

NOTICE
OF
MEETING

**ADULTS, CHILDREN AND HEALTH
OVERVIEW AND SCRUTINY PANEL**

will meet on

THURSDAY, 21ST JANUARY, 2021

At 6.15 pm

VIRTUAL MEETING - ONLINE ACCESS

TO: MEMBERS OF THE ADULTS, CHILDREN AND HEALTH OVERVIEW AND SCRUTINY
PANEL

COUNCILLORS CHRISTINE BATESON, CAROLE DA COSTA, MAUREEN HUNT
(CHAIR), JULIAN SHARPE AND AMY TISI

SUBSTITUTE MEMBERS

COUNCILLORS SIMON BOND, GREG JONES, GARY MUIR, HELEN PRICE AND
CHRIS TARGOWSKI

Karen Shepherd – Service Lead - Governance - Issued: 13 January 2021

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

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AGENDA
PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
1.	<u>ELECTION OF VICE CHAIRMAN</u> To appoint a Vice Chairman for the remainder of the municipal year.	-
2.	<u>APOLOGIES FOR ABSENCE</u> To receive any apologies for absence.	-
3.	<u>DECLARATIONS OF INTEREST</u> To receive any declarations of interest.	5 - 6
4.	<u>MINUTES</u> To approve the minutes of the previous meeting held on September 30 th 2020.	7 - 14
5.	<u>UPDATE ON THE ACUTE TRUST</u> To receive an update on the Acute Trust from CEO Neil Dardis.	Verbal Report
6.	<u>BUDGET 2021-22</u> To review and discuss the proposed Budget for the 2021-22 municipal year.	15 - 34
7.	<u>Q2 PERFORMANCE REPORT</u> To note the contents of the report.	35 - 60
8.	<u>UPDATE ON THE RESPONSE TO THE OMBUDSMAN PUBLIC INTEREST REPORT</u> To receive an update on the above named item.	61 - 66
9.	<u>TASK AND FINISH GROUP - STREAMS OF FUNDING TO SUPPORT CHILDREN IN CARE AND CARE LEAVERS</u> To note and discuss the action points of the Task and Finish Group.	67 - 68
10.	<u>ANNUAL SCRUTINY REPORT</u> For Members to consider appropriate content for inclusion in the Panel's Annual Scrutiny Report to Full Council.	69 - 72
11.	<u>WORK PROGRAMME</u> To review the ongoing work programme.	73 - 74

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MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

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

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

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

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

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

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

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

Prejudicial Interests

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

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

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

Personal interests

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

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

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Agenda Item 4

ADULTS, CHILDREN AND HEALTH OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 30 SEPTEMBER 2020

PRESENT: Councillors Carole Da Costa, Maureen Hunt (Chair), Gary Muir, John Story and Amy Tisi

Also in attendance: Councillors John Baldwin, Clive Baskerville, Gurpreet Bhangra, David Coppinger, Andrew Johnson, Samantha Rayner, Gurch Singh and Simon Werner, Tony Wilson, Mark Jervis and Janet King

Officers: David Birch, Andy Carswell, Nikki Craig, Hilary Hall, Lynne Lidster, Kevin McDaniel, Michael Murphy, Fatima Rehman and Duncan Sharkey

ELECTION OF VICE CHAIRMAN

Cllr da Costa nominated herself for the role of Vice Chairman, this was seconded by Cllr Tisi. A named vote was carried out; two members voted in favour of the motion and three members voted against.

Cllr Hunt nominated Cllr Story for the role of Vice Chairman, this was seconded by Cllr Muir. A named vote was carried out; three members voted in favour of the motion and two members voted against.

RESOLVED: The Cllr Story by appointed Vice Chairman for the remainder of the 2020/21 municipal year.

APOLOGIES FOR ABSENCE

Apologies were received from Cllr Bateson. Cllr Muir was attending as a substitute.

DECLARATIONS OF INTEREST

There were no declarations of interest.

MINUTES

RESOLVED UNANIMOUSLY: That the minutes of the meeting held on June 11 2020 be approved as an accurate record.

HEATHERWOOD HOSPITAL UPDATE

The Panel was reminded that a presentation had been given on the progress of the new Heatherwood Hospital last year and that Members had asked for an update. Janet King, Director of HR and Corporate Services and Deputy CEO of the Frimley Health NHS Foundation Trust, introduced herself and began by giving an overview of what was on each level of the hospital. Level four was the plant room, and level three was the inpatient ward containing private beds and external terraces for patients to use. Level two contained the theatres, which were laminar flow to ensure the maximum levels of flexibility in terms of what surgeries could be performed. Janet King explained that level two had been the most problematic to arrange and construct, as it was discovered during the building that the windows that had been designed would not afford patients with sufficient levels of privacy. Level one contained outpatient services and consulting rooms, along with a large radiology

department. Janet King said consideration was being given to having further specialist departments on this level.

Janet King said the project was due to be delivered on time and on budget. This was despite the social distancing rules needing to be observed by the contractors, which could have slowed down the construction work. Janet King said credit needed to be given to the contractor in ensuring the project was still on track to be delivered on time.

The Panel was shown a short video detailing the work that had been carried out.

Janet King said she was due to be given the keys to the hospital in July 2021. A period of five to six months had been set aside to complete the commissioning work, with a view to starting to open the hospital for some services in the winter. Construction work at the main roundabout was due to start in November 2020. Janet King acknowledged there had been delays due to technical problems during work at a smaller roundabout by the hospital. New infrastructure at the hospital included parking/charging for electric cars, a cycle rack and a bus stop.

Janet King said it was planned to have a longer working day, in order to allow for evening appointments and for theatres to be open for ten hours a day across a six hour and four hour shift. She explained this would allow for more efficient use of resources. This change was being implemented now so the new ways of working would already be established and in place before the hospital opened. Further changes may be implemented following a simulation study, although these would be established prior to opening.

The Forum was told the Trust had engaged with neighbouring residents to keep them updated on what was happening, and Janet King said she had received a letter from a resident thanking the Trust for being proactive in their communications. Consideration was now being given to green space surrounding the hospital and how this would look.

Cllr Story said this was an important project, not just for Ascot but for the Royal Borough and wider area. He asked if the hospital would be able to accept its first patients from March 2022 and for it to be fully operational by the end of the year, which was confirmed by Janet King. She also stated that the GP hub was due for completion in November and would be housed in an old mental health building on site, which had been modernised. It had been agreed that the hospital would share services with the GP hub. Regarding the main roundabout, Janet King said the work needed to be completed before the start of Royal Ascot in June 2021.

Responding to a question from Cllr da Costa, Janet King confirmed the theatres would be handling low risk and elective surgery online. Clinicians had asked for an HDU bed for treating slightly higher risk patients; however Janet King said that patients considered to be a full risk should be placed in care of acute wards elsewhere.

Janet King said the building, and in particular the laminar theatres and natural ventilation, had been designed with lower carbon emissions in mind. A green wall had not been considered at the planning and design stage, although consideration was being given to having a green space on the roof of the hospital.

Members of the Panel were offered the chance to go on a tour of the new building, which was an opportunity they unanimously agreed they would like to take up. It was hoped this could take place before winter. Members thanked Janet King for the presentation and said they were impressed at the standard of work that had been carried out.

ANNUAL COMPLIMENTS AND COMPLAINTS REPORT

Nikki Craig, Head of HR, Corporate Projects and IT, introduced the item and outlined what was in the report. Members were told that a total of 400 complaints had been received by the Council in the 2019/20 municipal year. Of those 27 related to adult services and 54 related to children's services; of the children's services complaints 35 were corporate and the remaining

19 were statutory, which were complaints made by or on behalf of a child in care or a child in need. Nikki Craig said the most common complaints theme overall was over a lack of action. However for adult services the most common complaint related to not received the required help or intervention, and for children's services it was a failure to follow policy and failing to take enough information into account.

The Panel was told that 56 per cent of all adult and children's services complaints were responded to within the correct timescales. The overall figure across the Council was 59 per cent, compared to 64 per cent in 2018/19. Nikki Craig said 61 per cent of all complaints were either wholly or partially upheld; however this figure was 52 per cent for adult services and 63 per cent for children's services. Members were reminded that complainants could escalate their concerns to the Social Care Ombudsman and this had been done a total of 49 times. Of those, nine related to adult services; four were upheld, two were closed as they were incomplete and three were closed after initial enquiries. There were ten Ombudsman referrals relating to children's services; two were upheld, one was closed as it was incomplete, one was closed after initial enquiries and the remaining six were referred back to the Council for local resolution.

The Panel was told there had been 440 compliments received by the Compliments and Complaints team, of which 21 related to adult services and 63 related to children's services.

Cllr Story asked for further information on the reasons given for the complaints concerning a lack of response, after noting the report referred to the complexity of the complaint and officer resource pressure. The Panel was told this was partly attributable to the use of agency staff, whereas there was now less resource pressure and greater ability to meet capacity. Staff were now being challenged to gather as much information at the initial point of contact with a service user to understand the root issues and concerns, and in order to prevent any complaints being made in future. Michael Murphy, Director of Strategy Services and Deputy DASS, said the quality assurance process for adult services had been improved to ensure the right information was given at the right time, and if there was conflict then it could be resolved earlier. He said the benefits were already starting to be shown. Kevin McDaniel, Director of Children's Services, said there was a similar situation with children's services, particularly relating to the SEND team. Last year there had been 76 agency staff employed in children's services, which had now been reduced to 26. Permanent staff had been identified to replace the agency staff.

In terms of failing to respond to complaints in a timely manner, Nikki Craig, Kevin McDaniel and Hilary Hall, Director of Adults, Health and Commissioning, all said this was usually due to the complex nature of the issues involved and more time was often needed to gain a full and clear understanding. Face to face and virtual meetings with service users had been offered to help fully understand the nature of complaints, which had been useful for officers and complainants.

RESOLVED UNANIMOUSLY: That the Panel noted the report and agreed that the report is published on the Council's website, and the annual report continues to be produced and presented at Overview and Scrutiny panels.

2020/21 Q1 PERFORMANCE REPORT

Kevin McDaniel, Director of Children's Services, explained that this would be the last report referring to the performance indicators, as a new interim outbreak control plan had been introduced in July as a result of new ways of working brought in due to the Covid19 pandemic. The outbreak control plan was developed partially to enable services relating to family safeguarding to continue. The Panel was told that of the 14 old performance indicators referred to in the report, eight had met or exceeded targets, three had fallen just short but were within tolerance, and three were outside of tolerance and required improvement.

Cllr Story asked how people receiving care in their homes was being kept under review. He stated that keeping people in their own homes, while desirable, could lead to their needs becoming more complex and this could impact negatively on their wellbeing. Hilary Hall, Director of Adults, Health and Commissioning, said frequent reviews to ensure the right package of care was being delivered were taking place. A decision had to be made based on all the issues involved and there was no one size fits all approach. Feedback would be provided to the Council by either a social worker or domiciliary care worker. If it was felt a person's needs were changing then a more frequent review would be prompted.

Cllr Story asked about the status of family network meetings. Kevin McDaniel explained there was a requirement for the Council to bring extended families together to find solutions to young peoples' needs and support. Family group conferencing had been used for a number of years but these required a suitably qualified person and over time it had become increasingly difficult to find qualified people. The network meetings now made it possible to respond in a more timely manner.

Cllr Tisi noted that health visitors were able to continue with 6-8 week reviews in spite of Covid19, and asked for clarification on whether these were carried out to a suitable standard. Kevin McDaniel said reviews were undertaken using video calls; if any concerns were raised at that stage then arrangements would be made for a Covid secure visit to be made. For example as the weather was usually good it was possible for reviews to be done outside. Kevin McDaniel said there was a higher than usual level of engagement from families wanted to use the video calls. The majority of reviews were now able to be taken face to face again.

Regarding the measure of completing Education Health and Care Plans within 20 weeks, Kevin McDaniel explained this was a national measure. It was noted that 90 per cent of assessments in the Royal Borough were being completed within this timeframe. If there were delays it was often at the parents' request, to ensure the right information was collected. Kevin McDaniel told the Panel that across the 19 areas in the South East Group of Directors of Children's Services, which he chaired, performance in terms of meeting the target varied between 96 per cent and two per cent.

Cllr da Costa asked about the performance indicator relating to the percentage of carers assessed or reviewed in the last 12 months. Hilary Hall explained that this related to people providing care for family members and it had not been possible for formal reviews to be carried out during the pandemic. Informal contact had been made with carers during lockdown, with carers being invited to offer evidence. Now that restrictions were being eased a greater number of formal assessments were able to take place.

Regarding increased use in alcohol dependency services, Hilary Hall stated that although the increase had been noted it was not putting pressure on the high end of the support service. The public health team were doing more work on this, and this would ultimately influence the future strategy of the alcohol and drug services.

The Panel thanked Kevin McDaniel and Hilary Hall for the work their teams had done throughout the pandemic, particularly in terms of helping vulnerable residents during very difficult circumstances.

RESOLVED UNANIMOUSLY: That the Panel noted the report and:

- i. Noted the 2020/21 Adults, Children and Health Overview and Scrutiny Panel Q1 Performance Report in Appendix A.**
- ii. Noted that from Q2 onwards performance of measures relating to the Interim Council Strategy will be reported, along with the measures included in Appendix A which will be grouped by lead service.**
- iii. Requested relevant Lead Members, Directors and Heads of Service to maintain focus on improving performance.**

RESPONSE TO THE OMBUDSMAN PUBLIC INTEREST REPORT

Hilary Hall, Director of Adults, Health and Commissioning, introduced the item and explained this was a public interest report regarding an adult social care case that was published by the Ombudsman on September 3. Hilary Hall stated that what had happened in this case had been unacceptable and she offered sincere, unreserved and heartfelt apologies to the family concerned.

Since this case, new methodologies and practices had been introduced to ensure members of the same family were assessed in the same way. These included new methods of monitoring, mandatory guidance to ensure managers had full oversight of performance, and the introduction of a quality assurance panel to provide oversight of packages of care. This panel was chaired by Michael Murphy, Director of Statutory Services and Deputy DASS. Hilary Hall explained the panel required suitable evidence on the recommendations that were proposed by the relevant practitioner or manager before any care package was approved.

Regarding domiciliary care, Hilary Hall told the Panel that an officer had been assigned to ensure the quality of provision and monitor performance. Part of this role entailed contacting families of those in domiciliary care to ensure their expectations were being met. Any complaints would be responded to by this officer.

In respect of the case that was reviewed by the Ombudsman, the Panel was told that there was no one point of contact who had retained overall management of the various strands of the complaint for the couple involved. The complexities of the case had also made it difficult to resolve. Practice had now changed to ensure one senior manager would oversee each complaint, particularly if there were multiple agencies involved.

It was confirmed the report, and the minutes of this Panel, would be considered at October's Cabinet meeting, where it was expected that the list of recommendations listed in the report would be agreed and actioned. Responding to a question from Cllr Story, Hilary Hall confirmed that one of the five care agencies the Council had a contract with was rated as requires improvement, and this agency had been involved in the case that was reviewed by the Ombudsman. Lynne Lidster, Head of Commissioning – People, told the Panel that at the time the complaints were first raised the agency was under a different ownership and management structure. The manager had not been able to recruit sufficient numbers of permanent members of staff and there had been a reliance on agency staff, which had led to inconsistencies in the levels of support provided and increased complaints. The Panel was told the company was under new management, the number of temporary agency staff used was now zero, and the quality assurance team at Optalis had been working closely with the agency about the level of care provided. The agency had been due an inspection in the spring but it was not possible for this to be undertaken due to Covid19. The CQC had said a re-inspection would not be possible this year. However the quality assurance team was satisfied that the agency's standards had improved sufficiently, and if the inspection had taken place then the expectation was it would have received a good rating rather than one of requiring improvement. The Care Quality Commission had recently told the agency that as they are not deemed to be "at risk" they would not be prioritised for an inspection. No complaints had been raised in the last two months.

Cllr Story asked if there had been any cases of couples in the care of the Local Authority, as the Ombudsman had recommended that any such cases should be reviewed. The Panel was told there were 27 such cases, which had all been reviewed by the Director of Statutory Services.

Cllr Story asked for an explanation as to how Mrs Y came to be a permanent resident of a care home when 12 days previously arrangements were being discussed over possible living at home arrangements. Hilary Hall said this would be done if it was decided after review that a care home was the most appropriate setting for ensuring a person's needs were met and were kept under constant review; similarly, a person's ability to be looked after in their own home

would also be kept under review. Michael Murphy said a care user would be considered as being a permanent resident of a care home after they had been there for at least six weeks; until then they would be classed as a temporary resident. Some care users would be put into a care home if it was considered an emergency matter, but generally any moves would only be made following recommendations that were put to the quality assurance panel from a social worker and senior social worker. Guidance in the Care Act around this was very robust and sufficient control levels were in place.

Cllr da Costa said the care agency concerned had been discussed at a previous Panel meeting in September 2019, and at the meeting it was stated that the agency was not to have their contract renewed. It was noted that the Lead Member had stated that they only wanted care providers who had been given a good or outstanding rating. Cllr da Costa said she accepted some of the reasons why this had not happened, but stated her belief that the Council needed to be more transparent in explaining the decision to renew this contract. She said it was essential that the agency have a CQC inspection review, but also congratulated the agency on now having no temporary staff involved in care. Lynne Lidster said the contract renewal had been done with good intentions as an inspection was planned and it had been anticipated that the agency would be given a good rating. He said the 'requires improvement' rating was not an accurate reflection of the levels of care the agency was able to provide. He also said the CQC was being pushed for as early an inspection as possible to be undertaken.

Responding to a question from Cllr Tisi, Michael Murphy stated that of the cases involving a couple to have been reviewed, no concerns had been raised about any harm to the relationship of those involved and there had been no reference to any negative consequences to one of the people in a couple having to be placed in an alternative setting due to an emergency. The new panel also meant that cases were being dealt with in a more timely manner. In addition risk assessments were being carried out at an earlier stage.

Cllr Tisi asked how other care providers, which had previously been given a good or outstanding rating, were being assessed to ensure standards were being maintained, particularly when it was not possible to carry out an inspection. Hilary Hall explained this was a focus of the care quality team at Optalis, which kept a detailed database of feedback and complaints, and there was a dedicated officer to oversee everything. The team would also perform regular enhanced visits of care providers to check standards. Lynne Lidster said contract monitoring had been continuing in spite of Covid19 and was still on schedule.

Cllr Carroll and Cllr Johnson both reiterated Hilary Hall's earlier remarks and offered heartfelt apologies for what had happened in this case, and stated that they did not want something like this to happen again and it was important that lessons were learned. Cllr Carroll said Cabinet was the most appropriate forum for the matter to be discussed further and encouraged all Members to attend if possible. He said an internal review had been undertaken and new protocols and quality assurance measures were now in place. Cllr Carroll said it was important that the Council took a proactive approach to all aspects of its work. He said he would write to the CQC to ask for an inspection of the care agency to take place as soon as possible, and ask for a timescale to be given. He said an inspection would provide maximum assurance to residents that standards of care were high.

Cllr Hunt said she wanted to receive quarterly updates on the actions that were recommended in the Ombudsman report. This was agreed by Members.

RESOLVED UNANIMOUSLY: That Panel recommends that

- i. Cabinet agrees to fulfil the recommendations made in the Ombudsman report**
- ii. The outcome of the scrutiny and a further report will be sent to the Ombudsman in three months' time updating on progress**
- iii. Quarterly updates on progress against the actions will be presented to the Adults, Children and Health Overview and Scrutiny Panel.**

WORK PROGRAMME

Cllr da Costa asked if a report could be produced regarding post-16 education, as it had been hard for youngsters to get places this year due to the Covid19 pandemic. Cllr Tisi suggested a report providing an update on high needs funding for children with special educational needs should be brought to Panel. Members agreed to add these two items to the work programme, in addition to receiving an update at the next meeting on the Ombudsman report discussed as the previous item.

The meeting, which began at 6.25 pm, finished at 8.50 pm

CHAIRMAN.....

DATE.....

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Report Title:	Budget 2021/22
Contains Confidential or Exempt Information?	No - Part I
Member reporting:	Councillor Hilton, Lead Member for Finance and Ascot
Meeting and Date:	Adults, Children's and Health Overview & Scrutiny Panel – 21 st January 2021
Responsible Officer(s):	Adele Taylor, Director of Resources & S151 Officer
Wards affected:	All

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REPORT SUMMARY

1. As part of the budget process the views and comments of Overview and Scrutiny Panels are sought on the growth and pressures including those for Covid-19, savings, fees & charges and capital schemes that are relevant to their panels. These comments will be reported to Cabinet with the budget report in February 2021.
2. This report provides the context against which Members are asked to consider these proposals following the full draft budget considered by Cabinet on 17th December 2020.
3. Like many councils the Royal Borough faces a challenging financial position, mainly as a result of Covid-19 uncertainty continuing into 2021/22.
4. The relatively low level of reserves held by the Royal Borough means that it has less options to adjust to new financial challenges in the short term than some other councils.
5. The Council Tax is proposed to increase by 2% plus an additional 3% adult social care precept.

1. DETAILS OF RECOMMENDATION(S)

RECOMMENDATIONS:

The Adults, Children's and Health Overview & Scrutiny Panel is asked to comment on:

- (i) The proposed pressures and growth set out within Appendix A
- (ii) The proposed Covid-19 pressures set out within Appendix B
- (iii) The proposed savings set out within Appendix C
- (iv) The proposed fees & charges set out within Appendix D
- (v) The proposed new capital schemes as set out in Appendix E

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

2.1 This report sets out the context for Overview and Scrutiny Panels to consider:

- (i) Growth and Pressures (ongoing)
- (ii) Covid-19 pressures
- (iii) Savings proposals
- (iv) Changes to Fees & Charges
- (v) Proposed new capital schemes

3. KEY IMPLICATIONS

Table 2: Key Implications

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
Services delivered within approved budget	Budget overspend >£250,000	Budget variance +/- £250,000	Budget underspend >£250,000 <£1,500,000	Budget underspend >£1,500,000	31 March 2022

4. FINANCIAL DETAILS / VALUE FOR MONEY

4.1 Introduction

4.1.1 This budget is set during a period of considerable uncertainty in the medium term, mainly due to the ongoing impact of the Covid-19 global pandemic. Additional one-off funding for Covid-19 has been allocated from MHCLG in the December 2020 local government settlement for 2021/22. This budget includes the projected Covid-19 costs for the whole of 2021/22 and projected funding from the potential sales, fees and charges compensation that could be claimed against lost income up to and including quarter 2 of 2021/22.

4.2 Financial Context

4.2.1. Like many councils, the Royal Borough faces considerable financial challenges. However, the Council's level of reserves are low which means that it has less time and potentially fewer options than others to bring its budget into balance.

4.3 Policy Context

4.3.1. The Council will still be spending over £100m in 2021/22 delivering services to the residents of Windsor and Maidenhead and investing in the future of the borough through major capital schemes.

4.3.2. It is important that the Council considers how best it can continue to meet its policy objectives within the tighter financial constraints that it faces.

4.3.3. This will undoubtedly require a level of prioritisation and these budget plans focus on the following key policy objectives: -

- (i) Protecting the most vulnerable and ensuring that the Council can continue to meet its significant and growing commitment on Children's and Adults Social Care.
- (ii) Creating opportunities across the borough and continuing to invest in its regeneration and development.
- (iii) Enabling the Council to meet its existing capital commitments as well as starting to invest in new technology to help it become more efficient in the future.
- (iv) Ensuring that the Council adopts a more sustainable and carbon neutral approach to the environment.

4.3.4. These policy objectives are not achievable without sustainable council finances and the proposals within this report have been developed to help make the finances of the Council more sustainable in the short term as well as starting to plan for the medium to longer term.

4.3.5. As part of this the Council has had to consider the affordability of the services it provides by ensuring that the users of services meet a greater share of the cost of the service they receive as happens in many other councils.

4.4. Revenue Budget extract

4.4.1 The revenue budget extract for this Overview and Scrutiny panel to review and comment on is shown in the table below. The reduced revenue budget in 2021/22 for these services of £1,481,000 is predominantly as a result of increased costs for children's services of £3,731,000, which is offset by savings in Adults social care and increased grant income as shown in Appendices A and C.

REVENUE BUDGET 2021/22				
	2019/20	2020/21	2021/22	
	Actual	Budget	Budget	
DIRECT COST SUMMARY	£000	£000	£000	
ADULTS, CHILDREN & HEALTH OVERVIEW & SCRUTINY PANEL				
Achieving for Children Contract	38,019	36,934	38,783	
Children's Services - Retained	50,070	52,562	54,444	
Dedicated Schools Grant - Income	(64,158)	(66,310)	(68,884)	
Adult Social Care	34,039	35,398	32,718	
Better Care Fund - Spend	14,110	13,288	13,748	
Public Health - Spend	4,656	4,657	5,112	
Grant & BCF Income	(17,535)	(16,713)	(17,586)	
TOTAL EXPENDITURE	59,201	59,816	58,335	

4.5. Budget Pressures

4.5.1. 2021/22 growth and pressures are expected to total **£3,124,000** for the whole Council. The non Covid-19 growth and pressures for this panel to review totalling £1,603,000 is shown in full detail in **Appendix A**. Growth within the Council as a whole is driven by a number of factors:

- a) **Demographic changes** – as the population of the Royal Borough increases, demands on its services will also increase. To an extent this will be matched by additional council tax and business rate income.
- b) **Spending pressures on Children's Services** are placing increased pressure on council budgets
- c) **Under-delivery of savings** – some of the savings identified for 2020/21 have not been delivered and therefore have an impact on the 2021/22 budget.
- d) **Under-achievement of income targets** – in some cases it has not been possible to deliver increased income even by setting higher charges.

4.6. Covid-19 Pressures

4.6.1 2021/22 projected Covid-19 growth and pressures for the whole Council total **£9,251,000**. The Covid-19 costs for this panel to review are £1,917,000 as shown in **Appendix B**.

4.7. Savings

4.7.1. In total the Council proposes to deliver **£7,935,000** of savings. The proposed savings for this panel to review, totalling £3,340,000, are shown in detail in **Appendix C**.

4.8 Income

4.8.1 The proposed fees and charges for 2021/22 for this panel to review are shown at **Appendix D**.

4.8.2 Overall the following principles have been used to review fees and charges:-

- a) **Charges should be broadly in line with other neighbouring councils** – in some cases charges set by the Council are lower than neighbouring councils. Charges have therefore been reviewed to bring them into line with other councils.
- b) **Charges should reflect cost increases incurred by the Council**; accordingly the majority of charges have been increased by approximately 1.6% in line with estimated inflation.
- c) **Charges should recognise demand for the service** – in some cases where income is falling, increasing charges can have a negative impact on overall income.

4.8.3 Revisions to fees and charges will be approved as part of the final budget process.

4.9. New Capital Schemes for 2021/22

The new capital schemes for review and comment by this panel are shown in **Appendix E**.

5. RISK MANAGEMENT

5.1. Given the level of financial uncertainty and current service pressures, there is clearly a risk that the current budget may prove difficult to deliver.

5.2. This risk has been mitigated by trying to ensure that budget estimates are realistic and reflect current activity, along with known demographic and economic pressures.

5.3. A key risk for the council is that its finances are not sustainable in the long term and it does not have enough reserves to enable it to effectively manage the financial risk that it faces in the medium term.

6. POTENTIAL IMPACTS

6.1. This report contains a number of proposals related to staff or service provisions and may involve changes to policy or service delivery. Equality impact assessments have been completed where appropriate.

7. CONSULTATION

- 7.1. Public consultations are currently taking place with a closing date of 29th January. Staff and unions are also being consulted on the budget proposals.

8. TIMETABLE FOR IMPLEMENTATION

- 8.1. Residents will be notified of their council tax in March 2021. Budgets will be in place and managed by service managers from 1 April 2021.

Table 3: Implementation timetable

Date	Details
By 31 March 2021	Residents notified of their council tax.
1 April 2021	Budgets will be in place and managed by service managers.

9. APPENDICES

- 9.1. The table below details the Appendices to this report

Appendix	
A	Non Covid-19 Pressures and growth
B	Covid-19 Pressures and growth
C	Savings
D	Fees and Charges
E	New Capital schemes

10. BACKGROUND DOCUMENTS

- 10.1. None

11 REPORT HISTORY

Decision type:	Urgency item?	To Follow item?
Key decision	No	Not applicable
Report Author: Andrew Vallance, Head of Finance		

RBWM GROWTH BIDS 2021/2022

Ref	Lead Member	Directorate	Growth Title	Growth Description	Estimated Pressure 2021/22	One-Off / Ongoing
1	Cllr Carroll	Children's Services	Adoption Services	This growth reflects the 2020/21 growth in the cost of the shared adoption services (Adopt Thames Valley).	31	Ongoing
2	Cllr Carroll	Children's Services	Children's legal services	This growth reflected the full year cost of the 2020/21 service to meet the legal costs of the statutory action to protect the most vulnerable children.	75	Ongoing
3	Cllr Carroll	Children's Services	Lost income	The youth service will no longer be able to generate income for the letting of space at 4 Marlow Road.	17	Ongoing
4	Cllr Carroll	Children's Services	Placement costs	This is the additional cost of the full year effect of the current cohort in 2021/22, plus the expected future demand / increasing complexity by the end of 2020/21.	247	Ongoing
5	Cllr Carroll	Children's Services	Employee Related Costs following external reviews and changes.	This growth reflects the increased contribution to the pension fund, pay progression and awards; the removal of the vacancy factor and inclusion of salaries previously funded from capital; and a reduced contribution to statutory posts from the Dedicated Schools Grant. It also increases the establishment of the Children's Young Peoples Disability Services following the Joint area inspection of services for children with additional needs by Ofsted and the Care Quality Commission.	1,005	Ongoing
6	Cllr Carroll	Children's Services	Lower income from Home Office	Covers the budget shortfall resulting from Home Office grant for UASC based on their age reaching 18 despite being secure in pre-18 accommodation.	128	Ongoing
7	Cllr Carroll	Children's Services	Operational costs	AFC interest on balances borrowed from RBWM	40	Ongoing
8	Cllr Carroll	Adults, Health and Commissioning	DASH	To fund DASH contract potential loss of contribution	35	Ongoing
9	Cllr Rayner	Adults, Health and Commissioning	System efficiencies	This proposal is a one off to offset a saving that cannot be delivered in 2021-2022 across the directorate due to the impact of Covid. The intention is to replace existing systems through developing similar capability in the new customer relationship management system.	25	Ongoing
TOTAL					1,603	

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COVID-19 RELATED GROWTH PROPOSALS 2021/22						
Ref	Lead Member	Directorate	Growth Title	Growth Description	Estimated Pressure 2021/22	One-Off / Ongoing
1	Cllr Carroll	Adults, Health and Commissioning	Additional CCG Income	It is assumed that the additional reimbursement income from CCG will continue until 1st April 2021.	-500	One-off
2	Cllr Carroll	Children's Services	Family Hubs	Market conditions make re-letting of family hubs space unlikely in the short term, resulting in net increased costs the the council.	70	One-off
3	Cllr Carroll	Children's Services	AFC infrastructure and capital	Increased costs of mobile telephony for home-working and associated systems.	60	One-off
4	Cllr Carroll	Adults, Health and Commissioning	Additional PPE and inflation provision	There is significant demand for additional PPE for Optalis staff delivering adult social care services on behalf of the council in residents' homes. Inflation provision on individual care packages is also required for providers because of the additional costs associated with the impact of Covid on providers, including insurance and staffing.	920	One-off
5	Cllr McWilliams	Place	Additional Housing Placements	There is pressure to deliver additional safe housing services as a result of COVID, which is likely to continue. Additional funding is being received to fund additional staffing resources, however this pressure is for the costs of temporary accommodation. The rise in numbers of family units becoming homeless may continue as furloughing ceases and unemployment rises.	650	One-off
6	Cllr Carroll	Children's Services	Reduced Youth Service & Outdoor Education Income	Youth Service & Outdoor Education income targets for next year will be under continued pressure due to government restrictions on group use of services as a result of COVID.	120	One-off
7	Cllr Rayner	Adults, Health and Commissioning	Reduced Guildhall Income	Wedding income targets for next year will be under continued pressure as a result of COVID. Currently there is a limit on the number of guests for weddings as well as restrictions on wedding receptions and events within the building. With the increased cleaning regime there also needs to gaps within the wedding schedule which has resulted in less weddings taking place during the day.	72	One-off
8	Cllr McWilliams	Adults, Health and Commissioning	Reduced Marketing Income	Marketing income targets for next year, in particular the Film unit income, will be under continued pressure due to government restrictions as a result of COVID. This is because mainly productions have been cancelled or postponed due to social distancing requirements.	25	One-off
9	Cllr Carroll	Children's Services	Additional Care Placement Costs	Further increased placements numbers and the additional cost of care resulting from increased referrals following impact of COVID. Part of this pressure will be market led due to national increase in demand on limited supply.	360	Ongoing
10	Cllr Carroll	Children's Services	Additional Specialist Workers	There is a need for additional specialist workers arising from the increased demand for social care services due to COVID	140	Ongoing
TOTAL ADDITIONAL SERVICE COSTS PROJECTED DUE TO COVID-19 EFFECT					1,917	

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RBWM SAVINGS PROPOSALS 2021/22

Ref	Lead Member	Directorate	Efficiency Title	Efficiency Description	Implications (internal and external) if this were to be implemented	Base Budget	Estimated saving 2021/22	Estimated saving 2022/23	Savings Delivery Date
	Cllr Carroll	Adults, Health and Commissioning	Develop alternative options for supporting residents in need of additional support	The "front door" of adult social care is being redesigned to offer better signposting for residents needing support. This will involve greater use of a range of assistive technologies to enable residents to stay in their own homes longer and working with voluntary organisations to support residents to connect with their communities	Saving depends on demand continuing at the current levels and community options being developed.	43,000	200	0	April 21
	Cllr Carroll	Adults, Health and Commissioning	Deliver day opportunities for older people and people with learning disabilities in a different way	As part of the overall review of day opportunity provision, the proposal would be to close the current Windsor Day Centre and Oakbridge Day Centre. Provision can be sourced elsewhere both in Windsor and Maidenhead to meet the needs of the residents currently using the centres. Community options are also being developed. This would release a capital asset which could be repurposed to build supported living accommodation for young people with learning disabilities which, in turn, would reduce the requirement for expensive out of borough residential placements. There is currently a very poor offer of supported living accommodation in the borough.	Families of residents who currently use the centres may not be happy with the new provision. It may not be possible to redeploy all of the staff. Potential to reduce spend elsewhere on expensive out of borough residential placements if capital asset can be realised.	602	300	0	April 21
	Cllr Carroll	Adults, Health and Commissioning	Ensure value for money from residential care placements for people with learning disabilities	All residents currently in receipt of a high cost residential care package to have their needs reviewed in order to ensure that the package of care they are receiving is proportionate to their needs and delivers value for money.	Risk that some packages of care may increase as a result of needs being reviewed.	8,050	200	0	April 21
	Cllr Carroll	Adults, Health and Commissioning	Ensure value for money from supported living packages for people with learning disabilities	All supported living packages will be reviewed in order to ensure that the package of care they are receiving is proportionate to their needs and value for money. Packages will be renegotiated with providers.	Risk that some packages of care may increase as a result of needs being reviewed.	6,150	200	0	April 21
	Cllr Carroll	Adults, Health and Commissioning	Ensure value for money from community packages for people with learning disabilities	The needs of all people with learning disabilities in receipt of community/home care packages to be reviewed to ensure that the packages remain appropriate and cost effective. Reinstating a Shared Lives Scheme in the borough will also be taken forward.	Risk that some packages of care may increase as a result of needs being reviewed.	2,500	200	0	April 21
	Cllr Carroll	Adults, Health and Commissioning	Extend the offer of reablement to all residents coming out of hospital	Transformation of the current reablement service will offer reablement opportunities to all residents being discharged from hospital in order to ensure that the level of subsequent long term packages of care are "right sized" and appropriate for their needs	More people are given the opportunity for reablement leading to enhanced wellbeing. Analysis of the packages agreed through panel in June and July shows that more reablement could have reduced packages by a third.	2,100	500	0	April 21
	Cllr Carroll	Adults, Health and Commissioning	End contract with People to Places for services that are no longer running	Following the cessation of some routes to day centres, the contract for those routes has come to an end and not been renewed. Alternative transport arrangements are in place.	None. Contract has already ended in agreement with the provider.	90	90	0	Already achieved
	Cllr Carroll	Adults, Health and Commissioning	Refocus the operation of the Health Visiting service	Transformation of the current service to remodel it into a more targeted service, using a wide range of workforce skills and experience.	Rescoping of roles will mean a range of recruitment for new posts which may not fill as quickly as needed. Existing staff focused on the most vulnerable families as mitigation if needed.	1,570	150	0	April 21
Adults, Children and Health	Cllr Carroll	Adults, Health and Commissioning	Maximise the income due to the council from resident contributions	Implement improved processes to ensure that income is collected in a timely way and residents are clear on the amount of the contribution they need to make to their care in order to reduce the amount of bad debt accruing.	Potential adverse impact on people who are unable to pay. Correct levels of budgeted income are achieved for adult social care. There is currently around £1m of debt over six months' old in adult social care.	-9,100	500	0	April 21
	Cllr Carroll	Children's	Develop an increasingly independent school travel policy which is focused on the most vulnerable.	Shape home to school transport services to increase levels of independence while retaining focus on statutory responsibilities including for those on low incomes; of statutory school age; and reasonable adjustments for those with disabilities	The non-statutory concessions across the policy will be removed so those paying for services will pay similar amounts and some non-statutory free routes will cease to be provided unless there is statutory eligibility for those routes. Some 17-18 year olds will have to pay to travel to college / 6th form and more 18+ young adults will be required to make independent arrangements to attend specialist colleges. Some transport costs will be met from social care budgets where transport is a cheaper option than other care solutions.	2,853	300	0	April 21

RBWM SAVINGS PROPOSALS 2021/22

Ref	Lead Member	Directorate	Efficiency Title	Efficiency Description	Implications (internal and external) if this were to be implemented	Base Budget	Estimated saving 2021/22	Estimated saving 2022/23	Savings Delivery Date
	Cllr Carroll	Children's	Independent Fostering Agency (IFA) development	Invest in IFA development and grow capacity to meet local need and trade excess with neighbouring local authorities.	Relies on continued successful recruitment and training of sufficient carers, who will be prioritised for local need first. Assume IFA can secure 150 placement weeks from another LA without any increase in costs.	-29	15	0	April 21
	Cllr Carroll	Children's	Greater use of virtual technologies	Greater use of virtual technologies to reduce the number of face to face meetings attended outside of the Borough, making staff time more efficient and reducing travel costs. Develop and standardise the use of electronic secure documents and workflow to reduce paper based processes and handling.	Will require meetings facilities equipped to support in person and remote working on a reliable basis, as well as accepting virtual meetings post pandemic.	169	50	0	April 21
	Cllr Carroll	Children's	Support for young person's transition to a sustainable adulthood.	Improvements to be made in provision to support the young person's transition to a sustainable adulthood, reducing the costs of education and care for some young people.	Will require development of local options and capital investment. Majority of revenue savings accrue to the Dedicated Schools Grant - High Needs block, but will reduce future demand for Adult services in the mid-long term.	489	15	0	April 21
	Cllr Carroll	Children's	Care Leavers Accommodation	Establish more local care leaver accommodation so that efficiencies can be made in placement costs.	Project to describe, find, equip and then recruit train and register the provision has many opportunities for delay. Experience in AfC suggests a year to come to market for a directly provided service. Assumes 4 care leavers can be accommodated at the lower rate - therefore one place saving overall. £400 pw = £20k.	985	20	0	April 21
	Cllr Carroll	Children's	Implement schools Inclusion Advisor	Aim to drive development of better and cheaper Inclusion options, ensuring these critical skills are available to schools to drive effectiveness of High Needs spending through a defined post.	Funded from the appropriate budget, increases risk of further High Needs Block overspend in 2021/22 while services such as new resource units come on line.	111	90	0	April 21
	Cllr Carroll	Children's	Therapy assessment service	Setup assessment service which will both simplify therapy offer with far fewer exceptions while driving up the use of effective, time limited interventions.	Requires the identification of skilled practitioners to undertake assessments of need in all cases. Commission either by employment or larger contract, a core set of therapy skills and keep a cash budget for critical others. This works in both social care and disability respite services. Finding workforce is challenging and there can be expensive oversight requirements and increased inspection footprint. Some young people will receive a different intervention as a result on improved assessment.	169	100	0	April 21
	Cllr Carroll	Children's	Use external support for early years quality improvement needs	Signpost early years settings to the Nursery School Federation to secure support to improve the quality of their provision.	No capacity to support any setting that goes into crisis. 98% providers ranked Good or Outstanding by Ofsted (pre-pandemic).	160	60	0	April 21
	Cllr Carroll	Children's	Continue to optimise costs of placements for children in our care.	Increased monitoring and tracking of the financial package of care alongside the social work team through a fortnightly "resource panel". Builds on 2020/21 success with the long-term approach in AfC business plan.	Should reduce Young people in placements which are not improving their life chances or are unduly expensive.	6,281	250	150	April 21
	Cllr Carroll	Children's	Improve business support processes	Develop current hub approach to allow multi-skilled staff deal with a range of services with a variable level of need.	Significant change programme for existing staff in order to standardise skills and contractual arrangements, potentially leading to some staff turnover.	475	45	0	April-21
	Cllr Carroll	Children's	Account appropriately for financial support services.	Reduce finance team and have RBWM maintained schools pay contribution to Finance function provided to them.	Reduced capacity limits ability to undertake adhoc modelling and risk analysis tasks for services and schools.	475	55	0	April 21
TOTALS							3,340	150	

Adults, Children and Health Overview and Scrutiny Panel

Children Directorate	2021/22 £	2020/21 £	% Increase
HOME TO SCHOOL TRANSPORT			
Charges take effect from the beginning of each academic year in September.			
Pupils not entitled to free transport			
Residents not entitled to free transport (mainstream and SEN)	651.00	639.00	1.9%
Eton Wick residents not entitled to free transport	351.00	336.00	4.5%
Non-resident fare payers	938.00	893.00	5.0%
Commercial bus routes - contact the relevant operator to purchase passes			
Replacement travel pass	24.00	23.00	4.3%

Adults, Children and Health Overview and Scrutiny Panel

Children Directorate	Unit Cost	2021/22 £	2020/21 £	% Increase
EARLY HELP AND SAFEGUARDING - TRANSFERRED TO AFC				
<p>Early Help and Safeguarding charges have historically been linked to RBWM fostering allowances which are made up of an age-related core allowance plus a career element payment linked to expertise. The core allowance is set in line with the DfE guidelines. AFC moved to a new shared Fostering Service from April 2019 - fostering allowances are now standardised across the organisation.</p>				
Parental contribution towards cost of children in care	Per week	Up to the full amount of the fostering allowance	Up to the full amount of the fostering allowance	
Foster care placements - Charges to other local authorities for placing non-RBWM children	Per week	Cost of the placement	Cost of the placement	
Short term breaks for disabled children - Charges to other local authorities for placing non-RBWM children	Per week	Cost of the placement	Cost of the placement	
Administration charge to other local authorities for foster care placements and short term breaks.	Per week	102.00	100.00	2.0%
Flying High Play Scheme	Per day	25.00	25.00	0.0%

Adults, Children and Health Overview and Scrutiny Panel

Adults, Commissioning & Health Directorate		Unit Cost	2021/22		2020/21		%	%																																				
			£	£	£	£	Increase	Increase																																				
CARE FOR ADULTS																																												
RESIDENTIAL CARE																																												
Homes for Older People - residential care in RBWM commissioned homes																																												
Maximum charge																																												
Residential Home placements																																												
Nursing Home placements (FNC to be deducted where applicable)																																												
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Homes for People with Learning Disability - residential care																																												
Homeside Close and Winston Court - Standard Charge to other local authorities																																												
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Other than in exceptional circumstances, the charge to the service user will be equal to their benefit payment less the personal expenses allowance.																																												
COMMUNITY CARE & RESPITE CARE																																												
OLA is an abbreviation for "Other Local Authority"																																												
PBH is an abbreviation for "Personal Budget Holder"																																												
Homes for People with Learning Disability - Respite care																																												
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	night		569.78		560.81			1.6%																																				
Administration fee for self-funders																																												
Administration fee for setting up care arrangements																																												
Annual fee for ongoing management of care arrangements																																												
Homecare																																												
Standard Charge																																												
Meals on Wheels																																												

Adults, Children and Health Overview and Scrutiny Panel

Adults, Commissioning & Health Directorate				Unit Cost		2021/22		2020/21		%	%
				£	£	£	£	Increase	Increase		
Learning Disability: day activity charge											
morning or afternoon session in daycentre for											
	ratio 1:1		session	93.57	117.04	92.10	115.20	1.6%	1.6%		
	ratio 1:2		session	46.74	83.11	46.00	81.80	1.6%	1.6%		
	ratio 1:3		session	31.09	59.13	30.60	58.20	1.6%	1.6%		
	ratio 1:5		session	18.59	38.00	18.30	37.40	1.6%	1.6%		
	ratio 1:10		session	9.25	21.84	9.10	21.50	1.6%	1.6%		
LEARNING DISABILITY: OLA midday meal supervision											
	ratio 1:1				55.58		54.70		1.6%		
	ratio 1:2				38.61		38.00		1.6%		
	ratio 1:3				26.72		26.30		1.6%		
	ratio 1:5				16.26		16.00		1.6%		
	ratio 1:10				8.03		7.90		1.6%		
CHC Charge where Care Staff are separately funded											
		ratio 1:1	session	25.40	25.40	25.00	25.00			1.6%	
Learning Disability: Transport											
			per journey		7.50		7.40			1.4%	
Room Hire - Learning Disability Day Centres											
6.00-11.00 Monday to Friday and 9.00-11.00 Saturday to Sunday											
		Ground Floor, Hall & Kitchen	Hour	25.50		25.10		1.6%			
		Dance Studio	Hour	18.40		18.10		1.7%			
		Music / Art Room	Hour	15.40		15.20		1.3%			
There is an additional charge for public liability insurance and staffing when required											
Older Persons: Day Centres											
		RBWM - PBH	per day	64.90		63.90		1.6%			
		transport single Journey to day centre/activity (max 2 charges per session)	per journey	5.30		5.20		1.9%			
Blue Badge											
			Per Badge	10.00		10.00		0.0%			
Older Persons: Residential Respite											
		In residential and nursing homes, arranged by the Council	per week	980.00		749.00		30.8%			

Adults, Children and Health Overview and Scrutiny Panel

Adults, Commissioning & Health Directorate	Unit Cost	2021/22		2020/21		%	%
		£	£	£	£	Increase	Increase
ALLOWANCES							
Direct Payments - Rates payable to service user							
Standard Rate - care provided by homecare agency	per hour	SEE NOTE 1 below		17.95			
Sleeping Night Service	night	64.80		63.80		1.6%	
<u>Rates payable for employment of Personal Assistant</u>							
Start up and emergency reserve	one-off	500.00		500.00		0.0%	
Composite Rate for a Personal Assistant	hour	16.00		15.70		1.9%	
Standard Rate including all oncosts	hour	13.80		13.60		1.5%	
Enhanced Rate including all oncosts	hour	25.40		25.00		1.6%	

NOTE 1 It is requested that Delegated authority is extended to the Director for Adults, Health and Commissioning, in liaison with the Lead Member for Adult Social Care to set this rate.


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CHILDREN'S SERVICES

Project	Description of Scheme	2021/22 First Estimate			2022/23 First Estimate Indicative			2023/24 First Estimate Indicative		
		Gross	Income	Estimate	Gross	Income	Estimate	Gross	Income	Estimate
		£000	£000	£000	£000	£000	£000	£000	£000	£000
Schools - Non Devolved										
CTBC	School Condition schemes	1,111	(1,111)	0	0	0	0	0	0	0
CTBC	Special Provision Capital schemes	727	(727)	0	0	0	0	0	0	0
Total Schools - Non Devolved		1,838	(1,838)	0	0	0	0	0	0	0
Schools - Devolved Capital										
CJ77	Budget Only NDS Devolved Capital	272	(272)	0	272	(272)	0	272	(272)	0
Total Schools - Devolved Capital		272	(272)	0	272	(272)	0	272	(272)	0
TOTAL CHILDREN'S SERVICES CAPITAL PROGRAMME		2,110	(2,110)	0	272	(272)	0	272	(272)	0

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Agenda Item 7

Report Title:	2020/21 Q2 Performance Report	www.rbwm.gov.uk  Royal Borough of Windsor & Maidenhead
Contains Confidential or Exempt Information?	No - Part I	
Meeting and Date:	Adults, Children and Health Overview and Scrutiny Panel, 21 January 2021	
Responsible Officer(s):	Hilary Hall, Director of Adults, Health and Commissioning and Kevin McDaniel, Director of Children's Services	
Wards affected:	All	

REPORT SUMMARY

1. The Council Plan 2017-21 and associated strategic priorities remained current up to 30 July 2020 when Cabinet approved an Interim Council Strategy 2020/21 for immediate adoption on the basis that the Covid-19 pandemic had significantly altered the context in which the council is currently operating.
2. The Interim Council Strategy clarifies the three revised priorities to which the council is responding. The Q2 Performance Report for Adults, Children and Health Overview and Scrutiny Panel has therefore been refocused to provide insights into the Interim Council Strategy's delivery as fully as possible, see Appendix A. Performance of measures previously reported to the Panel are included on the basis that these measures provide insights into current service delivery, and remain important for future trend visibility.

1. DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That the Adults, Children and Health Overview and Scrutiny Panel notes the report and:

- i) **Notes the 2020/21 Adults, Children and Health Overview and Scrutiny Panel Q2 Performance Report in Appendix A.**
- ii) **Requests the Lead Member, Directors and Heads of Service to maintain focus on performance.**

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

Options

Table 1: Options arising from this report

Option	Comments
Accept the recommendations in this report. This is the recommended option	This will allow continuing insight into the delivery of the council's agreed priorities in order to aid decision-making and maintain focus on continuous improvement.
Reject the recommendations in the report.	The failure to use relevant performance information to

Option	Comments
	understand delivery against the council's agreed priorities impedes the council's ability to make informed decisions and seek continuous improvement.

- 2.1 The Council Plan 2017-21 remained current up to 30 July 2020 when Cabinet approved an Interim Council Strategy 2020/21 for immediate adoption on the basis that the Covid-19 pandemic has significantly altered the context in which the council is currently operating. The Interim Council Strategy clarifies the three revised priorities to which the council is responding, acknowledging that any instances where previous objectives can still be delivered without affecting delivery of interim objectives is a good thing and will be supported.
- 2.2 Performance reports for Q2 2020/21 onwards have therefore been refocused to provide insights into the Interim Council Strategy's three priorities and how they are progressing. Performance of measures previously reported to the Adults, Children and Health OSP are also included in order to continue to provide insights into current service delivery and maintain visibility of future trends.
- 2.3 Appendix A sets out the Q2 Performance Report. It details the council's immediate response to the first wave of the Covid-19 pandemic, particularly in terms of the community response. It also demonstrates the development of major workstreams such as the Transformation Strategy and Climate Strategy alongside the requirement to step services back up and make necessary adaptations in order to be Covid-secure. Adaptations have been made across a number of services, including library and resident services with the introduction of "click and collect" and "click and deliver" offers.
- 2.4 Whilst much has been achieved in the first six months of the year, the impact of Covid on the community and the economy has been felt in a number of areas of the council's operations and this is reflected in the key performance indicators included in Appendix A. Examples include: the resilience of families was significantly tested during the Covid restrictions which has led to an increase in referrals to children's social care; our care leavers' ability to secure employment was impacted by businesses' closure, and the diversion of resources to the Covid-19 response has impacted the review of care packages.
- 2.5 Table 2 summarises the position of all reported key performance indicators as at the close of Q2 and shows that the majority of indicators are on or near target. Appendix A sets out performance trends and related commentary for each indicator, acknowledging where the pandemic has impacted performance.

Table 2: Summary KPI Q2 position

Q2 RAG	Total	Measure
Green (Succeeding or achieved)	9	Percentage of borough schools rated by Ofsted as Good/Outstanding
		Percentage of EHCP assessments completed within 20wks (including exceptions)
		Percentage of eligible children receiving a 6-8wk review within 8wks

		Percentage of successful treatment completions (alcohol)
		Percentage of successful treatment completions (non-opiates)
		Percentage of successful treatment completions (opiates)
		No. permanent admissions to care for those aged 65+ yrs
		Percentage of carers assessed or reviewed in the last 12mths
		Percentage safeguarding service-user satisfaction
Amber (Near target)	2	Percentage of long-term cases reviewed in the last 12mths
		Percentage of rehabilitation clients still at home after 91 days
Red (Needs improvement)	3	Percentage of care-leavers in education, training and employment (19-21yr olds)
		Percentage of children subject to a Child Protection Plan for 2+yrs on ceasing
		Percentage of re-referrals to Children's Social Care within 12mths
Total	14	

3. KEY IMPLICATIONS

3.1 The key implications of this report are set out in table 3.

Table 3: Key Implications

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
The council is on target to deliver its strategic priorities	< 100% priorities on target	100% priorities on target			30 September 2020

4. FINANCIAL DETAILS / VALUE FOR MONEY

4.1 There are no direct financial implications arising from the recommendations.

5. LEGAL IMPLICATIONS

5.1 There are no legal implications arising from the recommendations.

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 practices resulting in lack of progress towards the council's agreed strategic priorities and objectives.	HIGH	Robust performance management within services to embed a performance management culture and effective and timely reporting.	LOW

7. POTENTIAL IMPACTS

7.1 There are no Equality Impact Assessments or Data Protection Impact Assessments required for this report. There are no climate change or data protection impacts as a result of this report.

8. CONSULTATION

8.1 Performance against the strategic priorities is regularly reported to the council's four Overview and Scrutiny Panels. Comments from the Panels are reported to Lead Members and Heads of Service as part of an ongoing performance dialogue.

9. TIMETABLE FOR IMPLEMENTATION

9.1 The full implementation stages are set out in table 5.

Table 5: Implementation timetable

Date	Details
Ongoing	Comments from the Panel will be reviewed by Lead Members and Heads of Service.

10. APPENDICES

10.1 This report is supported by one appendix:

- Appendix A: Adults, Children and Health Overview and Scrutiny Panel Q2 Performance Report.

11. BACKGROUND DOCUMENTS

11.1 This report is supported by two background documents:

- Interim Council Strategy 2020/21: <https://rbwm.moderngov.co.uk/ieListDocuments.aspx?CIId=132&MIId=7763&Ver=4>

12. CONSULTATION (MANDATORY)

Name of consultee	Post held	Date sent	Date returned
Hilary Hall	Director of Adults, Health and Commissioning	08/12/2020	17/12/20
Kevin McDaniel	Director of Children's Services	08/12/2020	18/12/20

REPORT HISTORY

Decision type:	Urgency item?	To Follow item?
Non-key decision	No	No
Report Author: Rachel Kinniburgh, Strategy and Performance Team Leader, 01628 796370		

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Adults, Children and Health Overview and Scrutiny Panel

Q2 2020-21 Data and Performance Report

Date prepared: 01-Oct-2020

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1. Executive Summary

- 1.1 The Council Plan 2017-21 remained current up to 30 July 2020 when Cabinet approved an Interim Council Strategy 2020/21 for immediate adoption on the basis that the Covid-19 pandemic has significantly altered the context in which the council is currently operating.
- 1.2 In the interests of good governance and transparency, the Interim Council Strategy gives clarity to the three revised priorities to which the council is responding, acknowledging that any instances where previous objectives can still be delivered without affecting delivery of interim objectives is a good thing and will be supported. The three revised priorities for 2020/21 are:
 - **Covid-19 objectives:** focusing on the immediate response, long-term recovery, and new service requirements.
 - **Interim Focus Objectives 2020-21:** focusing on revised service operating plans, development of the Transformation Strategy, Climate Strategy, Governance, and People Plan.
 - **Revised Medium Term Financial Strategy:** focusing on the impact of Covid-19, economic downturn, and government policy.
- 1.3 With the introduction of the Interim Council Strategy, performance reports for 2020/21 have necessarily been refocused to respond to this strategy as fulsomely as possible at the current time. This report, and all future quarterly reports for the remainder of 2020/21 which are reviewed by Overview and Scrutiny Panels, is therefore structured to provide insight into the three priorities and how they are progressing (section 2).
- 1.4 Performance of measures previously reported to Cabinet as part of the former Performance Management Framework (PMF) are also included (see section 3) on the basis that these measures provide some insights into service delivery (priority 2) and also remain important for the future, in which case ongoing visibility of trends is desirable. These measures are grouped in this report by the lead service. Additional datasets and key performance indicators will be added over time as new data-sources are set up as part of delivery of the priorities.

2. Interim Council Strategy: Delivery of priorities

2.1 This section provides a brief overview of key activities and milestones achieved by the council in the first six months of the financial year.

Priority	Item	Achievements and key milestones
<p>Covid-19 objectives</p>	<p>Response (immediate)</p>	<p>The Covid-19 Community Response was established to support residents across the borough during the Covid-19 pandemic. A coordinated team of staff drawn from all services in the council maintained regular contact with residents who were shielding and took any action that may be appropriate to ensure that these individuals' needs were met. This role has now been taken on by the Library and Residents service who continue to make contact with residents and to be a helpline to any vulnerable service users in the borough. Using community groups, either already established or newly formed, in response to the pandemic has helped to identify where we can help the vulnerable. A public-facing online directory of Covid-19 Support Groups to which residents may turn to for particular needs was quickly developed.</p> <p>The Outbreak Control Plan Summary was published on the RBWM website on 30 June 2020 in line with national instruction from the Department of Health and Social Care. The plan was produced in collaboration with the NHS and Public Health to guide our response to the ongoing Covid-19 pandemic, to put in place measures to identify and contain outbreaks and to protect the public's health.</p>
	<p>Recovery (long-term)</p>	<p>The council has worked in partnership with organisations across the Thames Valley to develop a recovery framework across the region. A set of actions for Berkshire is being developed to enable sharing of best practice and coordination of activity where it is most appropriately undertaken at a county-level.</p> <p>On 24 September 2020 Cabinet approved the RBWM Recovery Strategy (targeted at borough-level) to move into delivery phase. The strategy sets out the council's approach to supporting residents and businesses, empowering communities to thrive and building lasting partnerships with businesses.</p> <p>A new database (Lyon 2.0) has also been developed. It is a free online platform and app which will simply and securely help community</p>

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		<p>organisations connect with residents. The system will also enable registration of individuals who may require support, and individuals who wish to volunteer their time to the community effort. The Lyon system is presently in soft-testing.</p>
	New service requirements	<p>As part of the organisational recovery strategy, service-level step-up plans were implemented, as were changes to existing operating models to allow services to continue in a socially distanced and safe way. One example has been our new alternative operation in Youth Services which now has the ability to communicate with children and young people online, engaging more individuals to be active in the service. This has created a COVID-safe environment for our users and staff. By encouraging online zoom calls the service has ensured there is a balance between accessing services whilst protecting the health and wellbeing of our residents and staff.</p>
Interim Focus Objectives 2020-21	Revised Service Operating Plans	<p>As part of the organisational recovery strategy, service-level step-up plans were implemented, as were changes to existing operating models to allow services to continue in a socially distanced and safe way. One example has been our new alternative operation in Youth Services which now has the ability to communicate with children and young people online, engaging more individuals to be active in the service. This has created a COVID-safe environment for our users and staff. By encouraging online zoom calls the service has ensured there is a balance between accessing services whilst protecting the health and wellbeing of our residents and staff.</p>
	Transformation Strategy	<p>The Transformation Strategy 2020-2025 was unanimously approved by the Cabinet Transformation Sub-Committee on 22 September 2020. Setting out a vision of “building a community-centric borough of opportunity and innovation”, the Strategy aims to deliver radical changes to the way in which the council operates and identifies 6 key areas for transformation (finance, culture, environment, prevention, digital and process redesign). The aim of prevention is to achieve better outcomes for all residents including supporting families with children, those in crisis and/or homeless. The aim is to put a greater emphasis on prevention and early intervention to reduce the support only being provided at the point of crisis.</p> <p>The strategy’s development is the council’s response to key challenges around its financial position and builds upon the strong foundations of innovation and community-empowerment that quickly developed in response to the Covid-19 pandemic. Action plans by which to deliver the Strategy are presently being developed.</p>
	Environment and Climate Strategy	<p>The draft Climate Change Strategy was approved for public consultation at the appropriate time by Full Council on 23 June 2020. The strategy’s preparation followed the council’s declaration of an environment and climate emergency in June 2019 and subsequent stakeholder and community engagement on its development led by a cross-party working group. The updated Environment and Climate Strategy was approved by Cabinet for adoption on 17 December 2020.</p>

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	<p>Governance</p>	<p>We have an agreed governance action plan arising from the Annual Governance Statement with updates coming forward to Corporate Overview and Scrutiny Panel throughout the year. In addition, the Council engaged CIPFA during 2019/20 to undertake a review of financial governance. Although RBWM has benefited from being part of Achieving for Children in that service standards have improved to such an extent that Ofsted rated them as good in 2020. Both Optalis and AfC require more clarity over their financial arrangements with RBWM. Subsequently, RBWM has commissioned a review of delivery options for AfC and Optalis to assist it in developing a more robust medium-term financial strategy. An action plan addressing outstanding issues has been developed and will be reported via the Corporate Overview and Scrutiny Panel on a quarterly basis from November.</p>
	<p>People Plan</p>	<p>A key foundation of the council's future People Plan is the agreement of organisational values. Following extensive consultation with employees a suite of new organisational values was launched on 19 June 2020. Each value is underpinned by positive behaviours illustrative of each value. These values and associated behaviours are key in supporting the council to deliver well for residents and partners, and to achieve organisational objectives. The new values are:</p> <ul style="list-style-type: none"> • Invest in strong foundations • Empowered to improve • One team and vision • Respect and openness. <p>An implementation plan is in place to support the embedding of the new values across the organisation.</p>
<p>Revised Medium Term Financial Strategy</p>		<p>A refreshed Medium Term Financial Strategy was approved in October 2020. The actual strategy had not been changed (other than to update any factual changes around dates and technical updates) but the financial modelling was updated to reflect the latest information as we currently know it, changes in assumptions around central government funding, inflation assumptions and other emerging issues. This is the start of the budget setting process for 2021/22 and the supporting Medium term financial plan.</p>

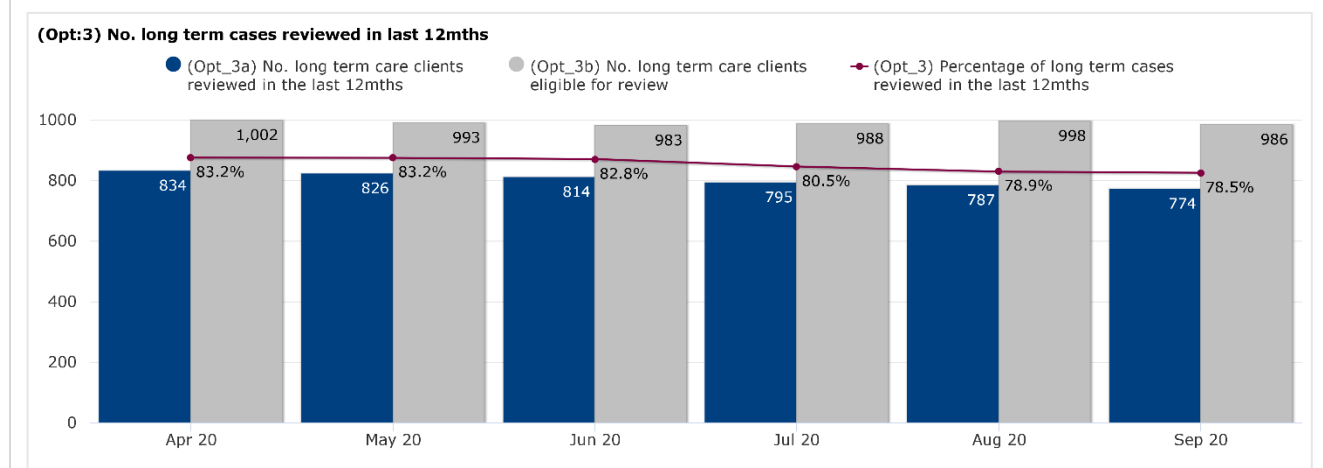
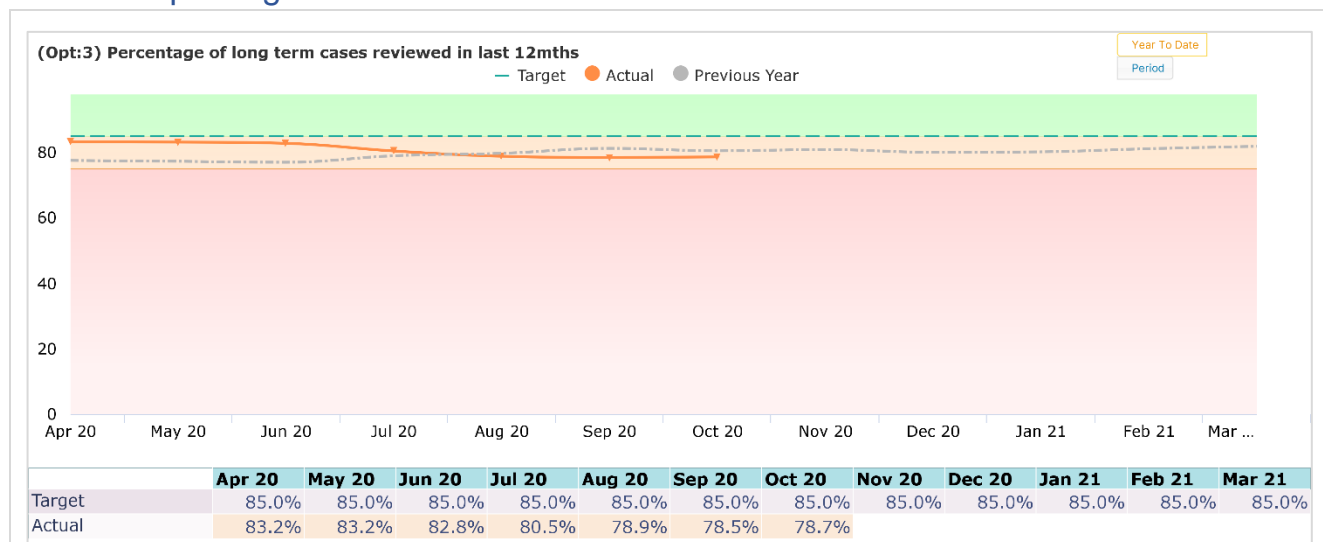
3. Service Performance Summary Report (YTD)

3.1 Performance of measures previously reported to Cabinet as part of the former PMF are set out here on the basis that these measures provide some insights into service delivery (priority 2) and also remain important for the future, in which case ongoing visibility of trends is desirable.

Q2 RAG Status	No.	Measure	Lead Service	
Green (Succeeding or achieved)	9	Percentage safeguarding service-user satisfaction	Adult Social Care	
		Percentage carers assessed or reviewed in the last 12 months		
		No. permanent admissions to care for those aged 65+yrs		
			Percentage borough schools rated by Ofsted as Good/Outstanding	Children's Services
			Percentage EHCP assessments completed within 20wks (including exceptions)	
			Percentage eligible children receiving a 6-8wk review within 8wks	
			Percentage of successful treatment completions (alcohol)	Public Health
			Percentage of successful treatment completions (non-opiates)	
			Percentage of successful treatment completions (opiates)	
Amber (Near target)	2	Percentage long term cases reviewed in the last 12 months	Adult Social Care	
		Percentage rehabilitation clients still at home after 91 days		
Red (Needs improvement)	3	Percentage re-referrals to Children's Social Care (within 12mths)	Children's Services	
		Percentage children subject to a Child Protection Plan for 2+yrs on ceasing		
		Percentage care-leavers in education, training and employment (19-21yr olds)		
Total	14			

4. Adults' Services

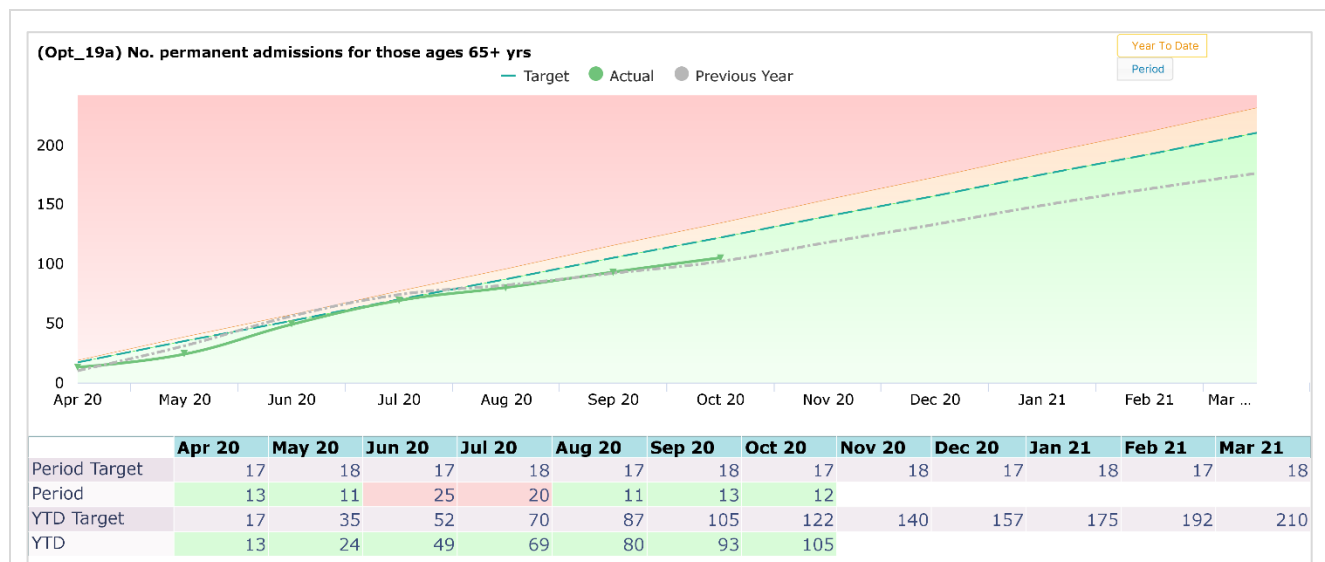
4.1. Care package reviews



Q2 Commentary

The target for this measure is 85% with red flag raised if performance is equal to/below 75%. Reviews are a key mechanism for ensuring that the care package in place for each resident is fit for purpose and meeting their needs. Performance in this area remains below the target of 85% though within tolerance for the measure at 78.5% (774/986) in September. Performance has followed a broad downward trend since April and this is due to resources being diverted to the Covid-19 response.

4.2. Permanent admissions to care



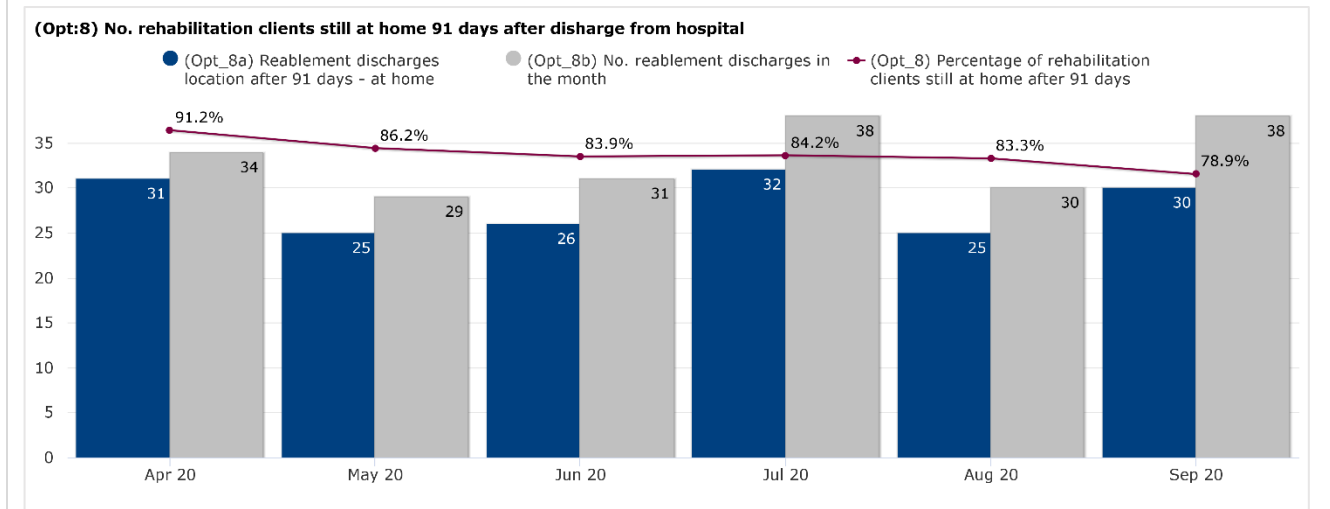
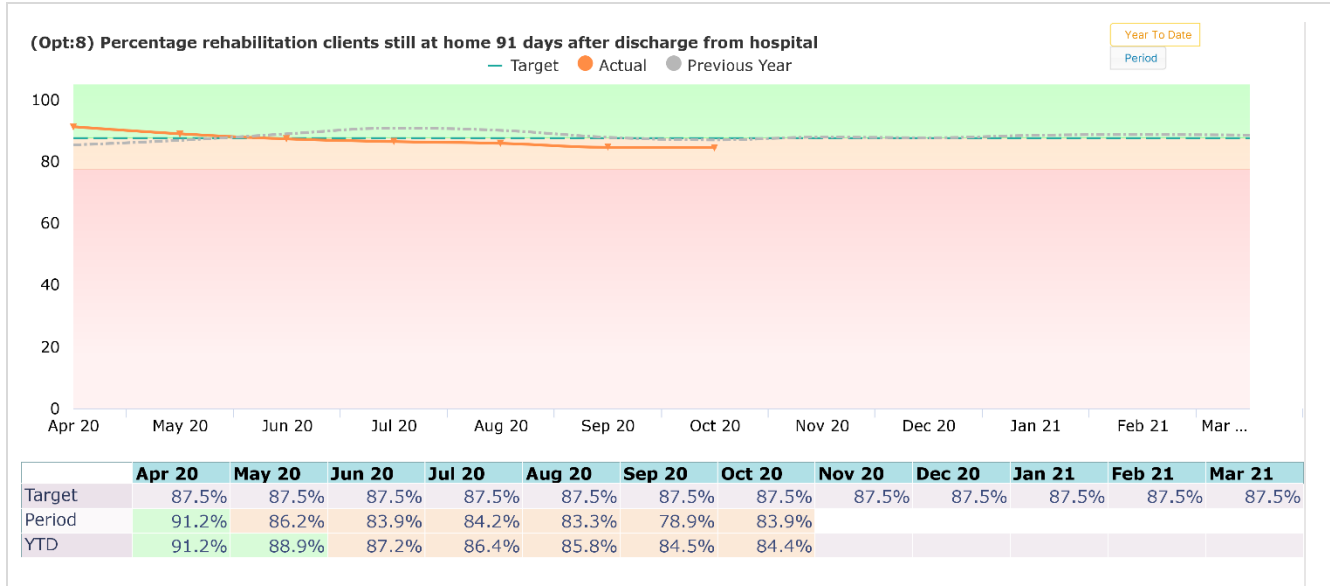
Q2 Commentary

The year end target for this measure is 210 and profiled monthly. A red flag is raised if YTD volumes are at/exceed 10% of the target.

The focus on prevention and keeping people living in their own homes is having a positive impact on admissions to care, although when residents are subsequently assessed as needing care their needs are often higher and more complex. As at the close of Q2 the year-to-date volume of permanent admissions to care is 93, consistent with Q2 2019/20 (92). The highest volumes of permanent admissions occurred in June (25) and July (20), which is consistent with 2019/20 trends.

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4.3. Reablement



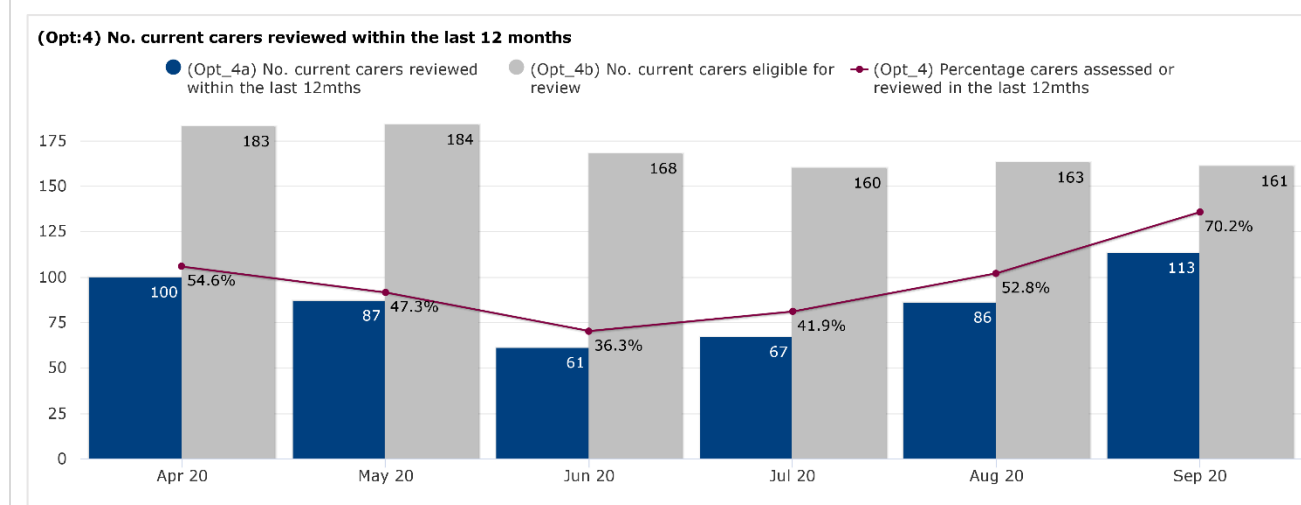
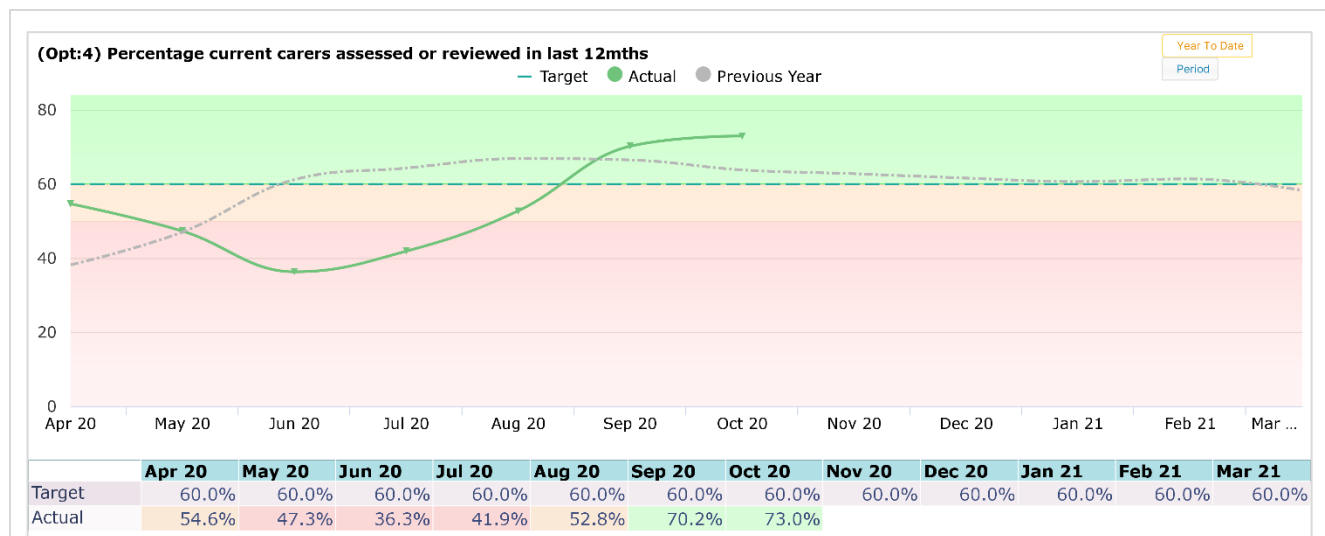
Q2 Commentary

The target for this measure is 87.5% with red flag raised if performance is equal to/below 77.5%.

The service’s focus is on prevention and supporting people to live in their own homes for as long as possible, and this includes supporting people on their return home from a hospital stay. As at the close of Q2 year-to-date performance stands at 84.5% (169/200), short of target (87.5%) by 3.0 but within tolerance for this measure. Performance of this measure is inevitably impacted by the level of need and frailty of the individuals within the cohort and in Q2, this has been exacerbated by the impact of Covid-19. It is also difficult to predict the long-term impact of Covid on individuals’ health and wellbeing and this is being kept under constant review.

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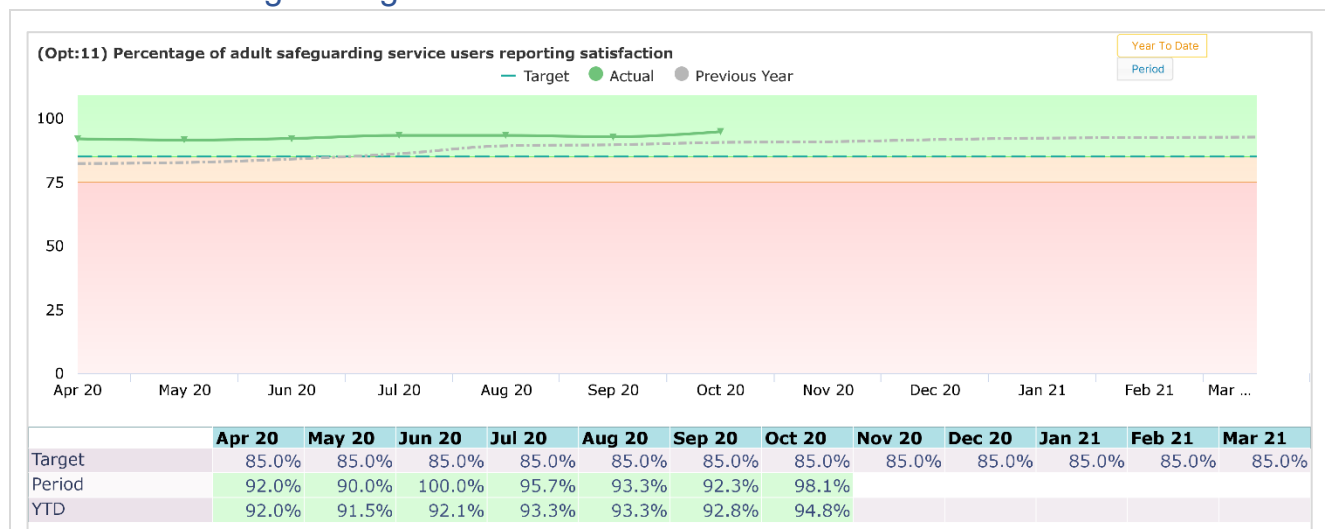
4.4. Carers' assessments



Q2 Commentary

The target for this measure is 60% with red flag raised if performance is equal to/below 50%. Carers deliver vital support to those who may not be in a position to fully care for themselves. The assessment and review process is an important mechanism by which to manage risks and ensure that quality and timely opportunities are made available to support the carer's own physical, emotional wellbeing and quality of life as they fulfil their caring role. As at the close of Q2 performance stands at 70.2% (113/161), above target (60%) by 10.2. Performance against this measure was significantly below target in Q1 but this has improved in Q2 significantly. The reduced performance for this measure was recognised to be due to formal reviews not taking place but rather more informal and frequent support and guidance was offered during the height of the pandemic. Since this time the formal reviews have been able to take place again and performance for this measure by the end of Q2 was above target.

4.5. Adults' safeguarding

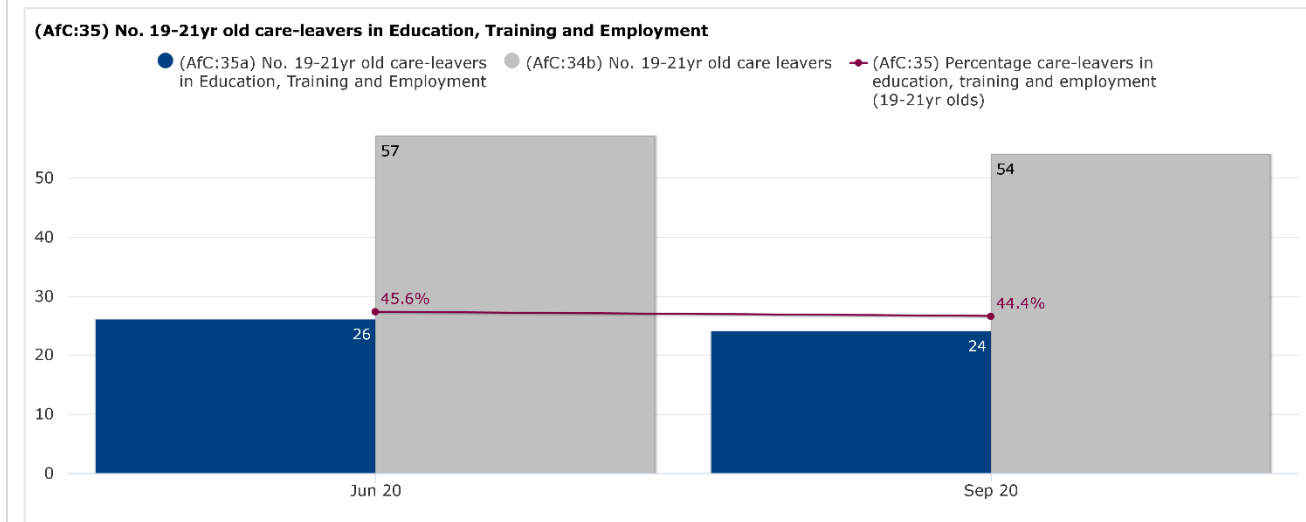
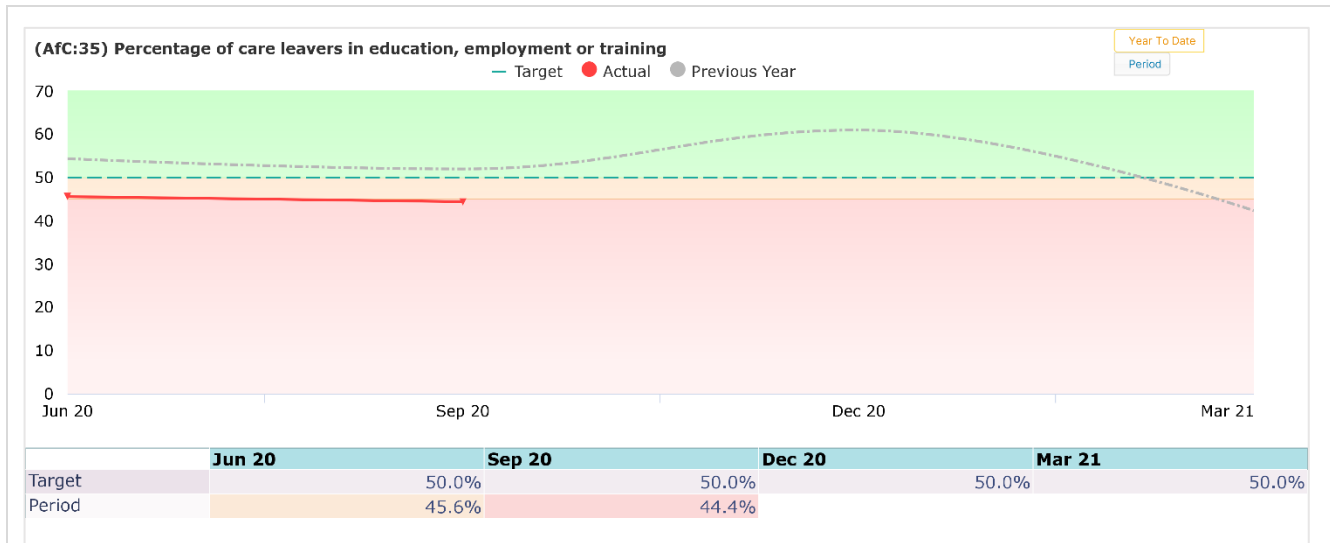


Q2 Commentary

The target for this measure is 85% with red flag raised if performance is equal to/below 75%. Monitoring safeguarding service-user satisfaction is important to assure that processes are sound and that outcomes sought from the safeguarding investigation have been achieved. The consistently high performance of this measure against the 2019/20 target of 80% led to the target being raised in 2020/21 to 85%. At the close of Q2 the YTD performance stands at 92.8%.

5. Children’s services

5.1. Care leavers

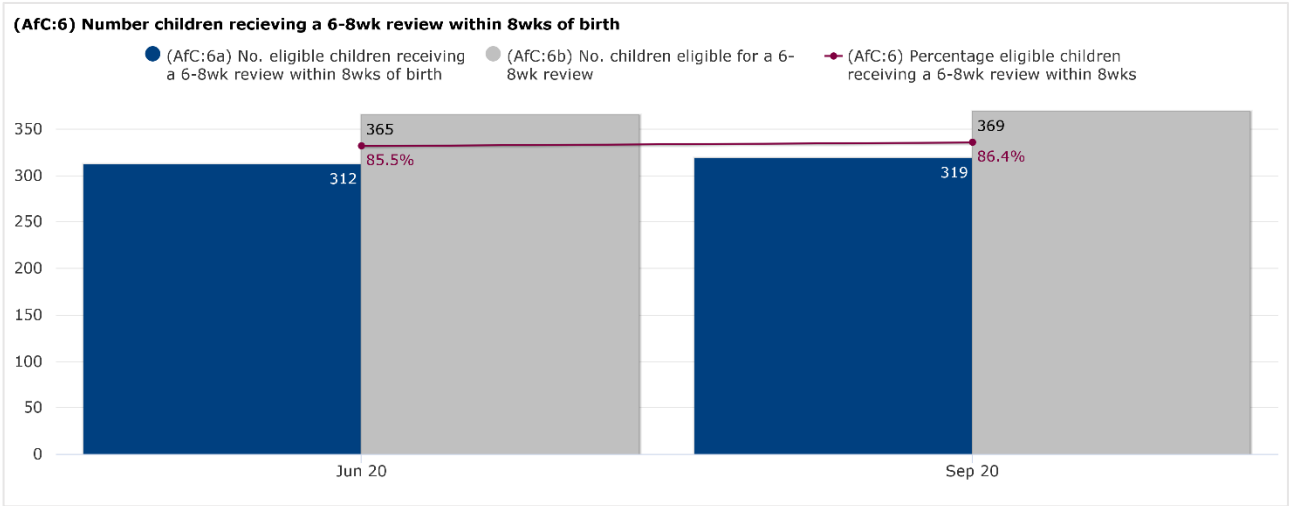
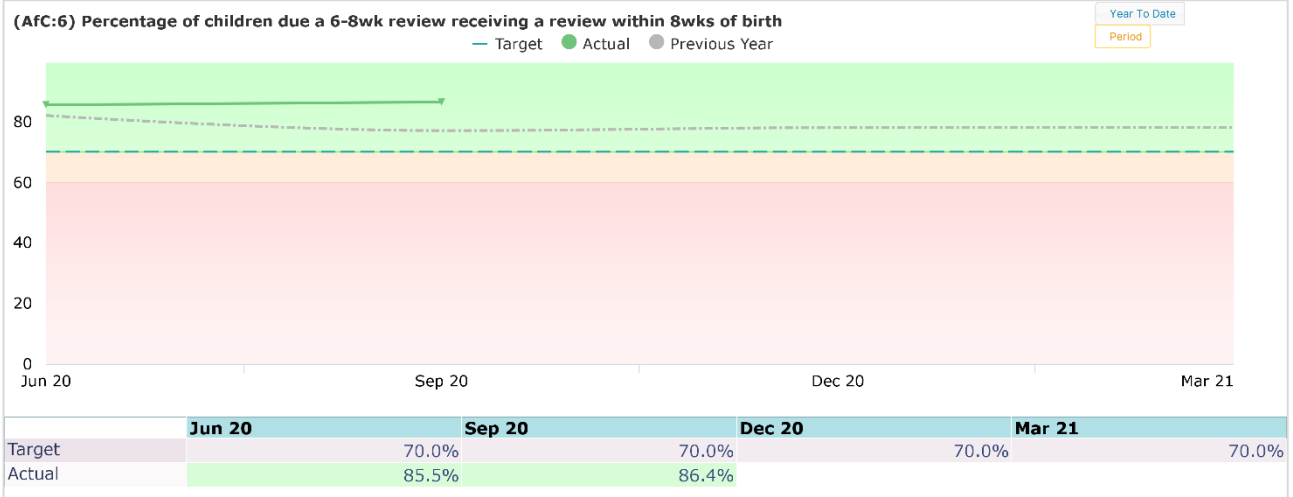


Q2 Commentary

The target for this measure is 50% with red flag raised if performance is equal to/below 45%. Supporting the wellbeing and aspirations of children in care and supporting care-leavers to achieve their full potential is of paramount importance. As at the close of Q2, the percentage of care-leavers in education, employment or training stands at 44.4% (24/54), off target (50%) by 5.6 and outside of agreed tolerance thresholds. In Q2 Covid-19 has impacted the cohort of young people as a number of them had part-time jobs or zero contracted hours in sectors such as entertainment. There is currently a working group, “Planning Support for unemployed young people”, delivered through the Job Centre to support young people, and many of our care-leavers are included in this group. The support on offer includes the Kickstart Scheme and Youth Mentors and we would expect an increase in the number of care leavers gaining employment and training opportunities through these routes in Q3.

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5.2. Health visiting

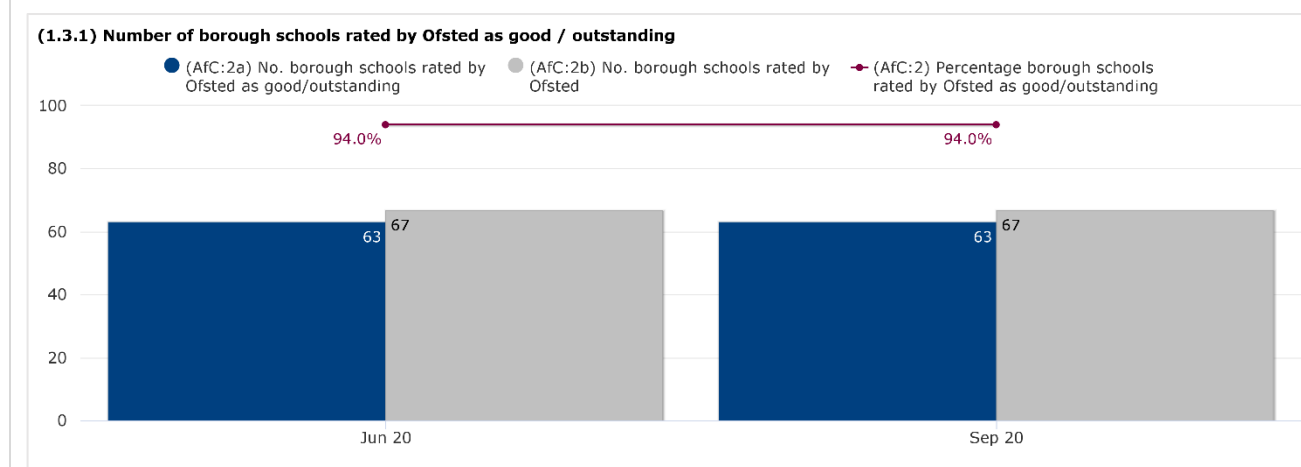
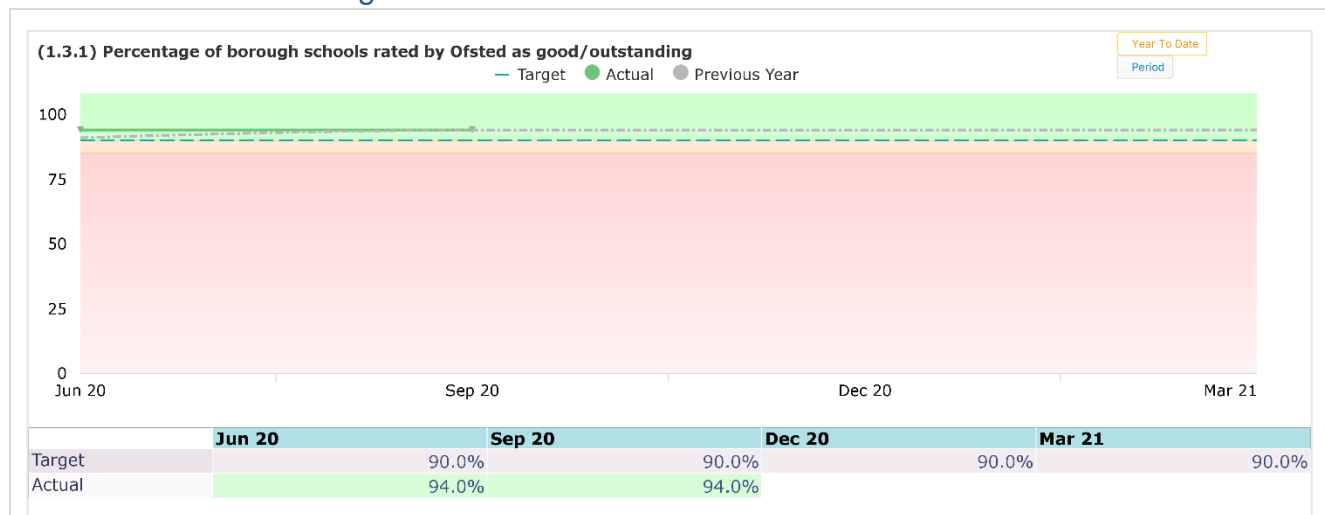


Q2 Commentary

The target for this measure is 70% with red flag raised if performance is equal to/below 60%. The 6-8 week review appointment is an important opportunity for parents to discuss their baby’s development and progress with a Health Visitor. It was anticipated that performance of this measure would fall in Q1 due to reduced service-availability as a result of Covid-19 restrictions. This has not proved to be the case and performance came in above target in both Q1 (85.5%, 312/365) and Q2 (86.4%, 319/369). The service believes this is due to a number of families who were happy to engage in a virtual assessment (where that was appropriate) which counts as complete who would otherwise have declined an in person visit in non-Covid times.

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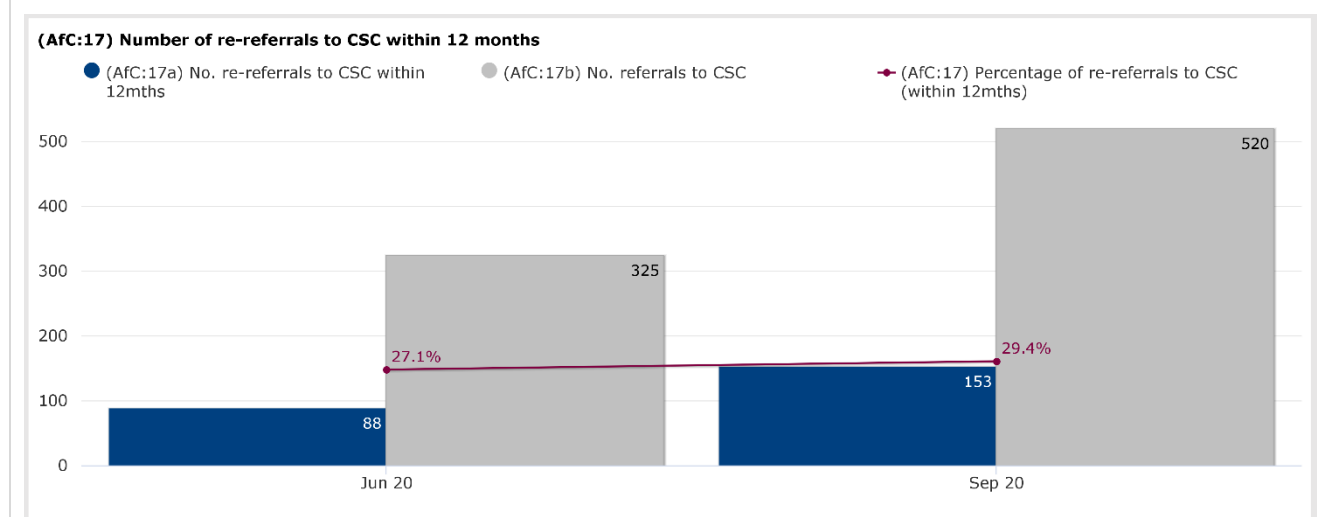
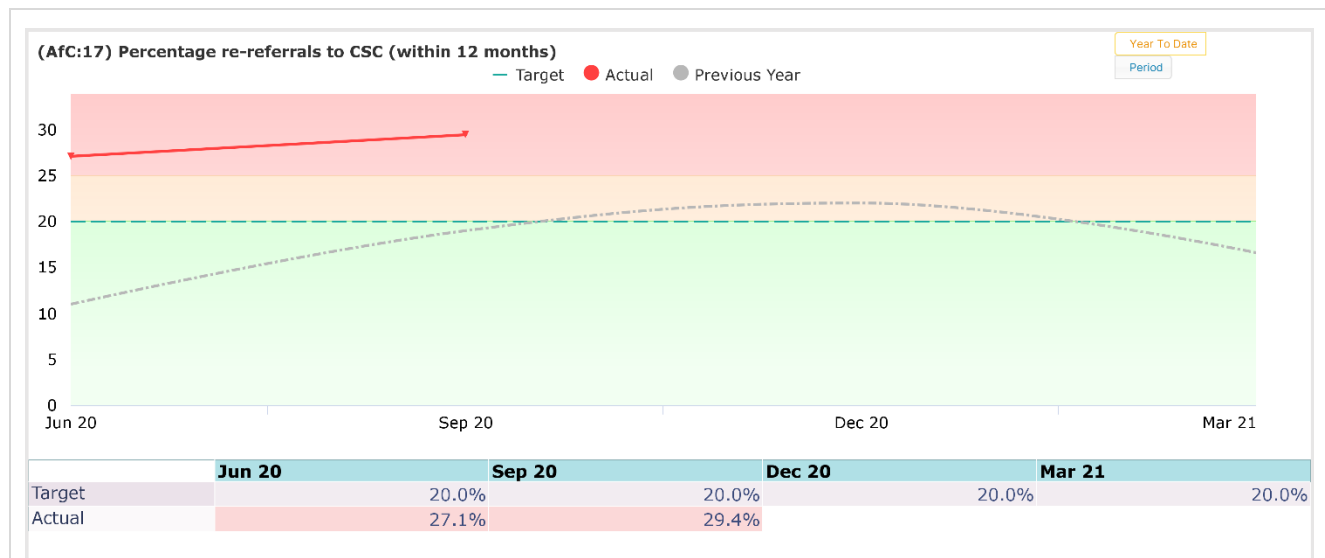
5.3. School Ofsted ratings



Q2 Commentary

The target for this measure is 70% with red flag raised if performance is equal to/below 60%. The percentage of borough schools rated by Ofsted as good/outstanding has not changed as Ofsted have paused inspections. There will be no graded inspections until past Easter 2021 so this indicator will not change until Q1 of 2021/22 at the earliest. The target was increased to 90% for 2020/21 from 86% in 2019/20 and the tolerance thresholds narrowed to a permissible variance of 5 from the target (previously a permissible variance of 10 from target).

5.4. Children’s social care

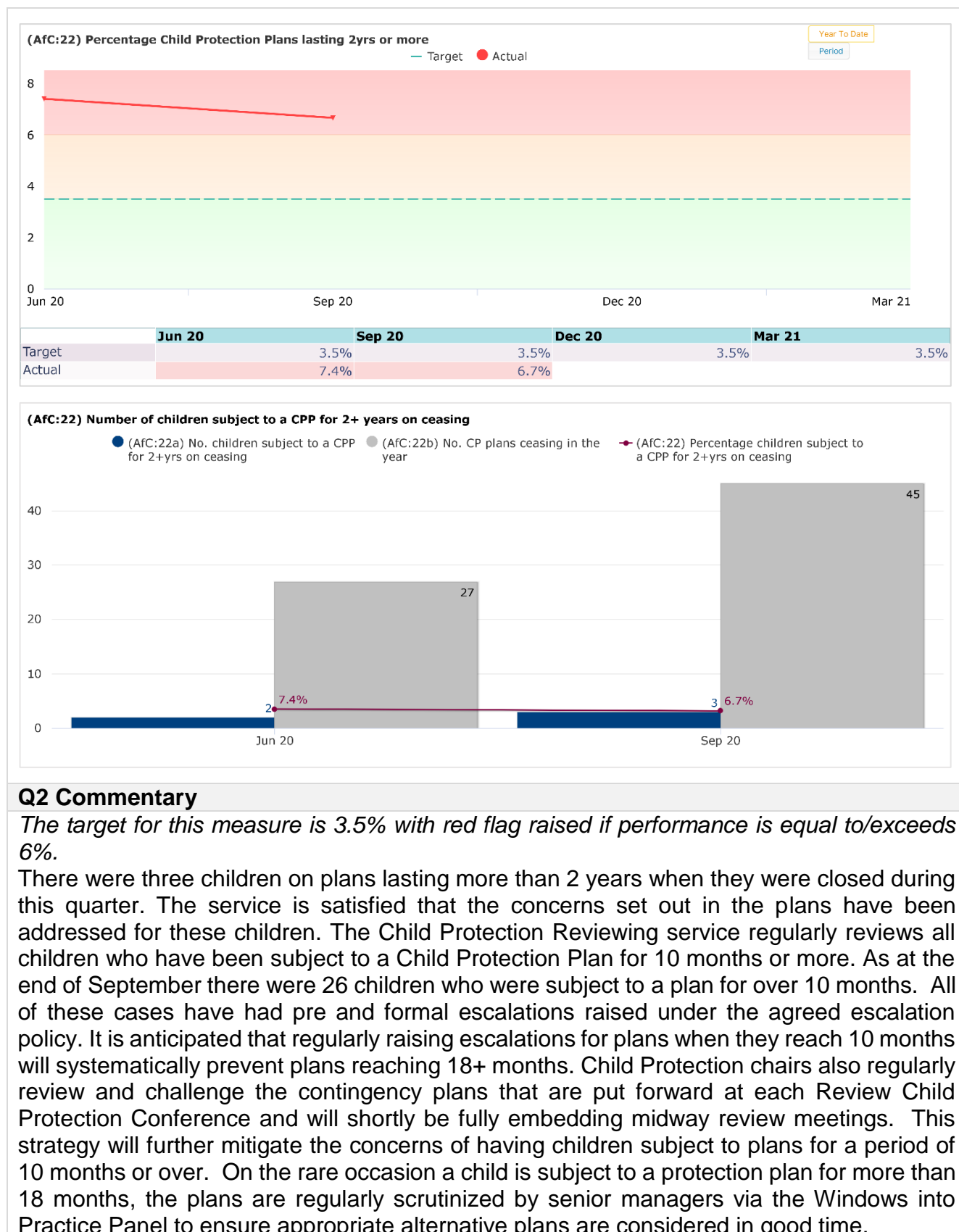


Q2 Commentary

The target for this measure is 20% with red flag raised if performance is equal to/exceeds 25%.

The last published national average for re-referrals is 22% (2018/19). During 2020/21, the system used to record information has been modified and this has resulted in all contacts being reported in this performance indicator. The analysis is still valid, the numbers should however be treated with caution. Of the 520 contacts received during Q2, 153 of these were children who were being referred within 12 months of previous closure. There is a likely link to Covid-19 in this pattern as families previously in crisis may not have the resilience to withstand the additional pressures while there has been a reduction in face-to-face services for non-statutory services. Service managers scrutinise all children re-referred at monthly performance boards. This provides reassurance that we are confident about thresholds and enables learning on an individual case basis to be shared.

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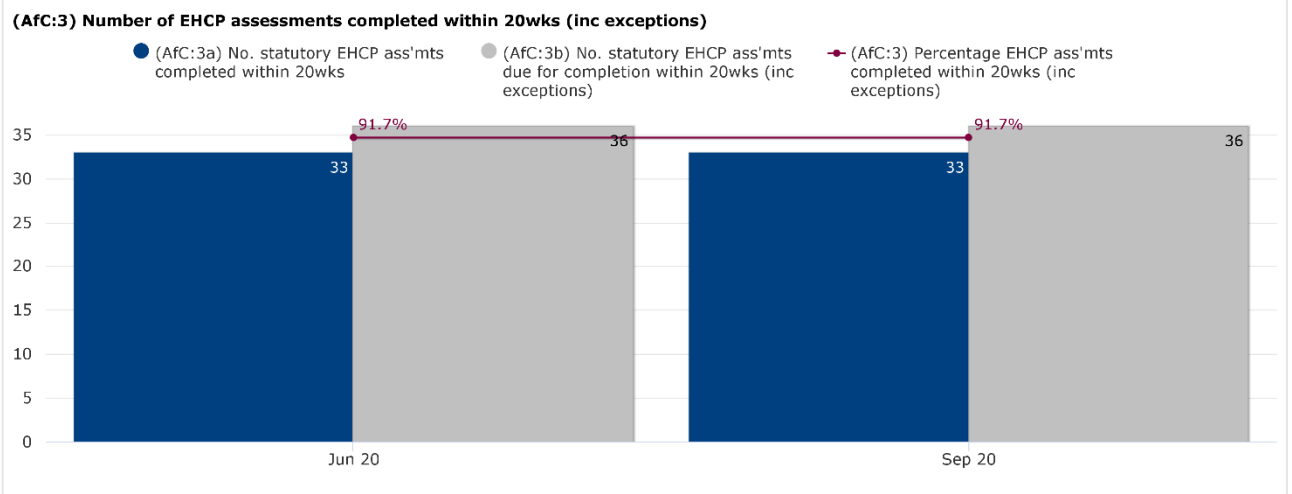
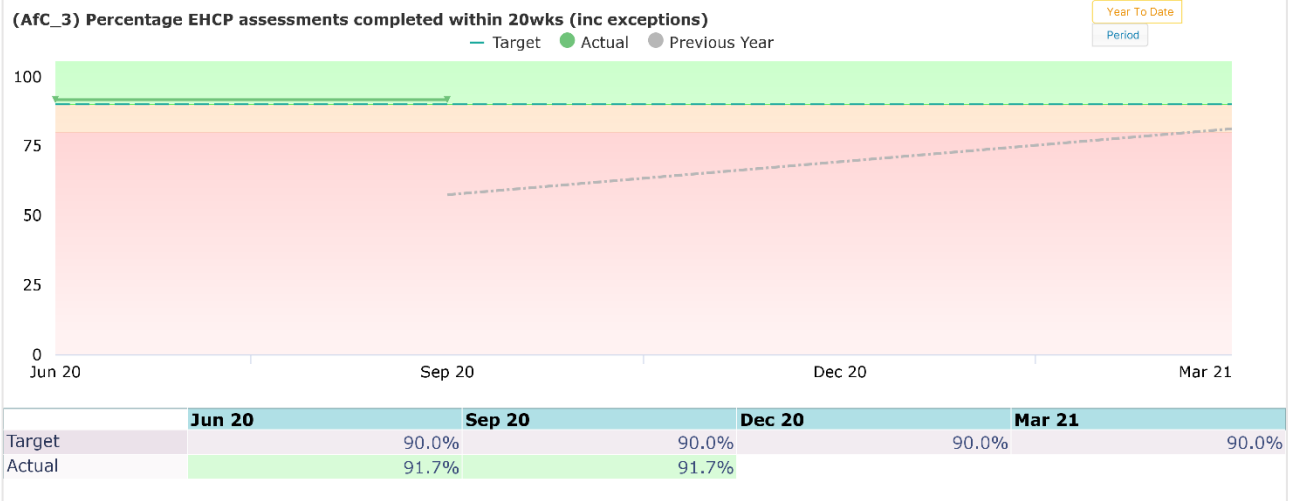
Q2 Commentary

The target for this measure is 3.5% with red flag raised if performance is equal to/exceeds 6%.

There were three children on plans lasting more than 2 years when they were closed during this quarter. The service is satisfied that the concerns set out in the plans have been addressed for these children. The Child Protection Reviewing service regularly reviews all children who have been subject to a Child Protection Plan for 10 months or more. As at the end of September there were 26 children who were subject to a plan for over 10 months. All of these cases have had pre and formal escalations raised under the agreed escalation policy. It is anticipated that regularly raising escalations for plans when they reach 10 months will systematically prevent plans reaching 18+ months. Child Protection chairs also regularly review and challenge the contingency plans that are put forward at each Review Child Protection Conference and will shortly be fully embedding midway review meetings. This strategy will further mitigate the concerns of having children subject to plans for a period of 10 months or over. On the rare occasion a child is subject to a protection plan for more than 18 months, the plans are regularly scrutinized by senior managers via the Windows into Practice Panel to ensure appropriate alternative plans are considered in good time.

Adults, Children and Health Overview and Scrutiny Panel: Q2 Performance Report

5.5. Special Educational Needs and Disability



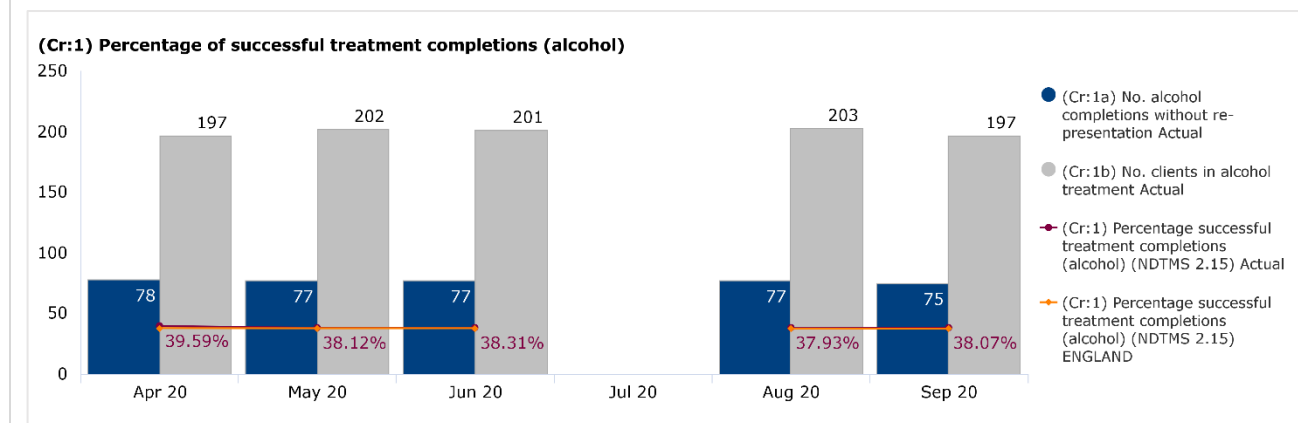
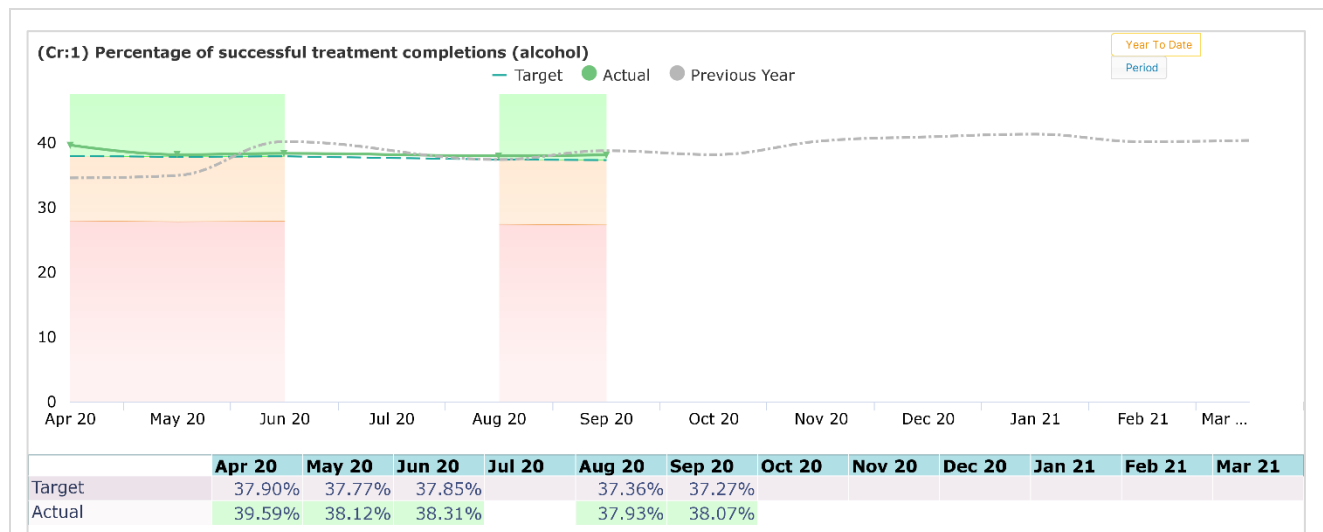
Q2 Commentary

The target for this measure is 90% with red flag raised if performance is equal to/below 80%. An Education, Health and Care Plan is a legal document that describes a child or young person's special educational, health and social care needs. It explains the extra help that will be given to meet those needs and how that help will support the child or young person to achieve what they want to in their life.

Whilst it was anticipated that Q1 performance would be detrimentally impacted by service pressures as a result of the Covid-19 pandemic, performance for Q1 stood at 91.7%. At the end of Q2 the percentage of EHCP assessments completed within 20 weeks remained at 91.7%, which is typical during the summer period.

6. Public Health

6.1. Substance misuse: Alcohol



Q2 Commentary

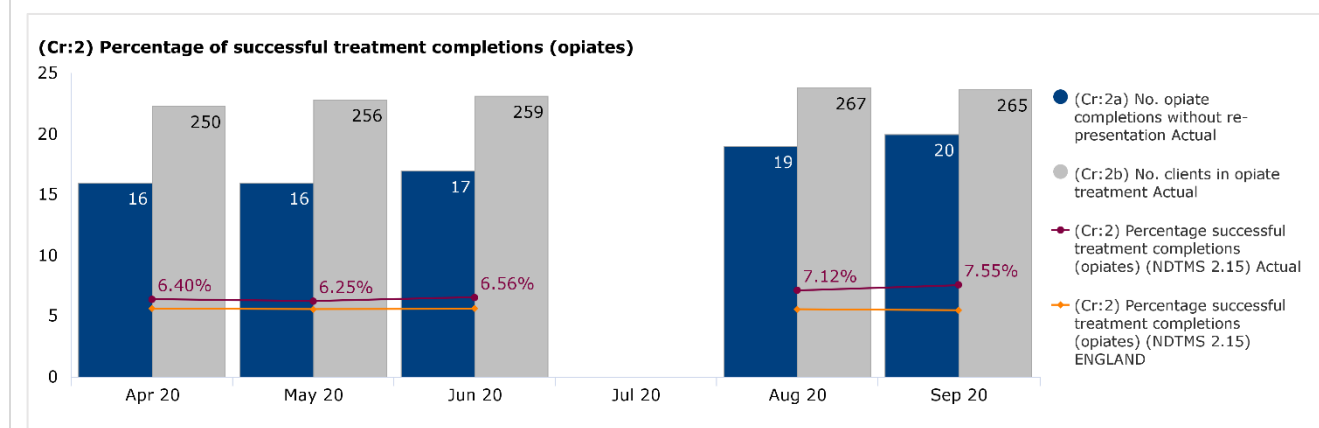
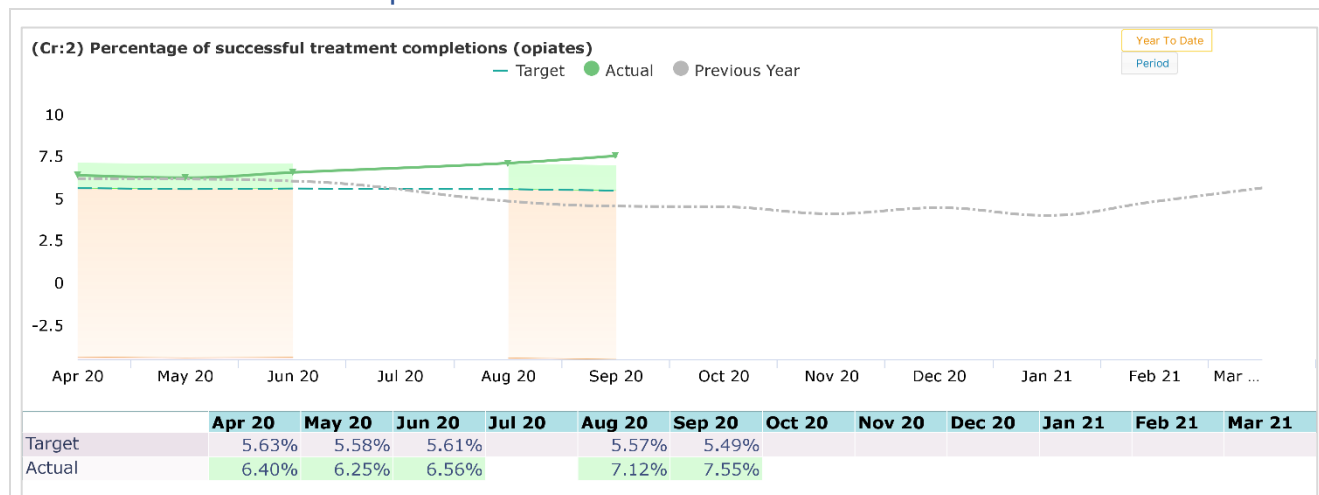
Local performance is tracked against the reported figure for England (referenced in Chart 1 as the target). There is a 10% tolerance threshold. Please note that the National Drug Treatment Monitoring Service (NDTMS) is closed during July, meaning that no data is reported for this month.

The definition of this measure is the number of alcohol users that left structured treatment successfully (free of alcohol dependence) who do not then re-present to treatment within six months expressed as a percentage of the total number of alcohol users in structured treatment. The Resilience service is available to anyone over the age of 18 living in the borough who is experiencing problems with alcohol and/or drugs. The service can be accessed via self-referral or a referral from GPs or other professionals.

Successful treatment completions for alcohol (red line second graph) continue on a downward trend, mirroring England trends (orange line second graph), however always performing better than England. At the end of Q2 local performance has remained above the England reported figure (37.27%) at 38.07%. This relates to 75 completions without re-presentation out of 197 clients in treatment. Generally, it tends to be lifestyle drugs like alcohol that people find easier to abstain from, and the growing market for non-alcoholic drinks may be a contributing factor to the relatively stable number of successful completions without re-presentation. Lockdown restrictions as a result of the Covid-19 pandemic may impact trends going forwards as individuals use lockdown as an opportunity to abstain from alcohol or, conversely, make recourse to home-drinking as a coping mechanism. It is considered too early to draw firm conclusions at this point and trends will continue to be monitored for an emerging evidence-base.

Adults, Children and Health Overview and Scrutiny Panel: Q2 Performance Report

6.2. Substance misuse: Opiates



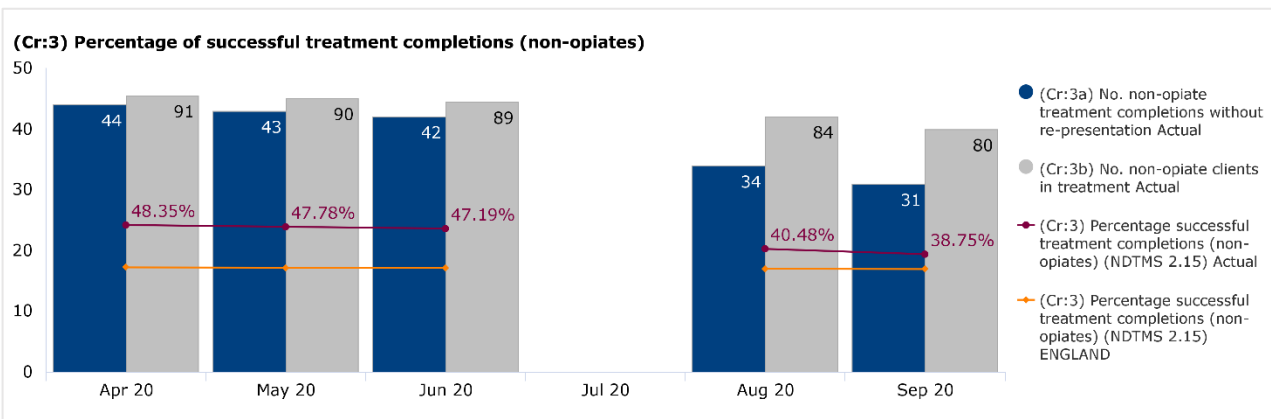
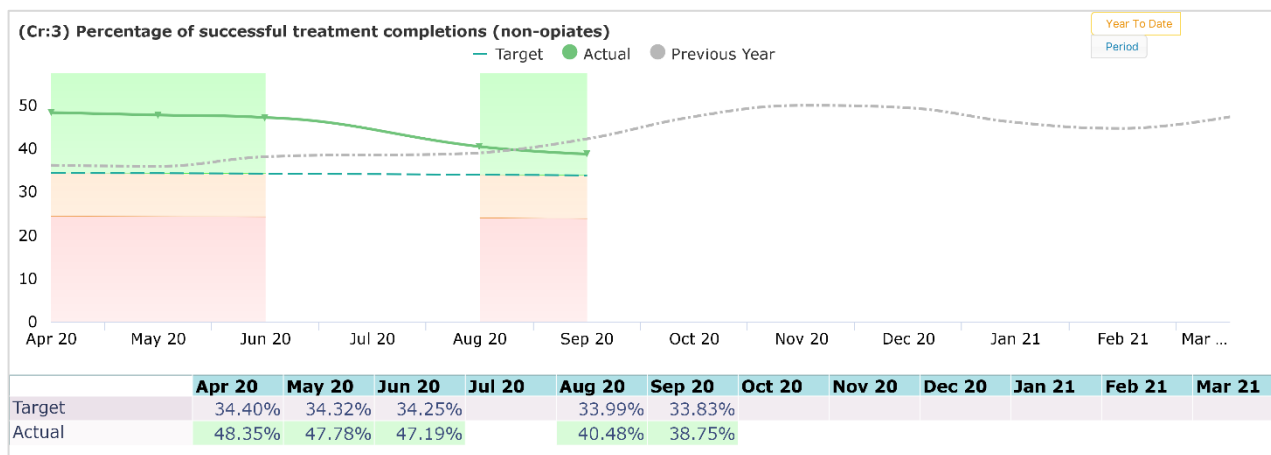
Q2 Commentary

Local performance is tracked against the reported figure for England (referenced in Chart 1 as the target). There is a 10% tolerance threshold. Please note that the National Drug Treatment Monitoring Service (NDTMS) is closed during July, meaning that no data is reported for this month.

The definition of this measure is the number of users of opiates that left drug treatment successfully (free of drug(s) dependence) who do not then re-present to treatment again within six months as a percentage of the total number of opiate users in treatment. The Resilience service is available to anyone over the age of 18 living in the borough who is experiencing problems with alcohol and/or drugs. The service can be accessed via self-referral or a referral from GPs or other professionals.

Successful treatment completions for opiates (red line second graph) remains on an upward trend in contrast to England reported figures (orange line second graph) which remain on a downward trend. At the close of Q2, local performance stands at 7.55%, which relates to 20 completions without re-presentation out of 265 clients in treatment. June performance is the highest point reached for this measure. The growing numbers of successful treatment completions without re-presentation could possibly be due to the changes in service-provision implemented as a consequence of Covid-19 and associated lockdown restrictions; psychosocial interventions have been moved to online platforms and attendance and commitment has improved. It is considered too early to draw firm conclusions at this point as to whether this trend will continue, and data will continue to be monitored for an emerging evidence-base.

6.3. Substance misuse: Non-opiates



Q2 Commentary

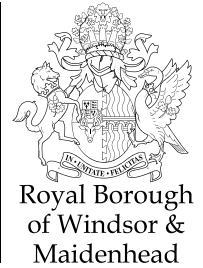
Local performance is tracked against the reported figure for England (referenced in Chart 1 as the target). There is a 10% tolerance threshold. Please note that the National Drug Treatment Monitoring Service (NDTMS) is closed during July, meaning that no data is reported for this month.

The definition of this measure is the number of users of non-opiates that left drug treatment successfully (free of drug(s) dependence) who do not then re-present to treatment again within six months as a percentage of the total number of non-opiate users in treatment. The Resilience service is available to anyone over the age of 18 living in the borough who is experiencing problems with alcohol and/or drugs. The service can be accessed via self-referral or a referral from GPs or other professionals.

Performance for this indicator has continued on a downward trend (red line second graph), mirroring England trends (orange line second graph), however always performing better than England. At the close of Q2 38.75% of treatment completions were successful for non-opiates, relating to 31 completions without re-presentation out of 80 clients in treatment. Non-opiates tend to be lifestyle drugs which, generally, people find easier to abstain from and change behaviour. There is an increasing prevalence of online support networks and programmes. These serve as an additional support between formal key work sessions and therefore aid recovery. As a result of Covid-19 and associated lockdown restrictions, clients have been directed to more online self-support services, and this may account for the decrease in the volume of clients in treatment. It is acknowledged that, for some, the lockdown restrictions may have afforded opportunity to embrace positive abstinent behaviour. It is considered too early to draw firm conclusions at this point as to whether current performance trends will continue, and data will continue to be monitored.

Subject:	Update on the response to the Ombudsman Public Interest Report
Reason for briefing note:	To provide a further update to the Adults, Children and Health Overview and Scrutiny Panel on the actions the Royal Borough and Optalis has taken following the Ombudsman's recommendations, and progress against them.
Responsible officer(s):	Michael Murphy, Director of Statutory Services Optalis and Deputy DASS
Senior leader sponsor:	Hilary Hall, Director of Adults, Health and Commissioning
Date:	12 January 2021

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SUMMARY

This report provides an update on the actions taken following the public interest report issued by the Local Government and Social Care Ombudsman on 3 September 2020. It confirms that the Ombudsman has reviewed the response and confirmed that he is satisfied with the council's response.

1 BACKGROUND

- 1.1 The actions of the Royal Borough and Optalis were the subject of a public interest report by the Local Government and Social Care Ombudsman (Ombudsman) on 3 September 2020. The report is summarised by the Ombudsman as follows. *'Mr X complains on behalf of his late parents. He says the council did not properly consider the risks of separating them after 59 years of marriage or of Mr Y (his father) living on his own. He complains about the quality of care the council provided to them both and says it did not deal adequately with his concerns and complaints. He also complained that the safeguarding process was flawed, and the Council would not give him a copy of Mr Y's assessment.'*
- 1.2 The outcome was that the Ombudsman found fault causing injustice and recommendations were made. The Ombudsman stated that he had completed his investigation and upheld Mr X's complaints that the council:
- *did not properly consider the risks in supporting Mr Y to remain at home on his own;*
 - *did not properly consider the impact of separation after 59 years on Mr Y and his wife, Mrs Y;*
 - *did not provide Mr X with a copy of Mr Y's assessment;*
 - *did not provide an adequate quality of care to Mr Y;*
 - *did not deal adequately with Mr X's concerns and complaints.*
- 1.3 The Ombudsman did not uphold Mr X's complaint that the Council carried out a flawed safeguarding process.

2 KEY IMPLICATIONS

- 2.1 The report was published on 3 September 2020, and the Ombudsman identified the following recommendations to remedy the injustice identified:

- *apologise to Mr X and Ms Z (his sister) setting out the faults identified in this report and the actions the council will take or is taken to put this right*
- *pay Mr X and Ms Z £750 each in recognition of the distress caused in failing to properly consider the risks of separating Mr and Mrs Y.*
- *pay Mr a further £500 for the time and trouble and distress he was caused in bringing his complaint*
- *review any cases where couples are separated by their care needs to ensure the risks and human rights will fully considered for both parties also, that adequate contact is included in care and support plans.*
- *review assessment practice across the council to ensure it is consistent and Care Act compliant. It should do this using the quality measures and reporting processes it has implemented since these events*
- *ensure that it has an effective mechanism for following up where complaints about poor practice have been received and to check improvements are made and sustained*
- *put in measures to ensure complaints about several agencies receive a coordinated response.*
- *review its commissioning practice when services are rated 'requires improvement' to ensure it considers any increased risk to people.*

2.2 In addition to public scrutiny of the report, the Ombudsman also required the Royal Borough to report to him within three months on the measures taken to address the recommendations in the report.

3 DETAILS

3.1 In November 2020, following the Panel's consideration and that of Cabinet, an update was sent to the Ombudsman on the actions taken in respect of the recommendations set out in point 2.1. In response, on 25 November 2020, the Ombudsman wrote to the council saying:

"We welcome the action your Council has taken following the report on Mr X's complaint and are pleased to see how seriously it has taken this. This letter is therefore to tell you formally we are satisfied with the Council's response in accordance with section 31(2) of the Local Government Act 1974.

We have recorded a compliance outcome of ***Remedy complete and satisfied.***"

3.2 An update on the actions taken by the council and Optalis is provided at Appendix 1.

3.3 In addition, at the Panel's request, the Lead Member and Director of Adults, Health and Commissioning wrote to the Chief Inspector of the Care Quality Commission to ask if they would come out to re-inspect Carewatch. All standard inspections have been suspended during the Covid period. The response from the Commission was that during the pandemic, they were taking a risk based approach and did not feel that Carewatch were currently at risk.

Appendix 1

Remedy	Update
Apologise to Mr X and Ms Z setting out the faults identified in this report and the action the Council will take, or has taken, to put this right;	A letter of apology was sent to Mr X and Ms Z on 2 September 2020 by recorded delivery. Both have acknowledged receipt of the letter.
Pay Mr X and Ms Z £750 each to recognise the distress it caused in failing to properly consider the risks of separating Mr and Mrs Y;	In the letter, bank details from both Mr X and Ms Y were requested in order to make the agreed payments. To date, this information has not been received and it is the council's understanding that both parties are seeking solicitors' advice.
Pay Mr X a further £500 for the time and trouble and distress he was caused in bringing his complaint;	As above.
Review any cases where couples are separated by their care needs, to ensure the risks and human rights were fully considered for both parties. Also, that adequate contact is included on the care and support plans;	27 cases involving couples were identified and all 27 have now been reviewed by the Director of Statutory Services in Optalis. Appropriate steps were being taken in all cases and there were several examples of good practice. This exercise of review has been included within the routine quality assurance arrangements going forward.
Review assessment practice across the Council to ensure it is consistent and Care Act compliant. It should do this using the quality measures and reporting processes it has implemented since these events;	<p>The council has reviewed its assessment and care management processes to ensure that all practitioners are absolutely clear on what they are required to do and to ensure that any issues are identified at the earliest opportunity. This review was undertaken in late 2018 and the various stages of the process refined so that they reflected the Care Act nomenclature as well as the Each Step Together process that was adopted within the Royal Borough in 2016 in response to the implementation of the Care Act 2014.</p> <p>The Quality Assurance Panel process has been amended to ensure that staff</p>

Remedy	Update
	<p>identify and record where couples are likely to be affected and the actions that are being taken to safeguard relationships. The Quality Assurance Panel forms require the worker and their manager to answer the following questions</p> <ul style="list-style-type: none"> • Is there a significant person that lives with the service user? (examples- Husband, Wife, Partner, Sister, Brother, Friend). • Has the impact of the panel application been considered for the significant person and how the potential impact can be minimised? Provide details. <p>Further mandatory practice guidance was issued in September 2020 which required senior social workers to ensure that key standards were met where couples were at risk</p>
<p>Ensure it has an effective mechanism for following up where complaints about poor practice have been received and to check that improvements are made and sustained;</p>	<p>Optalis has implemented an action log process for ensuring that any quality improvement actions arising from complaints are embedded in routine procedures. Progressing these actions is a critical component of quality assurance within Optalis and is reported to the Optalis Board on a regular basis.</p>
<p>Put in measures to ensure complaints about several agencies receive a coordinated response; and</p>	<p>Optalis has reviewed the complaints process to ensure that a co-ordinated response is provided in cases where complaints are made against several agencies. All complaints are notified to the relevant senior manager who oversees the process to ensure a co-ordinated response and each response is quality assured by the Director of Statutory Services before it is issued.</p>
<p>Review its commissioning practice when services are rated “Requires improvement”</p>	<p>Both the Royal Borough and Optalis work with providers of care to improve</p>

Remedy	Update
<p>to ensure it considers any increased risk to people.</p>	<p>quality. The council has employed a dedicated commissioning officer to monitor domiciliary care providers and to work with the care quality team in Optalis to ensure improvements. Within Optalis, the care quality assurance team operates a robust care governance process which regularly monitors the quality of domiciliary care and care homes within a well-established multiagency framework. Four out of five of the council's domiciliary care providers are rated good with the Care Quality Commission with one remaining as "requires improvement". The Care Quality Commission has not been able to carry out any formal inspections during the Covid period; however, the nominated inspectors remain in close contact with providers as does the care quality assurance team in Optalis. The Royal Borough remains committed to working only with providers that are rated good or outstanding.</p>

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Agenda Item 9

Task and Finish Group – Streams of Funding to Support Children in Care and Care Leavers

Attendance: Councillors Maureen Hunt, Carole da Costa, Christine Bateson and Amy Tisi, Andy Carswell, Kevin McDaniel, Lin Ferguson and James Norris.

Apologies: Councillor John Story

Actions

- James Norris to investigate the financial implications of the Council Tax exemption being extended to those up to the age of 25.
- Timescales for future meetings/discussions to be determined by Lin Ferguson and Kevin McDaniel.

Main points:

- 1) Better understanding of numbers of children in care or care leavers; and their personal circumstances, such as if they were in debt or had no surviving family members
- 2) Improved understanding of current funding provision and how this compares to other Local Authorities
- 3) Virtual College has been implemented and involved in discussions on Council's economic development
- 4) Collaboration with Ways2Work network to improve employment and training opportunities
- 5) Council Tax exemption in place for care leavers up to the age of 21. Members asked if this could be extended
- 6) Discussion on possible work experience placements/opportunities within the Council

The meeting began at 2pm and finished at 3pm.

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Report Title:	xxx Overview and Scrutiny Panel - Annual Report 2020/21
Contains Confidential or Exempt Information?	No - Part I or Yes - Part II delete as appropriate. If yes, state which paragraph(s) of the Access to Information Rules the exemption relates to e.g. 'Not for publication by virtue of paragraph X of Part 1 of Schedule 12A of the Local Government Act 1972.'
Member reporting:	Councillor xxx , Chairman of the Panel
Lead Officers:	Xxx , Director, xxx , Head of xxx
Meeting and Date:	Full Council June 2021

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REPORT SUMMARY

Part 9A B4 of the [council constitution](#) requires an Overview and Scrutiny Panel to report annually to full Council on *'its workings and make recommendations for future work programmes and amended working methods if appropriate'*.

1. DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That full Council notes the annual report of the [xxx](#) Overview and Scrutiny Panel

2. CHAIRMAN'S INTRODUCTION

2.1

3. TOPICS SCRUTINISED DURING THE MUNICIPAL YEAR 2020/21

3.1 *Include details of issues called-in and any findings/outcomes including recommendations to Cabinet.*

3.2

4. CALL-INS CONSIDERED DURING THE MUNICIPAL YEAR 2020/21

4.1 *Include details of issues considered and any findings/outcomes.*

4.2

5. RESIDENT SUGGESTIONS CONSIDERED DURING THE MUNICIPAL YEAR 2020/21

5.1 *Include details of issues considered and any findings/outcomes*

5.2

6. TASK AND FINISH GROUPS ESTABLISHED DURING THE MUNICIPAL YEAR 2020/21

6.1 *Include details of issues considered and any findings/outcomes*

6.2

7. PROPOSALS FOR IMPROVED WORKING METHODS

7.1

7.2

8. THANKS

8.1 The Panel would like to thank the following individuals and organisations for their involvement in the scrutiny process this year:

-

9. PROPOSED WORK PROGRAMME FOR THE MUNICIPAL YEAR 2021/22

9.1 The Panel proposes to consider the following topic areas for scrutiny in the coming municipal year:

Topics already in progress/carried over from 2020/21:

-

New topics:

-

10. APPENDICES

10.1 This report is supported by **xxx** appendices:

-

REPORT HISTORY

Decision type: For information	Urgency item? No	To Follow item? No
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WORK PROGRAMME - ADULTS, CHILDREN & HEALTH OVERVIEW AND SCRUTINY PANEL

DIRECTORS	<ul style="list-style-type: none"> • Duncan Sharkey (Managing Director- RBWM) • Kevin McDaniel (Director of Children's Services -AFC) • Hilary Hall (Director Adults, Health & Commissioning and Director of Adult Social Services) • Lin Ferguson (Director of Children's Social Care- AFC)
LINK OFFICERS AND HEADS OF SERVICES	<ul style="list-style-type: none"> • Lynne Lidster (Head of Commissioning- Adults and Children) • Nikki Craig (Head of HR, IT and Corporate Projects)

MEETING: 22 APRIL 2021

ITEM	RESPONSIBLE OFFICER
Annual Report	Panel clerk
Refresh of the Joint Health and Wellbeing Strategy	Hilary Hall, <i>Director of Adults, Health & Commissioning</i>
Work Programme	Panel clerk
TASK AND FINISH	

ITEMS SUGGESTED BUT NOT YET PROGRAMMED

ITEM	RESPONSIBLE OFFICER
Impact of school funding changes	Hilary Hall, <i>Director of Adults, Health & Commissioning</i>
Update on Lynwood Clinic	

Future Meeting Dates:

None remaining for the 2021-22 municipal year.

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