr X on 19 December 2017
- £4,175 was paid to Mr X on 9 January 2018
- The two interim accommodation letters were amended as required
- Implemented a separate temporary accommodation letter
- Reviewed and improved complaints handling arrangements along with its LGO liaison arrangements including:
    - Implementing a complaints database where all complaints are logged centrally and assigned to a service manager for response with auto notifications being sent when deadlines are approached. The system also logs all interactions between officers and a complainant
    - Reports are sent weekly to the relevant services for review
    - Strengthening the strategic management of the service
    - Implementing a new structure from March 2018
    - Changing responsibility for LGO liaison to the complaints team in order to streamline the process.

- Changed the process for responding to LGO queries. The complaints service will now manage the queries which ensure better oversight as the service manage the original complaint. LGO queries will also be incorporated into the complaints report to corporate overview and scrutiny and the senior management team.

2.19 In addition to this the council is taking further steps to ensure the housing service is strengthened, including:

- Moving the housing enabling and housing options services into one directorate under the leadership of one Executive Director, and one Principal Member from 1 April 2018.
- Investing in a new housing system to ensure there is one database for the recording of all decisions, with an estimated implementation date of the end of September 2018.
- Developing a new housing strategy, updating the homeless strategy and allocations policy driven by the council's priorities, best practice and taking account of the new requirements from the Homeless Reduction Act.

3 KEY IMPLICATIONS

3.1 Table 1 contains the key implications.

Table 1: Key implications

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
Housing service led by one Executive Director	Not achieved by 01/04/18	Achieved by 01/04/18	Achieved before 01/04/18	Achieved before 25/03/18	01/04/18
New housing system implemented	No system in place	System in place by 30/09/18	System in place by 15/09/18	System in place by 01/09/18	30/09/18
Monthly complaint reporting to Senior Management Team	No reporting in place	In place by 30/04/18	In place by 31/03/18	N/A	30/04/18

4 FINANCIAL DETAILS / VALUE FOR MONEY

4.1 The LGO recommended that Mr X was paid an amount totalling £4,175. This was paid to Mr X on 9 January 2018.

5 LEGAL IMPLICATIONS

5.1 The LGO has no legal power to force councils to follow its recommendations, but most always do. Some of the things the LGO might ask a council to do are:

- Apologise
- Pay a financial remedy
- Improve its procedures so similar problems do not happen again

5.2 Section 30 of the Local Government Act requires the council to place two public notice announcements in local newspapers within two weeks of a report being published, and in addition we need to make copies of the report available free of charge at one or more of our offices for a period of three weeks from the date the public notice is published.

5.3 Where there is injustice as a result of fault, Section 31(2) of the 1974 Act, the LGO report must be laid before the authority concerned, and within three months of receiving the report tell the LGO the action it has taken or proposes to take.

6 RISK MANAGEMENT

None.

7 POTENTIAL IMPACTS

None.

8 CONSULTATION

None.

9 TIMETABLE FOR IMPLEMENTATION

9.1 The stages and deadlines for implementing the recommendations are in Table 5.

Table 2: Implementation timetable

Date	Details
1 April 2018	Housing Enabling and Housing Options under leadership of one Executive Director
18 April 2018	Considered by Planning and Housing O&S Panel
26 April 2018	Any recommendations from Planning and Housing considered by Cabinet
30 April 2018	Monthly complaint reporting to Senior Management Team
30 September 2018	New housing system implemented

10 APPENDICES

10.1 The appendices to the report are as follows:

- Appendix A – Report by the Local Government and Social Care Ombudsman, reference number 16 003 062

11 BACKGROUND DOCUMENTS

None

12 CONSULTATION (MANDATORY)

Name of consultee	Post held	Date issued for comment	Date returned with comments
Cllr McWilliams	Principal Member for Housing and Communications	20/03/18	21/03/18
Alison Alexander	Managing Director	19/03/18	19/03/18
Russell O'Keefe	Executive Director	19/03/18	
Rob Stubbs	Section 151 Officer	19/03/18	
Kevin McDaniel	Director of Children's Services	19/03/18	19/03/18
Hilary Hall	Deputy Director Strategy & Commissioning	19/03/18	19/03/18
Nikki Craig	Head of HR and Corporate Projects	19/03/18	19/03/18
Louisa Dean/Milly Camley	Communications	19/03/18	

REPORT HISTORY

Decision type: Non-key decision	**Urgency item?** Yes	**To Follow item?** No
Report Author: Andy Jeffs, Executive Director, 01628 79 6527		

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Local Government & Social Care OMBUDSMAN

Report by the Local Government and Social Care Ombudsman

Investigation into a complaint against

Royal Borough of Windsor and Maidenhead Council

(reference number: 16 003 062)

15 February 2018

The Ombudsman's role

For 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- apologise
- pay a financial remedy
- improve its procedures so similar problems don't happen again.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Key to names used

Mr X	The complainant
Officer A	A Senior Housing Needs Officer
Officer B	The Information Governance Manager
Officer C	The Complaints Team Leader

Report summary

Homelessness and complaints handling

Mr X complains that the Council:

- failed to protect his belongings when he became homeless;
- did not offer him suitable accommodation;
- did not help him find permanent housing;
- would not rehouse him in central Windsor; and
- did not deal with his complaint about these matters properly.

Finding

Fault found causing injustice and recommendations made.

Recommendations

The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. ***(Local Government Act 1974, section 31(2), as amended)***

In addition to the requirements set out above we recommend the Council should:

- apologise to Mr X for the identified faults and for the injustice this caused him, and provide us with a copy of its letter;
- pay Mr X £1,050 for the three and a half months he was without any accommodation;
- pay Mr X a further £2,875 for the eleven and a half months he lived in unsuitable temporary accommodation;
- pay Mr X £250 for his time and trouble pursuing his complaint. This makes a total payment of £4,175. The Council should provide proof it has made this payment;
- amend its interim accommodation offer letters so that both are correctly titled, and provide us with copies;
- create a separate temporary accommodation offer letter and provide us with a copy; and
- review and improve its complaints handling arrangements and its Ombudsman liaison arrangements, and tell us what it has done to improve its arrangements, including those arrangements for handling complaints in relation to outsourced services.

The complaint

1. Mr X complains about the way the Council handled his homelessness application. He said the Council:

- failed to protect his belongings when he became homeless;
- did not offer him suitable accommodation;
- did not help him find permanent housing;
- would not rehouse him in central Windsor; and
- did not deal with his complaint properly.

The Ombudsman's role

2. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. ***(Local Government Act 1974, sections 26(1) and 26A(1), as amended)***

3. The law says we cannot normally investigate a complaint when someone could take the matter to court. However, we may decide to investigate if we consider it would be unreasonable to expect the person to go to court. ***(Local Government Act 1974, section 26(6)(c), as amended)***

How we considered this complaint

4. We have produced this report following the examination of relevant documents and interviews with the complainant and relevant employees of the Council.

5. We gave the complainant and the Council a confidential draft of this report and invited their comments. The comments received were taken into account before the report was finalised.

What we found

Background

6. Mr X separated from his wife in December 2015. They have three children. Children's Services were involved with the children.

7. Mr X suffers from chronic lower back pain and uses crutches. He also suffers from depression, panic attacks and anxiety attacks. He takes painkillers and anti-depressants.

8. Mr X is unable to walk more than 10 metres without his crutches. And, although he can walk upstairs, this is difficult and causes him pain.

Key facts

Mr X's homelessness application

9. On 8 December 2015 Mr X left his family home following the breakdown of his marriage. He spoke to Children's Services about getting his belongings from the family home as he was concerned his wife was disposing of them. The records show that Children's Services told Mr X they could not help him with his belongings, and that his friend had helped him with this.

10. In December 2015 Mr X asked the Council for help with housing as he was homeless. Mr X said the Council offered him accommodation at around 5pm on 23 December in Guildford, Kent or Southall. The Council said it made every effort to get suitable accommodation for Mr X. But it has no record of the accommodation it offered Mr X or if it considered whether it was suitable for him. Mr X said he could not travel to Guildford, Kent or Southall because of his disability. There is no evidence to show the Council advised Mr X he could get a travel warrant via the Local Welfare Provision. Mr X said he stayed with his parents for a couple of nights over Christmas, but he did not get on with them. He then spent a few weeks "sofa surfing" at friends' places.

11. On 11 January 2016 Mr X filled in a homelessness application form. He described his health problems and said he was sleeping rough. Mr X told us he slept in garages close to his parents' home and used a local leisure centre for showers. He gave the Council a letter from his GP saying he had a history of depression. And he said he asked Officer A for help with storing his belongings. There is no record of this. The Council says it now asks every applicant if they need storage for their belongings when it accepts a homelessness application. More recently, Officer A invited Mr X to provide an inventory of his lost belongings. He has not done so.

12. Officer A called Mr X on 13 January 2016 and said based on his GP's letter the Council would not have a duty to provide accommodation. She noted that he could only manage one flight of stairs and could walk only 10 metres without a stick. In a further telephone call on 18 January, Mr X said he would speak to his GP. However, when Officer A spoke to Mr X on 27 January he had not been able to get to his GP.

13. On 1 February 2016 Officer A wrote to Mr X's GP asking for further information. The GP responded on 4 February confirming Mr X had depression and chronic lower back pain which affected his mobility. On 9 February Officer A emailed the Private Sector Team putting Mr X forward for a ground floor property *"or first floor (at a push as relies on crutch)"* in three areas of Mr X's choice, including central Windsor.

14. On 10 February 2016 Officer A wrote to Mr X saying the Council had accepted the full homelessness duty towards him. She said Mr X was in Band A for rehousing. However, the records show he was in Band B, which is consistent with the Council's allocation scheme.

15. Nothing further appears to have happened until 1 March 2016 when Mr X's MP contacted the Council. Officer A responded on 3 March saying Mr X would receive an offer of suitable permanent accommodation but nothing meeting his medical requirements had come up. She said the Council had offered Mr X interim accommodation on numerous occasions, and she and colleagues had spoken to him on an almost daily basis. There is no record of the offers of accommodation. And, apart from Mr X's requests for contact, there is no record of any telephone discussions between Officer A and Mr X between the end of January and 23 March.

16. In March 2016 Officer A contacted the Private Sector Team again. They had nothing suitable in Windsor. Officer A spoke to Mr X on 23 March about the possibility of a property in Maidenhead, but he declined it because his support network and GP were in Windsor.

17. On 11 April 2016 Officer A wrote to Mr X offering him a place at Q Lodge. She used the standard letter described in paragraph 40. Mr X moved into Q Lodge. It was bed and breakfast accommodation with shared facilities about four miles from the centre of Windsor. Mr X said it was in the middle of nowhere and there were no buses or other facilities nearby. As he did not have his own transport he was stuck at Q Lodge if he couldn't get a lift. There is no evidence to show the Council offered Mr X travel warrants while he lived at Q Lodge.

18. Mr X continued to call Officer A. On 26 April 2016 he asked her to contact him about his room at Q Lodge. There is no evidence showing Officer A returned Mr X's calls. Mr X said she did not do so.

19. On 11 July 2016 the Council moved Mr X to M House in Windsor. It was a one bedroom self-contained flat on the third floor. Mr X said there was a lift on the other side of the building but there was no access to his flat from there. There was no lift access to his flat. Mr X said he could get up to his flat but this caused him significant pain. The Council said Mr X did not let Officer A know of any difficulties with this accommodation. Had he done so, Officer A would have tried to remedy the problems.

20. On 31 March 2017 Mr X moved to a permanent housing association property in Windsor. Mr X said that apart from the accommodation the Council offered him before Christmas 2015, a property in Maidenhead, Q Lodge and M House, the Council did not offer him anything else. He said his wife would not allow him to see his children while he was living in temporary accommodation. He is now taking legal action to have contact with his children.

21. The Council has provided information about interim and temporary accommodation it provided for homeless applicants during the relevant period. It also provided information about the nominations it made to a housing association for permanent accommodation. The information is unclear and does not provide all the information we would like. Nevertheless, it shows the Council nominated Mr X for a permanent housing association property in May 2016. The Housing Association rejected the nomination because the property was too close to Mr X's wife. The information also shows that in June 2016 the Housing Association asked the Council for nominations for several properties including a ground floor flat in one of Mr X's preferred areas. The Council nominated another Band B applicant for the property.

The Council's handling of Mr X's complaint

22. Mr X first complained to the Council in April 2016. He complained to us when it did not respond. We referred the matter back to the Council in June and again in August 2016 as we thought it should have an opportunity to deal with the complaint properly.

23. We contacted the Council in September 2016 asking for an update. Despite ongoing contact with the Council, we did not receive a response until November 2016. The Council also wrote to Mr X in November 2016. He did not receive it at the time.

24. We decided to investigate Mr X's complaint and asked the Council for further information on 9 February 2017.

25. We expect councils to respond to our enquiries within 20 working days. However, despite reminders, telephone contact with Officers B and C, and direct contact with Officer A (which we would not ordinarily have), the Council did not respond to our enquiries.

26. We arranged to inspect the Council's files and to interview an Officer on 4 May 2017. We cancelled these arrangements when the Council assured us we would receive a response by 2 May. The Council did respond but it did not answer all our questions or provide all the information we asked for.

27. We interviewed Officers A, B and C in June 2017. On 16 June we asked the Council for further information about the one bedroom and bedsit accommodation it uses for homeless applicants. It provided this information only after we said we would issue witness summonses if it did not do so.

Complaint - the Council failed to protect Mr X's belongings when he became homeless

Legal background

28. Where the council owes a housing duty, it must protect the applicant's personal property if there is a risk it may be lost or damaged. ***(Housing Act 1996, section 211)***

Analysis

29. Mr X alleged the Council failed to protect his belongings. Officer A's record keeping throughout the life of Mr X's homelessness application was poor. However, her records of her early contact with Mr X do not refer to his belongings. And Children's Services' records show Mr X spoke to them about his belongings. Children's Services' records also show that Mr X's friend helped him retrieve at least some of his belongings. Officer A invited Mr X to provide an inventory of his lost belongings but he has not done so.

30. We do not uphold this part of Mr X's complaint as there is no evidence of fault. And it would be reasonable for Mr X to provide an inventory of his lost belongings.

Complaint - the Council did not offer Mr X suitable accommodation

Legal and administrative background

Homelessness

31. When a person applies to a council for accommodation and it has reason to believe they may be homeless or threatened with homelessness, a number of duties arise, including:

- to make enquiries;
- to secure suitable accommodation for certain applicants pending the outcome of the enquiries;
- to notify the applicant of the decision in writing and the right to request a review of the decision.

(Housing Act 1996, section 184 and Homelessness Code of Guidance paragraphs 6.2 and 6.6)

32. A council must provide interim accommodation while it considers a homelessness application if it has reason to believe the applicant may be homeless, eligible for assistance and in priority need. ***(Housing Act 1996, section 188 and Homelessness Code of Guidance for Local Authorities, paragraph 6.5)***

33. Examples of applicants in priority need are:

- people with dependent children;
- pregnant women;
- people who are vulnerable due to serious health problems, disability or old age.

34. The law says councils must ensure all accommodation provided to homeless applicants is suitable for the needs of the applicant and members of his or her household. This duty applies to interim accommodation and accommodation provided under the main homelessness duty. ***(Housing Act 1996, section 208)***

35. Councils must consider the location of accommodation when they consider if it is suitable for the applicant and members of their household. If a council places an applicant outside its district it must consider, amongst other things:

- the distance of the accommodation from the "home" district;
- the proximity and accessibility to local services, amenities and transport.

(Homelessness (Suitability of Accommodation) Order 2012)

36. If a council is satisfied someone is eligible, homeless, in priority need and unintentionally homeless it will owe them the main homelessness duty. Generally, the council carries out the duty by arranging temporary accommodation until it makes a suitable offer of social housing or private rented accommodation. ***(Housing Act 1996, section 193)***

37. Homeless applicants may request a review of the suitability of temporary accommodation provided once the council has accepted the main homelessness duty. The council should notify applicants of their right to request a review of the suitability of any accommodation it offers in discharge of a homelessness duty. (***Housing Act 1996, section 202 and Homelessness Code of Guidance, paragraph 19.3)***

38. There is no right to request a review of the suitability of interim accommodation provided pending the outcome of the Council's enquiries. A homeless applicant may challenge the suitability of interim accommodation by way of judicial review. We do not normally expect them to do so.

39. The Council does not believe we can make a judgement on the suitability of accommodation once an applicant has accepted it. As there is no right of review of the suitability of interim accommodation, we can consider this. And, although we cannot normally investigate a complaint when someone could take the matter to court, we can investigate if we think it would be unreasonable for them to do so. In this case, we decided it would not have been reasonable for Mr X to go to court as the Council did not tell him about his right of review of the suitability of the temporary accommodation it offered him.

How the Council offers interim and temporary accommodation

40. At the time of the events complained of, the Council used a standard letter when it offered a homeless person interim or temporary accommodation. The letter said *"interim accommodation has been arranged for you…"* regardless of whether the accommodation was interim or temporary accommodation. The letter did not mention the right to request a review of the suitability of temporary accommodation.

41. The Council now has two standard letters. One letter is headed *"Offer of Interim Accommodation"* while the other is headed *"Offer of Temporary Accommodation".* Both are, in fact, interim accommodation offer letters. And both invite applicants to contact the Council if they do not think the accommodation is suitable. The letters also tell applicants of their right to request a review of the suitability of the accommodation if they remain there once the Council accepts the full homelessness duty towards them. The Council does not have a separate temporary accommodation offer letter to use when it offers applicants temporary accommodation once it accepts the full homelessness duty.

42. The Private Sector Team is responsible for sourcing and allocating accommodation. The Council has a list of properties that it can use as temporary accommodation for homeless applicants. Over 90 of the properties have one bedroom or are bed and breakfast accommodation. However, other housing authorities use the same properties for their homeless applicants.

Housing Options Service restructure

43. The Council said it was restructuring its Housing Options Service (HOS) when Mr X made his homelessness application. The changes include the following.

- Its system is kept up-to-date with notes of each contact.
- It introduced a new travel warrant system in January 2016. This allows homeless applicants who are struggling financially to access vital services such as medical appointments and to maintain family networks. Before this, travel warrants could be obtained through the Local Welfare Provision (part of the Social Fund). It also implemented a taxi contract to boost the travel warrant system.
- It has had a Sourcing Accommodation Officer since May 2017 who ensures accommodation (interim, temporary and in the private sector) is available. HOS asks the Officer for accommodation using an online referral form.
- Extra officers have been appointed to clean up the filing system, to ensure nominations for permanent accommodation are made in line with the Council's allocations policy, and to review pointing and banding of live applications.
- The Sourcing Accommodation Officer and Housing Options Assistant meet weekly to discuss accommodation options.
- All letters have been reviewed and redrafted, and will be reviewed again.

Officer A's comments

44. Officer A confirmed she had been involved with Mr X's case from the outset. She had had lots of informal discussions with him about the properties he had been offered. And she had returned many of his calls. But she had no records of her telephone conversations or of the many properties she said he was offered.

45. Officer A acknowledged that the offer letter described in paragraph 40 does not refer to a homeless applicant's right of review about the suitability of temporary accommodation. She assured us that officers would discuss this with applicants face to face or over the telephone, and when a property is offered. She also assured us that she knew the difference between interim and temporary accommodation.

46. Officer A did not know where Mr X stayed between February 2016 (when the Council accepted the full homelessness duty towards him) and April 2016 (when it offered him a room in Q Lodge).

Analysis

47. A council only needs "reason to believe" that someone may be homeless, eligible and in priority need before it should offer interim accommodation. So if it does not have enough information to be satisfied that it should *not* provide interim accommodation, it has a duty to provide it. An applicant who has a disability may be in priority need.

48. The Council has no record of the out-of-area accommodation Mr X said it offered him late in the day just before Christmas 2015. He had already made his

homelessness application by then, even though he did not complete an application form until the following month. So it seems the Council accepted it should provide him with interim accommodation, perhaps because it could see Mr X's limited mobility. However, there is also no evidence to show why the Council considered the out-of-area accommodation would be suitable for Mr X, or how it thought he could get there. The Council's failure to record its reasoning for offering accommodation so far away, and why it thought it was suitable for Mr X, is fault. In our view, the accommodation – so far from Mr X's medical services and his children – was not suitable. In addition, the Council provided no evidence to show it advised Mr X he could get a travel warrant via the Local Welfare Provision. In any event, it is unlikely he could have obtained a travel warrant quickly enough to access the offered accommodation that day.

49. When Officer A spoke to Mr X on 13 January 2016 she said the Council would not have a duty to provide him with accommodation. We recognise that by then the Council had Mr X's GP letter which referred to his depression but made no mention of his mobility problems. But Officer A had noted that Mr X could manage only one flight of stairs and could walk only 10 metres without a stick. So her decision not to offer Mr X interim accommodation – when she may have had reason to believe he had priority need because of his mobility problems - makes no sense.

50. The Council accepted the full homelessness duty towards Mr X on 10 February 2016. It then had a duty to offer him suitable temporary accommodation. Officer A had already contacted the Private Sector Team putting him forward for a ground floor property *"or first floor (at a push as relies on crutch)".* She said the Council offered Mr X accommodation on numerous occasions. But there is no record of any offers other than a property in Maidenhead (which Mr X refused), Q Lodge and M House. So we cannot be satisfied the Council made Mr X any other offers of accommodation. The Council took far too long to comply with its duty to provide Mr X with temporary accommodation after it accepted the full homelessness duty towards him. This is further fault.

51. The Council provided a list of properties the Council uses for homeless applicants. Over 90 of these properties had one bedroom or were bed and breakfast accommodation. Other councils use the same accommodation, and so not all the accommodation would have been available. However, the information provided suggests the Council placed several homeless applicants in temporary accommodation during the relevant period. In our view, the Council could and should have offered Mr X suitable temporary accommodation sooner. Its failure to do so is fault.

52. So the Council failed to offer Mr X suitable interim accommodation, and failed to offer temporary accommodation in a timely manner. We explained in paragraph 40 why we considered the suitability of the temporary accommodation the Council offered Mr X. In our view, the temporary accommodation the Council offered Mr X was not suitable for him. We have explained why we reached this view in the following paragraphs.

53. The Council offered Mr X temporary accommodation in Maidenhead in March 2016. We would not criticise it for making this offer. And in any event, Officer A apparently accepted that it would not be suitable for him.

54. However, the later offers of Q Lodge and M House – both temporary accommodation following the Council's decision on Mr X's homelessness application - were not suitable. The Council knew about Mr X's mobility problems.

Q Lodge was not suitable because of its limited public transport and nearby facilities. And, M House was not suitable because the flat was on the third floor without lift access: Officer A had previously said Mr X should be offered ground floor accommodation or first floor "at a push". The Council said Mr X did not tell Officer A about the problems he had with his accommodation and, had he done so, she would have remedied the problems. The evidence shows how often Mr X tried to contact Officer A. Had she returned his calls she might have discovered the difficulties he was having with his accommodation.

55. So the Council offered Mr X unsuitable interim accommodation in December 2015 and took too long to offer him temporary accommodation after accepting the main homelessness duty towards him. The temporary accommodation it offered him was not suitable. This is fault.

56. In addition, the Council used a standard letter (see paragraph 40) when it offered interim or temporary accommodation. The letter failed to notify applicants of their right of review of the suitability of the temporary accommodation offered. Officer A said officers tell applicants about their rights of review. That is not enough. The Council should have separate letters offering interim and temporary accommodation. And the temporary accommodation offer letters in use when Mr X made his homelessness application should have notified applicants of their right to request a review of its suitability and the time limit for doing so.

57. The Council now has two offer letters. Both of these are, in fact, interim accommodation offer letters. One is incorrectly titled *"Offer of Temporary Accommodation".* The letter should be correctly titled. And the Council should have a separate temporary accommodation offer letter.

58. Officers apparently understand the difference between interim and temporary accommodation. But, in this case, they either did not fully appreciate the significance of the differences or they disregarded them. This may explain why the Council's original standard letter referred only to interim accommodation. It may also explain why one of its new standard letters is incorrectly titled "*Offer of Temporary Accommodation".* But they are different in the eyes of the law: the Council's duties in relation to each are significantly different, as are an applicant's rights of review. So the Council needs to put this right.

59. Officer A did not record much of her contact with Mr X: there is no record of any other offers of accommodation or of her returning Mr X's calls, for example. This is fault. Compiling and maintaining proper records is a basic necessity so, for example, officers do not have to rely on memory, and records are available for reference when there is a dispute or complaint.

Complaint - the Council did not help Mr X find permanent housing

How the Council offers permanent accommodation

60. The Council has a housing allocation scheme which sets out how it will allocate available accommodation. It places applicants in Bands A to C, with Band A having the highest priority. Priority within bands is decided by housing needs points which the Council awards to reflect an applicant's needs.

61. The Council awards 25 points a month to homeless applicants in priority need it has placed in temporary accommodation, to reflect the length of time spent in the accommodation. Homeless applicants in temporary accommodation are not eligible for any other housing need points.

62. The Council does not have a choice based lettings scheme. It makes direct offers of available accommodation using the Bands and housing need points. If more than one applicant has the same number of housing need points within a Band it will consider applicants in date order.

Analysis

63. Officer A said the Council placed Mr X in Band A for permanent housing. The records show he was in Band B. This is consistent with the Council's allocation scheme. The records also show the Council nominated Mr X for permanent housing in May 2016. But the Housing Association would not accept the nomination as the property was too close to Mr X's ex-wife. We do not find fault with the Council for this. However, the following month (June 2016) the Housing Association asked the Council for a nomination for another ground floor flat in one of Mr X's preferred areas. Even though Mr X's previous nomination had been unsuccessful, the Council did not nominate him for the property. The Council nominated another Band B applicant for the property, but there is no obvious reason why it could not have nominated Mr X. This is fault.

64. So the Council is at fault for failing to nominate Mr X for permanent accommodation in June 2016. This means that he lived in unsuitable temporary accommodation for an additional eight months longer than necessary. So in total, Mr X was in unsuitable temporary accommodation for eleven and a half months longer than necessary (from the time he moved into Q Lodge in April 2016 to when he moved into a housing association property in March 2017).

Complaint - the Council would not rehouse Mr X in central Windsor

65. Mr X alleged the Council would not rehouse him in central Windsor. The evidence does not support this allegation. When Officer A emailed the Private Sector Team in February 2016 she put him forward for properties in three areas, including central Windsor. It is unfortunate that the Housing Association would not accept Mr X for a property when the Council nominated him in May 2016. But that did not happen because of any fault by the Council.

66. We do not uphold this part of Mr X's complaint.

Complaint - the Council did not deal with Mr X's complaint properly

The Council's complaints procedure and how it liaises with us

67. The complaints procedure in use in early 2016 had three stages. The Council aimed to respond to complaints at each stage of the procedure within 10 working days.

68. The Council introduced a new complaints procedure in October 2016. This has two stages. The Head of Service should respond within 10 working days at stage 1, while the Director responsible for the service and complaints team should respond within 20 working days at stage 2.

69. Officer B acts as the link officer between our office and the Council. He passes the complaints we refer to the Council to its Complaints Team, and forwards the Complaints Team's response to us. He has no involvement in complaint investigation.

70. We normally liaise with link officers rather than directly with the officers involved in the matters complained of. In our experience, link officers are usually part of a council's complaints team.

71. Officer C and two other officers make up the Complaints Team. At the time of Mr X's complaint they used a spreadsheet to monitor the progress of complaints. The Team now has a database to do this and to prompt officers for responses when necessary. It also sends Service Leaders a weekly report to act as a reminder about complaints.

Officer A's comments

72. Officer A said she knew about the Council's complaints procedure. She had no recollection of Mr X's complaint but said she would have received it. She stressed that the Council valued its customers.

Officer B's comments

73. Officer B said he was not part of the Complaints Team but he was responsible for coordinating the Council's responses to our enquiries. He said he did not chase responses in the way we might expect and acknowledged this was a weakness. He did not make a diary note to chase responses although it would be his role to do so.

74. Officer B said the Council was outsourcing some of its services. He assumed the Council would retain responsibility for managing complaints. But he did not know how the Complaints Team would liaise with the outsourced services.

Officer C's comments

75. Officer C explained how her Team monitors the progress of complaints (see paragraph 71). She said she, a colleague and Officer B had all been chasing Officer A for a response to our enquiries before we arranged to interview officers.

76. Officer C said it was the Complaints Team's role to ensure officers complied with the Council's complaints procedure. She said that chasing and monitoring were not working effectively at the time of Mr X's complaint. But complaints were being dealt with more efficiently now weekly reports are sent to Service Leaders.

Analysis

77. The Council's handling of Mr X's complaint was poor and failed at every level to comply with the complaints procedure.

78. The Complaints Team did not have control of the complaint. Its old and new ways of monitoring the progress of complaints failed in this case.

- We experienced delays in the Council responding to our enquiries.
- We had to contact an officer direct and then arrange to interview officers to get the information we asked for.
- The information the Council provided was incomplete and inadequate.
- The Council provided some information only when we said we would issue witness summonses if it did not do so.

Conclusions

79. We identified the following faults by the Council:

- it did not keep proper records of some of its decisions and of its contact with Mr X;
- it offered Mr X unsuitable interim accommodation;
- it took too long to provide Mr X with temporary accommodation and the accommodation it eventually offered was unsuitable;

- it used one standard letter when it offered interim and temporary accommodation, and failed to notify applicants of their right to request a review of the suitability of temporary accommodation;
- its current standard letters are both interim accommodation offer letters, but one is incorrectly titled *"Offer of Temporary Accommodation";*
- it does not have a standard letter for offers of temporary accommodation;
- it failed to nominate Mr X for an available ground floor flat in an area of his choice after a housing association rejected an earlier nomination;
- it failed to deal with Mr X's complaint in accordance with its complaints procedure;
- it failed to deal properly with us.

80. The identified faults caused Mr X injustice.

Decision

81. There was fault by the Council causing injustice to Mr X.

- He has mental and physical health problems. Yet the Council offered him unsuitable interim accommodation and so for three and a half months between December 2015 and April 2016 he was without any accommodation. He slept rough for at least part of this time and "sofa surfed" at other times.
- Mr X was isolated in his temporary accommodation at Q Lodge, and it was difficult and painful for him to access his temporary accommodation in M House.
- The Council's standard letter denied Mr X the opportunity to challenge the suitability of his temporary accommodation.
- Mr X lived in unsuitable temporary accommodation for eleven and a half months longer than necessary because the Council did not tell him of his right of review of its suitability and failed to nominate him to an available housing association property in one of his preferred areas.
- He was put to the time and trouble of pursuing a complaint with us because the Council did not deal with his complaint in accordance with its complaints procedure.

82. However, we do not think the identified faults prevented Mr X from having access to his children as he suggested. Mr X said he is taking legal action to get contact with his children. That is something he could have started at any time and was not dependent on the Council's actions.

Recommendations

83. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. ***(Local Government Act 1974, section 31(2), as amended)***

84. In addition to the requirements set out above we recommend the Council should:

- apologise to Mr X for the identified faults and for the injustice this caused him, and provide us with a copy of its letter;
- pay Mr X £1,050 for the three and a half months he was without any accommodation;

- pay Mr X a further £2,875 for the eleven and a half months he lived in unsuitable temporary accommodation;
- pay Mr X £250 for his time and trouble pursuing his complaint. This makes a total payment of £4,175. The Council should provide proof it has made this payment;
- amend its interim accommodation offer letters so that both are correctly titled, and provide us with copies;
- create a separate temporary accommodation offer letter and provide us with a copy; and
- review and improve its complaints handling arrangements and its Ombudsman liaison arrangements, and tell us what it has done to improve its arrangements, including those arrangements for handling complaints in relation to outsourced services.

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Adult Services & Health Overview & Scrutiny Panel

End of Year Performance

ANGELA MORRIS
DIRECTOR OF OPERATIONS

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Our vision

"To fulfil the potential of every customer, colleague and community we work with"

Our mission

"To be a resilient, efficient and growing Social Care Company capable of delivering high quality, innovative services to more customers, delivered by passionate and skilled staff"

Our values

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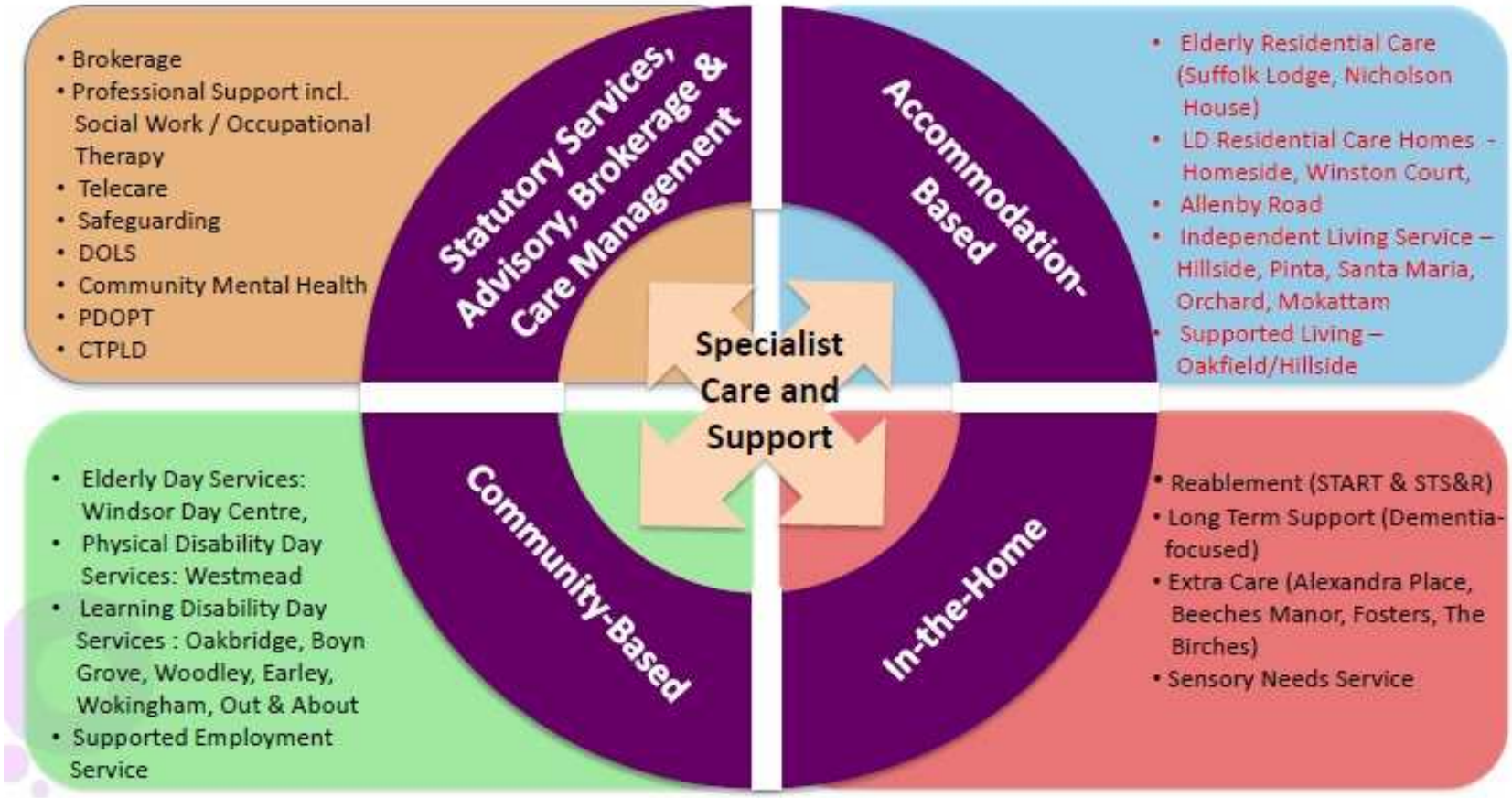
Our services



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About us

We employ 641 people

We provide care and support to approximately 5000 people

The People

People with learning disabilities and autism, people with physical disabilities and sensory impairments, older people particularly those with dementia and people with mental health issues.

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About us

Services in Wokingham, Ascot, Windsor, Maidenhead and Oxfordshire

Our Services

Residential Care, Extra Care, Independent Living, Home Care, Short Break Care, Re-ablement Services, Day Care, Supported Employment

Statutory Adult Social Care, including integrated learning disability and mental health services

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Services delivered for RBWM

Statutory Services	• Safeguarding and Deprivation of Liberty Safeguards (DOLS) • Social Work • OT • Care Brokerage
Provider Services	• Residential Accommodation for Adults with a Learning Disability • Day Services for people with a Learning Disability • Day Centre services for Older People / Dementia • Extra Care • Reablement • Respite Services
Quality Assurance and Governance	• Internal Governance • External Governance

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2020 Strategy Delivery

Central to the 2020 Strategy is ensuring customers are at the centre of decisions and planning through co-designing services and business development. This will be realised in a number of ways, for example:

- Customers will have greater influence over the people who work for Optalis, through their involvement in staff recruitment and selection. Customer representatives have sat on the interview panel for key roles in the organisation such as the HR Manager and Head of Statutory Services, with plans to roll out across the whole organisation.

- Developing Customer Forums. The first of its kind Customer Conference is being planned in September 2018. This event will bring together customers and supporters across Optalis Learning Disability Day service. It promises to be an inclusive and interactive event.

- Customers are also being given the opportunity to nominate an Optalis member of staff/team for an Optalis Customer Choice Award in our annual star awards – initiative runs for the first time this year.

- Customers are co-producing the Optalis information leaflet i.e. reading it to check that it makes sense to them.

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Customers

In 2017 Optalis hosted a series of coffee mornings with Customers. The purpose was to listen to people who receive Optalis care and support. Feedback provided by customers has informed the Optalis 2020 Strategy.

Customers: We will ensure our customers are involved in enhancing, developing and creating services which delivers the best possible experience.

Quality: We will deliver safe, high quality services to enable residents to live independently for longer, delivering aligned services earlier to reduce escalation of need, cost, and complexity

Staff: We will attract, support and develop people who are motivated, informed and inspired to provide a level of service demanded by our values

Value and Growth: We will achieve growth and value by being well-managed, resilient and by delivering innovation through efficient and value for money services.

Customer Views Count

Optalis is committed to finding out what matters most to the people who use our services, listening to their views and taking action when it is needed.

The Compliment of the Month Scheme is one way Optalis recognises outstanding practice by both teams and individuals across the company.

"Thank you so much for all the support and help you gave to my mother whilst in hospital and transition into a nursing home. Your constant reassurance and always being available to help on the end of the phone was amazing."

"It has gone like clockwork and everything that had to be dealt with had been dealt with – excellent!"

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Customer Views Count

Older people who attend the Windsor Day Service commented that the environment was “calm and relaxing”. One customer identified the “real difference it has made to my life” and reflected without it she would “be stuck at home”.

People with learning disabilities who attend the Boyn Grove Day Centre were keen to share the great variety of activities that they participate in, including golf, drama, yoga and Book Club. Everyone spoken to said it was a great place to meet friends “I like it here a lot, the people are very nice”.

Staff

Optalis Staff Survey 2017

- 72% are satisfied with their job role (up on 2016).
- 81% find their working environment safe (up on 2016).
- 72% say they have work life balance (up on 2016).
- 76% have regular supervision (up on 2016).
- 94% say they understand safeguarding (up on 2016).
- 82% say they have the training they need to do the job (up on 2016).
- Vacancies have reduced by 47% since April 2017.
- Optalis vacancy rates currently 6% (national average 8.5%).
- Annualised absenteeism days 8.97 (national average10.5).
- Staff turnover on a rolling YTD average of 22% (compared with a national average of 27.3%).

Quality

Following the transfer of the RBWM adult social function to Optalis, a fundamental root and branch review of the quality and governance system took place which resulted in the development of a comprehensive programme applied across the organisation.

Achieved to date:

- Creation of a consistent quality framework across regulated services which is CQC compatible.
- Principal Social Worker in post from February 2018. Part of their work programme is the completion of case file audits and learning events with staff.
- Careful skill based recruitment to create a competent Quality Assurance and Governance team that can support and challenge the operational teams to provide excellent services and adopt a culture of continuous improvement and CQC compliance.

Quality

- Review of all policies and procedures to ensure they are fit for purpose and a monitoring system to ensure staff are applying them consistently.
- Introduction of a quality system called i-auditor which enables staff to measure how well their service is doing against the CQC standards. Senior managers being visible by attending staff meetings to show leadership and commitment to improve quality and making it all our business.
- A programme of back to the floor days for senior managers with front line staff.
- Leading on a peer review with another council and embedding learning.
- Quality is now a key objective for all staff and will be measured in supervision and annual appraisals.
- Introduction of a peer auditor system where managers audit each others service and implement learning.

CQC Registered Services

Safe, Effective, Caring, Responsive & Well Managed Services

Service	CQC Rating	Safe	Effective	Caring	Responsive	Well-led
START	Good	Good	Good	Good	Good	Good
9 Allenby Road	Good	Good	Good	Good	Good	Good
Mokattam	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
5 Winston Court	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
16 Homeside Close	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
STS&R	Requires Improvement	Good	Requires Improvement	Good	Good	Requires Improvement
ILS	Good	Good	Good	Good	Good	Good
Suffolk Lodge	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
Extra Care Berkshire	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Extra Care Oxfordshire	Good	Good	Good	Good	Good	Good
Homecare	Not yet inspected					

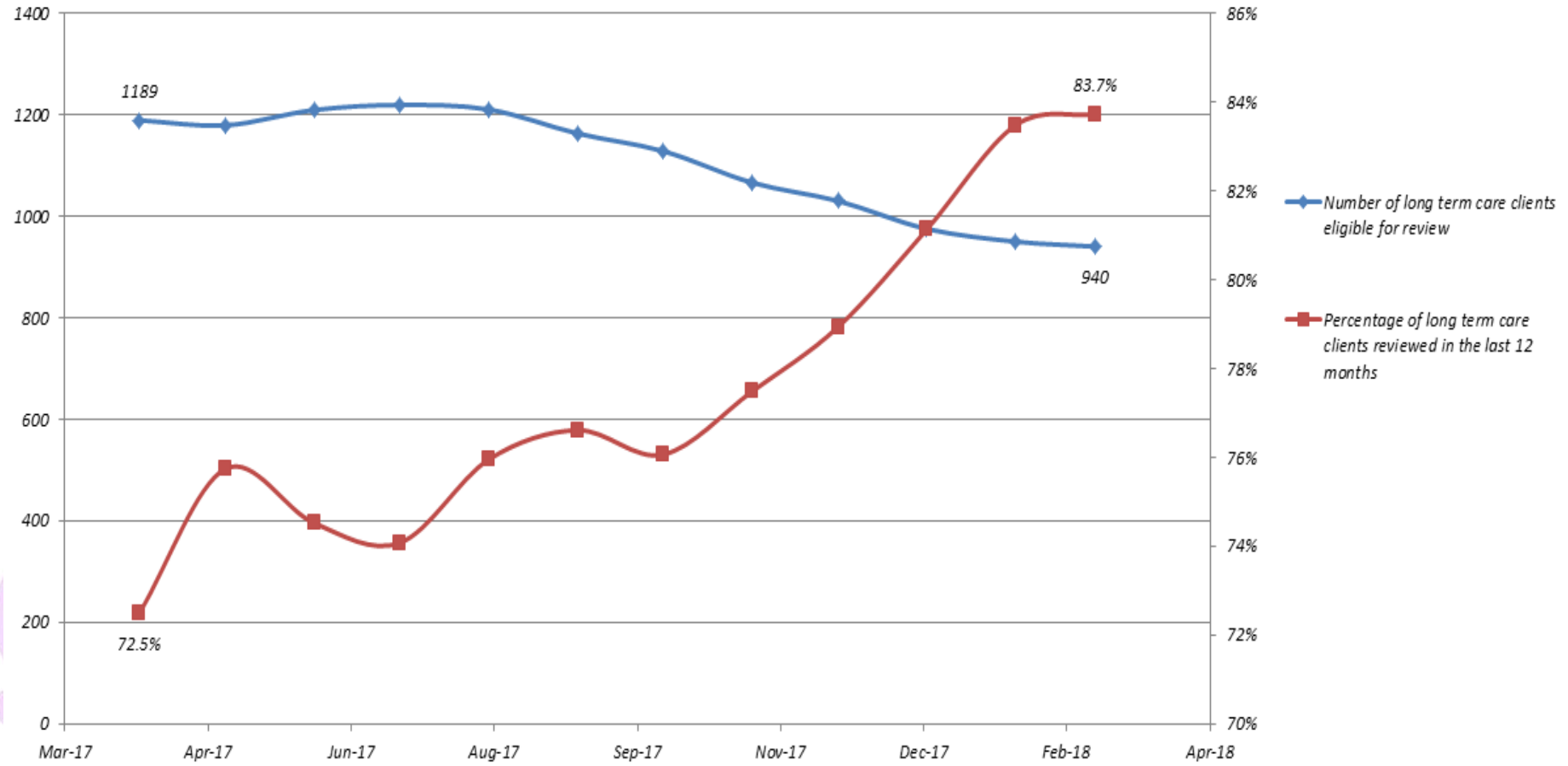
Key Performance Indicators Outcomes

Month: March 2018

Contractual Measures	Performance	Target	Polarity	RAG	Comments
Percentage of long term cases reviewed in the last 12 months	83.7%	96.0%	Higher is better		There has been a number of focussed activities targeted at review and this has seen a considerable improvement across the year. The target has been reviewed now for the next financial year and that target will be more in line with the national reporting and benchmarking.
Number of long term care clients reviewed in the last 12 months	787	Due			
Number of long term care clients eligible for review	940	153			
Percentage of current carers reviewed within the last 12 months	50.4%	96.0%	Higher is better		Considerable data cleansing was required in this area and there were 2 changes of the cohort of where we agreed the review that was required. Now that is clearly understood we are on track for an increase in performance early in the new year.
Number of current carers reviewed within the last 12 months	64	Due			
Number of current carers eligible for review	127	63			
Percentage of support plan assessments in timescale	88.2%	80.0%	Higher is better		
Number of support plan assessments in timescale	592	Out			
Number of support plan assessments	671	79			
Delayed transfers of care, per 100,000 population, attributable to RBWM	1.2	1.5	Lower is Better		
Aged 18+ Population	114638				
Average RBWM delayed transfers of care	1				
Percentage of rehabilitation clients still at home after 91 days	81.4%	87.5%	Higher is better		The national reporting of this indicator is only reported on the referrals for the 3rd quarter of each year and the reviews then carried out during the last quarter. Therefore the monthly reporting will not always mirror the monthly monitoring which will just give us a snap shot of how we expect to report.
Reablement discharges location after 91 days - at home	381	Returned			
Number of reablement discharges in the month	468	87			
Percentage of safeguarding enquiries allocated within timescale	89.2%	90.0%	Higher is better		
Number of safeguarding enquiries allocated within timescale	666	Out			
Number of safeguarding enquiries allocated	701	35			
Percentage of safeguarding enquiries progressing to investigation	40.9%	30.0%	Higher is better		
Number of safeguarding enquiries progressing to investigation	473	Not			
Number of safeguarding enquiries completed in the month	1157	684			
Safeguarding service user satisfaction	83.1%	80.0%	Higher is better		
Total score of safeguarding surveys	1645	Negative			
Total possible score for safeguarding surveys	1980	335			
Percentage of establishments in serious concerns, moved on within 6 months	100.0%	50.0%	Higher is better		
Number of establishments removed from SCF within timescale	1	Not			
Number of establishments removed from SCF	1	0			
Percentage of DoLS applications not dealt with within 12 months	4.9%	25.0%	Lower is Better		
Number of DoLS cases not signed off within 12 months	27	In Time			
Number of DoLS applications signed off in the month	554	527			

Reviews

The chart below shows the number of clients plotted against the percentage of reviews completed, the volume of reviews done over the year, 2245 support plan reviews over the 12 month period. This is compared to 1698 that were completed the year before.



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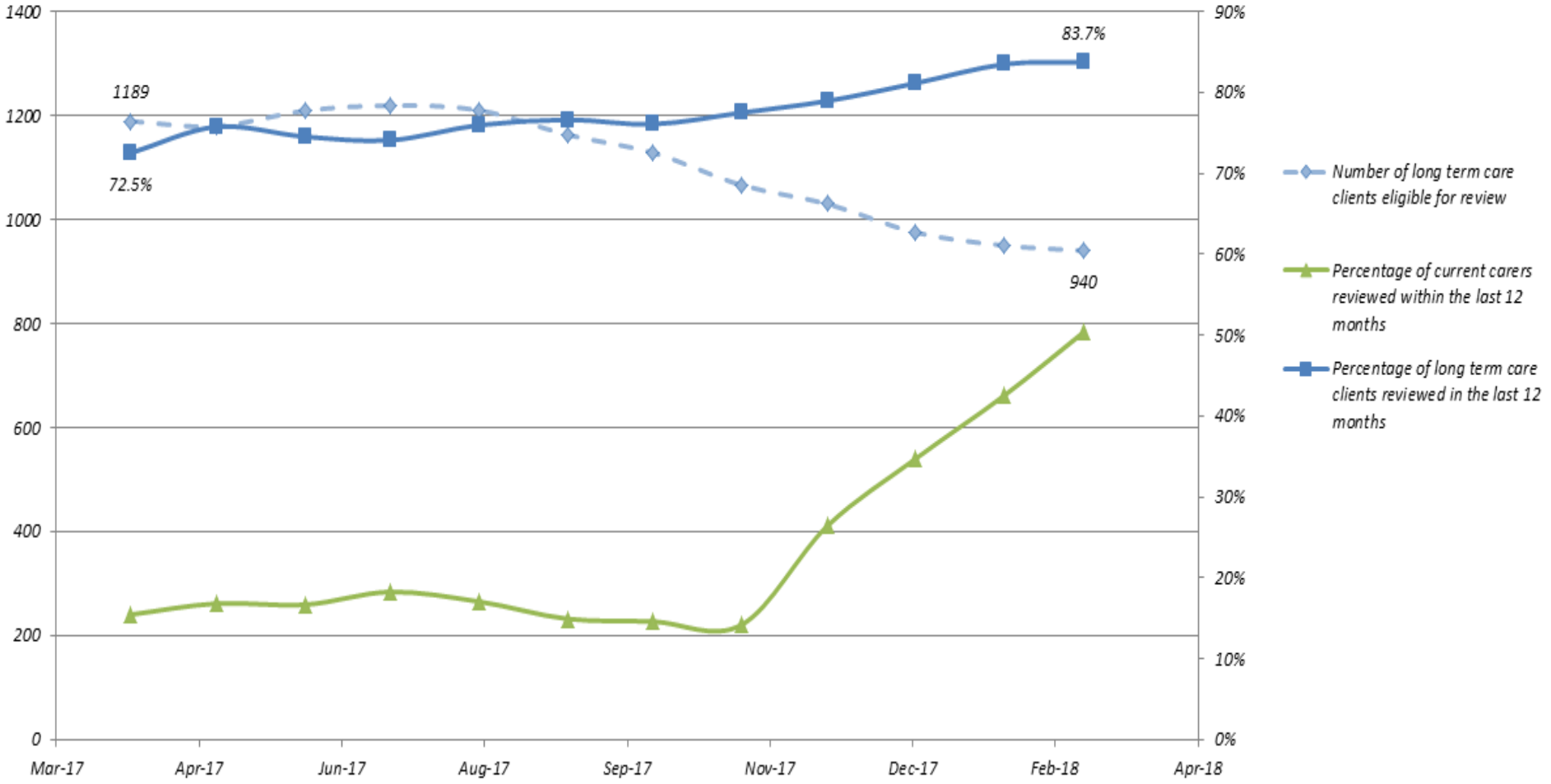
By implementing our Each Step Together approach we have been able to successfully support people to connect with community services and this is shown by the reduction in the number of long term clients eligible for review.



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Achievements

- By good community engagement staff from Heston Blumenthal's Restaurant The Fat Duck in Bray traded in their cookery skills for painting and decorating when they helped out with a day of painting at Boyn Grove Community Centre.

- STS&R teams commitment during the adverse weather was exemplary. The Business Continuity Plan was initiated on forecast of the first indicated disruptive snow fall. Business continued as normal for our customers.

- New ways of working (Each Step Together) in place to ensure we can respond to residents quickly and efficiently.

- Fully engaged in working to provide an integrated Health and Social Care response with Health and the Voluntary Sector.

- **Reminiscence Box -** Reminiscence box training at Boyn Grove showcases dementia services. An extremely successful training day took place at Boyn Grove on 13 March as homecare providers from Maidenhead learned more about Reminiscence Boxes and how people with dementia can benefit from being able to share their memories sparked by the contents of the boxes.

- Allenby Road respite unit has received a good rating by the Care Quality Commission.

- Carer's drop in service is in place at Maidenhead Library run by an Optalis Social Care Practitioner and representative from local carer's charity Signal 4 Carers – useful contacts were made with residents who were unaware of Optalis services.

- The Daily Living Made Easy Event at Maidenhead Town Hall on 4 September was a great success with over 170 members of the public, professionals and Optalis colleagues attending. Stallholders such as Alzheimers Dementia Support together with the NHS, Fire Service and a host of other representatives were able to showcase equipment and new technologies to a wide audience and offer advice and information about assisted living products.

- Ally Rangers are sowing the seeds of success. A gardening group made up of service users from the Oakbridge Day Centre are working wonders at Windsor Cemetery and Alexandra Gardens and developing new skills at the same time. The group known as the Ally Rangers have worked together with ISS Grounds Maintenance to carry out a range of horticultural tasks such as pruning roses, weeding and clearing pathways.

Optalis RBWM – Financial Position 2017/18

Category of Spend	Budget 2017/18 £000	Outturn Variance 2017/18 £000 (Under) / Over Spend
Management and Staffing Teams	6,308	(246)
Provider Services	6,338	(48)
Commissioned Services	20,306	294
Total	**32,952**	**0**

Thank you

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WORK PROGRAMME FOR ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

June 2018

REPORT	AUTHOR
Annual Performance Report 2017/18	Anna Robinson/Hilary Hall

July 2018

REPORT	AUTHOR
Performance Framework, Delayed Transfer of Care	Hilary Hall

September 2018

REPORT	AUTHOR
Long Term Funding For Adult Social Care	Hilary Hall/Angela Morris
Integrated Care System	Hilary Hall/Angela Morris

ITEMS ON THE CABINET FORWARD PLAN BUT NOT YET PROGRAMMED FOR A SPECIFIC SCRUTINY PANEL MEETING

REPORT	AUTHOR
Recommissioning of Day Care	Hilary Hall
Day Service Provision	Hilary Hall

ITEMS SUGGESTED BUT NOT YET PROGRAMMED

REPORT	AUTHOR
Recovery College – Annual Review	Susanna Yeoman
Safeguarding Quality of Care Homes	Hilary Hall
Director of Public Health Annual Report	
A&E Waiting Times	NHS Frimley Health Foundation Trust

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