

NOTICE
OF
MEETING

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

will meet on

WEDNESDAY, 18TH JULY, 2018

At 7.00 pm

in the

COUNCIL CHAMBER - 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 GERRY CLARK, CHARLES HOLLINGSWORTH, DR LILLY EVANS,
EILEEN QUICK, NICOLA PRYER AND JULIAN SHARPE

David Cook - Democratic Services Manager - Issued: Tuesday, 10 July 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>APOLOGIES</u> To receive any apologies for absence.	-
2.	<u>DECLARATIONS OF INTEREST</u> To receive any declarations of interest.	3 - 4
3.	<u>MINUTES</u> To approve the minutes of the meeting held on June 20 th 2018.	5 - 8
4.	<u>IMPROVING QUALITY IN CARE HOMES</u> To receive a presentation.	9 - 22
5.	<u>DELAYED TRANSFERS OF CARE FROM HOSPITAL</u> To consider the contents of the briefing note.	23 - 26
6.	<u>DASH CHARITY SAFEGUARDING RECOMMENDATIONS</u> To consider the recommendations made by DASH regarding Adult Safeguarding, in light of the LGO complaint regarding Ms C discussed at the previous meeting.	27 - 32
7.	<u>WORK PROGRAMME</u> To review the ongoing Work Programme.	33 - 34

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 3

ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 20 JUNE 2018

PRESENT: Councillors Mohammed Ilyas, Marion Mills and Asghar Majeed

Also in attendance: Councillor Stuart Carroll

Officers: Andy Carswell, Alison Alexander, Hilary Hall, Lynne Lidster and Angela Morris

ELECTION OF CHAIRMAN AND VICE CHAIRMAN

Cllr Ilyas nominated himself for the role of Chairman. This was seconded by Cllr Mills and agreed by Members. Cllr Ilyas was therefore elected Chairman.

Cllr Majeed nominated himself for the role of Vice Chairman. This proposal was not seconded. Cllr Ilyas nominated Cllr Diment for the role of Vice Chairman. This was seconded by Cllr Mills and agreed by Members. Cllr Diment was therefore elected Vice Chairman.

APOLOGIES

Apologies for absence were received from Cllrs Diment, Lenton and Yong.

DECLARATIONS OF INTEREST

There were no declarations of interest received.

MINUTES

The minutes of the meeting held on May 17th 2018 were agreed as an accurate record, subject to a minor amendment to state that Members had requested that they be informed of any future complaints that had been referred to the LGO.

ORDER OF BUSINESS

RESOLVED UNANIMOUSLY: That the order of business as detailed in the agenda be amended, so that item 6 be considered before item 5.

LGO REPORT

The Director of Operations – Optalis introduced the item, explaining that a complaint had been made against the Council to the LGO and outlined the background of the case and the circumstances of Ms C's situation. The Director of Operations – Optalis stated that in hindsight the Council's approach did fall below standards and a different approach would be taken should similar circumstances occur again.

Members were informed that it had been difficult to engage with Ms C for a number of reasons, including her not being at a set address and due to her drug and alcohol dependency. She attended a number of multi-agency meetings and had received emotional and housing support from the DASH charity. She was also in receipt of clothing and food vouchers from RBWM Customer Services. She was housed for a period by voluntary groups; however due to repeated breaches of her residency she was asked to leave her accommodation.

The Director of Operations – Optalis informed Members that social workers had found it difficult to engage with Ms C because of her background, chaotic lifestyle and her immigration status, and stated that this had been an unusual case for Social Services to deal with. However it was acknowledged that enquiries regarding Ms C's safeguarding should have been made from the outset of the case. It was also acknowledged that although the social worker had attended a number of multi-agency meetings regarding Ms C, there had been no clear strategy to co-ordinate them all. The Director of Operations – Optalis informed the Panel that a lessons learned process had been implemented to ensure that in future staff knew when to activate a safeguarding procedure and that recordings of meetings were carried out properly. It was noted that in some cases there were no formal recordings of the multi-agency meetings. The lessons learned process had also highlighted a need for the Council to better engage with groups in the voluntary sector who were better placed to help people who had issues with substance misuse.

Responding to a question from Cllr Majeed, The Director of Operations – Optalis stated that she did not know how Ms C had come to live in the Royal Borough and it was not known whether her child was still in local authority care in Birmingham, where she had been living previously. The Managing Director stated that it was her belief that it was likely the child would have been put up for adoption, and the local authority in Birmingham would have been unlikely to have looked to reunite the family. She added that the Council would try to bring families back together where possible, but that in this case that had not been sought by Ms C. Members were informed that there was no communication between the Council and local authority in Birmingham regarding Ms C.

Cllr Majeed noted that a safeguarding referral was made on August 5th 2016 but no assessment was carried out until August 26th. The Director of Operations – Optalis stated this was because it was difficult to engage with Ms C, and that on one occasion she had not been in the location she said she would be in. It was also not possible to make a formal diagnosis of whether Ms C suffered a physical or mental impairment due to her continued misuse of alcohol and drugs. The Director of Operations – Optalis stated that Ms C's case should have been taken on as a clear safeguarding issue much earlier in the process. This would have meant a Human Rights Assessment would have been made earlier; however Members were informed that carrying out such an assessment was rare and there wouldn't have been many members of staff that would have done one before.

Cllr Majeed stated that he had contacted the DASH charity regarding this case and had been told they held more than 400 case notes relating to Ms C, and that DASH had come up with a list of five recommendations for future cases. It was agreed that this list of recommendations would be circulated to the Panel, and would be discussed at the next meeting.

Members noted that it had been determined Ms C had no recourse to public funds. The Panel was informed that advice was for people in this situation to receive help from social services but not to receive additional support from the Council; however this did not prevent people from working with voluntary groups who would be able to provide assistance. The Cabinet Member for Adult Social Care and Public Health stated that frameworks restricted what the Council were able to do. He added that Council staff had the right attitude and wanted to help people

It was highlighted that Ms C had been housed under the Severe Weather Emergency Protocol for a prolonged period of time. The Director of Operations – Optalis stated that this reflected the seriousness of Ms C's case and how vulnerable she was, as she had been housed under the Protocol for longer than would usually be the case.

Members were informed that closer links with experts in the voluntary sector were being sought in order to provide better support for residents, and that this would help to improve the knowledge base of Council staff. It was noted that Ms C has allocated a place at the Sisters of Southall to find support. Members were told that some centres that provided the right support

for people with complex needs were sometimes out of the Borough, and that residents would be given assistance in the form of travel warrants to get them to a specialist centre.

The Cabinet Member for Adult Social Care and Public Health and Director of Operations – Optalis both left the meeting at 7.41pm.

ANNUAL PERFORMANCE REPORT 2017/18

The Deputy Director Strategy and Commissioning reminded Members that 25 performance indicators had been identified in order to help the Council measure achievement of its six strategic priorities. Of these, four related to Adult Services and all of them had been rated green as they had surpassed their targets for 2017-2018. In terms of projects, the report highlighted that the transfer of adult services into Optalis was one of the key milestones to have been met.

Cllr Mills suggested that a key should be provided for the performance indicators listed in the appendix. The Deputy Director Strategy and Commissioning said that this had already been actioned and a key would form part of the final report.

Regarding the two indicators that had been rated red as they had not met their targets, Members were informed that one related to the percentage of reviews that had been undertaken for children aged two to two and a half years. The Deputy Director Strategy and Commissioning informed Members that this indicator had fallen significantly below its target and an improvement programme had been implemented. The other indicator to have missed its target related to the percentage of phone calls to the Council answered within 60 seconds. There had been significant improvements on meeting this indicator since the first quarter of 2017-2018; however due to the poor performance in the first quarter it had not been possible for the indicator to achieve the annual target.

It was UNANIMOUSLY RESOLVED that Members noted the report and:

- i) Noted the progress towards meeting the council's strategic objectives.**
- ii) Endorsed the Annual Report 2017/18, appendix A, to be reviewed at a meeting of the Full Council.**
- iii) Requested the Managing Director and Executive Directors, in conjunction with Lead and Principal Members, to progress improvement actions for areas that were off target.**

WORK PROGRAMME

Cllr Majeed asked for an indication on when the presentation on A&E waiting times would be given. The Managing Director informed Members that she was meeting the new Chief Executive of the NHS Frimley Health Foundation Trust and would be asking him to attend the Panel along with his officers. Cllr Majeed said there had already been a request for data on waiting times to be circulated to Members. The Deputy Director Strategy and Commissioning confirmed that the data had been received and it was agreed that the clerk would distribute this to Members.

The Chairman reminded Members to contact the clerk if they had any additional items that they wanted to be considered at future meetings.

The meeting, which began at 7.00 pm, finished at 7.52 pm

CHAIRMAN.....

DATE.....

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Improving Quality in Care Homes

Vernon Nosal, Optalis

**Shirley Joseph, East Berkshire Clinical
Commissioning Group**

**Lynne Lidster, Royal Borough of Windsor and
Maidenhead**

Working together in partnership for residents in care homes

What are we aiming to achieve?

Residents living in care homes will have the best possible quality of life in a safe, caring and supportive environment.

How are we securing better outcomes for residents?

By focussing on the areas of need with targeted, evidence-based programmes and working together in partnership with:

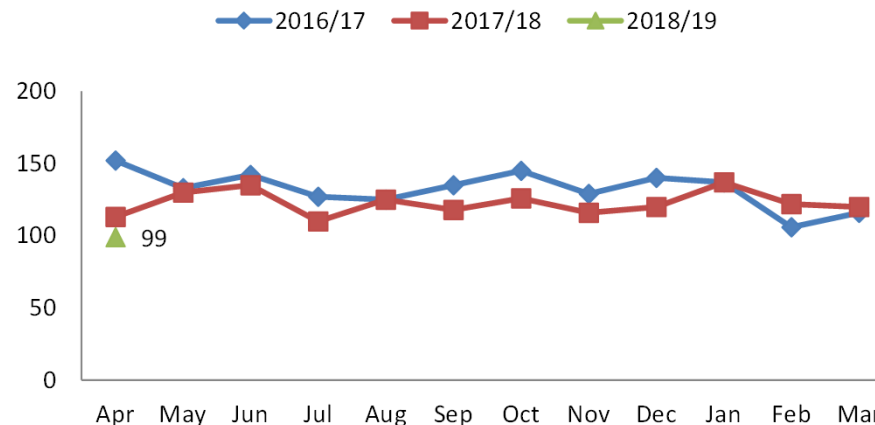
- Residents and families.
- Royal Borough and Optalis.
- Health and social care across East Berkshire.
- Health and social care across the Integrated Care System.

Working together in partnership for residents in care homes

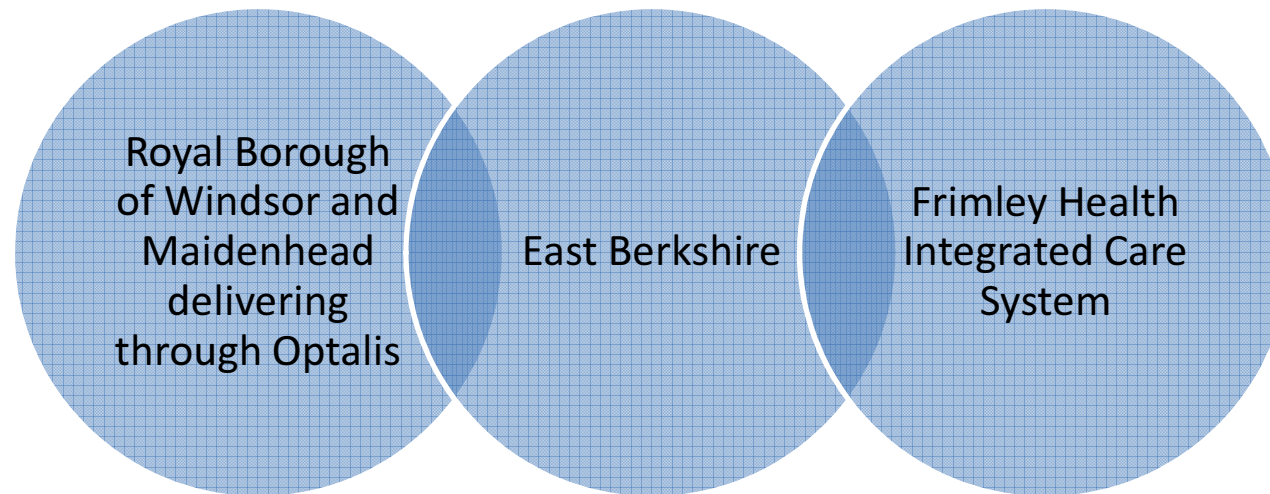
Some examples of the outcomes of partnership working:

- A reduction in non-elective (unplanned/emergency) admissions.
- Reduction in length of stay in hospital.

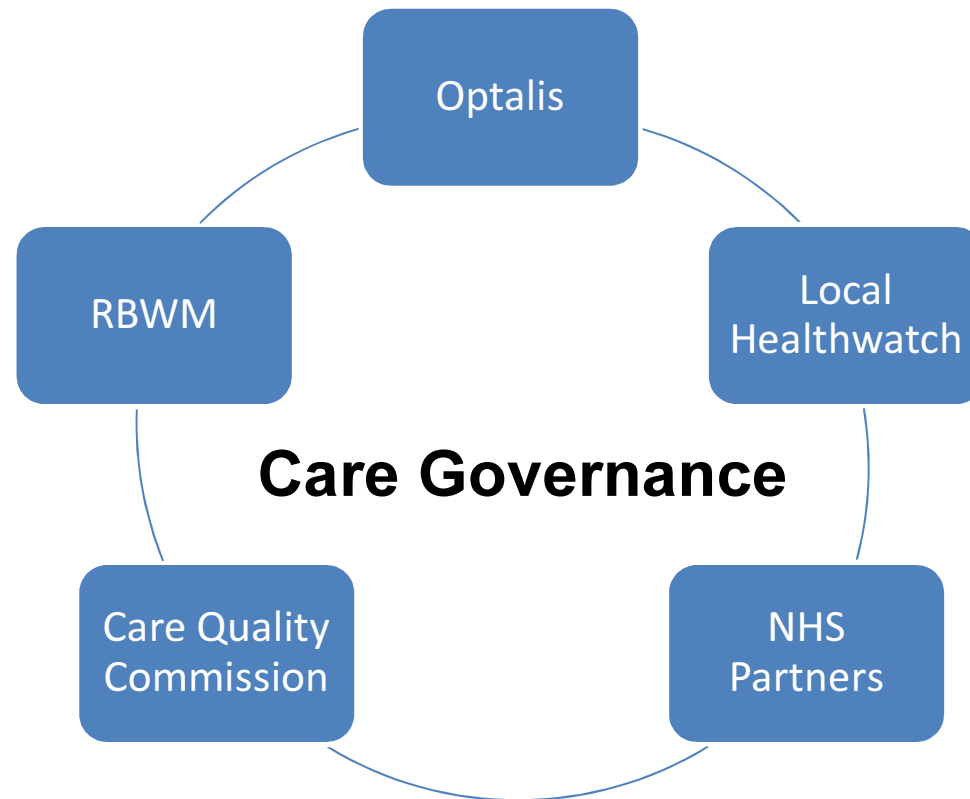
Non elective admissions



A partnership approach to securing better outcomes



Royal Borough of Windsor and Maidenhead delivering through Optalis



Royal Borough of Windsor and Maidenhead delivering through Optalis

Quality Assurance and Improvement:

- Collects intelligence/information about registered care providers in the borough, e.g. safeguarding alerts.
- Provides targeted support for providers that have been identified as needing improvements.



Partnership approach across East Berkshire

A partnership between:

- East Berkshire local authorities.
- East Berkshire Clinical Commissioning Group.
- Berkshire Healthcare Foundation Trust.
- South Central Ambulance Services.
- Local GP.

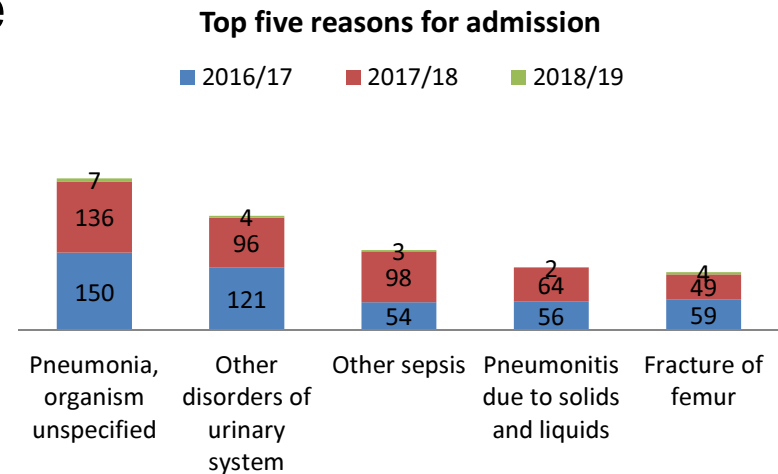
Quality Improvement delivered by a joint post funded by East Berkshire Better Care Funds.



Partnership approach across East Berkshire

How do we understand what is needed?

- Evidence – data e.g. non-elective admissions, falls.



How do we decide what to do?

- Evidence based practice e.g. Enhanced Health in Care Homes.
- Best practice, e.g. skin tear project.

Partnership approach across East Berkshire

Examples of improvement support across East Berkshire:

- Hydration and nutrition advice and guidance (award winning).
- Trusted assessor – helping people to return to their care home from hospital.
- NHS mail for care homes to allow patient level data from hospital to care home.
- Specific input to care homes to help resolve issues.



Partnership approach across Frimley Health Integrated Care System

A partnership between:

- Registered providers of care homes through care associations.
- Local authorities from across East Berkshire, Surrey and Hampshire.
- Clinical Commissioning Groups – East Berkshire, Surrey Heath and North East Farnham and Hampshire.
- NHS providers from hospital and the community.

Strength in partnership – joining together means we can engage the support and expertise of specialist practitioners.

Partnership approach across Frimley Health Integrated Care System

How do we understand what is needed?

- Benchmarking with all other areas in England against the Enhanced Health in Care Homes Framework.
- Listen to providers.

How do we decide what to do?

Evidence based practice e.g

- Red Bag Scheme.
- National Early Warning Score.
- Coaching and mentoring for care home staff.



Partnership approach across Frimley Health Integrated Care System

How will we measure success?

- Feedback from residents, staff and provider managers.
- Health data, e.g. non-elective admissions, falls, calls out/request for an ambulance.
- Length of stay in hospitals.
- Lost property.
- Care Quality Commission inspection results.
- Number of safeguarding incidents substantiated.



Questions?



For further information, please contact:

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Subject:	Delayed transfers of care from hospital
Reason for briefing note:	To inform the Overview and Scrutiny Panel on performance in relation to delayed transfer of care from hospital, and the new Government targets.
Responsible officer(s):	Lynne Lidster, Head of Commissioning – Adults and Children
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy and Commissioning
Date:	1 st July 2018

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SUMMARY

The purpose of this briefing note is to inform the Overview and Scrutiny Panel about:

- The targets set by Government relating to “delayed transfers of care” (DToC).
- The current performance achieved by the council and the local NHS.
- What actions the council has taken to support the NHS to reduce its delays.

This note is intended to provide information in order to enable a discussion.

1 BACKGROUND

- 1.1 A ‘delayed transfer of care’ occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.
- 1.2 Delayed transfers – also referred to as ‘DTOCs’ or sometimes, often in the media, described as ‘bed-blocking’ – can cause considerable distress and unnecessarily long stays in hospital for patients. They also affect waiting times for NHS care, as delayed transfers reduce the number of beds available for other patients.

2. KEY IMPLICATIONS

- 2.1 The timing of discharging patients from hospital is important. Delayed transfers of care are currently a significant concern to patients and staff in the health and care system. Longer stays in hospital are associated with increased risk of infection, low mood and reduced motivation, which can affect a patient’s health after they have been discharged and increase their chances of readmission to hospital. The *National audit of intermediate care* argues that, for older patients, a delay of more than two days negates the additional benefit of intermediate care, and seven days is associated with a ten per cent decline in muscle strength due to long periods of immobility in a hospital bed.
- 2.2 Reducing delayed transfers has been a key focus of recent national policies, such as the Better Care Fund which is a pooled budget to help councils and NHS organisations to plan and work together to deliver local services. In its 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017.

3. DETAILS

Targets

- 3.1 Targets are set by NHS England for each Health and Wellbeing Board area; they relate to the actual number of beds being occupied by a person who is delayed. All delays from hospitals are recorded as either attributable to the NHS, social care or joint delays. For example, if a person is assessed as being eligible for social care funding and needs a nursing home placement then if that person is delayed, it would be recorded as a social care delay.
- 3.2 Last year's target for the Royal Borough Health and Wellbeing area for the social care and the NHS combined was an average of no more than 15.3 delays per day; the actual performance was slightly higher at 15.7.
- 3.3 Targets set for 2018/19 for this area are significantly more challenging at 11.2 for health and social care combined, see table 1 for the breakdown.

Table 1: Breakdown of 2018-2019 targets

NHS	Average of no more than 7.8 per day
Social care	Average of no more than 3.0 per day
Joint	Average of no more than 0.4 per day
TOTAL	Average of no more than 11.2 per day

- 3.4 During 2017/18, the Royal Borough implemented a range of practical measures aimed at enabling people to be discharged from hospital in a timely manner. These included:
- Additional investment in a dedicated "IRIS" hospital discharge multi-agency team.
 - A seven day Short Term Support and Reablement service to support quick discharges.
 - Additional payments for provider staff committing to work guaranteed shift patterns over the winter period.
 - Investment, through the Better Care Fund, in a social work and brokerage team to support people who fund their own care.
- 3.5 As a result, social care performance improved significantly during the year with no locally recorded delays attributable to social care since November 2017 to date.

Performance

- 3.6 Last week, the national performance tables for 2017/18 regarding delays were published by the Local Government Association. As can be seen below, out of 152 local areas, the Royal Borough is the 17th best performer nationally whereas the local NHS are 104th, see table 2.

Table 2: Comparative performance 2017-2018

LA	Local authority delays	NHS delays	Combined local area performance
Slough	1/152	91/152	44/152
RBWM	17/152	104/152	64/152
Bracknell	130/152	93/152	139/152

- 3.7 The Royal Borough has requested a plan from CCG that explains the practical steps being taken to ensure people are discharged from hospital in a timely manner.

4. RISKS

- 4.1 As explained in paragraph 2.1, staying in hospital longer than is necessary is detrimental to people's health and wellbeing. Alongside this, there is a financial impact to the local system and a reputational risk to not meeting nationally set targets.

5. NEXT STEPS

- 5.1 Following a discussion at Overview and Scrutiny, the suggested next step is to invite the chair of the Clinical Commissioning Group to report NHS plans to reduce delays at the next meeting of the Health and Wellbeing Board in October 2018.

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Agenda Item 6

The DASH Charity made a series of recommendations in light of the case of Ms C, which was referred to the LGO and considered and discussed as an agenda item at the last Adult Services and Health Overview and Scrutiny Panel meeting. Their recommendations are as follows:

- For cases to be assessed by Adult Safeguarding and the referring agency to be updated within 24 hours (if there are concerns regarding trafficking/forced prostitution/exploitation/complex needs)
- Complex cases to remain open with Adult Safeguarding and for multi-agency working to ensure effective support of individual
- Regular professionals meetings throughout case, and clear ownership from lead agency
- Clients to be involved within safeguarding meetings and for their voice to be heard
- Financial support of clients if safe and suitable accommodation is found out of area (or country)
- The suitability of paying compensation directly to a client who had complex needs (e.g. substance misuse) without a full understanding if the client had completed rehab. Concerns regarding how the money may be spent due to vulnerabilities
- To inform all agencies if a review is being undertaken (as each agency may have valuable input).

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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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WORK PROGRAMME FOR ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

September 2018

REPORT	AUTHOR
Director of Public Health Annual Report	Hilary Hall
Annual Report on Commissioned Services	Hilary Hall
Recommissioning of Day Care/Service Provision	Hilary Hall
Annual Complaints Report	Claire Burns/Nikki Craig/Mike Llewellyn
Immunisation and Screening Report	Public Health England

November 2018

REPORT	AUTHOR
Long Term Funding For Adult Social Care	Hilary Hall/Angela Morris
Integrated Care System	Hilary Hall/Angela Morris
Recovery College – Annual Review	Susanna Yeoman
Joint Strategic Needs Assessment	Teresa Salami-Oru

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

REPORT	AUTHOR

ITEMS SUGGESTED BUT NOT YET PROGRAMMED

REPORT	AUTHOR
A&E Waiting Times	NHS Frimley Health Foundation Trust

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