



# WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **TUESDAY 19 JULY 2022 AT 7.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', written in a cursive style.

Susan Parsonage  
Chief Executive  
Published on 11 July 2022

The role of Overview and Scrutiny is to provide independent “critical friend” challenge and to work with the Council’s Executive and other public service providers for the benefit of the public. The Committee considers submissions from a range of sources and reaches conclusions based on the weight of evidence – not on party political grounds.

**Note:** Members of the public are welcome to attend the meeting or participate in the meeting virtually, in line with the Council’s Constitution. If you wish to participate either in person or virtually via Microsoft Teams please contact Democratic Services. The meeting can also be watched live using the following link: <https://youtu.be/IMVSQVWplwc>

The Health Overview and Scrutiny Committee aims to focus on:

- The promotion of public health and patient care
- The needs and interests of Wokingham Borough
- The performance of local NHS Trusts

## MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

### Councillors

Andy Croy  
Adrian Mather  
Beth Rowland

Phil Cunnington  
Alistair Neal  
Rachelle Shepherd-DuBey

Rebecca Margetts  
Jackie Rance  
Alison Swaddle

### Substitutes

Sam Akhtar  
Jim Frewin  
Morag Malvern

David Cornish  
Chris Johnson  
Andrew Mickleburgh

Michael Firmager  
Pauline Jorgensen  
Shahid Younis

ITEM NO.	WARD	SUBJECT	PAGE NO.
1.	None Specific	<b>ELECTION OF CHAIR 2022/23</b> To elect a Chair for 2022/23.	
2.	None Specific	<b>APPOINTMENT OF VICE CHAIR 2022/23</b> To appoint a Vice Chair for 2022/23.	
3.		<b>APOLOGIES</b> To receive any apologies for absence	
4.	None Specific	<b>MINUTES OF PREVIOUS MEETING</b> To confirm the Minutes of the Meeting held on 16 March 2022.	5 - 12
5.		<b>DECLARATION OF INTEREST</b> To receive any declarations of interest	
6.		<b>PUBLIC QUESTION TIME</b> To answer any public questions  A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice.  The Council welcomes questions from members of the public about the work of this committee.  Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to <a href="http://www.wokingham.gov.uk/publicquestions">www.wokingham.gov.uk/publicquestions</a>	
7.		<b>MEMBER QUESTION TIME</b> To answer any member questions	

<b>8.</b>	None Specific	<b>OPTALIS UPDATE</b> To receive an update on Optalis.	<b>13 - 24</b>
<b>9.</b>	None Specific	<b>HEALTH AND WELLBEING STRATEGY</b> To receive an update on the Health and Wellbeing Strategy.	<b>To Follow</b>
<b>10.</b>	None Specific	<b>ADULT SOCIAL CARE PRIORITIES - ADULT SOCIAL CARE REFORMS</b> To receive a presentation on the Adult Social Care Priorities - Adult Social Care Reforms.	<b>25 - 32</b>
<b>11.</b>	None Specific	<b>ADULT SERVICES KEY PERFORMANCE INDICATORS</b> To consider the Key Performance Indicators for Adult Services.	<b>33 - 42</b>
<b>12.</b>	None Specific	<b>FORWARD PROGRAMME</b> To consider the forward programme for the remainder of the municipal year.	<b>43 - 44</b>

**Any other items which the Chairman decides are urgent**

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading.

**CONTACT OFFICER**

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**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON 16 MARCH 2022 FROM 7.00 PM TO 8.40 PM**

**Committee Members Present**

Councillors: Alison Swaddle (Chairman), Jackie Rance (Vice-Chairman), Sam Akhtar, Jenny Cheng, Barrie Patman and Rachel Bishop-Firth

**Others Present**

Michael Firmager

Charles Margetts

Jim Stockley, Healthwatch Wokingham Borough

Madeleine Shopland, Democratic & Electoral Services Specialist

Simon Broad, Assistant Director Adult Services

Pamela Iyer, Senior Commissioner

Lewis Willing, Head of Health & Social Care Integration

Kirsten Willis-Drewett, Head of Operations (Berkshire West) & Interim Head of Operations (Oxfordshire), South Central Ambulance Service

Mark Ainsworth, Director of Operations, South Central Ambulance Service

**60. APOLOGIES**

Apologies for absence were submitted from Councillors Tahir Maher and Adrian Mather.

Councillor Michael Firmager attended the meeting virtually.

**61. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 19 January 2022 and the Minutes of the Extraordinary meeting held on 21 February 2022 were confirmed as a correct record and signed by the Chairman.

Councillor Bishop Firth clarified that whilst the Committee had been informed that the Peach Place toilets were a Wokingham Town Council facility, they were a Borough Council facility.

**62. DECLARATION OF INTEREST**

There were no declarations of interest.

**63. PUBLIC QUESTION TIME**

There were no public questions.

**64. MEMBER QUESTION TIME**

There were no Member questions.

**65. SOUTH CENTRAL AMBULANCE SERVICE**

The Committee received an update on South Central Ambulance Service from Kirsten Willis-Drewett, Head of Operations (Berkshire West) & Interim Head of Operations (Oxfordshire), South Central Ambulance Service, and Mark Ainsworth, Director of Operations.

During the discussion of this item, the following points were made:

- Mark Ainsworth referred to graphs which highlighted the demand for 999 calls and 999 responses. With regards to 999 calls, the blue line was where the Trust anticipated demand would be using historical data from the last 12 months to set the budget. This was recalculated every 5 weeks to see how demand was progressing. This was represented by the red line. The green line represented the volume of calls actually received. In the middle two weeks of February 15,000 calls per week had been expected but approximately 17,500 had been received. Mark Ainsworth explained that this would not all relate to separate incidents and that people often phoned back to check on the progress of the ambulance. The second graph highlighted the 999 responses. The number of actual responses was below predictions and approximately 10,500 were responded to a week by sending an ambulance or car. Some of the other calls would be dealt with by Emergency Clinicians in the Emergency Operations Centre or who would advise of different routes to access their medical care.
- With regards to performance, there were nationally set standards for all ambulances. For Category 1 calls there was a mean target of a 7 minutes, and the Trust was performing at around 9 minutes. There was also a target of 15 minutes for being on scene for the 90<sup>th</sup> percentile. Through December to early January this was being met but this was starting to slip. For Category 2 calls the National Target was an 18 minute mean. This was not being met with an upward trajectory of decline, at around 33 minutes. The target for being on scene was 40 minutes for 90<sup>th</sup> percentile. Performance against this target had also started to deteriorate. For Category 3 calls the National Target was 2 hours for the 90<sup>th</sup> percentile. This was being exceeded by just over an hour currently
- Performance on all measures was challenged.
- In response to a question from Members Mark Ainsworth explained that:
  - Category 1 calls were patients in cardiac arrest, or who were unconscious, or who were not breathing, or who were fitting uncontrollably or had noisy breathing (e.g., were unconscious and were swallowing their tongue)
  - Category 2 calls were patients who had chest pains, breathing difficulties, or strokes. This represented the biggest category of call.
  - Category 3 calls were patients who had a lower grade medical emergency such as an isolated fracture.
  - Category 4 calls were patients who required a face-to-face assessment and were non emergencies.
- SCAS also transported GP admissions as requested and there were time targets related to this that the Trust was required to meet.
- There were challenges in meeting operational hours required to meet the demand and the Trust was approximately 5,000 hours short per week. The picture was fairly consistent across the South (Hampshire) and North Thames Valley and Milton Keynes). This was as the result of higher than predicted staff sickness levels, and lower recruitment levels during the pandemic.
- With regards to handover of patients to the Acute Trusts there was a target of 15 minutes. Royal Berkshire Hospital was most challenged regarding ambulance handover delays in October, November, and December, with a steady improvement being seen into January and February. In November, 511 operational hours had been lost, which had reduced to 287 hours in February. Frimley were more challenged earlier in the year, with a steady improvement from October onwards.
- Nationally the number of ambulance handover delays over 1 hour was monitored. There had been an improvement in Quarter 4 on Quarter 3.
- Members received information on how the Trust performed against other England Ambulance Trusts in various areas. Whilst it was first in some areas, it was 8<sup>th</sup> out

- of 10 for Calls Answered 90<sup>th</sup> percentile, due to a shortage of Emergency Call Takers,
- Mark Ainsworth provided more information regarding recruitment:
    - There were challenges with recruiting Emergency Call Takers in the Bicester Emergency Operations Centre. Bicester was an area of high employment and reasonably high wages. The Emergency Call Taker role had a relatively low salary. In NHS terms it was a Grade 3. A recruitment and retention premium was being trialled in the Winchester and Bicester Emergency Operations Centres. 15 call handlers had also been appointed who were based with the Isle of Wight Ambulance Trust but who answered emergency calls on behalf of SCAS. There was currently 100 FTE's and the Trust was working towards the full 150 FTE's by June.
    - The Trust was part of a Health Education England pilot to appoint Australian paramedics. 48 has been planned for and 42 had been appointed so far and would be starting in the summer.
    - The Trust was reviewing options for Eastern European Recruitment with London Ambulance Service, particularly from Finland and Poland.
    - The loss of paramedics to Primary Care Networks as funded through NHS to recruit paramedics, was a big challenge to the Trust. Hours and salaries were often more favourable.
    - The SCAS region had a high cost of living against the national pay banding. Sometimes paramedics trained with the Trust before going to cheaper areas in the country.
    - Shortages were backfilled with Private Providers, registered with the CQC. This was more expensive as the equipment and ambulance also had to be paid for. Private providers were currently covering approximately 9,000 hours a week and this was to rise to 15,000 in April.
  - Mark Ainsworth outlined the vacancies in the different areas covered by the Trust. High Wycombe, Slough and Windsor and Maidenhead were areas of particular concern with 120.47.
  - It was more difficult to recruit clinical staff as they were required to undertake a 3 year degree programme.
  - Kirsten Willis-Drewett outlined how patients could be dealt with:
    - Hear and Treat by a clinician in our Emergency Operations Centre
    - See and Treat by a clinician face to face with the patient
    - See treat and convey to Emergency department. This represented the largest percentage of patients.
    - See treat and convey to non-Emergency Department location
  - The rates for the different options were noted.
  - Members were informed of the impact of Covid:
    - Absence levels had been well above that expected and budgeted for.
    - There had been impacts on estate and capacity at operational bases due to social distancing requirements.
    - Delayed ambulance handovers due to 'green' vs 'red' patients. (Red being those with either a positive test or symptomatic)
    - There had been a detrimental impact on the health and wellbeing of staff who had worked in high stress situations for an extended period, and a significant toll had been taken on individuals' mental health and wellness.
  - The Trust continued to work closely with colleagues from its community partners, utilising pathways which avoid conveyance to the acute trust emergency departments.

- Members asked what mitigation steps were taken when the service was overloaded. Mark Ainsworth commented that there was a National Resource Escalation Action Plan designed by the National Ambulance Resilience Unit and which provided direction on increasing resources on the road. For example, the Education Team may be deployed to crewing ambulances. 30 military personnel had acted as co-responders during the pandemic and 11 would remain in place until the end of March. The Fire Service, particularly Hampshire Fire Service had provided support in the form of blue light driving. Consideration was also given as to how the Patient Transport Service could be deployed. Staff and front-line managers could also be asked to work overtime during peak periods.
- A Member questioned how many staff crewed an ambulance and was informed that it was usually two, but a student could also accompany for training purposes.
- A Member asked about the Trust's experience of using private ambulances and the impact on the budget. Mark Ainsworth commented that budget was a significant impact and the level of staff vacancies. He reemphasised that private ambulance crews were more expensive. There were ambulances not currently being used to full capacity due to staff shortages. The Trust was assured on the quality of staff provided by the private ambulance providers.
- In response to a Member question as to whether recruitment was becoming more difficult, Mark Ainsworth confirmed that it was. There had been a change in academic requirements for paramedics. The number of staff coming in was consistent but the numbers leaving were increasing.
- A Member questioned whether the Ambulance Trusts could pressure the NHS for the national pay scales to be revisited. They went on to question whether Thames Valley waiting was possible. Mark Ainsworth commented that a national review on ambulance service roles was being undertaken. The paramedic pay scale had increased 3 years ago. With regards to London waiting, Bracknell and Wexham ambulance centres received a high living cost allowance, but this did not have a great impact on recruitment. A retention and recruitment premium had been applied to High Wycombe and 40 additional staff had joined in that area in the last 12 months. It was hoped that the national review would provide an increase for ambulance technicians and emergency call handlers.
- In response to a question as to how the Council could assist, Mark Ainsworth asked that they promote referring people to the correct services.
- Members questioned whether the Trust worked with volunteer transport services, and was informed that they worked the Local Authority and health providers.

**RESOLVED:** That

- 1) The presentation on South Central Ambulance Service be noted.
- 2) Kirsten Willis-Drewett and Mark Ainsworth be thanked for their presentation.

## **66. ADULT SOCIAL CARE KEY PERFORMANCE INDICATORS**

Councillor Margetts, Executive Member for Health, Wellbeing and Adult Services and Simon Broad, Assistant Director Adult Services provided an update on the Key Performance Indicators for Quarters 2 and 3.

During the discussion of this item the following points were made:

- AS1: Social work assessments allocated to commence within 7 days of the requests (counted at point of allocation) – there had been a drop off in performance over the last few quarters. There had been an increase in complexity in cases.



Steps being taken to rectify this included increased recruitment and improved retention. Members were reminded that it was a stretch target and Wokingham was performing well above national average.

- AS3: People aged 65+ who received reablement from the START team following discharge from hospital, and remained at home 91 days later, was on an upward trajectory.
- AS4: safeguarding timeliness – concerns completed within 2 days. This target continued to improve.
- AS7: Proportion of people receiving long term care who were subject to a review in the last 12 months – this was another stretch target and Wokingham was third in the South East. A small improvement had been made.
- AS9: Permanent admissions to residential and nursing care homes per 100k population and AS10: Information and Advice at the front door - % of contact referrals closed with 'NFA – Advice & Information only' were both performing well.
- AS11: Proportion of people who use services who receive direct payments – snapshot at end of quarter, was slightly under target.
- A Member sought an update on action being taken to improve AS7. Councillor Margetts commented that they were trying to raise the department to the top 25% for all measures. Simon Broad added that the Council had a statutory responsibility to review all those who received care support. However, it also needed to be able to respond to care quality concerns which meant that the reviewing team sometimes had to undertake unplanned reviews. The stretch target for the number of planned reviews needed to be balanced against any unplanned reviews.
- Members asked if there were any issues around recruitment and retention. Simon Broad indicated that there was a shortage of Occupational Therapists and Social Workers nationally. A number of mitigating actions were being taken including the production of a Workforce Development Strategy, reviewing the recruitment website and including videos from different practitioners and advertising on radio. The Council was trying to be more competitive.
- Members asked whether the Council had looked beyond the UK for recruitment. Simon Broad indicated that it was supporting the provider market, which was looking to widen recruitment to overseas. Lewis Willing, Head of Health & Social Care Integration, added that work was being undertaken on a Workforce Strategy, which included the provider network, and various schemes were in place to ensure appropriate levels of Occupational Therapists and Social Workers. Nationally it was Social Worker Week and the Council's social media referred to this.
- Councillor Margetts commented that KPIs needed to be meaningful.
- Simon Broad referred to the work around the effectiveness in discharging from hospital. The Council had consistently outperformed its neighbours in this area.

**RESOLVED:** That the Adult Social Care Performance Indicators be noted.

## **67. UPDATE ON HEALTHWATCH REPORT REGARDING CARERS IN WOKINGHAM BOROUGH**

The Committee received an update on the response to the report from Healthwatch Wokingham Borough regarding carers.

During the discussion of this item, the following points were made:

- In 2020/21 Healthwatch Wokingham surveyed unpaid carers about their experiences of caring during the pandemic. 89 carers had completed the survey. As of the last census there were approximately 14,000 carers within the Borough.

- Top concerns raised included –
  - Decline of person being cared for either physically or mentally, during lockdown. Some had reported those with dementia had found it difficult to understand the restrictions.
  - Workload and lack of time out: 78% said the hours of care they provided had increased, 70% hadn't been able to get regular breaks.
  - Carer wellbeing, notably a negative impact on their: mental health (84%) physical health (62%), family wellbeing (73%)
- One positive was that many carers had found it easier to get access to food and medication as result of the Wokingham community response, coordinated by the One Front Door.
- Direct payment recipients had reported delays and Council inflexibility, which was being addressed by a Direct Payments review.
- 2 out of 3 respondents were not aware of their rights as a carer, 30% did not know what a carer's assessment was and 40% were not registered as being a carer with their GP.
- The Council had reviewed the report's recommendations –
  - Identify hidden carers – this aligned with Priority 1 of the Council's Carer's Strategy 'Identifying and recognising carers' and it was important that seldom heard and hidden carers were included in that. A Keeping in Touch project had been commissioned and would run for 12 months. In addition, a data validity exercise would be undertaken to make sure the Council was aware of who all the carers were and to update if the person being cared for had sadly passed away.
  - Improve GP surgery support – this was being undertaken through integration work with the Primary Care Networks, including ensuring that there was a link of GP websites which linked to upto date information for carers.
  - Increase information and support to known carers – A co-production customer engagement toolkit was being developed which would enable greater engagement of carers. Current and former carers had given their input on the service during the retendering process. In addition, the Community Directory was being reviewed and Project Joy, an online platform allowing service users to connect with services, was being recommissioned. TuVida would be undertaking Care Act training and service improvement plan.
  - Continue what worked well during the Covid period – this linked with all 4 priorities in the Carers Strategy. A review was being undertaken of the Council's community response. The Council had been engaging in welfare calls to carers (approximately 1000 in January) and this would continue
  - WBC to publish written guidance for direct payment recipients who cannot spend their payments normally - A review would be undertaken on Direct Payments arrangements within Adult Social Care, to strengthen current practice. One of the workstreams in the Carers Strategy would also focus on this.
  - Prioritise provision and take up of respite options - No action required as respite was already considered in care planning following assessments and carers' assessments. Consideration had been given as to how the respite services were structured.
  - Clinical Commissioning Group to consider updates to carers information on GP websites – work was being undertaken with the CCG.
  - End disparity between number of carers registered with GP and number registered with WBC - Incorporated within ongoing data validity work.

- Members commented that carers needed to feel safe, valued, and supported, and questioned what the biggest challenge was to the implementation of the report's recommendations. Pamela Iyer, Senior Commissioner, commented that from a commissioning view, how the commissioned provider worked on the ground. The Council was looking how the providers were working with the voluntary sector throughout the Borough, and at statistical neighbours and whether what the Council paid for the services was fair, reasonable, and equitable. Identifying who was a carer could also be difficult. Simon Broad added that he wanted carers to understand their rights as carers and where they could go to ask for help. Lewis Willing indicated that carers was hopefully going to form one of the priorities of the Integration Board this year, subject to agreement. It was important to provide a good offer to encourage people to sign up as carers.
- Simon Broad commented that carers had a lot to offer, and he would like to see them contribute to the shaping of policy and co-production.
- Jim Stockley stated that Healthwatch recognised the Council's reaction to the report and positive steps were being taken by the Council and the CCG to make improvements.

**RESOLVED:** That

- 1) the update on the response to the report from Healthwatch Wokingham Borough regarding carers be noted.
- 2) Pamela Iyer, Lewis Willing and Simon Broad be thanked for their presentation.

**68. UPDATE ON THE WORK OF HEALTHWATCH WOKINGHAM BOROUGH**

Members received an update from Healthwatch.

During the discussion of this item, the following points were made:

- The team was working towards the transition to a new provider which would take effect at the end of the month.
- The annual report would be published in June.
- The GP access report would be published by the end of March.
- Access to NHS dentistry continued to be a challenge. The Committee was informed of one resident who had been offered an urgent appointment elsewhere but had not been able to afford to travel there, and of another who had been hospitalised as a result of an untreated tooth problem.
- The Committee thanked Jim Stockley for his hard work and support during his time with Healthwatch.
- Members were reminded that the Overview and Scrutiny Management Committee would be considering suggestions for the work programme for the next municipal year at its next meeting. The Chairman encouraged Members to send any suggestions that they might have to Democratic Services.
- The Chairman thanked Councillors Patman and Cheng for their contribution to the Committee as it was their final meeting.

**RESOLVED:** That

- 1) the update from Healthwatch be noted.
- 2) Jim Stockley be thanked for his hard work during his time with Healthwatch.

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# Optalis – Further Briefing On Potential Service Changes



## What is Optalis?

Optalis is WBC's own Adult Social Care company. Created 11 years ago as a Local Authority Trading Company, and now jointly owned by WBC and the Royal Borough of Windsor and Maidenhead, we work in close partnership with the council's adult social care team to provide a wide range of care services across the Borough.

Cllr Hare and Matt Pope are directors of the company, providing oversight and direction.

Our formal aims are to:

- Transform and improve the delivery of adult services
- Secure the stability of the workforce
- Identify and deliver opportunities for joint commissioning



**We operate a wide range of different adult care services for Wokingham Borough residents, including:**

- Supported employment training for people with learning disabilities and autism
- Day services for people with learning disabilities
- Independent living services, providing care support for people with learning disabilities and autism in their own homes
- Extra care services for residents at four retirement facilities in Wokingham, Woodley and Winnersh
- Day services for people with physical disabilities
- Residential care for older people with dementia
- Reablement services
- 'Out & About' evening and weekend activities

# Operational Performance

- **Business as usual** – we have continued to ensure that all our services have operated to the high standards required by the Care Quality Commission (CQC) and the Care Act, despite the ongoing challenges of the pandemic. As Covid restrictions have eased, we have been delighted to welcome more residents back to our day services.
- **Finances**
  - 2021/22 - we met our budget and delivered additional savings of £184k to the council.
  - With the support of WBC, we are proud that all our people are paid at the rate of the National Living Wage or above in 2022/23.
  - We expect the next few years to be increasingly challenging from a financial perspective, primarily because of the impact of the rising cost of living on the recruitment and retention of care staff. Use of agency staff is expensive, and we are working hard to keep this to a minimum in a very difficult employment market.





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# Transforming Optalis





## Transformation Agenda

- New Services
- Improving Existing Services
- Ability Travel
- Other Opportunities

# New Services

- Optalis is supporting WBC by taking on at least 10 new and existing services across the borough, covering a wide variety of different care needs. This expansion is possible because of WBC's investment in a new Peripatetic Team for Optalis, which has given us the capacity to transfer and initiate new services as required by WBC.
- Last year we successfully launched the first of these new services at Gorrick Square in Wokingham.
- In April this year we opened WBC's new Learning Disability and Mental Health services at Hatch Farm in Winnersh. Feedback from customers and their social workers about the beneficial impact of the new service on their lives has been extremely positive.
- Preparations have been well-advanced for the transfer of the respite service at Loddon Court in Earley from previous provider Dimensions to Optalis.
- We are working closely with WBC's ASC team on the timetable for opening further new services in 2022 and 2023.

# Improving Existing Services

- **Reablement** - capacity and productivity enhancements are planned for our START team, to support residents where reablement will give them a higher quality of life than they would receive through traditional care packages.
- **Day Services** - we have relaunched our services for people with physical and learning disabilities under the Community Lives brand. The pandemic confirmed:
  - That these services are often a lifeline for residents and their families, who faced a range of difficulties when the services were closed or restricted.
  - There is increasing demand for a wider range of more innovative activities taking place across/within the local community, in place of traditional buildings-based services.

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We are therefore working closely with WBC to develop an enhanced range of services to offer to our Community Lives customers.

- **Out & About** – this popular service has been consistently oversubscribed in recent years. We are now investing so that we can offer residents an even wider range of evening and weekend activities.
- **Care Management** - WBC has provided funding for a new electronic care management package. This will allow us to provide support for residents in a more personalised, transparent and efficient way.

# Ability Travel

- Our best-in-class Supported Employment service provides support and training for customers with a wide range of disabilities who are looking for work.
- We recently expanded the service by introducing our new Ability Travel skills training, which helps our customers to gain higher levels of independence and confidence when using public transport.
- Having launched the service in partnership with South Western Railway, Network Rail and Reading Buses, we have now expanded the range of partners to include <sup>2</sup>Great Western Railway and the Southeast Communities Rail Partnership. This has allowed us to introduce a new programme of 'Try a Train' training days on the North Downs line, which have been very well-received by residents.
- We planned to hold a special 'Station Adopters' event at Wokingham station on 24 June, as a celebration of our new partnership with SWR, supported by our friends at CLASP Wokingham and their choir. Due to strike action, this event will now be rescheduled for a date later in the year – any Members who are available on the day will be very welcome to join us.

# Other Opportunities

- We have been working with WBC's commercial advisers to develop additional opportunities for income generation for the council.
- We are running pilot trials of new ventures. These provide work experience and paid work for people with a range of disabilities, supporting them to develop skills for employment, and include:
  - Ability Cleaning – providing commercial office cleaning services
  - Ability Catering – providing packed lunches and teas for customers
  - Our new 'Well Turned Out' training shop - this is a specialist recycled clothing store. We also supply interview clothing free of charge to people using our Supported Employment Services.

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**Thank You**

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# Adult Social Care Reform; 25 People at the Heart of Care

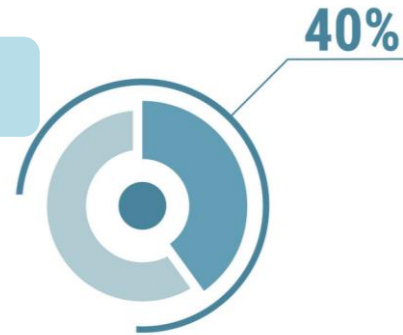


Size of the Adults Social Care budget 2021/22: **£49m net**

**40 %** of the councils total budget

Circa **1,860** people received care and support provided by WBC

c.110 social care providers registered in WBC: 52 Care Homes in the borough (26 for older people) and c.50 home care providers



## Key priorities of the Adult Social Care strategy

- Keeping people safe
- Prevent, reduce and delay the need for formal care and support
- Involve people in their care and support
- Work in partnership and commission services that deliver quality and value for money



**Adult Social Care  
Strategy**  
**2020-25**

67.1% of people using services in Wokingham Borough were satisfied with their care and support services compared to a 64.3% England average

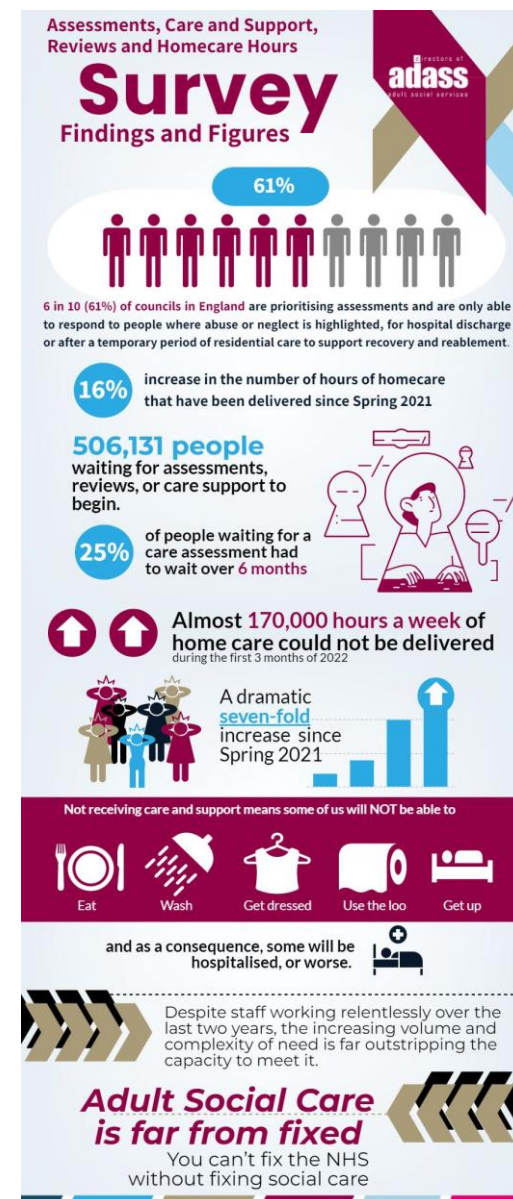
70.6% of carers in Wokingham Borough reported that they have been included or consulted in discussion about the person they care for compared to a 69.7% England average

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We are highest in the country for adults in contact with secondary Mental Health Services in paid employment with 21.4% compared to 6.4% for England

We are 2<sup>nd</sup> highest in the country for people with a Learning Disability in paid employment with 79% compared to 58% for England

87.8% of people in Wokingham Borough who use services say that those services have made them feel safe and secure compared to 86.9% England average



# Adult Social Care Reforms

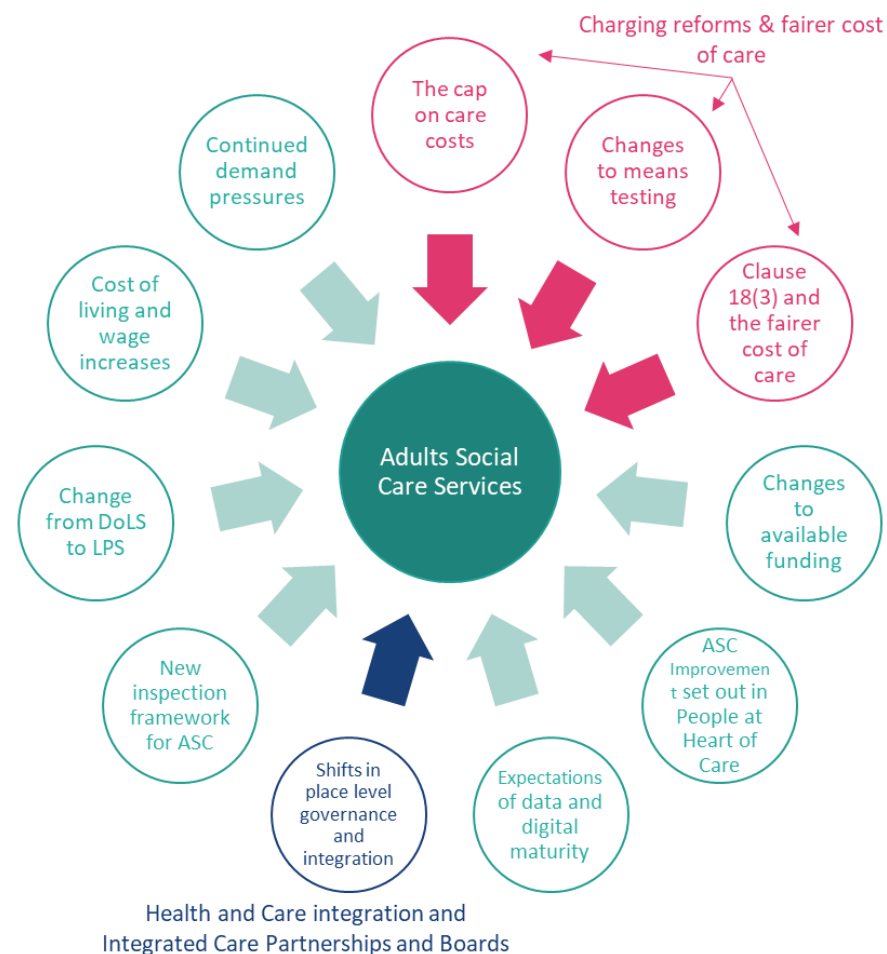
Over the next few years Adults Social Care is facing a suite of radical changes.

These will impact:

- the number of residents who will come to the Local Authority to talk about their care needs and the number eligible for Local Authority funded care
- the shape and scale of the workforce needed
- how care is delivered and assessed
- 28 • how Adult Social Care Services work with other Council teams and partners.

Changes will have significant funding implications. In particular, the funding being made available for the Charging Reforms and Fairer Cost of Care are causing particular concern for Local Authorities nationally.

A recent County Council Network report estimating that there will be 'a greater financial impact than the Government's Impact Assessment over the 10-year period (£29bn-£32bn vs. £19bn)' and estimates that 'up to 39% more social work staff will be required to manage the additional workload'\*.



# Adult Social Care Reforms – Charging reforms

The primary aim of the charging reforms is to redistribute the financial responsibility for paying for an individual's care between the individual and the local authority. At its simplest, the cost to the individual will reduce, and the cost to the local authority will increase.

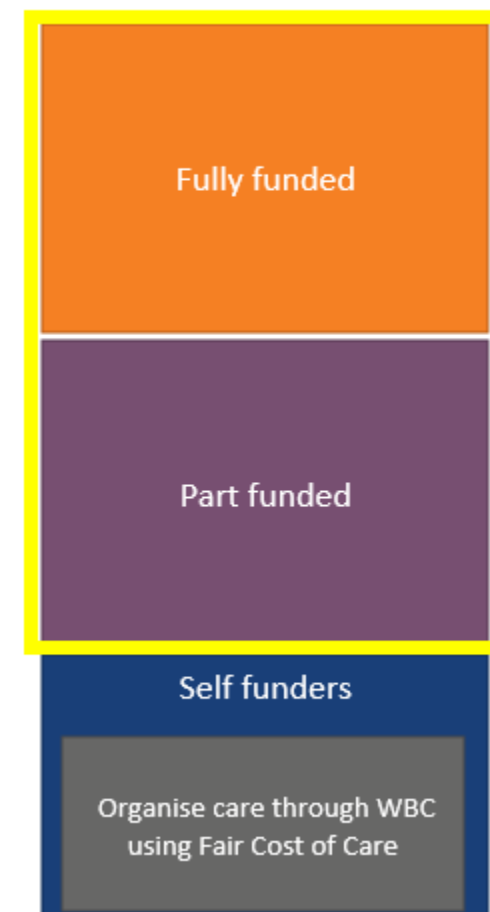
To achieve this aim, there are four key components:

- a cap on the amount any individual can spend on their personal care over a lifetime;
- a more generous system of means testing; a 'fair' cost of care will be established to support providers;
- enactment of section 18(3) of the Care Act which will mean all individuals can ask the local authority to arrange their care.

Proportion of people currently eligible for LA financial support



Proportion of people eligible for LA financial support post October 23



## Existing challenges with the current adult social care system

- preparing for assurance;
- provider sustainability;
- workforce recruitment and retention;
- <sup>30</sup> evolving relationship with the NHS, including understanding the implications of the white paper on integration, and the implementation of Integrated Care Systems.

## Cap on care costs

- More Social Workers needed to assess need and review care plans each year
- c.3,117 private funders in Wokingham (c.83% increase in demand)

## Independent personal budgets and Care accounts

- ICT infrastructure required to manage the individuals expenditure
- More finance/admin support needed to manage care accounts

## Section 18; Commissioning Care for Self funders

- Individuals can ask the local authority to commission their care for them at a Local Authority rate
- Self funders currently offset local authority rates by c.40%; reforms will inflate LA costs

## Fair cost of care and market sustainability plan

- Cost of care exercise to be completed by the 14<sup>th</sup> Oct 2022
- The LA must outline how we intent to meet the cost of care within 3 years

## Assurance Process (CQC Inspection)

- LAs to be inspected from April 2023

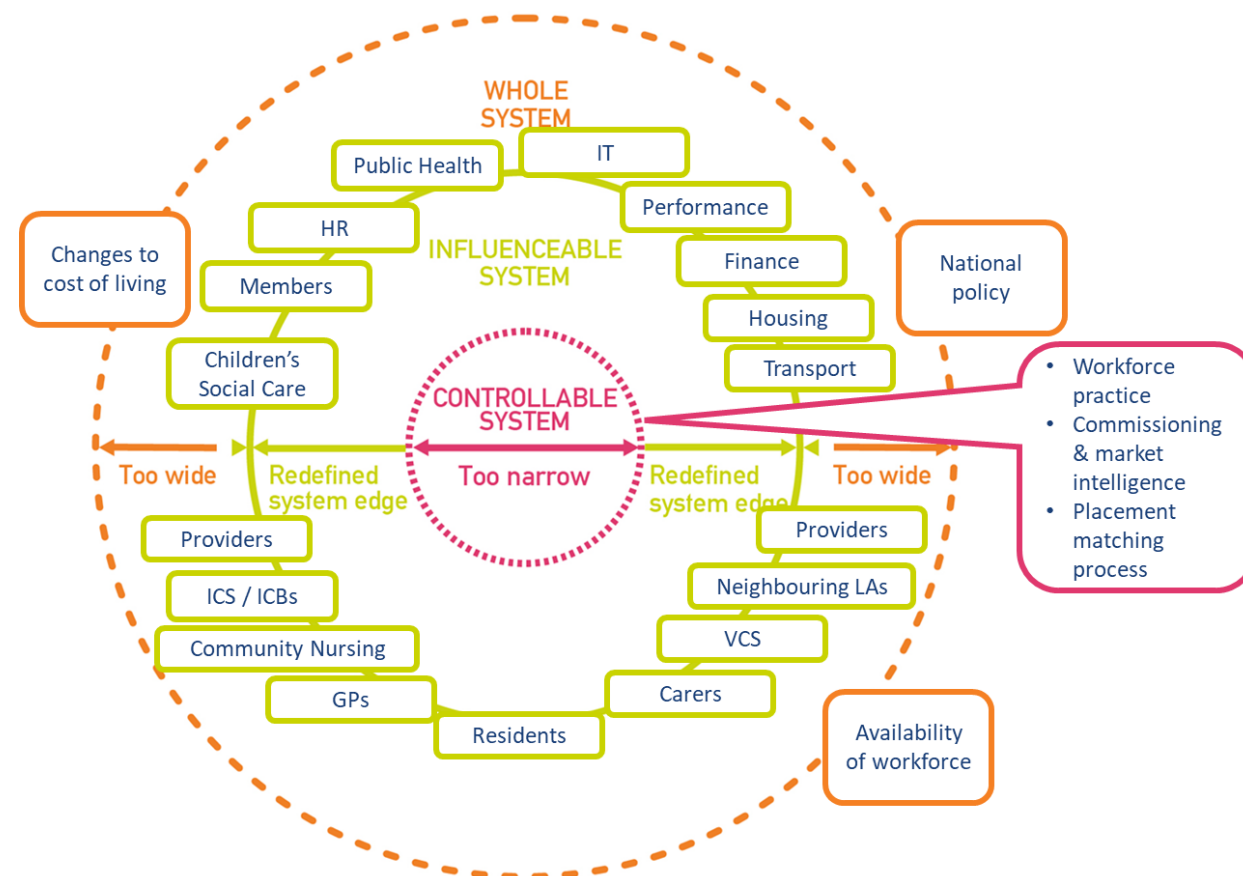


# Adult Social Care Reforms – People at the Heart of Care

## KEY THEMES

1. Personalised care with a focus on outcomes, independence, prevention
2. Better information, advice and guidance
3. Focus on 'home' and independence
  - More housing options and alternative provision
  - Home adaptations/TEC
4. Better use of technology
  - Tec enabled care
  - Digital records and data
5. Better support for carers
6. Strategic role of commissioning
  - Role in market shaping and innovation
  - Coproduction
7. Investment in and 'professionalisation' of the workforce
8. Better data
9. New assurance frameworks
10. Continued drive for integration, innovation and new models of care
11. Supporting adults into work

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# Adult Social Care Reforms – Timetable for reforms

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	2022			2023			2024		2025	
	Q1 Apr-Jun	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar	Q1 Apr-Jun	Q2 Jul-Sep	Q3 Oct-Dec	Q4 Jan-Mar	Q1-3 Apr-Dec	Jan-Dec
<b>The cap on care costs &amp; changes to means testing</b>					★ Early assessments to start people metering towards the cap		★ Cap on care cost and changes to means testing goes live			
<b>Clause 18(3) and the fairer cost of care</b>		★	Fairer cost of care exercise, market sustainability plan and spend report due				★ Clause 18(3) and the fairer cost of care goes live			
<b>New inspection framework for ASC</b>	★ ASC data framework published	★	New ASCOF measures reporting		★ New CQC inspections for ASC & ICS go live	★	Mandatory provision of anonymised client-level data			
<b>Shifts in place level governance and integration</b>	★ ICS and ICB legal entity		★ Pooled budgets reviewed		★ Agreed Governance Model & Accountability & Responsibility at Place level	★	Integration Shared Outcomes Framework			
<b>Digitalisation</b>						★ Single health and adult social care record	★	★ population health platform		
<b>LPS</b>		★ Consultation ends					★ 80% adoption of digital social care records among CQC registered ASC providers			
<b>ASC Transformation &amp; Improvements</b>	★ Sustained programme of change									





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# Health Overview and Scrutiny Committee

## Key Performance Indicators Q4 2021-22

### Adult Services

Wokingham Borough Council  
July 2022



**WOKINGHAM**  
BOROUGH COUNCIL

Matt Pope  
Director of  
Adult Services

## Overview

Our ambition is for Wokingham Borough to be one of the best boroughs for adults and carers in need of support to live, where they feel safe, included and a key part of our community. Our key priorities for the next four years are: Keeping people safe; Prevent, reduce and delay the need for formal care and support; Involve people in their care and support; Work in partnership and commission services that deliver quality and value for money.

## Top wins

- Wokingham has continued to perform well in comparison to our neighbouring authorities, evidenced in our benchmarked performance.
- In Q4 we saw a significant increase in contacts to our front door and managed to significantly increase the % provided with the right information, advice and signposting.
- We continue to be one of the highest performing authorities nationally in arranging employment for people with learning disabilities and mental health
- New Key Performance Indicators have been selected for 2022-23, as detailed on the following slides. Our KPIs are reviewed annually to ensure they remain the most accurate measures of our progress towards achieving our priorities

## Opportunities

Adult Services' Transformation Programme will identify and maximise opportunities for improvement over the next 3-4 years. Improvements are expected with the following KPIs:

- Front door activity (AS10) and better demand management due to strength-based practice (AS3 & AS9)
- An increase in self-directed support (AS11)
- Consistent operational performance management (AS7)

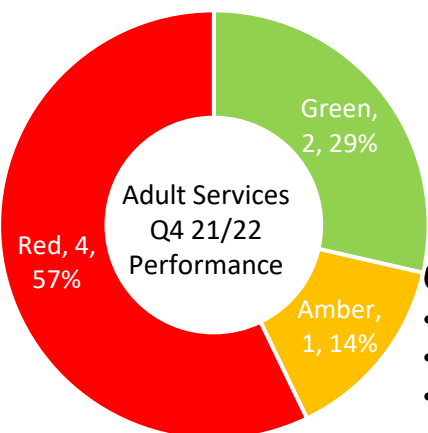


## Challenges

Covid-19 and its' impact has been, and remains, our main challenge. 

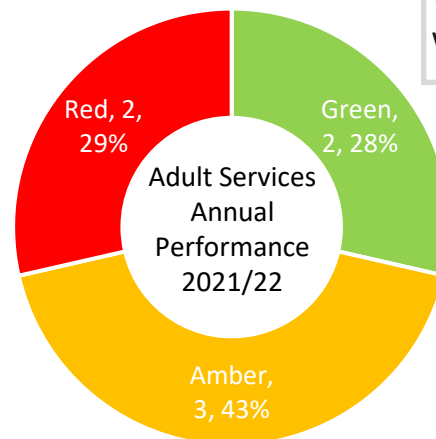
The service has seen an overall increase in demand and this manifests in increases in numbers but also people with higher needs, with this is having an impact particularly on the KPI AS1 – timeliness of allocating assessments.

In addition to the added pressures on workforce due to Covid-19, particularly with increases in sick leave, there is also a national challenge with recruiting qualified Occupational Therapists and Social Workers. Locally we have developed a recruitment and retention plan to support us with this.



### Q4 position

- 29% of KPIs achieved target, **Green**
- 14% of KPIs slightly off-target, **Amber**
- 57% of KPIs below target, **Red**




### Annual position

- 28% of KPIs achieved annual target, **Green**
- 43% of KPIs slightly off-target, **Amber**
- 29% of KPIs below target, **Red**

## Highlights and lowlights

 KPIs AS9 and AS10 remained **Green**

 KPIs AS3 and AS4 deteriorated from **Green** (Q3) to **Red** (Q4).


## New KPIs proposed for 2022-23

KPI		Indicator rationale and commentary	Polarity	Proposed Numerical target for 2022-23	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22
1.	% of safeguarding concerns leading to an enquiry completed within 2 working days	<p><u>Priority: Keeping People Safe:</u> The Adult Safeguarding Hub enables WBC to respond to safeguarding concerns in a timely manner whilst embedding the 'six principles of safeguarding' in practice (empowerment, protection, prevention, proportionality, partnership, accountability). This will achieve a more effective balance of person-centred work that also manages risk to others in the context of public and community safety issues.</p> <p>The aim of completing safeguarding concerns within 2 working days is a local target in place to ensure decisions are made in a timely manner for concerns that progress to a safeguarding enquiry.</p> <p>Additional pressures during 2021-22 include increasing numbers of concerns raised and reduced staffing. Actions taken to mitigate these pressures are to change the process for triaging concerns</p>	Higher is better	Improve or sustain performance 2021-22: 61%	73%	51%	67%	51%
2.	35 Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)	<p><u>Priority: Involve people in their care and support:</u> People must be provided with the right combination of care, in the right place at the right time, in ways that will be sustainable going forward.</p> <p>There is a process of triaging and risk assessing all contacts received to ensure those requiring immediate attention are prioritised.</p> <p>Numbers of people waiting for assessments, packages of care or reviews is collected regularly for all Local Authorities in the South East. Currently 26% of people are waiting longer than 6 months across the region. 28 days is a local target to ensure best practice.</p>	Lower is better	Improve or sustain performance 2021-22: 87%	100%	98%	90%	66%
3.	% of new contact referrals closed with advice, information or signposting	<p><u>Priority: Prevent, Reduce, Delay the need for formal care and support:</u> To prevent, reduce and delay the need for formal care and support is one of our priorities. Providing high quality advice, information or signposting at the first point of contact is key in achieving this aim.</p> <p>The customer pathway must be simple and efficient. It is essential that our residents are encouraged to self-serve where it is appropriate and possible. Whenever and however people and their carers contact services, they should receive a positive response and appropriate support to help resolve the issues they face.</p>	Higher is better	Improve or sustain performance 2021-22: 18%	14%	19%	16%	21%

## New KPIs proposed for 2022-23

KPI		Indicator rationale and commentary	Polarity	Proposed Numerical target for 2022-23	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22
4.	The proportion of adults with a learning disability who live in their own home or with their family (ASCOF measure 1G)	<p><u>Priority: Involve people in their care and support:</u> Reflecting our ambition outlined within our Learning Disability Strategy, we aim to support people with a learning disability to live independently in suitable accommodation for as long as possible. South East performance for this measure was 77.4% for 2020-21 and 81.5% for Wokingham for the same period.</p>	Higher is better	Improve or sustain performance 2021-22: 87%	81%	81%	85%	87%
5.	New Permanent admissions to residential or nursing care homes (65+) (ASCOF 2A2)	<p><u>Priority: Prevent, Reduce, Delay the need for formal care and support:</u> Achieving a reduction in the number of people entering care homes (residential or nursing) evidences that we are putting in the right measures to effectively reduce, delay, prevent the need for long term care and support.  There were 489 admissions per 100k population for the South East last year, compared to 353 for the Wokingham Borough.</p>	Lower is better	Less than 9 people a month (BCF Target)	19	15	17	9
6.	36 Proportion of people receiving long term care who were subject to a review in the last 12 months	<p><u>Priority: Involve people in their care and support:</u> People must be provided with the right combination of care, in the right place at the right time, in ways that will be sustainable going forward.  Local Authorities have a duty under the Care Act to undertake reviews of care and support plans to ensure that plans are kept up to date and relevant to the person's needs and aspirations, provides confidence in the system and mitigates the risks of people entering a crisis situation.</p>	Higher is better	Improve or sustain performance 2021-22: 67.4%	72.3%	73.7%	77.2%	67.4%
7.	% of CQC registered providers that are rated good or outstanding	<p><u>Priority: Work in partnership and commission services that deliver quality and value for money:</u> We aim to ensure we maintain a high proportion of regulated services in the local area that are judged as good or outstanding. CQC inspection ratings for care providers are above national averages in Wokingham Borough as evidenced in our Market Position Statement.</p>	Higher is better	Higher than South East	Nursing Homes: 100%	Nursing Homes: 100%	Nursing Homes: 80%	Nursing Homes: 82%
				Nursing Homes: 78%	Residential Homes: 91%	Residential Homes: 95%	Residential Homes: 95%	Residential Homes: 93%
				Residential Homes: 85%	Domiciliary Care: 81%	Domiciliary Care: 86.1%	Domiciliary Care: 85.7%	Domiciliary Care: 88.2%

# Adult Services Key Performance Indicators Summary 2021/22

Safe & Strong Communities					
Ref	Description	RAG Q4	Change from Q3 (2021-22)	Benchmarking	Target Commentary
<a href="#">AS1</a>	Social work assessments allocated to commence within 7 days of the requests (counted at point of allocation)	Red	Worse	Not available	This is not monitored as a national performance measure, however, we know from the results of a recent survey of Local Authorities that nationally 12% of people awaiting a social work assessment have been waiting more than 6 months. Over the last 18 months, the maximum wait for anyone in Wokingham was 38 days. We aim to not keep people waiting more than 28 days and currently 93% of assessments are allocated in this time-frame. The aim of maintaining high performance allocated in 7 days is a stretch target.
<a href="#">AS3</a>	People aged 65+ who received reablement from the START team following discharge from hospital and remained at home 91 days later	Red	Worse	<u>2019-20:</u> 85% WBC 77% South East 82% England	This is a national 'ASCOF' indicator monitored through annual statutory returns. We performed well in comparison to the regional and national performance for 2019-20 with 85%. The target is set with the aim of improving our local performance.
<a href="#">AS4</a>	 Safeguarding timeliness – concerns completed within 2 working days	Red	Worse	Not available	This is not monitored as a national indicator. The indicator is set to achieve best practice performance by responding to safeguarding concerns in a timely manner. Our annual performance for 2019-20 was 50%. Improvements, however, within the team in Q4 2019-20 increased performance to 84%. This target was set with the aim of maintaining that level of improved performance.
<a href="#">AS7</a>	Proportion of people receiving long term care who were subject to a review in the last 12 months	Red	Worse	2 out of 16 South East LAs (1=high)	The 2021-22 target has been set as a challenging stretch target. Our aim is to perform in the top quartile in comparison to other Local Authorities. Currently our performance for people with a review or assessment in the last 12 months places us 2 <sup>nd</sup> highest in the South East benchmarking club.
<a href="#">AS9</a>	Permanent admissions to residential and nursing care homes per 100k population	Green	Better	30 of 152 LAs for 2019-20 (1=low admissions)	Our aim is to reduce the number of long-term admissions to care homes. The target was set with the aim of performing well in comparison to regional performance (131 on average per quarter for 2019-20).
<a href="#">AS10</a>	Information and Advice at the front door – Percentage of contact referrals closed with 'NFA – Advice & Information Only'	Green	Better	Not available	The target is set with the aim of improving our local performance for this specific area (information and advice). Comparative data from our statutory return is not reported with the same definition but monitors all new contacts from the community resulting in signposting or universal services. For this measure we were 5 <sup>th</sup> highest in the region for those aged 18-64 and 4 <sup>th</sup> highest for those aged 65+.
<a href="#">AS11</a>	Proportion of people who use services who receive direct payments – snapshot at end of quarter	Amber	No change	3 out of 16 South East LAs (1=high)	This is a stretch target with the aim of improving our local performance which has remained relatively static for the last 2 years. Our performance is good for this area in comparison to other Local Authorities and ranked 3 <sup>rd</sup> highest in the region.






# Appendix A-1: Adults Services Key Performance Indicators 2021/22 - Detail

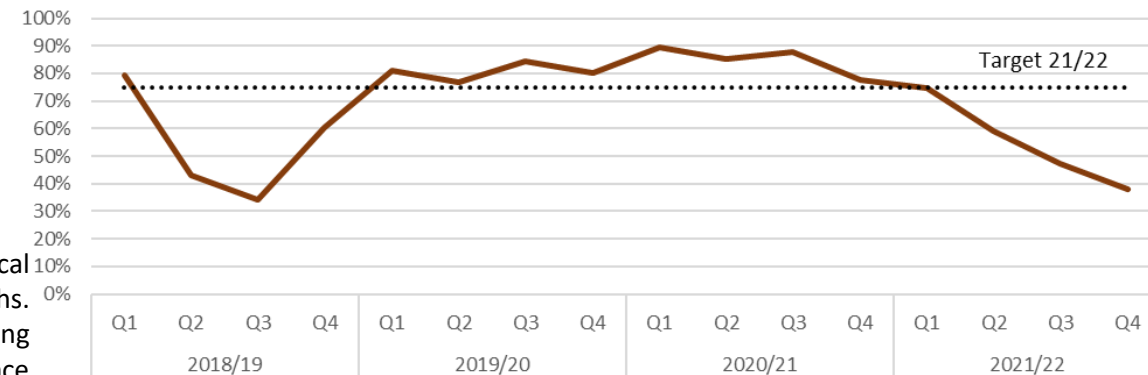
## Safe & Strong Communities

### AS1: Social work assessments allocated to commence within 7 days of the requests (counted at point of allocation)

 Red  Worse

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts



Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	119/159	75%	75% or more	Green	 Worse
Q2 21/22	106/179	59%		Red	 Worse
Q3 21/22	73/154	47%		Red	 Worse
Q4 21/22	81/214	38%		Red	 Worse
<b>Full year 21/22</b>	<b>379/706</b>	<b>54%</b>		<b>Red</b>	 <b>Worse</b>








This is not monitored as a national performance measure, however, we know from the results of a survey of Local Authorities that nationally 12% of people awaiting a social work assessment have been waiting more than 6 months. Over the last 2 years, the maximum wait for anyone in Wokingham was 38 days. We aim to not keep people waiting more than 28 days and currently 70% of assessments are allocated in this time-frame. Maintaining high performance allocated in 7 days is a stretch target. All cases requiring urgent assessments are allocated within the 7 day target.

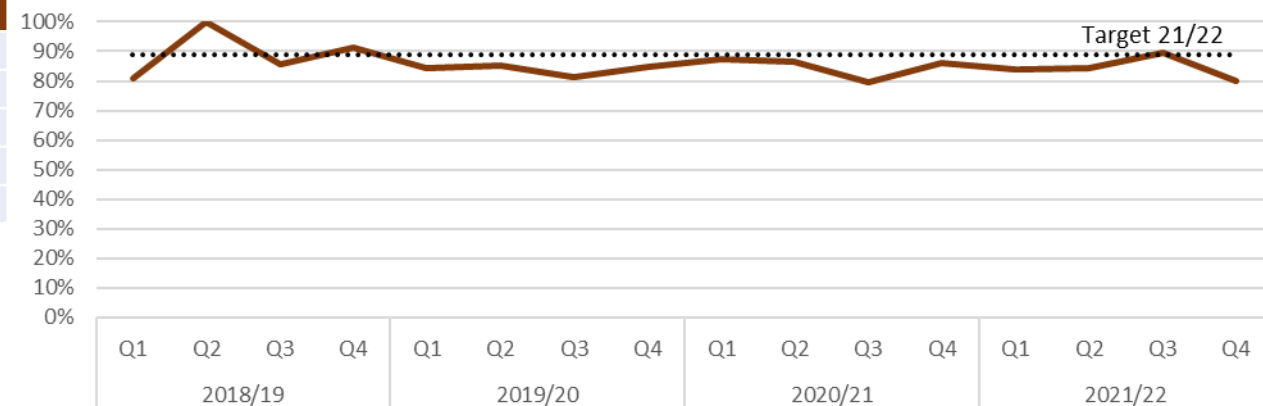
A number of reasons have contributed to our stretch target not being met over the year. The adoption and embedding of strength based practice has brought a more person centred approach, but the impact is that more time is required for assessments to be undertaken. Locally we have had an increase in the complexity of cases and in quarter 4 we had an increase of 60 more assessments requiring allocation, making Q4 the highest number this year. Nationally there have been issues with the recruitment of qualified staff, which has also impacted us locally. Actions to address the increased pressure on the team include ongoing recruitment, a review of pay rates to support retention and an investment in recruiting apprentices. Over this period there has been a significant focus on supporting hospital discharge to ensure an effective flow of patients, this is because of the ongoing pressure on the health and social care system due to the global pandemic. Despite the % target not being met for Q4, the number of assessments allocated in total in March-22 increased significantly compared to previous months with 103 allocated in the month, compared to an average of 50 for a typical month. Due to the backlog of assessments waiting to be allocated, it will take time for the increase in assessments allocated to impact on the % allocated in 7 days. We expect performance to improve in the next quarter as the backlog is cleared.

### AS3: People aged 65+ who received reablement from the START/ICT following hospital discharge & was at home 91 days later

 Amber  Worse

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	126/150	84%	89% or more	Amber	 Worse
Q2 21/22	134/159	84%		Amber	 No change
Q3 21/22	137/153	90%		Green	 Better
Q4 21/22	140/175	80%		Red	 Worse
<b>Full year 21/22</b>	<b>537/637</b>	<b>84%</b>		<b>Amber</b>	 <b>Worse</b>





This is a national 'ASCOF' indicator monitored through annual statutory returns. We performed well in comparison to the regional and national performance for 2019-20 with 85%. The target is set with the aim of improving our local performance. Performance was reported as Red for the Q4 period and Amber for the full year 2021/22 performance. Performance has been affected by the complex needs and acuity of patients being discharged from hospital caused by the global pandemic.








# Appendix A-1: Adults Services Key Performance Indicators 2021/22 - Detail

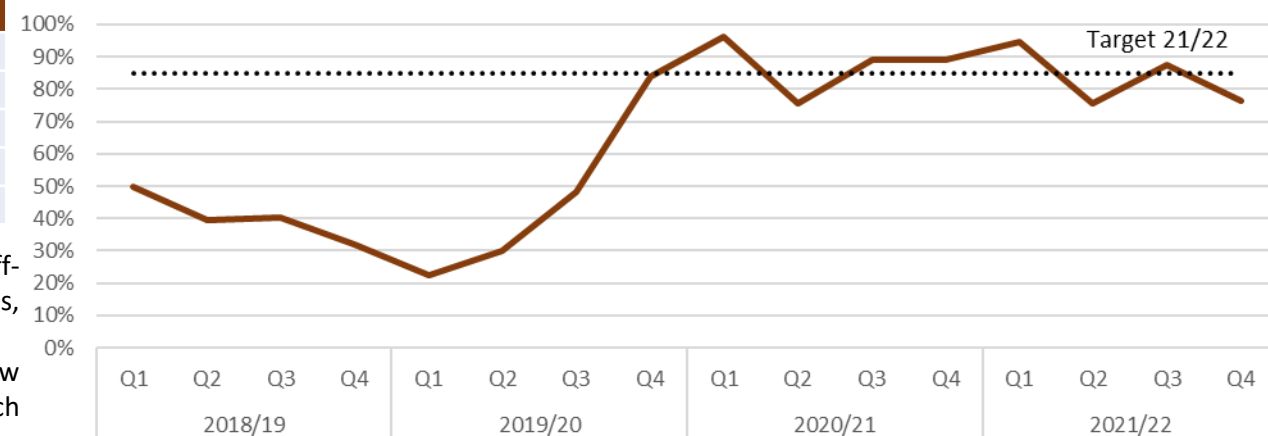
## Safe & Strong Communities

AS4: Safeguarding timeliness – concerns completed within 2 working days

 Amber  Worse

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	499/527	95%	85% or more	Green	 Better
Q2 21/22	418/554	75%		Red	 Worse
Q3 21/22	509/582	87%		Green	 Better
Q4 21/22	442/579	76%		Red	 Worse
<b>Full year 21/22</b>	<b>1868/2242</b>	<b>83%</b>		<b>Amber</b>	 <b>Worse</b>








Performance in the Q4 21/22 period was Red and for the full year 2021/22 is reported marginally off-target as Amber. There has been 27% increase in the number of referrals received, despite this, performance has been broadly maintained throughout the year.

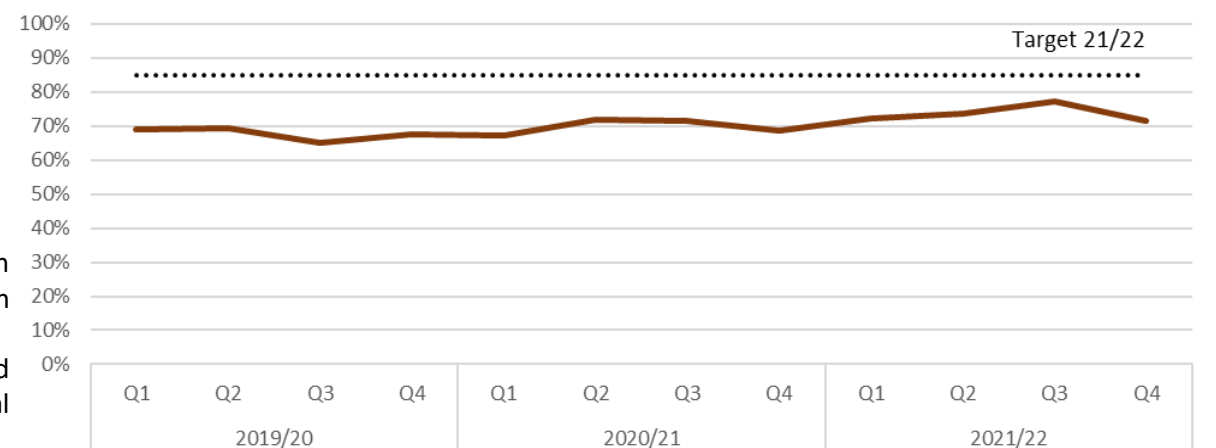
The reason for the decline in performance in Q4 is due to issues with staffing capacity, which have now been addressed in March-22. A review of the processes for managing referrals has also taken place which has identified some improvements required to increase efficiencies and these have also been implemented in March-22.

AS7: Proportion of people receiving long term care who were subject to a review in the last 12 months

 Red  Better

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	861/1191	72%	85% or more	Red	 Better
Q2 21/22	903/1225	74%		Red	 Better
Q3 21/22	929/1203	77%		Red	 Better
Q4 21/22	871/1220	71%		Red	 Worse
<b>Full year 21/22</b>	<b>3564/4839</b>	<b>74%</b>		<b>Red</b>	 <b>Better</b>



The 2021-22 target has been set as a challenging stretch target. Our aim is to perform in the top quartile in comparison to other Local Authorities. Currently our performance for people with a review or assessment in the last 12 months places us third highest in the South-East benchmarking club.

There have been a significant amount of unplanned reviews this year due to provider quality concerns and this has impacted on our ability to maintain high performance for those people requiring planned annual reviews.

Unplanned reviews following care quality and safeguarding concerns require urgent action to ensure that other people receiving services from the provider are not at risk.

It is expected performance will continue to decline into the next quarter due to these continuing pressures and for performance to begin to improve in the summer (quarter 2).

This expected improvement will be supported by, and maintained with, the implementation of a new Reviewing Framework and Protocol. This will include processes for prioritising reviews based on the complexity of the customer's needs and their situation and will improve the efficiency of allocating and completing planned reviews in a timely manner.

# Appendix A-1: Adults Services Key Performance Indicators 2021/22 - Detail

## Safe & Strong Communities

### AS9: Permanent admissions to residential and nursing care homes per 100k population



Green



Better

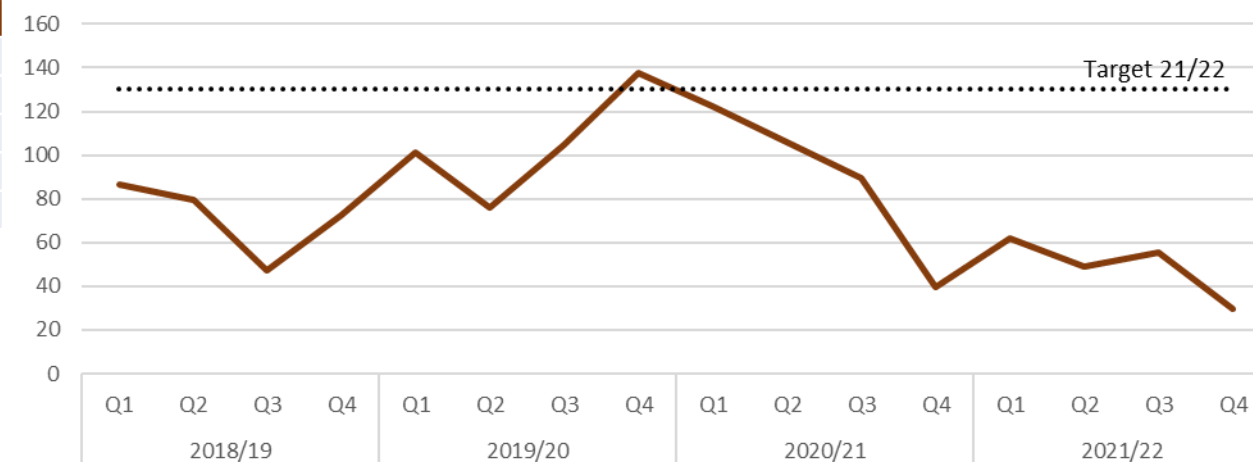
Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Rate (per 100k)	Target	RAG	Direction of Travel
Q1 21/22	19	62.15	130 or less	Green	👎 Worse
Q2 21/22	15	49.07		Green	👍 Better
Q3 21/22	17	55.61		Green	👎 Worse
Q4 21/22	9	29.44		Green	👍 Better
<b>Full year 21/22</b>	<b>60</b>	<b>196.26</b>	<b>520 or less</b>	<b>Green</b>	<b>👍 Better</b>

We are aiming to reduce the number of long-term admissions to care homes. The target was set with the aim of performing well in comparison to the South East region.

This indicator is monitored for the Better Care Fund and 2022-23 targets have been agreed to keep admissions below 10 a month. We have averaged 6 a month so far in 2021-22 and are on track to achieve next year's target.

Performance has remained strong for the last year which evidences the success of the Discharge to Assess (D2A) model, where going home is the default pathway for people discharged from hospital with care needs.



### AS10: Information and Advice at the front door - % of contact referrals closed with 'NFA – Advice & Information only'



Green



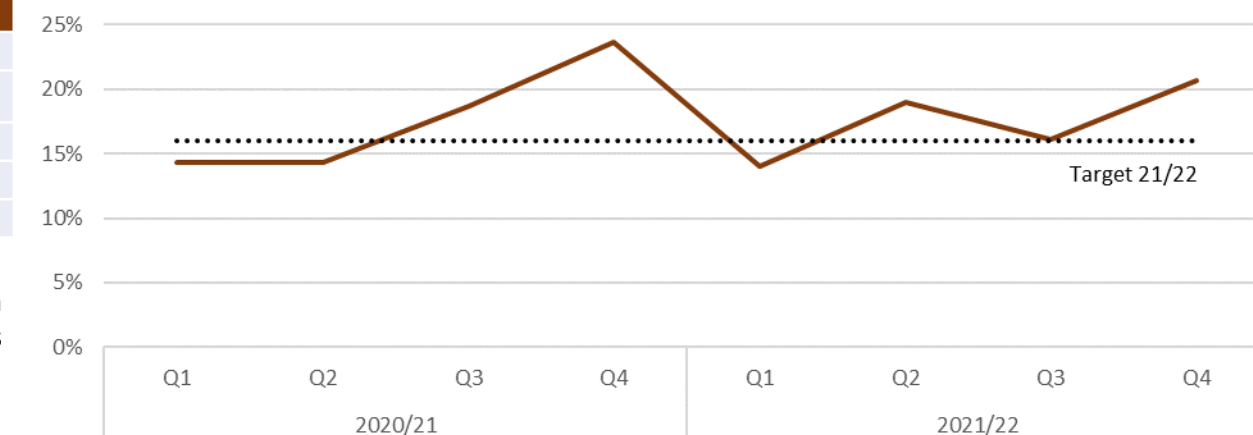
No change

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Number	Percentage	Target	RAG	Direction of Travel
Q1 21/22	94/669	14%	16% or more	Amber	👎 Worse
Q2 21/22	120/631	19%		Green	👍 Better
Q3 21/22	83/516	16%		Green	👎 Worse
Q4 21/22	154/745	21%		Green	👍 Better
<b>Full year 21/22</b>	<b>451/2561</b>	<b>18%</b>		<b>Green</b>	<b>👉 No change</b>

The target is set with the aim of improving our local performance for this specific area (information and advice). Comparative data from our statutory return is not reported with the same definition but monitors all new contacts from the community resulting in signposting or universal services. For this measure we were 5th highest in the region for those aged 18-64 and 4th highest for those aged 65+.

Performance has improved significantly in Q4.





# Appendix A-1: Adults Services Key Performance Indicators 2021/22 - Detail

## Safe & Strong Communities

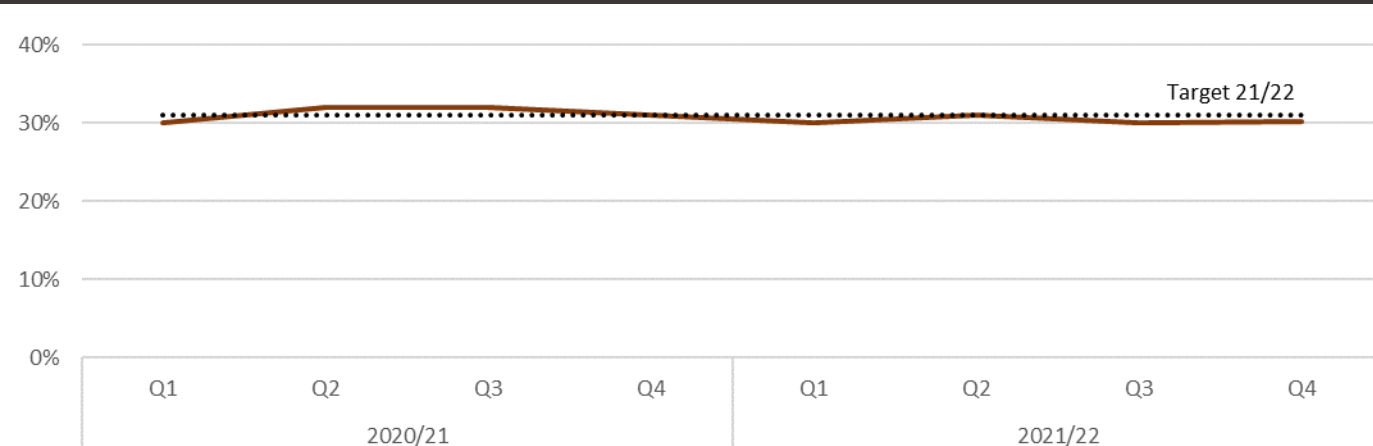
AS11: Proportion of people who use services who receive direct payments – snapshot at end of quarter



Amber No change

Executive Member for Health, Wellbeing and Adult Services, Charles Margetts

Period	Actual	Target	RAG	Direction of Travel
Q1 21/22	30%	31% or more	Amber	Worse
Q2 21/22	31%		Green	Better
Q3 21/22	30%		Amber	Worse
<b>Q4/Year end 21/22</b>	<b>30%</b>		<b>Amber</b>	No change



This is a stretch target with the aim of improving our local performance, which has remained relatively static for the last 2 years. Our performance is good in comparison to other Local Authorities, and we are ranked as 3rd highest in the region.

Take up of direct payment is just below the 31% target. A review of the direct payment policy and practice guidance is due to take place which will provide greater clarity to practitioners to promote the uptake of direct payments.

This work is planned to focus on increasing the uptake particularly with people aged 65 and above. Currently the uptake for people aged 18-64 is 41% and for those aged 65+ is 16%.

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## HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2022-23

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
26 September 2022	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
7 November 2022	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
25 January 2023	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

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Agenda Item 12.

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
27 March 2023	Healthwatch update	Challenge item	Challenge item	Healthwatch Wokingham Borough

**Currently unscheduled topics:**

- Mental Health Services post Covid
- 2022 - Update on ICS and implications for Wokingham Borough
- Autism Strategy
- Continence service