

NOTICE
OF
MEETING

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

will meet on

WEDNESDAY, 22ND SEPTEMBER, 2021

At 7.00 pm

In the

COUNCIL CHAMBER - TOWN HALL, MAIDENHEAD, ON [RBWM YOUTUBE](#)

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

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

SUBSTITUTE MEMBERS

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

Karen Shepherd – Head of Governance - Issued: September 14th 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

Recording of Meetings – In line with the council's commitment to transparency the Part I (public) section of the virtual meeting will be streamed live and recorded via Zoom. By participating in the meeting by audio and/or video, you are giving consent to being recorded and acknowledge that the recording will be in the public domain. If you have any questions regarding the council's policy, please speak to Democratic Services or Legal representative at the meeting.

AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
1.	<u>APOLOGIES FOR ABSENCE</u> To receive any apologies for absence.	-
2.	<u>DECLARATIONS OF INTEREST</u> To receive any declarations of interest.	5 - 6
3.	<u>MINUTES</u> To approve the minutes of the previous meeting held on August 12 th 2021.	7 - 8
4.	<u>ANNUAL COMPLIMENTS AND COMPLAINTS REPORT</u> To discuss and note the contents of the report and make recommendations to Cabinet.	9 - 46
5.	<u>DRUG AND ALCOHOL SERVICES RECOMMISSIONING</u> To discuss the contents of the report and make recommendations to Cabinet.	47 - 66
6.	<u>CHILDREN'S SERVICES IMPROVEMENT PLAN PROGRESS</u> To discuss and note the contents of the report.	67 - 108
7.	<u>UPDATE ON FUEL PROGRAMME</u> To note the contents of the report.	To Follow
8.	<u>Q1 DATA AND PERFORMANCE REPORT</u> To discuss and note the contents of the report.	109 - 138
9.	<u>TRANSFORMING ADULT SOCIAL CARE (FRONT DOOR SERVICES AND REABLEMENT)</u> To note the update presentation.	139 - 158
10.	<u>TASK AND FINISH GROUP - VALUE FOR MONEY OF CARE PACKAGES</u> To review the scoping document and approve the terms of reference for the Task and Finish Group.	159 - 162
11.	<u>WORK PROGRAMME</u> To review the ongoing work programme.	163 - 164

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MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

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

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

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

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

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

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

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

Prejudicial Interests

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

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

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

Personal interests

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

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

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Agenda Item 3

ADULTS, CHILDREN AND HEALTH OVERVIEW AND SCRUTINY PANEL

THURSDAY, 12 AUGUST 2021

PRESENT: Councillors Maureen Hunt (Chairman), Christine Bateson,
Carole Da Costa, Amy Tisi and Julian Sharpe (Vice-Chairman)

Officers: Andy Carswell and Lynne Lidster

APOLOGIES FOR ABSENCE

Apologies were received from Kevin McDaniel. The clerk informed the Panel that the co-opted education members had not been required to attend the meeting.

DECLARATIONS OF INTEREST

Councillor da Costa declared a personal interest as her brother was in receipt of care services provided by the Royal Borough.

Councillor Tisi declared a personal interest as a neighbour was in receipt of care services provided by the Royal Borough.

MINUTES

RESOLVED UNANIMOUSLY: That the minutes of the meeting held on June 9th 2021 be approved as an accurate record.

TASK AND FINISH GROUP - DOMICILIARY CARE PROCUREMENT

Councillor Hunt introduced the item and said members had requested a task and finish group to look at the domiciliary care procurement process, in order to inform Cabinet of their findings at the February meeting. A scoping document outlining how the task and finish group would work and what it would investigate had been produced. Members unanimously agreed to set up the proposed task and finish group in accordance with the proposed work plan outlined in the scoping document.

Councillor Hunt highlighted that the scoping document said task and finish groups were usually for three or four members of a Panel, but she said she was opening it up to all five members. Members agreed this was a sensible approach and all members said they would like to take part in the task and finish group.

RESOLVED UNANIMOUSLY: That the task and finish group be established, as per the scoping document that had been produced.

The meeting, which began at 6.00 pm, finished at 6.10 pm

CHAIRMAN.....

DATE.....

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Report Title:	Annual Complaints and Compliments report 2020/21
Contains Confidential or Exempt Information	No - Part I
Cabinet Member:	Cllr Rayner, Cabinet Member for Corporate & Resident Services, Culture & Heritage and Windsor
Meeting and Date:	Adults, Children and Health Overview and Scrutiny Panel – 22 September 2021
Responsible Officer(s):	Adele Taylor, Executive Director of Resources and S151 and Nikki Craig, Head of HR, Corporate Projects and IT
Wards affected:	None

REPORT SUMMARY

The purpose of the report is to share with Overview and Scrutiny the annual compliments and complaints report for 2019/20 before it is published on the council's website. Local Authorities are not required to produce an annual report on complaints relating to corporate activities, they are only required to report complaints submitted on adults and children's services.

The complaints and compliments report is produced annually and details all compliments and complaints made by or on behalf of customers, that are investigated under the:

- Formal corporate complaints policy
- Statutory adults and children's complaints policies

NB: children's complaints taken under the corporate complaints policy are reported in Section 6 of the annual report (Appendix 1) with other information about children's complaints.

1. DETAILS OF RECOMMENDATION(S)

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

- i) That the report is published on the Council's website.
- ii) That the annual report continues to be produced and presented at Overview and Scrutiny panels

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

Options

Table 1: Options arising from this report

Option	Comments
<p>That the report is published on the Council's website and that the annual report continues to be produced and presented at Overview and Scrutiny panels.</p> <p>This is the recommended option</p>	<p>This is a requirement for children's and adults annual complaints information and good practice for other complaints areas.</p>

2.1 The council's complaints and compliments report is compiled annually. There is a statutory requirement to publish information on adult and children's complaints and compliments and the report for April 2020 – March 2021 will be published in October 2021 (appendix 1). While there is no requirement to publish information on complaints about other services provided by the council, the decision has been taken to include this information in the annual report. This captures all the information about complaints and compliments to the council, ensures transparency and provides an opportunity to ensure we maximise the learning opportunities from any outcomes from the complaints.

2.2 The report contains details of:

- numbers of compliments received
- complaints received
- themes of complaints
- timeliness of complaint responses
- outcomes of complaints
- learning from complaints
- number of complaints made to and decided by the Local Government and Social Care Ombudsman (LGSCO)

Overview of all complaints to the council

2.3 There are a number of complaints processes and which one is invoked will depend on the service and the reason for a complaint to be made. See appendix B of appendix 1.

2.4 Table 2 compares the number of complaints received across the council for 2020/21 with the figures for 2019/20.

Table 2: All complaints received

	2019/20	2018/19
Adult complaints	11	27
Children complaints (statutory)	14	19
Children complaints (corporate)	36	35
Complaints about other services	354	317
Total complaints	415	398

Complaints to services considered by Adults, Children and Health Overview and Scrutiny Panel

The number of complaints received for services considered at Adults, Children and Health Overview and Scrutiny Panel is shown below in table 3. See Appendix 1, 6.3, figure 13.

Table 3: Breakdown of Adults and Children’s complaints

	Upheld or partially upheld
Adults	45%
Children’s statutory	71%
Children’s corporate	68%

Themes of complaints

- 2.5 The reason for the highest number of complaints for both adult services and children’s statutory was ‘Situation/incident handled incorrectly’. This covers three complaints and the two partially upheld or upheld it related confusion over council involvement over arrangement of care and a need to improve practice when working with people who lack capacity. Both these situations have led to practice improvement measures for the overall service. See Appendix 1, 3.5, figure 4 and 5.3, figure 9.

Timeliness of complaint responses

- 2.6 The percentage timeliness of responses for adult services was 64% in 2020/21, which has improved since the 2019/20 figure of 56%. Timeliness has improved as a result of the new processes that were introduced as a result of the public interest Ombudsman report in 2020. See Appendix 1, 3.7, figure 6.
- 2.7 Timeliness for children’s statutory services was 50% in 2020/21 and 37% in 2019/20, this is an improvement, in part due to a revised process for managing Stage 1’s, in order to be more streamlined. See Appendix 1, 5.5, figure 11.
- 2.8 However, timeliness for children’s corporate complaints was 49% in 2020/21 and 66% in 2019/20. It is envisaged that the improvements in the revised processes will lead to more timely responses in this area in 2021/22. See Appendix 1, 6.7, figure 16.

Outcomes of complaints

- 2.9 The number of adult complaints fully or partially upheld was 45% in 2020/21, which is lower than 2019/20, at 52%. See Appendix 1, 3.6, figure 5.
- 2.10 The number of children’s statutory complaints fully or partially upheld was 71% in 2020/21, which is also lower than 2019/20, at 84%. See Appendix 1, 5.2, figure 8.
- 2.11 However, the number of children’s corporate complaints fully or partially upheld was 68% in 2020/21, which is higher than 2019/20, at 57%. See Appendix 1, 6.3, figure 13.

Complaints made to and decisions made by the LGSCO

- 2.12 Table 5 compares the number of complaints made to the LGSCO in 2020/21 against those made in 2019/20. See Appendix 1, 2.10.

Table 5: Complaints to LGSCO

Year	Adult Care Services	Benefits & Tax	Corporate & Other Services	Education & Children's Services	Environmental Services & Public Protection & Regulation	Highways & Transport	Housing	Null	Planning & Development
2020/21	2	3	1	5	8	4	3	0	5
2019/20	5	2	2	10	8	7	2	1	9

2.13 Table 6 compares the number of complaints decided by the LGSCO in 2020/21 against those decided in 2019/20. See Appendix 1, 2.12.

Table 6: Decisions by outcome

Year	Advice Given	Closed after initial enquiries	Incomplete/Invalid	Referred back for local resolution	Detailed Investigation		Percentage Upheld
					Upheld	Not Upheld	
2020/21	1	7	1	11	9	4	69%
2019/20	0	16	4	14	7	8	47%

2.14 The Ombudsman made 33 decisions in 2020/21 compared to 49 in 2019/20. This includes 10 enquires submitted to the LGSCO prior to 2020/21 and 23 enquiries submitted in 2020/21. Enquiries that were made to the LGSCO in 2020/21, but no decision made within that year will be included in the decisions reported in subsequent years.

2.15 Of the nine cases upheld in 2020/21, three of these were for adult services. See Appendix 1, 3.3, figure 3 and two were for children's services. See Appendix 1, 2.12. As well as specific feedback given by the Ombudsman on remedy and service improvement recommendations, the services' learnings from all upheld or partially upheld complaints are included in Appendix 1 3.9, 3.10, 4.5 and 4.6, these include the SEND team updating their processes to improve communication about cases which have to be paused within the complaint process and also financial awareness training being planned for all adult social care staff who undertake assessments.

Overview of all compliments to the council

2.16 Table 7 compares the number of compliments received across the council for 2020/21 with the figures for 2019/20, this was an 84% increase on 2019/20 See Appendix 1, 2.22, figure 1.

Table 7: Compliments

	2020/21	2019/20
Adult compliments	16	21
Children compliments	28	63
Compliments about other services	766	356
Total compliments	810	440

3. KEY IMPLICATIONS

3.1 There are a number of indicators of success across the council. For last year to March 2021, given the impact of the pandemic only 1 was met and 2 were not.

For the current financial year, improvements in all of these could indicate progress in delivery of solutions:

Table 8: Key Implications

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
Reduced percentage of upheld complaints	60 - 100%	59%	50-58%	<50%	31 March 2022
Increased percentage of complaints completed within timescales	0-60%	61%	62-75%	>75%	31 March 2022
Reduced percentage of complaints to the LGSCO are upheld	70 - 100%	69%	50-68%	<50%	31 March 2022

4. FINANCIAL DETAILS / VALUE FOR MONEY

- 4.1 There are no direct financial implications in the publishing of the annual report. There are implications for the council in getting things wrong including resources within service being redirected to complaints handling, remedy payments and reputational damage.

5. LEGAL IMPLICATIONS

- 5.1 The publishing of children’s and adult complaints reports is statutory.

6. RISK MANAGEMENT

- 6.1 None

7. POTENTIAL IMPACTS

- 7.1 Equalities. There are no implications under the equality act arising from this report.
- 7.2 Climate change/sustainability. There are no climate change or sustainability implications arising from this report.
- 7.3 There are no data protections/GDPR implications arising from this report as no personal data has been processed.

8. CONSULTATION

- 8.1 Consultation has happened with CLT in July and August 2021 and will happen with Overview and Scrutiny panels in September and October 2021.

9. TIMETABLE FOR IMPLEMENTATION

- 9.1 N/A. The annual report will be published on the Council website in October 2021.

10. APPENDICES

- 10.1 This report is supported by 1 appendix:
- Appendix 1 – Annual complaints report

11. BACKGROUND DOCUMENTS

- 11.1 This report is supported by LGSCO Annual Letter (see Appendix A of Appendix 1). These are the annual summary of statistics on the complaint on complaints made to the Local Government and Social Care Ombudsman about the authority for the year ending 31 March 2021. The annual letters and corresponding data tables were published on LGSCO website on 31 July 2021.

12. CONSULTATION

Name of consultee	Post held	Date sent	Date returned
<i>Mandatory: Statutory Officers (or deputy)</i>			
Adele Taylor	Executive Director of Resources/S151 Officer	06.09.21	13.09.21
Emma Duncan	Deputy Director of Law and Strategy / Monitoring Officer	06.09.21	09.09.21
<i>Deputies:</i>			
Andrew Vallance	Head of Finance (Deputy S151 Officer)	06.09.21	09.09.21
Elaine Browne	Head of Law (Deputy Monitoring Officer)	06.09.21	09.09.21
Karen Shepherd	Head of Governance (Deputy Monitoring Officer)	06.09.21	09.09.21
<i>Directors</i>			
Duncan Sharkey	Chief Executive	06.09.21	09.09.21
Andrew Durrant	Executive Director of Place	06.09.21	09.09.21
Kevin McDaniel	Executive Director of Children's Services	06.09.21	09.09.21
Hilary Hall	Executive Director of Adults, Health and Housing	06.09.21	08.09.21
<i>Heads of Service</i>			
Nikki Craig	Head of HR, Corporate Projects and IT	06.09.21	08.09.21

Confirmation relevant Cabinet Member(s) consulted	Cllr Rayner, Cabinet Member for Corporate & Resident Services, Culture & Heritage and Windsor	Yes
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REPORT HISTORY

Decision type:	Urgency item?	To follow item?
For information	No	No

Report Author: Vanessa Faulkner, Service Lead – HR People Services, 01628685622

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Royal Borough of Windsor and Maidenhead

Annual Complaints and Compliments Report 2020-21

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Appendix 1 - A: LGSCO annual review letter 2021	
Appendix 1 - B: Council’s complaints process and procedures	
Appendix 1 - C: National and legislative context – March 2021	

1. Introduction

- 1.1. The annual report covers the period 1 April 2020 to 31 March 2021, and details all compliments and complaints made by or on behalf of customers that are investigated under the:
 - Adults Statutory Complaints process
 - Children's Statutory Complaints process
 - Children's Corporate Complaints process
 - RBWM's Formal Corporate Complaints Policy
- 1.2. Local Authorities are not required to produce an annual report on complaints relating to corporate activities. They are required under statute to report complaints submitted on adults and children's services. The compliments and complaints team produces an annual report detailing the volumes of all complaints and compliments, including insights into response rates and the reasons for complaints. This allows the council to assess how residents experience the council in its entirety and can inform service-improvement.

2. Summary of Activity

- 2.1. In 2020/21 the council received 2,268 contacts from customers that were initially logged as complaints. This is a 7.7% increase in contacts to the compliments and complaints team from 2019/20 (2,106 contacts). Contacts that were not progressed as complaints were signposted to an alternative means of resolution, for example a service request or via an alternative appeals process, such as parking appeals or statutory tribunals or were withdrawn.
- 2.2. The total volume of complaints progressed through Stage 1 of the specific complaints process that they followed was 415 in 2020/21, an increase on 2019/20 (398). Stage 2 and 3 complaints are escalations of Stage 1 complaints and so are not counted as new complaints.
- 2.3. Table 1 summarises the total volumes of complaints at Stage 1 and breakdown by outcome in 2020/21 in comparison to 2019/20 for each process (Adults, Children's Statutory, Children's Corporate and RBWM Formal Corporate). A green arrow indicates a positive outcome, and a red arrow indicates a less favourable outcome when compared to last year.
- 2.4. From Table 1 it can be seen that the percentage of complaints upheld or partially upheld in 2020/21 has been less for all processes namely, Adults Statutory (45% in 2020/21, 52% in 2019/20), Children's Statutory (71% in 2020/21, 84% in 2019/20), RBWM Formal Corporate (58% in 2020/21, 63% in 2019/20) except Children's Corporate (68% in 2020/21, 57% in 2019/20). Overall, the percentage of complaints upheld or partially upheld in 2020/21 was 59% and less than 2019/20 (63%).
- 2.5. The timeliness to respond within timescales has also improved across all processes namely, Adults Statutory (64% in 2020/21, 56% in 2019/20), Children's Statutory (50% in 2020/21, 37% in 2019/20), RBWM Formal Corporate (62% in 2020/21, 60% in 2019/20) except Children's Corporate (49% in 2020/21, 66% in 2019/20) making the

overall percentage of complaints responded to within timescales higher in 2020/21 (61%) when compared to 2019/20 (59%). (Table 1)

Table 1: 2020/21 Summary of Complaints at Stage 1 by each process

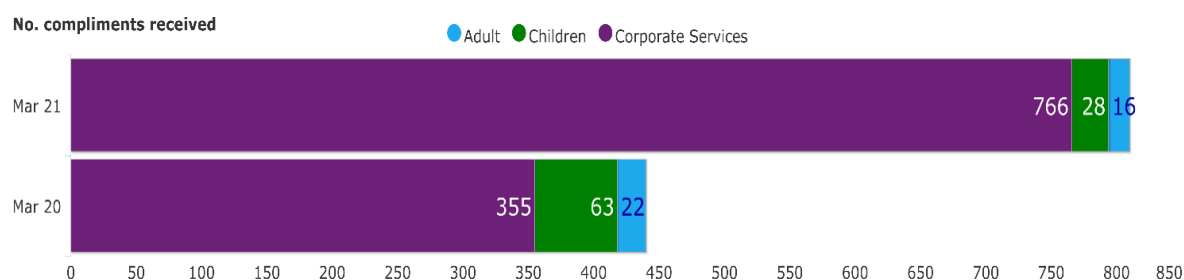
Process	No. of complaints	Upheld	Partially Upheld	Not Upheld	No Finding	In Progress at the time of reporting	Outcome not recorded* (No. of complaints)	Upheld or Partially Upheld	Responded to within timescales
Adults Statutory	11 ↓ 2019/20 (27)	18% ↓ 2019/20 (22%)	27% ↓ 2019/20 (30%)	36% ↓ 2019/20 (48%)		18%		45% ↓ 2019/20 (52%)	64% ↓ 2019/20 (56%)
Children's Statutory	14 ↓ 2019/20 (19)	0% ↓ 2019/20 (16%)	71% ↑ 2019/20 (68%)	21% ↑ 2019/20 (16%)	7%	None		71% ↓ 2019/20 (84%)	50% ↑ 2019/20 (37%)
Children's Corporate	36 ↑ 2019/20 (35)	11% ↓ 2019/20 (20%)	57% ↑ 2019/20 (37%)	23% ↓ 2019/20 (40%)	0% 2019/20 (3%)	9%	1	68% ↑ 2019/20 (57%)	49% ↓ 2019/20 (66%)
RBWM Formal Corporate	354 ↑ 2019/20 (317)	41% ↑ 2019/20 (39%)	17% ↓ 2019/20 (24%)	33% ↓ 2019/20 (37%)	1%	8%	1	58% ↓ 2019/20 (63%)	62% ↑ 2019/20 (60%)
Overall	415 ↑ 2019/20 (398)	36% ↑ 2019/20 (35%)	23% ↓ 2019/20 (28%)	32% ↓ 2019/20 (37%)	1% 2019/20 (0.3%)	8%	2	59% ↓ 2019/20 (63%)	61% ↑ 2019/20 (59%)

2.6. There were 2 complaints where the outcome could not be extracted because of the transition from previous to current recording systems. These are excluded from the percentage breakdown by outcome and response within timescales in the table above and are not further referenced in the report.

Compliments

2.7. Compliments are fed back to the relevant service areas to ensure that due recognition is given to staff and that learning is shared and disseminated across teams. In 2020/21 a total of 810 compliments were received, 84% increase on 2019/20 (440). Figure 1 shows the breakdown of compliments by major category (Adults, Children, Corporate Services). For the purposes of this report, "Corporate Services" refers to compliments that were received by services other than those within adult and children's services.

Figure 1: Compliments received: Breakdown by major category



Local Government Social Care Ombudsman (LGSCO)

2.8. The Local Government Social Care Ombudsman (LGSCO) received 31 complaints and enquiries about the council in 2020/21, a reduction on 2019/20 (46).

2.9. Table 2 sets out complaints and enquiries received by LGSCO by different categories in comparison to last year.

2.10. Following the Covid pandemic, on 18 March 2020 the LGSCO temporarily suspended their central telephone line and complaint submissions via their website for all first-time complainants, this has since been reinstated.

2.11. It can be seen from the table below that complaints and enquiries received by LGSCO in 2020/21 have decreased or remained the same in all categories except in Housing when compared to 2019/20.

Table 2: 2020/21 Complaints and enquiries received by LGSCO: Comparison with 2019/20 (data received from LGSCO in July 2021. Covering letter in Appendix A).

Year	Adult Care Services	Benefits & Tax	Corporate & Other Services	Education & Children's Services	Environmental Services & Public Protection & Regulation	Highways & Transport	Housing	Null	Planning & Development
2020/21	2	3	1	5	8	4	3	0	5
2019/20	5	2	2	10	8	7	2	1	9

2.12. The Ombudsman made 33 decisions in 2020/21 in comparison to 49 decisions in 2019/20. This includes 10 enquires submitted to the LGSCO prior to 2020/21 and 23 enquiries submitted in 2020/21. Enquiries that were made to the LGSCO in 2020/21, but no decision made within that year will be included in the decisions reported in subsequent years.

2.13. Table 3 breaks down the decisions made by outcome. After detailed investigations, 69% (9/13) of decisions were upheld an increase from 2019/20 (47% upheld). The 9 complaints that were investigated and upheld were in relation to:

- Adult Social Care (3)
- Benefits and Tax (1)
- Education and Children Services (2)
- Highways (1)
- Housing (1)
- Environmental Services & Public Protection & Regulation (1)

Table 3: 2020/21 Decisions made by outcome: Comparison with 2019/20

Year	Advice Given	Closed after initial enquiries	Incomplete/ Invalid	Referred back for local resolution	Detailed investigation Upheld	Detailed investigation Not Upheld	Percentage Upheld
2020/21	1	7	1	11	9	4	69%
2019/20	0	16	4	14	7	8	47%

LGSCO Reports

2.14. One public interest report relating to adult social care was published in 2020/21. The requirements for publication and consideration by the relevant Overview and Scrutiny

Panel and Cabinet were met and in November, the Ombudsman agreed that the council had taken the matter seriously, had delivered all the actions required and closed the case.

Improvements in working with LGSCO and other parties

2.15. The compliments and complaints team attended a webinar on complaints handling in 2020/21. They are members of SRCMG (South Region Complaints Manager Group) which meets quarterly and is used to raise concerns or queries and support each other on a need basis.

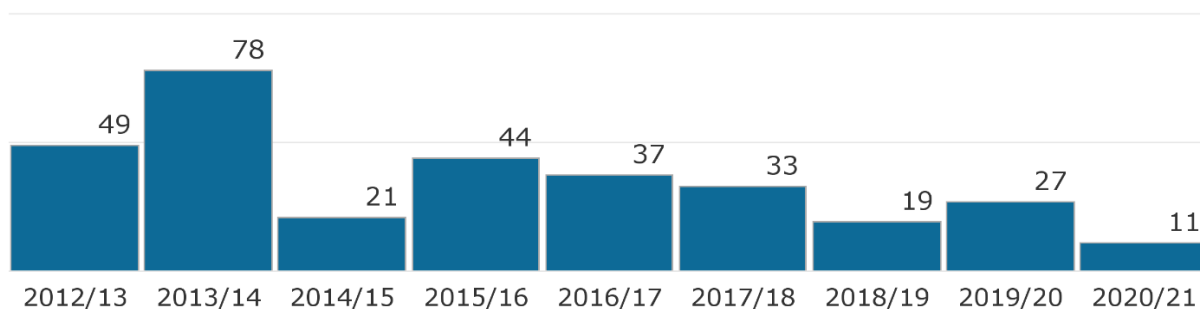
3. Statutory Adults Complaints Process

Complaints received

3.1. Figure 2 shows the volumes of adults' complaints in the last 9 years. With the exception of 2019/20 there has been a sustained decrease in the number of complaints received since 2015/16. Only 11 complaints were received in 2020/21, a 59% reduction on 2019/20. This has also been the lowest volume of complaints received in the last 9 years.

3.2. Following the Ombudsman's public interest report received in 2020, the approach to managing complaints within the service was radically overhauled. Emphasis has been placed on proactive management of issues before they escalate into formal complaints which is reflected in the numbers below. Where formal complaints are received, the Director of Statutory Services within Optalis is personally responsible for liaising with the complainants throughout the process to ensure that the process is transparent, and the outcome of the complaint is understood and accepted.

Figure 2: Adults' complaints volumes: Annual trends



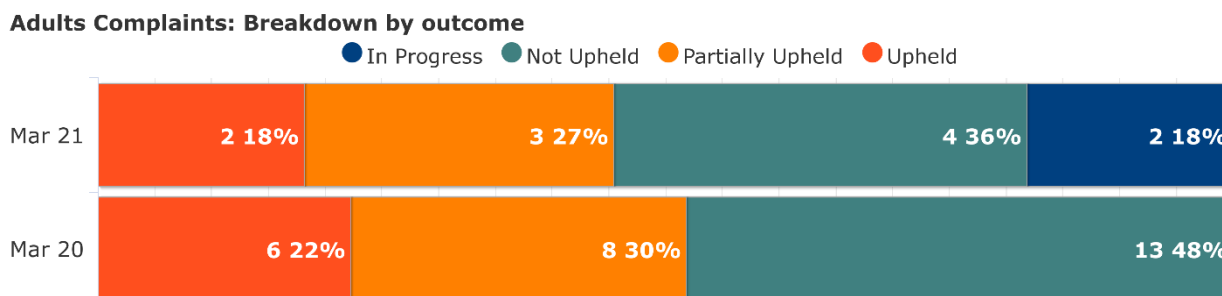
3.3.

3.4.

3.5.

3.6. **Figure 3** shows the breakdown of adults' complaints by outcome in 2020/21 compared to 2019/20. In 2020/21 both the percentage of complaints upheld (18%) and partially upheld (27%) are less than 2019/20 (upheld 22% and partially upheld 30%).

Figure 3: Adults complaints by outcome

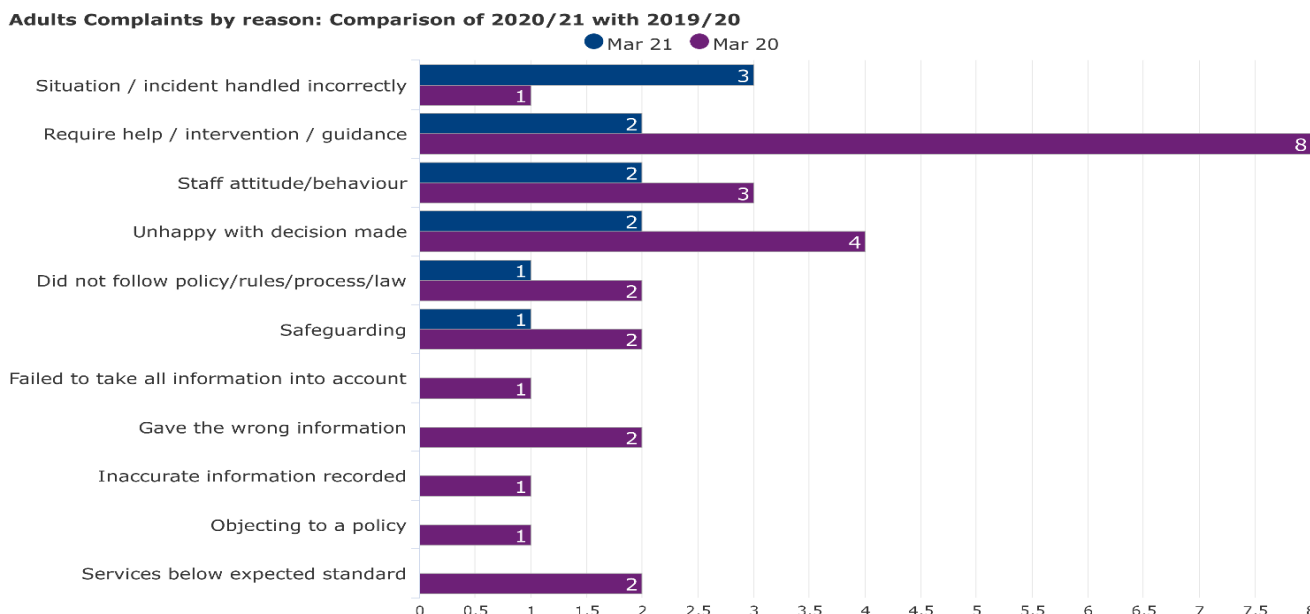


Reasons and outcomes

3.7. When logging their complaint via the council website, complainants self-select the reason for their complaint and the compliments and complaints team does not change this categorisation. When a complaint is logged by a member of the team or the Customer Contact Centre on behalf of a complainant, the staff member will select the reason they believe is most appropriate. Only one reason can be selected for each complaint.

3.8. Figure 4 sets out the volume of adult’s complaints made by reason in 2020/21 compared to 2019/20. It is encouraging to note that in 2020/21 complaints have been recorded by fewer reasons (6) in comparison to 2019/20 (11). Additionally, in 5/6 reasons, the number of complaints made in 2020/21 is less than 2019/20.

Figure 4 Adults complaints by reason



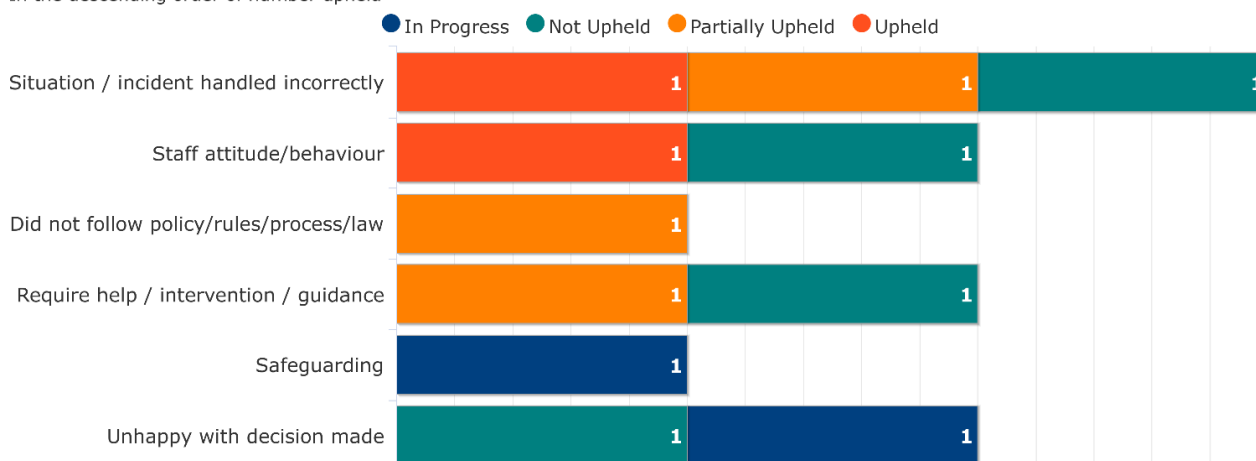
3.9. At the time of data extraction for preparation of this report out of 11 complaints, 9 complaints had an outcome recorded and 2 were in progress and an outcome had not yet been reached. Figure 5 shows the outcome of adult’s complaints by reason. It can be seen that 67% (2/3) of the complaints against the ‘Situation/incident handled

incorrectly' (top reason) were upheld/partially upheld. It may be helpful to clarify what led to the two complaints that were upheld/partially upheld. In one case there was confusion over whether the person was asking the Council to arrange their care which triggers a fee or was setting up and funding his own care. The complaint was that Optalis requested the arrangement fee inappropriately. This was then corrected, and managers have been reminded that this needs checking. The other case was about a need to improve practice when working with people who lack capacity. This led to practice improvement measures for the overall service and also the worker.

Figure 5: Adults complaints outcome by reason

Adults Complaints: Outcome by reason

In the descending order of number upheld

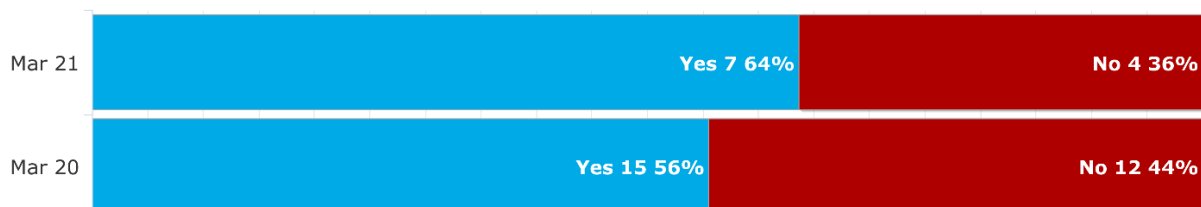


Timeliness

3.10. Although there is no specified time limit for statutory complaints about adult social care, the council's target for responding to adult services complaints is 10 working days which can be extended to 20 working days. If a response is not provided within 20 working days, the complaint will be informed and provided with a response timeline. Figure 6 shows that in 2020/21 the percentage of complaints responded to within timescale is 64% (7/11), an improvement on 2019/20 (56% 15/27). This improvement reflects the changes made to the way in which Optalis manages complaints.

Figure 6: Percentage of adults' complaints responded within timescales

Adults Complaints within timescales: Number and Percentage



Compliments

3.11. In 2020/21 adults' services received 16 compliments, 6 less than 2019/20 (22). Staff sometimes fail to record the compliments they receive; however they do receive them and are regularly encouraged to log them. It is encouraging however that overall there have been more compliments (16) than complaints (11) in adults services in 2020/21. Due to the pandemic there had been limited contact between staff and customers, which we think has reduced the number interactions which generate compliments.

Learnings from complaints

- 3.12. Adult Services are constantly learning from their complaints and striving to improve the quality of services provided. Below are some of the key learnings from the complaints made.
- 3.13. The Adult Services complaints upheld in 20/21 comprised a mixture of one case of confusion in care arrangements which led to an arrangement fee being levied incorrectly, as a result financial awareness training is being planned for all social care staff who undertake assessments. The second was concerning staff attitude which led to formal action. In another case there was some confusion how a couple who lacked capacity were supported, this resulted in increased support to a member of staff and a revised practice guidance note. Another was a limited error of communication where one family was feedback to, but not the other. One complaint was regarding services provided by a domiciliary care company as a result of the complaint staff training took place regarding communication between staff and families.

4. Children's Complaints Processes Summary (Statutory and Corporate)

Summary

- 4.1. 2020/21 saw a total of 50 children's complaints. Table 4 summarises the volume of children's complaints (both statutory and corporate) received and the Stage 1 outcome in comparison to 2019/20. 2020/21 saw 69% of complaints upheld or partially upheld marginally higher than 2019/20 (67%) and 49% of complaints responded to within timescales (56% 2019/20) (Table 4). Details on Children's Statutory and Children's Corporate complaints can be found in sections 5 and 6.

Table 4: Children's Complaints (Statutory and Corporate): Summary of Complaints at Stage 1

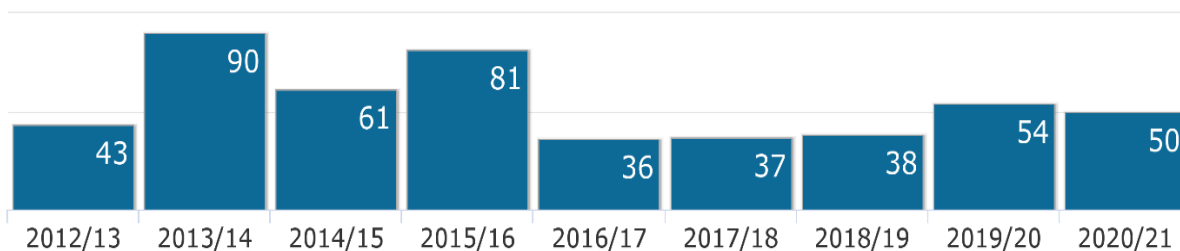
No. of complaints	Upheld	Partially Upheld	Not Upheld	No Finding	In Progress at the time of reporting	Upheld or Partially Upheld	Responded to within timescales
50 ↓ 2019/20 (54)	8% ↓ 2019/20 (19%)	61% ↑ 2019/20 (48%)	22% ↓ 2019/20 (31%)	2% 2019/20 (2%)	6%	69% ↓ 2019/20 (67%)	49% ↓ 2019/20 (56%)

Complaints received

- 4.2. Figure 7 shows the total volume of children's complaints in the last 9 years. There has been some fluctuation in volumes since the peak in 2015/16 (81) and in 2020/21 50 complaints were received, a 7% reduction on 2019/20 volumes (54).
- 4.3. Of the 50 complaints, 28% (14/50) were statutory and 72% (36/50) were corporate.

Figure 7: Children’s Complaints Volumes: Trends over the years

Total volume of complaints (Children's Corporate and Statutory)



Compliments

4.4. In 2020/21 the children’s services received 28 compliments 35 less than 2019/20 (63). It is not clear why this is, however, teams within the organisation will continue to be encouraged to share compliments they receive with the compliments and complaints team so that they can be logged. Without a doubt, the pandemic has had an impact on this. This includes schools not being open for all of the time, staff sickness and self-isolating, as well as people not being focused on this aspect of work, as they have been firefighting.

Learnings from complaints

4.5. Listed in 4.6 are some of the learnings from the children’s complaints which be embedded to constantly improve on the service delivered.

4.6. The processes which involve Customer Service colleagues are reviewed on an annual basis or when a gap is identified. A number of Customer Service colleagues have been established as 'Super users' and have received additional training with teams such as school admissions and school transport to enhance their knowledge and improved their ability to offer support to residents. The Call Back system is being successfully used by both school admissions and school transport. This system avoids parents having to repeatedly contact the Customer Service centre and avoids multiple communications to teams regarding the same issue.

Social Care and early help:

- Have revised the process for managing Stage 1's, in order to be more streamlined, and anticipate seeing an improvement in timeliness as a result.
- Have introduced a new process for quality assuring assessments, based on feedback about factual inaccuracies.
- Parents/carers are now required to sign assessments to say they are factually accurate.

SEND Team:

- The SEND team have updated their processes to improve communication about cases which have to be paused in the complaint process if taken to Tribunal for resolution.
- Long-running concerns are now put into the complaints processes earlier to help drive increased clarity for residents.

5. Statutory Children’s Complaints

5.1 Most complaints about children’s social care must follow a series of steps set out in law, known as the children’s statutory complaints procedure. The statutory guidance, ‘Getting the best from complaints’ sets out which of a council’s children’s social care functions can be considered under the procedure. Generally, assessments and services in the following areas should be considered under the statutory procedure:

- Children in need
- Looked after children
- Special Guardianship support
- Post-adoption support

5.2 In 2020/21 there were 14 statutory complaints which is 26% less than 2019/20 (19).

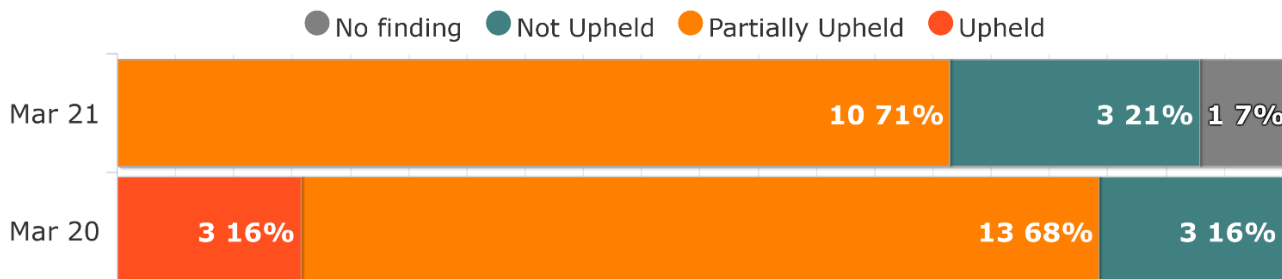
Stage 1 Outcome

5.1. At the time of data extraction for preparation of this report all 14 children’s statutory complaints had an outcome recorded. Further breakdown of children’s statutory complaints shows that none were upheld, 71% (10/14) partially upheld, 21% (3/14) not upheld and 7% (1/14) with no finding (Figure 8).

5.2. From Figure 8 it can be seen that 71% of the complaints were upheld/partially upheld in 2020/21 which is less than 2019/20 by 13 (84% complaints upheld/partially upheld).

Figure 8: Children’s Statutory Complaints by Stage 1 outcome

Children’s Statutory Complaints where Stage 1 Outcome has been recorded

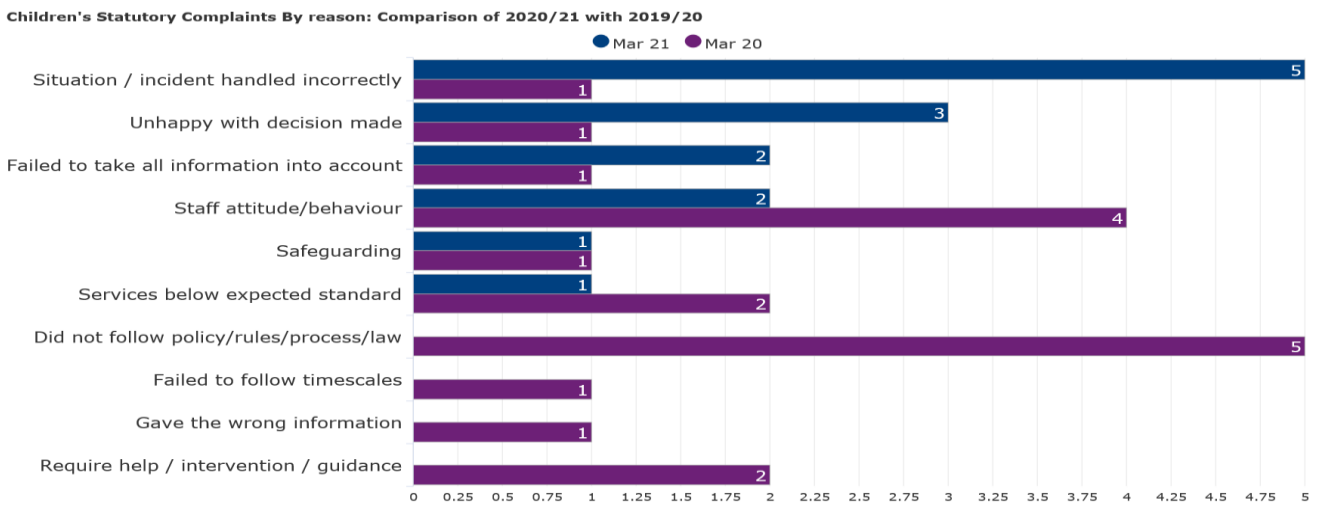


Reasons and outcome

5.3.

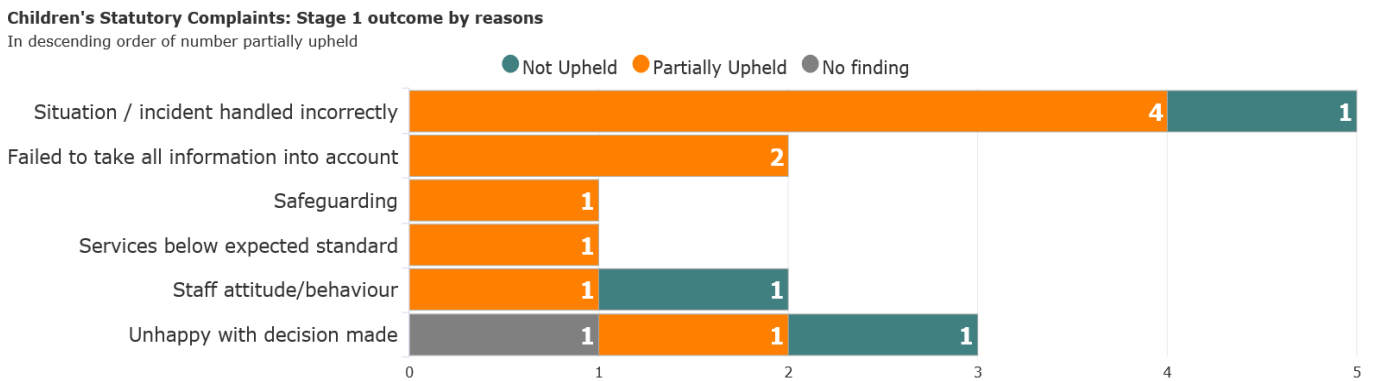
5.4. Figure 9 shows the breakdown of children’s statutory complaints by reasons. 2020/21 saw statutory children’s complaints being recorded by fewer reasons (6) when compared to 2019/20 (10) and with only 5 or less complaints recorded by each of the reasons. The reason with most complaints was “Situation/incident handled incorrectly” (36% 5/14).

Figure 9: Children’s Statutory complaints: Breakdown by reason



5.5. Figure 10 breaks down Stage 1 outcome by reasons for children’s statutory complaints. It is noteworthy that none of the complaints were upheld. Out of the 10 partially upheld complaints, “Failed to take all information into account”, “Safeguarding” and “Services below standards” are the three reasons where 100% of complaints made were partially upheld. However, it should also be noted that very few complaints (1 or 2) were made against these reasons.

Figure 10: Children’s Stage 1 Statutory Complaints outcome by reason



Stage 1 Timeliness

5.6. The timescale for dealing with children’s statutory Stage 1 complaints is 10 working days. However, this can be extended to 20 working days for more complex complaints or if additional time is required. The timeliness of response for statutory complaints in 2020/21 was 50% (7/14) an increase from 2019/20 by 13 (37% 7/19) (Figure 11).

Figure 11: Percentage of Children's Statutory Complaints responded with timescales

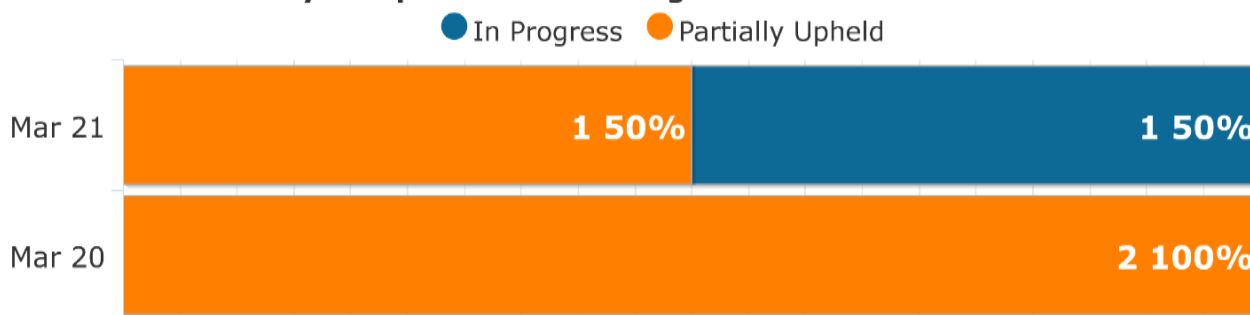


Stage 2 Outcome

- 5.7. At Stage 2, the complaints are investigated by an independent investigating officer (IO) who will work with an independent person (IP).
- 5.8. In 2020/21 only 2 complaints (14% 2/14) had progressed to Stage 2 which is the same number as in 2019/20 (11% 2/19).
- 5.9. Out of 2 complaints that had progressed to Stage 2, 1 had been partially upheld and 1 in progress at the time of data extract for preparation of this report. (Figure 12).

Figure 12: Children’s Stage 2 Statutory Complaints by outcome

Children's Statutory Complaints where Stage 2 Outcome has been recorded



Stage 2 Timeliness

- 5.10. The timescale for dealing with children’s statutory Stage 2 complaints is 25 to 65 working days. At the time of data extraction for preparation of this report, 1 complaint had been responded to within timescale and 1 was in progress making timeliness to respond 50% in 2020/21 when compared to 100% in 2019/20 (2/2). N.B. these are very low numbers, which clearly skew the percentages.

Stage 3

- 5.11. At Stage 3, complaints are reviewed to ensure the processes were followed at each stage by a panel comprising of three people, one of which will be appointed as the chair who is independent of the service that the complaint is about. The Panel produces a written report of what was discussed and provides recommendations for the resolution of the issues. One complaint progressed to Stage 3. This was a Stage 1 complaint made in July 2019 and the Stage 3 Panel review meeting took place in July 2020.

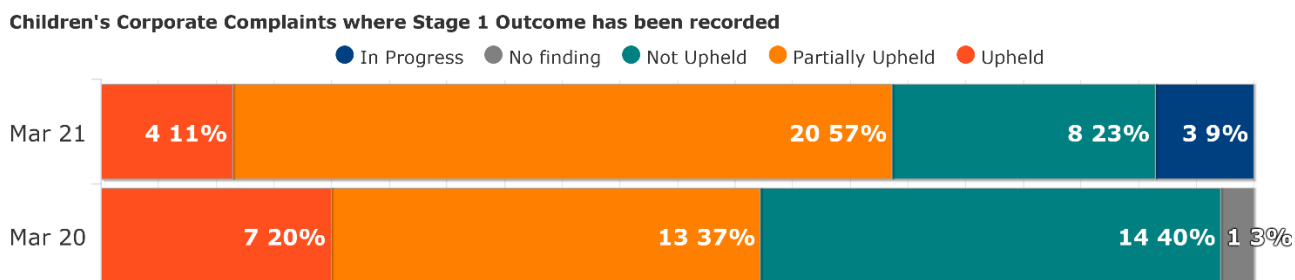
6. Children’s Corporate Complaints

- 6.1. Children’s complaints that are not taken through the statutory process will follow the corporate complaint route. In 2020/21 there were 36 corporate complaints 1 more than 2019/20 (35).

Stage 1 Outcome

- 6.2. At the time of data extraction for preparation of this report, 32 complaints had a Stage 1 outcome recorded and 3 were in progress.
- 6.3. Further breakdown of children’s corporate complaints shows 11% (4/35) were upheld, 57% (20/35) partially upheld, 23% (8/35) not upheld, 9% (3/35) in progress.
- 6.4. Figure 13 shows breakdown of complaints at Stage 1 by outcome. There has been lesser proportion of children’s corporate complaints upheld (11%) when compared to 2019/20 (20%), however a higher proportion of complaints partially upheld 57% (2019/20 37%).

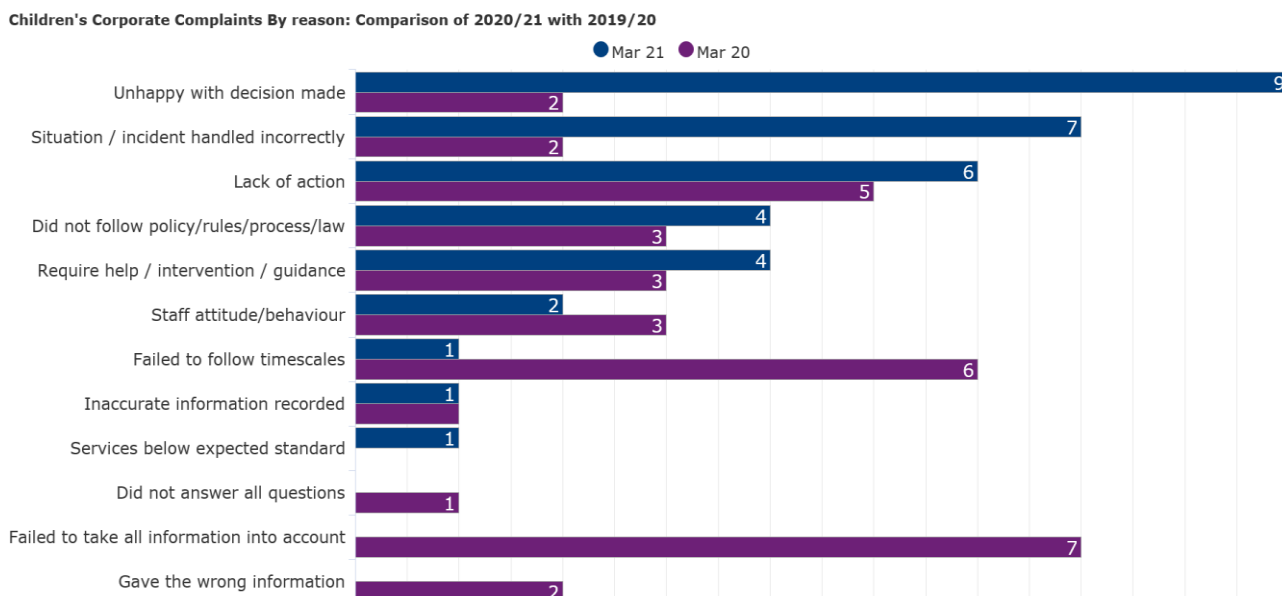
Figure 13 Children’s Corporate Complaints by Stage 1 Outcome



Reasons and Outcome

- 6.5. Figure 14 shows the breakdown of children’s corporate complaints made by reasons. 2020/21 saw children’s corporate complaints being recorded by fewer reasons (9) when compared to 2019/20 (11). The top 3 reasons in 2020/21 were “Unhappy with decision made” (26% 9/35), “Situation/incident handled incorrectly” (20%, 7/35) and “Lack of Action” (17% 6/35).

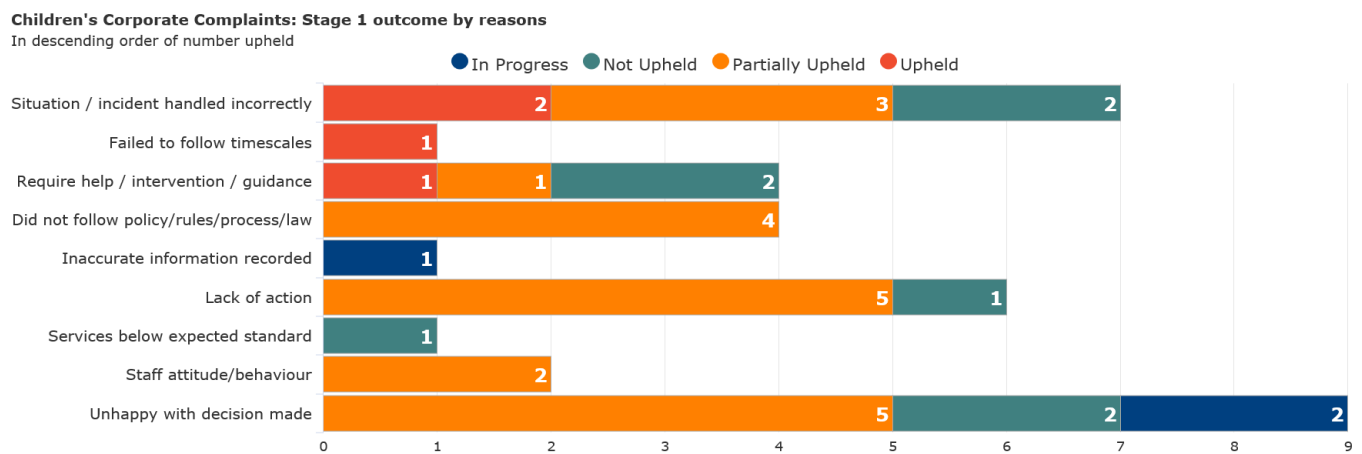
Figure 14: Children’s Corporate complaints: Breakdown by reason



- 6.6.
- 6.7.
- 6.8.

6.9. **Figure 15** shows the breakdown of outcome at Stage 1 by various reasons. Looking at the number of complaints upheld/partially upheld for the top 3 reasons, 56% (5/9) were partially upheld against “Unhappy with decision made”, 71% (5/7) were upheld/partially upheld against “Situation/incident handled incorrectly” and 83% (5/6) were partially upheld against “Lack of Action”.

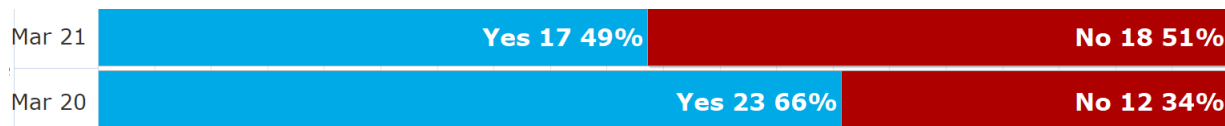
Figure 15: Children’s Stage 1 Corporate Complaints outcome by reason



Stage 1 Timeliness

- 6.6 The timescale for dealing with children’s corporate Stage 1 complaints is 10 working days. However, this can be extended to 20 working days for more complex complaints or if additional time is required. There has been a decrease in timeliness of response for Corporate complaints in 2020/21 (49% 17/35) in comparison to 2019/20 (66% 23/35). This decrease was an impact of the pandemic with staff self-isolating, being off sick etc, for example not being able to speak to particular individuals to process the complaint. Also there were issues with the process, which have resulted in the development of a revised process for dealing with Stage 1 complaints.
- 6.7 The decrease in timeliness in 2020/21 was because a significant number of the complaints were those where the resident was not happy with the decision made so efforts were made to find alternative solutions, particularly with SEND related complaints. The deadlines were not extended to ensure there was the shortest possible delay for these families.

Figure 16: Percentage of Children's Corporate Complaints responded to within timescales



Stage 2 Outcome

6.8 Out of the 35 children’s corporate complaints 11 (31%) had progressed to Stage 2 which is 6 more than 2019/20 (14% 5/35).

6.9

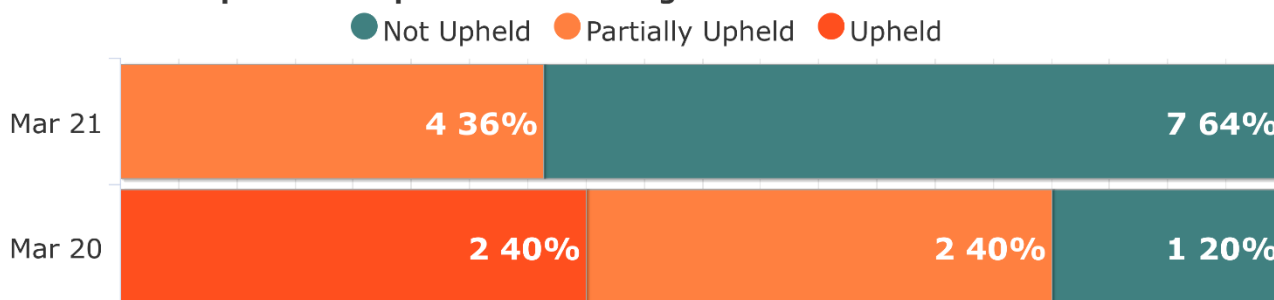
6.10

6.11

6.12 **Figure 17** breaks down the Stage 2 children’s corporate complaints by outcome showing that none were upheld, 36% (4/11) partially upheld and 64% (7/11) not upheld. This is very positive outcome when compared to 2019/20 where 80% of Stage 2 complaints were upheld/partially upheld.

Figure 17: Children’s Stage 2 Corporate Complaints by outcome

Children’s Corporate Complaints where Stage 2 Outcome has been recorded



Stage 2 Timeliness

6.13 The timescale for dealing with children’s corporate Stage 2 complaints is 20 working days. The percentage of Stage 2 children’s corporate complaints responded to within timescale was 91% (10/11) a considerable increase from 2019/20 (80% 4/5). This increase in timeliness to respond at Stage 2 when compared to Stage 1 could be attributed to lesser number of complaints progressing to Stage 2 and an increase in the timescale at Stage 2.

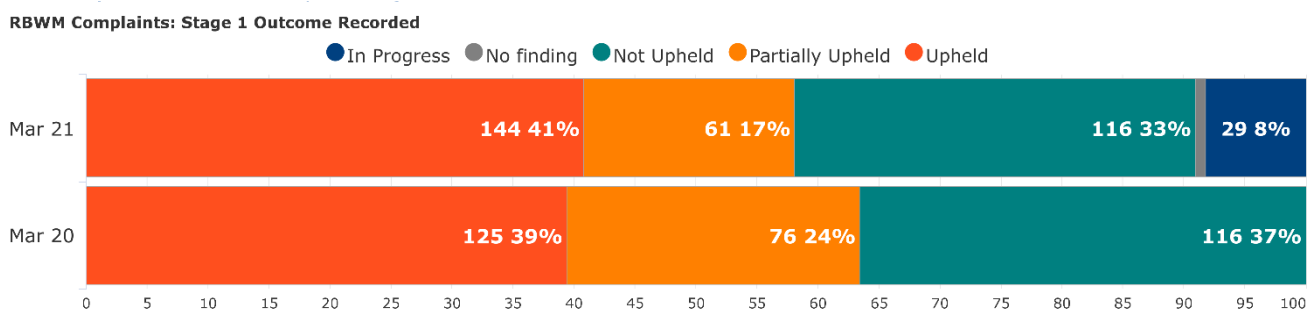
7. RBWM Formal Corporate Complaints Process

7.1. In 2020/21 85% (354/415) of all complaints were progressed as complaints under the formal corporate complaints process. This is an increase on 2019/20 (80%, 317/398).

Stage 1 Outcome

- 7.2. At the time of data extraction for preparation of this report, 324 complaints had a Stage 1 outcome recorded, 29 were in progress and an outcome had not yet been reached.
- 7.3. Figure 18 shows the breakdown of Stage 1 complaints by outcome recorded. 41% (144/353) complaints were upheld (39% in 2019/20), 17% (61/353) partially upheld (24% in 2019/20), 33% (116/353) not upheld (37% in 2019/20), 1% (3/353) where there was no finding; insufficient evidence to make a decision and 8% (29/353) in progress.
- 7.4. 2020/21 saw less proportion of complaints upheld/partially upheld (57%) when compared to 2019/20 (63% upheld/partially upheld).

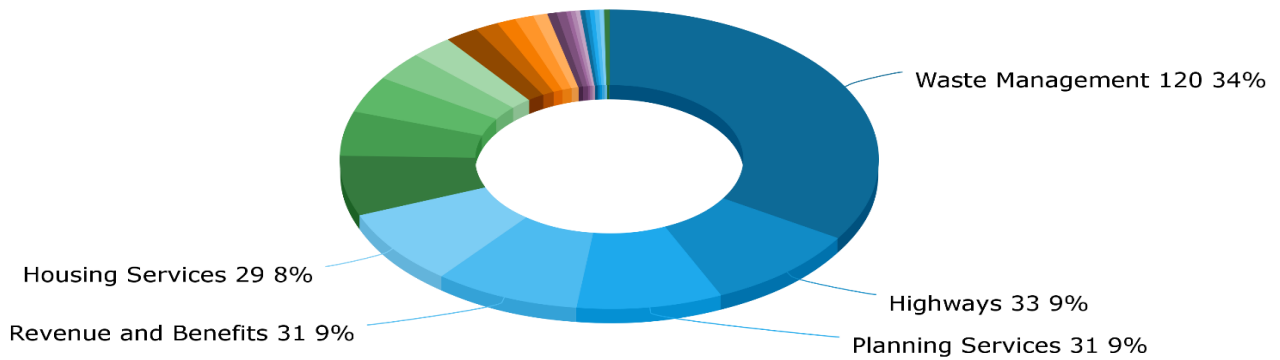
Figure 18: RBWM Formal Corporate Stage 1 complaints by outcome recorded



Top 5 service areas for complaints

- 7.5. Figure 19 shows the top 5 service areas for customer complaints in 2020/21 of which Waste Management is the highest (34%, 120/353) followed by Highways (9%, 33/353), Planning Services (9%, 31/353), Revenue and Benefits (9%, 31/353) and Housing Services (8%, 29/353).
- 7.6. The impact of Covid on the community and the economy has been felt in a number of areas of the council’s operations. Waste and recycling collections moved to alternate weekly collections from 6th April 2020 during the COVID-19 outbreak as there were reductions in staff availability due to ill health or needing to self-isolate. Weekly household waste and recycling collections resumed from 17 August 2020 with a review in collection routes to make them more efficient and environmentally friendly. However, this had significant and enduring problems causing disruption in waste collection mainly in the month of September 2020 leading to increase in the number of complaints. This also had a knock-on effect on the volume of calls to the Customer Contact Centre (18,671 in September) and total digital form submissions (16,649 in September).

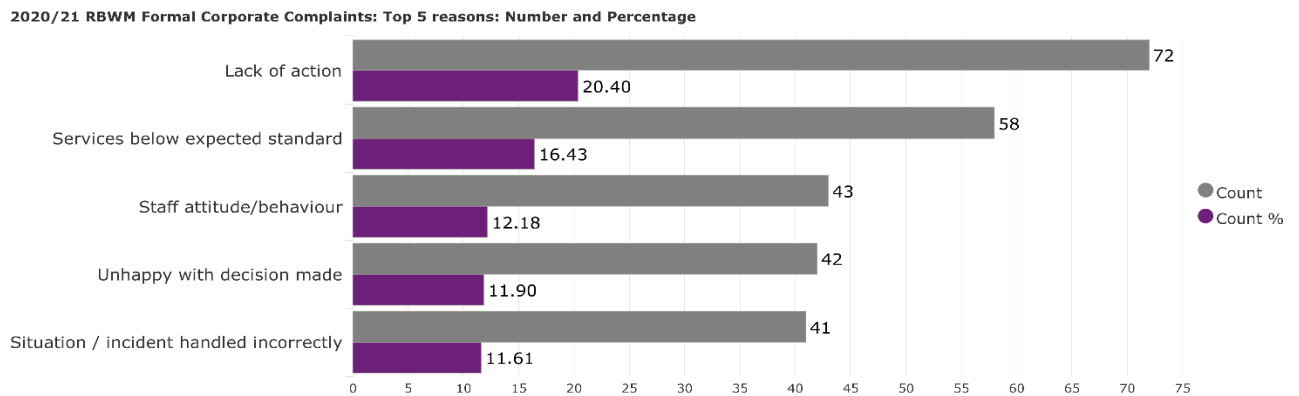
Figure 19: Top 5 service areas for RBWM Formal Corporate Complaints received



Reasons and outcomes

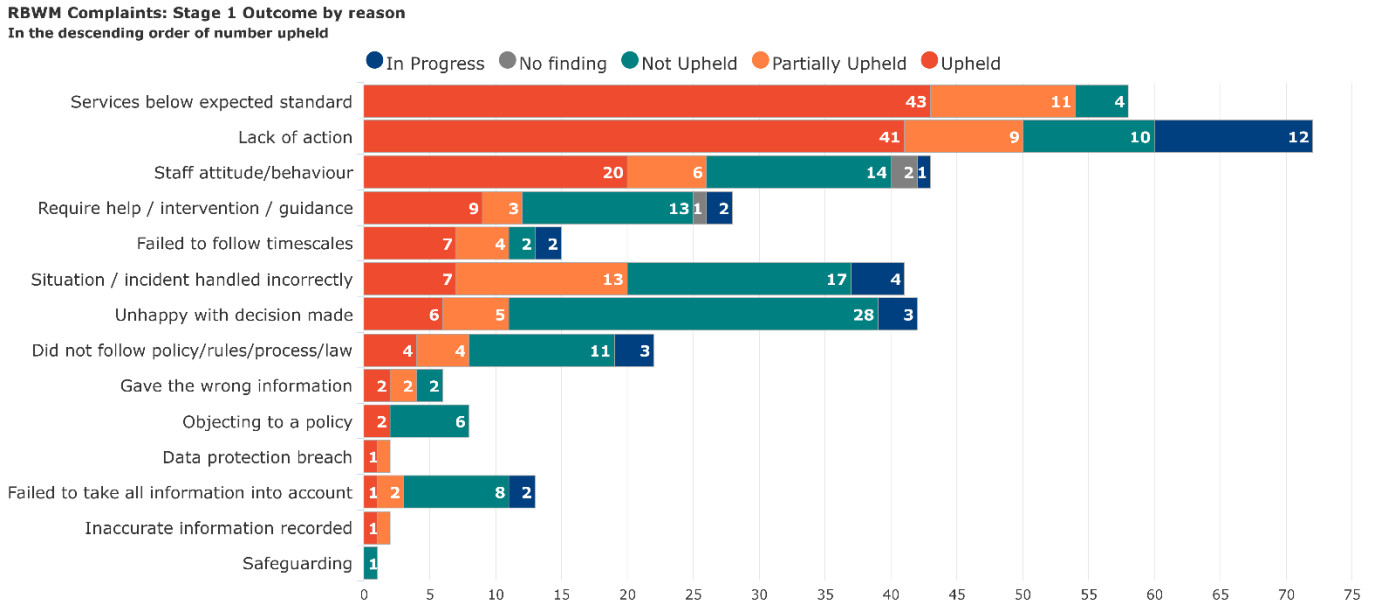
7.7. Figure 20 highlights the top 5 reasons for customer complaints in 2020/21 with one-fifth of the complaints being recorded against “Lack of Action” (20% 72/353).

Figure 20: 2020/21 Top 5 reasons for RBWM Formal Corporate Complaints



7.8. Figure 21 shows the breakdown of Stage 1 complaints outcome by the reason for the complaint. The Top 3 reasons where the most complaints were upheld/partially upheld are “Services below expected standard” (54), “Lack of action” (50) and “Staff attitude/behaviour (26).

Figure 21: RBWM Formal Corporate Complaints Stage 1 outcome by reason

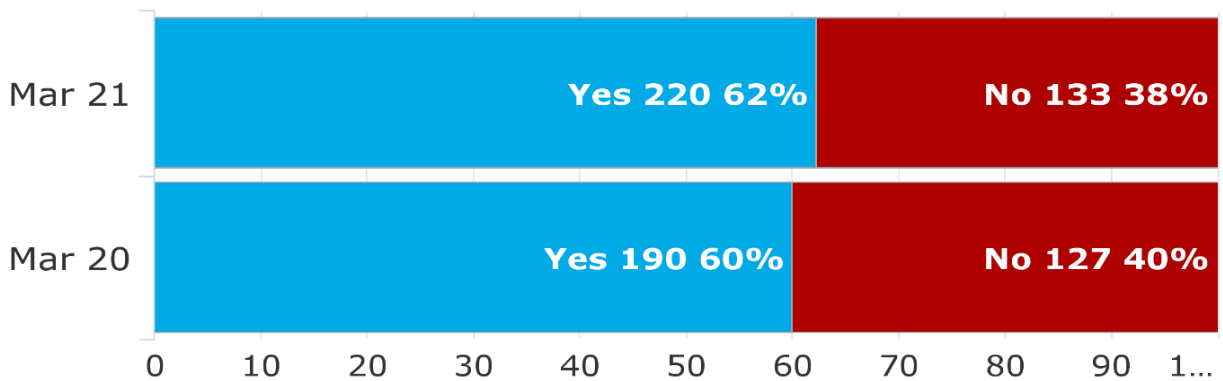


Timeliness at Stage 1

7.9. The timescale for responding to a Stage 1 RBWM formal corporate complaint is 10 working days. Figure 22 shows an increase in the percentage of complaints responded to within timescale (62% 220/353 in 2020/21) in comparison to 2019/20 (60% 190/317).

Figure 22: Percentage of RBWM Formal Corporate Stage 1 Complaints responded to within timescale

RBWM Stage 1 complaints responded to within timescale
Number and Percentage



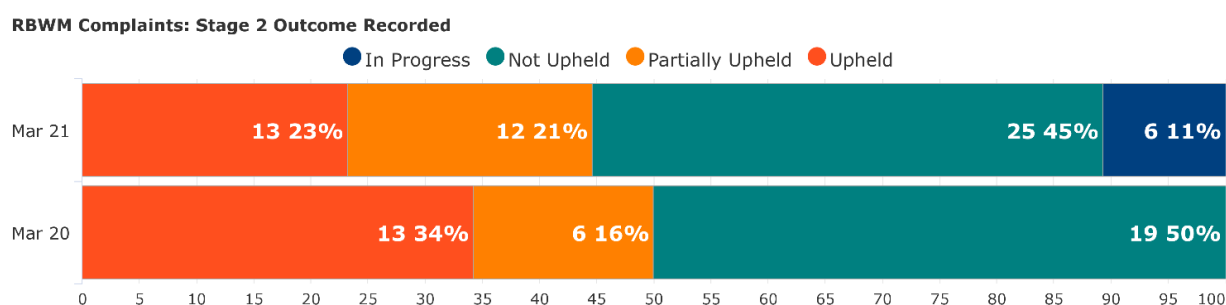
7.10. The previous complaints reporting system (JADU) would automatically send reminders to relevant teams or services with regard to any outstanding complaints or complaints due to expire soon. Since September 2020 a new complaint reporting system has been introduced and this facility is currently unavailable, however the compliments and complaints team continue to send a weekly report to relevant teams or services to ensure timescales are not missed.

7.11. A review of the timescales associated with Stage 1 of the RBWM formal corporate complaints process was undertaken in 2020/21 and from 2021/22 the timescales will be increased from 10 working days to 20 working days, with the ability to extend this by a further 20 working days if required. This change will allow officers more time to fully and robustly investigate complaints that are raised.

Stage 2 RBWM Formal Corporate Complaints

- 7.12. If a complainant feels certain areas have not been addressed after receiving a response at Stage 1 of the corporate complaints process, they may request a review by the director of the service. In 2020/21 16% (56/353) of Stage 1 complaints progressed to Stage 2, an increase from 2019/20 (12%, 38/317).
- 7.13. Breaking down the 56 Stage 2 complaints, 13 (23%) were upheld, 12 (21%) were partially upheld, 25 (45%) were not upheld and 6 (11%) were “In Progress” (Figure 23).
- 7.14. Even though 2020/21 saw an increase in the volumes of complaints progressing to Stage 2, only 44% of them were upheld/partially upheld when compared to 2019/20 (50%).

Figure 23: RBWM Formal Corporate Stage 2 complaints by outcome recorded



Timeliness at Stage 2

- 7.15. The percentage of complaints responded to within timescales at Stage 2 is 88% (49/56) 7 less than 2019/20 (94% 36/38). Timeliness of response at Stage 2 is better than at Stage 1 and this could be because there are fewer complaints progressing to Stage 2. Additionally, the timescale for response at Stage 2 is 20 working days whereas at Stage 1 is 10 working days.

Key learning from RBWM Formal Corporate Complaints

- 7.16. An important part of the complaints process is capturing the learning and embedding good practice across the council. Following are the learning that have been identified by various services areas.

Planning

- 7.17. A number of planning complaints tend to relate to customers who are dissatisfied with the decision for one reason or another, however the general theme emerging from complaints during this period is considered to be related to a lack of communication. This primarily appears to relate to lower staffing levels and more limited communications options during the period of remote working.
- 7.18. The service is seeking to address this emerging theme through a focus on recruitment. We are also reinforcing customer service expectations to existing staff, so that they communicate even if only to let customers know that more time is needed.

Waste

- 7.19. This was a challenging year for waste and recycling services, with two major service changes. In April 2020 the service moved to alternate weekly collections as a result of staff shortages due to Covid 19, with some disruption to the service as a result. In August 2020, the weekly waste and recycling collections were reinstated, and a new collection model was put in place. This new model was not effective and resulted in high numbers of missed collections. In October further collection day changes were made and a collection service over 6 days, including scheduled Saturday collections, was implemented.
- 7.20. Staff have worked very hard with Serco staff and customer services to put in place systems to identify issues and provide feedback quickly, using a shared daily issues sheet which is updated by council staff and Serco daily to update on outstanding collections and resolutions. A new contract manager and operations manager at Serco have been put in place and have made changes to improve the number of missed collections, which has helped to reduce complaints caused by problems with the service. The collections are now running within the expected KPIs and complaints are at a lower level.
- 7.21. Customer service centre staff were giving additional training to handle calls related to waste correctly in the first instance. Calls to customer service centre were temporarily transferred from 1 October 2020 to 15 January 2021 to resolve waste collection complaints straightway and to ease pressure on them.

Housing

- 7.22. Housing have recognised the challenges of the current telephony system and are working with the transformation team to ensure a streamlined process is made available to enable all calls to be captured and responded to in a timely manner.
- 7.23. The housing service also recognises the need for ongoing training, which is now factored into the working week and takes place every Wednesday afternoon, conducted by internal and external providers.

Revenues, Benefits, Libraries and Resident Services

- 7.24. During 2020/21, as a result of the pandemic, a number of complaints were received in connection with the Registration Service's inability to conduct certain ceremonies such as weddings. This was not a service area which previously routinely received complaints, but couples were understandably frustrated at the restrictions imposed, either not being able to have any ceremony at all, or as a result of the limited numbers able to attend. RBWM chose to adapt policies covering this situation to be more flexible with regard to re-booking but did not offer refunds. The majority of complaints, associated with the Registration Service, were in connection with this.
- 7.25. Other areas within the Revenues, Benefits, Libraries and Resident Services area, such as Council Tax and Business Rates, had to adapt to the changing support announced by Central Government but the criteria for such support did not always meet the expectations of our residents.

Highways

7.26. Highway Services deliver a number of resident facing services which impact upon every resident, household, business and visitor to the Royal Borough. Services are often delivered which cause disruption (for example road works), these are essential and widespread as the council continues to invest in infrastructure across the Borough.

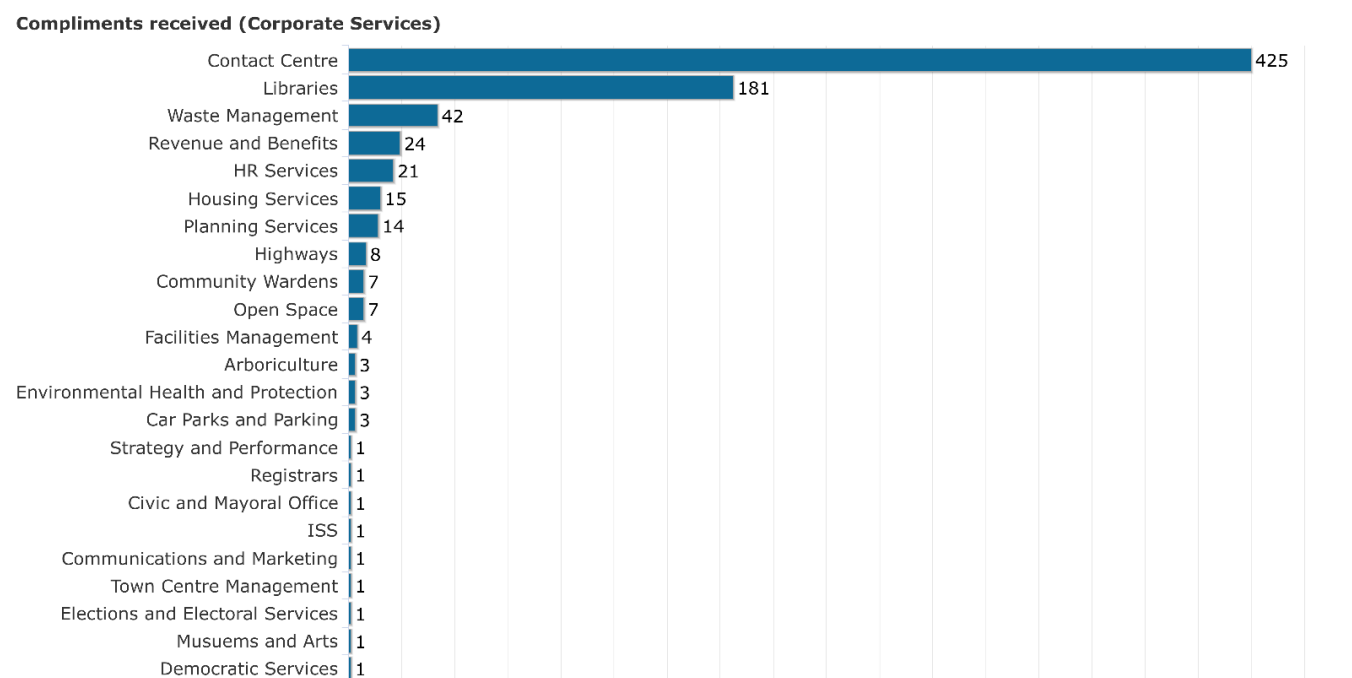
7.27. As a result, the number of complaints received by this service area would be expected to be high when compared to other service areas. In order to manage this, the Highways service area has worked closely with the Complaints team to streamline the allocation of complaints, regularly monitor progress and reduce the number of complaints not responded to within set timescales.

8. Compliments received

8.1. In 2020/21 RBWM Corporate services received 766 compliments which is a 116% increase compared to 2019/20 (355).

8.2. Figure 24 sets out the volume of compliments received by teams. The team in receipt of the most compliments was the Customer Contact Centre (56%, 425/766), followed by Libraries (24%, 181/766) and Waste Management (6%, 42/766).

Figure 24: Compliments received by teams



8.3. From the outset of the pandemic, call centre staff were engaged in setting up and training council staff in the use of new technologies to support engagement with local community groups and also local residents who may be shielded as a result of particular vulnerabilities to the virus. More than half of the compliments to Customer Contact Centre (56% 425/766) evidences a positive community engagement which was a key focus during the pandemic.

8.4. Libraries had a particular focus on the growth of the service's digital offer to support home-based leisure and learning and to mitigate the risk of a widening digital divide. The

introduction of “click and collect” and “click and deliver” services has maintained a physical link between the service and communities throughout the year. Libraries received nearly a quarter of the compliments (24% 181/766).

- 8.5. Waste management being in the top 3 teams receiving compliments (42) shows that despite disruption in waste collection for a short period of time the service was quick to recover to meet customer expectations.
- 8.6. The variety of compliments across different teams show the breadth of work carried out by the council and the positive difference it makes to the residents.
- 8.7. In general the overall response to the council's management of the borough's COVID response was outstanding. RBWM's COVID-19 community response focused on supporting a network of dozens of local voluntary efforts, maximising the local help available to vulnerable and shielding residents. Our centralised call centre acted as a conduit for support, using both Amazon Connect and our Lyon 2.0 system to connect those looking for help to those readily delivering it in the community.
- 8.8. With a greater than 90% success rate of contacting residents in need of help, we received dozens of written and verbal compliments from residents on the helpfulness of staff and our ability to work closely with the community. Indeed many staff went above and beyond, personally helping residents well outside of working hours, which didn't go unnoticed.
- 8.9. Such was the success of our facilitatory approach, partners at MHCLG asked us for written case-studies and interviews on how we'd worked successfully alongside our communities. There were articles in the Maidenhead Advertiser, the video sponsored by Amazon AWS on our approach, an invitation to submit written evidence to the Kruger Commission, an invite to speak at a national community learning event and even a phone-call with one of the MHCLG advisers in Downing Street who'd become aware of our work in RBWM. This feedback has since reminded us of the power of working in tandem with our local communities - not trying to enforce 'command and control', 'top down', bureaucratic interventions on communities, but instead working with local people, developing on local strengths, and instead taking a facilitatory role.

9. Appendices

Appendix A: LGSCO Annual Review letter 2021



21 July 2021

By email

Mr Sharkey
Managing Director
Royal Borough of Windsor and Maidenhead Council

Dear Mr Sharkey

Annual Review letter 2021

I write to you with our annual summary of statistics on the decisions made by the Local Government and Social Care Ombudsman about your authority for the year ending 31 March 2021. At the end of a challenging year, we maintain that good public administration is more important than ever and I hope this feedback provides you with both the opportunity to reflect on your Council's performance and plan for the future.

You will be aware that, at the end of March 2020 we took the unprecedented step of temporarily stopping our casework, in the wider public interest, to allow authorities to concentrate efforts on vital frontline services during the first wave of the Covid-19 outbreak. We restarted casework in late June 2020, after a three month pause.

We listened to your feedback and decided it was unnecessary to pause our casework again during further waves of the pandemic. Instead, we have encouraged authorities to talk to us on an individual basis about difficulties responding to any stage of an investigation, including implementing our recommendations. We continue this approach and urge you to maintain clear communication with us.

Complaint statistics

This year, we continue to focus on the outcomes of complaints and what can be learned from them. We want to provide you with the most insightful information we can and have focused statistics on three key areas:

Complaints upheld - We uphold complaints when we find some form of fault in an authority's actions, including where the authority accepted fault before we investigated.

Compliance with recommendations - We recommend ways for authorities to put things right when faults have caused injustice and monitor their compliance with our recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

Satisfactory remedy provided by the authority - In these cases, the authority upheld the complaint and we agreed with how it offered to put things right. We encourage the early resolution of complaints and credit authorities that accept fault and find appropriate ways to put things right.

Finally, we compare the three key annual statistics for your authority with similar types of authorities to work out an average level of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

Your annual data will be uploaded to our interactive map, [Your council's performance](#), along with a copy of this letter on 28 July 2021. This useful tool places all our data and information about councils in one place. You can find the decisions we have made about your Council, public reports we have issued, and the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

I would encourage you to share the resource with colleagues and elected members; the information can provide valuable insights into service areas, early warning signs of problems and is a key source of information for governance, audit, risk and scrutiny functions.

As you would expect, data has been impacted by the pause to casework in the first quarter of the year. This should be considered when making comparisons with previous year's data.

This year, we issued a public report about your Council after we found it did not do enough to consider a couple's circumstances who required social care support. Our investigation found the Council did not properly consider whether the couple could continue to live at home with live-in care workers after the woman had a stay in hospital. The woman was moved to a care home; a decision that was made permanent without any formal best interest decision and little regard to the couple's dignity or basic human rights. The man, left at home without visits to his wife, quickly deteriorated. The Council did not assess his needs properly and the care he received at home, from two care providers, was not adequate. He died before the Council belatedly responded to family concerns.

It was disappointing the Council initially failed to respond properly to our enquiries in this case, but I am pleased to note it accepted fault on receipt of our draft report and agreed to all our recommendations. The Council's response to the public report was excellent. As we recommended, it gave a fulsome and proper apology to the family and paid them £2,000 in recognition of the distress it caused and the time and trouble in bringing the complaint. It also provided evidence it had implemented the recommended service improvements. These included reviewing other cases where couples had been separated by their care needs, making sure assessment practice is consistent and Care Act compliant, reviewing commissioning practice, and following up to ensure care providers sustain improvements following complaints of poor practice.

I am pleased to note the Council gave clear public recognition that what had happened was unacceptable and welcome the Council's willingness to learn lessons from this case and complete the actions we agreed.

Supporting complaint and service improvement

I am increasingly concerned about the evidence I see of the erosion of effective complaint functions in local authorities. While no doubt the result of considerable and prolonged budget

and demand pressures, the Covid-19 pandemic appears to have amplified the problems and my concerns. With much greater frequency, we find poor local complaint handling practices when investigating substantive service issues and see evidence of reductions in the overall capacity, status and visibility of local redress systems.

With this context in mind, we are developing a new programme of work that will utilise complaints to drive improvements in both local complaint systems and services. We want to use the rich evidence of our casework to better identify authorities that need support to improve their complaint handling and target specific support to them. We are at the start of this ambitious work and there will be opportunities for local authorities to shape it over the coming months and years.

An already established tool we have for supporting improvements in local complaint handling is our successful training programme. During the year, we successfully adapted our face-to-face courses for online delivery. We provided 79 online workshops during the year, reaching more than 1,100 people. To find out more visit www.lgo.org.uk/training.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M King', with a horizontal line underneath.

Michael King
Local Government and Social Care Ombudsman
Chair, Commission for Local Administration in England

Appendix B: Council's complaints process and procedures

The principle behind the council's complaints procedure is to ensure that every opportunity for resolution is sought through dialogue or local resolution before a complaint is submitted. Where agreement is not achieved someone has the right to complain and the complaints process has different stages dependant on the area of service the complaint is about.

Complaints made about the council's services are dealt with under three processes. The formal corporate complaints process for general council activity such as: council tax; housing; highways; communications; democratic services and so on; and the statutory adult and statutory children's processes.

The different complaint processes have different stages, however regardless of which policy a complaint is investigated under, or the outcome, the complainant still has the right to refer their complaint on to the Local Government and Social Care Ombudsman. The different stages are:

- The formal corporate complaints process contains two stages.
- The adult complaints process contains one stage
- The children's complaints process contains three stages.

Although customers can refer complaints to the Local Government and Social Care Ombudsman (LGSCO) at any stage, the LGSCO will not normally investigate until the council have exhausted their complaints processes.

Complaints are made by email, phone call, letter, face to face or by logging the complaint online. All complaints received, along with comments and compliments, are recorded on the council's complaints database (Jadu). The Jadu system provides for compliments and complaints to be captured by number, types, themes, postal address and timeliness of complaint.

The council's complaints policies are intended for use by service users, customers, residents, businesses and visitors or their chosen representatives, which may include councillors.

The council's complaints process is managed through one team. This means the team is independent of the two statutory adult and children's services, ensures independence from services, removes the possibility of conflicts of interest and secures impartial challenges.

Quality assurance

Effective complaint management is crucial to allow confidence on the part of complainants to submit complaints in the understanding that the council will take these seriously and respond.

When a complaint is received the complaints and compliments team focus on ensuring:

- The process for investigating the complaint is followed and on time.
- Complaint responses answer the questions asked and are clear and easy to read.
- Lessons learned and recommendations are captured to secure continual improvement – this includes one to one training/advice/meetings with relevant employees providing them with support and guidance on how best to resolve a complaint.
- Any actions or recommendations are noted on Jadu and monitored.

Complaints processes – March 2021

Initially once received via online form, email, telephone call or face to face contact all complaints are logged on the complaints database (Drupal) for monitoring and tracking.

Once logged the complaint is acknowledged within 3 working days and customer informed whether this will be taken as a complaint and if so, under which complaints process

Internal process

	Adult services complaints	Children's services complaints	Corporate complaints	Not within the formal complaints process
Stage 1	Statutory No specific timescale but aim to respond within 10 working days. Response from Service Manager or higher.	Statutory Up to 10 working days. Can agree extension for a further 10 working days. Response from Head of Service.	Up to 10 working days. Can agree extension for a further 10 working days. Response from Head of Service.	N/A
Stage 2	N/A	Statutory 25-65 working days. Completed by independent complaints investigators and report produced. Adjudicating letter in response to report completed by Children's Director of Social Care.	Up to 20 working days. Review of stage 1 complaint and response by Director.	N/A
Stage 3	N/A	Statutory Stage 3 independent panel. Up to 70 working days. Panel of three independent members who produce a report. Letter in response to the report completed by the Directors of Children's Services.	N/A	N/A
Alternative appeal process	N/A	N/A	N/A	Customer given timescales for response

External process

LGSCO - Can complain to the Local Government and Social Care Ombudsman

Appendix C: National and legislative context – March 2021

Formal corporate complaints

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

Adult services

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

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

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

Children's services

The procedure for dealing with children's statutory complaints and representations is determined by the following legislation:

- The Children Act 1989, Representations Procedure (England) Regulations 2006.
- The Children & Adoption Act 2002 and Children (Leaving Care) Act 2000 and
- The accompanying guidance 'Getting the Best from Complaints' (DfE July 2006).

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

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

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Agenda Item 5

Subject:	Drug and Alcohol Services Recommissioning
Reason for briefing note:	For Adults, Health and Housing Overview and Scrutiny Committee to view the Cabinet Paper and Appendices in advance of the Cabinet Meeting on 29 th October 2021.
Responsible officer(s):	Anna Richards – Consultant in Public Health Siân Smith, Service Lead Public Health Contracts and Commissioning
Senior leader sponsor:	Hilary Hall - Executive Director Adults, Health and Housing
Date:	22 nd September 2021.

www.rbwm.gov.uk



SUMMARY

The Local Authority has a responsibility under the Health and Social Care Act 2012 to improve Public Health. As part of the ring-fenced Public Health Grant, the Council receives a 'Pooled Treatment Budget' of £718,300 to provide drug and alcohol services for residents.

All existing Drug and Alcohol Service contracts end on 31st March 2022, and new services will commence delivery from 1st April 2022.

The Cabinet Report sets out the commissioning process and the decision reached, following a 'Light Touch' competitive tender process, conducted between June and September 2021

1 BACKGROUND

1.1 As the Royal Borough's drug and alcohol contracts were reaching a natural end, there was an opportunity to consider taking a different approach to delivering drug and alcohol recovery support, that meets the needs of both residents with low level issues that may not be significantly impacting upon their lives at this point (but may lead to worse health outcomes in the long-term), and those with multiple disadvantages and complex behaviours including entrenched drug and alcohol issues, that are engaged with multiple local services. This delivery model builds on existing partnerships to encourage community cohesion and self-care and tackle key themes linked to multiple disadvantages.

2 DETAILS

1.2 The new contract brings together the clinical and psychosocial elements into one integrated contract. This will make the service easier to contractually manage, and better serve joint working at the interface between the different, but intrinsically linked services. Responsibility for Alcohol Community Detoxification and Pharmacy Harm Minimisation services are now also included, which equally supports closer working relationships.

3 RECOMMENDATIONS

3.1 Cabinet is recommended to award the drug and alcohol contract to the Preferred Provider for a 5-year term with the option to extend for a further two years.

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Report Title:	Drug and Alcohol Services Recommissioning
Contains Confidential or Exempt Information	No
Lead Member:	Councillor Carroll - Deputy Chairman of Cabinet, Adult Social Care, Children's Services, Health and Mental Health.
Meeting and Date:	Cabinet Meeting – 29 th October 2021
Responsible Officer(s):	Hilary Hall - Executive Director Adults, Health and Housing Anna Richards – Consultant in Public Health
Wards affected:	All

REPORT SUMMARY

The Local Authority has a responsibility under the Health and Social Care Act 2012 to improve Public Health. As part of the ring-fenced Public Health Grant, the Council receives a 'Pooled Treatment Budget' of £718,300 to provide drug and alcohol services for residents.

All existing Drug and Alcohol Service contracts end on 31st March 2022, and new services will commence delivery from 1st April 2022.

This report sets out the commissioning and procurement process, and the decision reached, following a 'Light Touch' competitive tender process, conducted between June and September 2021.

Cabinet is recommended to award the drug and alcohol contract to the Preferred Provider for a 5-year term, with the option to extend for a further two years. The provider has a strong focus on supporting opportunity in the Borough, through apprenticeships and opportunities for peer mentors and volunteers to gain skills and qualifications which increase employability.

1. DETAILS OF RECOMMENDATION

RECOMMENDATION: That Cabinet notes the report and:

- i) **Agrees to award the Drug and Alcohol Service Contract to the Preferred Provider.**

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

Options

Table 1: Options arising from this report

Option	Comments
Award the contract to the preferred bidder.	The new contract specification brings together the different elements involved in providing

Option	Comments
This is the recommended option	drug and alcohol services into a fully integrated model under the responsibility of one service provider.
Don't award the contract to the preferred bidder. This is not recommended	As the current contracts end on 31 st March 2022, not awarding the contract would mean that there would be no drug and alcohol support provision in the borough from 01 April 2022

Background

- 2.1 Providing effective drug and alcohol services has a broader impact upon the health of individuals, families and communities, and on crime rates. Public Health England estimates suggest that the economic cost of alcohol related harm is £21.5bn, while harm from illicit drug use costs £10.7bn.
- 2.2 As the Royal Borough's drug and alcohol contracts were reaching a natural end, there was an opportunity to consider taking a different approach to delivering drug and alcohol recovery support that meets the needs of both residents with low level issues that may not be significantly impacting upon their lives at this point (but may lead to worse health outcomes in the long-term), and those with multiple disadvantages and complex behaviours including entrenched drug and alcohol issues, that are engaged with multiple local services. This delivery model builds on existing partnerships to encourage community cohesion and self-care and tackle key themes linked to multiple disadvantages.
- 2.3 Digital and online approaches have become more acceptable and accessible for early help and self-care. This offer is a key component of the new model for residents with low level needs, which will increase their knowledge and understanding of drug and alcohol use and how they can support themselves to reduce and abstain from health risk taking behaviours.
- 2.4 Along with residents who are using drugs and alcohol to harmful levels, and require a short period of structured psychosocial interventions, RBWM has a small cohort of residents with long standing issues from past trauma in their lives. They are usually also homeless or rough sleeping, with entrenched drug and alcohol issues, multiple disadvantages, and co-morbidities.
- 2.5 The key aim of the new service is promoting full sustained recovery from opiate and alcohol abuse through self-care, continuous reduction in illicit and prescribed drug use and ultimately abstinence. The Provider will work in close partnership across the Council to integrate drug and alcohol key work within other Local Authority delivered and commissioned services. This will enable residents to access support relevant to their individual and specific needs, rather than their drug and alcohol issues in isolation, and thus maximising their opportunity for positive outcomes and sustained recovery.
- 2.6 In order to derive maximum value from the contract, it is recommended that the new Contract is let for 5 years with a 2-year allowable extension, with

appropriate contractual safeguards should there be reductions in grant funding during the period.

Drug and Alcohol Health Needs Assessment

- 2.7 A comprehensive Drug and Alcohol Health Needs Assessment was undertaken earlier in the year by the council's public health team and has informed the development of the new contract, see Appendix A.

Drug and Alcohol Integrated Model

- 2.8 The new contract brings together the clinical and psychosocial elements into one integrated contract. This will make the service easier to contractually manage, and better serve joint working at the interface between the different, but intrinsically linked services. Responsibility for Pharmacy services is also now included, which equally will support closer working relationships.

Recovery Support and Coordination

- 2.9 The new model will see drug and alcohol Recovery Support Coordinators based within other services, integrating with staff to support their joint clients. Although they are a relatively small cohort in terms of numbers, those with multiple disadvantages and complex opiate and alcohol behaviours, put a huge pressure on multiple service areas, without ever having their needs fully met, as they often fall between service gaps. Developing integrated services is a key recommendation of the Dame Carol Black Review (2021), where she notes that to sustain recovery from drug and alcohol abuse, people need a home and a job, too many people are in and out of treatment for years, even decades without turning their lives around for good. The Ministry of Housing, Communities and Local Government (2021) also stated that "Two thirds of rough sleepers have drug and alcohol problems.

Procurement Process

This procurement has been conducted using the principles of the Open Procedure described in Regulation 27 of the Public Contracts Regulations 2015 and used a 'Light Touch Regime' as permitted by Regulation 76 of the Public Contracts Regulations 2015 for the procurement of 'Social and Other Specific Services'. As a result of a robust procurement process, a Preferred Provider has been identified and approval is sought for the contract to be awarded to them.

3. KEY IMPLICATIONS

- 3.1 Although neither mandated nor statutory provision, drug and alcohol services are intensively monitored and have national targets, outcomes and reporting measures, as set out by Public Health England and the Care Quality Commission. This includes metrics collated and reported using the following digital systems, which comprise both individual and partnership level outcomes:
- Diagnostic and Outcome Monitoring Executive Summary (DOMES)
 - Public Health Outcomes Framework (PHOF)
 - National Drug Treatment Monitoring System (NDTMS)
 - Treatment Outcome Profiles (TOPs)

Table 2: Key Implications

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
Successful completions for opiates	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31 st March 2027
Successful completions for non-opiates.	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31 st March 2027
Successful completions for alcohol.	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31 st March 2027
Successful completions without representation within 6 months of treatment completion for opiates.	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31 st March 2027
Successful completions without representation within 6 months of treatment completion for non-opiates.	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31 st March 2027
Successful completions without representation within 6 months of treatment completion for alcohol.	Worse than the South East average	Same or similar to the South East average	Better than the South East average	Not Applicable	31 st March 2027

4. FINANCIAL DETAILS / VALUE FOR MONEY

- 4.1 There are no financial implications as the cost of the new contract is £650,000 per annum, which is within the allocation set aside in the Public Health grant. No additional budget is, therefore, required.
- 4.2 All combined Drug and Alcohol recommissioned services must not exceed the value of the Pooled Treatment Budget (£718,300) provided by the Public Health Grant. All areas within the Local Authority are expected to look for cost savings. If any opportunity arises to reduce the cost of the Drug and Alcohol programme without compromising the service for residents, the opportunity will be fully explored and evaluated.
- 4.3 Authority to access Residential Rehabilitation services and funding for residents requiring this service will continue to be managed by the RBWM Public Health Service Lead for Contracts and Commissioning. The remaining £68,300, will be used for this purpose when required, following agreement between RBWM and the Service Provider.

5. LEGAL IMPLICATIONS

- 5.1 The Council is a local authority as defined by section 270 of the Local Government Act 1972. Section 1 of the Localism Act 2011 affords the Council a power of general competence “to do anything that individuals generally may do”. Section 2 of the same Act sets out the limits of that general power, requiring local authorities to act in accordance with statutory limitations or restrictions.
- 5.2 The Council also has a general power under section 111 of the Local Government Act 1972, “to do anything which is calculated to facilitate, or is conducive or incidental to the discharge of its function”, including enter into the arrangements proposed in this report.
- 5.3 The Council has the power to offer substance misuse services in accordance with s.1 Localism Act 2011 (the General Power of Competence) subject to complying with the Council’s Contract and Financial Procedure Rules as set out in the Council’s Constitution.
- 5.4 Section 17 of the Crime and Disorder Act 1998, (as amended), requires responsible authorities to consider crime and disorder and the misuse of drugs, alcohol and other substances, in the exercise of all of their duties, activities and decision making. Such authorities must exercise their functions with due regard to the likely effect of the exercise of those functions on crime and disorder in its area, and the need to do all that it reasonably can, to prevent it.
- 5.5 The services provided will be delivered in accordance with this Section 17 duty, as well as the Council’s duties under the Human Rights Act 1998 and the Equality Act 2010.
- 5.6 The Council has a duty under Section 12 of the Health and Social Care Act 2012 to take such steps as it considers appropriate for improving the health of the people in its area including providing services or facilities for the prevention, diagnosis or treatment of illness. Alongside a general duty under section 1 of the Care Act 2014 to promote the well-being of individuals. “Wellbeing” in

relation to an individual is defined within the 2014 Act as including (b) physical and mental health and emotional well-being and (h) suitability of living accommodation.

6. RISK MANAGEMENT

6.1 The potential service risks are listed below

Table 3: Impact of risk and mitigation

Risk	Level of uncontrolled risk	Controls	Level of controlled risk
The transition to a different service model and staff integration within other service areas is unsuccessful	Medium	As the contracts were reaching their natural end point, there was sufficient time to engage and involve key stakeholders throughout the development of the new integrated model and start to embed the focus on recovery within the existing service culture.	Low
Sub-Contracting Arrangements for Clinical Prescribing fail.	Low	Local arrangements and contractual terms were agreed after collaborative discussion. The Preferred Provider has additional resources that can be called upon in the event of failure.	Low
Treatment resistant clients continue to impact on multiple services despite coordinated support and access to effective pharmacotherapy	Medium	RBWM was successful in gaining £121,000 extra funding in 2021/22 from Public Health England for drug and alcohol services, and this funding has been used to 'trial' services and initiatives that are key deliverables for this client group within the new contract.	Low

7. POTENTIAL IMPACTS

7.1 Equalities. Equality Impact Assessments are published on the Council's website. An EQIA Screening Form has been completed for the new drug and alcohol service and no further action is required. This has been approved by the Consultant in Public Health and forwarded for inclusion on the Council's website in advance of the Overview and Scrutiny Panel and the Cabinet Meeting.

- 7.2 Climate change/sustainability. There is no potential impact of the recommendation in relation to climate change / sustainability.
- 7.3 Data Protection/GDPR. No personal data is being processed by RBWM.

8. CONSULTATION

- 8.1 The Paper is being presented to the Adults, Children and Health Overview and Scrutiny Panel on 22nd September 2021.
- 8.2 Informal consultations and collaborative discussions were undertaken with a wide range of key stakeholders from developing the new drug and alcohol service model, through to the final service specification that went out to the market. This is a key recommendation following the review into drug and alcohol treatment services conducted by Dame Carol Black, who proposed moving away from ‘commissioning processes’ and instead moving to inclusive and collaborative commissioning, working with providers to shape services. (Please see Appendix B RBWM Drug and Alcohol Service Specification Overview)
- 8.3 Once the mobilisation period commences, residents using the service will be consulted and involved with the co- production of various elements of the service.

9. TIMETABLE FOR IMPLEMENTATION

- 9.1 Implementation date if not called in: Immediately. The full implementation stages are set out in table 4

Table 4: Implementation timetable

Date	Details
29 th October 2021	Contract Award authorised by Cabinet and successful bidder officially notified following the Call In period
3 rd January 2022	New service mobilisation process commences.
31 st March 2022	Service mobilisation completed.
1 st April 2022	New Contract start date.

10. APPENDICES

- 10.1 This report is supported by 2 appendices:
 - Appendix A RBWM Drugs and Alcohol Health Needs Assessment (2021)
 - Appendix B RBWM Drug and Alcohol Service Specification Overview (2022-27)

11. BACKGROUND DOCUMENTS

- 11.1 This report is supported by 3 background documents:

[Independent review of drugs by Professor Dame Carol Black - GOV.UK \(www.gov.uk\)](https://www.gov.uk/independent-review-of-drugs-by-professor-dame-carol-black)

12. CONSULTATION (MANDATORY)

Name of consultee	Post held	Date sent	Date returned
<i>Mandatory: Statutory Officers (or deputy)</i>			
Adele Taylor	Executive Director of Resources/S151 Officer		
Emma Duncan	Deputy Director of Law and Strategy / Monitoring Officer		
<i>Deputies:</i>			
Andrew Vallance	Head of Finance (Deputy S151 Officer)		
Elaine Browne	Head of Law (Deputy Monitoring Officer)		
Karen Shepherd	Head of Governance (Deputy Monitoring Officer)		
<i>Other consultees:</i>			
<i>Directors (where relevant)</i>			
Duncan Sharkey	Chief Executive		
Andrew Durrant	Executive Director of Place		
Kevin McDaniel	Executive Director of Children's Services		
Hilary Hall	Executive Director of Adults, Health and Housing		

Confirmation relevant Cabinet Member(s) consulted	Cabinet Member for Adult Social Care, Children's Services, Health and Mental Health	Yes
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REPORT HISTORY

Decision type:	Urgency item?	To follow item?
Key decision First entered into the Cabinet Forward Plan: 26 th July 2021.	No	No

Report Author: Siân Smith, Service Lead Public Health Contracts and Commissioning. 07966979101.

SERVICE SPECIFICATION FOR THE PROVISION OF INTEGRATED ADULT DRUG AND ALCOHOL TREATMENT AND RECOVERY SUPPORT SERVICES

1 April 2022 – 31 March 2027

1) Introduction

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

The Royal Borough of Windsor and Maidenhead (RBWM) is committed to ensuring that we deliver the most effective services for residents which improve outcomes, whilst ensuring best value for money.

The misuse of drugs and alcohol presents a wide range of social and health issues. It can have serious consequences for individuals, their family members and whole communities including crime, domestic abuse, child abuse and neglect, family breakdown, homelessness and physical and mental health problems.

The Royal Borough is seeking to appoint a single provider to deliver an integrated drug and alcohol recovery service for residents as detailed in this Service Specification. The appointed provider (the Provider) shall ensure that all services begin from the commencement date of the contract, 1st April 2022.

This Adult Drug and Alcohol Recovery Service Specification describes the characteristics required of an effective treatment and recovery service that’s objective is to support and assist service users to implement meaningful change in their lives and make positive contributions to society and their local community. It is now known that many drug and alcohol clients use substances as a means of escape from past trauma, mental health issues and adverse childhood experiences, often leaving them more vulnerable, through a revolving door of prison and homelessness. Nationally, the direction of travel of drug and alcohol services is moving towards a Public Health approach, using trauma informed models of care and support, with criminalisation only after exploring all support options.

The service model will be based on a **Central Hub and Satellite Services Model**. This will include a small main central hub in Maidenhead, an additional Satellite clinic in Windsor, and Key Worker Support mainly based within local services. This will provide a joined-up approach to recovery, particularly for adults with multiple disadvantages and complex lives. The support will be available to any adult that resides in the Royal Borough, and it is expected that the Provider will operate a triage system to prioritise appointments and manage demand and capacity.

Less than ten service users have needed access to Residential Rehabilitation or Inpatient Detoxification in the last three years. Support has been managed via community detoxification and robust Pathway Plans encouraging self-help and engagement with a wide range of services, including mutual aid and peer networks to support recovery. Therefore, these services for drug and alcohol will sit outside of this contract and will remain the responsibility of the Local Authority Public Health Contracts and Commissioning Lead, however it is expected that the Provider will work in partnership with the Commissioner to offer professional judgement to help guide treatment decisions for service users requiring intensive support.

The Royal Borough's Health and Wellbeing Strategy refresh 2021 will include the following core principles:

- Community-Centric - Investing in communities and their assets and connecting individuals to them
- Strengths Based - Capitalising on the strengths of individual people and communities to help themselves
- Effectiveness - Maximising the use of all our resources to secure efficiency and value for money
- Outcomes Focus - Demonstrating what we are doing is working for our residents

1.2) Vision and Values

The Provider will:

- Empower Service Users to make positive behaviour changes, with recovery being at the heart of all interventions
- Provide the most effective clinical treatment options in line with appropriate guidance
- Promote access to self-help and recovery support, through digital options, mutual aid, peer mentoring and volunteering opportunities
- Co-produce recovery plans with Service Users and review regularly
- Deliver trauma informed care and support in a non-discriminatory way
- Be easily accessible to all service users within the Royal Borough
- Promote safeguarding and safety for all
- Work in close partnership with other services to coordinate care effectively
- Ensure Service Users have a clear exit strategy for the end of treatment, linking them to other community services to continue their self-care and recovery journey
- Skill staff to provide holistic and assertive support using a trauma informed model
- Be fully accountable to Service Users and key stakeholders

1.3) National Legislation, Guidance and Good Practice

It will remain the responsibility of the service provider to be aware of current and changing legislation governing and informing the delivery of services, and to ensure compliance with all changes to national legislation and published guidance on good practice such as, but not limited to:

- Care Act (2014)
- Children and Families Act (2014)
- Mental Capacity Act (2005)
- Mental Health Act (2014/15)
- Modern Crime Prevention Strategy (2016)
- Modern Slavery act (2015)
- National Institute of Clinical Excellence
- Public Health England

2) Background –The Royal Borough of Windsor and Maidenhead

The Royal Borough of Windsor and Maidenhead has an affluent and economically active population, ranking 304 out of 317 local authorities in England in the Indices of Multiple Deprivation (IMD) - where a ranking of 1 is the most deprived area.

The traditional model of delivering Drug and Alcohol Services hasn't met the needs of the 61,554 (51%) adult residents, that Public Health England's Predictive Analysis suggests may have unmet alcohol needs, or the 180 clients with multiple disadvantages and complex needs, including entrenched drug and alcohol issues, that are engaged with multiple local services.

RBWM has a specific cohort Service Users with entrenched drug and alcohol issues, multiple disadvantages and co-morbidities, all of whom arrive with long standing issues, attracted by the tourism industry and night-time economy in Windsor. Although they are a relatively small cohort in terms of numbers, they put a huge pressure on multiple service areas, without ever have their needs fully met.

This includes -

- Accident & Emergency
- Adult Social Care (Optalis)
- Ambulance Services
- Community Mental Health Team
- Community Wardens
- GPs and Primary Care Services
- Homelessness, Making Every Adult Matter and the Rough Sleeper Pathway Team

- Hospital admissions
- Police and Community Support Officers
- Probation
- Voluntary and Community Sector

This is reflected in the Drug and Alcohol budget spend, which sees services for this cohort take up over 95% of the available grant funding. Nationally and locally, only around 6% of Heroin and Crack Cocaine users successfully complete a course of treatment and don't return to the service within 6 months.

Of key concern to Children's Social Care (Achieving for Children) is parental alcohol and drug use. In many of these cases, there are also concerns regarding parental mental ill health and domestic abuse (regarded as the Toxic Trio), which are often driven by trauma from their own adverse childhood experiences.

In the Royal Borough, we are developing a Place Based approach, building on our existing partnerships to scale up infrastructure projects to encourage community cohesion and self-care and tackle key themes linked to multiple disadvantages.

As the Drug and Alcohol service is being recommissioned, digital approaches have become more widespread and acceptable for the majority of residents with lower level needs, and services for the most vulnerable client groups are joining up, we have the opportunity to consider a different approach to the delivery of the Structured Psychosocial Support element of the service.

3) RBWM Drug and Alcohol Health Needs Assessment 2021

A comprehensive Drug and Alcohol Health Needs Assessment was developed earlier in the year. The key findings are summarised below, and further information can be accessed in the full RBWM Needs Assessment document and accompanying slide deck.

Alcohol Use

- Predictive analysis undertaken by Public Health England (PHE) indicates that there could be between 46,709 to 77,607 adults in RBWM drinking more than 14 units of alcohol a week, with the average being 61,554 (51%) adults; considerably higher than the England average of 25.7%
- Similar PHE Predictive Analysis indicates that there could be approximately between 875 and 1068 adults needing treatment for alcohol dependence
- Data from the National Drug Treatment Monitoring System (NDTMS) shows that 291 residents accessed treatment for alcohol issues in 2019/20
- The PHE Outcomes Framework data for 2019/20, shows that hospital admissions for all alcohol related issues in RBWM is rated 'Green'

Drug Use

- Predictive analysis undertaken by PHE indicates that there could be between 397 and 729 people aged 15 to 64 using opiates and/or crack cocaine, an average rate of 5.57 per 100,000 people aged 15 to 64, lower than the national estimate of 8.85.
- NDTMS data shows that 349 residents accessed drug treatment services in 2019/20, of which 240 were prescribed opiate substitution therapy, the majority of these also had severe alcohol abuse issues. 66% of Service Users were in treatment for 2 years or less and 9% adults attending treatment had been in treatment services for 6 years or more.
- The same data set shows that 6 residents attended services for the use of 'club drugs', none of whom reported also using opiate drugs.
- The rate of hospital admissions for drug poisoning in 2019/20 was 29.7 per 100,000 population, lower than the national rate of 53.8 per 100,000 in England.

Combined Alcohol and Drug Use

Clients with multiple disadvantages and complex needs, invariably have significant, chronic and enduring issues with a combination of both alcohol and drugs. Data from the National Drug Treatment Monitoring System (NDTMS) shows that in 2019/20, 94 Service Users were attending for combined alcohol and drug use.

For the period April 2020 to January 2021, 530 child cases recorded parental alcohol and drug use as the primary concern. In 2019/20, NDTMS data showed that 31 new presentations for alcohol support were living with children, as were 13 new presentations for drug treatment.

4) Summary of Current Services (2017-2022)

The two main contracts for Drug and Alcohol Services were awarded in 2017 Psychosocial Interventions and Harm Minimisation are delivered by Cranstoun, and Substitute Prescribing is delivered by Claremont and Holyport GP Practice. The original Contract ended on 31st March 2020, as the services were performing well and there was a 2-year extension period allowable, Cabinet agreed for the Contracts to be extended until 31st March 2022.

There are also a number of small Contracts with individual Pharmacies to distribute Opiate Substitution Therapy, and provide a Supervised Consumption service, when required for clients with unstable addiction and behaviour patterns. These contracts end on 31st March 2022, and in future will be managed by the Service Provider as part of one single integrated contract.

Due to perceived stigma attached to drug and alcohol services, few adult residents with emerging or low-level issues, contact the Drug and Alcohol Service. Those who do tend to be younger and using alcohol and Class A or B drugs such as Cocaine and Cannabis for recreational purposes, yet Public Health England's Predictive Analysis suggests that there may be as many as 61,554 (51%) adult residents in RBWM with unmet needs in relation to alcohol.

The need to recommission drug and alcohol services and changes brought about by Covid-19 restrictions, has provided an opportunity to consider different models of providing early intervention and recovery support. Digital options are more accessible and acceptable, providing an opportunity to develop local online support for early help and self-care.

Additionally, the traditional model of delivering stand-alone drug and alcohol services, and national indicators tracking 'Successful Completions without Representation', are out of step with the complex clients with multiple needs that are now entering the service. Nationally and locally, only around 6% of Heroin and Crack Cocaine users successfully complete a course of treatment and don't return to the service within 6 months.

As services within RBWM and those delivered by partners, are working together collaboratively to support the multiply disadvantaged and complex drug and alcohol users, trauma informed recovery support will be integrated within other services. Taking consideration of the broader issues and concerns these residents face on a daily basis, will increase the likelihood of a full recovery from addiction, and enable them to live healthy, safe and independent lives.

There are also some very active Voluntary, Charitable and Mutual Aid groups and networks operating in the Borough, and both Alcoholics Anonymous and Narcotics Anonymous use the Resilience building in Maidenhead for meetings.

5.) Consultation to Develop the Service Model and Specification

Introduction

The development of the drug and alcohol service model and commissioning specification was guided by informal consultation and collaborative discussions with key stakeholders, a comprehensive Health Needs Assessment and a Service Provider Market Event.

As both Slough and West Berkshire also need to recommission their drug and alcohol services from 1st April 2022, discussions were held with Commissioners and Public Health Managers in those areas to explore joint commissioning possibilities, but for various reasons they had no wish to pursue this course of action at the moment.

Consultees

Locally

- Achieving for Children
- Berkshire Healthcare Foundation Trust
- Community Mental Health Team
- CCG Commissioners
- Claremont and Holyport GP Practice (current provider)

- Community Safety Partnership
- Community Wardens
- Cranstoun (current provider)
- Housing/Homeless/MEAM/Rough Sleeper Pathway Teams
- Optalis
- Windsor Homeless Project

Regionally

- Berkshire and South East Drug and Alcohol Commissioners
- Drug and Alcohol Service Providers Market Event
- Heroin and Crack Action Area Lead (DCI Jason Kew)
- Public Health England Drug and Alcohol Lead (Tracey Goodhew)
- Police and Crime Commissioner's Office (Cath Marriott)

Models

Following initial discussions with partners and key stakeholders regarding a future delivery model for drug and alcohol services, four possible models were developed and consulted upon.

Model 1: *Recommission the existing model and service specification – with separate contracts for the Clinical Prescribing and Psychosocial elements*

Model 2: *Recommission the existing model with revised service specifications - separate contracts for the Prescribing including all Medical/Clinical elements and Psychosocial including responsibility for Pharmacies*

Model 3: *Recommission with one integrated contract to include Clinical Prescribing, Psychosocial and Pharmacy elements*

Model 4: *Recommission three separate Lots for Prevention, Clinical Prescribing and Psychosocial Support*

The model below for one integrated contract with Recovery Support staff working more closely with other services in the borough was favoured by all of the partners and key stakeholders consulted.

Drug and Alcohol Service - Psychosocial Interventions and Clinical Prescribing

- Brief intervention and signposting to online support for lower level needs (T2)
- Structured Psychosocial Treatment (T3)
- Coordinating Peer Support
- Access to Mutual Aid including Alcoholics and Narcotics Anonymous
- Include Pharmacy Needle Exchange and Supervised Consumption
- Opiate Substitution Therapy
- Include all Clinical/Medical interventions Medical Care including: Health & Wellbeing Checks, needle exchange, BBV testing & vaccinations, naloxone kits

An Options Paper outlining the findings and the model preferred by colleagues was presented to senior managers, who agreed for the model to be taken forward and further developed with partners and key stakeholders. This included: -

- RBWM Executive Director of Adults, Health and Housing – Hilary Hall
- Berkshire Director of Public Health – Tessa Lindfield
- RBWM Consultant in Public Health – Anna Richards

6.) Required Service Description

RBWM is tendering for the “Integrated” Drugs and Alcohol Recovery Service for Adults (The Service). The Service needs to be delivered in line with an evidence-based practice model, that attracts and engages substance misusers across the spectrum of need. From those with lower-level drug and alcohol issues who can support themselves through digital options and self-care, to those who are multiply disadvantaged, suffering from past trauma, and have many and complex needs including enduring mental health issues and homelessness.

The service will be delivered through a Central Hub and Satellite model. There is an existing central hub in Maidenhead, with the expectation of Prescribing Clinics being delivered in both Windsor and Maidenhead, and a person-centred, trauma informed model of psychosocial and recovery support being integrated within other RBWM services to develop joint pathways and approaches to support and self-care.

The journey of Service Users and their pathway through care should be kept under constant review by the service with the key aim of promoting full sustained recovery through self-care, continuous reduction in illicit and prescribed drug use and abstinence. The Provider will therefore be expected to work in close partnership to integrate drug and alcohol key work within other Local Authority delivered and commissioned services. This will enable residents to access support relevant to their individual and specific needs, rather than simply their drug and alcohol issue, and thus maximising their opportunity for positive outcomes and sustained recovery.

The Provider will be required to sign up to and adhere to relevant information sharing agreements and/or protocols and actively engage with local safeguarding departments and boards.

The transfer of the existing service users in treatment will take place on the 1st April 2022.

To facilitate a smooth transition between the existing and new contract it will be necessary for the incumbent Provider and new Provider to work collaboratively prior to the commencement date of the 1st of April 2022. These actions should be included in the provider's mobilisation plan which should detail actions from January 2022.

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Report Title:	Progress update on the Ofsted Children's Services Improvement Plan
Contains Confidential or Exempt Information	No - Part I
Cabinet Member:	Councillor Carroll, Deputy Chairman of Cabinet, Cabinet Member for Adult Social Care, Children's Services, Health and Mental Health
Meeting and Date:	Adults, Children and Health Overview and Scrutiny Panel – 22 September 2021
Responsible Officer(s):	Lin Ferguson, Director of Social Care and Early Help (Achieving for Children)
Wards affected:	All

REPORT SUMMARY

The Ofsted ILACS inspection of Achieving for Children (Royal Borough of Windsor and Maidenhead) took place between 13-24 January 2020 and the final report formally setting out the findings was published on 24 February 2020. The inspection judged services in Windsor and Maidenhead to be 'Good' overall. This judgement was consistent with our self-evaluation submitted to OFSTED as part of the new inspection framework pre-inspection activity.

An Improvement Plan was developed in response to the 5 key recommendations from the Ofsted report findings:

- The attendance of Community Health colleagues at Strategy Meetings.
- The provision of accurate health passports to Care Leavers
- Support for Care Leavers, to include ensuring that their voices are heard both in developing the service and in their Pathway Plans, as well as guidance when they are not in education, employment or training and practical advice and preparation for adulthood.
- The quality and consistency of recording.
- The stability of the workforce to reduce the number of changes of social workers for children.

The Improvement Plan has been monitored on a quarterly basis since February 2020 and this report provides panel members with a progress update in relation to these 5 key areas.

1. DETAILS OF RECOMMENDATION(S)

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

- i) **Notes the progress made to implement the recommendations made by Ofsted in February 2020.**

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

Options

Table 1: Options arising from this report

Option	Comments
Note the progress made to implement the recommendations following the 2020 Ofsted ILACS Inspection. This is the recommended option	This is the recommended option to ensure the Ofsted recommendations are being implemented.
Do nothing	This is not recommended as the Overview and Scrutiny Panel has been asked to note the progress made to ensure the Ofsted recommendations are implemented.

- 2.1 The Ofsted Improvement Plan is a high level plan that sets out the progress that Achieving for Children and partners have made against the 5 key recommendations from the 2020 Ofsted ILACS Inspection, with the ambition of achieving outstanding services for children, young people and families. The Improvement Plan is reviewed on a quarterly basis and each area of activity is 'rag' rated so that we know where professional energy needs to be focused. The updated 2021/2022 Ofsted Improvement Plan can be found in Appendix 1.
- 2.2 The Ofsted Improvement Plan forms just part of a wider programme of improvement for Children's Services that the Council and Achieving for Children is embarking upon. The strategic plan is to deliver real transformation that delivers improved outcomes for our most vulnerable children and young people, built upon the foundation of a sustainable care system.
- 2.3 Within weeks of the 2020 Ofsted Inspection, the country went into lockdown due to the Coronavirus pandemic. Energies had to be focused on ensuring the safety and welfare of vulnerable children, young people and families and a new way of working had to be implemented at pace. The challenges of the first few months of lockdown had an impact on the progress that could realistically be made on progressing the Ofsted Improvement Plan. However, despite these challenges, the Improvement Plan demonstrates the substantial progress that has been made in relation to a number of the recommendations, but also highlights the recommendations that require further attention.
- 2.4 **Recommendation 1** is focused on improving the attendance of community health colleagues at Strategy Meetings. Strategy Meetings are designed to determine the relevant child's safety and welfare and to plan rapid future action if there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm. By their very nature, Strategy Meetings have to be convened quickly so that safeguarding decisions can be made. Working Together 2018 makes it clear that as a minimum, Strategy Meetings must involve Children's Social Care, the police and health. Ofsted was of the view that health attendance at these meetings was sporadic and needed to improve.

- 2.5 A newly implemented tracking system in early 2020 evidenced that health attendance at Strategy Meetings was improving. However, during the pandemic, health colleagues were diverted to other tasks and health attendance at Strategy Meetings reduced to 26% as a result. The importance of health attendance at Strategy Meetings has been discussed with senior health colleagues and is overseen and closely monitored by the multi-agency MASH Governance Board. This challenge and scrutiny has seen health attendance increase to 45%. Whilst attendance is going in the right direction, there is still more work to do. The MASH Governance Board has set an expectation of 70% attendance by the end of Q2 2021/22. The ambition is to get to 95% by Q4 2021/22. There is a good level of assurance that this target can be achieved now that health colleagues have been released back to their substantive roles.
- 2.6 **Recommendation 2** is focused on improving the provision of accurate health passports to Care Leavers. When young people leave care and become Care Leavers, they are entitled to receive their health passports. Health passports are small, personalised booklets that contain information about a young person's birth details, immunisation history and other key information about their health and how to access help and support if/when required. Immediately after the Ofsted Inspection in early 2020, the Children in Care Nurse, in collaboration with young people, redesigned the process for young people receiving their health passports. As a result, 100% of young people leaving care now receive their health passports at the appropriate time and that these are of good quality. The Performance Board will review and monitor this going forward in order to ensure that this high performance is sustained.
- 2.7 **Recommendation 3** is focused on support for Care Leavers, including ensuring that their voices are heard both in developing the service and in their Pathway Plans, as well as guidance when they are not in education, employment or training and practical advice and preparation for adulthood. Despite the pandemic, significant demonstrable process has been made in relation to how our Care Leavers are supported:
- A dedicated Corporate Parenting Service for Children in Care and Care Leavers was implemented in June 2020. Children, young people and staff have given good feedback on the impact of the new service. Staff are able to develop expertise in this area and focus solely on Children in Care and Care Leavers without any competing demands. The staff group is long standing and affords Children in Care and Care Leavers the stability of workforce that they require. The service comprises Social Workers and Personal Advisers. When a Child in Care turns 16, he/she is introduced to a Personal Adviser (PA) and the PA works alongside the Social Worker until the young person reaches the age of 18. Once a young person turns 18, the allocated PA will become their key worker and the social worker will end their involvement. The PA will support a Care Leaver until they are 25. A PA supports young people to prepare for independent living and to offer associated advice and support on all aspects of preparing for adulthood.
 - Creation of a further Personal Adviser post, to focus on hard to reach Care Leavers and those Care Leavers between the ages of 21-25 who return for support.
 - A new Pathway Plan and process was co-produced with Care Leavers and implemented in Q2 of 2020. A Pathway Plan is a written plan, co-produced with young people, that highlights how young people are going to be

supported and prepared for adulthood. It is essential that young people 'own' their Pathway Plan and actively contribute to it. A dip sample undertaken in February 2021 concluded that 75% of Pathway Plans were judged to be good or better, with the voice of young people clearly heard and recorded, including their identity and diversity needs. The target for Q2 and 3 of 2021/22 is to reach a target of 90%.

- Care Leavers now have a Care Leavers Forum, supported by relevant staff, that meets on a monthly basis. Care Leavers have supported the development of a number of key service improvements related to pathway planning.
- An annual survey, to seek the views of Children In Care and Care Leavers on service design and delivery and the introduction of an electronic feedback system has been well received by young people.
- The practice of young people chairing their own meetings has not progressed in the way that was anticipated. This is because it would have been inappropriate to expect young people to start doing this on a virtual platform. However, despite the pandemic, some more confident young people have co-chaired their own meetings. This initiative will be fully implemented by Q4 of 2021/22.
- An Independent Life Skills programme, led by our Youth Workers, is now established. This includes both individual and group mentoring and coaching sessions for Care Leavers on a range of 'preparing for adulthood' topics such as budgeting and healthy relationships.
- The Virtual College, an arm of our Virtual School, was established in 2020 and is led by an enthusiastic Assistant Headteacher. The Virtual School and Virtual College have the responsibility for ensuring that the educational needs of Children in Care and Care Leavers are championed and prioritised. Termly meetings, chaired by the Headteacher of the Virtual School, track individual young people in order to ensure that they have access to appropriate education, employment and training opportunities. An Executive Board has been set up to champion opportunities for our Care Leavers, including apprenticeships. This Board is also chaired by the Headteacher of the Virtual School and comprises representatives from universities, colleges and local businesses. One of the top priorities of this Board is to increase the number of Care Leavers accessing apprenticeships. The number of Care Leavers not in education, employment or training (NEET) has significantly reduced since the inception of the Virtual College. 11% of young people aged between 16-18 are currently Neet, which is significantly below the national average of 28.5% (a reduction of 20% since September 2020). The percentage of Care Leavers 18+ who are currently Neet is 27%, which is also below the national average of 40% (a reduction of 26% since October 2021).

2.8 **Recommendation 4** is focused on improving the quality and consistency of recording. It is essential that children and young people are able to access accurate and full records of the intervention they have received from professionals within Children's Social Care. Despite the challenges of the pandemic, significant work has taken place with front line staff to improve the consistency and quality of recording. The 'recording project' was launched in September 2020; delayed slightly due to the immediate needs arising from the pandemic. A series of mandatory recording workshops written specifically by an expert in the field, Ted Daszkiewicz, was launched in September 2020, with 107 staff attending. This was followed up with further workshops, where a further 80 staff attended. There are 3 further sessions planned for October 2021. These workshops cover a range of

recording expectations including the principles of good recording, writing effective reports, evidence-based recording and 'family centred' language. Targeted individual and group sessions on recording have also been undertaken.

- 2.9 In order to understand the impact that the above focused work has had on the quality and consistency of recording, we have been regularly auditing the quality of recording and our quarterly quality assurance reports are evidencing an improvement. A scaling question specifically on the quality of recording is being added to our case auditing tools. There is further quality assurance work planned over the next 6 months in order to ensure that the training and developmental work continues to have an impact. An AfC workshop is also scheduled with the purpose of updating our recording Policy and Guidance. A practitioner event will follow in order to launch these key documents. The recording workshops have also been supplemented by training in specific areas, for example, how to write good court statements. It is important that modern ICT is in place in order to support effective recording. The current recording system, Paris, is not user friendly and is clunky to use. Work is currently underway to potentially replace Paris with a new, more modern system.
- 2.10 **Recommendation 5** is focused on the recruitment and retention of Social Workers, with the aim of improving the stability of the workforce in order to reduce the number of changes of Social Workers for children and young people. This remains a significant challenge for The Royal Borough of Windsor and Maidenhead. Senior Leaders and Elected Members have a responsibility to ensure that children's Social Workers are equipped to build and sustain meaningful and enduring relationships with children, young people and families in order to support the creation of positive change and improve outcomes.
- 2.11 The best environment in which Social Workers flourish is when they have manageable caseloads, high quality supervision and support and access to good training and developmental opportunities, all under the umbrella of a robust Recruitment and Retention Strategy. This can be a very stressful and challenging area of work and it is therefore essential that the conditions are in place so that Social Workers can undertake their job to the best of their ability whilst also wanting to remain within our organisation.
- 2.12 High caseloads affect the ability of Social Workers to provide consistently high levels of care and support to children, young people and families. Vacancy gaps mean that Social Workers often have to carry higher caseloads than they should and in turn they feel that they cannot do their job to the best of their ability and they leave; thus creating instability for families and increasing the need to bring in expensive agency Social Workers. Social Workers are clear that they would not choose to join a local authority with known high caseloads. A recent Unison survey concluded that 56% of Social Workers attributed their stress to ongoing staff shortages and associated higher caseloads.
- 2.13 A national shortage of Social Workers willing to commit to permanent social work roles means that most local authorities have to rely on agency Social Workers. Agency Social Workers are not only very expensive (on average three times more than a permanent Social Worker), but they can leave a local authority with the minimum amount of notice, thus adding to the instability. A tight labour market with a limited pool of qualified Social Workers has a knock-on effect on an

organisation's ability to attract and retain staff, leading to pay competition across the sector.

- 2.14 Nationally, in addition, the pandemic has resulted in many local authorities struggling to meet increasing workload demands. A recent study by Community Care Inform concluded that 74% of Social Workers have seen their caseloads increase during the pandemic compared to the year before, with 79% reporting an increase in complexity (December 2020).
- 2.15 Benchmarking data shows that Social Workers in The Royal Borough of Windsor and Maidenhead have higher caseloads than many of their statistical neighbours. Social Workers working in our 'Support and Safeguarding Service' have average caseloads in excess of 20, which is significantly higher than the national average of 16.9.
- 2.16 In March 2021, the Royal Borough of Windsor and Maidenhead reported a vacancy rate of 36%; more than double the national average of 16.4% and as of 31 March 2021, we had 25 agency Social Workers covering permanent Social Work vacancies, with a staff turnover of 14.18%.
- 2.17 Social Workers and their managers in The Royal Borough of Windsor and Maidenhead, like many other local authorities, have reported an increase in demand and complexity since the start of the pandemic, with an increase in domestic abuse, young people presenting with emotional wellbeing challenges and families presenting in crisis. Cin Census data demonstrates the increase in demand within Windsor and Maidenhead since 2018:
- The number of children open to Children's Social Care throughout the year was 1711 (2018/19); 1883 (2019/20) and 2074 in 2020/21.
 - The number of referrals in the year was 1135 (2018/19); 1356 (2019/20) and 1481 in 2020/21.
 - The number of Child Protection Investigations (s47) instigated was 522 (2018/19); 597 (2019/20) and 643 in 2020/21.
 - The total number of children becoming subject of a Child Protection Plan in a year was 92 (2018/19); 213 (2019/20) and 228 in 2020/21.
 - The number of Children in Care in July 2021 was 133 compared with 118 in June 2020.
- 2.18 There is a risk that if the status quo remains, the current working conditions for children's Social Workers in The Royal Borough of Windsor and Maidenhead will mean that the significant recruitment and retention challenges will continue, thus we will be unable to improve the Ofsted recommendation of having a stable workforce of Social Workers. Most importantly, children, young people and families will not have the professional stability that they require. A recent scoping exercise has concluded that we would need an additional 14 Social Workers in order to get social work caseloads to nationally average levels.
- 2.19 A provisional Workforce Strategy spanning the next 3 years is currently out for consultation with staff. The principles that underpin this strategy are:
- A fundamental low caseload design
 - Sufficient management capacity for supervision and project work
 - Prioritisation of permanent recruitment ahead of agency use
 - Consistent terms and conditions

- Capacity building with newly qualified Social Workers (AYSEs) and ‘supernumerary’ roles
- Extended career pathway for professional development.

2.20 Despite the challenges of the pandemic, significant positive progress has been made against a number of the key Ofsted recommendations. Where progress is not where we would like it to be, this report has highlighted the challenges and the plans in place to address these elements.

3. KEY IMPLICATIONS

3.1 It is difficult to measure progress against the key Ofsted recommendations in terms of ‘met’ or ‘unmet’. Progress is ongoing and measured in relation to impact on children, young people and families over time.

4. FINANCIAL DETAILS / VALUE FOR MONEY

4.1 There are no financial implications arising from this report.

4.2 Decisions that the Council make in the future to support vulnerable children, young

4.2 Decisions that the Council make in the future to support vulnerable children, young people and families may have a financial impact.

5. LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6. RISK MANAGEMENT

Table 3: Impact of risk and mitigation

Risk	Level of uncontrolled risk	Controls	Level of controlled risk
Failure to deliver progress against the recommendations from the Ofsted Improvement Plan.	MEDIUM	Robust management and monitoring through the Performance Board, Corporate Parenting Forum, Commissioning , AfC Board and Overview and Scrutiny Panel	LOW

7. POTENTIAL IMPACTS

- a. Equalities. The recommendation in this report does not change the existing Equality Impact Assessments that are in place within Children's Services.
- b. Climate change/sustainability. There are no climate / environmental impacts associated with this report.
- c. Data Protection/GDPR. No personal data is being processed and a Data Protection Impact Assessment is not required.

8. CONSULTATION

8.1 Relevant staff have been consulted in the formulation and review of the Ofsted Improvement Plan.

9. TIMETABLE FOR IMPLEMENTATION

Table 4: Implementation timetable

Date	Details
Quarterly review	Review at OSMT meetings.

10. APPENDICES

10.1 This report is supported by 1 appendix:

- Achieving for Children Ofsted Improvement Plan; last updated July 2021.

11. BACKGROUND DOCUMENTS

11.1 This report is not supported by any background documents:

12. CONSULTATION

Name of consultee	Post held	Date sent	Date returned
Kevin McDaniel	Executive Director of Children's Services	3/11/2021	

Cllr Carroll	Deputy Chairman of Cabinet, Cabinet Member for Adult Social	Yes	
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	Care, Children's Services, Health and Mental Health	
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13. REPORT HISTORY

Decision type:	Urgency item?	To follow item?
N/A	N/A	N/A

Report Author: Lin Ferguson, Director of Social Care and Early Help, 07799866594

Achieving For Children (RBWM)

Report Name: Ofsted Improvement Plan

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1. Introduction (2021-22)

The Ofsted ILACS inspection of Achieving for Children (Royal Borough of Windsor and Maidenhead) took place between 13-24 January 2020 and the final report formally setting out the findings was published on 24 February 2020. The inspection judged services in Windsor and Maidenhead to be 'Good' overall. This judgement was consistent with our self-evaluation submitted to OFSTED as part of the new inspection framework pre-inspection activity.

This Ofsted Improvement Plan was developed in response to the 4 specific recommendations from the Ofsted report findings in early 2020. **It has now been updated for the year 2021-22.** This high level plan sets out the key actions that Windsor and Maidenhead will be taking over the next year (**2021-22**) to address those recommendations, with a view to continuing to improve outcomes for children, young people and families, particularly in relation to Children in Care and Care Leavers. It also highlights progress made. This plan is part of our **Strategic Improvement Plan** and sits alongside our **Quality Improvement Plan (QIP)** and our **Service Improvement Plans**. This plan also includes other areas for improvement outlined in the Ofsted report, but were not specific Ofsted recommendations.

Our ambition is to deliver outstanding services to our children, young people and families.

This high-level plan sets out the key actions we will take over the next 12 months to address those recommendations and areas for improvement and to ensure that outcomes improve for vulnerable children, young people and families in the Royal Borough of Windsor and Maidenhead (AFC). Ultimately we aim to deliver consistently good services for children, young people and their families and our ambition is to be outstanding by the time of our next inspection. This plan forms just part of a wider programme of improvement for Children's Services that the Council and (AFC) is embarking upon. The Children's Improvement Programme, described in this document, sets out our intentions for improvement beyond simply responding to inspection recommendations. Our plan is to deliver real transformation that delivers improved outcomes for our most vulnerable children and young people built upon the foundation of a sustainable care system.

2. Feedback from Ofsted inspection

79

What Ofsted said is working well

- The large majority of children now benefit from interventions that improve their quality of life.
- Learning from audits.
- Management oversight is now implemented well.
- Early help services are a real strength.
- A prompt and proportionate response to contacts and referrals, both during and out of office hours.
- Children, including those with disabilities, benefit from timely and appropriate child protection enquiries that are based on coherent risk assessment.
- Agencies share information effectively.
- When an assessment is needed, it is allocated promptly and children are seen quickly.
- Persistent efforts are made to engage fathers.
- There are strong interventions available to all family members where domestic abuse is a concern.
- The quality of pre-proceedings and care proceedings has improved.
- All missing children are offered RHIs and they are timely in the large majority of cases.
- The relationship with Adopt Thames Valley is working well.
- Most social workers convey a strong understanding and knowledge of the children they work with.
- Inspectors were impressed by the esteem group.
- Work with families who choose to educate their children at home has been strengthened.
- The majority of children enter care appropriately.
- Permanency options are considered at an early age.
- The large majority of CiC live in safe, secure and stable homes that meet their needs.
- Many children benefit from effective care plans.
- Children in RBWM have a strong voice.
- The Virtual School has strengthened provision for CiC.
- Increase in the number of Care Leavers engaged in good employment and education options.

What Ofsted said need to improve

- In strategy meetings community health partners are not always present.
- Formal records of meetings do not always accurately show who participated in the strategy meetings or Child Protection Conferences.
- The preferred social work model is used well in most, but not all cases.
- The use of the assessment template to record the update does not help families to measure their progress against the objectives of the plan.
- In some cases, CIN plans lack clarity and the actions and the measurement of progress are more variable.
- Significant staff turnover impacts the building of meaningful relationships.
- The recording of RHIs is variable.
- For some children, records of formally matching them to long term foster families and the rationale for the choice of residential home is not always available.
- Life Story work is inconsistent and Child Permanence Reports are variable.
- CiC Reviews are timely, but not always of consistent quality.
- Issues of diversity are not always met in plans for CiC.
- The participation of Care Leavers is not yet established, or life skills workshops.
- CiC at a distance do not always have timely RHIs.
- Health passports are not consistently given to Care Leavers.
- SDQs are applied inconsistently.
- Pathway Plans vary in quality and Care Leavers are not always involved in the completion of them.
- Inconsistent approach to maintaining contact with vulnerable, disengaged Care Leavers.
- Resources across AfC to support Care Leavers in EET not yet being used.
- Work to do to strengthen commissioning arrangements.

- Leaders and managers are committed to improving outcomes for children.
- Leaders and managers know their service very well.
- Staff are positive about working in RBWM.

3. Recommendations from the Ofsted inspection

1 The attendance of community health colleagues at strategy meetings and the provision of accurate health passports to Care Leavers
2 Support for Care Leavers, to include ensuring that their voices are heard, both in developing the service and in their pathway plans, as well as guidance when they are not in education, employment or training and practical advice and preparation for adulthood.
3 The quality and consistency of recording
4 The stability of the workforce to reduce the number of changes of social worker for children

4. Ofsted Improvement Plan

2. Progress tracker

All actions in this Learning and Improvement Plan are RAG-rated. A key to the RAG-rating system is below. The actions are monitored at OSMT and the plan will be updated quarterly. This plan was made in June 2020 following our Ofsted Inspection. The plan is updated at the end of every reporting quarter. The next full review is due in October 2020.

RAG RATING KEY							
RED	The action has not yet started or there is significant delay in implementation. The action must be prioritised to bring it back on track to deliver improvement.	AMBER	The action has started but there is some delay in implementation. The action must be monitored to ensure the required improvement is delivered.	LIGHT GREEN	The action is on track to be completed by the agreed date. Evidence is required to show that the improvement has been embedded and sustained.	GREEN	The action has been completed and there is evidence that the improvement has been embedded and sustained.

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3. Ofsted Recommendation 1.

The attendance of community health colleagues at strategy meetings and the provision of accurate health passports to Care Leavers

No	Description	Lead	By when	Outcomes/Success	Progress and RAG Rating Q1 2021/22	Progress and RAG Rating Q2 2021/22	Progress and RAG Rating Q3 2021/22	Progress and RAG Rating Q4 2021/22
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				measures (how do we know we are making progress)				
1.1	Community health colleagues to attend Strategy Meetings as a matter of course and to send relevant information in exceptional situations, if attendance is not possible.	<i>Marie Peters AD</i>	<i>-Dec 2021</i>	To ensure that key health information is shared at this critical initial stage and that full multi-agency planning can take place. Target health attendance - 70% Q2 and 95% by Q4	Attendance at Strategy Meetings by health has improved in Q1 2021/22. This currently sits at around 45%; a 20% improvement. However this is still not good enough. It was identified that some invites were being sent to the wrong in-box and this has now been rectified. Health staff who were redirected during the pandemic are now back in their substantive posts This is on every SPA/MASH Governance Board agenda and scrutinised at the monthly Performance Board. A tracker is in place.	The update for Q2 will be completed in September 2021.		
1.2	The provision of accurate health passports to Care Leavers. Regular audit activity takes place to ensure that	<i>Jenny Gordon CiC Nurse</i>	<i>-Dec 2021</i>	To enable and promote care leavers to enjoy a good state of both emotional and physical health.	There is high assurance that 100% of CiC turning 18 are now sent their health passports. However the CiC Nurse has just started to collect their views this quarter, due to being redirected during the pandemic.	The update for Q2 will be completed in September 2021.		

	<p>the improvements in health histories and health passports are embedded and sustained and that young people give their feedback as part of this.</p>			<p>To identify an effective care plan that meets their holistic needs.</p> <p>100% of young people receiving their health passports prior to their 18th birthday and young people providing positive feedback on the usefulness of their health passports</p>	<p>This should be available by Q3 2021.</p>			
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4. Ofsted Recommendation 2

Support for care leavers, to include ensuring that their voices are heard, both in developing the service and in their pathway plans, as well as guidance when they are not in education, employment and training, and practical advice and preparation for adulthood.

No	Description	Lead	By when	Outcomes/Success measures (how do we know we are making progress)	Progress Q1 2021/22	Progress Q2 2021/22	Progress Q3 2021/22	Progress Q4 2021/22
2.1	All care leavers to be fully involved in the completion and review of their Pathway Plan, so that they 'own it'. We need to see consistently good quality Pathway Plans.	<i>Marie Bell Associate Director and Shungu Chigocha AD QA</i>	<i>Quality Audit to take place in Sept 2021 and quarterly thereafter with updates to the Perf Board</i>	Evidence that care leavers are fully involved in the completion and review of their Pathway Plans (their 'voice' should be clearly articulated in their own words) and that the Plans are SMART and of consistently good quality. Target for Q3 - 90%	Dip Sample undertaken in February 2021 concluded that 75% of Pathway Plans were judged to be good or better, with the voice of the young person clearly evidenced. However this will remain light green until we reach 90%. Care Leavers co-designed the new Pathway Planning document.	The update for Q2 will be completed in September 2021.		
2.2	Pathway Plans should consistently include details about identity and diversity.	<i>Marie Bell Associate Director. Shungu Chigocha AD QA</i>	<i>Quality Audit to take place in Sep 2021 and quarterly thereafter</i>	The young person's voice to be evident within the Pathway Plans, with clear evidence of issues of identity and	76% of Pathway Plans audited this quarter included details about identity and diversity. There is now a specific	The update for Q2 will be completed in September 2021.		

			<i>with updates to the Perf Board.</i>	diversity included. Target for Q3 - 90%	question about this in our Impact Audit Proformas. This will remain light green until we get to 90%			
2.3	It is the ambition of AfC (RBWM) that care leavers chair their own Pathway Reviews when this is appropriate and in their best interests.	<i>Marie Bell AD and Elaine Keating PO</i>	<i>Aiming for improved numbers by Dec 2021 review.</i>	We would like to see 20% of care leavers chairing their own Pathway Reviews/other meetings. Our target will then aim to be increased. Care leavers will be confident to lead their Pathway Reviews, with support from involved professionals.	The IRS and the Youth Engagement Officer have drafted a plan to take this forward in Q2 and 3 of 2021. It would not be appropriate to have started this initiative with young people on a virtual platform. However in 2020/21, a small number of more confident young people have co-chaired their meetings. However, light green as a plan is in place.	The update for Q2 will be completed in September 2021.		
2.4	Care Leavers have a place to share their views and be part of service design and development and this to be sustained.	<i>Elaine Keating PO</i>	<i>Review Q3 2021/22</i>	Evidence of Care Leavers Forum being actively involved in service design and delivery initiatives. Forum to take place every month	Good progress has been made. Care Leavers Forum is in place and it has been actively involved in new practice initiatives eg design of new Pathway Plan and process.	The update for Q2 will be completed in September 2021.		
2.5	Development of an Independent,	<i>Danny Gomm</i>	<i>Review Q3 2021/22</i>	Project is able to evidence young people with	Good progress being made. In place and various cohorts of young	The update for Q2 will be completed in September 2021.		

	preparing for adulthood project			improved independence skills.	people have benefitted. Review needed in Q3 2021/22			
2.6	New multi-agency 'NEET' tracking meeting, chaired by the Headteacher of the Virtual School to meet on a half-termly basis, with dedicated work in between meetings, to reduce the number of NEETs	<i>Suzanne Parrott, HT, Virtual School</i>	<i>Termly tracking and updating the monthly P Board.</i>	Increase in the proportion of care leavers in education, employment or training.	In the Spring Term 2021 we have established Executive Boards to champion Care Leavers within the Community. This involves decision makers from Colleges; University and Business. Tracking meetings are demonstrating impact. NEETS (16-18) are at 11% (significantly below the national average of 28.5%) and NEETS (18+) 28% (well below the national average of 40%). Improvements noted in the last 10 months and demonstrates excellent co-working between Social Care and the Virtual School.	The update for Q2 will be completed in September 2021.		
2.7	The AfC Virtual College to be embedded, with improved support provided for Post 16 and deeper connections made with	<i>Suzanne Parrott Virtual School HT and new Assistant Head Teacher for Post 16.</i>	<i>January 2021</i>	There are pathways in place from KS4 onwards to supporting students robustly into EET. A Virtual College approach is introduced and led by an	Spring Term: Embedding initiatives set out in the Virtual College Action Plan. NEET figures are improving. Recruited a Post 16 Outreach worker. Secured the assistant	The update for Q2 will be completed in September 2021.		

	College and University provision, apprenticeship providers and the workplace.			Assistant Headteacher. An increase in the use of AfC resources to improve the number of young people entering traineeships and apprenticeships. 3 more apprenticeships to be secured for CL by Q3 2021/22	headteacher of the Virtual College on a perm basis. Plan for continuing with a Careers worker next year in place.			
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5. Ofsted Recommendation 3

The quality and consistency of recording.

No	Description	Lead	By when	Outcomes/Success measures (how do we know we are making progress)	Progress Q1 2021/22	Progress Q2 2021/22	Progress Q3 2021/22	Progress Q4 2021/22
3.1	Launch of a mandatory 12 month recording project for all staff.	<i>Shungu Chigocha PSW and Clare Meadow WFD</i>	<i>Sept-Nov 2021</i>	By the end of the launch session, delegates will know how to: Record accurate, current, comprehensive and concise information about	We launched the process in September 2020-the delay was due to the immediate needs arising from the Covid pandemic.	The update for Q2 will be completed in September 2021.		

				children/young people, their carers and any services provided. This will include the rationale for decisions made.			
3.2	As part of the recording project, mandatory recording workshops will take place for ALL staff, to address consistency of case recording, including timeliness of information that needs to be uploaded.	<i>Shungu Chigocha PSW and Clare Meadow WFD</i>	<i>Nov 2021.</i>	<p>Record keeping and case records will demonstrate an improvement through audits and dip sampling.</p> <p>Children and young people will be better able to understand their files and reasons decisions were made (journey through care)</p> <p>By the end of the course delegates will be able to:</p> <ul style="list-style-type: none"> • Understand the purpose of social work and early help recording • Demonstrate how to plan and write effective reports for a range of required 	<p>107 people attended the initial recording workshops. We have followed up with a series of recording workshops which were written specifically for us by Ted Daszkiewicz - 80 colleagues have attended these to date . We have another 3 sessions coming up in October 2021</p> <p>In addition these workshops have been complemented with a series of events delivered by our legal services</p> <p>All services have been working with their staff on a 1:1 and group basis to ensure that staff are clear about the expectations of recording. The 'quality tracker' that</p>	The update for Q2 will be completed in September 2021.	

			<p>situations and audiences.</p> <ul style="list-style-type: none">• Explore how to structure reports in a way that ensures they are logical, professional, easy to read and follow.• Describe the principles of good recording including possible consequences of poor recording.• Identify styles of recording including the use of family-centred language• Ensure recording is evidence-based and free from bias and subjectivity• Describe the common concerns identified by Ofsted in the last 3 years• Understand how to carry out a readability assessment to ensure recording meets the target	<p>practitioners have to fill in prior to an Impact Audit is demonstrating that recording is improving. This information is contained in the quarterly QA reports.</p>			
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				audience/situation.				
3.3	Chair a working group to update our recording guidance/policy and hold a practitioner event to launch. This will be re launched at the next Whole service event in December 2021.	<i>Julie H</i>	Dec 2021 - All Staff Event	Staff will have written clarity in the policy and practice guidance on recording expectations	This is on course for Dec 2021	The update for Q2 will be completed in September 2021.		
3.4	An audit programme will test the impact of the recording workshops. Managers will have recording and learning around recording as standing items on every service or team meeting.	<i>Shungu Chigocha PSW and AD QA</i>	Nov-Dec 2021	Quality Assurance activity demonstrates an improvement in recording, based on the objectives from the recording workshops and work within services and teams.	Planned audit activity in place for after the project workshops to demonstrate impact. On course for completion. To undertake and audit activity by November 2021. A brief commentary on the quality of audits to be shared at the Performance Board.	The update for Q2 will be completed in September 2021.		
3.5	Work to strengthen meeting proformas so	<i>Shungu Chigocha PSW and QIAPM.</i>	Dec 2021	All minutes accurately show who participated in Strategy	Proformas have now been amended so that they clearly record meeting attendees.	The update for Q2 will be completed in September 2021.		

	that minutes clearly identify who participated in Strategy Meetings or Child Protection Conferences and any other key meetings.			Meetings or Child Protection Conferences and any other key meetings.	This will be reviewed in Q3			
3.6	Formulate Practice Guidance (Spotlight Comms) for chronologies . This will develop the quality and effective use of chronologies. Practice Guidance and a 'lunch and learn' on completing ecomaps and genograms has already been completed. Strengthen evidence based decision making active use of chronologies.	<i>Shungu Chigocha PSW and AD QA</i>	<i>Jan 2022</i>	Evidence in QA activity of the use of chronologies and strengthened decision making in using historical information, identifying risks and making timely decisions to reduce delay in planning.	This has been partially completed and the spotlight comms has been rolled out to staff. However there is more work to do. A task and finish group is reviewing the Paris chronology to make chronologies succinct, qualitative and purposeful. There will be further audit activity in Q3/4 to measure the effectiveness and quality of chronologies, as well as having a robust system for measuring the number of up to date chronologies. On course for delivery	The update for Q2 will be completed in September 2021.		

3.7	A system is now in place for closely monitoring what life story work has been completed and what is required. A process is now in place for monitoring the quality of this work, so it is consistently good. Training will be undertaken in the CiC and Care Leavers Service, along with ongoing QA work.	<i>Marie Bell AD</i>	<i>Training by the end of Sep 2021 and quarterly dip samples. Also monitored in PPs</i>	All children and young people have timely and good quality life story work that shows their life journeys.	The AD has a tracker that is used to inform her of Permanency Planning Meetings and this clearly highlights which children/young people have had this work completed, which are in progress and which need to happen and by when. We are much more confident in our knowledge around Life Story Work. A dedicated FSW is now in post. QA activity required in Q2 and 3.	The update for Q2 will be completed in September 2021.		
3.8	We are working towards ensuring that Child Permanence Reports are consistently of good quality. This will be supported by now having a dedicated CiC and Care Leavers Service,	<i>Marie Bell AD, working with ATV Gill Black</i>	<i>October 2021</i>	All Child Permanence Reports are of good quality, with positive feedback from ATV, legal reps and the Court.	This was delayed due to the Covid pandemic. ATV will be undertaking a QA exercise on CPR quality over the next quarter.	The update for Q2 will be completed in September 2021.		

	where staff can develop expertise in this area.							
3.9	The CiC Care Plan document to be updated so that it is more user friendly, particular for our children and young people. This will be co-produced with our CiC Council, Kickback.	Marie Bell AD	October 2021	CiC have robust care plans that they understand and own, with positive progress noted through QA activity as part of our QA planner and feedback from CiC themselves.	The new draft Care Plan has gone to be printed. Will be finalised and rolled out in Q3 2021/22.	The update for Q2 will be completed in September 2021.		
3.10	The project to redevelop the council's database system will be reviewed in light of both the recording practice and experience of the Co-vid19 pandemic to establish a system which simplifies recording and supports flexible working	Kevin McD DCS	Review Q3 2021/22	Electronic files are easy to navigate and clearly show key points in the case history. System efficiency is increased so that any appropriately authorised staff member can update records without duplicating data recording	A Steering Group has been set up and it is anticipated that a new system will be in place by 2022/23	The update for Q2 will be completed in September 2021.		

	locations for all staff							
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6. Ofsted Recommendation 4
 The stability of the workforce to reduce the number of changes of social workers for children.

No	Description	Lead	By when	Outcomes/Success measures (how do we know we are making)	Progress Q1 2021/22	Progress Q2 2021/22	Progress Q3 2021/22	Progress Q4 2021/22
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				progress)				
4.1	To work diligently to increase the number of new permanent social workers and staff, using a variety of methods; retain our current permanent staff group and reduce our reliance on agency social workers and other staff.	<i>Lin Ferguson Director of Social Care Board and Early Help</i>	<i>Review at each Workforce Board and MI Meeting Mar 2022</i>	<p>Permanent and stable social work workforce.</p> <p>Demonstrable increase in the number of permanent social workers and other staff, reduction in agency staff and reduction in staff turnover.</p> <p>No. of permanent social workers. % of all posts vacant % filled posts agency</p> <p>Children and young people will benefit from improvements in the standard and consistency of practice by practitioners</p>	<p>Although improvements have been made, this is still our greatest priority and will remain amber until sustained progress has been made. The pandemic has significantly impacted on this work. Demand is increasing, caseloads are above the national average of 16.9, vacancy rate of 36% (more than double the national average); staff turnover 14.18%. A scoping exercise has concluded that we would need an additional 14 social workers to get to manageable caseload levels. A provisional workforce strategy is out for consultation with staff and staff are providing feedback. The principles that underpin this strategy are:</p> <ul style="list-style-type: none"> ● A fundamental low caseload design ● Sufficient management capacity for supervision and project work ● Prioritisation of permanent recruitment 	The update for Q2 will be completed in September 2021.		

				<p>in Children's Services.</p> <p>Children and their families have an opportunity to build meaningful relationships with their social worker.</p>	<p>ahead of agency use</p> <ul style="list-style-type: none"> • Consistent terms and conditions • Capacity building with newly qualified Social Workers (AYSEs) and 'supernumerary' roles • Extended career pathway for professional development 			
4.2	To have the retention of talented permanent social workers as the key priority for 2020/21 through the development of the AfC Recruitment and Retention Strategy	<p><i>Gill Goouch</i> <i>L&D</i></p> <p><i>Mar 2022</i></p>	<p><i>Review at the Workforce Board and MI Meeting</i></p>	<p>Children and young people will benefit from improvements in the standard and consistency of practice by practitioners in Children's Social Care.</p> <p>Children, young people and their families have the opportunity to build meaningful</p>	<p>Update Q1 The Business Case to enable more social workers to progress to SSW posts, based on merit, has been agreed and an application process has been developed.</p> <p>A local workforce plan for the next three years has been developed and this links in with the Workforce Strategy and the drive to recruit high quality social workers.</p> <p>Priorities Q2 A draft career framework to be shared</p>	The update for Q2 will be completed in September 2021.		

				relationships with their social worker. Reduction in the number of children/young people who have multiple social workers in a period of twelve months.	with CLT - outlining the transferrable skills we need our workforce to have A review of the AfC benefits package			
4.3	Ensure procedures are put in place to improve the quality of new recruits, with an emphasis on recruiting people with excellent personal and communication skills. To have a robust career progressing process for existing staff.	<i>Gill Goouch L&D</i>	<i>Review at each R&R Group and MI Meeting Mar 2022</i>	A pathway designed and developed for social work progression which links to the organisation's approach to managing the pipeline of professionals into AfC and maintaining talented staff.	Update Q1 A revised induction programme is in place for new managers, ensuring that they have the skills to support staff effectively as a new manager in AfC The move to a new recruitment system is in place. The transition for colleagues in RBWM will be in December. This will offer a more streamlined process for hiring managers and provide a stronger welcome to our new starters. A review of the website content is in place, ensuring we are able to	The update for Q2 will be completed in September 2021.		

					<p>attract candidates to work with us - this will also include a new marketing campaign for AfC</p> <p>Priorities Q2 - To appoint the new recruitment chamotion</p> <p>Attendance at relevant recruitment fairs</p> <p>Development of supporting recruitment material in time for the launch of the new recruitment solution</p>			
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5. Additional AfC recommendation based on Ofsted feedback (Child in Care)

Reviews are timely but need to be of consistently good quality.

No	Description	Lead	By when	Outcomes/Success measures (how do we know we are making progress)	Progress Q1 2021/22	Progress Q2 2021/22	Progress Q3 2021/22	Progress Q4 2021/22
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5.1	<p>Embed a consistent Signs of Safety approach to all CiC Statutory Reviews.</p> <p>To ensure that consistently good and outstanding practice is embedded and that the Signs of Safety methodology is understood across AfC (RBWM) to support children, young people and families.</p>	<i>Shungu Chigocha PSW and AD QA and SoS Transformation Lead</i>	Dec 2021	<p>Signs of Safety approach fully embedded</p> <p>Improvements evidenced through QA activity.</p> <p>Link IRO in the Signs of Safety Steering Group and Practice Leads sessions.</p> <p>Need to evidence the impact of SoS. Need evidence to demonstrate how this model is making a difference in child/families life.</p>	<p>A narrative report to be presented at Performance board evidencing distance travelled and the positive impact of using the practice model December 2021.</p>	<p>The update for Q2 will be completed in September 2021.</p>		
5.2	<p>To ensure that consistently good and outstanding practice is being</p>	<i>Shungu Chigocha PSW and QIAPM and her IRO Team</i>	Reg monitoring in P Board and	<p>Up to date, well written and SMART assessments and Care Plans are presented to CiC Statutory Reviews.</p>	<p>This is on track, with a new Lead IRO appointed. Reviews will be video recorded from next quarter.</p>	<p>The update for Q2 will be completed in September 2021.</p>		

	<p>demonstrated at CiC Statutory Reviews and that IROs are appropriately scrutinising and challenging practice and using the Problem Resolution Policy where necessary.</p>		<p><i>service meetings- Dec 21</i></p>	<p>Evidence that children, young people and families are fully involved in assessment and planning.</p> <p>Evidence of robust permanency planning for CiC, including life story work.</p> <p>Evidence of stability of education and home and safeguarding processes being used when appropriate and that CiC are having their needs met, are involved in suitable activities and are achieving improved outcomes.</p> <p>Evidence of good social work/other intervention as needed, including multi-agency engagement.</p>	<p>Need to undertake an observation audit of IRO/CP when they are chairing meetings in Q3</p>			
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				<p>Evidence that the Problem Resolution Policy is being used when necessary and that this makes a demonstrable difference to children and young people.</p> <p>Improvements evidenced through QA activity.</p>				
5.3	<p>Evidence that IROs know their children and young people well, meet with them between and/or before CiC Statutory Reviews and communicate with them verbally and in writing in age appropriate ways.</p>	<p><i>Shungu Chigocha PSW and QIAPM and Lead IRO</i></p>	<p>QA process for this service to be in place by September 2021.</p> <p>Quarterly review and feedback and update to P Board.</p>	<p>Evidence through observation and dip sampling that IRO's know their children and young people well and are spending time with them between and/or before CiC Statutory Reviews.</p> <p>Evidence of child friendly outcome letters being sent to children and young people.</p>	<p>Need to complete a further audit by Dec 2021 to audit the quality of outcome letters since the new revised CiC template</p>	<p>The update for Q2 will be completed in September 2021.</p>		

6. Additional AfC recommendation based on Ofsted feedback (Return Home Interviews)

Improve the timeliness of RHIs for out of borough CiC and improve the consistent quality of RHIs.

No	Description	Lead	By when	Outcomes/Success measures (how do we know we are making progress)	Progress Q1 2021/22	Progress Q2 2021/22	Progress Q3 2021/2022	Progress Q4 2021/2022
6.1	<p>To improve the consistent quality of recording of 'Return home interviews' RHI so that they support the wider analysis of push and pull factors. Training to be provided to those who undertake RHIs.</p> <p>To improve the timeliness of out of borough CiC.</p>	<p><i>Marie Bell AD</i></p> <p><i>Danny Gomm Family Hub Manager</i></p>	<p><i>Continue our quarterly audit of the quality and time of RHIs and report to the P Board on a 6 monthly basis.</i></p> <p><i>Training for RHIs in Sept 2021.</i></p>	<p>Return home interviews to show an analysis of the push and pull factor, with evidence that this intelligence is gathered into an effective wider analysis of these factors, to identify patterns and trends, in order to effect change. Learning is delivered through QA reports and learning events.</p> <p>For CiC placed out of the borough, we will have identified a named RHI provider as part of the Placement Plan.</p>	<p>Since the ILACS Inspection in January 2020, a decision was taken that only trained staff complete RHIs and record them. Only trained Youth Workers who are sufficiently trained undertake these important interviews. The Family Hub Manager, Danny Gomm, sees and signs off all RHI reports and agrees to the actions, based on the content, the young person and the episode. This is now always completed before being sent to TVP and placed on the child/young person's electronic record. A wellbeing scaling</p>	<p>The update for Q2 will be completed in September 2021.</p>		

			<p>CiC placed out of the borough and who go missing will have the same timely, good quality RHI service as those within the borough.</p> <p>Information on the possible risk of going missing and other vulnerabilities of the CiC is shared with the host authority and police force. <i>"Notification of out of borough placements." form to be used as standard good practice.</i></p> <p>Dip sampling and auditing will evidence improved consistency in the quality of RHIs.</p> <p>The key performance indicator will show an improvement in the number of RHI's completed</p>	<p>question has been added. In January 2021, 6 RHIs were sent back for further work. QA activity on RHIs will be presented to the Performance Board on a 6 monthly basis.</p>		
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				within 72 hours				
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7. Additional AfC recommendation based on Ofsted feedback (Commissioning)

Commissioning arrangements to be strengthened.

No	Description	Lead	By when	Outcomes/Success measures (how do we know we are making progress)	Progress Q1 2020/21	Progress Q2 2020/21	Progress Q3 2020/21	Progress Q4 2020/21
7.1	To strengthen commissioning arrangement within AfC (RBWM)	<i>Kevin McDaniel DCS</i>	<i>Nov 21</i>	<p>Robust commissioning arrangements are in place for all placement types that are good quality and represent best value.</p> <p>Enhanced commissioning arrangements with health are in place and there is evidence that they are working well.</p>	<p>Sufficiency Strategy approved by AFC board and going through governance for final sign-off. Action plans for each priority are underway.</p> <p>New Commissioning Manager in place. However there is still much work to do.</p>	The update for Q2 will be completed in September 2021.		
7.2	To develop the strategic options to enhance the sufficiency of places of all	<i>Kevin McDaniel, Director of Children's Services</i>	<i>March 2022</i>	AfC will have established viability of additional provider services to	Strategy going through RBWM governance processes, including Commissioning Board and Cabinet as required. see self assessment	The update for Q2 will be completed in September 2021.		

	types			augment the local foster care places (via AfC IFA) and purchasing via the open market				
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Report Title:	2021/22 Q1 Data & Performance Report
Contains Confidential or Exempt Information	No - Part I
Cabinet Member:	
Meeting and Date:	Adults, Children and Health Overview and Scrutiny Panel, 22 September 2021
Responsible Officer(s):	Hilary Hall, Executive Director of Adults, Health and Housing Kevin McDaniel, Executive Director of Children's Services
Wards affected:	All

www.rbwm.gov.uk



REPORT SUMMARY

The council is currently working to an Interim Strategy, adopted by Cabinet on 30 July 2020 in recognition of the significantly changed operating context brought about by the COVID-19 pandemic.

A new Corporate Plan to succeed the Interim Strategy is presently being developed. It has been agreed that performance reports continue to provide insight into the Interim Strategy's delivery (Appendix A) until such time as the new Corporate Plan and associated performance management framework is in place. Performance of measures previously reported to the Panel under the Council Plan 2017-2021 are included on the basis that these measures provide insights into current service delivery.

1. DETAILS OF RECOMMENDATION(S)

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

- i) Notes the 2021/22 Adults, Children and Health Overview and Scrutiny Panel Q1 Data & Performance Report in Appendix A.**
- ii) Requests relevant Cabinet Members, Directors and Heads of Service to maintain focus on improving 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.
Not accept the recommendations in the report.	The failure to use relevant performance information to understand delivery against

Option	Comments
	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 in recognition of the significantly changed operating context brought about by the COVID-19 pandemic. The Interim Strategy sets out the 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 council is currently developing a new Corporate Plan and related performance management framework to succeed the Interim Strategy. It has been agreed that performance reporting against the Interim Strategy continues until such time as the new Corporate Plan and related performance management framework is approved.
- 2.2 Appendix A provides insights into the Interim Council Strategy's priorities and how they are progressing. It details the council's ongoing response to and recovery from the Covid-19 pandemic and also key updates in relation to major workstreams such as the Transformation Strategy, Environment and Climate Strategy, alongside corporate developments relating to council Governance, the People Plan and Medium-Term Financial Strategy.
- 2.3 The impact of Covid-19 continues to be felt in a number of areas of the council's operations, and this has been reflected in the council's performance indicators throughout the year. Within adult social care, people being discharged from hospital typically have more complex needs, particularly as a result of Covid-19 which is impacting on performance in relation to admissions to care homes and reablement. Vacancies in the social work teams has also impacted on performance in relation to reviews although reviews are prioritised based on need. The level of demand for support for children in all areas (Early Help, Safeguarding and Education) has risen and remains high. Encouragingly, performance in relation to the percentage of care-leavers in education, employment or training has sustained good performance following the reopening of education and employment opportunities and close working with the virtual school and virtual college.
- 2.4 Table 2 summarises the position of all reported key performance indicators as at the close of Q1. Appendix A sets out performance trends and related commentary for each indicator. All indicators are on target or within agreed tolerances, and will continue to be monitored and reported to relevant Overview and Scrutiny Panels on a quarterly basis as part of an ongoing performance dialogue.

Table 2: Summary KPI Q1 21-22

	Green (Succeeding or achieved)	Amber (Near target)	Red (Needs improvement)
Percentage long term cases reviewed in the last 12 months		X	
No. permanent admissions to care for those aged 65+yrs		X	
Percentage rehabilitation clients still at home after 91 days		X	
Percentage carers assessed or reviewed in the last 12 months	X		
Percentage safeguarding service-user satisfaction		X	
Percentage care-leavers in education, training and employment (19-21yr olds)	X		
Percentage eligible children receiving a 6-8wk review within 8wks	X		
Percentage borough schools rated by Ofsted as Good/Outstanding	X		
Percentage re-referrals to Children's Social Care (within 12mths)	X		
Percentage children subject to a Child Protection Plan for 2+yrs on ceasing	X		
Percentage EHCP assessments completed within 20wks (including exceptions)		X	
Percentage of successful treatment completions (alcohol)		X	
Percentage of successful treatment completions (opiates)		X	
Percentage of successful treatment completions (non-opiates)	X		
TOTAL (14)	7	7	0

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 June 2021

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

Risk	Level of uncontrolled risk	Controls	Level of 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 Cabinet Members, Directors 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 Cabinet Members, Directors 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 Q1 Data & Performance Report.

11. BACKGROUND DOCUMENTS

- 11.1 This report is supported by one background document:
- Interim Council Strategy 2020/21:
<https://rbwm.moderngov.co.uk/ieListDocuments.aspx?CId=132&MId=7763&Ver=4>

12. CONSULTATION (MANDATORY)

Name of consultee	Post held	Date sent	Date returned
Hilary Hall	Executive Director of Adults, Health and Housing	01.09.21	01.09.21
Kevin McDaniel	Executive Director of Children's Services	01.09.21	08.09.21

REPORT HISTORY

Decision type:	Urgency item?	To follow item?
Non-key decision	No	No

Report Author: Report Author: Rachel Kinniburgh, Strategy and Performance Team Leader, 01628 796370

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Adults, Children and Health Overview and Scrutiny Panel

Q1 2021-22 Data & Performance Report

April 2021 – June 2021

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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 The Interim Council Strategy clarifies the 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 priorities 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 This report is structured to provide insight into the delivery of the Interim Strategy's priorities (section 2). Performance of measures previously reported to the Adults, Children and Health Overview and Scrutiny Panel are also included on the basis that these measures provide some insights into service delivery. These measures are grouped in this report by the lead service.
- 1.4 The council is currently developing a new Corporate Plan and related performance management framework to succeed the Interim Strategy. It has been agreed that performance reporting against the Interim Strategy continues in this format until such time as the new Corporate Plan and related performance management framework is adopted.

2. Interim Council Strategy: Delivery of priorities

2.1 This section provides a brief overview of key activities and milestones achieved by the council to date in 2021/22.

PRIORITY:	COVID-19 OBJECTIVES
Item	Achievements and key milestones
<p>Response (immediate)</p>	<p>Community response and Clinically Extremely Vulnerable (CEV) Residents: Official shielding was lifted for more than 8,000 residents – some 6% of the population – in April 2021. This brought to an end an innovative community partnership protecting our CEV residents from Covid-19. From the outset of the first lockdown in March 2020 a coordinated team of staff, drawn from all services in the council, maintained regular contact with residents who were shielding and took any appropriate action to ensure that these individuals’ needs were met.</p> <p>The public-facing online directory of Covid-19 Support Groups developed to direct residents to community-based support options for particular needs, continues to be developed and is a key tool for residents and services going forward. The database (Lyon), which again was developed during the pandemic, continues to be developed to manage interactions with anyone seeking help and support in the community. Lyon also enables registration of individuals wishing to volunteer their time to the community effort, and with the development of an app will support appropriate “matching” of volunteers with those needing help and support.</p> <p>With the easing of restrictions from 19 July 2021, CEV residents still need to be extremely cautious and are being encouraged to adhere to the Government guidance. The council, through the network of community groups, will continue to provide appropriate help and support.</p>
<p>Response (immediate)</p>	<p>Outbreak Control Plan and Local Outbreak Engagement Board: 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. The Outbreak Engagement Board is a subgroup of the Health and Wellbeing Board, established to provide public-facing engagement and communication in relation to Covid-19. The Board meets every fortnight (every other meeting is in public). The Local Outbreak Control Plan continues to be updated to reflect changes in national guidance.</p>
<p>Response (immediate)</p>	<p>Community Influencers and Community Information Champions: In October 2020 a new “community influencers” group was established with representatives from across various RBWM departments, including Achieving for Children, Libraries and Environmental Health. The group’s aim is to communicate key Covid-19 messages to the wider community, whilst targeting messaging to specific demographic groups based on analysis of key datasets. The group launched its “Community Information Champion” scheme in November 2020, through which members of the community can volunteer themselves to receive regular information from the council regarding Covid-19 and then share this information with their family, friends, and other contacts. This approach ensures greater transmission of key Covid-19 messages across the community where</p>

	<p>other council communication methods may not have reached. Champions can also feedback to the council any questions or requests for clarity from the community. This two-way relationship helps the council to refine its Covid-19 messages and to also dispel any myths that may be circulating regarding the virus. To date, a network of 150 Champions has been established.</p> <p>A new Covid Engagement Officer was recruited, jointly funded by Public Health and the council to support a wide range of COVID related engagement activities. There has also been the opportunity to vaccinate residents within their localities with vaccinations being offered on the mobile testing unit.</p> <p>Engagement with communities to mitigate the rise in infections and cases remains a key priority for the council and its partners.</p>
<p>Recovery (long-term)</p>	<p>The RBWM Recovery Strategy sets out the council's approach to supporting residents and businesses, empowering communities to thrive and building lasting partnerships with businesses.</p> <p>During Q1 2021-22 activity was focussed on supporting businesses and residents through the government roadmap to reopening. A Royal Borough re-opening and recovery strategy was developed to support the safe reopening of the high street and recovery of the high street economy in the Royal Borough of Windsor and Maidenhead as restrictions start to lift. The aim was to provide clear, consistent messages that considered the needs of the destination, its local communities, its businesses and its visitors to stimulate the local economy and a return to days out and staycations in a safe and measured way. Innovative "Tech For Good" tools were used in the form of "Hello Lamp Post", which lets people talk to street objects and share their thoughts on the high streets and what they want to see on their town centres. All of these comments are then considered as part of the local recovery plan. This initiative has been rolled out in Windsor with over 3,000 responses to date and there are plans to introduce it across the borough. The campaign "Don't Let Your Guard Down" was launched to provide reassurance to visitors returning to visit our local towns.</p> <p>A recovery dashboard has been developed which will be used to steer future workstreams from the recovery and renewal strategy adopted in 2020. Q2 activity will focus on business engagement and support following stage 4 of the roadmap to reopening and developing jobs and skills support for our residents.</p>
<p>Recovery (long-term)</p>	<p>Local Contact Tracing Service: The council set up a local contact tracing service which started operating in November 2020 to complement the national NHS Test and Trace service. Operating 7 days a week, the service reaches out to residents who have tested positive for Covid-19 but who have not been successfully contacted by the national NHS Test and Trace system. The service introduced a text messaging service on 9 June 2021. Over 3,000 messages were sent, consisting of:</p> <p>Week 1: Acknowledging the use of Lateral Flow Device (LFD) Test Community Collect service and reminding users to log their result at https://www.test-for-coronavirus.service.gov.uk/report-result within 24 hours if they had tested positive. Suggesting that LFD Home Tests can</p>

	<p>sometimes be false positives: make sure to also take a Confirmatory PCR Test within 48 hours to reconfirm that you indeed need to isolate and to get access to the Isolation Support Fund if relevant.</p> <p>Week 2: Communicating that it may still be possible for people that have received vaccinations to contract COVID-19, although a full course will reduce the chances of becoming seriously ill. Cautioning the residents that cases are rising within RBWM and reiterating the public health message to continue to follow the national guidelines of social distancing, wearing a face mask and washing your hands frequently.</p> <p>Week 3: Communicating the provision to self-book a vaccination if you are 18 years or over via the following link www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination and acknowledging the walk-in centres' availability in Maidenhead and Windsor.</p> <p>RBWM switched to "Local 0" on 28 June 2021. The "Local 0" will result in RBWM residents that have tested and recorded positive being contacted by a local tracer rather than a tracer working nationally. The purpose of this shift is to:</p> <ul style="list-style-type: none"> • reduce the time before the resident is contacted, and hence further potential cases identified. • allow for a better understanding of types of cases in the borough. • provide a more efficient and proactive approach to identifying trends and taking appropriate action <p>The opening hours have been extended from 10am – 4pm to 9am – 5pm, 7 days a week. This reflects the national ambition to have more calls 'handled' locally to increase the overall effectiveness of contact tracing locally. This change was expected to dramatically increase the number of cases RBWM handled and a recruitment drive has been put in place in order to support the service and increased level of capacity necessary. At the close of Q1 2021/22, there were 134 cases and 243 calls made. (Full impact of the switch to 'Local 0' will be reported in Q2).</p>
<p>Recovery (long-term)</p>	<p>Lateral Flow Device Tests: From 8 February 2021 rapid Covid-19 test centres opened in Braywick Leisure Centre and Windsor Leisure Centre, offering 30-minute Lateral Flow Device Tests (LFDTs) initially to people working in public-facing roles who do not have Covid-19 symptoms. The purpose of the tests was to identify asymptomatic carriers of the virus. Following an announcement by the Prime Minister in April 2021, anyone was able access the LFDT at the centres, or to pick up a home-testing kit or get a rapid Covid-19 test at Braywick or Windsor Leisure Centre as lockdown restrictions were eased. In addition to the leisure centre test sites, a mobile testing offer was started at Ascot Racecourse.</p> <p>After a review of the demand the operating hours were adjusted slightly at both leisure centres to reflect ongoing demand. This saw the Lateral Flow Test (LFT) sites reduced to 2 booths at each site and moved to revised delivery areas to allow the leisure centres to reuse the original spaces for leisure income generating activities. The revised operation, implemented on 17 May 2021, was still able to deliver the service to meet the ongoing demands.</p>

	<p>The mobile testing operation unit moved from Ascot racecourse to Horton (Champney Hall) on Mondays and Wraysbury (Car Park, The Green) on Wednesdays with effect from Monday 21 June operating from 9am – 1pm. The mobile unit now offers assisted testing as well as distributing Community Collect kits. The mobile unit is now being used to support pop up vaccination offer at locations being agreed with the NHS.</p> <p>Collection of Community Collect kits is now also available from each of the reception areas of all 5 leisure centres and Windsor Information Centre. This allows greater access and availability to the kits for residents. During Q1 6,329 LFTs were completed and 5,823 Community Collect kits have been distributed.</p>
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PRIORITY:	INTERIM FOCUS OBJECTIVES 2020-21
Item	Achievements and key milestones
Revised Service Operating Plans	<p>As part of the organisational recovery strategy, services have made changes to existing operating models where necessary to continue to deliver services with customers being at the centre of it. One example has been the Library Transformation Strategy. This strategy is the outcome of the public library consultation and focuses on facilitating and coordinating, via community groups and other partners, a range of services for everyday life to meet community needs. One such example is the select and deliver service supported by volunteers to ensure all residents are able to access library services regardless of mobility, disability or distance from a static library or any other barrier.</p>
Transformation Strategy	<p>The Transformation Strategy 2020-2025 was unanimously approved by the Cabinet Transformation Sub-Committee on 22 September 2020. The strategy's development responds to key challenges surrounding the council's financial position and builds upon the strong foundations of innovation and community-empowerment that quickly developed in response to the Covid-19 pandemic. The Strategy aims to deliver radical changes to the way in which the council operates and identifies 6 key areas for transformation (culture, environment, prevention, digital, process redesign and finance).</p> <p>Action plans by which to deliver the Strategy are at sign-off stage with quarterly Cabinet Transformation Sub-Committee meetings being added to the corporate diary. Whilst Covid-19 has impacted progress, a number of projects have been implemented, proving that design and innovation can be done quickly and in an agile fashion. Asset Based Community Development methods have been used to deliver the Embedding Community Response project in Clewer and Dedworth. This project has created a blueprint for the council to work with communities to co-produce and co-design ways of delivering community projects.</p> <p>In April 2021, the next phase of Embedding Community Response, was launched in Maidenhead, with the creation of five subgroups working directly with communities and partners.</p> <p>The RBWM Together Engagement site has launched and this will be used as an integrated tool for community engagement and empowerment.</p>

	<p>A successful bid to the NHS Charities fund has given us the opportunity to innovate a joined-up health, social care, and community initiative. The programme refers individuals in need, for wrap-around support led by the community (Maidenhead Magpies) but backed up by the council and NHS in a unified approach. Whilst needs differ across the individuals, the support being offered is similar. Supporting the vision of enabling people to remain independent for longer, this project will also test some of the technology enabled care systems available on the market to embed digital solutions as part of the personalised care.</p>
<p>Environment and Climate Strategy</p>	<p>The Council has strengthened its Sustainability and Climate Change Team, recruiting two new Sustainability Officers and moving the Countryside Manager and Landscape Officer into the team to provide additional resource.</p> <p>The Council has made good progress against the action plan. Key achievements have included securing external funding in excess of £1 million to deliver energy projects within the Borough, drafting a Biodiversity Action Plan and helping facilitate the launch of a Repair Café in Maidenhead.</p> <p>Officers have met regularly with the cross-party steering group as well as working closely with the community to deliver specific actions. Work is underway to look at future governance arrangements that will support delivery of the strategy moving forward.</p>
<p>Governance</p>	<p>A new full-time Monitoring Officer and Deputy Director of Law and Strategy joined the Council in February 2021 to lead a new Governance, Law and Strategy Directorate and to bolster the council’s governance capability.</p> <p>The focus of the Directorate since February 2021 has been to develop robust processes and systems to enhance decision-making and performance and to develop a culture to support this.</p> <p>Key areas of focus in Q1 have been as follows:</p> <p>Identifying and responding to key governance issues: The Statutory Officers Group consisting of the Head of Paid Service, S151 Officer, Monitoring Officer and deputies oversee the governance framework and meet regularly to discuss issues of concern and monitor the progress and actions contained in the Annual Governance Action Plan.</p> <p>In Q1 the Council’s governance environment has been tested against the Centre for Governance and Scrutiny’s new Risk and Resilience Framework, which builds on the CIPFA’s “Delivering Good Governance”. Key areas of work have been identified and incorporated into the plan for the current year Annual Governance Statement (AGS).</p> <p>The AGS itself has been revised to reflect best practice.</p> <p>Member Code of Conduct: A new Code of Conduct has been adopted and Members trained. Training has also been provided to Parish Councils. Members have also been given training on social media usage.</p> <p>Corporate Plan: The Corporate Plan is a key document in terms of delivering outcomes for our residents and communities and measuring performance. The development of the plan is following an evidence-based approach and is currently at the consultation draft stage.</p>

	<p>Communications and engagement: Consultation best practice guidance has been developed and circulated and builds on a more rigorous process that has been introduced on Equality Impact Assessments (EQIAs). A new Communication Protocol and Engagement Strategy is in the process of being developed. An e-newsletter is being produced for Parishes to foster closer working and better outcomes for residents.</p> <p>Constitution: The Constitution has been reviewed and updated during the year. There is a greater focus on using the rules of debate to support effective decision making.</p> <p>Following the CIPFA financial governance reviews, detailed action plans were developed in relation to finance and pension fund governance and these have continued to be monitored and reviewed throughout the year. All actions for the finance governance review have been started and almost all actions completed in year. For the pensions action plan, these are reported to the Pensions Fund Committee and over half have already been completed and the rest are expected to be completed to the timelines agreed.</p>
<p>People Plan</p>	<p>The council's appraisal process was relaunched in June 2021. Now called "Connect", forms have been updated that support the scoring of objectives as well as the review of how work is undertaken in line with our values of:</p> <ul style="list-style-type: none"> • Invest in strong foundations • Empowered to improve • One team and vision • Respect and openness. <p>The new format has been used by the Chief Executive and Directors in their recent end of year reviews and across all levels in the organisation. The next stage will be to move the process online and into the HR Information System "iTrent".</p> <p>The updated People Strategy and People Activity Plan have been shared with Corporate Leadership Team, Ambassador group and Equality, Diversity and Inclusion network. It is currently being finalised and will be shared with all employees.</p>

<p>PRIORITY:</p>	<p>REVISED MEDIUM TERM FINANCIAL STRATEGY</p>
<p>Item</p>	<p>Achievements and key milestones</p>
<p>Revised Medium Term Financial Strategy</p>	<p>The Medium-Term financial strategy was refreshed and approved during 2020/21 and was approved at Full Council on 23 February 2021 as part of setting the budget for 2021/22.</p> <p>At cabinet in July, an update on the medium-term financial plan was considered that set the financial criteria necessary to commence the development of the 2022/23 budget, according to the agreed strategy.</p> <p>Any revisions to the strategy will be considered throughout the budget setting process for 2022/23.</p>

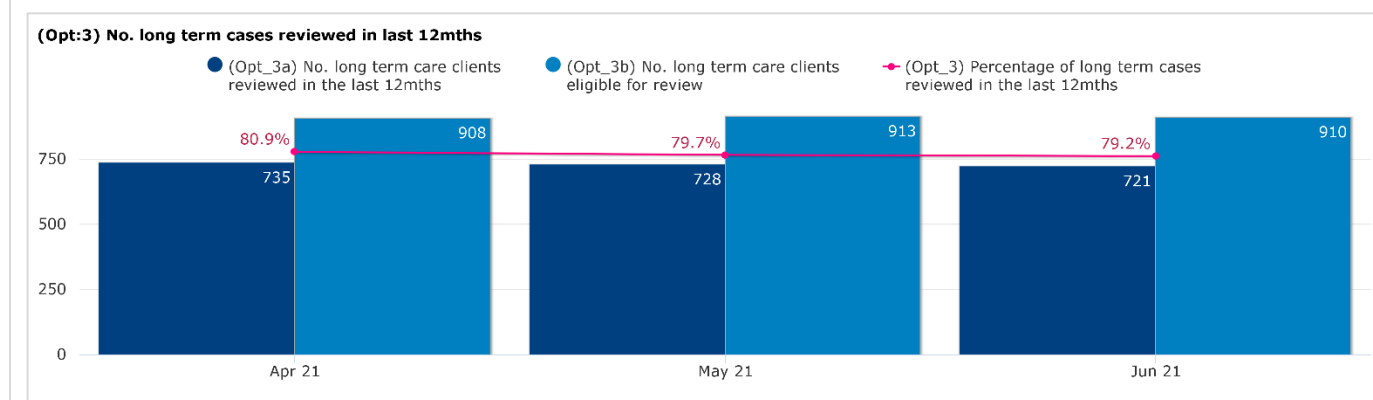
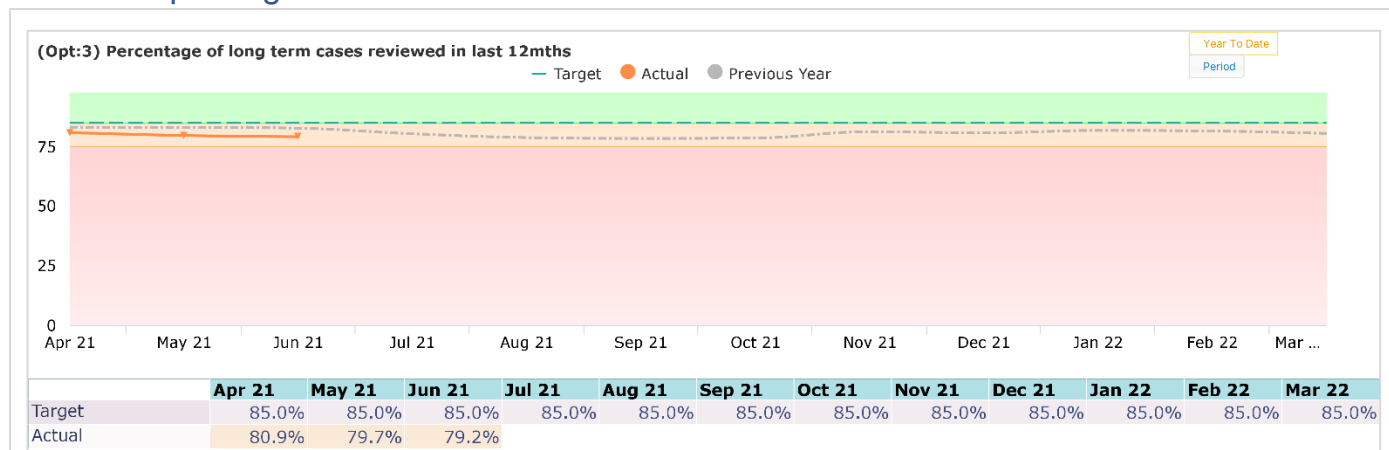
3. Service Performance Summary Report (YTD)

3.1 Performance of measures previously reported to the Adults, Children and Health Overview and Scrutiny Panel are set out here on the basis that these measures provide some insights into service delivery (priority 2).

	Green (Succeeding or achieved)	Amber (Near target)	Red (Needs improvement)
Percentage long term cases reviewed in the last 12 months		X	
No. permanent admissions to care for those aged 65+yrs		X	
Percentage rehabilitation clients still at home after 91 days		X	
Percentage carers assessed or reviewed in the last 12 months	X		
Percentage safeguarding service-user satisfaction		X	
Percentage care-leavers in education, training and employment (19-21yr olds)	X		
Percentage eligible children receiving a 6-8wk review within 8wks	X		
Percentage borough schools rated by Ofsted as Good/Outstanding	X		
Percentage re-referrals to Children's Social Care (within 12mths)	X		
Percentage children subject to a Child Protection Plan for 2+yrs on ceasing	X		
Percentage EHCP assessments completed within 20wks (including exceptions)		X	
Percentage of successful treatment completions (alcohol)		X	
Percentage of successful treatment completions (opiates)		X	
Percentage of successful treatment completions (non-opiates)	X		
TOTAL (14)	7	7	0

4. Adults' Services

4.1. Care package reviews

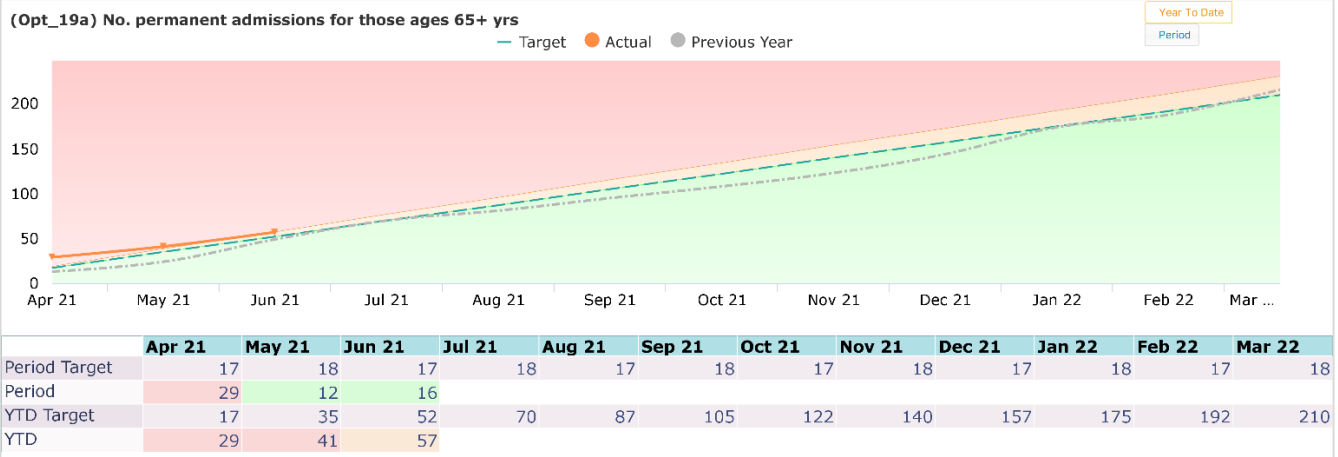


Q1 Commentary

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. At the close of Q1 the percentage of long-term cases reviewed in the last 12 months stands at 79.2% (721/910), below the target of 85% though within tolerance for the measure. Performance has been impacted by managing more complex new cases and workforce vacancies. However, all cases are risk assessed to ensure that reviews are prioritised according to need.

4.2. Permanent admissions to care



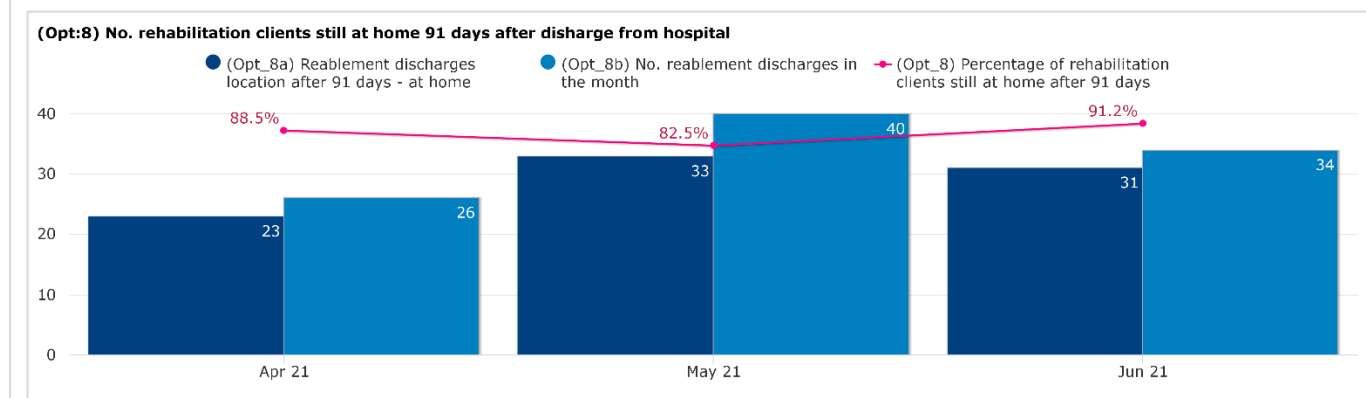
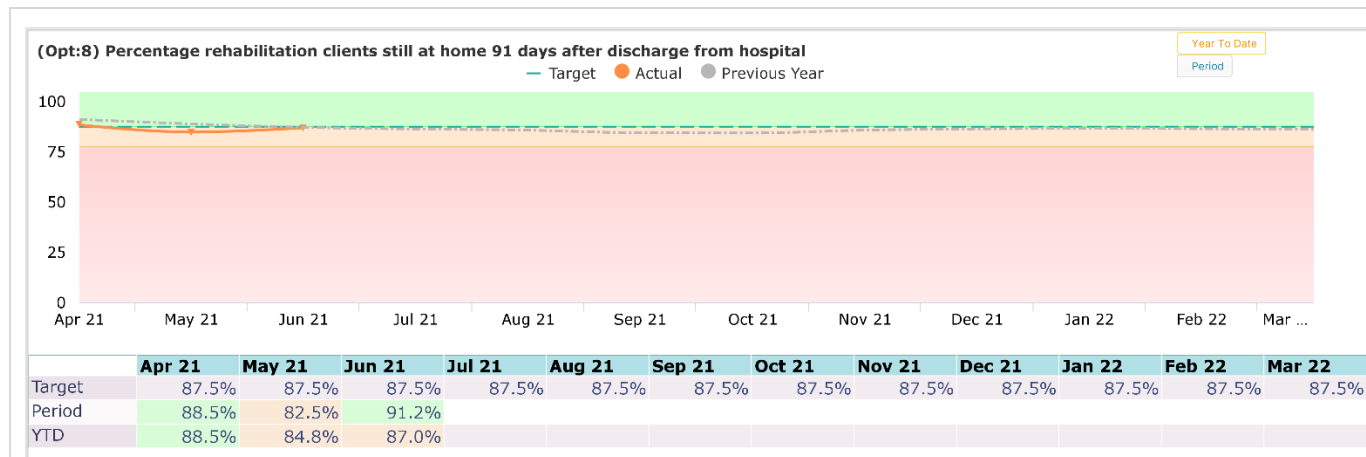
Q1 Commentary

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. At the close Q1 the year-to-date volume of permanent admissions to care is 57, above the target of 52 but within tolerance for the measure.

The highest volumes of admissions occurred in April 2021 (29). This reflects the fact that more people are being discharged from hospital with higher and more complex needs which cannot be fully supported in people’s own homes.

4.3. Reablement

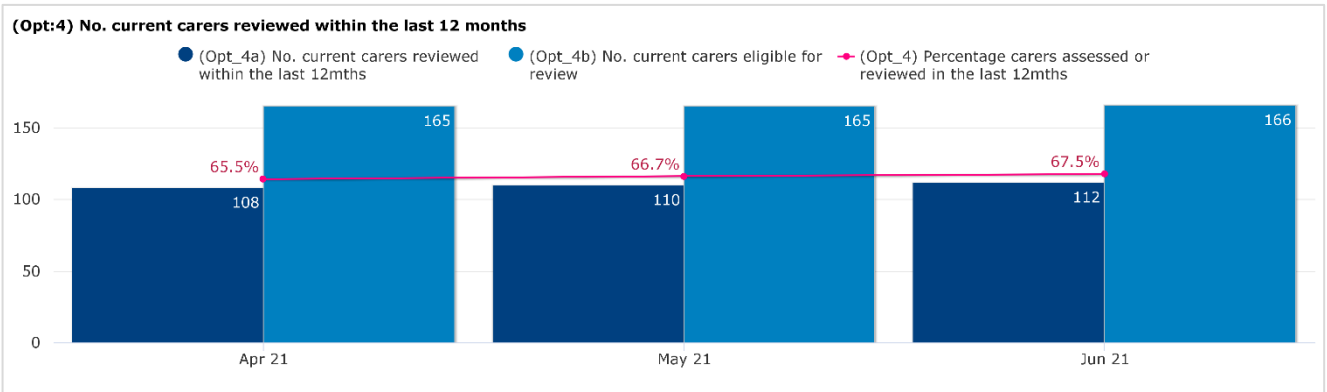
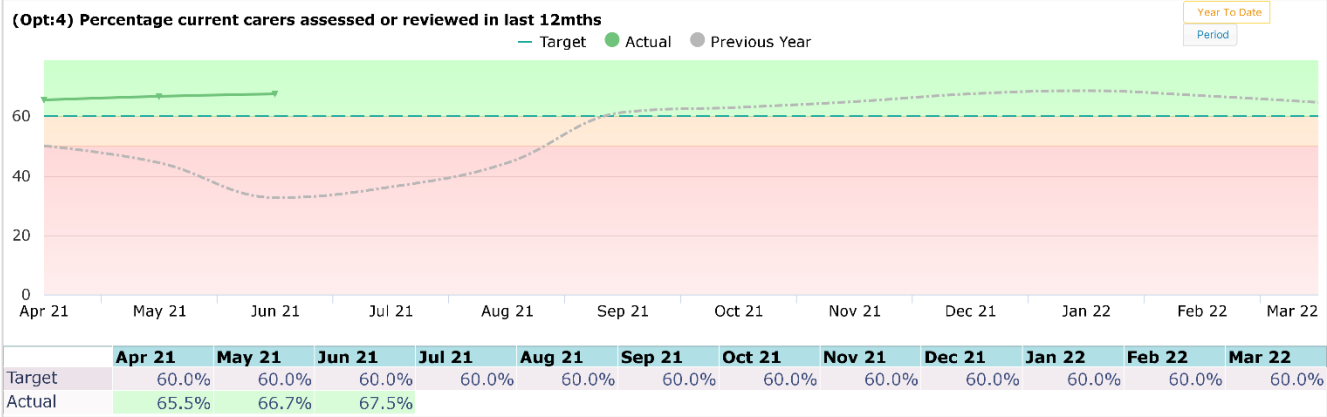


Q1 Commentary

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. At the close of Q1 the year-to-date percentage of rehabilitation clients still at home 91 days after discharge from hospital is at 87%, marginally below the target (87.5%) but within agreed tolerance thresholds. Performance of this measure is inevitably impacted by the level of need and frailty of the individuals within the cohort, and this has been exacerbated by the impact of Covid-19. As outlined in 4.2, we are seeing more people being discharged from hospital with more complex needs which require more intensive support within care homes rather than people returning to their homes.

4.4. Carers' assessments

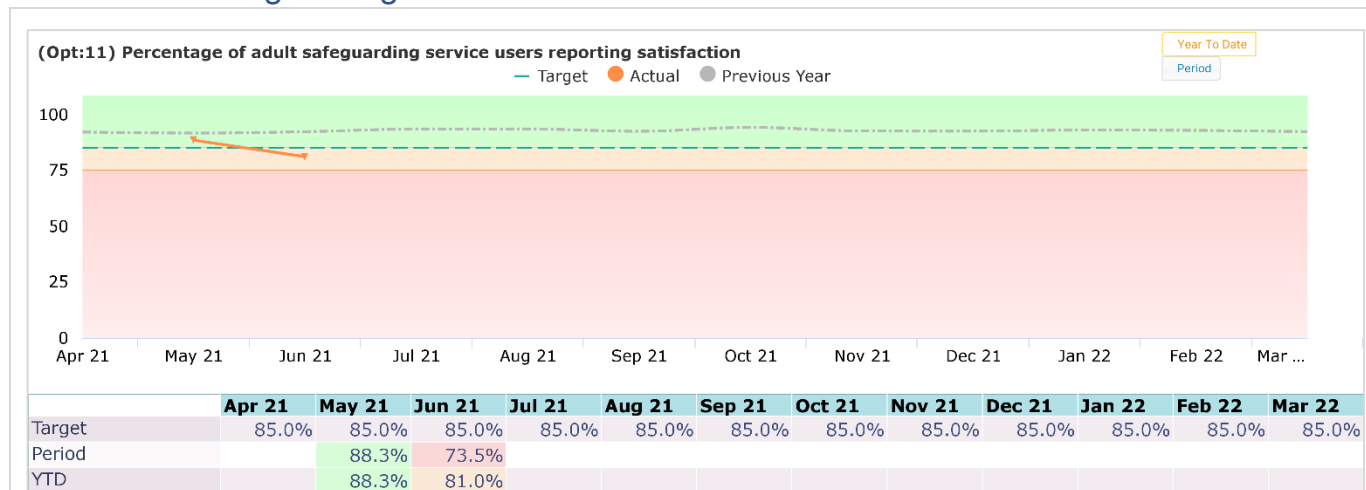


Q1 Commentary

The target for this measure is 60% with red flag raised if performance is equal to/below 50%.

Informal carers deliver vital support to family members who may not be in a position to fully care for themselves. The assessment and review process are important mechanisms by which to manage risks and ensure quality and timely support of the carer's own physical, emotional wellbeing and quality of life as they fulfil their caring role. At the close of Q1 performance stands at 67.5% (112/166), above target (60%) by 7.5.

4.5. Adults' safeguarding



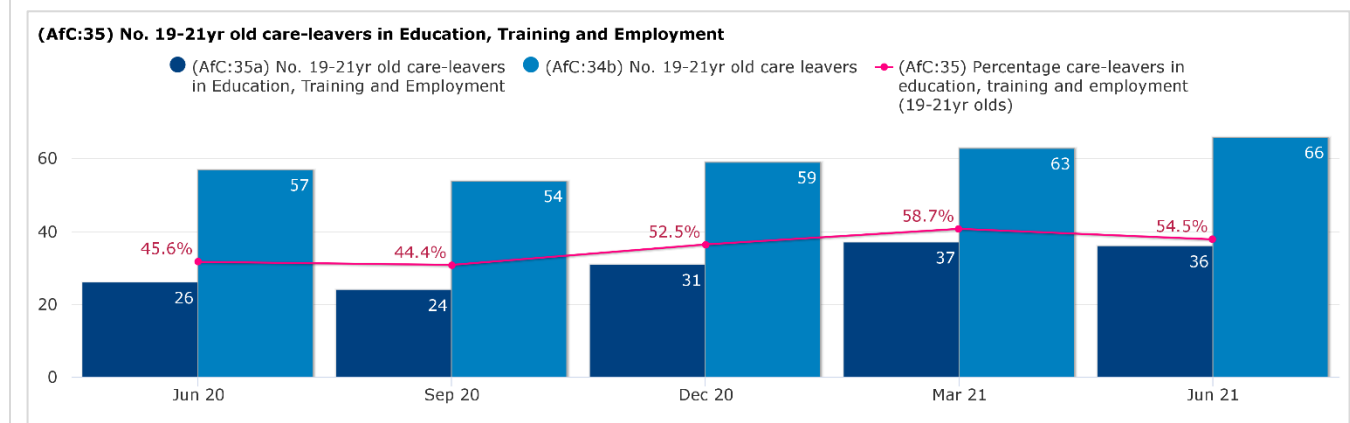
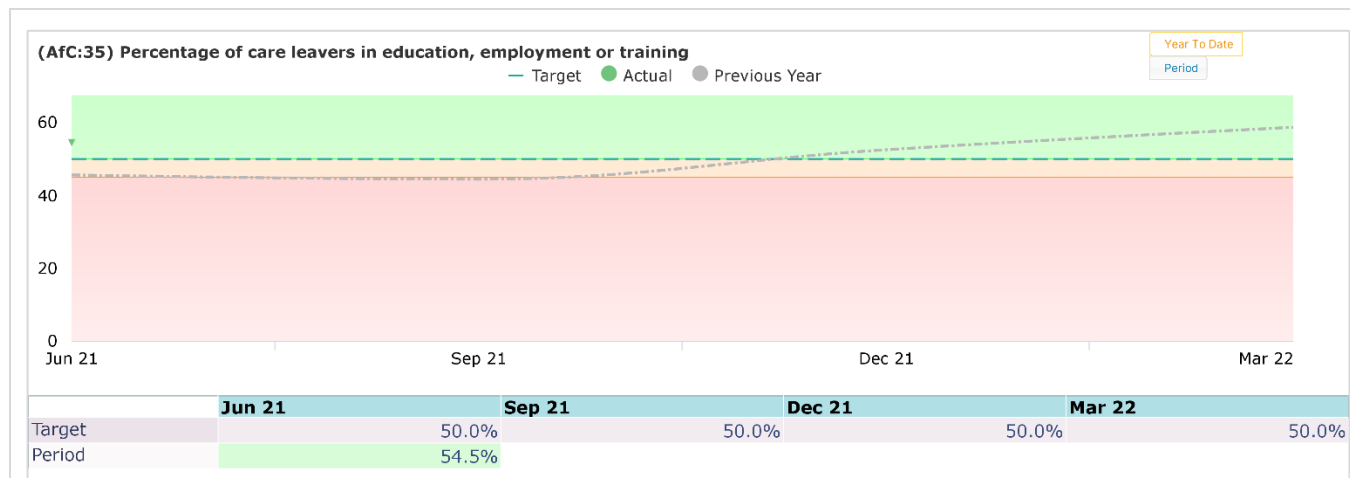
Q1 Commentary

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%. June performance (73.5%) has contributed to the year-to-date performance position of 81%, off target by 4% but within tolerance for the measure. Given the downward trend in performance, robust interrogation has been undertaken. This revealed that there were some inaccuracies in how the answers to the questions in some cases had been recorded. Had the answers been correctly recorded, year to date performance to the end of June would have been 82%. Performance for July stands at a further improved 88% and the position will continue to be closely monitored.

5. Children’s services

5.1. Care leavers



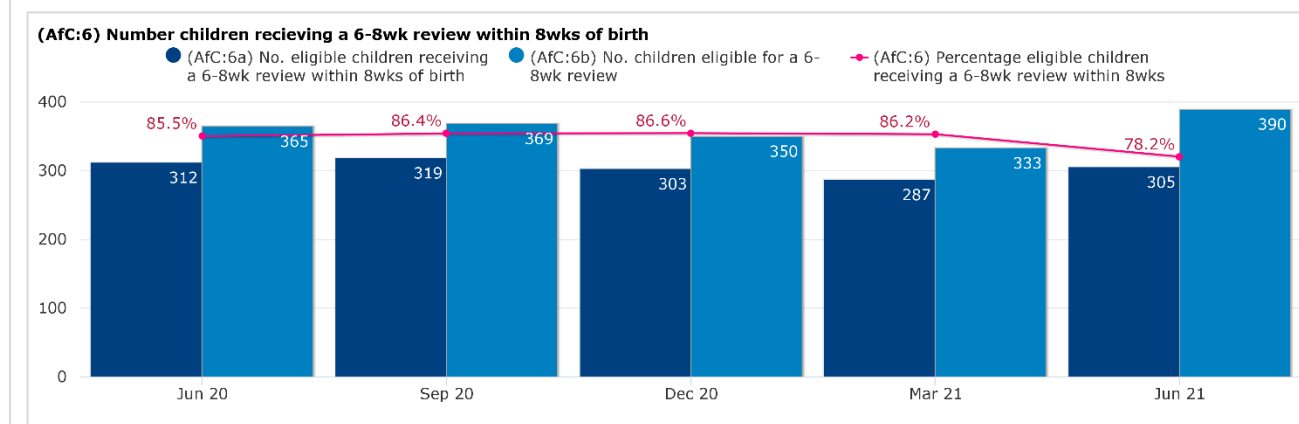
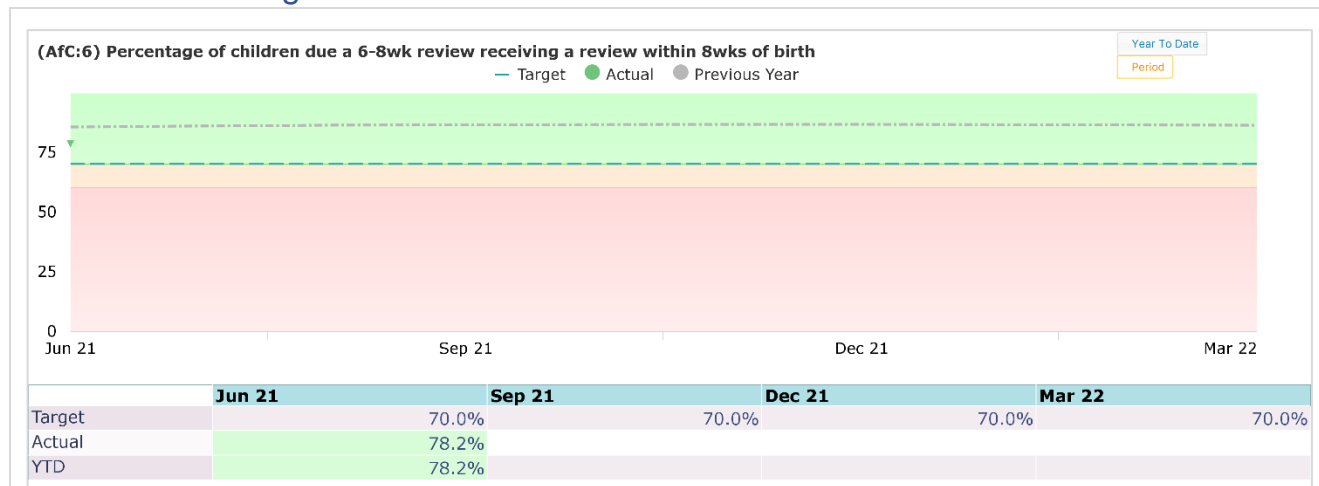
Q1 Commentary

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. At the close of Q1 the percentage of care-leavers in education, employment or training stands at 54.5% (36/66), above target (50%) by 4.5. The impact of the Covid-19 pandemic on the economy was very quickly felt by this cohort of young people, with losses of part-time or zero contracted hours jobs in key sectors (e.g. entertainment) and the cancellation of training opportunities. The Service focused on ensuring that these young people were able to access accommodation and food during the pandemic and it was acknowledged in Q1 2020/21 that this measure was not expected to bounce back until education and employment opportunities reopened in sufficient volume.

A working group was implemented, “Planning Support for unemployed young people”, and delivered through the Job Centre to support young people, including many care-leavers. The support on offer included the Kickstart Scheme and Youth Mentors which increased the number of care leavers gaining employment and training opportunities through these routes in Q4 2020/21. Coupled with the development of the virtual college, good performance in this area has been achieved. Discussions with young people indicates that there are some challenges in finding opportunities for our care leavers who are best suited to manual work.

5.2. Health visiting



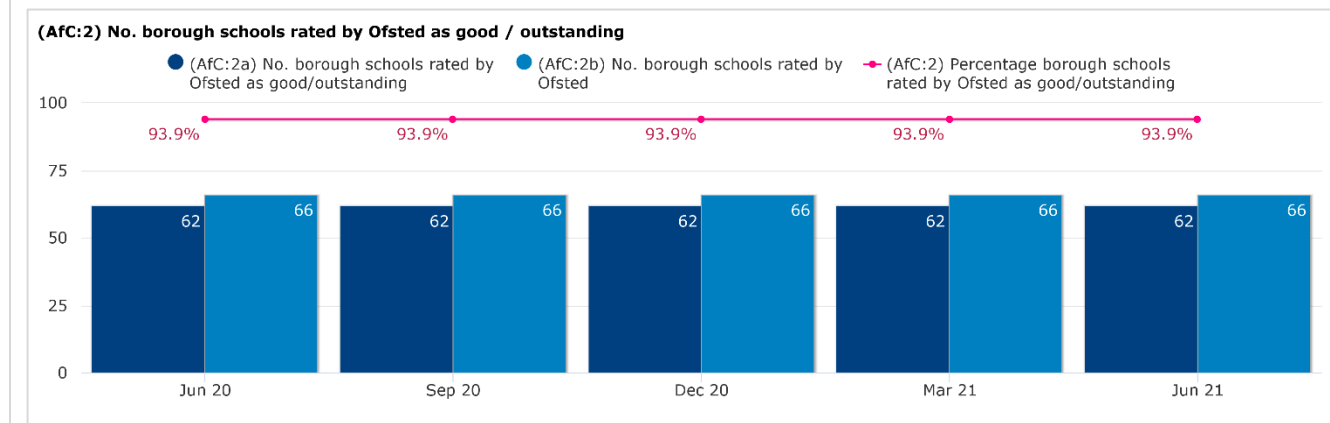
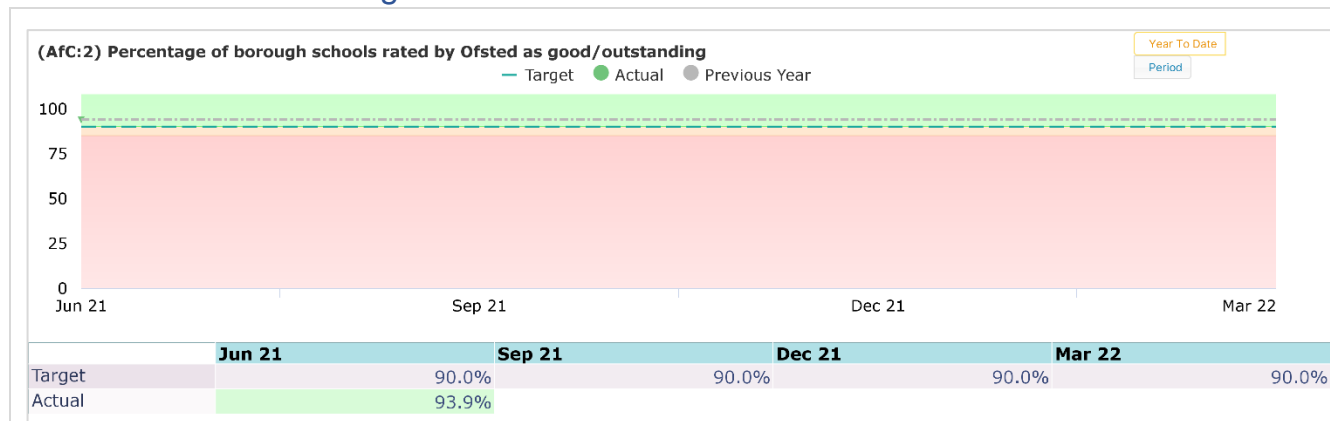
Q1 Commentary

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. At the close of Q1 performance for this measure stands at 78.2% (305/390), a downturn since the last reporting period however comfortably above the target of 70%.

This level of performance is in line with pre-pandemic levels as fewer families typically take up in person appointments and are being more cautious with Covid prevalence levels. All families are contacted and where concerns were established, follow up has taken place.

5.3. School Ofsted ratings



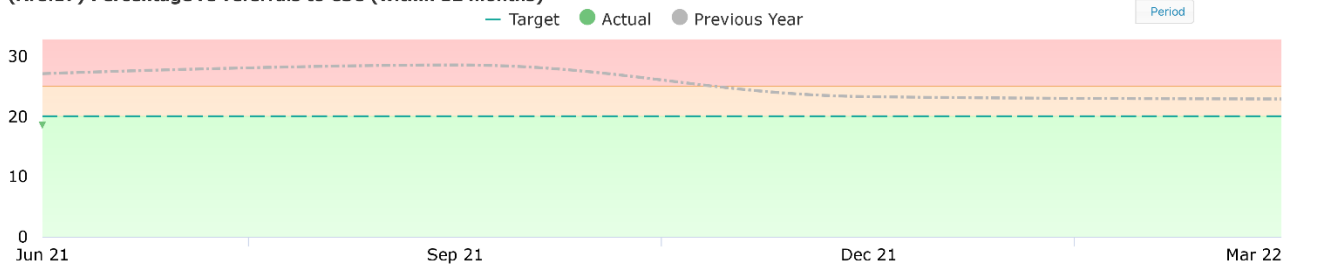
Q1 Commentary

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 later in the year. AfC staff have continued to monitor schools and have supported their development plans.

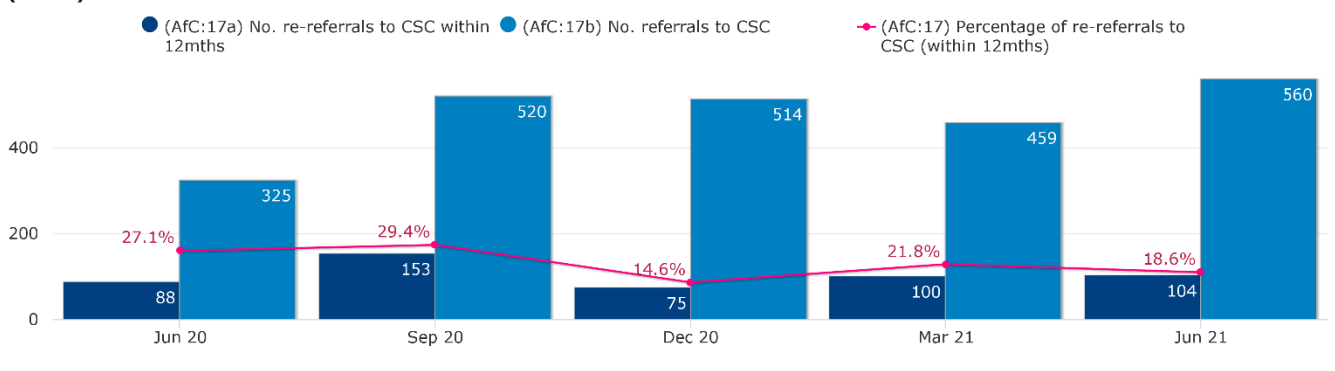
5.4. Children’s social care

(AFC:17) Percentage re-referrals to CSC (within 12 months)



	Jun 21	Sep 21	Dec 21	Mar 22
Target	20.0%	20.0%	20.0%	20.0%
Actual	18.6%	18.6%	18.6%	18.6%
YTD	18.6%	18.6%	18.6%	18.6%

(AFC:17) Number of re-referrals to CSC within 12 months



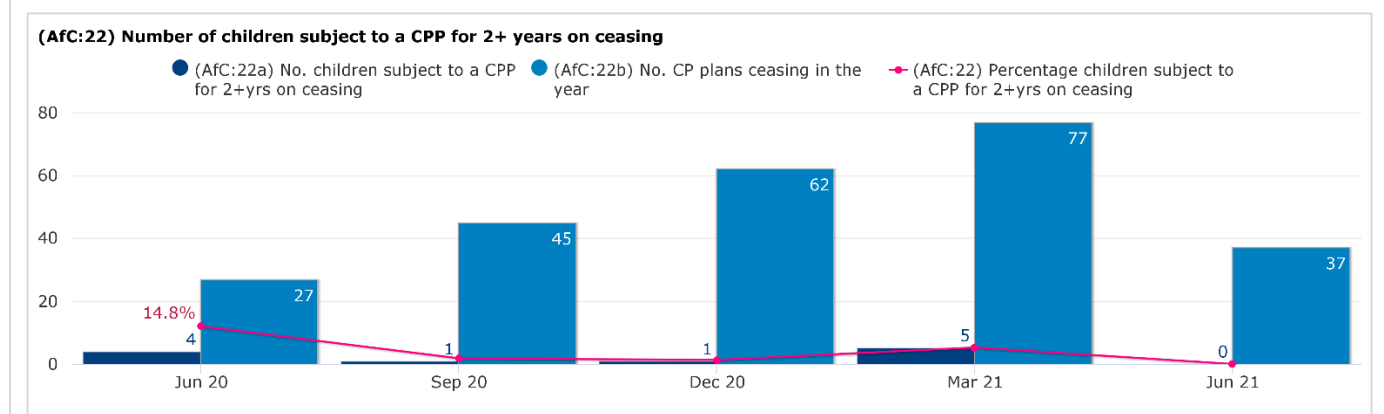
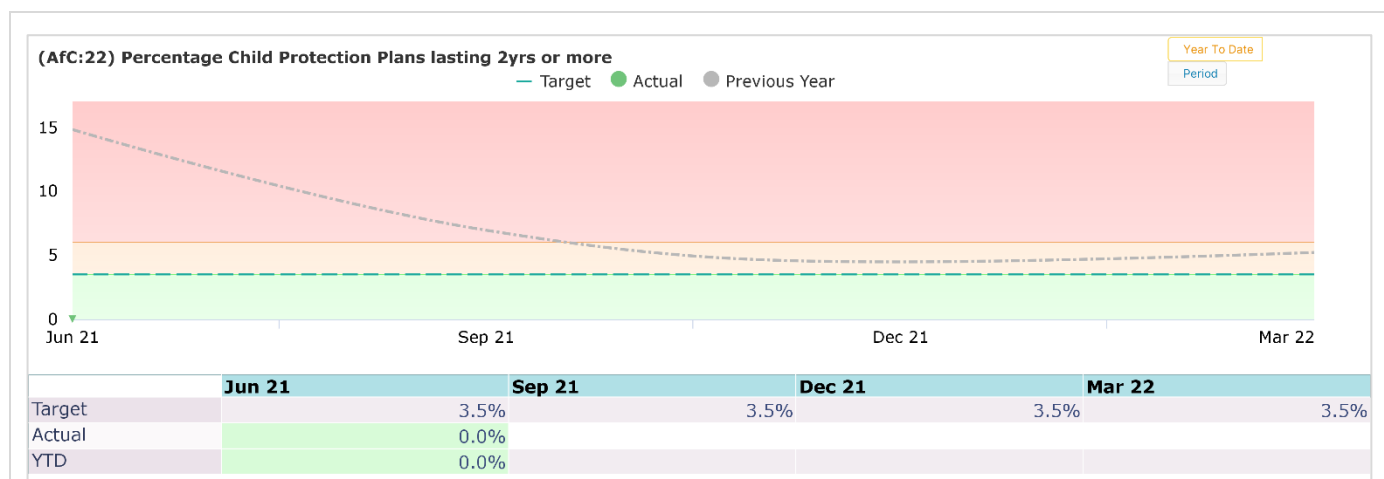
Q1 Commentary

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

A referral is a request for services to be provided by children’s social care and is in respect of a child who is currently not assessed to be in need. A referral may result in an initial assessment of the child’s needs, the provision of information or advice, referral to another agency or no further action. This indicator reports the number of referrals that are received within 12 months of a previous referral being received.

At the close of Q1 performance is on target at 18.6% (104/560). Q1 has seen the highest volume of referrals to children’s social care (560) compared to quarterly outturns in 2020/21. 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.

Adults, Children & Health Overview and Scrutiny Panel: 2021/22 Q1 Data & Performance Report



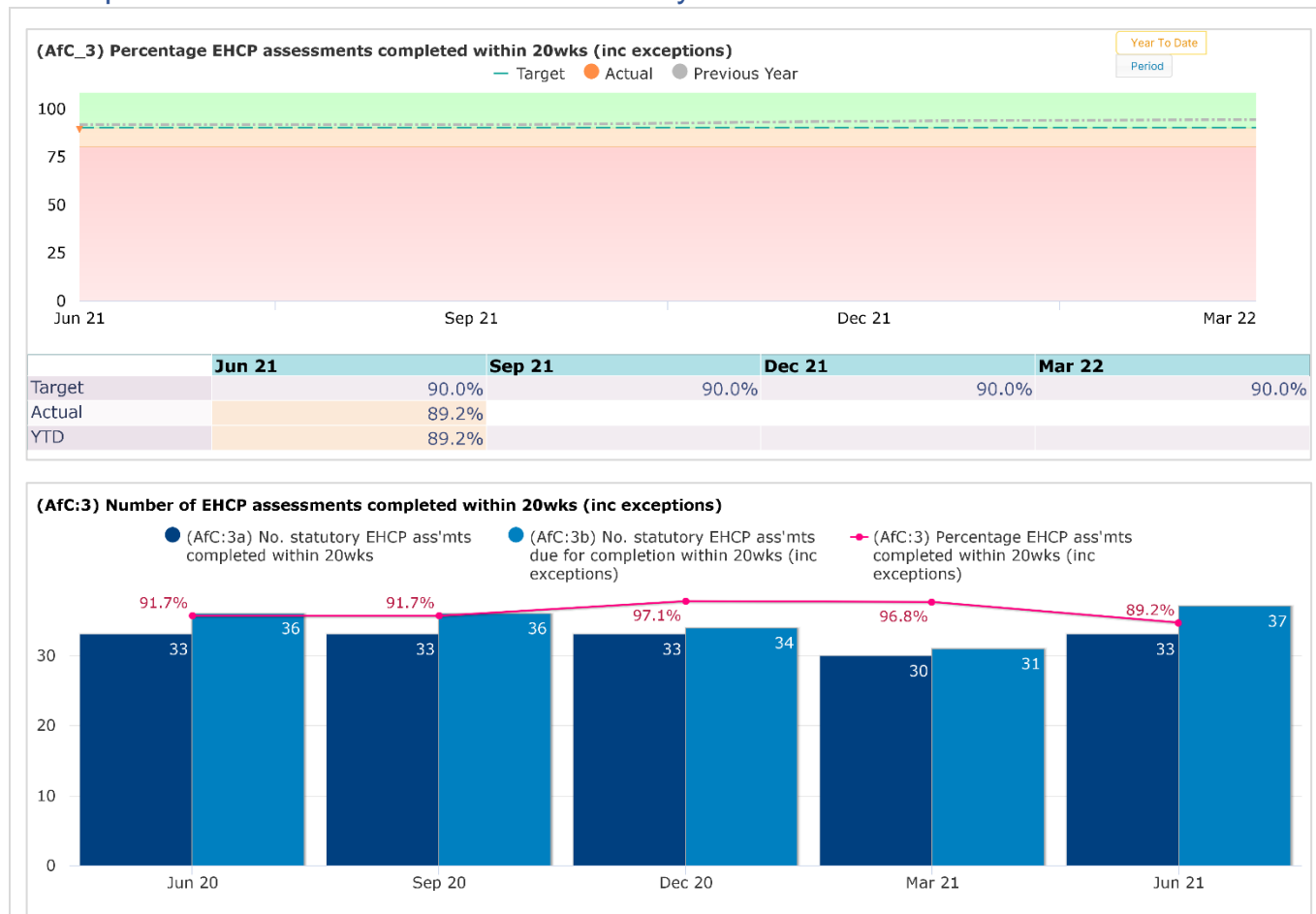
Q1 Commentary

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

In Q1 there were no children subject of a Child Protection Plan for more than 2 years out of the 37 children on plans ceasing in the year (0%).

The service regularly reviews all children who have been subject to a Child Protection Plan for 10 months or more to 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 (RCPC), and in July 2020 a new midway review process was introduced to empower social care teams to start thinking of an exit strategy prior to RCPCs. The service is also using the Windows into Practice Panel to discuss and agree effective and meaningful interventions. 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 to ensure appropriate alternative plans are considered in good time. Due to the impact of Covid-19, some children have remained subject to a CP plan due to dual care planning process. The courts have made court orders that have seen some children remaining in the care of their birth parents.

5.5. Special Educational Needs and Disability



Q1 Commentary

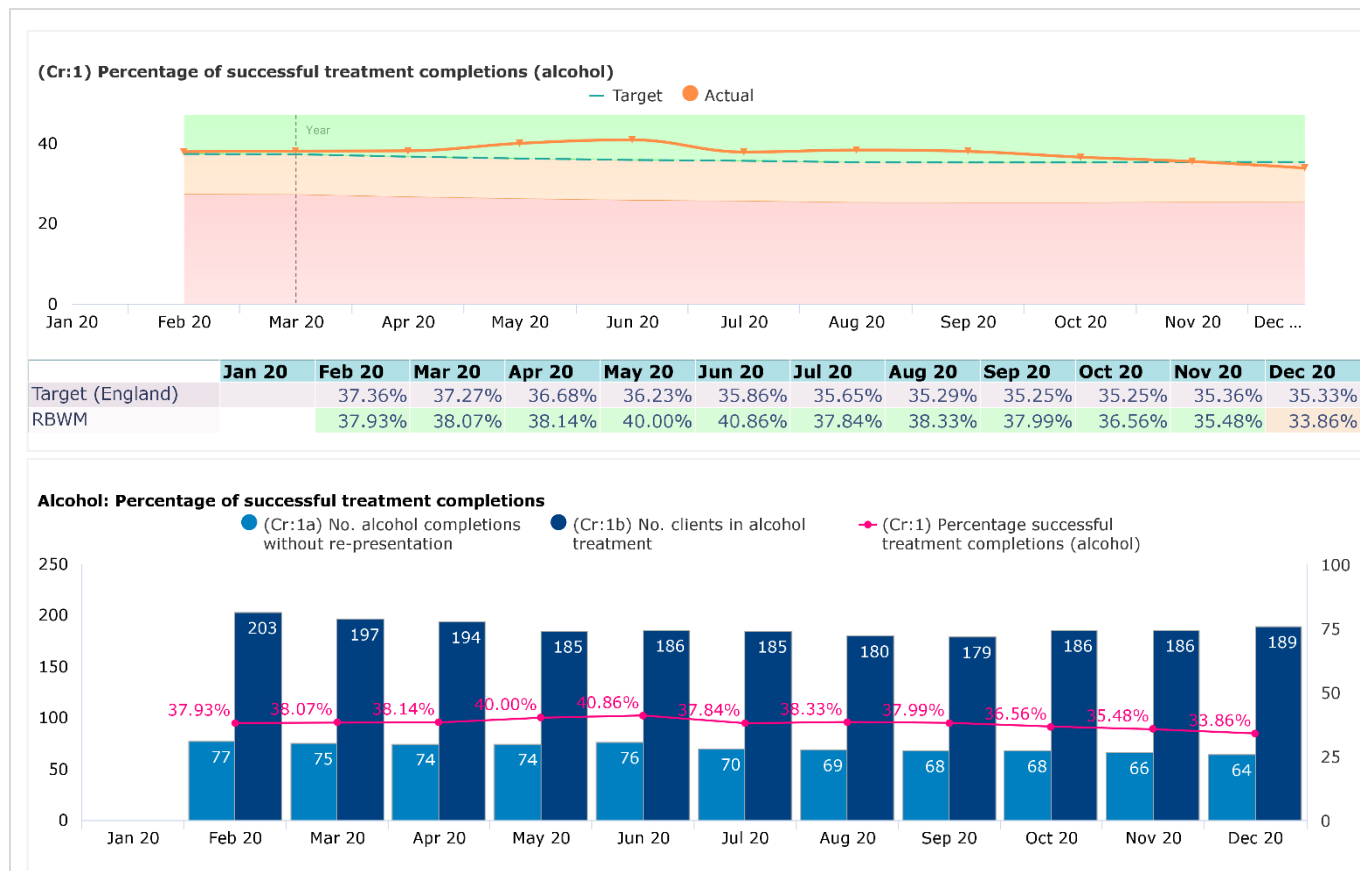
The target for this measure is 90% with red flag raised if performance is equal to/below 80%.

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 initially anticipated that performance would be detrimentally impacted by service pressures as a result of the Covid-19 pandemic, performance for this measure remained consistently high throughout 2020/21. At the close of Q1 there has been a slight fall in performance with 89.2% (33/37) of EHCP assessments completed within 20 weeks meaning that the metric is off-target (90%) by 0.8 but within tolerance. The 37 assessments (highest level) have come from a higher than typical level of initial requests as schools are coming to terms with children who have developed support needs during the pandemic period.

6. Public Health

6.1. Substance misuse: Alcohol



Q1 Commentary

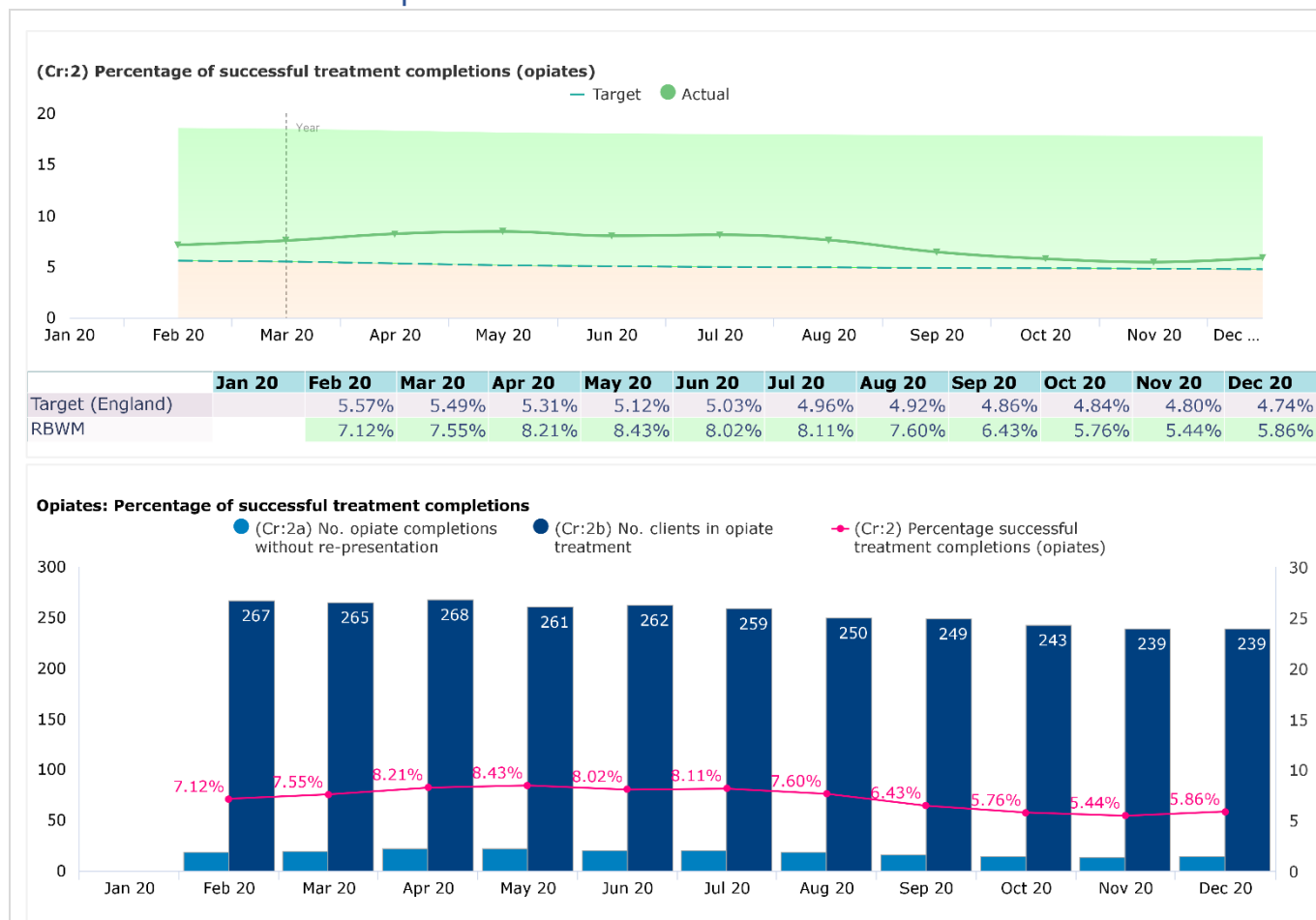
Local performance is tracked against the reported figure for England (referenced in Chart 1 as the target). There is a 10% tolerance threshold. The definition of this measure is the number of alcohol users that left structured treatment successfully (free of alcohol dependence) who do not then re-present to treatment within six months expressed as a percentage of the total number of alcohol users in structured treatment. Y-axis dates are reflective of the end of the 12mth completion period and there is a 6-mth lag between the completion period and the reporting period. Please note that the National Drug Treatment Monitoring Service (NDTMS) is closed during July, meaning that data relating to January each year is not reported.

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, GPs and other professionals. Local performance for successful completions without representation was consistently above the England reported figure until December 2020, when local performance (33.86%, 64/189) fell to 1.47% below this figure (35.33%). This reduction equates to 3 people, which was less than anticipated, given the known impact of lockdown restrictions on various health risk taking behaviours.

Peer networks are key to a client's recovery journey, and the mutual aid group Alcoholics Anonymous, held weekly meetings at the Resilience building prior to the pandemic. During lockdown restrictions, the group set up online to keep the service running, and are now taking a hybrid approach, using both face-to-face and digital delivery to improve access for those who have benefitted from services being delivered online.

We have recently invested additional Public Health funding to collaboratively commission the "Lower My Drinking" App with Cranstoun, and the other Local Authorities where they deliver services. This early help tool is an additional resource for residents and adds to the existing digital service for more problematic alcohol use called "Breaking Free", and one which supports continued recovery, called "Staying Free".

6.2. Substance misuse: Opiates



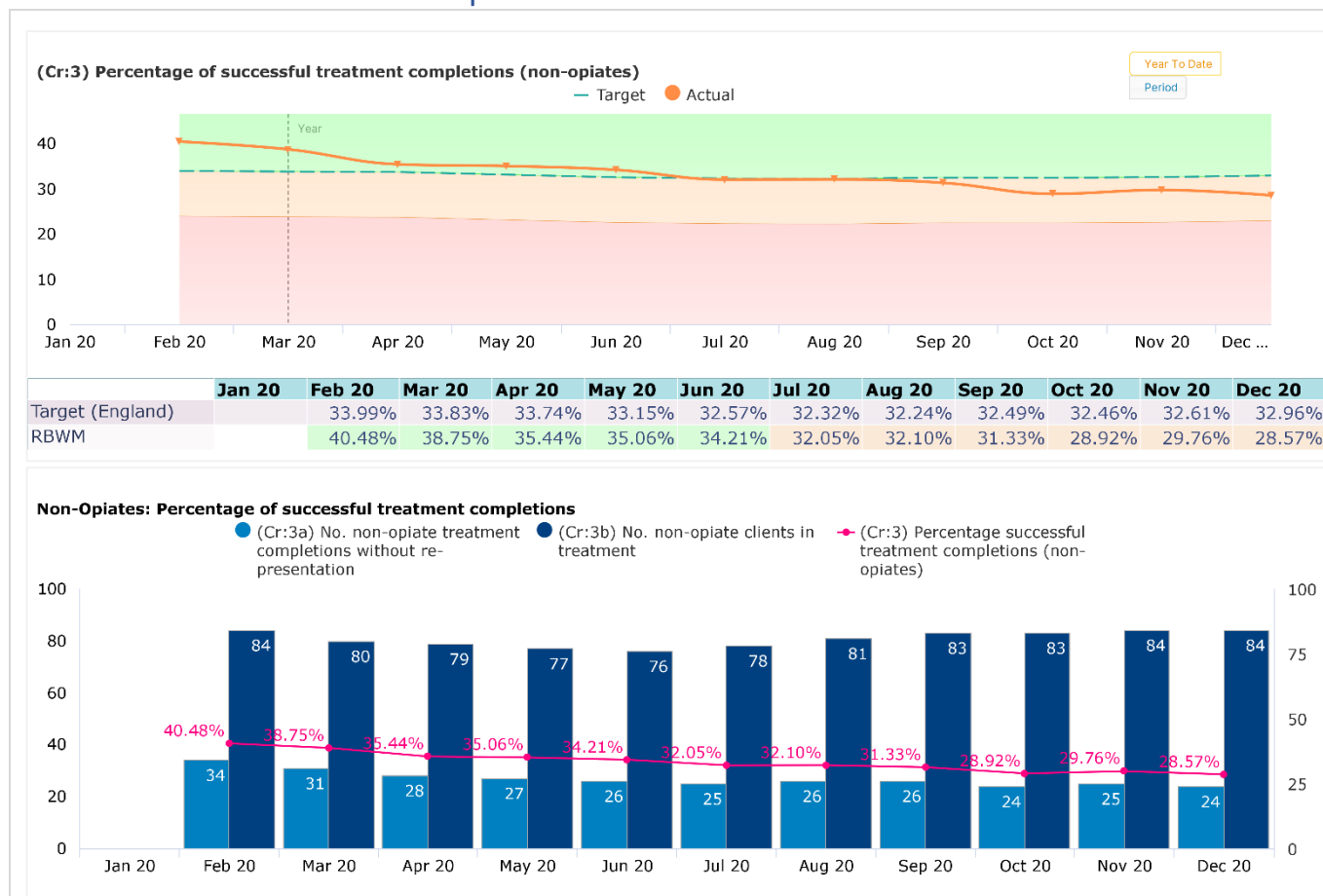
Q1 Commentary

Local performance is tracked against the reported figure for England (referenced in Chart 1 as the target). There is a 10% tolerance threshold. The definition of this measure is the number of users of opiate-users that left structured treatment successfully who do not then re-present to treatment within six months expressed as a percentage of the total number of opiate users in structured treatment. Y-axis dates are reflective of the end of the 12mth completion period and there is a 6-mth lag between the completion period and the reporting period. Please note that the National Drug Treatment Monitoring Service (NDTMS) is closed during July, meaning that data relating to January each year is not reported.

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, GPs and other professionals. Although RBWM remains above the England reported figure for the number of successful completions without representation (5.86% (14/239) for completion period ending Dec-20, above the England reported figure of 4.74% for the same period), the figures remain low both nationally and locally. It is acknowledged that service-users who access treatment for opiates are increasingly multiply disadvantaged, living complex lives and are often resistant to treatment.

During the pandemic many of the service-users, who are also on the Rough Sleeper Pathway, were accommodated, and retaining them within the drug and alcohol service provided another known point of contact during an unstable period.

6.3. Substance misuse: Non-opiates



Q1 Commentary

Local performance is tracked against the reported figure for England (referenced in Chart 1 as the target). There is a 10% tolerance threshold. The definition of this measure is the number of users of non-opiates that left structured treatment successfully who do not then re-present to treatment within six months, expressed as a percentage of the total number of non-opiate users in structured treatment. Y-axis dates are reflective of the end of the 12mth completion period and there is a 6-mth lag between the completion period and the reporting period. Please note that the National Drug Treatment Monitoring Service (NDTMS) is closed during July, meaning that data relating to January each year is not reported.

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, GPs and other professionals. There has been a sustained decrease in the number of successful completions without representation for non-opiates which include cocaine and cannabis. This coincides with the beginning of the lockdown period. Emerging evidence suggests that the use of non-opiates and alcohol have increased considerably in the general population during the pandemic due to stress and anxiety, thus previous service users have had increased difficulties keeping to their treatment plan.

As non-opiates include a number of substances, an audit is underway to better understand the number of service-users by substance-type, as these require different interventions, and will enable better targeting of resources.

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Transforming Optalis For RBWM Residents

Agenda Item 9

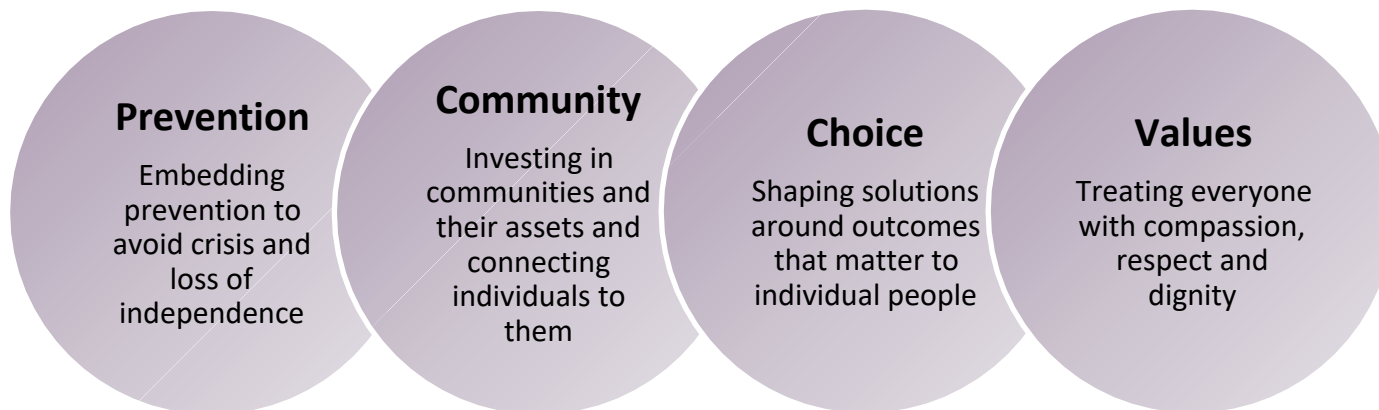
**“Thank you for keeping
us safe”**

Optalis customer

Our shared **vision** with RBWM for adult social care is:

***To enable people in the Royal Borough of Windsor and Maidenhead to
live independent and fulfilled lives.***

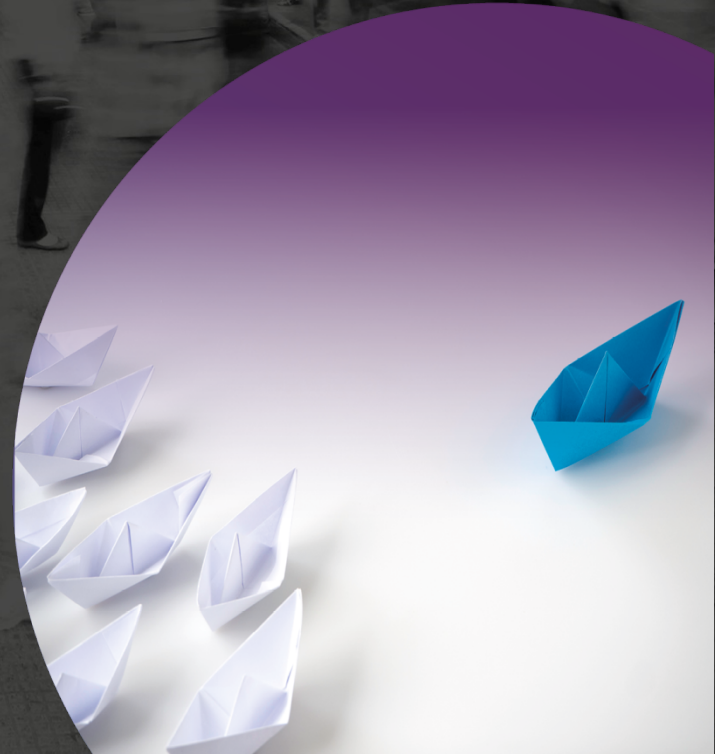
Our shared key **principles**....



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**Front Door Review –
Michael Murphy
Deputy DASS & Ged
Taylor Project Manager**





Front Door Review

RBWM's **Adult Social Care Transformation Programme 2019-2024** set out a number of activities, including:

Undertake a review of the front door and of contacts into adult social care in order to deliver opportunities for digital solutions and self service

This review started in July with a dedicated Project Manager. The Project Steering Group has been established and a Project Plan produced. The first stage of the Plan has been an assessment of the current model.

Current Model

- At present, the main adult social care front door is our **First Contact and Duty Team**. This team deals with most of the Royal Borough's adult social care first contacts and referrals, including occupational therapy and adult safeguarding.
- This team is often the first contact residents have with adult social care. In many cases, they are making contact at a time of stress or anxiety. Ensuring they receive the right advice, information and support in a timely and supportive manner is vital.
- The current model and team structure for First Contact and Duty has been in place since 2018. Demand for adult social care is increasing, particularly in relation to initial contacts and referrals including Adult Safeguarding, Occupational Therapy and equipment.

Current Model (cont'd)

- In addition to the First Contact and Duty function, there are also other access points for adult social care referrals in the borough. Several of the adult social care teams also operate their own duty functions to manage incoming work.
- From a customer perspective, this can sometimes result in a confusing number of access points for adult social care. Residents can experience the frustration of several 'hand offs' between teams and delays in assessments of their need being undertaken.
- Alternative forms of community-based support that promote independence and keep people connected to their communities are available, but access to this support can be inconsistent under the current model.

Review - Aims & Objectives

- The review will focus on meeting the needs of residents for access to the right information, advice and guidance first time. It will also enable them to make use of appropriate resources and support from within their communities.
- The review will redesign and implement a service model that promotes a strengths-based approach to working with each person while maximising available resources. It is key to the council's vision for adult social care to enable people in the borough to live independent and fulfilled lives.
- Residents will have access to and be able to utilise, existing and emerging technology to self-serve and access advice and information.
- The service model will also ensure that residents either in crisis or with non-complex needs are dealt with quickly and appropriately, thereby enabling other resources to focus on those residents with more complex needs.

Progress to Date

A review of the current model and service has been undertaken by means of:

- Obtaining feedback from residents who have had contact with the service
- Mapping the current customer journey, identifying what works but also what can be improved upon to enhance the customer experience
- Analysing data with regard to referrals and contact made to the service, to understand need and demand to inform the design of a future model
- Mapping current processes, policies and guides for staff and assessing actual practice within the team
- Identifying current community resources and information available for customers and assessing the ease of access
- Analysing the current use of technology, including telephony and IT systems

Next Steps

- Having gathered **data, information and hard and soft intelligence** in the first phase, the next phase of the project will focus on:
 - ❑ Analysis and understanding of what this information is telling us from a customer perspective
 - ❑ What areas/issues we need to address with regards to the current model
 - ❑ What the options are for a different model
 - ❑ Developing an updated resource pool & directory
 - ❑ Identifying digital and technology options available to improve access to information and advice
 - ❑ What actions we can take in the shorter term to enhance the customer experience and improve the customer journey for residents
 - ❑ What needs to be planned for the medium term.
- This work will be undertaken mainly in the form of short challenge, design and task focused sessions with key individuals. This will form an action plan with tasks and milestones, with a view to developing outline options for consideration.

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Reablement The role of STS&R

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**Helen
Woodlan**



Reablement

Social services in the UK have traditionally taken a well-meaning paternalistic approach to the provision of care. This has often required people to leave their own homes and develop a level of dependency.

In the Royal Borough, we want residents to live independent and fulfilled lives.

Reablement means giving residents the support they need to regain the skills that will enable them to be independent and to continue to live in their own homes for as long as possible.

Our Short-Term Support and Reablement (STS&R) team in the Royal Borough offers:

- **Up to six weeks** for reablement
- **Up to two weeks** for right size reassessment
- Support is provided by a multi-disciplinary team – Practitioners, OT, Physios and Rehab assistants
- Clearly identified goals
- Use technology, tools, equipment, exercise and skill building to allow people to live as independently as possible

What is changing:

The referral route into STS&R has lost its shape over the years as the team has accommodated competing demands, such as crisis management during 'out of hours', as well as long term / complex / end of life care.

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The STS&R team now has a greater role at the point of Hospital discharge working collaboratively with the hospital team ensuring the right levels of support are in place prior to a resident being discharged, allowing for greater numbers of residents to have the opportunity to be reabled and improve their living/life skills.

What is changing (cont'd):

We have developed a streamlined approach, which will ensure that there is one front door into STS&R, creating a pathway for:

- residents who can be reabled and supported to their optimum level, thus reducing their need for long term care or at the very least a reduced package of care
- or
- residents who require their support to be right sized to meet their needs, ensuring all avenues have been explored - i.e., use of technology and/or equipment to enable the resident to live as independently as possible

Transforming lives

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Everyone was cheerful and most helpful which aided recovery.

I still have a long way to go until I am back to how I was before but without your carers I don't think I would be as well as I am.

We are both so grateful and the care plan was put in place immediately mum became bed bound. She is now steadily regaining her independence and resuming her life as before.

They have encouraged me to walk, wash myself, dress and undress when I came home from hospital and encouraged me to do things for myself but was always right by my side if and when I needed.

You have given me the confidence and knowledge to look after myself that was totally lacking when I was discharged from a busy surgical ward.

Two lovely ladies brought items to help my mother (commode, stool for washing etc.). They came every day until my parents could cope again. What an amazing service. I didn't even know it existed.

Customer journey - Sandra

Sandra lives with her husband in their ground floor flat. Sandra required a knee replacement to maintain her mobility. Following her surgery Sandra found that her recovery was slower than expected, to support her to return home, she was referred directly to Reablement by the ward to the Short Term Assessment and Reablement team. Her goal was to return to her previous levels of independence, this included managing her personal care on her own.

The team began their support with four visits a day with two team members to support any moving and handling tasks safely. The Physiotherapist visited on day two and put in place an exercise plan to support Sandra to rebuild her strength. The Occupational Therapy team member visited on day three, and observed that Sandra's chair was too big, more appropriate seating was ordered.

Following the first week the team stepped back from supporting lunch visits as Sandra's husband felt able to support this task. Over the next few weeks the team continued to encourage Sandra to complete tasks on her own however she was given regular support to complete her exercises by the Reablement workers. Sandra's strength continued to improve with the regular exercises and following a joint OT and PT review her support was reduced to one carer. Her exercises were updated and she was given an ongoing plan to continue to rebuild her strength.

Her support continued to be stepped down, with the tea time visit no longer needed after three weeks and support reduced to only mornings by the fourth week. After five weeks she was not only mobile around the home with no requirement for long term formal support, but was accessing the community, including going out in the car with her husband to lift her mood.

Sandra said "Staff were very helpful, polite and reliable. I don't know how I would have coped without them, Thanks very much, a very good team."

Customer journey - Mina

Mina received individualised support that avoided long term care and allowed her to remain at home.

She was referred to the Reablement team following a serious fall and hospital stay. Her fall resulted in significant injuries including multiple fractures to her leg. Following surgery to her leg, a skin graft and a boot instead of a cast, the team devised a six week plan to build Mina's confidence and return to her previous levels of independence. Equipment was installed around the house and Mina began to learn new ways to take care of herself, with support from the Reablement workers when needed.

Her support started with four visits daily by one Rehab assistant. Once she was settled in at home the team worked at Mina's own pace. At her first week review, her exercises were reviewed and changed in response to her progress and increasing mobility. By the second week Mina was supported by the physiotherapist to get in and out of the car so that she could go out with her family. She was also provided with a caddy fitted to her walking frame so that she could carry items independently around her home (such as taking a cup of tea or magazine from the kitchen to the lounge). The team also supported her to learn how to remove and replace her boot every morning and evening. The following week Mina was advised that she would still have to have her boot in place for a further six weeks, but she was now able to manage this without support.

Over the six weeks, Mina was able to reduce her support calls and began to take control of her life. She installed a stairlift to allow her access to the top floor of her home. The physiotherapist ensured that she felt safe to use this independently. During her last week of support the Occupational Therapist ordered a shower chair. The OT will return to review its use when Mina's leg heals, and she is able to access the shower.

She was discharged from the service able to manage all her personal care and meal preparation, even though Mina was still wearing her boot and recovering from her injuries, she was able to self-manage this following tuition. Mina said "Everyone is so cheerful, I'm going to miss them coming every day, thanks to you all"

Customer journey - Richard

After experiencing a fall in his back garden in May 2021, Richard required surgery for his broken hip.

He was referred to the Reablement team to support him to regain his strength and independence at home. Initially Richard received three visits per day from rehab assistants to support him with his daily living tasks. Richard explains “They helped me so very much, doing different jobs and ensuring that I had my meals and drinks, thus ensuring I got stronger.” He was provided with small pieces of equipment, such as grab rails, toilet surrounds and a showering stool so that he could undertake tasks independently, or with minimal staff support.

He was offered a physiotherapy assessment visit on his second day of being home. The physio provided Richard with exercises and ideas for how he could manage with self-assistive techniques. The physio also identified that a leg lifter would be of benefit to Richard and the team delivered one the same evening during the next visit.

Richard explains “At first I found the physio exercises hard to do but managed them due to the expertise and patience of the team.” At the end of the first week the physio reviewed the exercises and added in some chair exercises to support Richard’s recovery.

His recovery continued at pace, and he was able to move from a using walking frame to using a quad walking stick within three weeks. By week four, Richard was able to prepare all his meals and carry out his personal care independently and by week five all care visits were stopped as Richard no longer required support. At six weeks and following installation of stair rails Richard was able to manage the stairs in his home and was discharged from the service, with no further support package required.

Richard says “Due to your team efforts, although I am still using the equipment. My life has become much better, and I am coping well. I am very grateful for all the support I received, Thank you all.”

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Thank You

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Task and Finish Group Scoping Document

Adults, Children and Health Overview & Scrutiny Panel

The process for establishing a task and finish group as follows:

1. The relevant Overview & Scrutiny Panel identifies a potential topic or topics for the relevant Task and Finish group
2. The relevant Scrutiny Panel Chairman and Lead Officers to complete the scoping document.
3. The relevant Overview & Scrutiny Panel will review the scoping document
4. The relevant Overview & Scrutiny Panel agrees overall terms of Reference Task and Finish group

TASK & FINISH GROUP MEMBERSHIP

IT IS RECOMMENDED THAT 3- 4 MEMBERS ARE APPOINTED FOR THE DURATION OF THE TASK AND FINISH GROUP. MEMBERS SHOULD BE AWARE THAT MEMBERSHIP SHOULD BE POLITICALLY BALANCED.

Purpose of proposed task and finish group (options for topics and tasks)

The purpose of the proposed task and finish group is to understand the current criteria for determining the most appropriate care package and recommend any changes to the way in which value for money is secured.

What outcomes and recommendations are the dedicated task and finish group aiming to achieve?

- To understand and scrutinise the current process for assessing a person's care and support needs.
- To understand and evaluate the current criteria for determining the most appropriate care package, including:
 - meeting the person's outcomes.
 - maximising independence and choice.
 - ensuring that people are connected with their communities.
 - supporting carers to continue in their caring role.
 - value for money.
- To understand and scrutinise the current state of the care market and its charging regime.
- To understand and scrutinise the way in which commissioning is undertaken in the Royal Borough.

Equalities Impact Assessment – not applicable

Data Protection Impact Assessment – not applicable

Recording of meetings - Action notes would be produced as opposed to minutes for each Task and Finish Group meeting.

Proposed Work Plan & Schedule of Meetings

	Meeting Dates	Task/ considered items	Who is to be invited & interviewed (if applicable)
1		To gain an understanding of the current process for assessing a person's care and support needs and the current criteria for determining the most appropriate care package.	Hilary Hall, Executive Director of Adults, Health and Housing Michael Murphy, Director of Statutory Services (Optalis)
2		To gain an understanding of the current state of the care market in the Royal Borough and its charging regime, and the way in which commissioning is undertaken in the Royal Borough.	Hilary Hall, Executive Director of Adults, Health and Housing Lynne Lidster, Head of Commissioning – People A provider of care in the borough Others to be identified by Scrutiny Panel members
3		To review five anonymised case studies of residents in receipt of care packages living in the borough against the criteria:	Hilary Hall, Executive Director of Adults, Health and Housing Michael Murphy, Director of

	Meeting Dates	Task/ considered items	Who is to be invited & interviewed (if applicable)
		<ul style="list-style-type: none"> • Two domiciliary care • One nursing care • One residential care • One supported accommodation 	Statutory Services (Optalis) Optalis' Heads of Service Others to be identified by Scrutiny Panel members
4		Discuss findings and formulate recommendations for Cabinet Member/Cabinet	Hilary Hall, Executive Director of Adults, Health and Housing Others to be identified by Scrutiny Panel members

Proposed and Confirmed dates to Report to Panel and Cabinet / Council (if required):

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WORK PROGRAMME - ADULTS, CHILDREN & HEALTH OVERVIEW AND SCRUTINY PANEL

EXECUTIVE DIRECTORS	<ul style="list-style-type: none"> • Duncan Sharkey – Chief Executive • Kevin McDaniel – Executive Director of Children’s Services • Hilary Hall – Executive Director of Adults, Health and Housing
LINK OFFICERS & HEADS OF SERVICE	<ul style="list-style-type: none"> • Lin Ferguson – Director of Children’s Social Care • Clive Haines – Schools Leadership Development Manager • Lynne Lidster – Head of Commissioning – Adults and Children • Nikki Craig – Head of HR, Corporate Projects and IT

MEETING: 20th JANUARY 2022

ITEM	RESPONSIBLE OFFICER
Budget Report	Adele Taylor
Virtual School Report – Including work with Care Leavers	Kevin McDaniel / Lin Ferguson (invite Michael Guard)
High Needs Funding for Children with Special Educational Needs	Kevin McDaniel / Clive Haines
Annual Education Standards Report – including impact of Covid on Post-16 Education	Kevin McDaniel / Clive Haines
Work Programme	Panel clerk
TASK AND FINISH	

MEETING: 27th APRIL 2022

ITEM	RESPONSIBLE OFFICER
Family Hubs implementation one year on	Kevin McDaniel / Lin Ferguson
Implementation of Health and Care White Paper	Hilary Hall
Work Programme	Panel clerk
TASK AND FINISH	

ITEMS SUGGESTED BUT NOT YET PROGRAMMED

ITEM	RESPONSIBLE OFFICER
Update on Lynwood Clinic	
Youth Groups Report (where do young people engage with the council?)	
Day Centre Consultation	Hilary Hall/Lynne Lidster

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