

NOTICE
OF
MEETING

**ADULT SERVICES AND HEALTH
OVERVIEW AND SCRUTINY PANEL**

will meet on

WEDNESDAY, 20TH JUNE, 2018

At 7.00 pm

in

DESBOROUGH 4 - TOWN HALL

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

COUNCILLORS MOHAMMED ILYAS, JUDITH DIMENT, 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

David Cook - Democratic Services Manager - Issued: Tuesday, 12 June 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

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
1.	<u>ELECTION OF CHAIRMAN AND VICE CHAIRMAN</u> To appoint a Chairman and Vice Chairman for the 2018-19 municipal year.	-
2.	<u>APOLOGIES</u> To receive any apologies for absence.	-
3.	<u>DECLARATIONS OF INTEREST</u> To receive any declarations of interest.	5 - 6
4.	<u>MINUTES</u> To approve the Part I minutes of the meeting held on May 17 th 2018.	7 - 10
5.	<u>ANNUAL PERFORMANCE REPORT 2017/18</u> To consider the contents of the report.	To Follow
6.	<u>LGO REPORT</u> To consider the contents of the report.	11 - 14
7.	<u>WORK PROGRAMME</u> To review the ongoing Work Programme.	15 - 16

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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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Agenda Item 4

ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

THURSDAY, 17 MAY 2018

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

Also in attendance: Councillor Ross McWilliams

Officers: Alison Alexander, Angela Morris and Teresa Salami-Oru

APOLOGIES

Apologies for absence were received from Councillors Lenton and Carroll, Mark Sanders (WAM), Hilary Hall and Lynne Lidster.

DECLARATIONS OF INTEREST

There were no declarations of interest received.

MINUTES

The minutes of the meeting held on 13 March 2018 were Unanimously Agreed as an accurate record.

TRANSFORMING URGENT CARE SERVICES

Rachel Wakefield, NHS, gave a presentation to the Panel. Rachel Wakefield gave the Panel a little background of the meaning of urgent care and the purpose of this work. It was explained that 'Urgent Care' is not really understood by people. The real meaning of 'Urgent Care' is that you need urgent attention but it was not life threatening on that day. The team wanted to try and understand what people needed and wanted and why they currently used the services they used. The team were in discussions with the Consultation Institute to understand processes and procedures.

The presentation highlighted types and locations of urgent care services for the future and different service models. Rachel Wakefield discussed all the points that the team wanted to understand, including why people choose a particular urgent care service, what people would do if they were told that an issue was not urgent, would the use of technology be supported and what was good about and what could be improved in the current service.

The team wanted to understand all the different groups, they required support from scrutiny, health and wellbeing boards and partners. There would be six public discussions between 31 May and 29 June and there would be provider meetings that would include GPs.

An issues paper was currently being drafted. This would be used as the basis for all communications. It would identify why things needed to change, engagement already taken, questions asked to the public and decisions that needed to be taken. There would be a virtual patient panel to check the language and comprehension.

Councillor Yong informed the Panel that the name of the unit was very important, the public were against the name 'urgent care', the name 'minor injury' was more preferred. Since this was not listened to, the public may not engage again. Due to the change, all experienced nurses left. Now anyone attending the urgent care department were sent to the A and E department of the hospital. Rachel Wakefield informed the Panel that a specific programme of

work was going to be carried out which was to avoid sending people to A & E and to try and treat the patient on site.

The technology for the future was discussed by the Panel. Rachel Wakefield informed the Panel that they would be looking for a system that would have all detailed information/history about a person so it could be all known before treating them on the spot. The 111 system was recommissioned last September in order to have phased pathways now where a patient could speak to a clinician who could book appointments with a range of services such as midwives, mental health, pharmacists and dental. Rachel Wakefield informed the Panel that from July 2018, there would be 111 Online and in the future there would be an opportunity to talk directly to a GP. Many different ways were being tested.

Councillor Diment raised three points, what was a virtual patient panel and was informed that this is when patients come forward who have knowledge on health and feedback on all information. The second point that Councillor Diment raised was that health services were not joined up causing confusion for all. There were some very sophisticated systems which were already being used and we could learn from. The final point raised by Councillor Diment was who would the team be engaging in discussions and how would they be engaged? Rachel Wakefield informed the Panel that the team had no preconceived ideas, they wanted to engage anyone and everyone. They would be publicising on their website, through the patient panel, through patient leads, charity groups and health groups. It was very important to try and reach all patients.

Rachel Wakefield was asked how was the uptake of the weekend appointment system at St Marks Hospital in Maidenhead. It was reported that the uptake was not very good and this was because not many residents knew about this system. However, further work was going to be carried out on signage to inform residents.

ACTION: Dates of consultations to be circulated to Panel

LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN REPORT

Councillor McWilliams informed the Panel that a full response had already been provided about what was done and what could have been done better.

The report had been presented at Planning and Housing Overview and Scrutiny Panel as it was predominantly about housing, it was not presented at Adult Services Overview and Scrutiny Panel as it did not qualify for adult social care.

Councillor Majeed raised the point that Mr X had suffered from mental and physical issues.

Councillor McWilliams informed the Panel that both he and Councillor Carroll were working very close together on these issues, along with Resilience that were doing great work within the Housing Team. It was crucial to provide wrap around service to get them back on their feet.

Councillor Majeed asked about why it had taken two years for the report and was informed that the first time the resident came to the service was 2015. The resident had received services but not the correct ones. The resident then complained in 2016 and 2017 and that was when the Ombudsman had picked this up. The borough had then apologised and improvements had been made to the service in order for it not to happen again.

All the recommendations had been accepted and were all in hand and ongoing.

Alison Alexander informed the Panel that all complaints went through a process. A quarterly report was submitted to Council and to Corporate Overview and Scrutiny Panel. Alison Alexander continued that out of 48 complaints received by the LGO about the Royal Borough, three were incomplete or invalid, twenty were referred back for local resolution and twelve were closed after initial enquiries. The remaining 13 resulted in detained investigation of which six were upheld and seven were not.

The Council was in the process of investigating a new housing system to ensure there was one database for recording of all decisions, with an estimated implementation date of the end of September 2018.

The Chairman thanked Councillor McWilliams and Alison Alexander for ensuring all processes were in place to avoid this situation arising again.

COMMISSIONING OF SEXUAL HEALTH SERVICES FROM MARCH 2019

Teresa Salami-Oru, Public Health Consultant, presented the report to the Panel. The report recommended that the Panel gave approval to the Managing Director, with the Lead Member Adult Social Care and Public Health, to commence procurement of a new sexual health services contract in partnership with Bracknell Forest Borough Council and Slough Borough Council and approve a temporary extension to the current contract, of up to three months, to accommodate any extended negotiations.

After a brief discussion, the Panel Unanimously Agreed the two recommendations.

OPTALIS END OF YEAR PERFORMANCE

Angela Morris, Director of Operations, gave a presentation on the End of Year Performance.

Councillor Yong informed the Panel that the Daily Living Event, that took place at Ascot Racecourse had always been well accepted, very successful and had easy parking was available.

The Panel discussed the following points:

- Councillor Diment commented that the presentation was very impressive. It would be a challenge in the coming year with an increase in growth of older people, however, Optalis were able to consistently apply the criteria that they believed in and maintaining carers by looking into different packages. Secondly, the difficulty after Brexit and the retention of staff. Angela Morris informed the Panel that an initial impact assessment had been carried out and currently no detrimental effects had been noted.
- The Chairman asked what steps were being taken to improve Homeside Close. Angela Morris informed the Panel that the registered manager at Allenby Road had been working with the Homeside Close registered manager over six months.
- The Chairman asked if any surveys or questionnaires had been carried out with residents to ask how people felt about the transfer to Optalis. Angela Morris informed the Panel that surveys had come back positive.

The Chairman thank Angela Morris for the presentation.

WORK PROGRAMME

The Chairman asked Panel Members to inform the clerk by email if they wanted items added to the Work Programme.

The meeting, which began at 7.00 pm, finished at 8.50 pm

CHAIRMAN.....

DATE.....

Agenda Item 6

Subject:	Ombudsman's decision in case 16 019 229. The case of Ms C
Reason for briefing note:	Adult Services and Health Overview and Scrutiny
Responsible officer(s):	Angela Morris, Director of Operations - Optalis
Senior leader sponsor:	Chair of Adult Services and Health Overview and Scrutiny
Date:	20 June 2018

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SUMMARY

- (1) On 27 November 2017, the Local Government & Social Care Ombudsman (LGO) issued a final report to the council, following an investigation into a complaint originating in March 2017, against the Royal Borough of Windsor & Maidenhead, reference 16 019 229.
- (2) Officers responded to the final decision and paid the sum of £500 to Ms C in January 2018. They issued a formal apology to Ms C in April 2018.

1 BACKGROUND

- 1.1 On 27 November 2017, the Local Government & Social Care Ombudsman (LGO) issued a final report to the council, following an investigation into a complaint originating in March 2017, against the Royal Borough of Windsor & Maidenhead, reference 16 019 229. It found that the council failed to properly assess what duties it had to Ms C and as a result the Council was required to make formal apology to Ms C and to pay her the sum of £500.
- 1.2 Officers responded to the final decision and paid the sum of £500 to Ms C in January 2018. They issued a formal apology to Ms C in April 2018.
- 1.3 Ms C was trafficked into the United Kingdom in 2010 as a sex worker and had become dependent on illicit drugs. She was later in a relationship, but suffered domestic abuse. She had a child in October 2015 which was taken into local authority care in Birmingham. In July 2016 she became homeless.
By this time Ms C was a regular user and was dependent on illicit drugs. To fund her drug habit she was known to engage in risky behaviours.
- 1.4 A safeguarding referral to the Borough was made by Ms C's advocate on the 5 August 2016 as they considered Ms C was at risk of sexual exploitation. As a result a supported assessment was undertaken by a worker in CMHT. The outcome of the assessment undertaken on 26 August 2016 determined Ms C did not meet two or more outcomes outlined in the Care Act. However, it was unclear whether this was due to physical/mental impairment or illness due to her circumstances. Due to concerns raised about Ms C's cognitive abilities a referral was made to Community Team for People with a Learning Disability (CTPLD) to have an assessment.

- 1.5 CTPLD were asked to assess if Ms C had a learning disability. However, an assessment could not be undertaken due to Ms C's continued drug and alcohol use. At the time Ms C was engaging with SMART (drug and alcohol services) two to five times a week and a worker from there supported Ms C during the assessment. At the time, the SMART team were supporting her to maintain her personal hygiene and to launder her clothes. Ms C was also supplied with snacks and meals during her visits to the offices. Ms C was also receiving emotional support and periods of housing support from the DASH charity.
- 1.6 The advice given at the time was that Under Section 115 of the Immigration and Asylum Act 1999 the law states that a person has 'no recourse to public funds' if they are subject to immigration control; public funds include welfare benefits and public housing. If someone from a country in the European Economic Area comes to the UK and wishes to claim benefits, they must satisfy certain conditions called the habitual residence test (HRT). To satisfy these conditions they must demonstrate they have a legal right to live in the UK (the right to reside) and intend to settle in the UK, Isle of Man, Channel Islands or Ireland and make it their home(habitual residence).
- 1.7 It was determined Ms C had no recourse to public funds and did not satisfy the habitual residence test.
- 1.8 People with no recourse to public funds are able to receive help from social services, but can only receive support if this is necessary to prevent a breach of their human rights. This is due to an exclusion that applies to some people depending on their nationality and immigration status. Ms C fell into this category. This meant that social services only had to provide housing and social support if there was a breach in Ms C's human rights. A human rights assessment was needed to establish whether help could be provided.
- 1.9 The Council decided in December 2016 they had no duty to house Ms C. At the time Ms C had the right to challenge the decision of the Council, but did not do so. Government guidance states that a council should determine homelessness applications in 33 working days however, because of the complexity of Ms C's case the application took longer.
- 1.10 The Council did however, house Ms C under its severe weather emergency protocols (SWEP) at the end of November 2016. She remained housed under the SWEP until she returned to her country of birth in May 2017.

2 KEY IMPLICATIONS

- 2.1 Ms C was supported by multiple agencies for a considerable period of time prior to her repatriation to the Czech Republic. The Salvation Army had housed her for a period of time, however, Ms C repeatedly breached the conditions of her residency and she was eventually asked to leave.
- 2.2 Adult Social Care carried out extensive searches to try to find supportive and therapeutic placements for Ms C. She was allocated a place at the Sisters of Southall, but failed to attend the appointment for assessment. Rahab was also contacted however, Ms C was reluctant to engage at the time.
- 2.3 A senior social worker from the Physical Disability and Older Persons Team tried repeatedly to contact Ms C in order to carry out a human rights assessment however, they were unable to make contact until January 2017. The arrangements for the meeting were achieved by the social worker arranging to be present at the chemist where Ms C picked up her prescription.

2.4 A Human Rights assessment was undertaken in January 2017. Ms C was supported by a worker from the DASH charity at the meeting. The outcome of the Human Rights assessments indicated there had been no infringements of Ms C's Human Rights under Article 3 or Article 8 of the Human Rights Act 1998. Throughout the meeting, Ms C expressed her desire to return home to the Czech Republic and this was considered the most suitable course of action.

3 RISKS

3.1 There is a reputational risk to the Royal Borough of Windsor & Maidenhead

4 NEXT STEPS

4.1 Lessons Learned

This was an unusual case. Few practitioners have experience in dealing with cases such as this. The law is not clear and practitioners needed to gain legal advice to support their decision making. On hindsight the case could have been treated as a safeguarding concern/enquiry from the outset which would have activated a controlled multi-agency response, instead of the numerous points that Mrs C presented extended the overall response. A multi-agency strategy meeting under Section 42 would have helped to put a safeguarding protection plan in place and a Human Rights Assessment would have been triggered earlier in the process.

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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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