

NOTICE  
OF  
MEETING

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

will meet on

**THURSDAY, 20TH SEPTEMBER, 2018**

**At 7.00 pm**

in the

**MAY ROOM - 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

Karen Shepherd – Service Lead - Democratic Services - Issued: Wednesday, 12 September 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](http://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 part I minutes of the meeting held on July 18 <sup>th</sup> 2018.	5 - 8
4.	<u>DAY SUPPORT FOR OLDER PEOPLE IN THE BOROUGH</u> To receive the above presentation.	9 - 16
5.	<u>QUARTER 1 PERFORMANCE REPORT</u> To consider the contents of the report.	17 - 30
6.	<u>WORK PROGRAMME</u> To review the ongoing Work Programme.	31 - 32

## 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, 18 JULY 2018

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

Also in attendance: Mark Sanders (Healthwatch), Shirley Joseph, Rachel Wakefield, Fiona Slevin-Brown (East Berkshire Clinical Commissioning Group) and Vernon Nosal (Optalis)

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

### APOLOGIES

Apologies for absence were received from Cllrs Majeed and Carroll.

### DECLARATIONS OF INTEREST

There were no declarations of interest received.

### MINUTES

**RESOLVED UNANIMOUSLY: That the minutes of the meeting held on June 20<sup>th</sup> 2018 be agreed as an accurate record.**

### IMPROVING QUALITY IN CARE HOMES

The Head of Commissioning – Adults and Children informed Members that there were 24 care homes within the Royal Borough, accounting for 1,217 beds; of these, more than 900 were in homes that had nursing provision capable of providing for patients with complex needs. Two more homes, in Windsor and Ascot, were in the process of being built and this would create an additional 150 beds. There was a clear focus on ensuring residents of the Royal Borough had the best quality of care in a safe and caring environment.

Members were told that amongst residents of care homes in the Royal Borough there had been improvements in the length of time for them to become medically fit following a stay in hospital, and there had been a small but significant reduction of seven per cent in the number of non-elective admissions to hospital in 2017-18 compared to 2016-17.

The Head of Commissioning – Adults and Children informed the Panel that staff from the Royal Borough and Optalis had been working through health and social care partnerships across a wider area into Bracknell Forest and Slough, which had the benefit of providing them with greater shared knowledge and expertise. These partnerships included working with Healthwatch and the Care Quality Commission, in addition to NHS partners across Berkshire. Members were informed that these partnerships enabled information about registered care providers in the Royal Borough to be collected, and for targeted support to be given to those providers and managers who had been identified as requiring improvement. Examples of the information to be collected might be a safeguarding issue, or a specific issue relating to a certain practice. It had been proposed to introduce a questionnaire amongst care home residents to ask about satisfaction levels of where they resided and the quality of care they received, in order to identify any issues more quickly.

Members were told that the majority of the Quality Improvement projects were funded by the East Berkshire Better Care Funds and the Frimley Health Integrated Care System. The

partnership approach had highlighted data regarding the main reasons for non-elective admissions to hospital, which had led to evidence-based practices being implemented. These included a hydration and nutrition programme, which has won awards, and the implementation of a trusted assessor scheme, where an assessor would be assigned to a patient while they were in hospital and would liaise with their care home manager. Members were told that this, combined with the introduction of a 'Red Bag' scheme to highlight that a hospital patient was a care home resident, had led to a reduction in the number of instances of patient lost property being reported.

Members were told that a new NHS email service was being introduced, which would allow care homes to receive emails with patient details directly from hospitals, and also part of the patient's NHS records. Additional coaching and mentoring for care home staff, and the implementation of the National Early Warning Score, had also been introduced and highlighted as examples of good practice. Members were informed that the inaugural Care Home Forum had recently been held, and the feedback from this had been positive.

The Vice Chairman thanked officers for the comprehensive update, and asked if there was a waiting list for entry into care homes in the Royal Borough. The Head of Commissioning – Adults and Children said there were vacancies at several care homes.

The Vice Chairman asked for more information on the new NHS email server. Shirley Joseph said it was a secure address used across the primary and secondary care sector to allow patient data to be transferred, or for requests to be followed up. Work to improve the system was ongoing.

Cllr Yong stated that a care home in the Royal Borough had a new system that enabled a resident's family to log in to check on that patient's records, including information on their activities and what they had had to eat and drink. Cllr Yong said she hoped this system could be rolled out across other care homes in the Royal Borough. Cllr Yong stated her belief that there needed to be improvements in liaising between care homes and the Urgent Care Centre. She stated that too many elderly patients were being told to attend hospital Accident and Emergency instead of the Urgent Care Centre and having to endure long waits as a result, which was distressing to the patients. Shirley Joseph told the Panel that a project was being trialled by the ambulance service, where staff specially trained to deal with falls were given a mobile device to assess patients; however the outcome of the trial had not yet been evaluated. Cllr Yong requested that care home staff should receive more information on Urgent Care.

Responding to a comment from Cllr Yong, The Head of Commissioning – Adults and Children stated that care home staff had requested specific training end-of-life training, to increase their confidence when speaking to residents and their families. NHS funding for this had been approved. Rachel Wakefield informed Members that there was an increased focus on palliative care, in order for patients with specific needs to be directed to the correct specialist staff. The priority was for residents to stay in their normal place of residence for as long as possible, rather than having to go to hospital. Members were informed that there was not necessarily an obligation for care home residents to have to attend hospital, depending on the type of injury they had sustained.

The Chairman asked how regularly care homes were inspected by the Care Quality Commission. The Head of Commissioning – Adults and Children stated that inspection frequency depended on their current rating. A home with an outstanding rating would be inspected less regularly, but there would be a requirement for managers to liaise with the CQC on their progress. In all instances of a care home changing management, an inspection would be carried out within 3-4 months. Concerns about care homes could also be raised by residents' families, practice or district nurses, and via safeguarding referrals. Vernon Nosal stated that all care home ratings were available online; however he stated that a home rated as inadequate in an inspection made several months could have made vast improvements, but the public would not necessarily be aware of this if a new inspection had not taken place in

the interim. Residents could still be placed into a care home with a poor rating. Mark Sanders informed the Panel that a Healthwatch review of a care home would take into account the opinions of residents and their families, as this could often give a different view compared to that given by a formal inspection. The Chairman asked if concerns had been raised about the standard of any care homes in the Royal Borough. Vernon Nosal stated there were three that were subject to discussions at Care Governance meetings on a regular basis; of these, one was coming out of Care Standards Framework, and the other two were having care plans implemented.

Responding to a question from Cllr Mills, Vernon Nosal said it was hoped regular meetings could be set up through the Berkshire Care Association in order to share examples of best practice. In response to a further question from Cllr Mills, it was confirmed that care home staff would receive training so that standards across all homes in the Royal Borough were sustainable and consistent.

### DELAYED TRANSFERS OF CARE FROM HOSPITAL

The Head of Commissioning – Adults and Children introduced the item and explained that delayed transfers of care happened when it was not possible to discharge from hospital someone who was medically fit to do so. This practice was commonly referred to as ‘bed blocking’ in the media, and affected waiting times for other patients waiting to access NHS services. Members were told that it was important for patients to be discharged from hospital at the right time, as unnecessarily long stays resulted in lower morale and motivation, along with the increased risk of infection. Being discharged at the appropriate time also reduced the chances of patients needing to be readmitted to hospital.

The Head of Commissioning – Adults and Children informed Members that reducing delayed transfers was a key focus for all local authorities, and the Department of Health had set the target of no more than 3.5 per cent of hospital beds nationally to be occupied by a patient who was subject to a delayed transfer. The Royal Borough’s individual Health and Wellbeing Board had been set the target of no more than 15.3 delays per day on average; this had just been missed, as the average for last year was 15.7 days. For the current year this target had been reduced to 11.2 delays per day. The Head of Commissioning – Adults and Children informed Members that each delay would be ‘coded’ against the body responsible for the delay. For example if a person who was eligible for Local Authority funding was not able, for whatever reason, to be placed in a care home, the delay would be coded as a Local Authority delay; if the person was not eligible for Local Authority funding, then it would be coded as an NHS delay.

Rachel Wakefield informed Members that a number of schemes and projects had been implemented to reduce delayed transfers. These included greater collaborative working with community hospitals, hospices and local authorities, and the introduction of a weekly ‘transfer list’ so individual patients’ needs could be continually assessed. Some delays were caused by a lack of available transport; this had been partially remedied in the winter by an investment in private transport for patients. It had been noted that a need for additional specialist equipment was a regular cause of a delayed transfer. Members were informed that over the last year there had been two exceptional cases where it had been difficult to assess the appropriate location for the patient, which had resulted in two patients taking a bed for a combined 400 days between them. Vernon Nosal informed Members that there was a dedicated hospital social work team that was capable of carrying out patient assessments in the community, thereby reducing the need for patients to visit hospital.

Mark Sanders stated that Healthwatch were aware of three separate incidents where carers had been to visit a patient, only to find they had been discharged and were waiting to be picked up. Rachel Wakefield stated that this had been a communication issue, and that during busy periods some staff had not had the opportunity to collect the carer’s contact details.

The Chairman and Cllrs Mills and Yong all stated they had personal experience of someone they knew suffering a delayed transfer, due to a delay in receiving the correct medication or antibiotics. Rachel Wakefield informed the Panel that staff at Wexham Park had been receiving additional training in order to speed up this process.

The contents of the briefing note was noted by Members.

### DASH CHARITY SAFEGUARDING RECOMMENDATIONS

The Director of Operations – Optalis informed Members that the Council was confident that it could adopt the recommendations made by DASH, and that an action plan was in the process of being drawn up. It was agreed to defer the item to the next meeting, when the action plan could be discussed by Members.

### WORK PROGRAMME

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

Mark Sanders informed Members that the Healthwatch Annual Report was now available, and stated that Councillors should have received email notification of this. Reports on Learning Disability Week and the national MENCAP scheme relating to hospital care were both due to be published imminently.

The Deputy Director Strategy and Commissioning informed Members that it was hoped that the new Chief Executive of the Frimley Health Trust would be available to give a presentation at the next Panel meeting.

The meeting, which began at 7.00 pm, finished at 8.23 pm

CHAIRMAN.....

DATE.....



# Day Support for Older People

6

**Overview and Scrutiny Committee  
September 2018  
Lynne Lidster  
Head of Commissioning, RBWM**

# Context

## RBWM

- Population of 149,747 residents (June 2017)
- 18% are aged 65+ years, on a growth trajectory
- ⇒ • 2% aged 80+ years
- 1,654 older people in the borough are supported by Adult Social Care



# Provision of services

Provision of day activities for residents are designed to meet different levels of need:

- **Mild frailty** – good level of independence but likely to need help with logistics (transport) or signposting to relevant activities. People with low level needs can generally be supported in the community e.g. voluntary groups and community activities.
- **Moderate frailty** – likely to need some support to access services, but do not required personal care.
- **High frailty** – needs support including help with personal care.



# Commissioning arrangements

The Royal Borough has a wide range of day services for residents:

- Two day centres are fully funded by the council and provided by Optalis - Boyn Grove and Windsor Day Centre.
- Five day centres are grant-funded by RBWM - Spencer Denney Day Centre (Age Concern Windsor), Old Windsor Day Centre (Age Concern Slough and Berkshire East), Ascot Day Centre, Elizabeth House, King George VI Day Centre (WOPWA).
- Many lunch clubs and specific interests/needs group operate across the borough without Council funding e.g. Cox Green Community Centre; Jolly Codgers lunch club, Darby and Joan Club, Alzheimers Society, Men's Matters.



# High level of frailty

13

Name	Windsor Day Centre	Boyn Grove Day Centre
Delivered by	Optalis	Optalis
Funding	Council funded	Council funded
Capacity	12-15 per day	15 per day
Attendance	Between 10-13	Between 10-14
% capacity	85%	85%+
Days per week	4 days per week	5 days a week
Costs to attendees	£58 per day £10 for transport (return)	£60.20 per day, £10 for transport (return)



# Moderate level of frailty

14

Name	Spencer Denney	Old Windsor Day Centre	King George VI day centre
Delivered by	Windsor Age Concern	Age Concern Slough and Berkshire East	Windsor Old People's Welfare Association
Funded	Grant	Grant	Grant
Capacity	10-15 per day	16 per day	30 per day
Attendance	8 – 10 per day	7 – 8 per day	13-17 per day
% capacity	73%	50%	50%
Days per week	4 days per week	3 days per week	4 days per week
Costs to attendees	£20 per day £10 for transport (return)	Pre booked with transport £52 Ad hoc with transport £60	£8 for lunch £1.50 each way for transport £20 annual fee



**Rachel Harvey**  
**Age Concern Windsor**

**Helen Woodland**  
**Optalis**



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Report Title:	<b>Q1 2018/19 Performance Report</b>
Contains Confidential or Exempt Information?	NO - Part I
Member reporting:	Councillor M Airey, Deputy Lead Member for Performance Management
Meeting and Date:	Adult Services and Health Overview and Scrutiny Panel, 20 September 2018
Responsible Officer(s):	Angela Morris, Deputy Director of Adult Services and Hilary Hall, Deputy Director Strategy and Commissioning
Wards affected:	All

www.rbwm.gov.uk



## REPORT SUMMARY

1. The summary of the Quarter 1 2018/19 performance of the council's performance management framework (PMF) shows five of the ten measures reported to the Adults Services and Health Overview and Scrutiny Panel have met or exceeded their target (one a quarter in arrears), four measures are just short of target (within tolerance) and one measure is off target, see table 1 and Appendix A
2. A summary of the 2017/18 year end performance is outlined in table 2 and Appendix B. Of the 11 measures reported to the Panel in 2017/18, seven met or exceeded their target, two were just short of target (within tolerance) and two were off target.

## 1. DETAILS OF RECOMMENDATION(S)

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

- i) **Endorses the 2018/19 Performance Management Framework, outlined in paragraph 2.5 and appendix A.**
- ii) **Requests relevant Lead Members and Heads of Service focus effort to improve performance in areas of current underperformance.**

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

- 2.1 In November 2017 Cabinet approved the council's Performance Management Framework (PMF) of 25 key measures aligned to its refreshed Council Plan with six strategic priorities over the plan period 2017-21:
  - Healthy, skilled and independent residents
  - Safe and vibrant communities.
  - Growing economy, affordable housing.
  - Attractive and well-connected borough.
  - Well-managed resources delivering value for money.
  - An excellent customer experience.

- 2.2 Cabinet also recommended quarterly performance reporting of additional measures to the appropriate Overview and Scrutiny Panel. This report summarises the quarterly and year end performance of those measures for 2017/18 and the Quarter 1 Performance for 2018/19.

**Quarter 1 performance 2018/19**

- 2.3 In 2018/19, ten measures will be reported to the Adult Services and Health Overview and Scrutiny Panel; five of these have met or exceeded the target in the first quarter, see table 1 and appendix A. Four measures are just short of the target (within tolerance) and one measure is off target.

**Table 1 Q1 Performance 2018/19**

Measure	Red	Amber	Green
1.1.2 Percentage of persons offered a NHS health-check from the target cohort (40-74yrs)			1 (Quarter in arrears)
1.1.4 Percentage of successful treatment completions (alcohol)			1
1.1.5 Percentage of successful treatment completions (opiates)		1	
1.1.6 Percentage of successful treatment completions (non-opiates)		1	
1.4.1 Number of permanent admissions to care for those aged 65+yrs			1
1.4.2 Rate of delayed transfers of care, per 100,000 population, which are attributable to Adult Social Care			1
1.4.3 Percentage of rehabilitation clients still at home 91 days after discharge from hospital	1		
1.5.1 Percentage of current carers assessed or reviewed in the last 12mths		1	
1.5.3 Number of carers supported by dedicated services directly commissioned by RBWM		1	
2.1.4 Percentage of adult safeguarding service users reporting satisfaction			1
<b>Total</b>	<b>1</b>	<b>4</b>	<b>5</b>

- 2.4 Detailed performance for all measures is in appendix A including commentary for measure 1.4.3 which is currently off target (out of tolerance). Further work is being done on data for this measure, as the cohort of patients in some cases includes those who are palliative and therefore unlikely to be at home after 91 days. For measures 1.1.5 and 1.1.6 which are amber, the number of service users is small which can impact the percentages significantly. For example, it would only require an increase of five people in each of the categories to complete treatment successfully, for the council to be in the Top Performing Quartile nationally.
- 2.5 In 2018/19 a new measure has been introduced (1.5.3) to replace measure (1.5.2) see table 2 and appendix B to better reflect the wider range of support

services offered to carers. Measure 1.1.3 Number of successful smoking quit attempts will not be reported in 2018/19 because this is not measured through the contract. Additionally, some targets have been revised for 18/19 to reflect business intelligence about the council's performance and to bring in line the council's targets in its performance framework with those in the council's contracts. This ensures a robust approach to continued performance improvement, see appendix A.

### 2017/18 performance

- 2.6 In 2017/18 of the 11 performance measures; seven met or exceeded their target, two were just short of target (within tolerance) and two were off target, see table 2 and appendix B.

**Table 2 Year End Performance 2017/18**

Measure	Red	Amber	Green
1.1.2 Percentage of persons offered a NHS health-check from the target cohort (40-74yrs)			1
1.1.3 Number of successful smoking quit attempts			1
1.1.4 Percentage of successful treatment completions (alcohol)			1
1.1.5 Percentage of successful treatment completions (opiates)		1	
1.1.6 Percentage of successful treatment completions (non-opiates)			1
1.4.1 Number of permanent admissions to care for those aged 65+yrs			1
1.4.2 Rate of delayed transfers of care, per 100,000 population, which are attributable to Adult Social Care			1
1.4.3 Percentage of rehabilitation clients still at home 91 days after discharge from hospital		1	
1.5.1 Percentage of current carers assessed or reviewed in the last 12mths	1		
1.5.2 Number of carers supported through social prescribing	1		
2.1.4 Percentage of adult safeguarding service users reporting satisfaction			1
<b>Total</b>	<b>2</b>	<b>2</b>	<b>7</b>

- 2.7 Performance for all measures, including commentary for those off target, is detailed in appendix B.

### Options

**Table 3: Options arising from this report**

Option	Comments
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Option	Comments
Endorse the evolution of the performance management framework focused on embedding a performance culture within the council and measuring delivery of the council's six strategic priorities. <b>Recommended option</b>	Evolving the performance management framework as part of the council's focus on continuous performance improvement provides residents and the council with more timely, accurate and relevant information.
Failure to use performance information to understand the council and evolve services and reporting. <b>Not the recommended option.</b>	Without using the information available to the council to better understand its activity, it is not possible to make informed decisions and is more difficult to seek continuous improvement and understand delivery against the council's strategic priorities.

### 3. KEY IMPLICATIONS

3.1 The key implications of the report are set out in table 4.

**Table 4: Key Implications**

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
The council is on target to deliver all six strategic priorities.	<100% of priorities on target.	100% of priorities on target.			31 March 2019

### 4. FINANCIAL DETAILS / VALUE FOR MONEY

4.1 No financial implications.

### 5. LEGAL IMPLICATIONS

5.1 No legal implications.

### 6. RISK MANAGEMENT

6.1 The risks and their control are set out in table 5.

**Table 5: Impact of risk and mitigation**

Risks	Uncontrolled risk	Controls	Controlled risk
Poor performance management processes in place causing a	HIGH	Robust performance management within services to embed a performance management	LOW

<b>Risks</b>	<b>Uncontrolled risk</b>	<b>Controls</b>	<b>Controlled risk</b>
lack of progress towards achieving the council's strategic aims and objectives.		culture and effective and timely reporting.	

## **7. POTENTIAL IMPACTS**

- 7.1 There are no Equality Impact Assessments or Privacy Impact Assessments required for this report.

## **8. CONSULTATION**

- 8.1 Comments from the Adult Services and Health Overview and Scrutiny Panel will be reported to Lead Members and Heads of Service.

## **9. TIMETABLE FOR IMPLEMENTATION**

The full implementation stages are set out in table 6.

**Table 6: Implementation timetable**

<b>Date</b>	<b>Details</b>
Ongoing	Comments from the Panel will be reviewed by Lead Members and Heads of Service.
22 November 2018	Q1 and Q2 Performance report to Cabinet and available for Overview and Scrutiny Panels at relevant meetings.

## **10. APPENDICES**

- 10.1 This report is supported by two appendices:
- Appendix A: Adult Services and Health Performance Report Q1 2018/19
  - Appendix B: Adult Services and Health Performance Report 2017/18

## **11. BACKGROUND DOCUMENTS**

- 11.1 This report is supported by one background document:
- Council Plan 2017-21:  
[https://www3.rbwm.gov.uk/downloads/file/3320/2017-2021\\_-\\_council\\_plan](https://www3.rbwm.gov.uk/downloads/file/3320/2017-2021_-_council_plan)

## **12. CONSULTATION (MANDATORY)**

<b>Name of consultee</b>	<b>Post held</b>	<b>Date sent</b>	<b>Date returned</b>
Cllr M Airey	Deputy Lead Member for Performance Management	12/9/18	12/9/18
Alison Alexander	Managing Director		

<b>Name of consultee</b>	<b>Post held</b>	<b>Date sent</b>	<b>Date returned</b>
Rob Stubbs	Section 151 Officer		
Elaine Browne	Head of Law and Governance		
Nikki Craig	Head of HR and Corporate Projects		
Louisa Dean	Communications		
Russell O'Keefe	Executive Director		
Andy Jeffs	Executive Director		
Kevin McDaniel	Director of Children's Services		
Hilary Hall	Deputy Director of Commissioning and Strategy	10/9/18	10/09/18
Angela Morris	Deputy Director of Adult Services	10/9/18	

## **REPORT HISTORY**

<b>Decision type:</b> Non-key decision	<b>Urgency item?</b> No	<b>To Follow item?</b> No
Report Author: Anna Robinson, Strategy & Performance Manager		

**Adults Services and Health Overview and Scrutiny Panel 2018/19: Q1**


Council Priority	Ref.	Measure	Q1 YTD	Q1 Actual YTD	Q1 Target YTD	YTD Status	Lead Member
Healthy, skilled and independent residents	1.1.2	Percentage of persons offered a NHS health-check from the target cohort (40-74yrs)	?	?	65.0	?	Cllr Carroll

**Q1 Commentary**

Data for this measure is only available from NHS Digital a quarter in arrears. Performance for Q4 2017/18 (see appendix B) shows significant over performance for the year. This was the result of targeted social media campaigns to the target cohort.


**Target**

The target for 2018/19 has been increased to 65% (up from 50% in 2017/18 which was consistently exceeded).

Healthy, skilled and independent residents	1.1.4	Percentage of successful treatment completions (alcohol)		38.0	38.0	★	Cllr Carroll
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**Target**

The target for this measure is the same as that in the contract with the council's service provider and is therefore unchanged from 2017/18.

Healthy, skilled and independent residents	1.1.5	Percentage of successful treatment completions (opiates)		6.3	10.0	●	Cllr Carroll
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**Q1 Commentary**

There has been a decreasing trend nationally in successful completions and Resilience, the council's drug and alcohol service, has carried out a detailed audit of the cohort, to identify service users who would benefit from additional psychosocial support, and others who require tighter to control to engage in treatment. Action plans are put in place for all clients by key workers and are monitored through individual monthly supervision, and shared with the Clinical Lead from Claremont Surgery to manage risk.

It is expected that opiate successful discharges will increase over the next quarter as reduction plans and care plans for those subject of the audit are implemented and maintained.

Counselling interventions are being offered to those identified as likely to benefit from additional support to maintain abstinence.

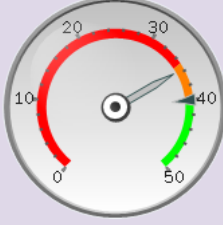
Representations remain in the top quartile with no representations within the opiate cohort over the last six months.

Claremont Surgery now uses the same IT system as Cranstoun which will enable both services to take a shared approach to client care and treatment, increasing efficiency and effectiveness of service delivery.

In 2017/18 there was one successful opiate completion per month (13 in total) and none of these re-presented within the six month timeframe. This demonstrates that although discharge numbers tend to be low, they are appropriate and have supporting aftercare plans in place.

**Target**

The target for this measure is the same as that in the contract with the council's service provider and is therefore unchanged from 2017/18.

Healthy, skilled and independent residents	1.1.6	Percentage of successful treatment completions (non-opiates)		35.7	40.0	●	Cllr Carroll
--------------------------------------------	-------	--------------------------------------------------------------	-------------------------------------------------------------------------------------	------	------	---	--------------

**Q1 Commentary**


Performance for the non-opiate cohort has also fallen below national average. The client numbers referred to Resilience, the council's drug and alcohol service, has reduced and successful discharges have become more challenging.

Representations remain above national average at zero, demonstrating that the successful closures over the last six months have been appropriate and timely. In order to increase referrals, Resilience has been identifying possible new referral sources, including enabling local service user groups to meet in the building eg Cocaine Anonymous.

**Target**

The target for this measure is the same as that in the contract with the council's service provider and is therefore unchanged from 2017/18.

**Adults Services and Health Overview and Scrutiny Panel 2018/19: Q1**

Council Priority	Ref.	Measure	Q1 YTD	Q1 Actual YTD	Q1 Target YTD	YTD Status	Lead Member
Healthy, skilled and independent residents	1.4.1	Number of permanent admissions to care for those aged 65+yrs		30	52	★	CLlr Carroll


**Target**

The target for this measure is the same as that in the contract with Optalis and is unchanged from 2017/18.

Healthy, skilled and independent residents	1.4.2	Rate of delayed transfers of care, per 100,000 population, which are attributable to Adult Social Care		0.0	1.5	★	CLlr Carroll
--------------------------------------------	-------	--------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	-----	-----	---	--------------

**Target**

The target for this measure is the same as that in the contract with Optalis and is therefore unchanged from 2017/18.


Healthy, skilled and independent residents	1.4.3	Percentage of rehabilitation clients still at home 91 days after discharge from hospital		74.8	87.5	▲	CLlr Carroll
--------------------------------------------	-------	------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------	------	------	---	--------------

**Q1 Commentary**

The reablement service are keen to take on discharge from hospital an array of patients with a variety of needs in order to enable people to come home from hospital, some are palliative and some with dementia, who are therefore unlikely to still be at home 91 days after discharge. This is true of data nationally. Some work is being done to look more carefully at the data to get this level of granularity. Although performance for Q1 was off target, data for July saw an improvement.

**Target**

The target for this measure is the same as that in the contract with Optalis and is therefore unchanged from 2017/18.

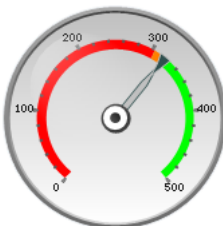
Healthy, skilled and independent residents	1.5.1	Percentage of current carers assessed or reviewed in the last 12mths		59.6	60.0	●	CLlr Carroll
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**Q1 Commentary**

Though this measure is just short of target for Q1, performance has improved significantly since the same period last year (16.7% in Q1 17/18). In May the performance was on target. There have been two resignations from the team which has impacted on performance slightly, one post has already been filled and the other is being actively recruited to and it is expected when the team is back to full capacity that performance will continue to improve and stabilise.

**Target**

The target for this measure has been amended to 60% from 96% in 2017/18 but is in line with the Optalis contract target.

Healthy, skilled and independent residents	1.5.3	Number of carers supported by dedicated services directly commissioned by RBWM		318	320	●	CLlr Carroll
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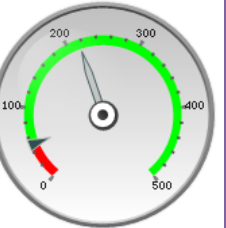


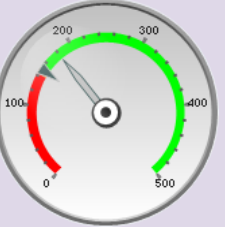
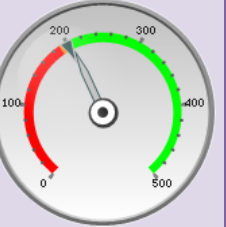
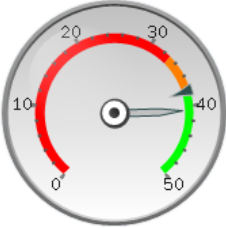
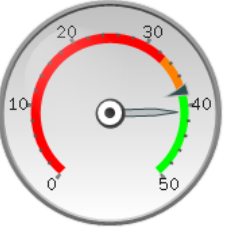
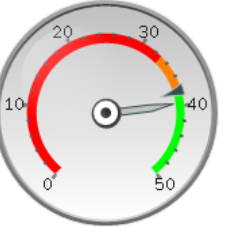
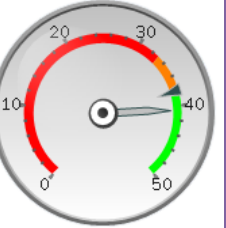


**Adults Services and Health Overview and Scrutiny Panel 2018/19: Q1**

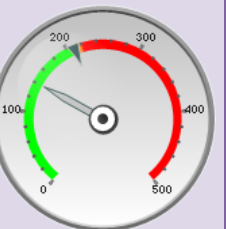
Council Priority	Ref.	Measure	Q1 YTD	Q1 Actual YTD	Q1 Target YTD	YTD Status	Lead Member
<b>Target</b> This is a new measure for 2018/19 to reflect that in addition to social prescribing (the focus of measure 1.5.2 in 2017/18) the council supports carers through a range of dedicated services.							
Safe and vibrant communities	2.1.4	Percentage of adult safeguarding service users reporting satisfaction		86.8	80.0	★	CLlr Carroll
<b>Target</b> The target for this measure is the same as that in the contract with Optalis and is unchanged from 2017/18.							

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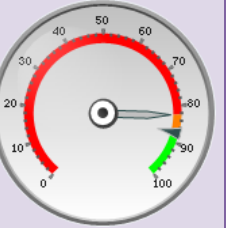



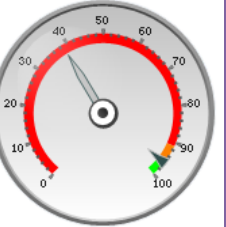
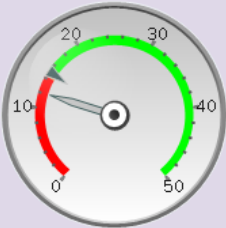

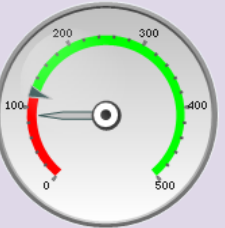
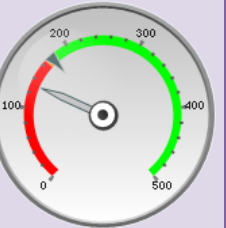
Adults Services & Health Overview and Scrutiny Panel 2017/18: All Quarters YTD

Council Strategic Priority	Ref.	Measure	Q1 YTD	Q2 YTD	Q3 YTD	Q4 YTD	Actual YTD	Target YTD	YTD Status
Healthy, skilled and independent residents	1.1.2	Percentage of persons offered a NHS health-check from the target cohort (40-74yrs)					216.5	50.0	★
<p><b>Q4 Commentary</b>                      Across Q1-Q3 the offer of health-checks was principally led by local GP surgeries, including invitations to individuals within the target cohort (40-74yrs) sent to home addresses. In anticipation of Q4 - and most particularly the typical renewed focus on health and wellbeing as part of new year resolutions - the Public Health Team drew on lessons learnt from other local authorities and promoted the availability of health-checks through a range of media, including "Around the Royal Borough" (distribution to 57,000 homes) and the RBWM Library's Newsletter (2,000 emails). A social media campaign through Facebook targeted at the relevant age-cohort reached 6,676 users and so this figure (6,676) has been added to the confirmed GP surgery figure of 6,709 offers in Q4 to arrive at a total of 14,285 offers in Q4.</p>									
27 Healthy, skilled and independent residents	1.1.3	Number of successful smoking quit attempts					205	200	★
Healthy, skilled and independent residents	1.1.4	Percentage of successful treatment completions (alcohol)					40.6	38.0	★
<p><b>Q4 Commentary</b>                      This Q4 figure was confirmed from national sources on 31 May 2018.</p>									

Adults Services & Health Overview and Scrutiny Panel 2017/18: All Quarters YTD

Council Strategic Priority	Ref.	Measure	Q1 YTD	Q2 YTD	Q3 YTD	Q4 YTD	Actual YTD	Target YTD	YTD Status
Healthy, skilled and independent residents	1.1.5	Percentage of successful treatment completions (opiates)					7.5	10.0	●
<b>Q4 Commentary</b> This Q4 figure was confirmed from national sources on 31 May 2018.									
Healthy, skilled and independent residents	1.1.6	Percentage of successful treatment completions (non-opiates)					47.4	40.0	★
<b>Q4 Commentary</b> This Q4 figure was confirmed from national sources on 31 May 2018.									
Healthy, skilled and independent residents	1.4.1	Number of permanent admissions to care for those aged 65+yrs					141	210	★
Healthy, skilled and independent residents	1.4.2	Rate of delayed transfers of care, per 100,000 population, which are attributable to Adult Social Care					0.0	1.5	★

Adults Services & Health Overview and Scrutiny Panel 2017/18: All Quarters YTD

Council Strategic Priority	Ref.	Measure	Q1 YTD	Q2 YTD	Q3 YTD	Q4 YTD	Actual YTD	Target YTD	YTD Status
Healthy, skilled and independent residents	1.4.3	Percentage of rehabilitation clients still at home 91 days after discharge from hospital					82.7	87.5	●
Healthy, skilled and independent residents	1.5.1	Percentage of current carers assessed or reviewed in the last 12mths					38.8	96.0	▲
Healthy, skilled and independent residents	1.5.2	Number of carers supported through social prescribing					132	175	▲


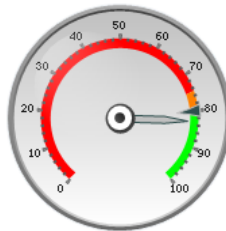
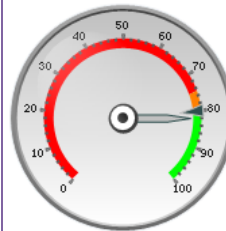




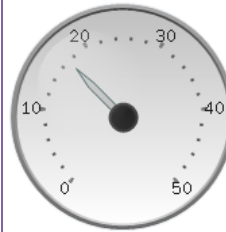
**Q4 Commentary**

Though performance across the whole year was off target, it improved significantly after Q2 when changes to the service had become embedded. The year end outturn figure for the year factors in performance of 16.7% in Q1 and 22.9% in Q2 - significantly below the improved performance in Q3 and Q4 of 56.6 and 50.4% respectively. Continued focus on maintaining and further improving performance in 18/19 is a priority.

**Year-end Commentary:**

The service went live in June 2017 and has been in operation for nine full months. Whilst the target was profiled on reasonable expectations at the time, including the roll-out to all Windsor and Maidenhead Practices within six months, as acknowledged in Q3, delays have been encountered with recruitment, therefore impacting on operational capacity and the pace of service-development. This is subsequently reflected in performance below target (132/175) as at year-end. Two additional Wellbeing Prescribers (WBPs) have now been recruited. From 23 April 2018 all four WBPs can receive referrals and the roll-out to all 17 Practices is now moving swiftly, with completion expected by end of June 2018. As at the close of the financial year 2017/18, Social Prescribing is taking place across four practices. With operational capacity stabilising, the number of carers supported via Social Prescribing will increase. Targets for 2018/19 will be based on a robust assessment of needs and risk.

Adults Services & Health Overview and Scrutiny Panel 2017/18: All Quarters YTD

Council Strategic Priority	Ref.	Measure	Q1 YTD	Q2 YTD	Q3 YTD	Q4 YTD	Actual YTD	Target YTD	YTD Status
Safe and vibrant communities	2.1.4	Percentage of adult safeguarding service users reporting satisfaction	?				82.2	80.0	★
Healthy, skilled and independent residents	5.4.1a	Number of council complaints received relating to adult services (including CareWatch)	?	?	?		30	?	n/a
<p><b>Q4 Commentary</b>                      This is the first year of reporting and recording complaints in this way. A year end figure only is available for complaints. In 2018/19 further focus on improving the software to record complaints as well as working with services will improve reporting further. Complaints (and compliments) in 2018/19 will be reported bi-annually.</p>									
Healthy, skilled and independent residents	5.4.2a	Number of compliments received relating to adults services					17	?	n/a

November 2018

REPORT	AUTHOR
Director of Public Health Annual Report	Hilary Hall
Annual Report on Commissioned Services	Hilary Hall
Day Care Provision for Older People in the Royal Borough	Hilary Hall
Annual Complaints Report	Claire Burns/Nikki Craig/Mike Llewellyn
Immunisation and Screening Report	Public Health England

January 2019

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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