

NOTICE
OF
MEETING

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

will meet on

WEDNESDAY, 21ST NOVEMBER, 2018

At 7.00 pm

in the

ASCOT AND BRAY 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 - Governance - Issued: Tuesday, 13 November 2018

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AGENDA

PART I

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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 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 20th 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. Cllr Lenton stated that this was an area where he believed that improvement was required, and informed the Panel of his personal experience where his cleaner's mother had had difficulties with her care provision.

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.....

ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

THURSDAY, 20 SEPTEMBER 2018

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

Also in attendance: Councillor Stuart Carroll, Vernon Nosal and Helen Woodland

Officers: Rachel Kinniburgh, Andy Carswell, Hilary Hall and Lynne Lidster

APOLOGIES

Apologies for absence were received from Cllrs Diment and Majeed, and from Rachel Harvey of Age Concern Windsor.

DECLARATIONS OF INTEREST

There were no declarations of interest received.

MINUTES

Cllr Lenton stated that some points he had raised regarding shortfalls in day care provision had not been included in the minutes of the meeting held on July 18th and asked for them to be included. He added that he would be raising some further points on this matter later in the meeting.

DAY SUPPORT FOR OLDER PEOPLE IN THE BOROUGH

The Head of Commissioning informed Members that the population of the Royal Borough included a significant proportion of people aged over 65, which was predicted to increase. Because of this, the Council had a duty to review the level of provision for older residents to support their wellbeing. This was done in partnership with the voluntary sector.

The Head of Commissioning stated that feedback from day centre users was positive, and that the centres were valued as they provided older residents with social interaction and stimulation – which was beneficial for their mental health – and allowed their carers to be given some respite. Members were informed that two day centres were fully funded by the Council and provided by Optalis, five were grant funded, and there were a number of other lunch clubs and special interest groups for older residents. The two Council-funded day centres were primarily for people with a high level of frailty, meaning their needs included help with personal care. Other day centres were for people with mild or moderate frailty, who would often need help with transport to particular activities. Financial support was available to assist with this.

Members were informed about attendance rates at the day centres and the costs involved. The Head of Commissioning explained that the disparity in costs from centre to centre was due to additional activities and/or lunch being included in the price.

Helen Woodland, Assistant Director of Provider Services at Optalis, informed Members that centres for residents with greater support needs had helped customers with the use of cognitive stimulation therapy and reminiscence sessions. Optalis had worked with Social Care, GPs and district nurses to help provide the correct services to customers, particularly those with complex care needs, mobility issues or personal care needs. Feedback indicated that this had helped engender a sense of belonging amongst customers. Helen Woodland

stated that as a result, the care team at Boyne Grove had been nominated for an award at the Great British Care Awards, which were scheduled to take place on November 3rd. Members were informed that day centre services operated Monday-Friday, although activities would occasionally take place at weekends.

The Cabinet Member for Adult Social Care and Public Health said he had visited a number of the day centres and had always been impressed with the services provided and the work done by the staff. He said it was important to ensure day centre provision was maintained and improved. The Chairman asked for the Panel's thanks to be passed on to day centre staff.

Cllr Lenton stated he had seen a number of day centres during his year as Mayor, and although he had been impressed at what he had seen he had concerns that he had only seen what was worth showing. He stated that there may be variations in quality between the day centres. Helen Woodland stated that staff worked extremely hard to ensure residents' needs were met and the right staffing levels were maintained, and that this led to residents continuing to use the day centres.

Cllr Lenton stated his belief that the level of service provision for those who needed care but were either bedbound or housebound at their own property was not as good as that given to care home residents. He cited the example of his cleaner's mother; although the level of home care given to her in the first four weeks had been excellent, standards had fallen. For example a carer would not turn up on time; a back door had been left unlocked; and a carer had walked in on a family member in their bedroom while they were half dressed. Cllr Lenton accepted that providing care in residents' homes was a difficult job. He agreed that he would take it up with the relevant officer outside the meeting, but stated that he wanted the Panel to be aware of his experiences. The Deputy Director – Strategy and Commissioning suggested that domiciliary care provision could be looked at in broader detail at the next meeting, in order for Members to get a better understanding of how it was monitored. This was agreed by Members.

Cllr Yong asked if care workers were deemed to be key workers, in the same way as teachers and nurses. She stated that there was a great need for care workers in the Royal Borough due to its elderly population, but due to high housing costs and low wages it would be harder to attract them. The Deputy Director – Strategy and Commissioning said she did not know the answer to Cllr Yong's question but would find out.

QUARTER 1 PERFORMANCE REPORT

The Deputy Director – Strategy and Commissioning reminded Members that the corporate performance management framework was made up of 25 key performance indicators, which are monitored twice a year by Cabinet. In addition, the 25 performance indicators, together with a further set of secondary indicators, were monitored on a quarterly basis by the relevant Overview and Scrutiny Panel. There were ten indicators of relevance to Adult Services and Health: of these, in Quarter 1 2018-2019, five had met or exceeded their target, four were just short but within tolerance, and one measure, relating to the percentage of clients due for re-ablement who were still at home 91 days after discharge from hospital, was off target. The Deputy Director – Strategy and Commissioning advised that the figure was currently low as more definition regarding the cohort was needed. Members were informed that the service that provides re-ablement was generally successful in what it did, and that even a small percentage change would be enough to move the service into the top performing quartile nationally.

The Deputy Director – Strategy and Commissioning informed Members that it was anticipated that improvements would be noted in future regarding recommissioning of drug and alcohol services. Members were told that these teams had been operating under challenging circumstances.

In terms of the 11 performance indicators that were relevant to Adult Services and Health in 2017/18, Members were told that seven had met or exceeded their target, two were just short but within tolerance, and two had missed their target; these related to the percentage of carers to be reviewed within the last 12 months, and the number of carers to be supported through social prescribing. Members were told that carers were supported through a range of other dedicated services, and the number of carers who had been reviewed had increased significantly during the first quarter of 2018/19.

Regarding the decrease in the number of smoking quits mentioned in the main report, the Deputy Director – Strategy and Commissioning stated that more people were accessing services to seek alternatives to smoking, such as e-cigarettes and vaping, rather than quitting altogether. Measuring quits on their own did not accurately measure the level of the smoking cessation team’s performance. Members were told that an increase in residents using vapes and e-cigarettes was in line with the national picture.

The contents of the report was noted by Members.

WORK PROGRAMME

The Deputy Director – Strategy and Commissioning informed Members that the Joint Adult Safeguarding Board had just produced its annual report. It was agreed that this would be covered at January’s meeting.

It was agreed that the item on domiciliary care mentioned earlier in the meeting would be discussed at the next meeting. Cllr Lenton said it would be useful to see if any problem areas in the Royal Borough relating to this could be broken down into ward and/or ethnic group. The Deputy Director – Strategy and Commissioning stated that this information would be included in the Joint Strategy Needs Assessment and this would also be brought to Panel.

Members noted the contents of the Work Programme.

The meeting, which began at 7.00 pm, finished at 7.42 pm

CHAIRMAN.....

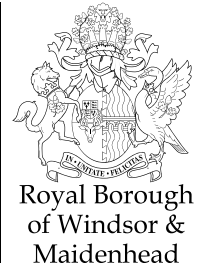
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Agenda Item 5

Subject:	Adult Vaccinations and Population Screening
Reason for briefing note:	To set out commissioning arrangements and performance of adult screening and immunisations programmes together with actions being taken to improve uptake in order to protect the health of local residents.
Responsible officer(s):	Teresa Salami-Oru, Head of Public Health Jo Jefferies, Consultant in Public Health
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy & Commissioning
Date:	13 th November 2018

www.rbwm.gov.uk



SUMMARY

The most recent Joint Strategic Needs Assessment (JSNA) for the borough identified uptake of shingles vaccine and flu vaccine in adults as areas for improvement. Uptake of cervical screening to identify cervical cancer at an early stage was also identified as an improvement opportunity. In 2017-18 uptake of flu vaccination among adults aged 65 and above was 70.9%. This was slightly lower than the England value of 72.6.5% and the South East region of 74%, this was a 2.2% improvement from 2016 -17 uptake of 68.7%, but was still below the national ambition of 75%.

The latest available data illustrates that the number of people aged 70 who have received a dose of shingles vaccine in RBWM has been declining, from 63.8% in 2014/15 to 47.0% in 2016/17, this is in line with the national picture. In 2016/17, the coverage of shingles vaccine in people aged 70 in the Royal Borough was 47%. This was lower than the least deprived decile comparator group (50.4%) and was similar to the England (48.3%) average.

<https://www.gov.uk/government/collections/vaccine-uptake#shingles-vaccine-uptake>

As of 31 March 2017, the cervical screening coverage for eligible women in RBWM was 73.5%. Although the coverage rate has continued to decrease, RBWM's coverage continues to be significantly better than the England figure of 72.0% and is similar to the comparator group's figure of 73.8%. RBWM's coverage level met the minimum standard of 70%.

<https://fingertips.phe.org.uk>

This paper sets out the rationale for adult screening and immunisation programmes and describes commissioning arrangements. Recent uptake and coverage data for adult immunisations and screening is presented together with actions being taken to improve uptake in order to protect the health of local residents.

1 BACKGROUND

- 1.1. Immunisations and screening are commissioned by NHS England, under The NHS Public Health Functions Agreement (Section 7A or s.7A) of the NHS Act 2006, as amended by the Health and Social Care Act 2012. This agreement outlines specific responsibilities for the National Health Service England (NHS England) for the commissioning of certain public health services as part of the wider system design to drive improvements in population health.

1.2. The agreement is based on a shared commitment to protect and improve the public's health – the Department of Health, NHS England and Public Health England share the vision of working in partnership to achieve the benefits of this agreement for the people of England. Objectives of the agreement are as follows;

Objective 1: commission high-quality, public health services with efficient use of resources, seeking to achieve positive health outcomes and reduce inequalities.

- contracts agreed with CQC-registered providers and include national service specs
- contracts managed effectively to deliver the required performance/ quality
- performance improved or at least maintained (s7a indicators)
- variation in local levels reduced
- providers have a suitably-qualified workforce
- quality of patient experience assessed as both satisfactory and improving

Objective 2: deliver planned changes in s.7a services in a safe and sustainable manner, promptly and thoroughly. Achieving this objective for 2018/19 involves:

- Rolling out childhood flu to school year 5
- Rolling out HPV vaccination to men who have sex with men
- Continuing to roll out bowel scope to the agreed trajectory
- Rolling out FIT in bowel screening
- Implementation of HPV primary testing in the cervical screening programme

Population screening

- 1.3. Screening is the process of identifying healthy people who may have an increased chance of a disease or condition. Screening programmes aim to identify the individuals most at risk of a disease so that they can be offered information, further tests and early treatment.
- 1.4. Screening differs from the individual diagnostic tests used on people who have symptoms and who are suspected of having a disease. Screening programmes aim to detect signs that a disease might develop in people who otherwise feel healthy and well so that the disease or condition can be prevented from progressing to a further stage when treatment is more unpleasant or less likely to succeed, when damage may be permanent or symptoms distressing.
- 1.5. Each screening programme is directed towards a specified disease or condition and a target population (people without symptoms but who are in a group where the disease is known to be more common). For example, people with diabetes are offered screening for diabetic eye disease (retinopathy) and women over 50 are screened for breast cancer.
- 1.6. In the UK there are three national cancer screening programmes and seven non-cancer screening programmes, see table 1.

Table 1: NHS National Screening Programmes

Screening Programme	Population offered the screen	Aim of programme
Bowel Cancer (fecal occult blood test (FOBT) checks for occult (hidden) blood in the stool.	Men and women aged 60 to 74	Reduce illness and deaths from bowel cancer
Bowel Scope	One off test offered at age 55. This programme is currently being rolled out and is not yet available to the entire population	Prevent the development of bowel cancer by removing pre-cancerous polyps

Screening Programme	Population offered the screen	Aim of programme
Breast Cancer	Women aged 50 -70	Reduce illness and deaths from breast cancer in women aged 50 to 70
Cervical Cancer	Women aged 25 to 64	Reduce illness and deaths from cervical cancer in women
Abdominal Aortic Aneurysm (AAA)	One off test for men in their 65 th year	Reduce AAA related deaths among men aged 65 to 74
Diabetic eye screening	All people with type 1 and type 2 diabetes aged 12 or over who are not already under the care of an ophthalmologist for diabetic retinopathy	Reduce sight loss due to diabetic retinopathy

Immunisations for adults

- 1.7. Immunisation is one of the most effective public health interventions, the World Health Organisation states that “Only clean water (a human right) ranks as highly as vaccination in terms of the greatest impact on health globally”. The UK has a well-established and successful [immunisations programme](#) offered through the NHS. There is a need to ensure that as many people as possible are taking up their chance of protection against disease.
- 1.8. Immunisation is more than the sum of its parts, as increasing the number of immunised people in a population reduces the opportunity for infection to pass from one person to another through the phenomenon known as ‘herd immunity’. When an immunisation programme against a disease begins, the number of people catching the disease goes down. As the threat decreases, it's important to keep vaccinating; otherwise the disease can start to spread again.
- 1.9. If enough people in a community are vaccinated, it's harder for a disease to pass between people who have not been vaccinated. Herd immunity is particularly important for protecting people who can't get vaccinated because they're too ill or because they're having treatment that damages their immune system.
- 1.10. Although the majority of vaccines in the immunisations programme are offered in childhood with the aim of conferring long lasting immunity, a number of vaccines are offered to adults in order to protect them against infection, these are set out in Table 2.

Table 2: Adult Immunisation Programmes

Vaccine	Population offered the vaccine	Infection vaccine aims to prevent
Pneumococcal vaccine	All people aged 65 and over	Pneumococcal disease.
Annual flu vaccine	<ul style="list-style-type: none"> • People aged 65 and over • People aged under 65 in a clinical risk group • Pregnant women • Carers and household contacts of 	Seasonal influenza

Vaccine	Population offered the vaccine	Infection vaccine aims to prevent
	immunocompromised individuals <ul style="list-style-type: none"> • Social Care and hospice staff • people living in long-stay residential care homes or other long-stay care facilities 	
Shingles vaccine	Routine cohort people aged 70 (see details below) The shingles vaccination programme started on 1 st September 2013. The programme offers routine vaccinations to people aged 70 years old along with a catch-up immunisation programme for people aged 79 years. Anyone who has previously been eligible remains eligible until their 80 th birthday. The link attached shows eligibility for 2018/19: https://www.gov.uk/government/publications/shingles-vaccination-eligibility-poster	Shingles (caused by the varicella-zoster virus which also causes chicken pox) https://www.gov.uk/government/collections/shingles-vaccination-programme
Pertussis Vaccine	All pregnant women	Whooping cough in newborn infants

1.11 Additional vaccines are also recommended for people with specific health conditions (see [The Routine Immunisation Schedule](#)).

2 KEY IMPLICATIONS

2.1. The JSNA for RBWM identified uptake of shingles vaccine and flu vaccine as areas for improvement. Uptake of cervical screening to identify cervical cancer at an early stage was also identified as an improvement opportunity. There are implications for the health of residents and use of health and care services if uptake of screening and immunisation is inadequate.

- Implications for residents if uptake is not adequate are an increased risk of infection for individuals and of increased spread of infection to people who are protected within the community.
- Implications of an inadequate uptake of cancer screening and other adult screening programmes are that individuals at risk of cancer, diabetic retinopathy or Aortic aneurysm will not be identified and offered further testing, treatment and advice at a stage of their condition where treatment may be most effective. Lower uptake of screening may result in preventable deaths from these conditions.

3 DETAILS

Commissioning arrangements

- 3.1. NHS England is responsible for commissioning the immunisation programme in England. Locally this is co-ordinated and managed across Thames Valley by the Public Health Commissioning Team at NHS England, South East.
- 3.2. Public Health England along with NHS England is responsible for surveillance and monitoring of the immunisation programme in England.
- 3.3. GP Practices are the main providers of routine immunisations for adults commissioned by NHS England and with a quality duty in CCGs.
- 3.4. Public Health England South East Thames Valley Health Protection Team is responsible for functions related to health protection reactive work, outbreak management etc.
- 3.5. This information is promptly fed back to local level, creating the opportunity to improve coverage and to detect changes in vaccine coverage quickly. Current coverage levels for screenings and immunisations are set out in tables 3 to 8.

Table 3: Cancer Screening Coverage Windsor Ascot & Maidenhead CCG

Outcome	National Targets		2016	2017
	Minimum	Target		
BREAST: % of the eligible population (50-70) have been screened in the last 3 years	70%	80%	79.0%	78.8%
BOWEL: % of the eligible population (60-74) have been screened in the last 2.5 years	52%	60%	57.4%	58.3%
CERVICAL: % of the eligible population (25-64) have been screened in the last 3.5 years	75%	80%	73.9%	73.5%

Source: Public Health England (2016); Public Health Outcomes Framework, Released: February 2018

Table 4: Adult Screening Coverage, Berkshire Healthcare Trust and Thames Valley AAA Programme:

Outcome	National Target	2017-18			
	Minimum	Q1	Q2	Q3	Q4
Diabetic Eye Screening: Uptake of Routine Screening	75%	74.1%	73.7%	74.2%	74.3
AAA Screening: Proportion of eligible men offered screening who accept the offer	Q1: 18% Q2: 38% Q3: 56% Q4: 75%	13.6%	31.6%	52.2%	76.7%

Data Source: www.gov.uk: NHS screening programmes: KPI reports 2017 to 2018

Table 5: Shingles Vaccination Coverage, Windsor Ascot & Maidenhead CCG

	Percent coverage
Shingles: coverage for routine cohort since 2013	46.1

Shingles: coverage for the catch up cohort since 2013	41.3
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Data Source: <https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2013-to-2014-provisional-vaccine-coverage-data>

Table 6: Pneumococcal Vaccination Coverage, Windsor Ascot & Maidenhead CCG

	Received the Pneumococcal (PPV) vaccine between 1st April 2017 and 31st March 2018 inclusive	Received at any time
Pneumococcal: coverage for all GP registered patients aged 65 and over	3.8%	71.5%

Data Source: [Pneumococcal Vaccine Coverage Monitoring Programme England - data to end March 2018, PHE](#)

Table 7: Pre-natal Pertussis Vaccination Coverage, Windsor Ascot & Maidenhead CCG

Date	2015-2016	2016-2017	2017-2018
Annual Data	59.6%	70.2%	71.2%

Data Source: Imm form

Table 8: Seasonal Flu Vaccination Coverage, RBWM 2017-18,

	65 and over	Under 65 (at-risk)	All Pregnant Women
RBWM	70.9	47.9	49.8
England	72.6	48.9	47.2

Data source: [Seasonal influenza vaccine uptake in GP patients in England: winter season 2017 to 2018](#)

Assurance arrangements

- 3.6. NHS England Public Health Commissioning Team provide assurance to the Strategic Director of Public Health through the quarterly Berkshire Health Protection Committee that work is progressing to maintain and improve uptake of immunisations and screening across Berkshire. In addition the multi-agency Berkshire Immunisations Working Group and Thames Valley Immunisation Group also meet quarterly to enable commissioners, providers and other key stakeholders to share information, good practice and agree actions. The Immunisation Groups are routinely attended by the consultant in Public Health in the Shared Berkshire Public Health Team with the lead for health Protection across all Berkshire Unitary Authorities, however these meetings are open to RBWM public health staff.
- 3.7. The Thames Valley Cancer Network has recently developed a Cancer Toolkit for General Practice which includes links to published cancer screening and treatment metrics as well as links to evidence-based interventions for improving screening uptake. This toolkit has been developed to help GP practice teams to deliver the Thames Valley Cancer Alliance GP Quality Improvement Scheme for 2018-19.
- 3.8. The toolkit is a resource for all GP practice team members, both clinical and non-clinical, and the intention is to make relevant information easily accessible within your practice. The

toolkit includes best practice guidance and interventions which can be applied within your practice to help increase screening uptake (for breast, bowel and cervical) and support improvements in cancer diagnosis via the 2 week wait pathway. Cancer Research UK Facilitators have a programme in place to engage all practices in the use of the Toolkit.

- 3.9. The Public Health Consultant in RBWM is informed of performance and progress on all immunisation and screening programmes through the sharing of published key screening and immunisations indicators as part of the suite of JSNA data updates prepared by the Shared Public Health Team and of progress on regional initiatives via the monthly Shared Team Highlight Report presented at consultant meetings. The RBWM consultant is a key stakeholder in local initiatives to improve uptake. An annual flu report collates data on flu activity and vaccine uptake is provided by the Berkshire Shared Public Health Team.
- 3.10. The Strategic Director of Public Health may seek additional assurance from NHS England or other stakeholders as regards the performance of local health protection programmes, including screening and immunisation.

Actions being taken to improve cancer screening coverage in RBWM

- 3.11. The Bowel Cancer Screening Team is working towards implementing a new test (Faecal Immunochemical Test FIT testing). Pilot studies have shown that this test improves uptake and sensitivity in screening, particularly in deprived groups. This is likely to improve uptake of bowel cancer screening in RBWM. Additionally, approval has recently been obtained to begin bowel scope screening at Heatherwood Hospital, improving access for people living in RBWM.

Actions being taken to improve coverage of other screening programmes in RBWM

- 3.12. There has been a contract review of diabetic eye screening in Berkshire, with the new contract awarded to Health Intelligence. The new provider began offering screening in Q1 2018-19 and patient feedback so far has been positive. Performance data for the new provider will be published next quarter.

Actions being taken to improve adult vaccine uptake in RBWM

- 3.13. In addition to the fortnightly Thames-Valley teleconferences led by NHS England, the multiagency East Berkshire Flu Action Group, chaired by Berkshire East CCG Assistant Director of Nursing, meets fortnightly during **flu** season to monitor flu levels, vaccine uptake and progress with local actions. A successful multi-agency workshop was held in June 2018 to enable stakeholders in each locality to identify key actions for inclusion in their local 'Flu Action Plan', building on work done in the previous flu season. The RBWM flu action plan is available on request.
- 3.14. By the end of August 2017 just under half of eligible 70 and 78 year olds in England had been vaccinated against **shingles**. Nationally there has been a year on year decline in shingles vaccine uptake, however the steps taken in 2018 to simplify eligibility aims to assist in helping practices to identify eligible patients (including those who have missed out previously).

4 RISKS

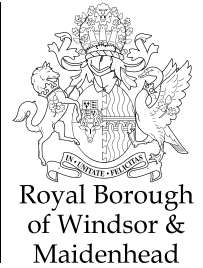
- 4.1. There are no risks.

5 NEXT STEPS

- 5.1. The Shared Public Health Team will consider producing an annual Health Protection Report, drawing together key metrics and issues
- 5.2. The Terms of Reference of the Berkshire Health Protection Committee are being reviewed to ensure the committee continues to act in a system assurance role, with partners providing assurance to the Strategic DPH and holding each other to account
- 5.3. NHS England are reviewing the presentation of the quarterly Berkshire Screening and Immunisation Dashboard to improve clarity and enable wider sharing to public health consultants in each borough
- 5.4. This report will inform the work of the RBWM Aging Well Board

Subject:	The Annual Public Health Report 2017
Reason for briefing note:	This report has been prepared to provide the Adult Health Overview & Scrutiny panel with an overview of the Strategic Director of Public Health's Annual Report "Creating the Right Environments for Health"
Responsible officer(s):	Teresa Salami-Oru, Head of Public Health
Senior leader sponsor:	Tessa Lindfield, Strategic Director of Public Health
Date:	13 th November 2018

www.rbwm.gov.uk



SUMMARY

"Creating the Right Environments for Health" provides information and evidence that can support place-based strategies to realise the potential of green and natural spaces for the health and wellbeing of local residents and communities and showcases local examples of how communities are already using the natural environment to stay healthy or improve their health and wellbeing.

Publishing an Annual Public Health Report is a requirement for all upper tier local Authorities. The intention is to stimulate discussion and identify opportunities to improve the health of local residents.

1 BACKGROUND

- 1.1 It is a requirement for councils to publish an independent annual public health report from their Director of Public Health. The annual report is the DPH's view on the health and wellbeing of our local communities and the opportunities to improve the public's health.
- 1.2 The report aims to reconnect professions, communities and landowners and highlight opportunities for them to work together to support the public's health through creating and maintaining accessible high quality green spaces and natural environments. The report provides information and evidence that can support place-based strategies to realise the potential of green and natural spaces for the health and wellbeing of local residents and communities, and showcases examples of how local communities are already using the natural environment to stay healthy or improve their health and wellbeing.

2 KEY IMPLICATIONS

- 2.1 The natural environment is a wider determinant of health and presents a real opportunity to improve our health and wellbeing, both physically and mentally. It is helpful to think of the natural environment as green and blue spaces. Examples of green spaces include open fields and forests, examples of blue spaces include the sky, rivers and lakes.
- 2.2 Both spaces can enable exercise, time in nature, leisure and relaxation. There is evidence that the natural environment has a positive influence on health in a variety of ways.

2.3 The report makes four recommendations. To date the Royal Borough has made strides to achieve these in the following ways:

2.3.1 *Make the most of natural space available, to improve mental health, physical activity and strengthen communities.*

Local Action: Maidenhead library looks out over the amphitheatre and waterway and is made up of large widows so that staff and customers can sit and enjoy the 'view'. Boyne Grove is situated in the park – again users and staff can take breaks in the park. Where there is a 'green space'; story time and author events are held outdoors in the park and amphitheatre. We undertake regular walks, treasure hunts around Windsor to support the history and museum. Reading events are undertaken at the Great Park and Windsor Castle.

2.3.2 *Improvement of existing green space and design developments with green spaces and active travel in mind.*

Local Action: The Royal Borough is currently undertaking a review to see if there are cycle racks at each library to encourage the use of bikes. Additionally a review of cycle racks. The borough has an ongoing programme of capital improvements to parks and open spaces to increase use and encourage participation. The recent example of the new Foot bridge linking Oldfield Road to the strategically important open park of Braywick is an example of the strategic improvements being made through the capital programme. This footbridge opens up a series of connections across the Bray Cut, a waterway that was previously a barrier to access from the Oldfield School and Fisheries area to the Braywick Park and local nature reserve

2.3.3 *Planning guidance for new developments to specifically consider the use of green and blue space to improve health and wellbeing.*

Local Action: Plans to develop healthier communities are currently underpinned by the National Planning Policy Framework (2018). It sets out what planners should do to support healthy living, healthy environments and access to healthy food. Public Health and Planning aim to work together to deliver the healthy living and healthy environment recommendations in the framework.

2.3.4 *Fostering new relationships with organisations aiming to improve the natural environment and its use.*

Local Action: The Borough actively works with strategic and local partners to improve the local natural environment. The strategic development and improvement plan for Thriftwood and Ockwells Park, working with for example the Environment Agency and Wild Maidenhead, is a good example involving both a national and local partner, to seek to achieve strategic short, medium and long term improvements in the value of the park and its environment. The Royal Borough also continues to encourage schools and customers to come and to the libraries and museum through Friends of the Museum and Friends of the Library

3 DETAILS

3.1 There are many factors, or determinants, that come together to affect our health. Of the modifiable factors, some are individual and personal choices, such as taking up smoking or choosing to exercise.

- 3.2 At a population level, there are the wider determinants of health: a diverse range of economic, environmental and social factors that affect people's health and influence their choices and lifestyles. Difficult to quantify, many of these determinants are shaped by national and local government policies, our environment and the distribution of wealth. They include:
- Income and social status
 - Educational attainment
 - Quality of housing
 - Community and social networks
 - Activity – the way we live

4 RISKS

- 4.1 None

5 NEXT STEPS

- 5.1 The Panel is asked to note the DPH Annual Report and endorse the local action identified.

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Creating *the* Right Environments *for* Health

The Annual Report from the Director of Public Health



The Royal Borough of
Windsor and Maidenhead
July 2018



FOREWORD

We are shaped by our environment more than we may realise. Public health through the ages has always understood that environmental factors, from poor housing, lack of sanitation and poor air quality have an important role to play in determining our health; both as immediate threats to life and limb; and as long-term factors creating long-term exposure to potential harms. Other disciplines - and indeed many of our established arts - have sought refuge and inspiration in nature; however, it has taken some time for public health and medicine to identify the evidence base supporting what many of us had long felt; that nature and greenspace is good for us!

This report is intended for a wide audience. Since public health moved back into local government in 2013, we have reconnected with many of our valued colleagues in planning, leisure and sports development, parks and recreation, housing and highways (amongst others) to create place-based strategies and deliver actions which bind together these wider determinants of health with our local priorities. I hope that this report reaches a wide and diverse audience, most importantly to residents and to their representatives such as Councillors and GPs, who are poised to respond to the recommendations laid out herein.

With ever increasing demands for new housing in the South-East of England, and the need to improve and increase infrastructure; so the natural environment can come under pressure and its intrinsic values may be overlooked. Berkshire is as a whole, a green and pleasant place. From the areas of outstanding natural beauty of the North Wessex Downs; to the Green Flag accredited parks of Slough, communities live close by or surrounded by attractive green space. Rivers and waterways play an important part in our communities too – from the Thames at Windsor through to the reclaimed recreational parks and lakes of Dinton Pastures; these provide nature and people with nourishment, peace and pleasure. The new town planners who gave birth to Bracknell in the late 1940s planned a town where greenspace and recreation was

a defining generator of the town's layout; and in Reading, the Thames side open spaces at Richfield Avenue and at King's Meadow provide homes to two huge community events; the Reading Festival and Reading Pride respectively.

Berkshire's natural environment can be seen to provide opportunity for peace and tranquillity; gentle and boisterous play; sport, competition and spectacle; natural habitats and preservation of wildlife; and attractive places to walk, cycle and live amongst. That our communities are still able to live amongst and use a variety of natural environments freely for our recreation is testament to many who have fought for their preservation and enhancement. Improvement in and widening access to green and blue space must be a public health ambition in itself, and this report provides the evidence base to build that ambition.

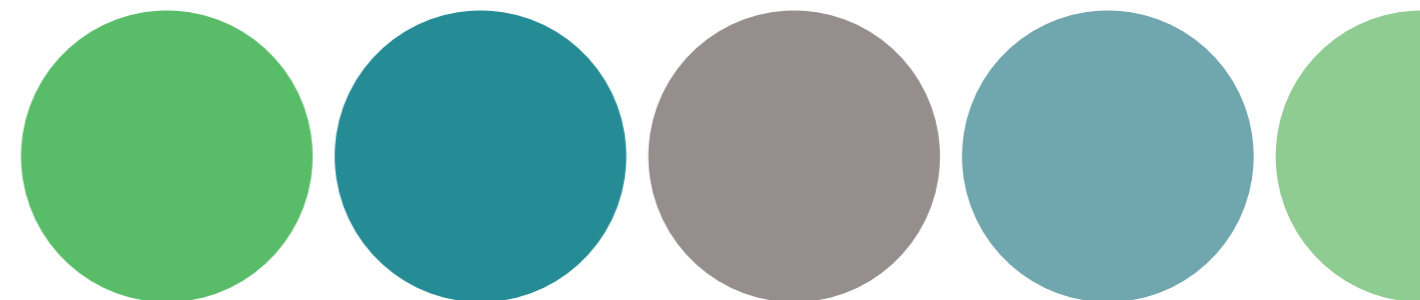
I truly hope that this report reconnects professions; communities and landowners who all have a duty to support the public's health through creating the right environments for health to thrive and benefit us all through the beauty of natural and green spaces.



Darrell Gale FFPH MSc BA (Hons)
Acting Strategic Director of Public Health for Berkshire

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ABOUT THIS REPORT

This report was developed and produced on behalf of the Acting Director of Public Health by Shared Public Health Services for Berkshire, and authored and coordinated by Dr Steffan Glaze (Foundation Doctor).

This report is the joint effort of all Consultant-led Public Health teams in Berkshire to produce the statutory annual report of the Director of Public Health both as a pan-Berkshire document, celebrating the history of shared working across the six Unitary Authorities; and also as a unique report for each individual authority.

Case studies were provided by a variety of individuals from local authority public health teams or other groups, such as voluntary organisations who are acknowledged below and with their contributions.

Finally, we acknowledge Judith Wright who was Interim Strategic Director of Public Health for Berkshire from April-December 2017, who conceived of the topic and encouraged us all to find the right environments for health.

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Colleagues in Public Health and other departments of local government, as well as collaborators from other groups, contributed to the case studies found throughout this report or its design and administration.

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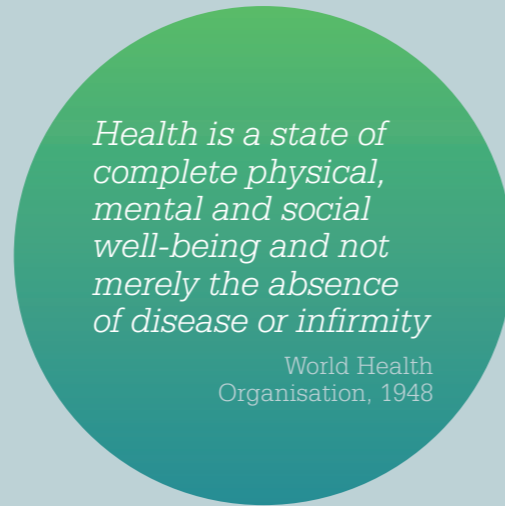


INTRODUCTION – The Wider Determinants of Health

There are many factors, or determinants, that come together to affect our health. There are some we cannot change – chiefly, our genes. Of the modifiable factors, some are individual and personal choices such as taking up smoking or choosing to exercise. On a population level, there are the wider determinants of health: a diverse range of economic, environmental and social factors that affect people's health and influence their choices and lifestyles. Difficult to quantify, many of these determinants are shaped by national and local government policies, our environment and the distribution of wealth - things not quickly changed. They include:

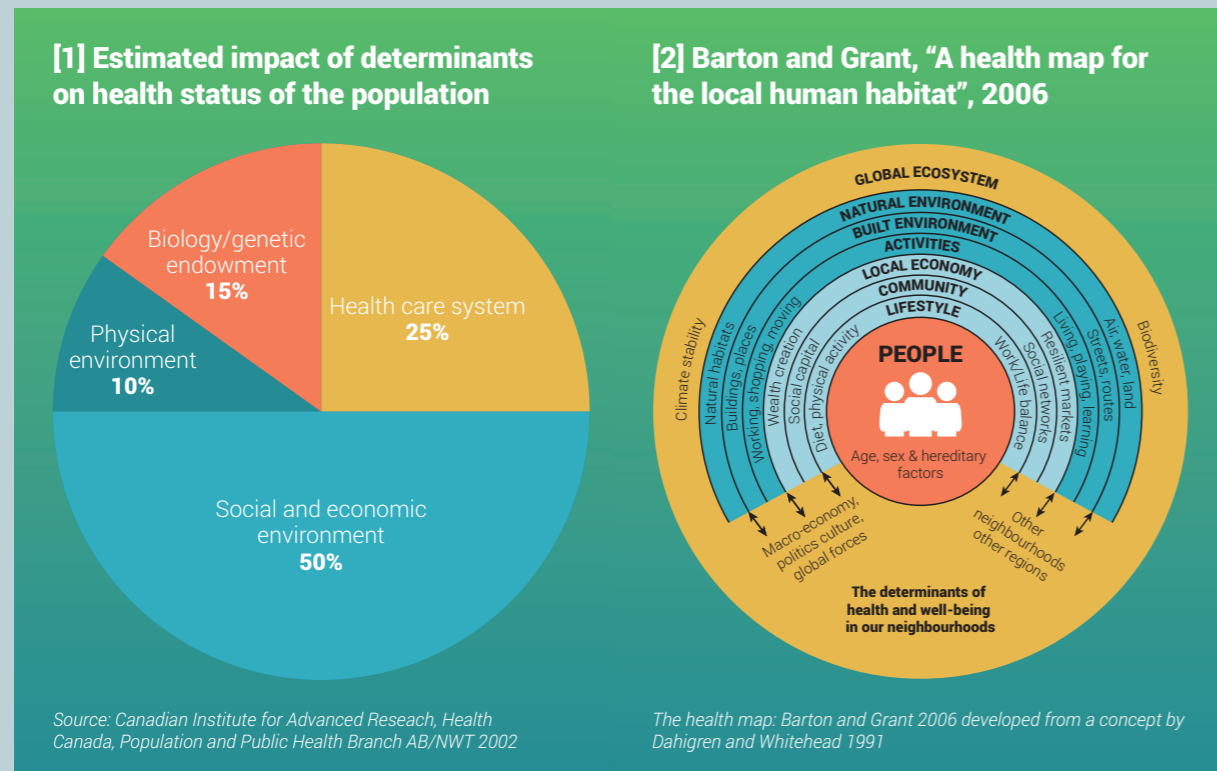
- Income and social status
- Educational attainment
- Quality of housing
- Community and social networks
- Activity – the way we live

It is generally agreed that these wider determinants of health overall have a more significant impact on the health of individuals than direct interventions in health



care. Estimates vary, but it seems that health care contributes less than 25% of our overall health, with these wider determinants contributing to the majority.

Public health, as a responsibility of local authority, has the opportunity to influence these determinants for the improvement of the health and wellbeing of the population it serves. The benefits may not be quickly realised, but are potentially vast and wide reaching, and could reduce the inequalities in our society and improve health and wellbeing for all of us.




This report will focus on one of the wider determinants of health – the natural environment – and how this could be used to improve our health. We will begin by describing the natural environment and its relationship to other determinants of health, then go on to examine particular health dimensions in this context. Finally, we will consider the challenges – and opportunities – to the natural environment that we can adjust to improve the wellbeing of our communities and from these build recommendations to act on.

Throughout the report, you will find case reports and research. We want to make effective changes, such that investments made will reap benefits for our communities. The research is included to discuss the scientific factual evidence available, and local case studies highlight the ways in which local communities are already using the natural environment to stay healthy or improve their health.


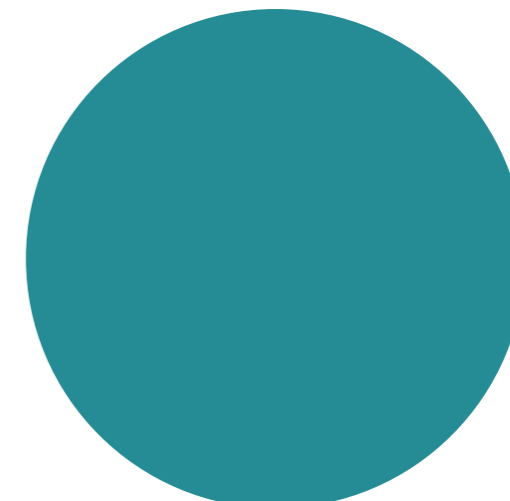
RESEARCH

Most of the research described in this report comes from scientific journals. Researchers conduct their studies, and then publish their results only after a body of other scientists have reviewed their work for accuracy. It can be difficult to get evidence on a population scale because there are so many things that can contribute to health and wellbeing, making it hard to measure the amount caused by a single aspect. The studies selected are considered to be of good quality, but reflect only a small proportion of the data available.



CASE STUDY

All of the case studies are examples of the work going on in this local authority in line with the theme of the report. We are pleased to highlight a variety of council, voluntary and national initiatives that are contributing to improving our health.

THE NATURAL ENVIRONMENT

The natural environment can encompass many parts of our surroundings. We often think of wide open fields, quiet forests or flowing rivers as the truly natural environment, but our urban environments can include natural elements. Often termed 'green space', this includes many things, from sports fields to decorative gardens. The natural environment can also encompass 'blue spaces' such as rivers and lakes, which are features of our area that can enable exercise, time in nature, leisure and relaxation. There is evidence that this natural environment has an influence on health in a variety of ways.

The ways in which the natural environment can improve health are complex and intertwined with many other factors. There are broad themes that have appeared from the research in this field, namely [3]:

- Stress reduction
 - It has been known for a long time that spending time in nature can have restorative effects, through relaxation.
- Improved environmental quality
 - Green spaces are more likely to be biologically diverse, and contribute to improving air quality and reducing the effect of heat concentration in cities.
- Greater social cohesion
 - Areas of natural environment are places that people can socialise and congregate, places of pride in the community and as a result improve the cohesion of neighbourhoods.
- Increased physical activity
 - Green spaces are appealing to visit, and typically need to be walked, cycled or played in to appreciate them.

We will see throughout this report how scientific research has found evidence from an individual to a population level that green spaces and the natural environment can have positive effects on our health and wellbeing. Although the exact mechanism isn't clear, there is still the opportunity to increase the availability, quality and use of natural elements in our communities.

Policy

The Department for Communities and Local Government published a consultation paper [4] in 2010 on planning policy and shaping healthy environments. Within the paper, the government defined a wide range of green spaces.

- parks and gardens – including urban parks, country parks and formal gardens
- natural and semi-natural urban green spaces – including woodlands, urban forestry, grasslands, common land, wetlands, areas of open and running water, wastelands, derelict open land and rock areas
- green corridors – including canal and river banks, cycle ways and rights of way
- outdoors sports facilities (with natural or artificial surfaces, either publicly or privately owned) – including tennis courts, bowling greens, sport pitches, athletics tracks, playing fields and other outdoor sports areas
- amenity green space – including informal recreation spaces, green space in and around housing, domestic gardens and town or village greens
- provision for children and teenagers – including play areas, adventure playgrounds, skate parks, basketball courts and other informal areas
- allotments, community gardens, city (urban) farms and land used for permaculture
- cemeteries and churchyards
- accessible countryside in urban fringe areas
- civic spaces, including civic and market squares
- landscape around buildings – including street trees

RESEARCH

At an individual patient level, in 1983 R Ulrich [5] found that a view over green space could quicken someone's recovery from surgery in a suburban hospital in Pennsylvania, USA. This study compared similar people who had the same operation, but what differed between the two groups compared was the view from their window - either a brick wall or trees. Those with the green view had statistically significant lower length of stays and lower use of painkillers. This early evidence showed that there may be a restorative effect to simply viewing greenery and natural environments.



Looking at the population level, a study in the Netherlands [6] examined the electronic GP records of over 340,000 patients, and measured their illness by how often they saw their GP for various health problems. This was then compared with the percent of green space in a radius around their postcode based on satellite imaging. The analysis showed that over half the health problems were less common among

the patients who lived in areas with more green space, even when correcting for potential confounding factors such as age and socioeconomic status. The correlation was strongest for anxiety and depression, children under 12 and those aged 46-65. They found that an extra 1% of green space in a person's area was as beneficial to overall health as being a year younger.



How can we measure Green space?

How can we define how 'green' our neighbourhoods are? There are many ways this is measured in scientific study, the two most common being:

- Satellite imaging – by looking at photographs taken from space, scientists can calculate what percent of an area is covered by plants. This is relatively easy to derive, and data is available for much of Europe. However, it does not account for the quality of the green space, e.g. for access or for food production, or how much we can actually access or use that greenery, as any plants on roofs, within private land, or in the middle of a roundabout would be included.
- Mapping – analysing maps can reveal the different land types in an area, from arable to housing. Counting how much of an area is covered by accessible green space can be used to measure the amount of natural environment in a neighbourhood. This method will miss small areas, such as verges and paths, which contribute to green routes but are not large enough to be documented on most maps.

Although effective at developing a measure of how green an area is, neither of these methods account for how easy the space is for people to access, how much that space is used or the quality of it. This aspect of the natural environment can be heavily influenced by the community who use it and live near it, such that we can all have a part to play in making the most of green spaces in our area.



Resources

A variety of resources are available for us to find and use green space in our area.

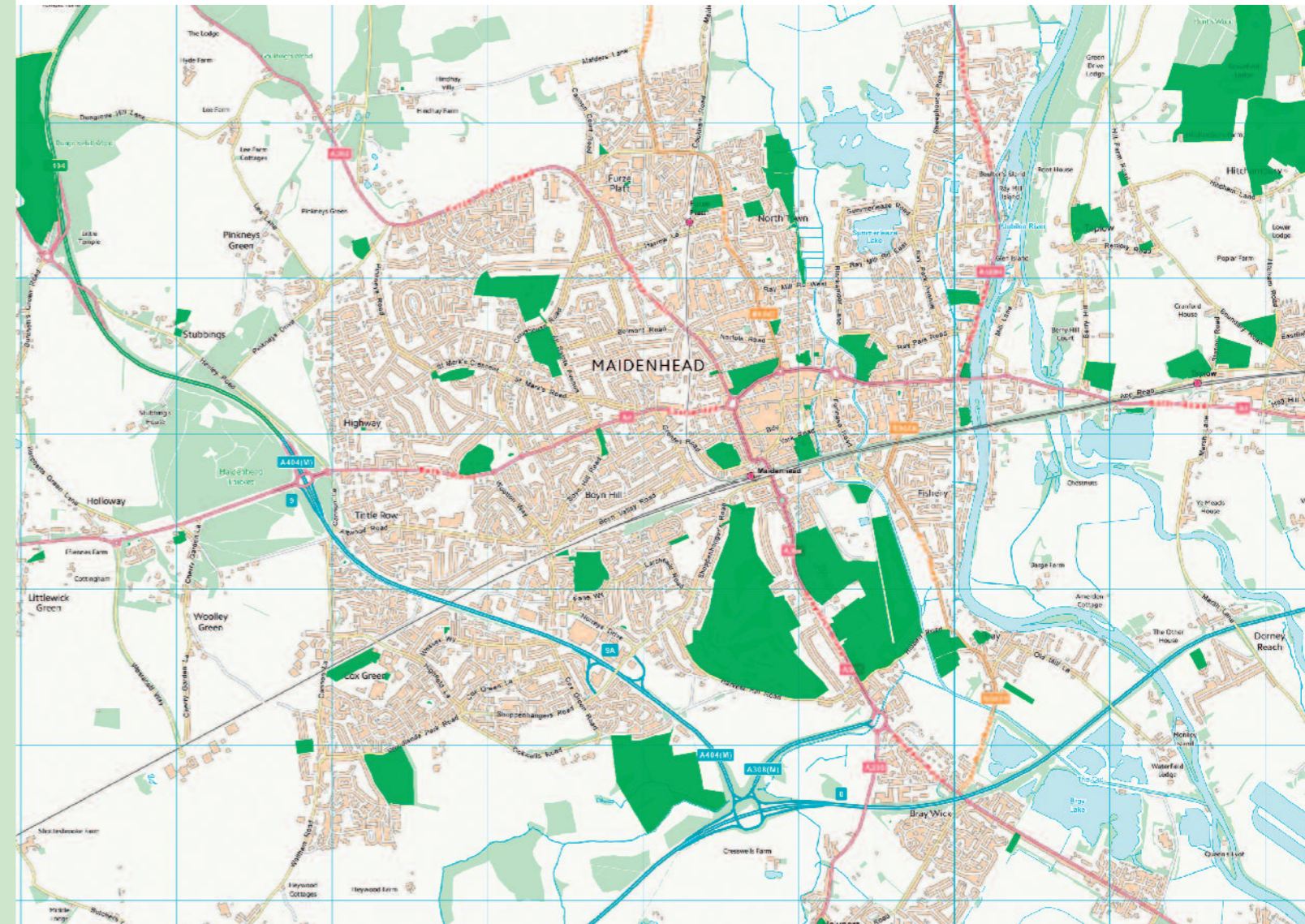
WOODLANDS TRUST WEBSITE

The Woodlands Trust, the UK's largest conservation charity, has an online database of the woods they manage. Using your postcode, you can find more about the woodland in your area.

OS GREENSPACE

The Ordnance Survey has assessed their own data about land use in the United Kingdom to produce an interactive map which can be used to see where green spaces are, what they are used for and how they can be accessed.

The Royal Borough of Windsor and Maidenhead keeps online records of all the green spaces they manage, which includes details about facilities and opening times. You can find this resource at the following address: https://www3.rbwm.gov.uk/info/200200/parks_and_open_spaces



Source: © Ordnance Survey OpenData (2018)

HEALTH OUTCOMES AND BEHAVIOURS –

Profiles

The following section describes some of the key health outcomes and behaviours on which there is a firm evidence base for the effect of green space or the natural environment. The relevance of these to our communities is demonstrated by data about the current health and wellbeing of the local communities in a summary graphic. You will also find original research evidence and a case study from your local area.



Mental Health

Mental health is essential for our overall health and wellbeing, and changes in policies and the NHS is increasingly recognising this. The 2011 report from the Department of Health 'No Health Without Mental Health' identifies some key facts about the national picture:

- mental illness is the single largest cause of disability in the UK
- at least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time
- the costs of mental health problems to the economy in England have recently been estimated at a massive £105 billion, and treatment costs are expected to double in the next 20 years

National policies and initiatives recognise the benefits of spending time in green spaces on mental health. For example, Mind's Ecominds scheme found 7 of 10 people experienced significant increases in mental wellbeing by the end of an ecotherapy project [7]. It helped people find full-time employment, with potential savings of around £5,700 for each person in terms of government spend.

How could natural environments contribute to changing this picture? It is hard to identify exactly the mechanisms for these benefits, but a variety of evidence is available. It has been shown that exposure to natural environments can reduce stress, anxiety, blood pressure and anger. Over longer periods of time, those who live in greener areas are more likely to report good mental health and wellbeing.

IN OUR AREA

There are currently estimated to be around 149,000 people [8] in the Royal Borough of Windsor and Maidenhead: 0.68% have severe mental illness – over 1,000 people. An estimated 7.7% of young people have mental health disorders, and 4.67% of over 65s are recorded by their GP to have dementia. Responding to a GP Survey, 4.3% of adults report long-term mental health problems, and 10.3% report suffering from depression or anxiety. In terms of self-reported well-being, 79.1% report a high happiness score and 85.6% a high satisfaction score. [9] [10]



149,000
people in
RBWM



0.68%

have severe mental illness over **1000** people



7.7%

young people have mental health disorders



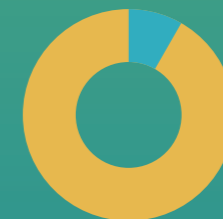
4.67%

over 65s are recorded by their GP to have dementia



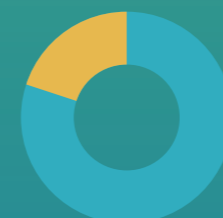
4.3%

adults report long-term mental health problems



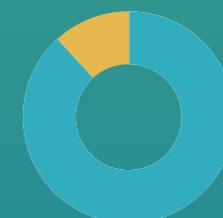
10.3%

report suffering from depression or anxiety



79.1%

report a high happiness score



85.6%

report a high satisfaction score

RESEARCH

Evidence for the effect of green space on mental health looks at both the short-term, temporary effects and long term benefits. Contact with nature can improve emotional state, reduce self-reported anger, fatigue, anxiety, sadness and increase feelings of energy. [11]

Hartig et al [12] tested whether natural environments were more relaxing and restorative than purely urban surroundings, by giving subjects difficult tasks. They measured blood pressure and reported mood throughout, and found that being in nature was associated with quicker returns to normal levels of blood pressure and mood after stress – evidence that being in nature can improve your physical and mental wellbeing in times of stress.

A study by Alcock et al [13] looked at people who moved to greener areas during the years of an annual survey of their mental health. Moving from a less to more green area was associated with improvements in reported mental health.



CASE STUDY: BOYN GROVE COMMUNITY RESOURCE CENTRE GARDENS

By Debbie Dickenson, Public Health Commissioning Officer

Boyn Grove Community Resource Centre was built in 2011. The building is divided into sections and provides day services to people with learning disabilities, profound and multiple learning disabilities (PMLD) and dementia. There are three gardens on site which provide different experiences for clients. They are all paved so that they are completely wheelchair accessible.

There is a small sensory garden with a Redwood tree and Mulberry tree in the centre. A waterfall water feature provides gentle noise. Basil, mint and lavender will be planted this spring. The idea is to stimulate the clients' senses with things to look at, smell and feel.

The garden for the dementia patients is a pretty outdoor space with spring flowers, benches and a large awning to provide shade from the sun. Initially it was thought that dementia clients would help with the gardening, but their problems with concentration has made this difficult. However they do enjoy being outside and have also shown an interest in the allotment garden next door.

The newest of the three gardens was developed in 2016 and was originally just a bit of grass at the side of the building. The centre's manager was approached by the local Foodshare charity and asked if they could have a piece of land as a community allotment to grow fruit and vegetables on. The plan was that local residents' would be able to come and pick and use any produce which was grown.

The council's Bright Ideas fund provided monies to purchase raised planters and vegetable plants to get the project started. The allotment was run by volunteers and while they were dedicated, it was felt that the space could be better utilised. In 2017, the centre's manager took back the management of the space, had the whole area paved and put benches to make the allotment garden more accessible.

Dementia clients have enjoyed helping to pick the vegetables and as a result a pickling and bottling reminiscence project is being planned for later in the year. The idea is that after picking and pickling the produce, clients will be able to take it home to eat. It is also hoped that a local primary school can get involved in the project and make use of one of the allotment beds.

The local Men in Sheds group will be moving their base to Boyn Grove allotment garden in the near future when a shed has been erected for them.

Despite having a relatively small growing space and lots of different groups involved, the allotment garden works so beautifully because it's one aim is to grow food which everybody can enjoy.



Children and Young People

Every child deserves the best start in life to give them the opportunity to thrive in life. Pregnancy and upbringing impacts our physical and mental health during childhood and through to adulthood. Enabling good maternal health can allow a safe delivery and good growth of the foetus, preventing potential poor outcomes from low birth weight or prematurity. The development of a baby's brain and immune system begins in the womb, and continues as they grow.

Green spaces may alter the environmental stimuli we are exposed to, and through this change whether we develop inflammatory diseases such as asthma. They can encourage us to be more active or to connect with our community, which can improve cognitive development. Exposure to the natural environment appears to have an impact on the development of our microbiome – the vast number of microorganisms

that co-inhabit the human body. This microbiome may have an impact on the formation of our immune system, and as such the prevalence of allergies and long-term inflammatory diseases – including asthma. There is also evidence that street trees can improve the air quality in urban areas by absorbing some of the particulate matter from pollution, as well as reducing the 'heat island' effect generated by the concentration of hard surfaces and taller buildings [14].

Together with the improvements in mental health through spending time in nature, green spaces can contribute to a positive development for children, especially for play. The natural environment can improve our environment and change our behaviour to help us grow well. A healthy community which is using the green space available for both formal and informal play to increase a child's chance for the best start in life can set them off on the way to greater health and wellbeing.

RESEARCH

Dadvand et al [15] studied a group of 2,593 primary school children in 36 schools in Barcelona, Spain. Using repeat measures of memory and inattentiveness as an indicator of cognitive development, they compared this with exposure to green space. They measured the 'greenness' around the children's homes, their route to school and the school itself from satellite data that measures the percent of an area covered by plants. They found greater progress in the children in greener schools and home environments, partly explained by a reduced exposure to air pollution.

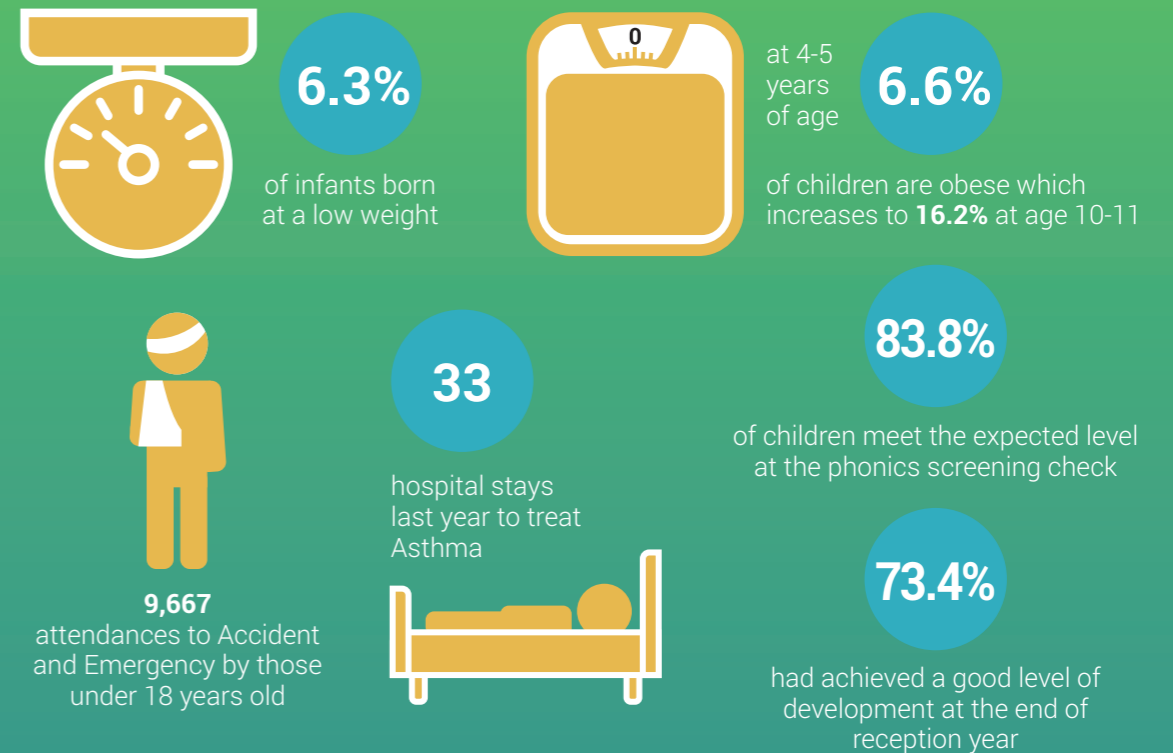
An American study [16] examined the association between birth outcomes and residential greenness. Looking at 64,705 births in Vancouver, Canada (1999-2002), they examined the density of vegetation within 100m of participants' homes, their birth outcomes and other aspects of their environment. They found that, independent of air pollution, noise, neighbourhood walkability and proximity to a park, increasing residential greenness was associated with beneficial birth outcomes including higher term birth weight and reduction of likelihood of prematurity.



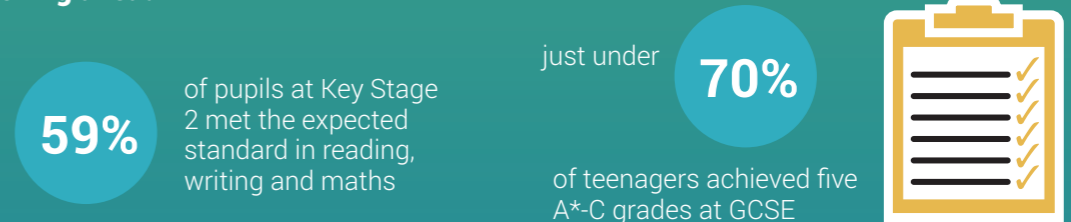
IN OUR AREA

Looking at the most recent data for the health of children in the Royal Borough of Windsor and Maidenhead, we see 6.3% of infants born at a low weight. There were 9,667 attendances to Accident and Emergency by those under 18 years old, and 33 hospital stays last year to treat asthma. At 4-5 years of age 6.6% of children are obese, which increases to 16.2% at age 10-11.

In terms of being ready for school, 83.8% of children meet the expected level at the phonics screening check and 73.4% had achieved a good level of development at the end of reception year. Looking ahead, 59.1% of pupils at Key Stage 2 met the expected standard in reading, writing and maths; just under 70% of teenagers achieved five A*-C grades at GCSE. [17] [18] [19]



Looking ahead



CASE STUDY: THE DAILY MILE

By Mark Jordan, Public Health Commissioning Officer



The aim of 'The Daily Mile' is to improve the physical, social, emotional and mental health and wellbeing of children – regardless of their age, ability or personal circumstances. Children are encouraged to walk, jog or run a mile every day. It takes 15 minutes from desk to desk and children of all abilities can take part.

Cookham Rise Primary School introduced 'The Daily Mile' in September 2016. This was a response to their national weight stats which (in line with the national average) showed that 25% of their year 6 pupils were classified as overweight or obese.

In addition, the school had introduced the 'Quad Kids' format to their sports day the previous year and it had become apparent that the children were unable to comfortably tackle the longer distances of three and four hundred metres. It was hoped 'The Daily Mile' would address these problems.

During the autumn term the PE leader, Dawn Bennett found that it was difficult to fit 'The Daily Mile' into the teaching day. Therefore, in January 2017 she timetabled it between literacy and maths.

She reports that running breaks up a long morning for the children. It provides them with a breath of fresh air and allows them to socialise. The idea of 'personal best' is promoted; the children compete with themselves rather than comparing themselves to others and they are encouraged to help and inspire each other.

The Daily Mile gives the children a chance to refocus and they come back into class re-energised.

The Head Teacher, Helen Daniels felt that one of the barriers to running was that the school field got very muddy in bad weather - with seven classes running seven laps of the field there was the potential for it to turn into a mud bath. She bid for funds from a local charity (Spoore, Merry and Rixman Foundation) and put it with her Sport Premium to purchase an all-weather track which was put down in January 2018.

Year 6 pupils run 'The Daily Mile' every day while the younger pupils run it on the three days when they do not have a PE lesson. The Head Teacher is now looking at technology which would allow the children to time their runs and monitor their progress.

The Royal Borough has used the work at Cookham Rise Primary School to promote 'The Daily Mile' within the area. It was used as a case study at a Building Resilience in Primary School Children conference (January 2018) aimed at teachers and other professionals. It also featured in the spring edition of the Around the Royal Borough Magazine that goes out to every household (63,000 properties). The two local Schools Sports Partnerships are offering training to teachers with the aim of making schools more confident and removing perceived barriers to running 'The Daily Mile'. It is hoped that many more schools will sign up over the next year.

For more information please visit: www.thedailymile.co.uk

Physical Activity

Being active can have wide reaching benefits to our health. It has been shown to reduce the risk of coronary heart disease, stroke, type 2 diabetes. It can help maintain a healthy weight, improve self-esteem and reduce depression and anxiety. Physical inactivity contributes to 1 in 6 deaths [20], estimates suggest that an inactive person is likely to spend 37% more time in the hospital and visit the doctor 5.5% more often than an active person [21]. The Department for Environment, Food and Rural Affairs estimates that the health system could save £2.1 billion per year if everyone had sufficient access to green space and its benefits. [22]

We also know our environment can shape our behaviour, so there is the opportunity to design our neighbourhoods and towns with activity in mind. The links between access to green space and levels of physical activity are well-established in research, which shows higher levels of physical activity in areas with

more green space [23]. Careful planning of towns can enable active travel – i.e. walking or cycling as a mode of transport – through making distances achievable and creating safe and aesthetically pleasing routes to travel on. Those who walk or cycle to their place of work are more likely to meet their physical activity needs. If more of us were active, we could significantly improve the health and wellbeing of our communities. The potential benefits are not limited to health – reducing journeys made by car will decrease carbon emissions, air pollution and traffic, and encouraging walking for shopping can boost our local economy.

Accessible, quality green spaces also allow sports and play to increase leisure time activity. Supporting local sports clubs with facilities, giving spaces for community groups and the provision of playgrounds can all enable people at all ages to be more active. We can harness the natural environment to increase physical activity in our community, and be healthier as a result.

What are the health benefits of physical activity?



[24] Public Health England Health Matters Blog, 2016

POLICY

Chief Medical Officer Recommendations [25]:

1. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of ten minutes or more – one way to approach this is to do 30 minutes on at least five days a week.
2. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
3. Adults should also undertake physical activity to improve muscle strength on at least two days a week.
4. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

RESEARCH

Analysis of the Danish National Health Survey [26] was able to assess self-reported distances to green spaces, BMI and exercise habits. It revealed that those who reported living over 1km, compared with less than 300m, to green space were more likely to be obese and less likely to exercise. Although based on self-reporting which may be biased, this study highlights the potential benefit of encouraging physical exercise through proximity to green space.

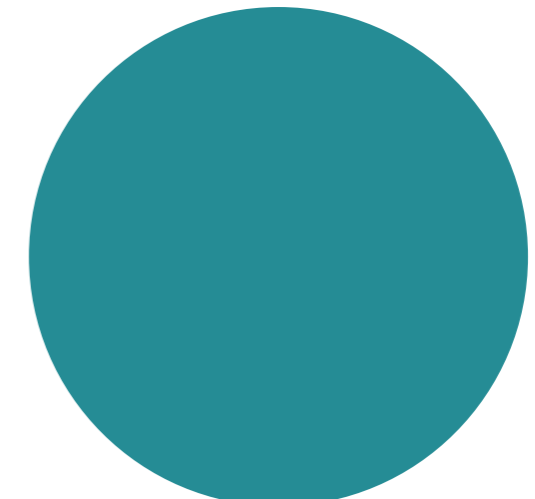
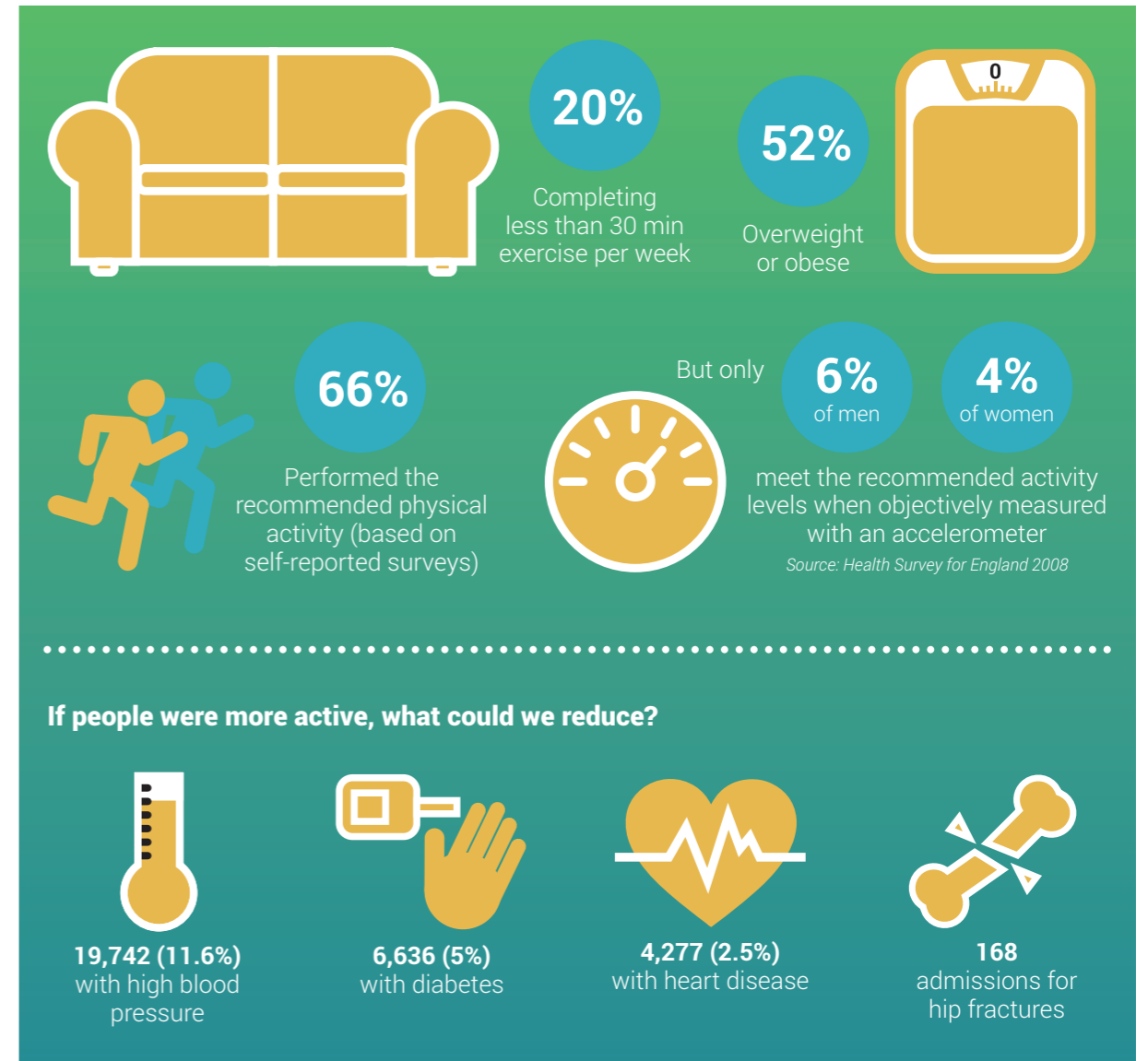


A study [27] in Bristol, UK, used data from the 2005 Bristol Quality of Life in your Neighbourhood survey of 6,821 adults and matched it with a mapping database of neighbourhood and green space information. After statistical analysis, they found that the amount of use reduced with increased distance from the green space, and those living near a formal park were most likely to achieve the recommended amounts of physical activity and were less likely to be overweight.

IN OUR AREA

In the Royal Borough of Windsor and Maidenhead, current data shows 66.3% of adults (18-65) report meeting the physical activity guidelines set out by the Chief Medical Officer, yet 20.3% of adults complete less than 30 minutes exercise per week [28]. Less than half (46.1%) of adults do any walking at least 5 times per week. 58.7% of 15 year olds are sedentary for over seven hours per day on average. A study by NHS Digital using an accelerometer found however that only 6% of men and 4% of women met the required levels of activity [29].

Over half of the Royal Borough of Windsor and Maidenhead's adults are overweight or obese (52.2%), and this starts in childhood – 30.5% of Year 6 children are overweight or obese. 6,636/5% have diabetes, 19,742/11.6% people are living with high blood pressure and 4,277/2.5% suffer from heart disease. 168 people were admitted to hospital last year having broken their hip. [30] [31]



CASE STUDY: PARKRUN MAIDENHEAD

By Helen Preedy, Sports Development Manager



The concept of parkrun is a simple one. It is a 5k run that is open to everyone. It's free and it takes place every Saturday at 9am. Runners sign up in advance and are given a bar code which they scan at the end of the course so that their run time is logged. The first parkrun started in Bushy Park in 2004 and there are now 213 taking place across the UK.

Parkrun Maidenhead is held at Braywick Park. It celebrated its third Birthday on 17th March 2018 with many of the runners running the course backwards! Local residents who had taken part in nearby Parkrun's in Woodley and Reading were instrumental in setting it up. They gained the £3,000 that was needed (to match fund start-up costs provided by the parkrun organisation) through submitting an application to the council's 'Bright Ideas' fund.

Club runners attend the weekly run, but it is a family orientated affair and is aimed at beginners. People run with their children, with pushchairs and with their dogs (1 per runner). There are themed runs where people can dress up and pacer events where runners try to beat their personal best times.

On average 233 people run at Maidenhead parkrun per week, but the biggest event has involved 409 runners. In total 5,811 people (up until 17.03.18) have run Maidenhead parkrun with an average of six runs per person.

Up to twenty-two volunteers help out each week in the 11 different roles from marshal to token sorter. Around a dozen Duke of Edinburgh award young people have helped out and have tried out all the roles including that of the run director.

Parkrun Maidenhead has its own webpage and after every event a report and photos are posted by that week's volunteer report writer and photographer. See: www.parkrun.org.uk/maidenhead/. There is also an active Twitter account (@maidenparkrun) and Facebook page (@maidenhead parkrun) which help to keep runners in touch and also fosters a spirit of camaraderie.

The Toby Carvery at the nearby Stafferton Lodge is the venue for post-run refreshments, but other local businesses have benefited from parkrun 'tourists' coming into the town.

A junior (2km) parkrun is currently being planned at Ockwells Park, Maidenhead. This initiative is due to start up in June and is also being pushed forward by local residents.

Communities and Health Inequalities

The wider determinants of health, as described in the introduction, have an important role in shaping our health and wellbeing. They were a key focus of the Marmot Review [32], which examined the health of our nation and identified a number of inequalities across our society – those of a lower socio-economic class have a lower life expectancy, a higher frequency of many diseases and poorer mental health. The mechanisms between a lower socio-economic class and poorer health are complex, but can include low quality housing, less healthy diets and lower educational achievement.

Green spaces have been shown to reduce these health inequalities, as the benefits of the natural environment may have a stronger effect for those in lower socio-economic groups. This may be in part due to smaller personal gardens and less aesthetic features in neighbourhoods, but there are often more barriers to the use of green spaces as well – such as crime, traffic and social isolation, which itself has been shown to be associated with increased mortality [33].

An important task of public health is to ensure improvements to health occur throughout society, and inequalities in our area are reduced. Improving green spaces in particular areas of deprivation or using initiatives that reduce isolation and loneliness might be one of the means for us to eliminate health inequalities in our area and improve our communities.



POLICY

The Marmot Review [32] of 2010 is a key piece of work that identifies many of the health inequalities in our society and gives recommendations for change. Policy Objective E, 'Create and develop healthy and sustainable places and communities' has a number of aims for the improvement and development of green spaces across the social gradient.

PRIORITY OBJECTIVES:

- Develop common policies to reduce the scale and impact of climate change and health inequalities
- Improve community capital and reduce social isolation across the social gradient

RECOMMENDATIONS:

- E1: Prioritise policies and interventions that both reduce health inequalities and mitigate climate change, by:
 - Improving active travel across the social gradient
 - Improving good quality open and green spaces available across the social gradient
- E2: Fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.
- E3: Support locally developed and evidence-based community regeneration programmes that:
 - Remove barriers to community participation and action
 - Reduce social isolation.

RESEARCH

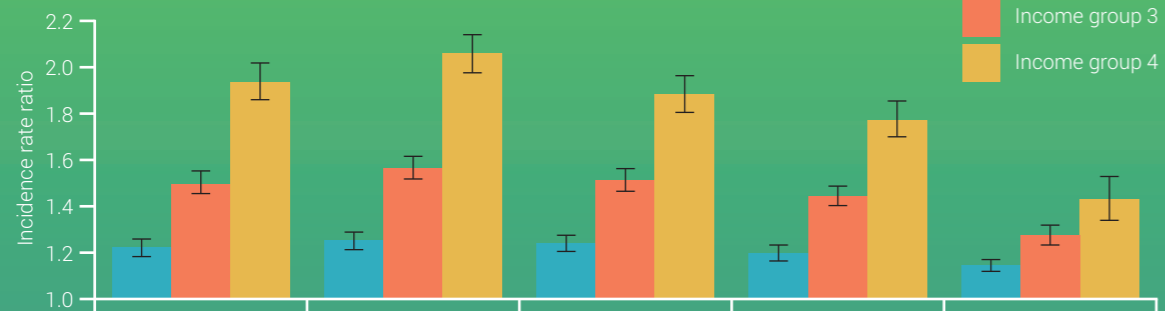
Mitchell and Popham [34] compared different socio-economic groups and the influence of green spaces on their health. Looking at people of working age in groups of increasing income and comparing them with the same groups in areas of increasing green space, they found that the difference in different health outcomes was reduced in areas with more green space. This can be seen in the graph below by the reducing size of the bars as you move left, which is areas of higher green space.

National data from the Monitor of Engagement with the Natural Environment survey, undertaken by Natural England from 2013 to 2015 [35] found that 12% of children had not visited the natural environment in the previous year, and these children were more likely to be of Black and Ethnic Minority origin or of a lower socio-economic class.

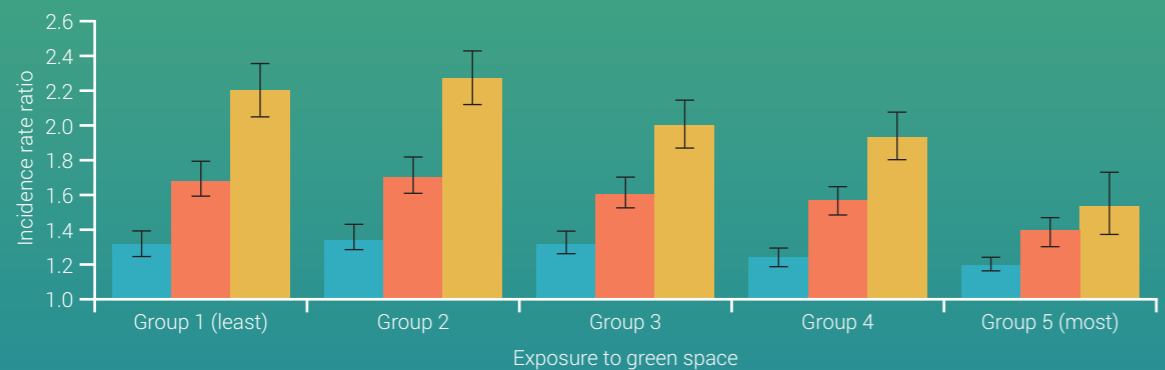
A study [36] in Chicago, USA, looked at the surrounding greenness of 98 publically owned apartment blocks. Residents were randomly assigned to any of the blocks. An examination of police data showed that there were fewer crime reports from apartment blocks with greener surrounding areas when compared to those with less green surroundings.



A All-cause mortality



B Deaths from circulatory disease



[34] Mitchell and Popham, 2008

IN OUR AREA

The latest data for the Royal Borough of Windsor and Maidenhead shows the average life expectancy is 84.6 years for women and 81.6 for men. However, in the most disadvantaged areas the life expectancy is estimated to be lower by 4.2 years for women and 6 for men, compared to the least disadvantaged areas. There are lots of ways to measure the potential causes – they are often the wider determinants of health discussed earlier in the report. Locally, crime rates and unemployment (3.4%) are below the national measures. In terms of pollution, the air has a fine particulate concentration of 7.8µg/m3 (lower than the national average), but transport noise levels are above the 65dB limit in daytime for 6.3% of residents, rising to 11.2% for the night time 55dB limit. In terms of personal isolation, only 48.7% of adult social care users have as much social contact as they would like. Only 12.7% of residents have access to a reasonably sized wood near to where they live. [37]



average life expectancy



in the most disadvantaged areas the life expectancy is estimated to be lower by

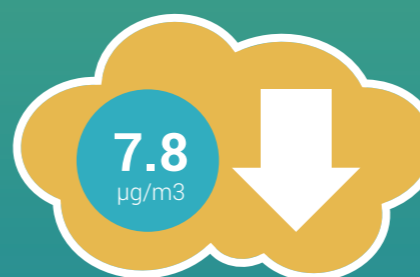


of residents have access to a reasonably sized wood near to where they live

Locally, crime rates and unemployment

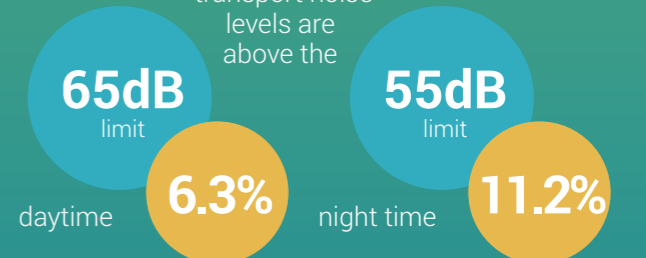


the air has a fine particulate concentration



lower than the national average

transport noise levels are above the



CASE STUDY: STAND OUT FOR AUTISM

By *Debbie Dickenson, Public Health Commissioning Officer*



Stand Out for Autism (SOFA) was set up in 2015 by Holly Clarke, a mother with an autistic son who has experience of working in marketing, events and the media. Holly's vision was not only to raise awareness and acceptance, but to build a community that could support, provide information and create activities for families like hers.

At the end of 2016 the charity was awarded £46,060 after receiving 3,300 votes in the 'People's Projects' (ITV and Big Lottery campaign) competition. This funding allowed the charity to expand its activities and start new projects in Maidenhead.

One of these new initiatives was Sunday morning football sessions for children with autism at Maidenhead United FC's ground. Three sessions are run for different age groups (4-7yrs, 8-11yrs and 12-16yrs) each week during term time in conjunction with the team's 'Magpies in the Community' programme.

The sessions are delivered in small groups by FA Level 2 qualified coaches who have completed the National Autistic Society's autism and sports training. Sessions are open to all children on the autistic spectrum and their siblings and friends can also attend.

Parents report that their children feel safe and confident in the sessions and the children can just be themselves as the coaches understand their behaviour. A number state that this has opened up a sport to their children which was previously not accessible to them. The fact that siblings can attend means the training can be a family affair.

Stand Out for Autism also run multi sports sessions for adults at Maidenhead United FC's covered Astro Turf pitch. These are delivered by qualified multi-sports coaches on Monday's between 6.30pm and 8pm. A range of sports such as football, table tennis, archery and badminton are on offer. There are currently seven participants, six of which travel from outside Maidenhead to attend.

For more information see: www.standoutforautism.com



OPPORTUNITIES AND CHALLENGES

New Developments and Regeneration

The planning of our local area can influence our health behaviours. Quality, easily accessible green space can enable us to exercise, accessibility to services allows walking and there can be opportunities for social engagement.

With local pressures on housing and the demand for new homes to be built in our area, there are both opportunities and challenges to the amount of quality green space. As urbanised areas already become increasingly built up, there is the need to use green areas on the peripheries of towns to provide enough quality accommodation for our population, often against the wishes of some residents. Although green views can be lost, the majority of these developments take place on private land which is not generally accessible by the public. With careful planning, new developments on previously private land could actually result in more publically accessible green space.

A variety of national policies and frameworks exist to assist local authorities concerning the provision of green spaces. These take the form of general advice through to specific quantifications of how much should be provided and for what purpose. These policies are often used by planning authorities to develop local policies that are relevant to the local situation.

To deliver safe, quality homes and neighbourhoods for all groups in our community it is important to find ways to balance the loss of green areas, the need for more housing and the opportunity to develop new green spaces and use investments to benefit the wider community. By engaging with the planning process and ensuring health and wellbeing of residents is considered in planning, we have the opportunity to develop new assets to improve our neighbourhoods.

POLICY

The Six Acres Standard [38] is a commonly used set of measures to guide local planners as to the amount of recreational space that should be in a community. It was developed by the National Playing Fields Association (NPFA, operating name Fields in Trust), and has existed in various forms since the 1930s with a specific recent update in 2008. It aims to inform policy that will result in the protection, improvement and green spaces focused on sport and play. Many Local Authorities include the standard in their open spaces policies.



Fields in Trust recommended benchmark guidelines - formal outdoor space [38]

Open space typology	Quantity guideline (hectares per 1000 population)	Walking guideline (walking distance: metres from dwellings)	Quality guideline
Playing pitches	1.2	1200m	<ul style="list-style-type: none"> Quality appropriate to the intended level of performance, designed to appropriate technical standards Located where they are of most value to the community to be served Sufficiently diverse recreational use for the whole community Appropriately landscaped Maintained safely and to the highest possible condition with available finance Positively managed taking account of the need for repair and replacement over time as necessary Provision of appropriate ancillary facilities and equipment Provision of footpaths Designed so as to be free of the fear of harm or crime Local authorities can set their own quality benchmark standards for playing pitches, taking into the account the level of play, topography, necessary safety margins and optimal orientation Local authorities can set their own quality benchmark standards for play areas using the Childrens' Play Council Quality assessment tool
All outdoor sports	1.6	1200m	
Equipped/ designated play areas	0.25	LAPs - 100m LEAPs - 400m NEAPs - 1000m	
Other outdoor provision (MUGAs and skateboard parks)	0.3	700m	

The National Planning Policy Framework [39] features a number of policies relating to green and open spaces. They include:

- Promoting healthy communities, through access to high quality open spaces and opportunities for sport and recreation
- Protection for existing facilities and the 'Local Green Space' designation, which can be used to

afford special protection for green areas of particular local importance due to their use or features

- Protection of green belt land and the need to positively enhance beneficial use of the land through increasing access, biodiversity of improvement of damaged land

CASE STUDY: THE MAIDENHEAD WATERWAY PROJECT

By Steph James, Maidenhead Town Manager



The Maidenhead Waterway project aims to restore and enlarge the neglected town centre channels into an accessible waterway that everyone can enjoy, whether for boating, walking, cycling, fishing or simply interacting with nature. Better yet, this will all be in the heart of Maidenhead.

Today's overgrown, dried up and neglected channels were once substantial lakes and rivers. As the waterway fell into disuse, Maidenhead town centre lost its riverside setting, yet the old channels are still there. Running south from the Thames near Cliveden, the channel divides into York Stream - passing under the historic Chapel Arches - and Moor Cut which crosses Town Moor. The channels re-join at Green Lane and broaden out before returning to the Thames by Bray Marina. The channels were enlarged in the 1960s for flood defence, a purpose now served by the Jubilee River to the east of the main river Thames. Bray Cut remains up to 14m wide, but is largely hidden and inaccessible. It needs some minor work but, as canoeists have proved, is already navigable today.

The Royal Borough has been our partner as the plans have evolved and the restoration of Maidenhead's waterways has become one of five key initiatives to improve the appearance, amenity and vitality of our town centre. Consultations on the waterway plans were met with enthusiastic public support and, as a result, it was included in the council's adopted Area Action Plan. Maidenhead Waterways expects to tackle the project in stages, as funding allows, but the priority is to restore York Stream and Moor Cut to create a 'ring' for small boats to operate around the town centre. To the south, we will also open up the Bray Cut channel to allow small and then eventually larger craft to enter from the Thames. Longer term, we aim to restore and enlarge the channel from the Thames in the north, completing a larger circuit.

The work involves cutting back or removing the overgrown trees and bushes that obstruct the waterway, selective widening of the narrower sections of the channel and dredging/lowering the bed to increase water depths. The construction of a weir at Green Lane will raise and stabilise water levels within the 'ring' and a lock is to be added at a later stage to allow larger boats to pass into the town centre. We are excited about the opportunities this regeneration will bring for people to be outside, enjoy their town and interact with nature.

INCREASING ACCESS

Another way we can maximise the benefits of green space in our area is to make best use of existing spaces. This can be through improving the quality of already available spaces, opening previously private areas and finding new ways to encourage their use.

Access to green spaces can be increased by removing the barriers to their use. These can vary for different groups, and are not restricted to their quantity or closeness to home. Personal concerns for safety, the quality of the spaces, the weather or poor transport infrastructure can prevent people using green spaces.

Local authorities can work to remove these barriers, alongside the wide range of other organisations who aim to improve the natural environment, encourage people to use it and increase healthy behaviours. Finding new ways to collaborate and strengthening existing links can allow us to make the most of the potential benefits for the green spaces already in our area.



RESEARCH

Volunteering with the Wildlife Trusts [40] improved peoples' mental wellbeing in 6-12 weeks in a study looking at 139 people, some of which were referred by healthcare providers, who volunteered with the Wildlife Trusts as they took part in nature conservation volunteering activities. 95% of participants with low self-reported wellbeing at the start of the project reported an improvement in 6 weeks, this level increased further over the following 6 weeks. Participants reported significantly enhanced feelings of positivity, increased general health and pro-environmental behaviour, higher levels of physical activity and more contact with green space at 12 weeks.

An Australian study [41] combined an audit about public open spaces in Perth with over 1,800 personal interviews. After statistical analysis, they found that those with very good access to large, attractive open spaces were 50% more likely to report high levels of walking, when compared with those do not have access to quality public spaces. This is evidence that the proximity and quality of spaces increases their use.



POLICY

A briefing [42] from the UCL Institute of Health Equity and Public Health England suggests some ways to increase access to green spaces:

1. Create new areas of green space and improve the quality of existing green spaces.
2. Increase accessibility of green spaces and improve engagement with local people.
3. Increasing the use of good quality green space for all social groups.

The Accessible Natural Greenspace Standard (ANGSt) was developed by Natural England to aim to quantify the need for local, useable space near communities. The standards state:

'All people should have accessible natural green space:

- of at least two hectares in size, no more than 300m (five minutes' walk) from home
- at least one accessible 20 hectare site within 2km of home
- one accessible 100 hectare site within 5km of home
- one accessible 500 hectare site within 10km of home'

These criteria account for the need for immediately local smaller spaces, as well as larger areas for sports and walking and are a means by which we can measure the depth and breadth of green spaces around us. Applying the standards to our area might enable us to find particular spaces that could be opened for residents for the widest benefit.



CASE STUDY: DEDWORTH ALL-WEATHER FOOTBALL PITCH

By Catherine Williams, Public Health Communications Officer, and Helen Preedy, Sports Development Manager



In October 2016 an all-weather football pitch was opened at Dedworth Middle School in Windsor. The aim of this dual use facility was to provide a high quality pitch for pupils at the school while improving the sports offer to the local community.

The pitch has increased the use of managed sports facilities and also supports the local playing pitch strategy in identifying more schools to develop their community use offers and support additional facilities to play sport.

It has brought new opportunities for local residents to get active. For example, over the summer parents were invited to take part in beginner netball sessions at the courts next to the all-weather pitch, while their children took part in a football training session.

Dedworth is an area of higher deprivation in the Royal Borough and the Broom Farm (Army) estate is nearby.

The school uses the pitch for PE lessons, but from 6pm (5pm on Mondays and Fridays) and all day at the weekends, it is open to community groups. Floodlighting means that the pitch can be used until 9pm all year round.

The idea was developed to replicate other school based leisure centres although the three facilities with a similar set up are run by the Royal Borough's leisure partner Legacy Leisure. The Dedworth pitch is currently run by a management group comprising of staff from the sports development team, local councillors, the head teacher, the facilities manager and representatives from local football clubs. The group meet three times per year and make decisions on maintenance, promotion of the pitch and the rates charged among other areas.

Currently over 500 young people use the pitch each week (23 junior groups and 2 adult 5-a-side groups). It is fully booked Monday to Friday in season, but has some availability at the weekends and will have empty slots out of season, which can be promoted to the wider community.

Due to the great success of this venture, there are now plans to improve and floodlight the tennis and netball courts that are next to the football pitch. In addition there are plans to utilise the new three court sports hall that is currently being built at the school. This will build on the wider community offer and address some activity gaps including the opportunity to set up a netball league in Windsor.

CONCLUSIONS

Green spaces can fundamentally define the spaces in which people live and work. The natural environment can have wide ranging health benefits for individuals and our communities and therefore have an important role to play in helping to reduce health inequalities.

Green spaces are free at the point of use and are an accessible asset for all communities, including those who may not be willing or able to pay to use other public or private facilities. It should be noted that green spaces are assets of value in their own right and are often valued for their relatively undeveloped and unspoilt nature. The quality of such spaces and their benefit to communities depends upon appropriate design and management of them.

We have examined how there is clear evidence for a range of improvements to health and wellbeing, including but not limited to:

- Mental health
- Pregnancy
- Childhood development
- Reduction in cardiovascular disease
- Increasing physical activity
- Reducing health inequalities
- Improving cohesion in communities

We have been able to showcase the wide range of success stories from the local authority and other organisations that are increasing our health and wellbeing by using the natural environment.

We also considered the current health of our population, particularly in the areas that could be improved by green spaces.

There are opportunities and challenges to using green spaces, and we have also considered some of the limitations to achieving these benefits and a few of the ways we might make more use of the assets in our area.



RECOMMENDATIONS

1. Local authorities and other agencies should continue to encourage community initiatives that make the most of natural space available, with the aim of improving mental health, increasing physical activity and strengthening communities.
2. Existing green space should be improved and any new developments should include high quality green spaces. The use of professional design and arrangements to ensure the ongoing management of natural environments should be considered if spaces are to be sustainable.
3. Opportunities to increase active transport should be considered when designing new green spaces and in the improvement of existing space.
4. Planning guidance for new developments should specifically consider the use of green and blue space to improve the health and wellbeing of residents and others using the space.
5. Local Authorities and their public health teams should foster new relationships with organisations aiming to improve the natural environment and its use.



BIBLIOGRAPHY

- [1] Health Canada, "Determinants of Health," Health Canada, Population and Public Health Branch, 2002.
- [2] H. Barton and M. Grant, "A health map for the local human habitat," *Journal for the Royal Society for the Promotion of Health*, vol. 126, no. 6, pp. 252-253, 2006.
- [3] WHO Regional Office for Europe, "Urban green spaces and health," Copenhagen, 2016.
- [4] Department for Communities and Local Government, "Planning for a Natural and Healthy Environment: Consultation," Communities and Local Government, 2010.
- [5] R. Ulrich, "View through a window may influence recovery from surgery," *Science*, vol. 224, no. 4647, pp. 420-421, 27 April 1984.
- [6] J. Maas, R. Verheij and S. de Vries, "Morbidity is related to green living environment," *Journal of Epidemiology & Community Health*, no. 63, pp. 967-973, 2009.
- [7] R. Bragg, C. Wood and J. Barton, "Ecominds effects on mental wellbeing: An evaluation for Mind," Essex Sustainability Institute and School of Biological Sciences - University of Essex, 2013.
- [8] Office for National Statistics, "Population Estimates for UK," ONS, Mid 2016.
- [9] Public Health Profiles, "Mental Health JSNA," Public Health England, [Online]. Available: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>. [Accessed March 2018].
- [10] Public Health Profiles, "Dementia," Public Health England, [Online]. Available: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia>. [Accessed March 2018].
- [11] D. E. Bowler, L. M. Buyung-Ali, M. T. Knight and A. S. Pullin, "A systematic review of evidence for the added benefits to health of exposure to natural environments," *BMC Public Health*, vol. 10, p. 456, 2010.
- [12] T. Hartig, G. W. Evans, L. D. Jamner, D. S. Davis and T. Garling, "Tracking restoration in natural and urban field settings," *Journal of Environmental Psychology*, vol. 23, no. 2, pp. 109-123, 2003.
- [13] I. Alcock, M. P. White, W. B. Wheeler, E. L. Fleming and M. Depledge, "Longitudinal Effects on Mental Health of Moving to Greener and Less Green Urban Areas," *Environmental Science*, vol. 48, no. 2, pp. 1247-1255, 2014.
- [14] R. McDonald, T. Kroeger, T. Boucher, W. Longzhu and R. Salem, "Planting Healthy Air," The Nature Conservancy, 2016.
- [15] P. Dadvand, M. J. Nieuwenhuijsen, M. Esnaola, J. Forn, X. Basagana, M. Alvarez-Pedrerol, I. Rivas, M. Lopez-Vicente, M. De Castro Pascual, J. Su, M. Jerrett, X. Querol and J. Sunyer, "Green spaces and cognitive development in primary schoolchildren," *PNAS*, vol. 112, no. 26, pp. 7937-7942, 2015.
- [16] P. Hystad, H. W. Davies, L. Frank, J. Van Loon, U. Gehring, L. Tamburic and M. Brauer, "Residential greenness and birth outcomes: evaluating the influence of spatially correlated built-environment factors," *Environmental Health Perspectives*, vol. 122, no. 10, pp. 1095-1102, 2014.

- [17] Public Health Profiles, "Pregnancy and Birth," Public Health England, [Online]. Available: <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy>. [Accessed March 2018].
- [18] Public Health Profiles, "Overview of Child Health," Public Health England, [Online]. Available: <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview>. [Accessed March 2018].
- [19] Public Health Profiles, "School Age Children," Public Health England, [Online]. Available: <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-school-age>. [Accessed March 2018].
- [20] Public Health England, "Everybody active, every day: An evidence-based approach to physical activity," London, 2014.
- [21] N. Sari, "Physical inactivity and its impact on healthcare utilization," *Health Economics*, vol. 18, pp. 885-901, 2009.
- [22] Department for Environment, Food and Rural Affairs, "Defra's climate change plan," London, 2010.
- [23] A. Ellaway, S. MacIntyre and X. Bonnefoy, "Graffiti, greenery, and obesity in adults: secondary analysis of European cross sectional survey," *British Medical Journal*, vol. 331, no. 7514, pp. 611-2, 2005.
- [24] Public Health England, "Health Matters Blog," 19 July 2016. [Online]. Available: <https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day>. [Accessed March 2018].
- [25] Chief Medical Officer, "Physical activity guidelines for Adults (19-64 years)," Crown Copyright, London, 2011.
- [26] M. Toftager, O. Ekholm, J. Schipperijn, U. Stigsdotter, P. Bentsen, M. Grønbaek, T. Randrup and F. Kamper-Jørgensen, "Distance to green space and physical activity: a Danish National Representative Survey," *Journal of Physical and Active Health*, vol. 8, no. 6, pp. 741-9, 2011.
- [27] E. Coombes, A. P. Jones and M. Hillsdon, "The relationship of physical activity and overweight to objectively measured green space accessibility and use," *Social Science & Medicine*, vol. 70, no. 6, pp. 816-822, 2010.
- [28] Sport England, "Active Lives Survey," 2016-17.
- [29] R. Craig, J. Mindell and V. Hirani, "Health Survey for England: Physical Activity and Fitness Summary of Key Findings," Joint Health Surveys Unit, London, 2008.
- [30] Public Health Profiles, "Physical Health," Public Health England, [Online]. Available: <https://fingertips.phe.org.uk/profile/physical-activity>. [Accessed March 2018].
- [31] Public Health Profiles, "Older People's Health," Public Health England, [Online]. Available: <https://fingertips.phe.org.uk/profile/older-people-health>. [Accessed March 2018].
- [32] M. Marmot, J. Allen, P. Goldblatt, T. Boyce, D. McNeish, M. Grady and I. Geddes, "Fair Society, Healthy Lives," The Marmot Review, London, 2010.
- [33] A. Steptoe, A. Shankar, P. Demakakos and J. Wardle, "Social isolation, loneliness, and all-cause mortality in older men and women," *PNAS*, vol. 110, no. 15, pp. 5797-5801, 2013.
- [34] R. Mitchell and F. Popham, "Effect of exposure to natural environment on health inequalities: an observational population study," *The Lancet*, vol. 372, no. 9650, pp. 1655-1660, 2008.
- [35] A. Hunt, D. Stewart, J. Burt and J. Dillon, "Monitor of Engagement with the Natural Environment: a pilot to develop an indicator of visits to the natural environment by children - Results from years 1 and 2 (March 2013 to February 2015)," Natural England Commissioned Reports, London, 2015.
- [36] F. E. Kuo and C. W. Sullivan, "Environment and Crime in the Inner City: does vegetation reduce crime?," *Environment and Behavior*, vol. 33, no. 3, pp. 343-367, 2001.
- [37] Public Health Profiles, "Wider Determinants of Health," Public Health England, [Online]. Available: <https://fingertips.phe.org.uk/profile/wider-determinants>. [Accessed March 2018].
- [38] F. I. Trust, "Beyond the Six Acre Standard," 2008. [Online]. Available: <http://www.fieldsintrust.org/Upload/file/guidance/Guidance-for-Outdoor-Sport-and-Play-England.pdf>. [Accessed 8 12 2017].
- [39] Department for Communities and Local Government, "National Planning Policy Framework," Crown Copyright, London, 2012.
- [40] The Wildlife Trusts and University of Essex, "Volunteering: A Natural Health Service," The Wildlife Trusts, Newark, 2017.
- [41] B. Giles-Corti, M. Broomhall, M. Knuiman, C. Collins, K. Douglas, K. Ng, A. Lange and R. Donovan, "Increasing walking: how important is distance to, attractiveness, and size of public open space?," *American Journal of Preventative Medicine*, vol. 28, no. 2, pp. 169-76, 2005.
- [42] UCL Institute of Health Equity, "Local action on health inequalities: Improving access to green spaces," Public Health England, London, 2014.
- [43] P. Dadvand, J. Sunyer, X. Basagna, F. Ballester, A. Lertxundi, A. Fernandez-Somoano, M. Estarlich, R. Garcia-Esteban, M. Mendez and M. Nieuwenhuijsen, "Surrounding greenness and pregnancy outcomes in four Spanish birth cohorts," *Environmental Health Perspectives*, vol. 120, no. 10, pp. 1481-1487, 2012.
- [44] H. Bixby, S. Hodgson, L. Fortunato, A. Hansell and D. Fecht, "Associations between Green Space and Health in English Cities: An Ecological, Cross-Sectional Study," *PLoS ONE*, vol. 10, no. 3, p. e0119495, 2015.
- [45] R. Mitchell and F. Popham, "Greenspace, urbanity and health: relationships in England," *Journal of Epidemiology & Community Health*, vol. 61, pp. 681-683, 2007.
- [46] I. Markevych, J. Shoierer, T. Hartig, A. Chudnovsky, P. Hystad, A. Dzhambov, S. de Vries, M. Triguero-Mas, M. Brauer, M. Nieuwenhuijsen, G. Lupp, E. Richardson, T. Astell-Burt, D. Dimitrova, X. Feng, M. Sadeh, M. Standl, J. Heinrich and E. Fuentes, "Exploring pathways linking greenspace to health: Theoretical and methodological guidance," *Environmental Research*, vol. 158, pp. 301-317, 2017.
- [47] R. Mitchell, T. Astell-Burt and E. Richardson, "A comparison of green space indicators for epidemiological research," *Journal of Epidemiology & Community Health*, vol. 65, pp. 853-858, 2011.

[48] SE AONBs Woodlands Programme, Forestry Commission and Natural England, "An analysis of accessible natural greenspace provision in the South East," 2007. [Online]. Available: <http://www.forestry.gov.uk/southeasternengland>. [Accessed 8 12 2017].

[49] M. van den Bosch, P. Mudu, V. Uscila, M. Barrdahl, A. Kulinkina, B. Staatsen, W. Swart, H. Kruize, I. Zurlyte and A. Egorov, "Development of an urban green space indicator and the public health rationale," *Scandinavian Journal of Public Health*, vol. 44, no. 2, pp. 159-167, 2016.

[50] I. Alcock, M. White, R. Lovell, S. Higgins, N. Osborne, K. Husk and B. Wheeler, "What accounts for 'England's green and pleasant land?' A panel data analysis of mental health and land cover types in rural England," *Landscape and Urban Planning*, vol. 142, pp. 38-46, 2015.

[51] M. Gascon, M. Triguero-Mas, D. Martinez, P. Davdand, D. Rojas-Rueda, A. Plasencia and M. Nieuwenhuijsen, "Residential green spaces and mortality: A systematic review," *Environment International*, vol. 86, pp. 60-67, 2016.

[52] E. Richardson and R. Mitchell, "Gender differences in relationships between urban green space and health in the United Kingdom," *Social Science and Medicine*, vol. 71, no. 3, pp. 568-75, 2010.

[53] A. Lee and R. Maheswaran, "The health benefits of urban green spaces: a review of the evidence," *Journal of Public Health*, vol. 33, no. 2, pp. 212-22, 2010.

The Royal Borough of
Windsor and Maidenhead
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**Royal Borough of Windsor & Maidenhead
Annual Compliments and Complaints Report**

1 April 2017 - 31 March 2018

“Building a borough for everyone – where residents and businesses grow, with opportunities for all”

Our vision is underpinned by six priorities:

Healthy, skilled and independent residents

Growing economy, affordable housing

Safe and vibrant communities

Attractive and well-connected borough

An excellent customer experience

Well-managed resources delivering value for money

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Frequently used acronyms

LGO	Local Government Ombudsman
RBWM	Royal Borough of Windsor & Maidenhead
ADR	Alternative Dispute Resolution

Complaints processes

	Adult services complaints	Children's services complaints	Corporate complaints	Not within the formal complaints process
Incoming concern	Received via online form, email, telephone call or face to face contact. However received, all complaints are logged on the complaints database (Jadu) for monitoring and tracking. Once logged the complaint is acknowledged within 3 working days and customer informed whether this will be taken as a complaint and if so, under which complaints process			
Stage 1	Statutory No specific timescale but aim to respond within 10 working days. Response from Service Manager or higher.	Statutory Up to 10 working days. Can agree extension for a further 10 working days. Response from Head of Service.	Up to 10 working days. Can agree extension for a further 10 working days. Response from Head of Service.	N/A
Stage 2	N/A	Statutory 25-65 working days. Completed by independent complaints investigators and report produced. Adjudicating letter in response to report completed by Children's Director of Social Care.	Up to 20 working days. Review of stage 1 complaint and response by Director.	N/A
Stage 3	N/A	Statutory Stage 3 independent panel. Up to 70 working days. Panel of three independent members who produce a report. Letter in response to the report completed by the Directors of Children's Services.	N/A	N/A
LGO	Can complain to the Local Government Ombudsman			N/A
Alternative appeal process	N/A	N/A	N/A	Customer given timescales for response

1. INTRODUCTION

- 1.1 The annual report covers the period 1 April 2017 to 31 March 2018 and details all compliments and complaints made by or on behalf of customers, that are investigated under the:
- Formal corporate complaints policy.
 - Statutory adults and children's complaints policies.
- 1.2 Local Authorities are not required to produce an annual report on complaints relating to corporate activities. They are required under statute to report complaints submitted on adults and children's services. The corporate complaints team produce an annual report capturing all compliments and complaints. This allows the Council to assess how residents experience the Council in its entirety. Learning taking from compliments and complaints informs the organisation and development learning programme offered to employees.
- 1.3 The council is a multi-faceted business, for instance council activity during 2017-18 included:
- 203,000 phone calls, 20,000 emails and 15,000 face-to-face enquiries.
 - Over one million visits to libraries with 7,000 new library members.
 - 88 births, 525 birth declarations and 884 deaths registered.
 - 727 marriages conducted.
 - 72,000 visits to museums.
 - Five million waste and recycling collections.
 - 13,000 streetlights upgraded to LED.
 - 275 referrals to children's safeguarding.
 - 57 families supported by the Intensive Family Support Team.
 - 141 adult transfers into long term care.
 - 2,254 support plan reviews.
 - 1,157 adult safeguarding concerns and enquiries investigated.
 - 1,961 planning applications determined.
 - Engagement with 98.3% of residents and 98.8% of business to collect tax and rates.
- 1.4 In 2017/18 the Council received 463 compliments a significant increase on the 192 received in 2016/17 and 644 complaints, slightly down on 2016-17 at 665. Our ambition would be to have fewer complaints, however, the 644 complaints set against the activity base captured in point 1.3 is small.
- 1.5 This report summarises the number and themes of compliments and complaints received. It provides details of compliments and complaints split by service area and response rate. For ease, the report is organised into sections:
- Section 2 Council's complaints processes and procedure.
 - Section 3 National and legislative context.
 - Section 4 Summary of activity.
 - Section 5 Formal corporate complaints and compliments.
 - Section 6 Adult services complaints and compliments.
 - Section 7 Children's services complaints and compliments.

2. COUNCIL'S COMPLAINTS PROCESS AND PROCEDURES

- 2.1 Complaints made about the council's services are dealt with under two processes. The formal corporate complaints policy for general council activity such as: council tax; housing; highways; communications; democratic services and so on; and the statutory adult and children's services. The different complaint processes have different stages, however regardless of which policy a complaint is investigated under, or the outcome, the complainant still has the right to refer their complaint on to the Local Government Ombudsman. The different stages are:
- The council process contains two stages.
 - The adult process contains one stage
 - The children's process contains three stages.
- 2.2 The principle behind the council's complaints procedure is to ensure that every opportunity for resolution is sought through dialogue or local resolution before a complaint is submitted. Where agreement is not achieved customer have a right to complain and the complaints process has different stages dependant on the area of service the complaint is about, see point 2.1.
- 2.3 Although customers can refer complaints to the Local Government and Social Care Ombudsman (LGO) at any stage, the LGO will not normally investigate until the council have exhausted their complaints procedure.
- 2.4 Complaints are made by email, phone call, letter, face to face or by logging the complaint online. All complaints received, along with comments and compliments, are recorded on the council's complaints database (Jadu). The Jadu system provides for compliments and complaints to be captured by number, types, themes, postal address and timeliness of complaint.
- 2.5 The council's complaints policies are intended for use by service users, customers, residents, businesses and visitors or their chosen representatives, which may include councillors.
- 2.6 The Council's complaints process is managed through one team. This means the team is independent of the two statutory adult and children's service, ensures independence from services, removes the possibility of conflicts of interest and secures impartial challenges.
- Quality assurance**
- 2.7 Effective complaint management is crucial to allow confidence on the part of complainants to submit complaints with the understanding that the council will take these seriously and respond. The council has a transparent complaints process that customers can access, in real-time, direct through the online contact platform.

- 2.8 The complaints team focus on ensuring: when a complaint is received, Stage 1, the language and terminology used is easy to understand, this is essential if the complaint is from a child, young person or vulnerable person with additional needs; the process for investigating the complaint is followed and on time and lessons learned and recommendations are captured to secure continual improvement – this includes one to one training/advice/meetings with relevant employees providing them with support and guidance on how best to resolve a complaint.

Demographic information

- 2.9 The complaints team is exploring whether the collection of protected characteristics data can be supported, for analysis purposes only, in accordance with the Equality Act 2010 and relevant data protection legislation. This will also link into the council's equality objectives.

3. NATIONAL AND LEGISLATIVE CONTEXT

Formal corporate complaints

- 3.1 The council's formal corporate complaints policy is discretionary and has been developed based on the Local Government Ombudsman's guidance 'Running a complaints system - Guidance on good practice'.

Adult services

- 3.2 The council has a statutory duty, under the NHS and Community Care Act 1990, to have in place a complaints procedure for Adult Social Care services and is required to publish an annual report relating to the operations of its complaints procedures.

- 3.3 The Local Authority Social Services and NHS Complaints (England) Regulations 2009 introduced a single approach for dealing with complaints for both the NHS and Adult Social Care, the key principles of which are:

- Listening - establishing the facts and the required outcome.
- Responding - investigate and make a reasoned decision based on the facts/information.
- Improving - using complaints data to improve services and influence/inform the commissioning and business planning process.

Children's services

- 3.4 The procedure for dealing with children's statutory complaints and representations is determined by the following legislation:
- The Children Act 1989, Representations Procedure (England) Regulations 2006.
 - The Children & Adoption Act 2002 and Children (Leaving Care) Act 2000 and
 - The accompanying guidance 'Getting the Best from Complaints' (DfE July 2006).

- 3.5 Qualifying individuals are defined in national guidance as the child or young person, their parent, carer or foster carer or 'anyone who could be seen to be acting in the best interests of the child.'

- 3.6 Under the regulations, the council is required to produce and publish an annual report.

4. SUMMARY OF ACTIVITY

- 4.1 In 2017-18, the council received 1,809 contacts from customers that were initially recorded as complaints. This compares to 1,089 in 2016-17; a 66% increase in contacts year-on-year. The increase in the number of contacts made may be the result of increased awareness by customers of the complaints processes and improved ease of access for customers to log a complaint themselves using Jadu.
- 4.2 Contacts that that were not progressed as complaints were signposted to an alternative means of resolution, for example, a service request or via an alternative appeals process, such as parking appeals or statutory tribunals.
- 4.3 The total number of complaints recorded in the annual complaints and compliments report for 2016-17 was 802. This figure included stage 2 and 3 and withdrawn complaints in addition to stage 1 complaints. Therefore the figure of 802 is higher than the 665 reported in table 1 because the final figure does not include:
- Escalation of the same complaint, from 2017-18 stage 2 and 3 complaints have not been added to the total complaints in 2017-18.
 - Withdrawn complaints.
- 4.4 Information on stage 2 and 3 complaints will be shown separately in this report.
- 4.5 As a number of changes have been made to the council's structure during the reporting year 2017-18, this year's report will look at complaints according to whether they were made under the formal corporate, the statutory adult or the statutory children's complaints processes, see table 1

Table 1: complaints received

	Formal corporate	Statutory adult	Statutory children	Total
2017-18	574	33	37	644
2016-17	592	37	36	665

- 4.6 Despite a larger number of contacts with the complaints team, the numbers of complaints logged has slightly decreased during 2017-18.

Themes

- 4.7 Complaints are captured as themes, see table 2.

Table 2: themes of complaints 2017/18 and 2016/17

Theme	2017-18		2016-17	
	Number	%	Number	%
Lack of action - did not do what we said we would	150	23	68	10
Services delivered at a lower standard than in our policy	78	12	109	15
Attitude or behaviour of staff	78	12	72	11
Failed to follow timescales	71	11	56	8
Unhappy with the decision made	61	9	73	11
Situation handled incorrectly	54	8	114	17

Theme	2017-18		2016-17	
	Number	%	Number	%
Did not follow policy	34	5	30	5
Require help, intervention or guidance	30	5	0	0
Gave the wrong information	24	4	21	3
Inaccurate or wrong information recorded	16	2	8	1
Objecting to a policy	15	2	5	1
Failed to take all information into account	10	2	8	1
Did not answer all questions	9	1	1	1
Safeguarding	9	1	0	0
Breach of data protection	5	1	5	1
Failed to respond at all	0	0	40	6
Multiple	0	0	48	7
Malice bias or unfair discrimination	0	0	6	1
Not kept informed	0	0	1	0
TOTAL	665	100%	644	98

4.8 The theme with the highest number of complaints received was lack of action. This along with the theme of failed to follow timescales make up 34% of complaints, see section 4.13 for further information.

4.9 The next two highest themes, making up 24% of complaints, are concerned with services being delivered at a lower standard than in our policy and attitude or behaviour of staff. These relate to how customers feel about the service they receive from the council.

Timescales

4.10 Each stage of the three individual complaint processes have indicative response times. However, these can be extended or alternative timescales agreed from the outset with the complainant. Despite this, in 2017-18, 10% fewer complaints were responded to within agreed timescales compared to 2016-17, see Table 3.

Table 3: Percentage of complaints responded to within timescale

Year	Progressed complaints	Responded to within timescale	% within timescales
2017-18	644	329	51%
2016-17	665	410	61%

4.11 Given the number of complaints received regarding timescales, this is clearly an area for significant improvement. Processes are now in place to monitor the timeliness of responses more robustly, including weekly reports to services of outstanding complaints and use of the council's new performance management software InPhase at weekly SMT meetings. In the first part of 2018/19 there is an improvement in timeliness of responses.

Decisions

4.12 The outcome of complaints is recorded, see table 4.

Table 4: Outcome of complaints

	Fully upheld	Partially upheld	Not upheld	Not yet concluded*	% Partially or fully upheld
2017-18	346	130	133	35	74%
2016-17	259	174	182	50	65%

*It should be noted that the 'not yet concluded' is likely to mean that the complaints team were waiting for the response to update the records and that this had not been received at the time a data snapshot was taken for this report, rather than the complaint still being outstanding.

Local Government Ombudsman

- 4.13 The Local Government Ombudsman (LGO) received 58 complaints and enquiries about the council in 2017-18, compared to 54 in 2016-17, see table 5.

Table 5: complaints received by the LGO

	Adult Care services	Benefits and Council Tax	Corporate and other services	Education and Children's services	Environment services	Highways and transport	Housing	Planning and Development	Other	Total
2017-18	14	4	4	12	5	3	4	11	1	58
2016-17	12	6	2	10	6	4	4	9	1	54

- 4.14 The Ombudsman made 54 decisions during 2017-18 compared to 48 in 2016-17. Complaints decided in 2017-18 includes a number of complaints submitted to the LGO in 2016-17. Some complaints made to the LGO in 2017-18 will have a decision in 2018-19.
- 18 were referred back to the council as they had not been through the complaints process.
 - Four were deemed 'incomplete or invalid' and were not investigated.
 - 19 were closed after initial enquires where they would have asked the council for details and evidence.
 - Four were investigated and not upheld. This is fewer than 2016-17 where seven were not upheld.
 - Nine were investigated and upheld, this was three more than 2016-17. See appendix 1, for full details of decisions as per the 2017-18 LGO annual letter on cases upheld and not upheld.
- 4.15 The nine complaints that were investigated and upheld were:
- Adult social care x 3.
 - Benefits and council tax x 1.
 - Highways and transport x 1.
 - Housing x 2.
 - Planning and development x 2.

LGO reports

- 4.16 A public interest report was published in 2017/18 for a complaint against the council's housing service. The LGO published 42 reports nationally during 2017/18; an increase of 40% on the previous year.

Improvements in working with the LGO

- 4.17 Following the report being issued, liaison arrangements between the council and the LGO were changed and the link officer role that previously sat within the information governance team moved to the complaints team. This has streamlined the provision of information requested by the LGO, improving the timeliness of responses and providing a centralised point of contact both internally and externally. LGO enquiries are logged on Jadu in a similar way to other complaints so that they can be monitored effectively.

Learning and improvements from complaints

- 4.18 Understanding why complaints are made, establishing root causes, changing processes and delivering training as a result is essential to help drive improvements across the council. Listening to customers and reflecting on examples of where we did not get it right can highlight opportunities for improvement and increase satisfaction, fulfilling our strategic priority to provide an excellent customer experience.
- 4.19 Learning from complaints can be found in sections 5.12, 6.14 and 7.18.

Compliments

- 4.20 In 2017-18, there were 563 compliments recorded for teams or individuals across the council, see table 6. Compliments received are fed back to the relevant service areas to ensure that due recognition is given to staff and that learning is shared and disseminated across the directorate.

Table 6: Compliments received

	2017-18	2016-17
Corporate *	310	93
Adult	50	41
Children's	103	56
TOTAL	463	192

* For the purpose of this report corporate services refers to compliments that were received by services other than those within adult and children's services.

- 4.21 This is a substantial improvement in compliments recorded in 2017-18. This may be because of improved services, the ability for customers to record compliments themselves via the council's website and the readiness of services to share compliments that they have received.
- 4.22 Examples of compliments received can be found in sections 5.13, 6.17 and 7.19.

5. FORMAL CORPORATE COMPLAINTS

Summary

5.1 In 2017-18, there were 574 corporate complaints. This represents 89% of all complaints progressed.

- 68% were either fully or partially upheld.
- 52% were responded to within timescales.
- 32 complaints were decided by the LGO, of these:
 - Nine were investigated.
 - Six were upheld.
 - Three were not upheld.
- 310 compliments were received.

Complaints received

5.2 Table 7 details the number and percentage of stage 1 complaints received by service area.

Table 7: Corporate complaints received by service

Teams	Number of complaints	Percentage
Highways	106	18.5
Waste	100	17.4
Customer services	94	16.4
Planning	63	11.0
Housing services	59	10.3
Parking policy	50	8.7
Revenues and benefits	34	5.9
Trees	16	2.8
Outdoor facilities	10	1.7
Environmental services	6	1.0
Leisure services	6	1.0
Libraries and museums	6	1.0
Elections	4	0.7
Finance	3	0.5
Parking enforcement	3	0.5
Building control	2	0.3
Licensing	2	0.3
Community wardens	2	0.3
Building services	1	0.2
Communications & Marketing	1	0.2
Complaints team	1	0.2
Information governance	1	0.2
Registrars	1	0.2
Town centre managers	1	0.2
Trading standards	1	0.2
Web services	1	0.2
TOTAL	574	100

5.3 Highways and Waste received the highest number of complaints. Both service areas deliver a large number of services for the council and along with customer services have a high degree of contact with residents.

Themes

- 5.4 Table 8 details the number and percentage of new complaints received by theme during 2017-18.

Table 8: Corporate complaints received by themes

Type of complaint	Number	Percentage	Number fully upheld
Lack of action	141	25	88
Failed to follow timescales	69	12	30
Attitude or behaviour of staff	68	12	44
Services delivered below standard	65	11	42
Unhappy with a decision that has been	54	9	31
Situation or incident handled incorrectly	46	8	22
Require help or intervention	29	5	25
Did not follow policy	27	5	14
Gave the wrong information	22	4	17
Believe our policy to be incorrect	15	3	1
Inaccurate information recorded	14	2	5
Did not answer all questions asked	9	2	4
Failed to take all information into account	9	2	0
Breach of data protection	4	1	3
Safeguarding	2	0	2
TOTAL	574	100	328

- 5.5 Themes of complaints received are similar to those across the council, see table 2. This is to be expected as the majority of complaints to the council are against these service areas.

Timescales

- 5.6 Table 9 details the number and percentage of stage 1 complaints that were responded to within timescales for each service.

Table 9: Corporate complaints responded to within timescales

Teams	Total number of complaints	Number in timescales	Percentage in timescales
Libraries and museums	6	6	100
Licensing	2	2	100
Community wardens	2	2	100
Registrars	1	1	100
Town centre managers	1	1	100
Trading standards	1	1	100
Web services	1	1	100
Parking policy	50	45	90
Elections	4	3	75
Leisure services	6	4	67
Finance	3	2	67
Parking enforcement	3	2	67
Waste	100	62	62
Highways	106	64	60
Revenues and benefits	34	18	53
Environmental services	6	3	50

Teams	Total number of complaints	Number in timescales	Percentage in timescales
Trees	16	7	44
Customer services	94	40	43
Planning	63	20	32
Outdoor facilities	10	3	30
Housing services	59	11	19
Building control	2	0	0
Building services	1	0	0
Comms & Marketing	1	0	0
Complaints team	1	0	0
Information governance	1	0	0
TOTAL	574	298	

5.7 Numbers of complaints and responses within timescales are shared in monthly performance management meetings between the head of HR and corporate projects and the managing director.

Stage 2 complaints

5.8 If a complainant remains dissatisfied after receiving a response at stage 1 of the corporate complaints service they may request a review by the service director. The timescale for response at stage 2 is within 20 working days.

5.9 Table 10 shows the number and percentage of stage 2 complaints that were responded to within timescales for each service.

Table 10: Corporate complaints in timescales

Teams	Total number of complaints	Number in timescales	Percentage in timescales
Planning	6	6	100
Revenues and benefits	5	4	80
Trees	5	3	60
Customer services	3	2	67
Environmental services	2	2	100
Trading standards	1	1	100
Parking policy	1	1	100
Waste	1	0	0
TOTAL	24	19	

5.10 All but one of the eight services that received stage 2 complaints were among those receiving the highest number of stage 1 complaints. Responsiveness to complaints is significantly higher at stage 2 at 79% compared to 53% for the same services at stage 1.

Complaints to the LGO

5.11 The LGO made decisions about 32 complaints and enquiries for corporate services. Nine were decided following detailed enquiries and of these, six were upheld and three were not upheld. Of the remaining 23, one was incomplete or invalid, 10 were referred back for local resolution and 12 were closed after initial enquiries. See appendix 1 for details on 2017-18 decisions.

Learning from complaints

- 5.12 An important part of the complaints process is capturing the learning and embedding of good practice across the council. Table 11 picks up some of the learning across corporate services during 2017-18.

Table 11: Learning from corporate complaints

Complaint area	Actions and learning
Undated consultation letter received with a deadline for response of one working day.	<ul style="list-style-type: none"> The deadline was immediately extended for a further two weeks. Consultation letters are now dated.
No staff able to gain access to payment machine to check whether money had been 'swallowed'.	<ul style="list-style-type: none"> Staff given training to allow similar issues to be resolved at the time they occur without the need to escalate.
Single person discount not applied and subsequent refund actioned in the wrong name.	<ul style="list-style-type: none"> Team reminded of the correct processes to follow when actioning a direct debit instruction.
Waste	<ul style="list-style-type: none"> Complaints about waste reduced from 115 in 2016-7 to 100 in 2017-18. The waste management team and customer services are working together to ensure the correct information is captured when a concern is raised and that it is then escalated appropriately. Ongoing training is taking place and the handover of issues is now more streamlined. A new role of customer service coordinator has been created and recruited to in commissioning communities. This is proving effective.
Revenue and Benefits	<ul style="list-style-type: none"> If a specific issue is found to be valid, then it is discussed with the individual officer and the wider team.
<p>Housing services</p> <p>There was a distinct pattern observed in the complaints received that related to poor communication by the team and failure to contact the customer back when such a promise was made to them. This meant that the customer no longer had any trust in the information they were being given by staff and felt that staff were</p>	<ul style="list-style-type: none"> All outstanding complaints were responded to and in some cases a meeting was arranged with the Head of Housing and the customer to mitigate. The team have all been made aware of the standard expected of them and have improved in their level of communication with customers resulting in fewer complaints being received.

Complaint area	Actions and learning
unhelpful and lacked interest in their problems.	
Complaint about the lengthy process to renew a blue badge.	<ul style="list-style-type: none"> • Change to process to ensure a smoother and speedier renewal for customers.
Complaint following attempts to contact customer services using the online message service.	<ul style="list-style-type: none"> • Investigated and a technical issue found and rectified.
Delays in applications for a certificate of lawful use.	<ul style="list-style-type: none"> • The planning service has taken steps to significantly increase resources and reduce the risk of these type of delays.
Planning application notice posted on wrong property.	<ul style="list-style-type: none"> • Officers reminded to ensure that the site notice is displayed on or as near to application sites as is possible and also to use items on the public highway where this is possible
Confusion regarding the Enforcement Process (which is a regulatory investigation process) and the Corporate Complaints process (which does not deal with enforcement investigations).	<ul style="list-style-type: none"> • To help clarify this, the planning enforcement webpage was updated and the word complaint replaced with the word investigation.

Compliments

5.13 Corporate services received 310 compliments during 2017-18. This is an increase from 2016-17 when there were 101 compliments received. Table 12 shows the breakdown of compliments across corporate services.

Table 12: Compliments by service

Teams	Number of compliments	Percentage
Libraries and museums	104	34
Highways	70	23
Customer services	34	11
Planning	22	7
Waste	18	6
Community wardens	10	3
Complaints team	7	2
Directors	7	2
Facilities	6	2
Revenues and benefits	6	2
Environmental services	5	2
Communications & Marketing	3	1
Housing services	3	1
Parks and open spaces	3	1
Parking enforcement	2	1
Registrars	2	1

Teams	Number of compliments	Percentage
Town centre managers	2	1
Trees	2	1
Democratic services	1	0
Outdoor facilities	1	0
Parking policy	1	0
Training	1	0
TOTAL	310	100

5.14 Table 13 shows examples of compliments received across service areas. Front facing services that interact regularly with customers received the highest number of compliments in the same way as they also receive the highest volumes of complaints.

Table 13: Examples of compliments received

Service	Compliment received
Libraries and museums	<ul style="list-style-type: none"> On Sunday morning I visited Maidenhead library with my son to get him a library card. The young lady who served me was very helpful, and efficient. She then also helped me to look and reserve some books for him which you did not have in Maidenhead. Unfortunately I forgot to take note of her name, but she did a very good job. <p>It was also very nice to have some activities taking place for my son to interact with. The young people running this activities were very proactive in explaining what was happening, and more than happy and confident to look over the children whilst taking place in the activities. It was a challenge to get him out of the library when it was time to go home! Thank you</p>
Highways	<ul style="list-style-type: none"> I just wanted to say a BIG thank you to all your staff involved in keeping the roads clear of ice and snow over the recent cold snap. I had several important meetings to drive to over this period and not once was I delayed! I am sure your staff worked incredibly hard over this period - thank you very much for a great service! Many thanks for the fix on the lamppost at the entrance to Ashley Hill place. It's made a massive difference. We much appreciate the speed and professionalism of the response of yourself and the lighting team.
Customer services	<ul style="list-style-type: none"> Bless you!!! Thank you so very much for your swift care and assistance, it is so very appreciated. I am always most grateful for your help on all issues we have come up against. Your great, uncomplicated and efficient professionalism is something quite rare these days especially within a complicated system that sometimes seems impossible to know which way to turn or what to do. A huge thank you from us all, alongside great appreciation for your care.
Planning	<ul style="list-style-type: none"> I'm delighted to say that the application approval document arrived today. The whole committee are so pleased to receive it so

Service	Compliment received
	<p data-bbox="520 237 644 271">promptly.</p> <p data-bbox="520 271 1241 338">Thank you very much for your input and support for the application as we went through the necessary stages.</p> <ul data-bbox="475 365 1370 398" style="list-style-type: none"> <li data-bbox="475 365 1370 398">• Many thanks to the planning team with whom I have had contact.
Waste	<ul data-bbox="475 430 1370 562" style="list-style-type: none"> <li data-bbox="475 430 1370 562">• Whilst some of the bins in the Broomhill area of Cookham were not collected this past Friday, I just wanted to say 'thank you' for all the 'dusties' who managed to get in to work so that there were any collections at all on a very difficult day. Well done all!!
Community wardens	<ul data-bbox="475 595 1390 1227" style="list-style-type: none"> <li data-bbox="475 595 1390 958">• I just wanted to send my sincere thanks to the team that worked with me over the weekend on Night Time Economy. As always they were on top of their game and were able to direct venues re drunk individual who had been ejected from other premises so they were refused access elsewhere, they identified a couple of vulnerable females and requested the appropriate assistance from the Street Angels and also were second to none in alerting us to fights in progress and where the offenders and victims were. Very often this vital service and the team behind it are over looked so just wanted to make sure that they received the praise they are due. <li data-bbox="475 992 1382 1227">• I just wanted to express my gratitude for the work of the community wardens in Windsor town centre. Both do an excellent job within the community and are always on hand and willing to assist myself and my colleagues. Yesterday was one of many examples when they offered assistance during an incident after we received word that Boots had a shoplifter in store. I really appreciated their help.
Complaints team	<ul data-bbox="475 1256 1378 1357" style="list-style-type: none"> <li data-bbox="475 1256 1378 1357">• First, let me say "Thank you" for the simple decency of answering the telephone earlier today, and listening to my comments in a calm and collected way. <p data-bbox="520 1384 1342 1451">Thank you also for doing what you said you would do - you got back to me later in the day.</p> <p data-bbox="520 1478 1390 1648">Thank you in particular for your email - it was clear and concise (I had feared I had unearthed the proverbial buggers muddle). Contrary to your comment, it does indeed provide a good outcome to my query - it gives clarity and certainty as to what the law requires.</p>
Facilities	<ul data-bbox="475 1677 1386 1877" style="list-style-type: none"> <li data-bbox="475 1677 1386 1877">• Just a note to thank you for everything you did at the weekend to help make the memorial fundraising event go so smoothly. I knew I could rely on you and you made sure it was as stress free as possible. Thank you for sorting out the taxi driver, looking after the guests and all the setting up of the room and "technical" equipment.
Outdoor facilities	<ul data-bbox="475 1908 1378 2036" style="list-style-type: none"> <li data-bbox="475 1908 1378 2036">• Yesterday, I collected the cremated remains of my brother-in-law for relocation. This was not a day to look forward to, but thanks to the professional efficiency of your officer the whole process was seamless and worked like an expensive chronometer. The lift

Service	Compliment received
	<p>during his busy working day, was greatly appreciated as this lessened the pressure of trying to keep my appointment in the afternoon. Similarly, another officer was also courteous and helpful, in supporting the process. If the other services administered by RBWM are of the same standard, then the residents of the borough are very fortunate indeed.</p>

5.15 The variety of compliments highlights the breadth of work carried out across the council and helps celebrate the good work carried out by a wide range of officers.

6. ADULT SERVICES

Summary

6.1 In 2017-18 there were 33 adult complaints. This represents 5% of all complaints received.

- 60% of complaints were either fully or partially upheld.
- 55% were responded to within timescales.
- 11 complaints were decided by the LGO
 - Three were investigated.
 - Three were upheld.
 - 0 were not upheld.
- 50 compliments were received.

Complaints received

6.2 There is no discernible trend in relation to the number of complaints received for adult social care services, see table 14 for the volumes for the period 2010-18.

Table 14: Total number of adult complaints, 2010-2018

2010-11	2012-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
19	16	49	78	21	44	37	33

6.3 In 2013-14 there was a significant peak of 78 complaints however; this, was unusually high and for the last three years, where oversight has been more consistent, there has been a decrease year on year.

6.4 Table 15 details the number and percentage of stage 1 complaints received by each service.

Table 15: Adult Services complaints for 2017-18

Teams	Number	Percentage
People with disabilities and older people's team	17	51
Community mental health team	3	9
Community team for people with learning Difficulties	1	3
Hospital team	1	3
Occupational therapy	1	3
Short term team	1	3
Adult financial assessments	1	3
Safeguarding	1	3
Partner agencies (including care homes)	7	22
Total	33	100

6.5 In 2017-18, the majority of complaints received, 17 (51%), were in relation to the Physical disability and Older people team. This could be expected given that this team supports the highest number of people.

Themes

6.6 Table 16 details the number and percentage of new complaints received by theme during 2017-18.

Table 16: Themes of adult complaints received during 2017-18

Type of Complaint	Number	Percentage	Number fully upheld
Services being delivered at lower standard than is set out in our policy	9	27	4
Safeguarding	5	15	3
Unhappy with how a situation/incident was handled	5	15	2
Attitude or behaviour of staff	4	13	0
Lack of action - did not do what we said we would do	3	9	2
Unhappy with the decision made	3	9	0
Breach of data protection	1	3	1
Failed to follow timescales	1	3	0
Inaccurate information recorded	1	3	0
Require help or intervention	1	3	0
Total	33	100	12

- 6.7 As in 2016-17, the highest number of complaints received were recorded under the theme of services being delivered at a lower standard than is set out in our policy. Nearly half of the complaints recorded against this theme were upheld. Of the complaints recorded against attitude and behaviour of staff however none were fully upheld. As the number of complaints against each theme is low these figures are indicative only, however each upheld complaint can provide learning and recommendations to enhance the service provided to the council's residents.

Timescales

- 6.8 Table 17 details the number and percentage of complaints responded to within timescales for each service.

Table 17: Adult complaints responded to within timescales

Teams	Total number of complaints	Number in timescales	Percentage in timescales
People with disabilities and Older people's team	17	10	59
Community mental health team	3	0	0
Community team for people with learning difficulties	1	1	100
Hospital team	1	0	0
Occupational therapy	1	1	100
Short term team	1	0	0
Adult financial assessments	1	1	100
Safeguarding	1	0	0
Partner agencies (including care homes)	7	5	71
Total	33	18	

6.9 The council’s target for dealing with adult services complaints is 10 to 20 working days although there is no specified limit for statutory complaints about adult social care and this timescale may be increased for complaints that are particularly complicated. Of the 33 complaints received during 2017-18, 55% were responded to within agreed timescales. This is less than in 2016-17 where 71% were responded to within timescales.

6.10 In April 2017, adult services transferred into Optalis. The complaints team and managers in Optalis have worked together to tighten the processes in place and this is having a positive impact on achieving timescales. Complaints about adult services continue to be managed by the Royal Borough through the complaints team.

Complainants

6.11 The majority of complaints made in 2017-18 were by the service user themselves, followed by the child of the service user, see table 18 for full breakdown

Table 18: People making adult complaints

Who made the complaint	Number	Percentage
Service user	23	70
Child of service user	7	21
Parent of service user	1	3
Extended family	1	3
Spouse or partner	0	0
Advocate	1	3
Total	33	100

6.12 The high percentage of complaints being made by the service user themselves indicates that they feel comfortable and understand how to make a complaint.

Complaints to the LGO

6.13 The LGO made decisions about 11 complaints and enquiries for adult services. Three were decided following detailed enquiries and of these, three were upheld and one was not upheld. Of the remaining eight, one was incomplete or invalid, three were referred back for local resolution and four were closed after initial enquiries. See appendix 1 for details on 2017-18 decisions.

Learning from complaints

6.14 Table 19 picks up some of the learning across adult services during 2017-18.

Table 19: Learning from adult complaints

Complaint area	Actions and learning
Residential services forwarded an incorrect copy of a grant approval to a resident. This detailed a different home adaptation to that which was previously been agreed and resulted in delays in progression of the grant application.	<ul style="list-style-type: none"> New procedures have been put in place to support a smoother transition and communication between Residential Services and Adult Social Care. The importance of regular communication with our customers has been discussed in supervisions and team meetings.

Complaint area	Actions and learning
Better communication facilitated between the council, Optalis and the contractor.	<ul style="list-style-type: none"> A three-way recruitment process was carried out and a commissioning assistant was appointed, which has improved communication.

Compliments

- 6.15 Adult services received 57 compliments during 2017-18. This is an increase from 2016-17 when there were 41 compliments received. Table 20 shows the breakdown of compliments across adult services.

Table 20: Compliments by service

Teams	Number	Percentage
People with Disabilities and Older People's Team	24	41
Short Term Team	13	23
Community Team for People with Learning Difficulties	12	21
Occupational Therapy	3	5
Hospital Team	2	4
Access team	2	4
Community Mental Health Team	1	2
Total	57	100

- 6.16 As with complaints, the highest number of compliments received were for the people with disabilities and older people's team.
- 6.17 Table 21 shows examples of compliments received across adult services.

Table 21: Examples of compliments received

Service	Compliment received
PDOPT	<ul style="list-style-type: none"> It was lovely to meet you today and I thank you for taking the time to think through ways to improve my situation whilst at the same time retaining my sense of independence. I enjoyed your visit (despite my tears) and, for the first time in many years, I feel positive about the future. I seem to have been fighting for some help for so many years that I can hardly believe that there is now a good chance that my life will get better instead of getting worse by the day. I must also thank you for the reassurance that I won't have to go through the horrors of returning home after surgery to be faced by an empty house and the hopeless task of trying to care for myself whilst recuperating. I am coping OK with looking after my Dad and it's certainly in no small part to the Support, Information and Services you have provided. Please pass on to your Boss that you are doing a fantastic Job
Short Term Team	<ul style="list-style-type: none"> Hi. I just wanted to compliment the team of carers who looked after and took such wonderful care of my dad during the last two months of his life. They were all so kind and understanding. They made my mum's life so much easier during such a difficult time.

Service	Compliment received
	<ul style="list-style-type: none"> Thank you for visiting my mother on Tuesday, I am very grateful for the way that you spoke to her and that you treated her with such respect and thoughtfulness.
Occupational Therapy	<ul style="list-style-type: none"> I would like to express our appreciation for the help and guidance you have given us during the visits you made to us here in Ascot. We did not know what to expect as we have never in the past experienced a visit from a Physiotherapist. You very quickly calmed any concerns we may have had. Your patience and explanations as we progressed through the exercises in your booklet were and still are remembered. The benefits of regularly carrying out these well thought out and illustrated exercises are indeed being realised.
Hospital team	<ul style="list-style-type: none"> Many thanks for all your help and understanding throughout this period. I have been very impressed by the standard of care, the responsiveness and the speed of the Social Services team working in Maidenhead.
CTPLD	<ul style="list-style-type: none"> Every Wednesday the group attend the Cemetery, where they work on a project with ISS Grounds Maintenance. The group has done wonders with the flower beds and rose gardens at the cemetery and recently helped an elderly lady who had travelled some distance to attend her mother's grave. The grave was very overgrown and the group saw she was struggling and stepped in to help. They also agreed to keep the grave tidy in the future as she often finds it difficult to travel. <p>The following day, a card arrived from the lady thanking the group for their help and for offering to attend to the grave in her absence. It clearly had made her day and had given the group a great sense of pride.</p>

7. CHILDREN'S SERVICES

Summary

7.1 In 2017-18 there were 37 children's complaints. This represents 6% of all complaints received.

- 54% of complaints were either fully or partially upheld.
- 27% were responded to within timescales.
- 11 enquiries were received by the LGO, of these none were investigated. See 7.16 for further detail.
- 103 compliments were received

Complaints received

7.2 The number of complaints received for children's services during 2017-18 has remained at a similar level to 2016-17 both for stage 1 and stage 2 escalations. There were no stage 3 Panels held during 2017-18, see table 22 for details.

Table 22: Children Services overview

Children's Services	2016-17	2017-18
Stage 1	36	37
Progressed to Stage 2	4	3
Progressed to Stage 3	0	0

7.3 In addition, 36 complaints were withdrawn from the complaints process.

7.4 The number of complaints relating to children's social care services has varied over the last eight years, peaking at 92 in 2013-14, see table 23 for a breakdown for the period 2010-18.

Table 23: Complaints received comparison 2010-18

	2010-11	2012-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Stage 1	22	18	43	90	61	81	36	37
Stage 2	1	1	1	2	0	5	4	3
Stage 3	1	0	0	0	0	2	0	0
Total	24	19	44	92	61	88	40	40

7.5 In 2017-18, the majority of complaints received related to the Pods, see table 24 for full breakdown by team.

Table 24: Complaints received

Teams	Number	%
Pods (child protection, children in need and children in care)	14	38
Multi-Agency Safeguarding Hub	7	19
Children & Young People Disabilities Service	6	15
Duty and assessment	1	3
Family placement team	2	5
Children's centres	1	3
School transport	5	14
Frontline	1	3
Total	37	100

- 7.6 The high number of complaints being directed towards the Pods is not unexpected as these teams hold the long-term cases, dealing with complex child protection and children in care cases, often involving court proceedings.

Themes

- 7.7 Table 25 sets out the themes of children’s complaints during 2017-18.

Table 25: Themes of complaints

Type of Complaint	Number	Percentage	Number fully upheld
Did not follow policy	7	19	2
Attitude or behaviour of staff	6	16	1
Lack of action - did not do what we said we would	6	16	0
Services delivered at a lower standard than in our policy	4	11	1
Unhappy with the decision made	4	11	1
Situation handled incorrectly	3	8	0
Gave the wrong information	2	5	0
Safeguarding	2	5	0
Failed to follow timescales	1	3	1
Failed to take all information into account	1	3	0
Inaccurate or wrong information recorded	1	3	0
Total	37	100	6

- 7.8 The highest number of complaints received were categorised as did not follow policy, process or the law followed by attitude or behaviour of staff, and lack of action. While the number fully upheld is low, the themes may in themselves give an indication of how it feels to be involved with children’s services and could indicate an opportunity for reflection by and with practitioners.

People making children’s complaints

- 7.9 The vast majority of complaints made in 2017-18 were by parents. One formal complaint was made by a young person, which is currently being investigated under stage 2 of the statutory children’s complaints process, see table 26 for further detail.

Table 26: People making children’s complaints

Who made the complaint	Number	Percentage
Parent/Step parent/Adoptive parent	33	89
Carer	3	8
Child/young person	1	3
Total	37	100%

Timescales

- 7.10 The timescale for dealing with a stage 1 complaint is 10 working days. However, this can be extended to 20 working days for more complex complaints or if additional time is required.

- 7.11 Table 27 details the number and percentage of complaints responded to within timescales for each service.

Table 27: Response timescales

Teams	Total number of complaints	Number in timescales	Percentage in timescales
Pods (child protection, children in need and children in care)	14	4	29
Multi-Agency Safeguarding Hub	7	0	0
Children & Young People Disabilities Service	6	2	33
Duty and assessment	1	0	0
Family placement team	2	1	50
Children's centres	1	1	100
School transport	5	2	40
Frontline	1	0	0
Total	37	10	

- 7.12 Completing children's social care complaints within statutory timescales continued to be a challenge during 2017-18. Of the 37 complaints that were received during 2017-18, 27% were responded to within timescales, which is a drop to below half of those responded to within timescales in 2016-17 (62%).
- 7.13 It is acknowledged that this is an unacceptable picture and action to improve this is already in place. This includes weekly reports of outstanding complaints to heads of services and director, as well as meetings between the complaints team and the investigating officers to clarify the complaint and ensure the scope of this is understood. This is having a positive impact on both the timeliness and quality of complaints responses.
- 7.14 On 3 August 2017, children's services transferred into Achieving for Children. The complaints team and managers in AfC have worked together in order to tighten the processes in place and this is already having a positive impact on achieving timescales. Complaints about children's services continue to be managed by the Royal Borough through the complaints team.

Stage 2 complaints

- 7.15 Six stage 2 complaints were resolved in 2017-18, see table 28. Three of these were investigated under the statutory children's complaints process and three under the formal corporate complaints process. No complaints were investigated at Stage 3 in 2017-18.

Table 28: Statutory stage 2 children's complaints, 2017-18

Origin	Number of complaints	Outcome
Escalated from Stage 1 in 2016-17. Responded to in 2017-18.	2	Complainants satisfied with response
Escalated from Stage 1 in 2016-17. Responded to in 2017-18.	1	Complainant dissatisfied with response. Stage 3 requested

Complaints to the LGO

7.16 The LGO received 11 complaints for children’s services. Two were incomplete or invalid, five were referred back for local resolution and four were closed after initial enquiries. See appendix 1 for details on 2017-18 decisions.

Representations

- 7.17 There were 10 representations made by children and young people during 2017-18. These included:
- Young person requested more contact with parent. Weekly telephone calls were agreed.
 - Young person made a representation about their social worker. The issues were successfully addressed in the child in care review meeting and were fully resolved.
 - Young person would like overnight contact with parent. Agreed social worker will carry out a risk assessment and progress if appropriate.
 - Young person did not want to move into semi-independent living. It was agreed to delay the search for a placement.

Learning from complaints

7.18 Table 29 sets out learning from children’s complaints

Table 29: Learning from children’s complaints

Complaint area	Actions and learning
Reports have been produced which present as fact information that has not been substantiated or which use old information that has since been proven to be unsubstantiated or is out of date.	<ul style="list-style-type: none"> • Raised in performance meetings. A themed audit is planned to further explore this.
Hot drink was spilled over a child while attending one of the children’s centres	<ul style="list-style-type: none"> • The offer of hot drinks was immediately suspended in all sessions and the policy was reviewed and updated to ensure that hot drinks are served and consumed away from the play areas. If there is no facility for this then only cold drinks must be offered.
Complaint about a single assessment written for two children in the same family. Parents felt that one child’s situation not fully acknowledged and remained unhappy following a response at stage 1.	<ul style="list-style-type: none"> • The service met with the parents to fully understand their concerns and a separate single assessment was written for the child that fully covered the issues. • Team managers have oversight of all supervision to ensure any practice issues are dealt with at an early stage.
Complaint regarding difficulties communicating with contact workers.	<ul style="list-style-type: none"> • Phones were provided for all contact workers to ensure good communication when delays occurred or contact needed to be cancelled.

Complaint area	Actions and learning
Parents complained about how a referral was dealt with by children's social care.	<ul style="list-style-type: none"> The case was reviewed and it was identified that the approach had been over cautious. This case has been anonymised for use in practice development.
Complaint about a delay in allocating a social worker because of a lack of resources.	<ul style="list-style-type: none"> Unallocated cases are reviewed every Monday in the performance meeting to ensure no case remains unallocated for longer than 5 working days.
Complaint received about the delay in providing an assessment.	<ul style="list-style-type: none"> The timeliness of assessments is now continuously monitored and has risen from below 50% to 93%.
Dentist and optician appointments not made as required following child in care health review.	<ul style="list-style-type: none"> Business support team leader for the Pods now leads on health reviews. An escalation process is in place.
Statutory visits out of timescales.	<ul style="list-style-type: none"> This is monitored in performance meetings to ensure this no longer happens or to understand the reasons on the occasions when it does.

Compliments

7.19 97 compliments were recorded for children's service in 2017-18. This is an increase of 42% from the 56 compliments recorded in 2016-17, see table 30 for a full breakdown.

Table 30: Number of compliments by children's services teams

Teams	Number of compliments	Percentage
Youth services	44	45
Pods	16	16
CYPDS	14	14
Duty and assessment and MASH	6	6
Education and School admissions	5	5
Children's centres	3	3
Family placement team	3	3
Frontline student team	3	3
Educational psychology	1	1
Leaving care	1	1
School transport	1	1
TOTAL	97	100

7.20 Table 31 shows examples of compliments received across children's services.

Table 31: Examples of compliments received

Service	Compliment received

Service	Compliment received
Youth Service	<ul style="list-style-type: none"> • Just to let you know that I caught up with X last week. He absolutely LOVES Youth Club! He said, he 'really wants to thank who set it up for him, he thinks that they are marvellous!' He says he feels 'exhilarated in himself' when he's on his way there and wishes that he'd gone years ago! • I want to say thank you for all the support and care you have given me since Friday. You managed the situation really well and gave me positive support throughout. Whatever I wanted or needed you ensured I had it. You provided a shoulder for me to cry on and helped me to manage the distressing news. You helped me pick myself back up and provided distractions for me in order to cope. You made me laugh and played games with me, which helped me so much. I would also like to thank you for your determination and strength especially when I ran away. You came after me and didn't give up. You supported me back to CAMHS. You remained strong despite how distressing the situation was. If you wouldn't of come after me and provided me with the support you did I don't think I would of been safe. You really helped me and I'm ever so thankful. I really appreciate everything you have done for me. You're the best youth worker. • Until coming along to the ICE music sessions our son didn't participate in any extra-curricular activities. He has had problems with bullying at junior school and the first two years at secondary and this lead to him becoming quite isolated, lacking in confidence and feeling pretty down. He loves playing the guitar, but didn't feel encouraged or confident to play at school. Through attending the youth music sessions he has been provided with an outlet and his confidence has soared. He recently had the opportunity to perform at the recent youth awards ceremony which was amazing to us as, even 6 months ago, he wouldn't have been confident enough to play to an auditorium full of parents, youth workers, teachers etc. We are so grateful for the amazing opportunities that the sessions have provided and really think that our son's general wellbeing and his engagement at school would be at a much lower level if it hadn't been there. We think that coming to the sessions has enabled him to literally keep his head above water and for this, we really can't express our gratitude enough.
CYPDS	<ul style="list-style-type: none"> • Just a quick note to day thanks for this and thanks for all your help. I honestly do not know what we would have one without you and your help. Having a disabled child is hard gruelling work. It is so wonderful knowing you are in our corner - you are inspiring.
Family placement team	<ul style="list-style-type: none"> • Compliment for a supervising social worker who has restored the foster carers' faith in themselves and renewed their conviction to carry on fostering.
Pods	<ul style="list-style-type: none"> • The strength and determination you have is rare and precious. As a social worker, you are doing great. I get frustrated at you but I

Service	Compliment received
	<p>know it's not you. It's hard for you as you're not the one who makes the decisions but I guess I just get angry with you because you're the one that tells me. I haven't come across a social worker like you before. You put so much care into everyone and provide the best care possible. Everyone always tells me I'm lucky to have you as my social worker as you're of the best ones. I agree with that they say.</p> <ul style="list-style-type: none"> • I would like to say a massive thank you to you, you had late evenings the last couple of nights sorting things out and we are very grateful... the last two calls we have seen a huge improvement in mood... Thank you both again... today is my 1st day of not feeling sick with worrying. I know it's the 1st day from the fall out of it all but hearing in her voice the barriers were definitely coming down is my focus of the day.
School admissions	<ul style="list-style-type: none"> • Thank you so, so much for your speedy action in facilitating the in-year transfer, you've given an exceptional & fast service, that genuinely is appreciated. The school have just called and he starts next Monday, so we're thrilled to bits. Sincere thanks & appreciation for all your help!

Appendix 1

Local Government & Social Care OMBUDSMAN

18 July

2018

By

email

Alison Alexander

Managing Director & Strategic Director of Children's
Services Royal Borough of Windsor and Maidenhead
Council

Dear Alison Alexander,

Annual Review letter 2018

I write to you with our annual summary of statistics on the complaints made to the Local Government and Social Care Ombudsman (LGSCO) about your authority for the year ended 31 March 2018. The enclosed tables present the number of complaints and enquiries received about your authority and the decisions we made during the period. I hope this information will prove helpful in assessing your authority's performance in handling complaints.

Complaint statistics

In providing these statistics, I would stress that the volume of complaints does not, in itself, indicate the quality of the council's performance. High volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems. Low complaint volumes can be a worrying sign that an organisation is not alive to user feedback, rather than always being an indicator that all is well. So, I would encourage you to use these figures as the start of a conversation, rather than an absolute measure of corporate health. One of the most significant statistics attached is the number of upheld complaints. This shows how frequently we find fault with the council when we investigate. Equally importantly, we also give a figure for the number of cases where we decided your authority had offered a satisfactory remedy during the local complaints process. Both figures provide important insights.

I want to emphasise the statistics in this letter reflect the data we hold, and may not necessarily align with the data your authority holds. For example, our numbers include enquiries from people we signpost back to the authority, some of whom may never contact you.

In line with usual practice, we are publishing our annual data for all authorities on our website, alongside an annual review of local government complaints. The aim of this is to be transparent and provide information that aids the scrutiny of local services.

In previous years we have commented on delays in your Council responding to our enquiries. This year was no exception and we continued to experience considerable delay. These problems were highlighted in the public report we issued against your Council.

The main issue was the Council's failures in dealing with a homeless man. The Council failed to protect his belongings when he became homeless, did not offer him suitable accommodation or help him find permanent housing and did not deal with his complaint about these matters properly. We recommend the council should apologise to the man and pay him a total of £4,175 to remedy the injustice from these failings. We also asked the Council to amend its accommodation offer letters. The report had considerable criticism of the way the Council handled the man's complaint to it, and our investigation enquiries. On a positive note, senior Council officers have personally explained to me what action the Council is taking to improve its complaint handling and its responses to us. We look forward to seeing the impact of these changes over the next year.

Future development of annual review letters

Last year, we highlighted our plans to move away from a simplistic focus on complaint volumes and instead turn focus onto the lessons that can be learned and the wider improvements we can achieve through our recommendations to improve services for the many. We have produced a new corporate strategy for 2018-21 which commits us to more comprehensively publish information about the outcomes of our investigations and the occasions our recommendations result in improvements to local services.

We will be providing this broader range of data for the first time in next year's letters, as well as creating an interactive map of local authority performance on our website. We believe this will lead to improved transparency of our work, as well as providing increased recognition to the improvements councils have agreed to make following our interventions. We will be seeking views from councils on the future format of our annual letters early next year.

Supporting local scrutiny

One of the purposes of our annual letters to councils is to help ensure learning from complaints informs scrutiny at the local level. Sharing the learning from our investigations and supporting the democratic scrutiny of public services continues to be one of our key priorities. We have created a dedicated section of our website which contains a host of information to help scrutiny committees and councillors to hold their authority to account – complaints data, decision statements, public interest reports, focus reports and scrutiny questions. This can be found at www.lgo.org.uk/scrutiny. I would be grateful if you could encourage your elected members and scrutiny committees to make use of these resources.

Learning from complaints to improve services

We share the issues we see in our investigations to help councils learn from the issues others have experienced and avoid making the same mistakes. We do this through the reports and other resources we publish. Over the last year, we have seen examples of councils adopting a positive attitude towards complaints and working constructively with us to remedy injustices and take on board the learning from our cases. In one great example, a county council has seized the opportunity to entirely redesign how its occupational therapists work with all of its districts, to improve partnership working and increase transparency for the public. This originated from a single complaint. This is the sort of culture we all benefit from – one that takes the learning from complaints and uses it to improve services.

Complaint handling training

We have a well-established and successful training programme supporting local authorities and independent care providers to help improve local complaint handling. In 2017-18 we delivered 58 courses, training more than 800 people. We also set up a network of council link officers to promote and share best practice in complaint handling, and hosted a series of seminars for that group. To find out more visit www.lgo.org.uk/training.

Yours sincerely,



Michael King

Local Government and Social Care Ombudsman

Chair, Commission for Local Administration in England

Local Authority Report: Royal Borough of Windsor and Maidenhead Council
For the Period Ending: 31/03/2018

For further information on how to interpret our statistics, please visit our website:
<http://www.lgo.org.uk/information-centre/reports/annual-review-reports/interpreting-local-authority-statistics>

Complaints and enquiries received

Adult Care Services	Benefits and Tax	Corporate and Other Services	Education and Children's Services	Environment Services	Highways and Transport	Housing	Planning and Development	Other	Total
14	4	4	12	5	3	4	11	1	58

83

Decisions made

Incomplete or Invalid	Advice Given	Referred back for Local Resolution	Closed After Initial Enquiries	Not Upheld	Upheld	Uphold Rate	Total
4	0	18	19	4	9	69%	54

Notes

Our uphold rate is calculated in relation to the total number of detailed investigations.

The number of remedied complaints may not equal the number of upheld complaints. This is because, while we may uphold a complaint because we find fault, we may not always find grounds to say that fault caused injustice that ought to be remedied.

by LGO	Satisfactorily by Authority before LGO Involvement
7	1

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
Joint Adult Safeguarding Board	
Budget 2019/20	Rob Stubbs
Support in the Community for Older People	Lynne Lidster/Fiona Betts
Commissioning of Sexual Health Services	

March 2019

REPORT	AUTHOR

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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