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Royal Borough of Windsor & Maidenhead

NOTICE

OF

MEETING

ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

will meet on

WEDNESDAY, 27TH MARCH, 2019

At 7.00 pm

in the

COUNCIL CHAMBER - TOWN HALL

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

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

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

Karen Shepherd – Service Lead - Democratic Services - Issued: Tuesday, 19 March 2019

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

Fire Alarm -In the event of the fire alarm sounding or other emergency, please leave the building quickly and calmly by the nearest exit. Do not stop to collect personal belongings and do not use the lifts. Do not re-enter the building until told to do so by a member of staff..
Recording of Meetings –In line with the council's commitment to transparency the public section of the meeting will be audio recorded, and the audio recording will also be made available on the RBWM website, after the meeting. Filming, recording and photography of public Council meetings may be undertaken by any person attending the meeting. By entering the meeting room you are acknowledging that you may be audio or video recorded and that this recording will be in the public domain. If you have any questions regarding the council's policy, please speak to the Democratic Services or Legal representative at the meeting.

AGENDA

PART I

ITEM	SUBJECT	PAGE NO
1.	APOLOGIES To receive any apologies for absence.	-
2.	DECLARATIONS OF INTEREST To receive any declarations of interest.	3 - 4
3.	MINUTES To approve the minutes of the meeting held on January 30th 2019.	5 - 8
4.	Q3 PERFORMANCE REPORT To note the report and make recommendations.	9 - 18
5.	JOINT STRATEGIC NEEDS ASSESSMENT To note the contents of the report.	19 - 22
6.	UPDATE ON INTEGRATED CARE SYSTEM To note the contents of the report.	23 - 28
7.	FEEDBACK FROM LGA PEER REVIEW ON DELAYED TRANSFERS OF CARE To receive a verbal update.	-
8.	WORK PROGRAMME To discuss items for future meetings of the new Adults, Children and Health Overview and Scrutiny Panel	-

MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

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

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

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

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

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

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

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

Prejudicial Interests

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

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

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

Personal interests

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

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

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ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 30 JANUARY 2019

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

Officers: Andy Carswell, Vernon Nosal, Sian Smith, Hilary Hall and Lynne Lidster

APOLOGIES

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

DECLARATIONS OF INTEREST

There were no declarations of interest received.

MINUTES

RESOLVED UNANIMOUSLY: To approve the minutes of the meeting held on November 21st as a true and accurate record.

BUDGET 2019/20

The Deputy Director Strategy and Commissioning highlighted from the report summary that the Adult Social Care Levy would be kept at £74.74 for a Band D property. Funds from this Levy and other grants had brought in £20.7million for adult social care over the past five years, while there had been a total spend of £21.4million in the same timeframe. The summary also set out that some proposed efficiencies had been identified in children's and adults services; however, it was more difficult to predict from one year to the next where service demands would be in adult social care, compared to children's services, due to a constantly changing demographic. Members were informed however that the proposed efficiencies would not have any detrimental impact on frontline services.

Members were told that £900,000 of the demography pot was available to adult and children's services to offset any increased level of demand which could not be met from the base budget. This was also to account for the fact that the areas with the biggest increases in demand, for nursing placements and mental health placements and provision, were becoming increasingly expensive due to a volatility in the market for providing services. This demography pot sat with the Deputy Director Strategy and Commissioning, rather than Achieving for Children or Optalis.

Cllr Yong asked for clarification on which budget head the £2.1million New Homes Bonus would go to, as she wanted more information on who the new homes would be provided for. Cllr Yong stated that she hoped they would go to key workers. The Deputy Director Strategy and Commissioning said she would confirm and report back to Members.

Responding to a question from the Chairman, the Deputy Director Strategy and Commissioning stated that efficiency savings in provision of home care would not have any impact on the delivery of the service, nor have any impact on residents. The contract worked in such a way that providers were incentivised to encourage service users to be 'reabled' – i.e. to become independent and provide support for themselves following discharge from a healthcare setting – as quickly as possible. Work was being carried out with health colleagues to avoid delayed transfers of care, as keeping patients in a hospital or other healthcare setting was more expensive than enabling them to return to their own homes as early as possible. For example, there was a move away from insisting that all assessments be carried out in a

hospital. Members agreed that it would be useful to have a presentation on the impact of this work at a future meeting.

Cllr Yong stated her belief that there needed to be a culture shift to make people aware that a care home was sometimes the most appropriate setting for an elderly relative. She said that people were often reticent to put their older relatives into a care home because of the costs involved, even though they may not be capable of looking after themselves in their own homes any longer. The Assistant Director – Statutory Services accepted that this would take a big change in attitude. However it was possible for care providers to use a Care Protection Order in cases where a person was particularly at risk if they were to remain without care in their own homes. This was done on an individual, case by case basis.

Members were informed that the overall budget had been set taking into account the fact that the Adult Social Care Levy could not be increased this year, due to the level of increases that had been imposed in the previous two years.

The Chairman noted the increase in income for adult social care listed in appendix B of the main report. Members were informed that this was due in part to an increase in the number of people who had been assessed as being able to afford to pay more for care placements, and the overall increase in the number of people accessing Council services. Part of the decrease in the Optalis contract was also due to pension clawback from Optalis when staff left the organisation who had previously been TUPE transferred.

The Deputy Director Strategy and Commissioning said that if there was a surge in demand for services then officers would look to see what other efficiencies outside those already identified could be made, but adult social care services would not be precluded from using the Council's reserves. However this would only be done if there was clear evidence that this was the only solution, and efficiencies could not be made from other budget heads.

The details of the savings summary were noted by Members in Part II of the meeting.

Members thanked officers for producing the budget report and for providing reassurances that the budget could be met.

It was
RESOLVED UNANIMOUSLY: That the Panel noted the report and approved the:
i) Detailed recommendations contained in Appendix A which included a base council tax at Band D of £961.33, including a 2.99% increase of £27.91.
ii) Adult social care precept to remain unchanged at £74.74.
iii) Fees and charges contained in Appendix D.
iv) Capital strategy in Appendix G.
v) Capital programme, shown in Appendices H & I, for the financial year 2019/20.
vi) Prudential borrowing limits set out in Appendix L.
vii) Business rate tax base calculation, detailed in Appendix P, and its use in the council tax requirement in Appendix A.
viii) Deputy Director and Head of Finance in consultation with the Lead Members for Finance and Children's Services to amend the total schools budget to reflect actual Dedicated Schools Grant levels once received.
ix) Delegation to the Deputy Director and Head of Finance and Lead Member for Finance to include the precept from the Berkshire Fire and Rescue Authority once the precept was announced.

COMMISSIONING OF SEXUAL HEALTH SERVICES

Members were reminded that the Royal Borough was required, as part of its public health duties, to provide open access to specialist sexual health services to residents. A joint competitive tendering process, along with Slough Borough and Bracknell Forest Councils, was carried out and a preferred bidder chosen. Members were told that each council's percentage

share of contributions towards the cost of the contract was determined by the equivalent percentage use of sexual health services by residents. As Royal Borough residents accounted for 29.7 per cent of attendances, it had been determined that the Council would need to contribute a figure in the region of £550,000, which had been budgeted for. This figure took into account the fact that there had been a reduction in out of Borough costs as a result of robust negotiation with London boroughs.

Improved access to online services was also included in the tender. Information was included on the Royal Borough's website, alongside those of the Berkshire Healthcare Foundation Trust and Safe Sex Berkshire. A publicity campaign for the service was also planned.

Members were told that the shared public health team based in Bracknell, together with representatives of the three councils, would be responsible for monitoring the service. The three year contract would be reviewed every quarter.

It was
RESOLVED UNANIMOUSLY: That Members noted the report and:
i) Approved the award of contract for the provision of an integrated sexual and reproductive health service to Bidder 1 over three years from 1 July 2019, at a total cost of £5,604,851 for three years across the three local authorities in East Berkshire.
ii) Delegated authority to the Deputy Director Strategy and Commissioning, in consultation with the Lead Member for Adult Social Care and Public Health, to finalise the details of the contract award in relation to the Royal Borough.

SAFEGUARDING ADULTS BOARD UPDATE

Members were reminded that it was a statutory requirement for local authorities to set up Safeguarding Adults Boards, and the Royal Borough's Board was operated jointly with Bracknell Forest Council. The key duties of the Board were outlined in the main report, along with details of the key achievements. Members were informed that a large number of agencies had membership of the Board, which was viewed as both a help and a hindrance. Two Safeguarding Adult Reviews had been conducted during the timeframe the report looked into, with a third being started but not completed in time to be included in the report.

It was noted that the number of safeguarding concerns raised progressing to a full enquiry was broadly similar when comparing the Royal Borough against the south east regional average and the national average. The figure was lower for Bracknell Forest, which was attributed to there being a different recording methodology and/or concerns raised later being recategorised so it was no longer considered to be a safeguarding issue.

Members were informed that awareness of the Safeguarding Adults Board was done with residents who had been identified as potentially being in need of the service, before any issues they had were escalated to become a safeguarding problem. It was noted that many residents were unaware they may be victims of a safeguarding and/or neglectful situation, so identifying these residents to raise awareness was viewed as a priority.

Members noted the contents of the report.

UPDATE ON DASH ACTION PLAN

Members were reminded that a complex case involving a woman with learning difficulties who it was believed had been illegally trafficked into the country had previously been discussed at Panel, after a complaint had been made. The woman was in contact with the DASH charity, who suggested a series of actions for future cases. The Assistant Director – Statutory Services said he and the Cabinet Member for Adult Social Care and Public Health had met with DASH and a full action plan had been produced. All the actions had been implemented and there had been no substantive comments or complaints received since implementation.

WORK PROGRAMME

Members were informed that it was unlikely that a Green Paper on funding for adult social care would be produced before the next meeting, so it was agreed to defer this item. It was also agreed to add the presentation on the peer review of delayed transfers of care.

Members noted the contents of the ongoing work programme.

LOCAL GOVERNMENT ACT - EXCLUSION OF THE PUBLIC

RESOLVED UNANIMOUSLY: To approve the motion to exclude the public for the remainder of the meeting.

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

CHAIRMAN…….

DATE…….....

Report Title:	**Q3 2018/19 Performance Report**
Contains Confidential or Exempt Information?	NO - Part I
Member reporting:	Councillor M Airey, Deputy Lead Member for Performance Management
Meeting and Date:	Adult Services and Health Overview and Scrutiny Panel, 27 March 2019
Responsible Officer(s):	Angela Morris, Deputy Director of Adult Services and Hilary Hall, Deputy Director Strategy and Commissioning
Wards affected:	All

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REPORT SUMMARY

1. The summary of the Quarter 3 2018/19 performance of the council's performance management framework (PMF) shows six of the ten measures reported to the Adults Services and Health Overview and Scrutiny Panel have met or exceeded their target, three measures are just short of target (within tolerance) and one measure is off target (data a quarter in arrears), see table 1 and Appendix A.

1. DETAILS OF RECOMMENDATION(S)

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

i) Endorses the Q3 2018/19 performance summarised in table 1 and appendix A.

ii) Requests the Lead Member for Adult Social Care and Public Health and relevant Heads of Service to focus effort to improve performance in areas just short of target or below target and maintain performance in the measures meeting or exceeding target.

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

2.1 In November 2017 Cabinet approved the council's Performance Management Framework (PMF) of 25 key measures aligned to its refreshed Council Plan with six strategic priorities over the plan period 2017-21:

- Healthy, skilled and independent residents
- Safe and vibrant communities.
- Growing economy, affordable housing.
- Attractive and well-connected borough.
- Well-managed resources delivering value for money.
- An excellent customer experience.

2.2 Cabinet also recommended quarterly performance reporting of additional measures to the appropriate Overview and Scrutiny Panel. This report summarises the quarter 3 performance of those measures.

Quarter 3 performance 2018/19

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

2.4 Indicator 1.1.2 is part of the performance reporting in terms of the health of working people in the borough, but takeup is not within the control of the council as health checks are offered through GP surgeries. Performance is, therefore, difficult to predict and influence.

Table 1 Q3 Performance 2018/19

Measure	Red	Amber	Green
1.1.2 Percentage of persons offered a NHS health-check from the target cohort (40-74yrs)	1		
1.1.4 Percentage of successful treatment completions (alcohol)			1
1.1.5 Percentage of successful treatment completions (opiates)		1	
1.1.6 Percentage of successful treatment completions (non-opiates)		1	
1.4.1 Number of permanent admissions to care for those aged 65+yrs			1
1.4.2 Rate of delayed transfers of care, per 100,000 population, which are attributable to Adult Social Care			1
1.4.3 Percentage of rehabilitation clients still at home 91 days after discharge from hospital			1
1.5.1 Percentage of current carers assessed or reviewed in the last 12mths		1	
1.5.3 Number of carers supported by dedicated services directly commissioned by RBWM			1
2.1.4 Percentage of adult safeguarding service users reporting satisfaction			1
Total	**1**	**3**	**6**

Detailed performance for all measures is in appendix A including commentary for measure 1.4.1 which is currently off target (out of tolerance). For measures 1.1.5 and 1.1.6 which are amber, the number of service users is small which can impact the percentages significantly, and performance in each case is in line with national benchmarks.

2.5 Appendix A also contains management information (not performance driven) on the number of complaints and compliments relating to adult services for the year to date.

Options

Table 2: Options arising from this report

Option	Comments

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

3. KEY IMPLICATIONS

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

Table 3: Key Implications

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

4. FINANCIAL DETAILS / VALUE FOR MONEY

4.1 No financial implications.

5. LEGAL IMPLICATIONS

5.1 No legal implications.

6. RISK MANAGEMENT

6.1 The risks and their control are set out in table 4.

Table 4: Impact of risk and mitigation

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

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

7. POTENTIAL IMPACTS

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

8. CONSULTATION

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

9. TIMETABLE FOR IMPLEMENTATION

The full implementation stages are set out in table 6.

Table 6: Implementation timetable

Date	Details
Ongoing	Comments from the Panel will be reviewed by Lead Members and Heads of Service.
31 March 2019	Performance Management Framework for 2019/20 reviewed and agreed for the next municipal year.
30 June 2019	2018/19 Annual Performance Report available for Scrutiny and Cabinet

10. APPENDICES

10.1 This report is supported by two appendices:

- Appendix A: Adult Services and Health Performance Report Q3 2018/19

11. BACKGROUND DOCUMENTS

11.1 This report is supported by one background document:

- Council Plan 2017-21: https://www3.rbwm.gov.uk/downloads/file/3320/2017-2021_-_council_plan

12. CONSULTATION (MANDATORY)

Name of consultee	Post held	Date sent	Date returned
Cllr M Airey	Cabinet Member for Environmental Services		

Name of consultee	Post held	Date sent	Date returned
	(including parking, flooding, housing and performance management)		
Duncan Sharkey	Managing Director		
Rob Stubbs	Section 151 Officer		
Elaine Browne	Head of Law and Governance		
Nikki Craig	Head of HR and Corporate Projects		
Louisa Dean	Communications		
Russell O'Keefe	Executive Director		
Andy Jeffs	Executive Director		
Kevin McDaniel	Director of Children's Services		
Angela Morris	Director of Adult Social Services	08/03/2019	
Hilary Hall	Deputy Director of Commissioning and Strategy	08/03/2019	11/03/2019

REPORT HISTORY

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

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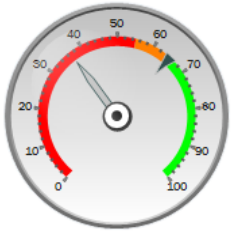
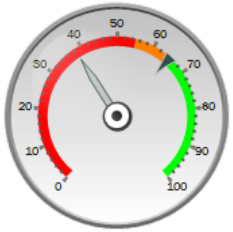
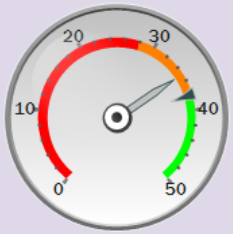
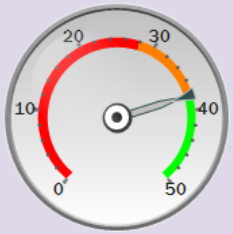
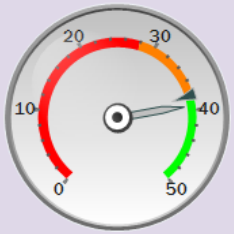
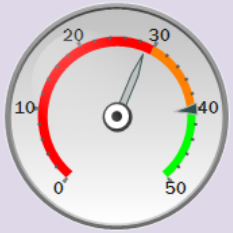
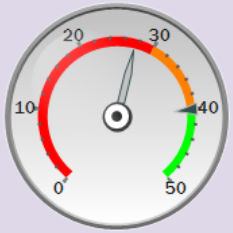
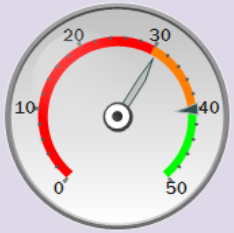
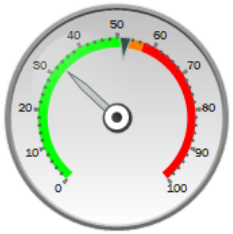
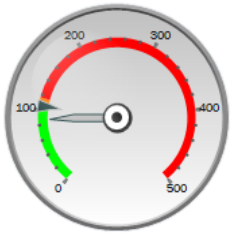
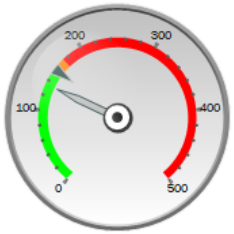
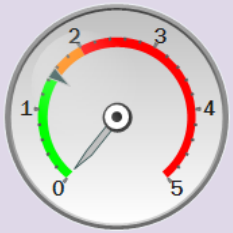
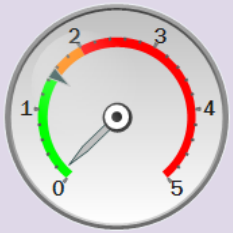
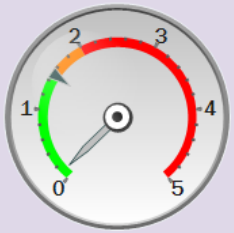
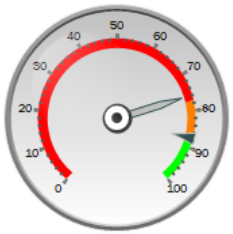
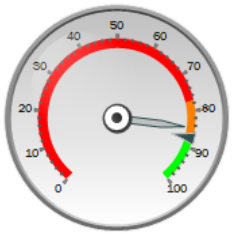
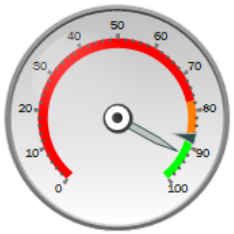
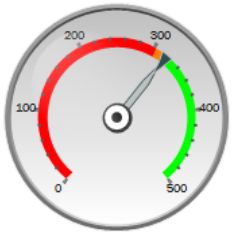
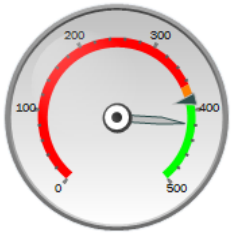
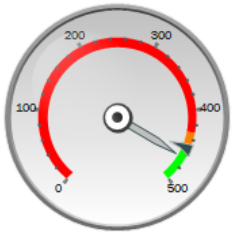
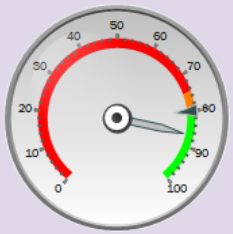
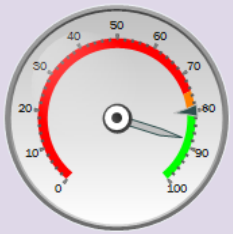
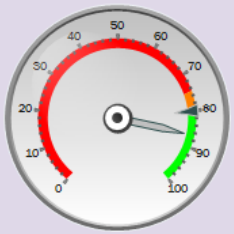
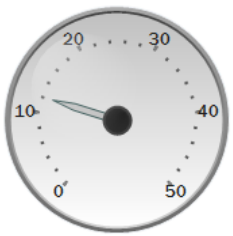
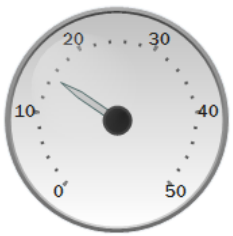
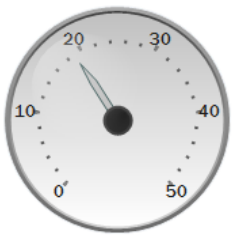
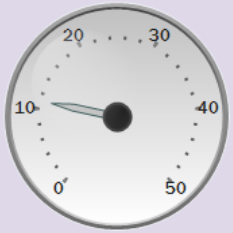
Adults Services and Health Overview and Scrutiny Panel 2018/19: Q3									
Council Strategic Priority	**Ref.**	**Measure**	**Q1 YTD**	**Q2 YTD**	**Q3 YTD**	**Actual YTD**	**Target YTD**	**YTD Status**	**Lead Member**
Healthy, skilled and independent residents	1.1.2	Percentage of persons offered a NHS health-check from the target cohort (40-74yrs)			?	?	65.0	?	Cllr Carroll
Q3 Commentary Data for this measure is only available a quarter in arrears. Performance for Q2 stands at 884 (39.1%) against the Total Eligible Population (TEP) target of 2,258. It is acknowledged that the number of offers made derives from GPs data returns by the deadline of 30 September 2018 to inform NHS Digitals' publication of national data-sets. Invoices returned by GPs after 30 September 2018 are therefore not included in the reported figure of 39.1%. This quarter all GPs have since been reminded about timely invoicing and their individual cap figures which is based on local need.									
Healthy, skilled and independent residents	1.1.4	Percentage of successful treatment completions (alcohol)				39.3	38.0	★	Cllr Carroll
Q3 Commentary This data is currently indicative ahead of the release of confirmed figures from national data-sources in February 2019. However RBWM Q3 figures (42 %) are above the national figures which is only 40% for Q3									
Healthy, skilled and independent residents	1.1.5	Percentage of successful treatment completions (opiates)				6.6	10.0	●	Cllr Carroll
Q3 Commentary This data is currently indicative (October 2018 data) ahead of the release of confirmed figures from national data-sources in February 2019. Nevertheless the RBWM Q3 figures (6.72 %) are above the national figures (6.21 %)									

Adults Services and Health Overview and Scrutiny Panel 2018/19: Q3									
Council Strategic Priority	**Ref.**	**Measure**	**Q1 YTD**	**Q2 YTD**	**Q3 YTD**	**Actual YTD**	**Target YTD**	**YTD Status**	**Lead Member**
Healthy, skilled and independent residents	1.1.6	Percentage of successful treatment completions (non-opiates)				30.7	40.0	●	Cllr Carroll
Q3 Commentary This data is currently indicative (October 2018) ahead of the release of confirmed figures from national data-sources in February 2019. However the RBWM Q3 figures (37%) is just 1 percent less than the national figure (38%)									
Healthy, skilled and independent residents	1.4.1	Number of permanent admissions to care for those aged 65+yrs				134	157	★	Cllr Carroll
Healthy, skilled and independent residents	1.4.2	Rate of delayed transfers of care, per 100,000 population, which are attributable to Adult Social Care				0.10	1.50	★	Cllr Carroll
Healthy, skilled and independent residents	1.4.3	Percentage of rehabilitation clients still at home 91 days after discharge from hospital				92.3	87.5	★	Cllr Carroll

Adults Services and Health Overview and Scrutiny Panel 2018/19: Q3									
Council Strategic Priority	**Ref.**	**Measure**	**Q1 YTD**	**Q2 YTD**	**Q3 YTD**	**Actual YTD**	**Target YTD**	**YTD Status**	**Lead Member**
Healthy, skilled and independent residents	1.5.1	Percentage of current carers assessed or reviewed in the last 12mths				57.3	60.0	●	Cllr Carroll
Q3 Commentary The PDoPT team has implemented a strength based approach, three conversation model of resource provision. This has now been fully implemented with minimum disruption but interrogation of data reveals that whilst there is confidence that performance hasn't dropped, there has been a glitch in how it was captured. The operational managers and data team have identified the problem and will be entering this onto the system retrospectively.									
Healthy, skilled and independent residents	1.5.3	Number of carers supported by dedicated services directly commissioned by RBWM				466	453	★	Cllr Carroll
Safe and vibrant communities	2.1.4	Percentage of adult safeguarding service users reporting satisfaction				86.6	80.0	★	Cllr Carroll
Healthy, skilled and independent residents	5.4.1a	Number of council complaints received relating to adult services (including CareWatch)				19	?	n/a	

Adults Services and Health Overview and Scrutiny Panel 2018/19: Q3									
Council Strategic Priority	**Ref.**	**Measure**	**Q1 YTD**	**Q2 YTD**	**Q3 YTD**	**Actual YTD**	**Target YTD**	**YTD Status**	**Lead Member**
Q3 Commentary Measure note: The complaints data-set is dynamic and, as the year progresses, items logged on the system as complaints may subsequently be withdrawn or, upon seeking clarification as to the nature of the complaint to aid resolution, be determined as service requests rather than complaints. Quarterly performance reports therefore constitute a snapshot in time of the complaints system database. The complaints database categorises complaints principally by council service and then with detail of the responsible unit or service-area. The grouping of complaints by theme (e.g. "business development and town centre management", "leisure services, libraries and museums") is subsequently undertaken manually according to professional judgement when sorting data.								
Healthy, skilled and independent residents	5.4.2a	Number of compliments received relating to adults services				18	?	n/a	
Q3 Commentary Measure note: Quarterly performance reports constitute a snapshot in time of the compliments system database. The database categorises compliments principally by council service and then with detail of the related unit or service-area. The grouping of compliments by theme (e.g. "business development and town centre management", "leisure services, libraries and museums") is subsequently undertaken manually according to professional judgement when sorting data.									

Subject:	Joint Strategic Needs Assessment – current and future plans
Reason for briefing note:	To provide an update to Adults Services and Health Overview and Scrutiny Panel
Responsible officer(s):	Holli Dalgliesh, Service Lead, Public Health Programmes
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy and Commissioning
Date:	11 March 2019

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

SUMMARY

This paper describes both the long and short term plans for the Joint Strategic Needs Assessment (JSNA) to be delivered in 2019 and beyond. It provides an overview of the structure and priorities associated with an interim JSNA and details of the proposal for how the JSNA process can be adapted and improved moving forward.

1 BACKGROUND

1.1 The JSNA has been a joint duty between local authority and the Clinical Commissioning Group, on behalf of the Health and Wellbeing Board, for 10 years. It looks at the current and future health and care needs of the local population to inform and guide local decision making. One of its key focuses is to highlight and encourage local decision makers to address any variations and inequalities that exist in the health and wellbeing of the borough.

1.2 The JSNA has a wide audience including the general public, voluntary sector and local businesses. However the key audiences are health and social care commissioners.

1.3 Since 2013, the local authorities across Berkshire have followed a similar structure of JSNA that splits the chapters into significant areas of life – e.g. developing well, living well, ageing well etc. Despite following a similar structure, the focus of the chapters remains based on the individual needs of each local authority area. This process has been supported by the shared public health team who provide data to facilitate any local updating.

1.4 Both locally and across Berkshire it has been felt that the JSNA is:

- Underutilised.
- Often out of date/ not timely or relevant.
- Taking a disproportionate amount of time to produce in relation to its impact on evidenced based decision making.
- Out of date with JSNA developments across the country.

1.5 The next iteration of the JSNA is currently in development, with sign off scheduled for the Health and Wellbeing Board in April 2019. This JSNA has been supported by three rapid needs assessments, focused on the three life course areas: children and young people, working age adults and older people. This JSNA is seen as an interim measure to ensure the Royal Borough has up-to-date information published online.

1.6 The development of the interim JSNA is running parallel to a review of the JSNA structure and process across Berkshire. It is proposed that a new Berkshire approach to the JSNA is

gradually introduced throughout 2019/20, which moves away from a traditional online document of reports to a suite of tools that can be used to interrogate data.

2 KEY IMPLICATIONS

2.1. The current JSNA will serve as an interim arrangement for the borough. It will ensure that the JSNA is up-to-date, reflects the needs of the borough and that the Health and Wellbeing Board fulfils its duty.

2.2. The Berkshire approach to the JSNA will have positive implications for the Royal Borough. By creating an online resource that is up-to-date and relevant, the JSNA can support decision makers to utilise and target public funds in the most cost-effective and timely manner.

3 DETAILS

Interim JSNA

3.1 The development of the interim JSNA has been informed by a three rapid needs assessment. The priorities emerging from these assessments have been included within three chapters that cover the main stages of life; children and young people (developing well), working age adults (living well), and older adults (aging well).

3.2 The priority areas identified in the rapid needs assessment for the Living Well chapter (working age adults) were:

- Mental health.
- Cardiovascular diseases (specifically diabetes).
- Dementia.
- Alcohol related road traffic accidents.
- Excess weight.
- Use of green spaces for exercise or health reasons.
- Smoking in intermediate groups.

3.3 The priority areas identified for the Aging Well chapter (older adults) were:

- Sight loss, including age related macular degeneration.
- Falls.
- Immunisations.
- Dementia.

3.4 For completeness, the priority areas for children and young people were autism, child obesity, child poverty, emotional and mental health, immunisations and A&E admissions.

3.5 In addition to the three life stages chapters, the JSNA also includes chapters on: population, deprivation, life expectancy, employment and income, housing and homelessness, crime and disorder, domestic abuse, the environment and road safety.

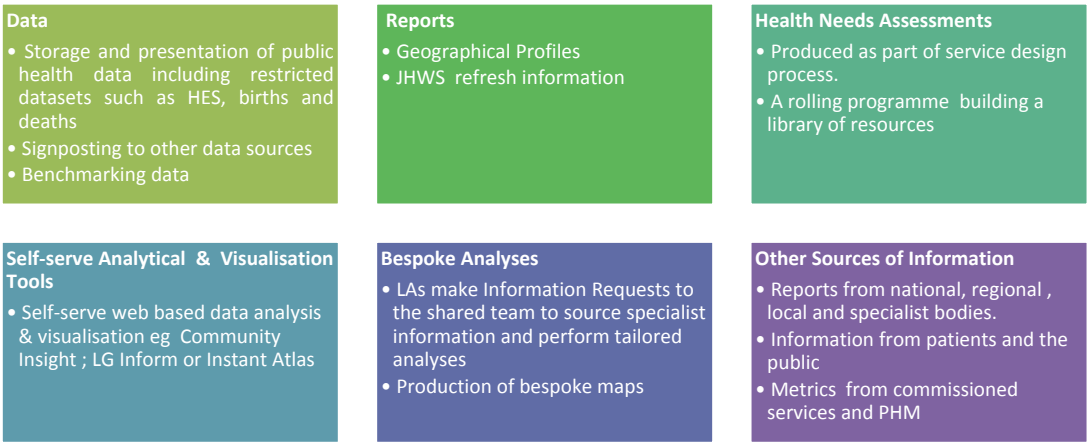
Long term plan for the JSNA - Berkshire Approach

3.6 The Berkshire approach sees the JSNA move away from a traditional online document of reports to a suite of tools that can be used to interrogate the data. Rather that updating chapters and reports each year, it is proposed that all six authorities will work to build a library of resources which will include analysis of local needs and evidence of intervention effectiveness. These can be tailored to align with the local commissioning cycle, ensuring

that the JSNA remains timely and relevant, maximising its impact. There will also be an online data platform that will present data in a visual and accessible way.

3.7 The new suite of resources to be included within the new JSNA are shown in Figure 1. Many of these are in place already but work will be needed to develop a range of new local routine reports by the shared team; to roll out the self-serve tool and build the library of resources. A key new area of work will be the inclusion of data from patients and residents.

Figure 1: JSNA Building Blocks



3.8 The costs associated with the procurement of the self-service analytical and visualisation tool will be absorbed within the budget of the shared public health team, which is funded jointly by all six Berkshire authorities. The JSNA will continue to have an associated cost of officer time for the borough, however it is not envisioned that this will be any more than currently utilised and even presents a possibility to lower this cost.

4 RISKS

4.1. There is a risk of inefficient use of limited resources if the JSNA process remains in its current format. The Berkshire approach aims to reduce this risk and make the best use of limited RBWM resources to produce a JSNA that is relevant, up-to-date and an asset to the local authority.

5 NEXT STEPS

March 2019	Share new JSNA model with statutory partners
	Finalise chapters for interim JSNA
March-April 2019	Procure self-serve analysis tool
	Design training for tool use
April 2019	Agree initial needs assessments and reports to be included in new JSNA
	New JSNA model adopted
	Interim JSNA signed off by Health and Wellbeing Board
April- May 2019	Publishing interim JSNA online

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Subject:	Update on the Frimley Health and Care Integrated Care System
Reason for briefing note:	To provide an update to the Adult Services and Health Overview and Scrutiny Panel on the development of the Frimley Health and Care Integrated Care System and the System Operating Plan
Responsible officer(s):	Hilary Hall, Deputy Director Strategy and Commissioning
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy and Commissioning
Date:	13 March 2019

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

SUMMARY

The Frimley Health and Care Integrated Care System was established in April 2016. The Royal Borough has played a key role in its development. The Integrated Care System covers a wide footprint of just under 800,000 population, covering East Berkshire, North East Hampshire and Farnham, and Surrey Heath. Considerable progress has been made against the Integrated Care System's priorities since 2016 and the new System Operating Plan builds on that success. A significant move for 2019-2020 will be a move to place-based models of delivery, based on local authority areas.

1 BACKGROUND

1.1 In 2016, NHS organisations and local councils came together to form 44 Sustainability and Transformation Partnerships covering the whole of England, which set out their proposals to improve health and care for patients. In some areas, these partnerships evolved to form Integrated Care Systems, a new type of even closer collaboration. In an Integrated Care System, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

1.2 The Royal Borough is part of the Frimley Health and Care Integrated Care System which is a partnership of organisations working together to improve health and care services for the 800,000 people in the local area, with a shared vision for the best use of combined resources to make a positive difference for communities, residents, patients and staff.

1.3 The partners in Frimley Health and Care are:

- Local authorities: Bracknell Forest, Slough, Royal Borough of Windsor and Maidenhead, Surrey County Council and Hampshire County Council.
- CCGs: East Berkshire, North East Hampshire and Farnham, and Surrey Heath.
- Acute care: Frimley Health NHS Foundation Trust across three sites, Frimley Park Hospital, Wexham Park Hospital and Heatherwood Hospital.
- Mental health and community foundation trusts and other providers: Berkshire Healthcare Foundation Trust, Southern Health, Surrey and Borders, Sussex Partnership and Virgin Care.
- GP federations/networks across Bracknell Forest, Royal Borough of Windsor and Maidenhead, Slough, Surrey Heath and North East Hampshire and Farnham.

- GP out of hours providers: East Berkshire Primary Care and North Hampshire Urgent Care.
- Ambulance trusts: South Central Ambulance Service and South East Coast Ambulance.

1.4 The total population is 762,523. Its age structure is similar to England as a whole, although Slough has more children and more 25-40 year olds than average. Three per cent of the population live in the most deprived areas of England, while the region also includes large affluent areas. There is a strong military presence across the area. There is a diverse ethnic population with large communities of people from Nepal and South East Asia and the traveller community.

2 DETAILS

2.1 The NHS Long Term Plan was published in January 2019 and the Integrated Care System is developing its System Operating Plan for the next five years. Considerable progress has been made since its inception in April 2016, and it is now considered nationally as a leading Integrated Care System. The strength of the system comes from partners across health and local government working together with local communities to improve the health and wellbeing of individuals. Collective resources are being used more flexibly as part of a commitment towards achieving the best value for every 'Frimley' pound.

2.2 The new Plan recognises the progress that has been made over the last three years, specifically:

- Health and care workers working more closely together.
- People reporting improved patient experience across the system with more joined up care being provided in people's homes.
- Improved access for patients to primary care teams from 8am – 8pm, Monday–Friday, and enhanced urgent care access seven days a week.
- Greater community involvement and support in health and wellbeing.
- Focused programmes in place aimed at helping people find community-based support for alcohol-related harm and physical inactivity.
- Fewer people with mental health problems having to travel out of the area for treatment.
- Perinatal services available across the entire Frimley footprint to ensure support for women experiencing mental health difficulties in the pre and post-natal period.
- Employment support services available across the footprint for people experiencing serious mental health problems
- Improving Access to Psychological Therapies (IAPT) services in place for people with long-term conditions.
- Improved quality of care and support provided in care homes with people less likely to attend A&E, be admitted to hospital or have prolonged lengths of stay in hospital.
- Improved pathways of care in areas like respiratory care, circulatory disease and musculoskeletal options, reducing variation of care in different parts of the system.
- Increase in staff satisfaction, with retention and recruitment supported by the new roles and opportunities being developed.
- Shared care record allowing professionals across organisations to access information immediately, reducing the number of times people have to tell their story and improving care decisions.

2.3 The Operating Plan priorities are based on the evidence of health needs from the five local Joint Strategic Needs Assessments. Whilst the overall shape of these health needs changes quite slowly, there are some important future trends emerging:

- The population is growing.
- The population is becoming more diverse.
- More people are living alone.
- After recent growth, the number of births each year is expected to level off.
- The population is ageing.
- Health inequalities persist.

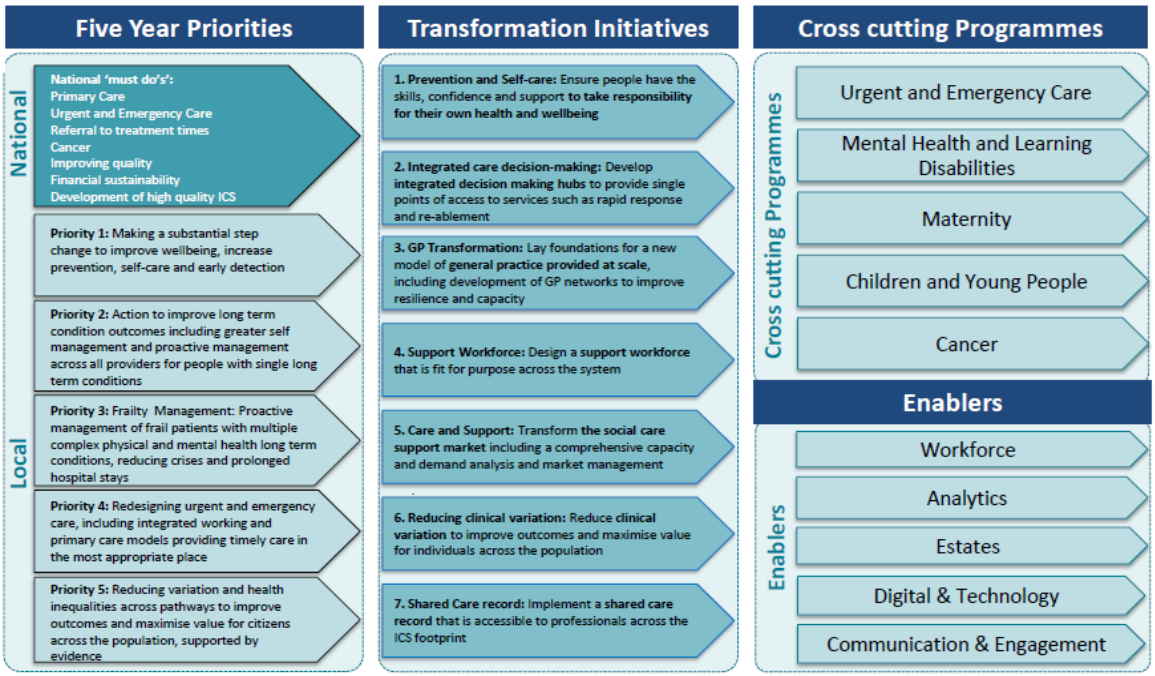
2.4 It is important to note that a trend or need at a system level can be very different from one at a neighbourhood, ward or even local authority area level. For example, life expectancy in the Integrated Care System has increased and is significantly higher than the England figure for both men and women, whilst in several wards within the System, it remains materially lower than national benchmark. In addition, there is a 12 year difference in life expectancy across the wards of the Integrated Care System.

2.5 The new System Operating Plan continues to build on the existing seven key transformational programmes:

- **Prevention and Self-Care** – The sustainability of the health and social care system depends on people living healthier for longer. Prevention and self-care programmes will support this.
- **Integrated Care Decision Making** – The aim of this initiative is to drive the delivery of a model of integrated care provision for managing individuals living with frailty and multi-morbidities.
- **General Practice Transformation** – The aim is to improve resilience and stability at practice level and transform the care and services provided by general practice.
- **Support Workforce** – This initiative aims to develop the capability and capacity of the support workforce in the independent sector, local authorities and health. The focus will be on reducing turnover, increasing overall workforce capacity and developing a workforce with the skills to support integration and enable people with complex needs to stay in their own homes for longer.
- **Care and Support Market** – This programme aims to create a sustainable care and support market that is responsive to demand, enhances the quality of care and support provided in residential settings; develops a culture of collaboration between commissioners and providers for procurement of complex placements; researches and recommends new care options and future initiatives around personalised and alternative care; and works together on an accommodation with care strategy.
- **Reducing Clinical Variation** – The aim of this initiative is to reduce variation in clinical practice across the system, ensuring that newly designed services and clinical pathways adopt best-practice to reduce unwarranted variation whilst improving patient outcomes and quality in a way that is financially sustainable.
- **Shared Care Record** – The aim is to develop a digital system that supports information being available to healthcare professionals at the point of care in their own system.

2.6 The system plan on a page, see diagram 1, sets out the priorities and transformation initiatives over the next five years.

Diagram 1: Integrated Care System Plan on a Page



2.7 Recognising the inequalities and challenges within the system, the ICS Board has identified four areas where collective leadership, ambition and support will deliver accelerated improvement in some of the building blocks needed to deliver the longer term plan:

- Promote a focus on prevention across all of transformation initiatives and cross cutting programmes and build a cross programme view of the impact of these initiatives on the future incidence of serious conditions and disease to inform longer term planning.

- Enable everyone within the system to fulfil their potential by reducing inequalities – targeting particular cohorts of the population in addition to tracking outcomes for the whole population.

- Develop a rapid improvement approach to digital technology uptake and spread, including increased self-management.

- Create sustainable "place based" delivery models building on established health and local authority footprints, integrated community care teams, community assets and emerging primary care networks – with a focus on prevention, proactive care and reducing inequalities.

3 RISKS

3.1 There is a risk that as a small unitary authority in a large system, the Royal Borough may not have sufficient influence or voice in decision making. This is mitigated by elected Member and senior officer representation at all levels of the Integrated Care System who are robust in representing the needs of the borough's residents. It is also mitigated by the move to more placed based delivery of services – based on local authority areas.

3.2 More widely, the Integrated Care System is heavily dominated by health organisations and it is important that social care has a strong voice and is not sidelined in the drive to secure

nationally driven health targets. This is mitigated by strong partnership working across the Integrated Care System and a willingness to work in equal partnership across health and care.

4 NEXT STEPS

4.1 Further updates on the progress against delivery of the Frimley Health and Care Integrated Care System Operating Plan will come forward to the Overview and Scrutiny Panel over the next year.

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