

WELLBEING

Outcomes



Executive Summary

The quality of life experienced by the residents of the Isle of Wight is in part dictated by the success of its communities and by the way everybody's needs are met. A great number of these needs are met by the Isle of Wight Council and its partners in both the public and private sector.

























Our new emerging strategy for the delivery of Adult Social Care Services "Care Close to Home" is already having a big influence in the way in which we deliver these key services and we are increasing both the amount and the effectiveness of our collaboration with colleagues in the CCG and NHS agreeing plans for the allocation of the Better Care and Improved Better Care funds this year. A new Local Care Board has been set up to drive the integration agenda.

One of the most important needs for the people of the Isle of Wight is the need to feel safe and all of the emergency services contribute to this immensely both in a preventative and in a corrective manner.

Of course the Council must be informed about the services it provides and consulting with the public as it has recently done with the "Wight you Want" survey is vital in order to deliver or commission the right services at the right location to the right people. Consultation is also scheduled regarding the renewal of the Island Plan which will include area based policies for key regeneration areas.

Long Term Success Factors

We will assess our long term achievements over 3 and 10 years against the following measures

<p>Rate of permanent admissions to residential and nursing care homes per 100k population (older people – 65+)</p>	<ul style="list-style-type: none"> • Baseline: 2017  952.4 • Three-year target: March 2020  628.2  • Ten-year target: March 2027  592  • Actual: Q4 2017/18  610.8
<p>Proportion of all people in receipt of ASC supported to live at home</p>	<ul style="list-style-type: none"> • Baseline: 2017  27.30% • Three-year target: March 2020  35%  • Ten-year target: March 2027  60%  • Actual: Q4 2017/18  33.40%
<p>Percentage of adults in need of secondary mental health services</p>	<ul style="list-style-type: none"> • Baseline: 2014/15  14.50% • Three-year target: March 2020  13%  • Ten-year target: March 2027  10%  • Actual: Q4 2017/18  14.50%
<p>Number of households in temporary accommodation</p>	<ul style="list-style-type: none"> • Baseline: 2017  179 • Three-year target: March 2020  150  • Ten-year target: March 2027  100  • Actual Q4 2017/18  169

<p>Number of Extra Care Units available on island</p>	<ul style="list-style-type: none"> • Baseline: 2017: 0 • Three-year target: March 2020: 150 • Ten-year target: March 2027: 700 • Actual: Q4 2017/18: 0
<p>Percentage of residents, very or fairly satisfied with the Isle of Wight as a place to live.</p>	<ul style="list-style-type: none"> ▪ Baseline: 2015: 89% ▪ Three-year target: March 2020: 90% ▪ Ten-year target: March 2027: 90% ▪ Actual: 2015 Survey: 89%
<p>Percentage of residents, very or fairly satisfied with the way the Isle of Wight Council runs things</p>	<ul style="list-style-type: none"> ▪ Baseline: 2015: 39% ▪ Three-year target: March 2020: 50% ▪ Ten-year target: March 2027: 70% ▪ Actual: 2015 Survey: 39%
<p>Percentage of residents who strongly or tend to agree that the Isle of Wight Council provides value for money</p>	<ul style="list-style-type: none"> ▪ Baseline: 2015: 32% ▪ Three-year target: March 2020: 40% ▪ Ten-year target: March 2027: 55% ▪ Actual: 2015 Survey: 32%

Key Activities

Champion the needs of the Island’s community in the development & implementation of the NHS sponsored Hampshire & Isle of Wight Sustainability Transformation Plan/Programme (STP)

The Local Care Board (LCB) is becoming an increasingly important forum to debate the needs of the Island's community and articulate them to inform the planning of the Sustainability Transformation Plan (STP). The council is regularly consulted on by the health sector in coming to decisions about its own structure which are being taken in light of the objectives of the LCB. Agreement has been reached across the health and social care sector to implement an alliance commissioning model to improve the overall coordination across these areas.

Revise and refresh the terms of reference for, and the operation of Health and Wellbeing Board (HWB); ensuring that it is an effective strategic driver of community wellbeing for the Island

No decision has been taken at this point to revise the Terms of Reference. This issue has been placed on the Health and Wellbeing Board (HWB) forward plan and will be discussed with the HWB Chair prior to the Board meeting in July 2018.

Develop and implement a clear plan, process and system for securing the integrated delivery of local health and care services

There are two key strands of work underway in order to “fast forward” the integrated delivery of health and care services in the community:

- a. Alliance Commissioning: the development of an alliance commissioning model so that all providers of community health and care services deliver to the same outcomes and performance targets, and work in partnership as providers. This is funded through the Improved Better Care Fund. The Institute of Public Care (part of Oxford Brookes University) is working with the CCG/ASC Joint commissioning unit to develop and roll out the alliance model, using an intensive six week programme engaging commissioners and providers. Funded by Adult Social Care, the unit is also working with the Leadership Centre to develop core competencies, agreed behaviours and more effective joint working across adult social care and health commissioners – who come from very different cultures.*
- b. Community Services Redesign: the roll out of the Community Services Redesign (CSR) task and finish initiative which is developing key care pathways for frailty, rehabilitation, reablement and recovery, and integrated locality services. This is being led by the System Convenor and progress is limited to date because the CSR group has only been established in the last three months.*

Complete the implementation of integrated locality services (ILS) and an integrated access hub with Isle of Wight NHS Trust

The Local Care Board approved the Integrated Localities blueprint on 25 January 2018, and delegated the operationalisation of the localities care model blueprint to the Community Services Redesign (CSR) Task and Finish Group. Carol Tozer and Barbara Stuttle are the Executive leads for the CSR Programme.

On 27 February 2018, the CSR Task and Finish Group agreed that the operational implementation of the localities care model blueprint will be through:

- a) Stabilisation of the three localities, including:
 - a. Management of operations of specified core health and social care and voluntary sector services;*
 - b. Ensuring structured case reviews;*
 - c. Develop locality network**

- b) Prototype within the West Wight, to develop and implement:
 - a. The end-to-end frailty pathway;*
 - b. Emergency response model;*
 - c. Technology roll-out;*
 - d. Risk stratification;*
 - e. Additional core community staff.**

On 30 April 2018, a workshop was held to agree:

- The leadership for the three localities*
- The workforce allocated to the three localities for the core services agreed*
- 30/60/90 day milestones to ensure the localities are stabilised at pace.*

Implement an agreed three year delivery plan for the 'Care Close to Home' strategy based on the principles of person centred practice and support & making best use of the additional Improved Better Care Fund monies

Implementation of 'Care Close to Home' has already secured the following improvements:

- our projected end of year admission rate for 2017/18 stood at 610.8 per 100,000 aged 65 and older – a 36 per cent reduction over the 2017-18 financial year;*
- staff engagement in Care Close to Home, as evidence by the quarterly staff survey results, is very positive with key staff engagement indicators improving since implementation*
- (90 per cent of respondents in March 2018 stated that "the council offers me the necessary training to do my job" – compared with 63.79 per cent in April 2017 representing a considerable success in both engagement with and quality of the Learning & Development programme;*
- 64 per cent of respondents in March 2018 stated that "morale is good where they work" – compared with 27.58 per cent of respondents in April 2017, a significant improvement;*
- 70.86 per cent of respondents in March 2018 stated that "I feel the work I do is recognised and valued" compared with 37.72 per cent in April 2018;*
- the survey results continue to reveal very high levels of support from staff for "things to be done differently" - 87.07 per cent in April 2017 and 99.34 per cent in March 2018 which was practically unanimous;*
- financial performance throughout the 2017-18 financial year has been excellent. Despite the increased levels of demand we face, Adults Services have resulted in a balanced budget position. Considering the overall service budget is over £48m this represents a massive improvement on the previous year where the budget was overspent by £2.2m. Additionally, the service has come close to delivering its extremely ambitious savings target of £3.6m. In*

addition, we continue to increase the proportion of people in receipt of adult social care to be supported in their own homes and our Delayed Transfers of Care performance exceeds our nationally prescribed targets.

'Care Close to Home' is a three year transformation programme and notwithstanding the progress noted above, key caveats must be made here. We continue to face a significant improvement journey across many areas of professional practice, including safeguarding. Our key focus during 2018 will be the introduction of strength based approaches to social work and more innovative approaches to practice development. Equally, the turnaround of our in-house learning disability care homes is not progressing quickly enough. Detailed service improvement plans are in place for safeguarding and the learning disability care homes – and these are being monitored on a routine basis by the Director and Assistant Director.

Develop a robust and effective processes for securing annual Better Care Fund agreements with the IW CCG with appropriate action plans and to ensure significant increase in joint commissioning activity

The Better Care Fund (BCF) is a single pooled budget for local health and social care services which has been created as a national requirement to drive greater integration of commissioning and provision. After producing detailed proposals, the Island was fully assured on its BCF by NHS England for 2016/17.

Officers within the CCG and the Local Authority have reviewed the existing schemes within the pooled fund and have adopted a more focussed approach for 2017/19, identifying targeted BCF schemes with key deliverables 'in year', and developing new iBCF Schemes to deliver the purposes of the iBCF grant in meeting adult social care needs generally, reducing pressures on the NHS (including DTOC) and stabilising the care provider market.

Deliver demonstrable improvements in adult safeguarding practice using the principles of 'Making Safeguarding Personal' and ensure a high quality and consistent approach in the council and its partners thereafter

The adult safeguarding decision support guidance and tools were presented to and agreed by the Safeguarding Adults Board (SAB) on 23 March 2018. Workshops are planned and will be facilitated by Making Connections with both the Adult Social Care (ASC) team and partner agencies to implement the decision support guidance and support tools to ensure an improved journey for the customer.

The safeguarding team recently presented Isle of Wight Council process documentation at a Local Government Association event 'Making Safeguarding Personal and working with risk' workshop.

The draft safeguarding critical pathway will be finalised in line with the guidance and tools by 25 May 2018. Staff workshops will take place in May to ensure a consistent approach in service delivery. Locality based training sessions are planned for May 2018.

The ASC Multi Agency Adult Safeguarding Hub (MAASH) meets on a daily basis. There is further liaison required with health colleagues to progress their participation with MAASH, a workshop with partner agencies is to take place on the 29 May 2018.

Review and revise if necessary the role and effectiveness of the Local Area Coordination model for area based community development and wellbeing.

Service provided no commentary

Revise the Health and Wellbeing Strategy and ensure support from partners in its delivery and application

The Health and Wellbeing Strategy has been approved by the cabinet. The strategy is being reviewed by the Corporate Design, Print and Publication Manager and will be released on the health and wellbeing page of iwight.com in May 2018. An initial draft of a project plan that identifies how the ten priorities of the strategy will be achieved and measured will be completed by the 30 June 2018.

Build on the robust short terms arrangements put in place for the continued delivery of sexual health, substance misuse and 0-19 (school nursing and health visiting) services and develop a plan for the long term delivery of the services

The sexual health task and finish groups for all areas of work are now complete. Service redesign has been agreed for specialist service and contract agreed until 2019. Revised contracts with other primary care providers and improved governance and safeguarding methodology has been applied to meet updated recommendations. GP Practices are working together to prevent unnecessary footfall to specialist services. Continued contract management and support for providers is given. Regarding the 0-19 Public Health Nursing, a successful workshop was held to begin to redesign current service delivery model. Close working with new clinical lead has been undertaken to facilitate change within the team. Wider 0-19 provision discussion has commenced and early market warming and service design process for 2020 integrated contract has started.

Consider and implement the outcomes of the business case for the provision of extra care housing and seek the funding for its delivery

Cabinet consideration of support for a 75 unit Extra Care Scheme in Ryde resulted in the scheme being approved for funding from Homes England and delivery on site will commence 2018/19. There will be a new position of Housing Commissioner to work across council and health and support the work already being progressed by the integrated commissioning team.

Update the Joint Strategic Needs Assessment (JSNA) ensuring the data is relevant, current and informs decision making at all levels of the council

A second workshop has been held. From this the membership of the steering group, Terms of Reference and governance guidelines were outlined and agreed at the steering group meeting. An initial prioritisation exercise has been undertaken and a draft specification has been submitted to ICT. Discussions are taking place about the best way to meet the identified requirements for the website including the future presentation and functionality with the hope that it will be more interactive and less resource intensive in line with stakeholder expectations. A paper giving proposals for the future approach planned for Joint Strategic Needs Assessment (JSNA) to go to the Health and Wellbeing Board in July 2018.

Work with partners and key stakeholders to identify and deliver appropriate schemes to meet local housing needs through a housing delivery plan

*Contract for the Community Led Housing Programme has been awarded.
Continued discussion on developing the draft Housing Delivery Plan.
Draft Strategic Housing Market Assessment has been produced to support the development of the Island Plan review.*

Work with strategic partners and key stakeholders to ensure the Island has effective an robust arrangements to ensure the safety of the community at all times

The key strategic partner for the IOW Fire and Rescue Service is Hampshire Fire & Rescue Service. Through a strategic partnership Delivering Differently in Partnership (DDiP), Strategic Management and many areas of the Service are provided. This partnership provides resilience and support for the IOW Fire & Rescue Service.

Develop a business case considering the options for future governance of the Isle of Wight FRS building on the successful partnership with Hampshire Fire and Rescue Authority

The paper went to full council and cabinet in March and a similar paper went the Hampshire fire authority. Both authorities have asked for more information and a more detailed business case to be brought back to cabinet in June. Following approval of the second paper, a public consultation will take place over the Summer with a final decision being taken by the authorities in October.

Develop options to improve the overall effectiveness of the IWFR Service, ensuring an effective, resilient and safe fire and rescue service for the Island

The paper went to cabinet in April outlining the proposed improvements to the Fire Service. The recommendations in the report outline how changes could improve the overall levels of public safety offered by the service by realigning coverage of the whole-time workforce to identify times of peak service need. The cabinet have asked for an impact report before they can support the proposed changes. This impact report will be brought to cabinet in October 2018.

Fully assess the options and opportunities presented by the Policing and Crime Act 2017 liaising with the Hampshire Police and Crime Commissioner (HPCC) via a Memorandum of Understanding (MOU)

A report on the outline business case for creating a new fire authority covering the Isle of Wight, Portsmouth, Southampton and Hampshire was considered by Full Council on 21 March 2018. A further report is due to be considered by the cabinet in June 2018.

Continue to secure improvements in the public's ability to contact the council and make best use of its services, especially via the contact centre

The average speed of answer of calls received through the contact centre in March was 104 seconds. March was one of the busiest months with more than 51,000 calls being received. More than 20 per cent of these calls (some 11,435) were received in response to the annual billing exercise for the collection of council tax. The 6 per cent increase in charge and change in the Local Council Tax Support

Scheme meant that the team saw an increase in the number of calls and talk time as residents sought clarification on their benefit entitlement and discussed options for payment. As at the end of March 587,083 telephone enquiries were received in 2017/18 by the contact centre team, so the plan to refresh the website and develop more online services to encourage residents to self-serve continues.

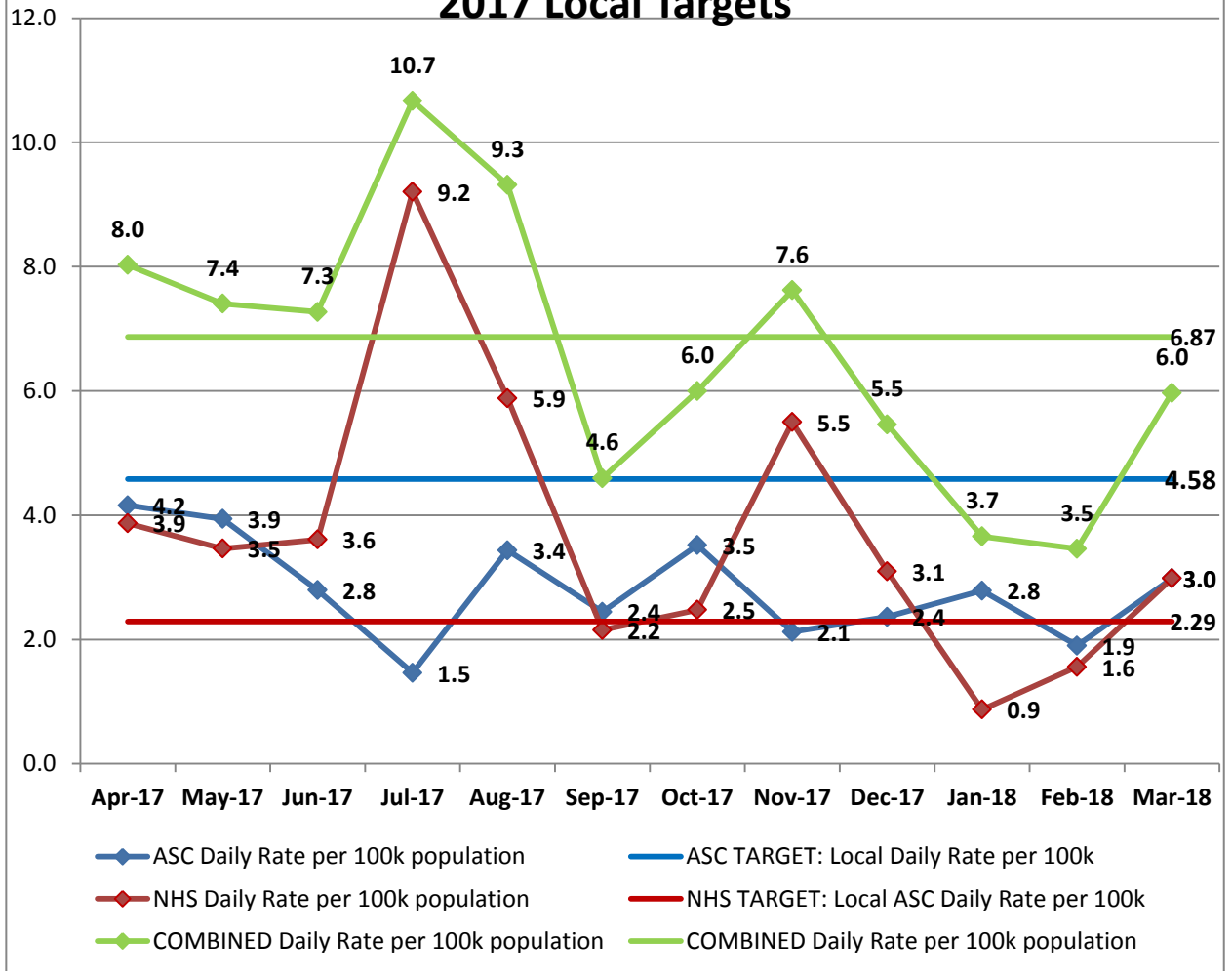
Liaise with and represent the views and needs of the Island's rural community in informing the council's activities

Commenced work with town and parish councils on grounds maintenance contract review. Town and Parish Council workshop event held with discussion on boundary review, planning enforcement and the network integrity register.

Short Term Progress Measures

ADULT SOCIAL CARE

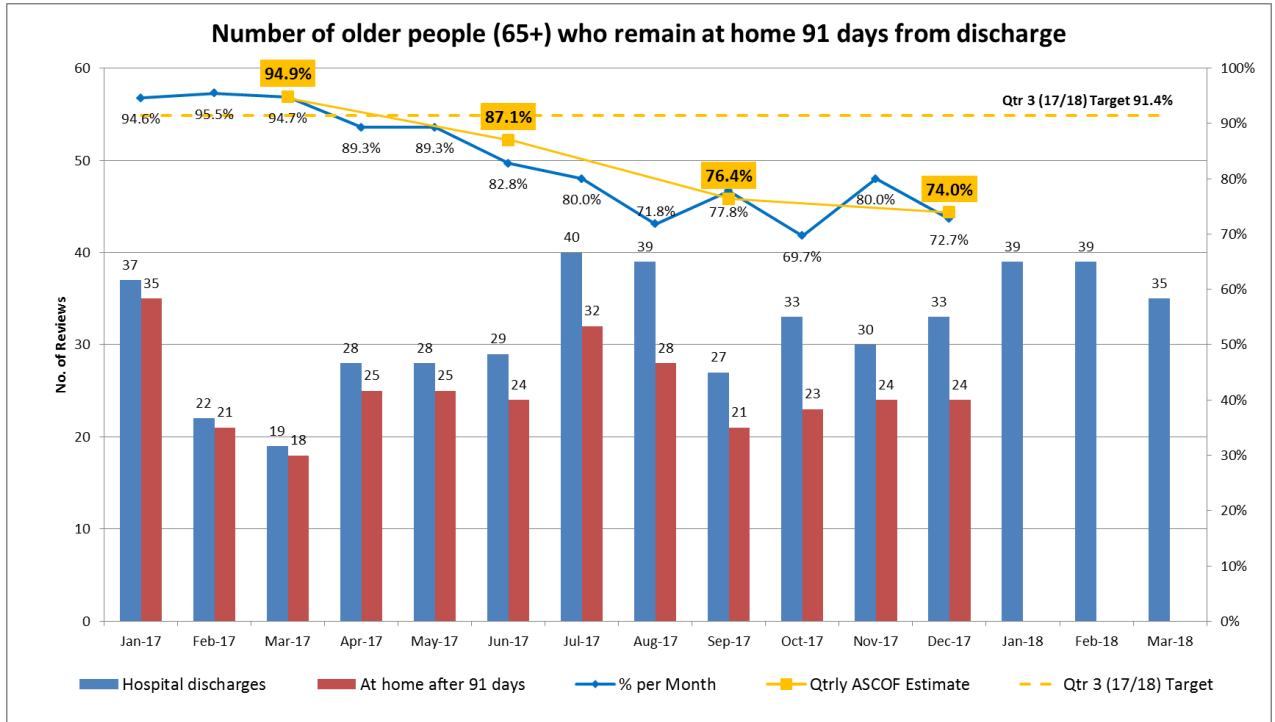
ASC, NHS & COMBINED Daily Rates per 100k vs 2017 Local Targets



Average daily rate per 100k population of Delayed Transfers of Care due to Adult Social Care

Performance in March sees Adult Social Care (ASC) below the required local daily rate per 100k target and NHS above. The combined rate has increased from 3.5 to 6.0 in March and still remains below the 6.87 local daily rate per 100k target.

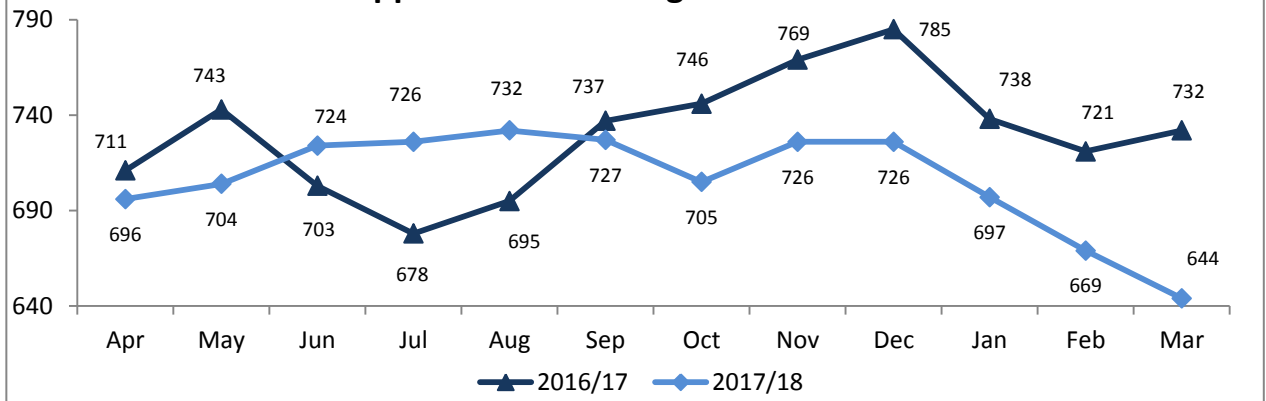
Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement / rehabilitation services



Figures for 91 days measure will always be three months in arrears due to the nature of the measure. Figures provided are to highlight the monthly and quarterly position.

In December, nine of 33 people discharged were not at home 91 days after being discharged from hospital.

Applications awaiting assessment



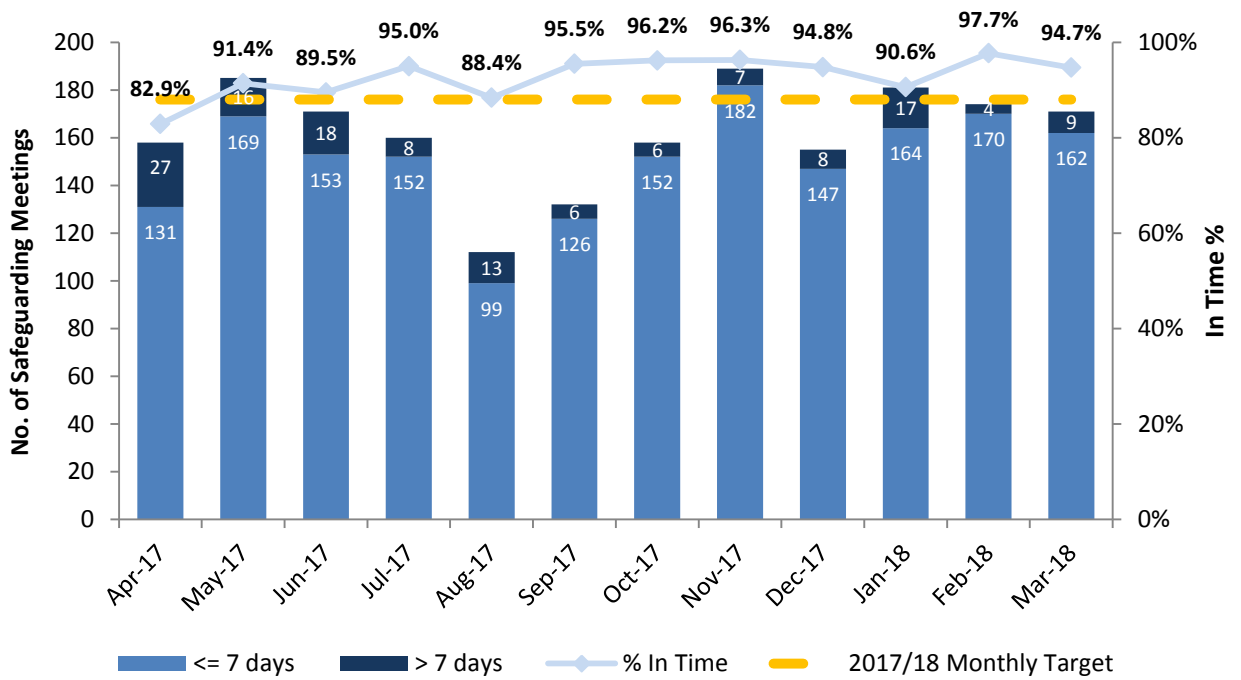
Number of outstanding Deprivation of Liberty Standards (DOLS) Assessments

49 applications received in the month which compares to 48 last month and 56 in March 2017.

There has been a decrease in March for applications awaiting assessment from 669 in February to 644, this is a decrease from March 2017 where there were 732 outstanding.

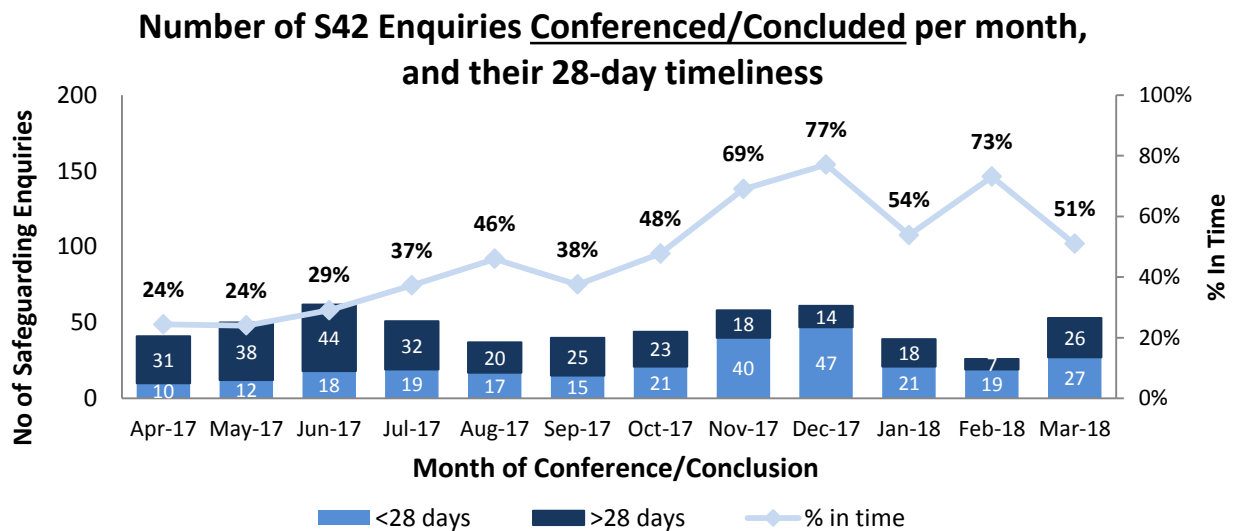
New requests continue to be in line with predicted long-term average. Total number of outstanding request have reduced by 25 which demonstrate a continuing increase in the numbers completed (over requests received) as a result of increasing in-house capacity and assessments undertaken by independent Best Interest Assessors (BIAs) and Occupational Therapist (OT) Practice. At the end of March there were 55 completed BIAs which require authorisation; 35 processed awaiting allocation and 20 to be processed. This area is closely monitored and actions on-going to ensure sufficient capacity is available for authorisations. Since the end of March approximately 20 of these have been allocated for authorisation. The project initially identified that additional administration support will be required to enable timely processing at each stage of the procedure and discussion on this is currently taking place. All aspects of the major back-log project and Business as Usual requests are continually reviewed to ensure both areas are sufficiently resources.

Percentage of safeguarding meetings held within 7 days of the referral being received.



The 7 day target remains consistent. The delays are caused by a lack of information in the original referral to enable a timely decision, Making Safeguarding Personal (MSP) contact and other agencies or information being unavailable.

Percentage of adult safeguarding case conferences held within 28 working days of the safeguarding planning meeting

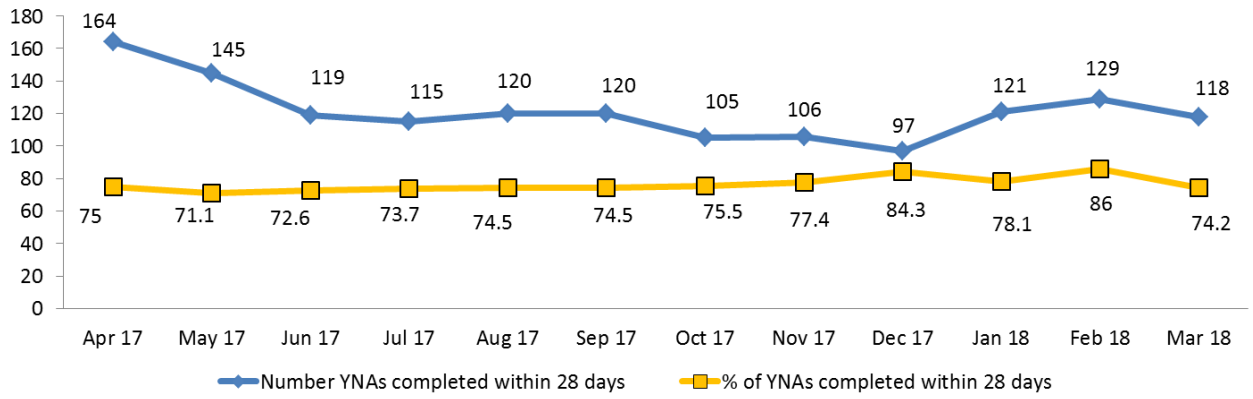


The 28 day target is an ongoing challenge due to the delay in responses from Health partners and information no being available or non-attendance by other agencies at review meetings. Large scale enquiries will frequently require complex work and will therefore be unable to close within the 28 day timescale.

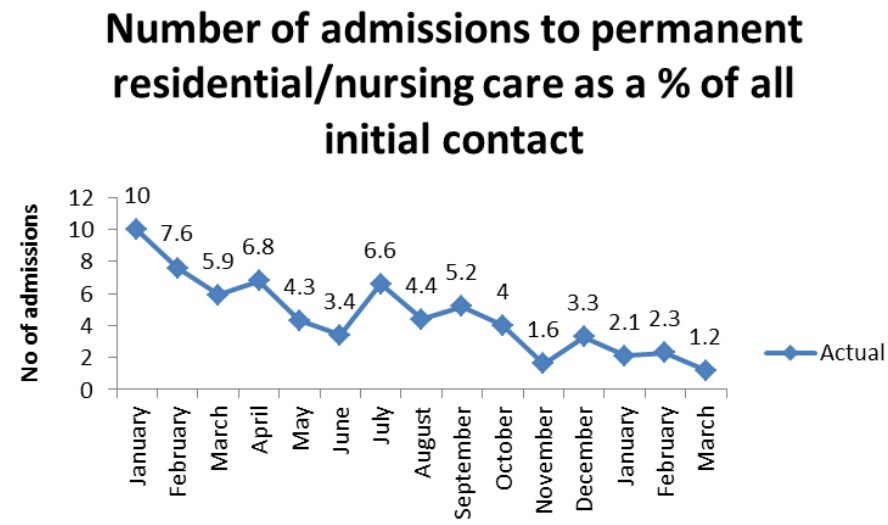
Making Safeguarding Personal will cause a delay as this will be meeting the adult at risk's own timescale.

The use of Multi Agency Risk Management (MARM) meetings continues to be high and the safeguarding team continue to support other teams with these.

Percentage of adult social care assessments completed within 28 days of the initial contact referral

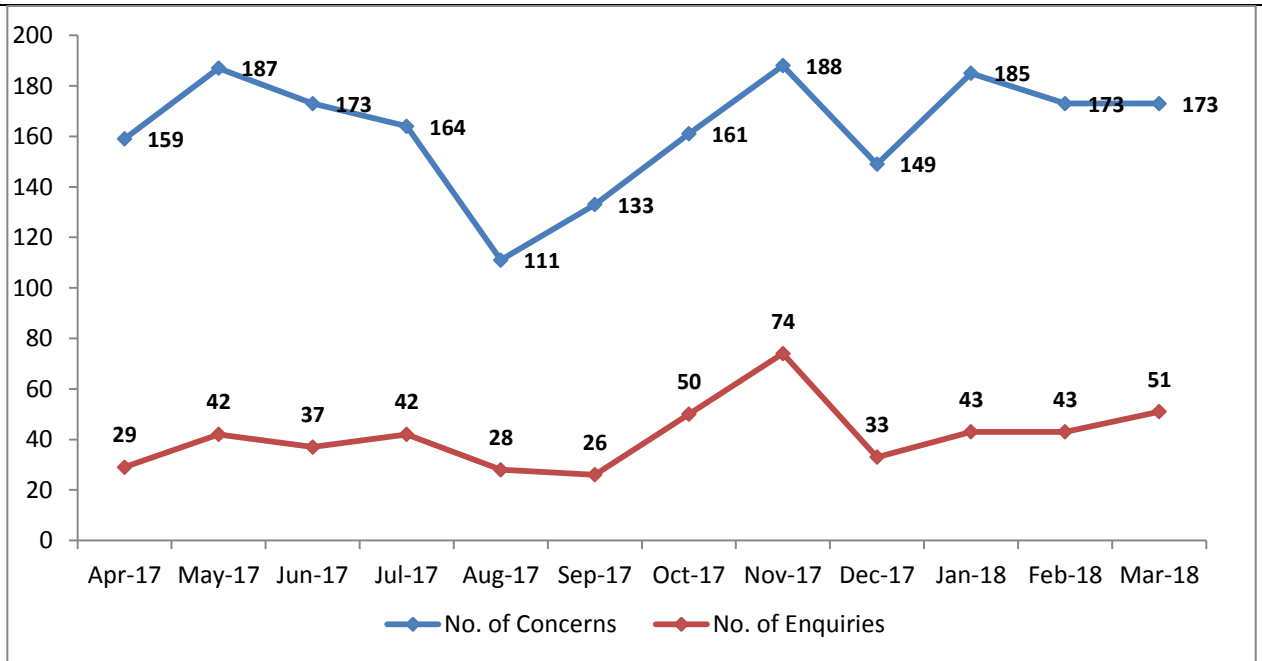


Number of admissions to permanent residential or nursing care as a percentage of referrals



This figure has been consistently low for several months despite winter pressures that can typically place extreme pressures on services. The consistency is an example of the success of the Care Close to Home programme that was introduced in January 2017.

Average monthly number of adult safeguarding referrals

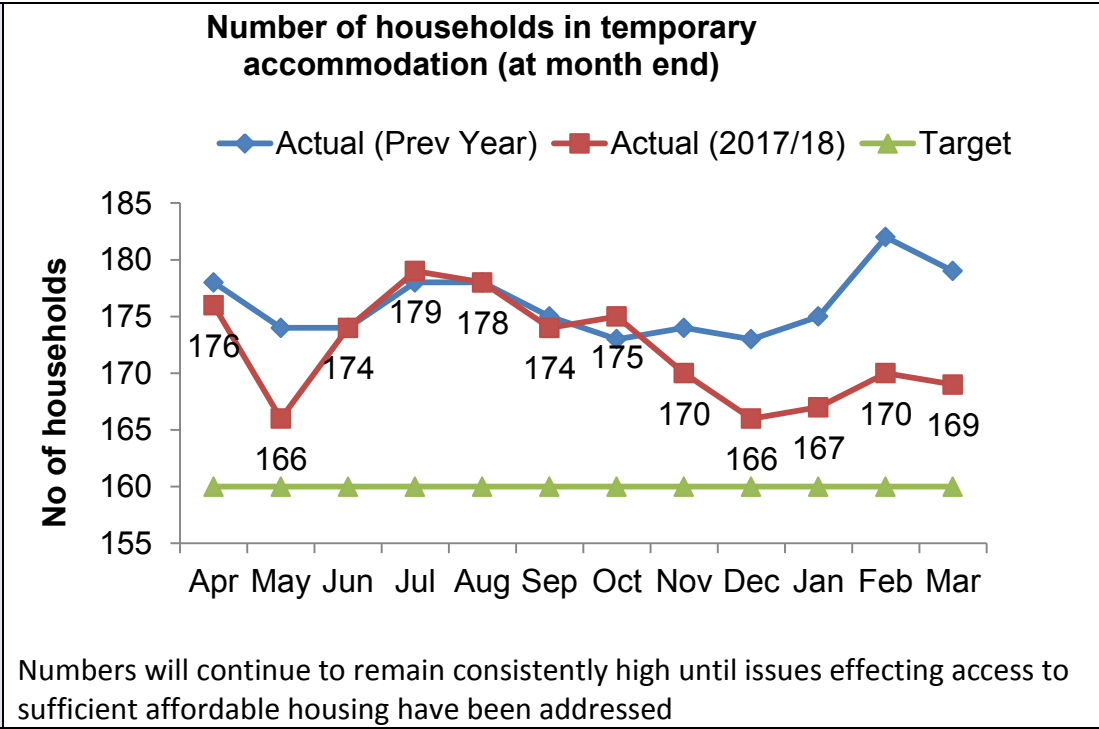


The Conversion rate from Concerns to S42 Enquiries has risen from 23% (Jan) to 29% (Mar). The number of referrals coming to the service remains very high - 290. These 290 referrals were pared down to 173 Concerns (therefore 117 rejected), of which 51 went to S42 Enquiry.

The number of safeguarding referrals received by the team remains high with a low conversion rate to Section 42 enquiries. This reflects the improved quality of triaging by the duty workers. It is felt that there will not be a significant change in the numbers until the planned review of Criteria Document is launched. The introduction of the referrals through single point of access alongside the planned review of integrated referral documents, going forward will also reduce inappropriate safeguarding referrals.

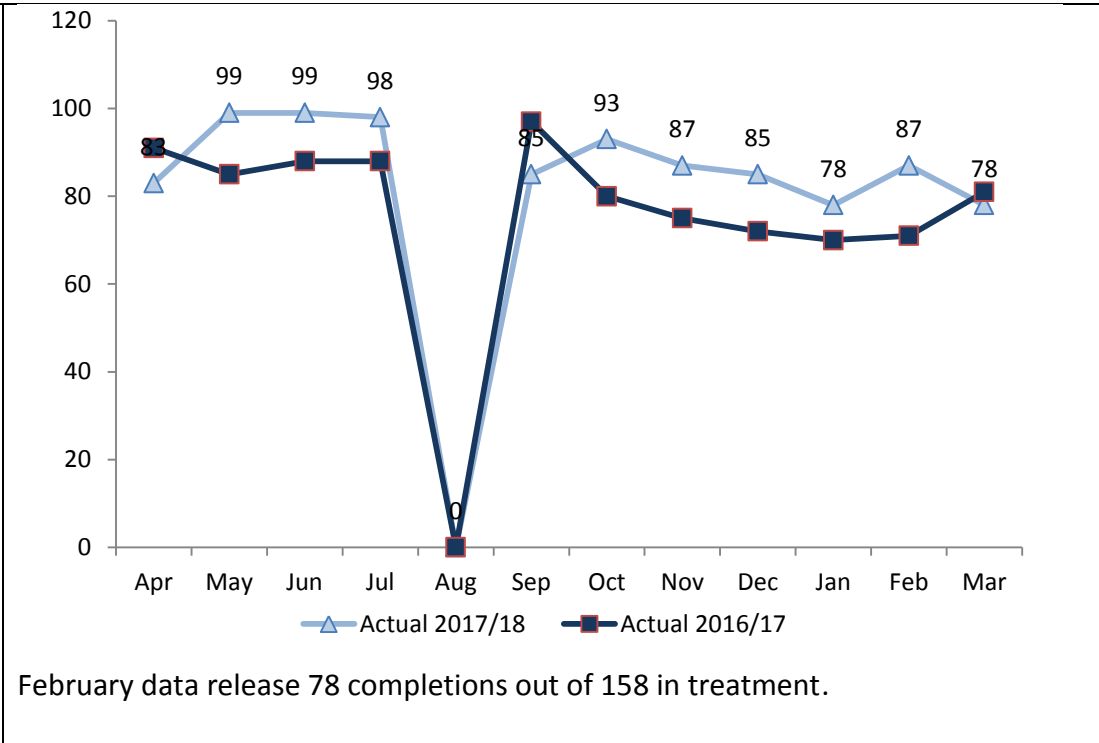
HOUSING																															
<p>Total number of people on the housing register at month end</p>	<table border="1"> <caption>Total number of people on the housing register at month end</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>3 Year Target</th> </tr> </thead> <tbody> <tr><td>July</td><td>2050</td><td>1900</td></tr> <tr><td>August</td><td>2023</td><td>1900</td></tr> <tr><td>September</td><td>2059</td><td>1900</td></tr> <tr><td>October</td><td>2011</td><td>1900</td></tr> <tr><td>November</td><td>1984</td><td>1900</td></tr> <tr><td>December</td><td>1969</td><td>1900</td></tr> <tr><td>January</td><td>2027</td><td>1900</td></tr> <tr><td>February</td><td>2093</td><td>1900</td></tr> <tr><td>March</td><td>2061</td><td>1900</td></tr> </tbody> </table> <p>Number of active housing register applications indicate demand for affordable rented homes which is not currently being met</p>	Month	Actual	3 Year Target	July	2050	1900	August	2023	1900	September	2059	1900	October	2011	1900	November	1984	1900	December	1969	1900	January	2027	1900	February	2093	1900	March	2061	1900
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Total number of households in temporary accommodation at month end

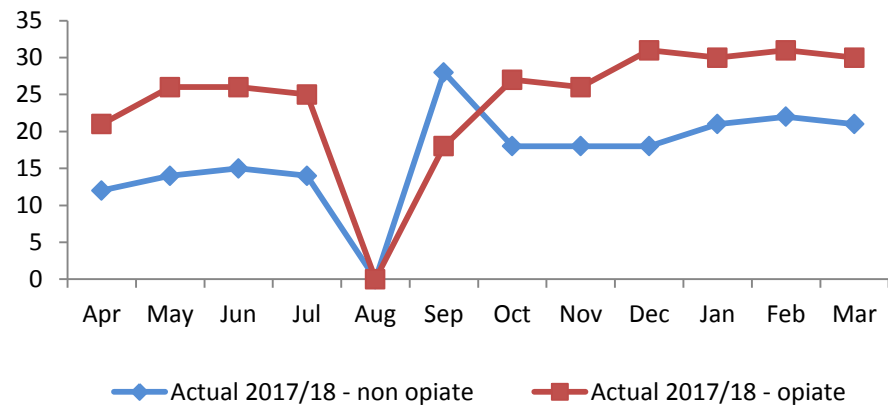


PUBLIC HEALTH

Number of alcohol treatments completed (Rolling 12 months)



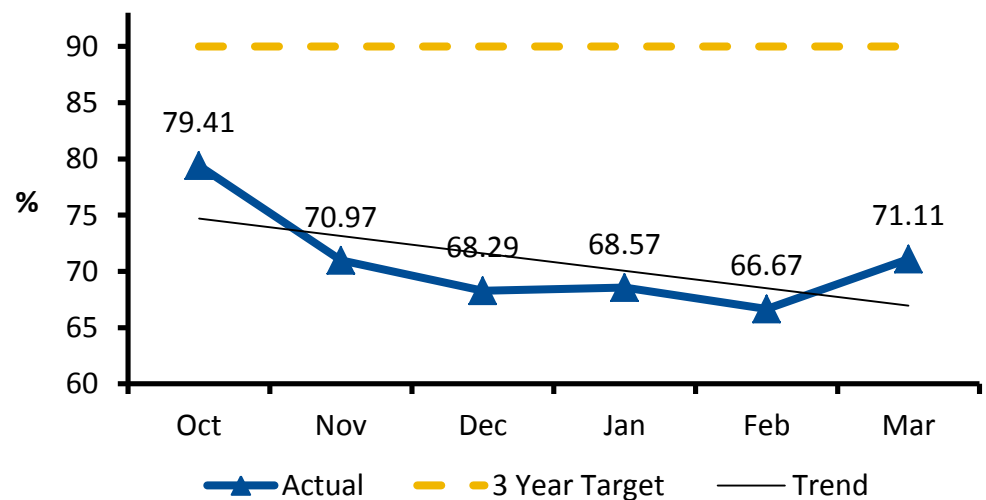
Number of drug treatments completed - opiate and non-opiate clients (Rolling 12 months)



March data release 20 completions out of 40 in treatment for non-opiate clients and 26 completions out of 308 in treatment for opiate clients

FIRE & RESCUE

Percentage of critical incident calls (fire only) responded to within 10 minutes (rolling 12 month figures)

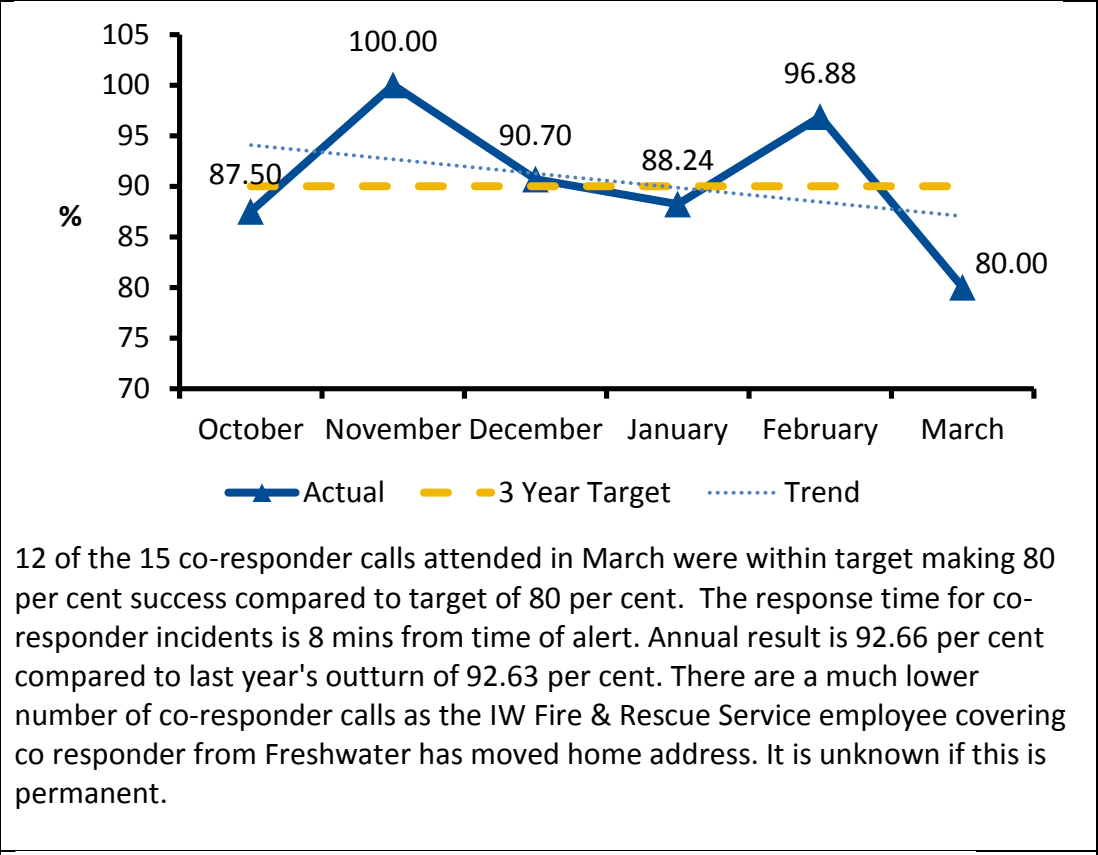


32 of the 45 critical incidents attended achieved the standard making 71.11 per cent success compared to a target of 80 per cent. Annual result is 69.87 per cent compared to last year's outturn of 76.5 per cent.

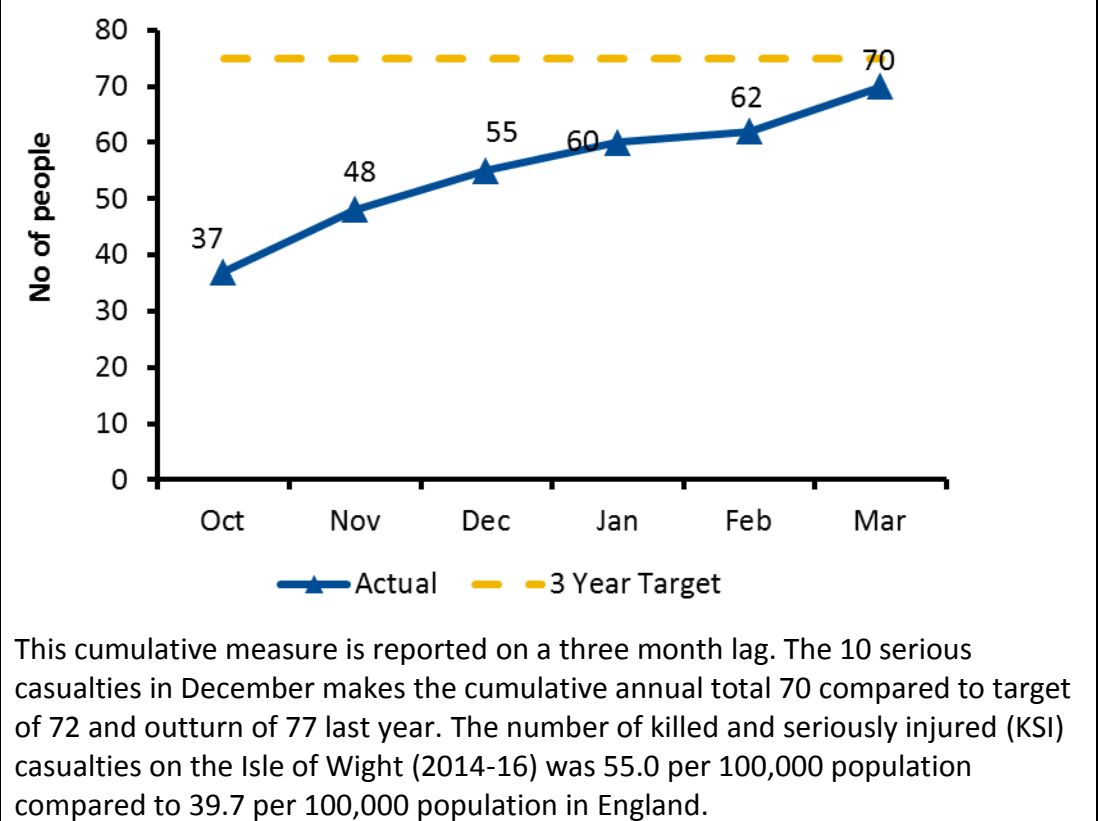
Critical incident response is still an issue with 32 of the 45 incidents being attended within 10 mins for the first pump and 15 mins for the second. There were four near misses which were just over 10 mins which, if successful, would have brought the performance of 71 per cent up to 80 per cent End of year results are very disappointing with critical incidents at just under 70 per cent. On the whole, analysis shows that in December it was the travel distances of nearest appliances, rather than the nearest being unavailable, being the reason for not meeting the 10 minute standard. Examples are Newport whole time travelling to

Calbourne, Shalfleet, Shorwell and Brighstone. Ventnor retained duty service (RDS) also travelled to Whitwell. These locations are at the limit for a 10 minute attendance time particularly as snowfall on the 17th and 18th slowed some attendances.

Percentage of co responder calls (medical) responded to within 8 minutes (rolling 12 month figures)



Number of people (including children) killed or seriously injured (KSI) in road traffic accidents (annually)



December has seen an increase in the number KSIs on the Island. During December there were a total of six separate KSI recorded incidents resulting in 10 serious injuries. All incidents were during the hours of darkness.

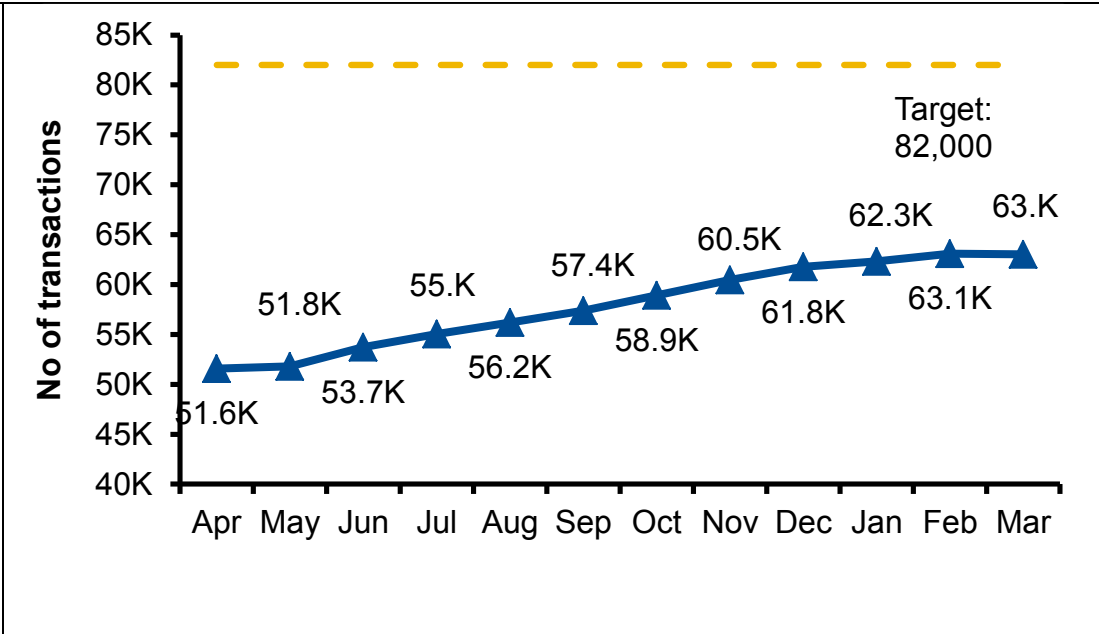
One incident was on wet or damp roads, one was on an icy road and four incidents were on dry roads. Three incidents were between the evening commuting time of 1702-1735hrs. None of the incidents involved drink or drugs.

The severity of injuries has now been confirmed with the hospital. There was one child casualty with serious injuries in December. There were two motorcycle incidents with both motorcyclists sustaining serious injuries. There was one incident involving a pedestrian resulting in the pedestrian suffering a serious injury.

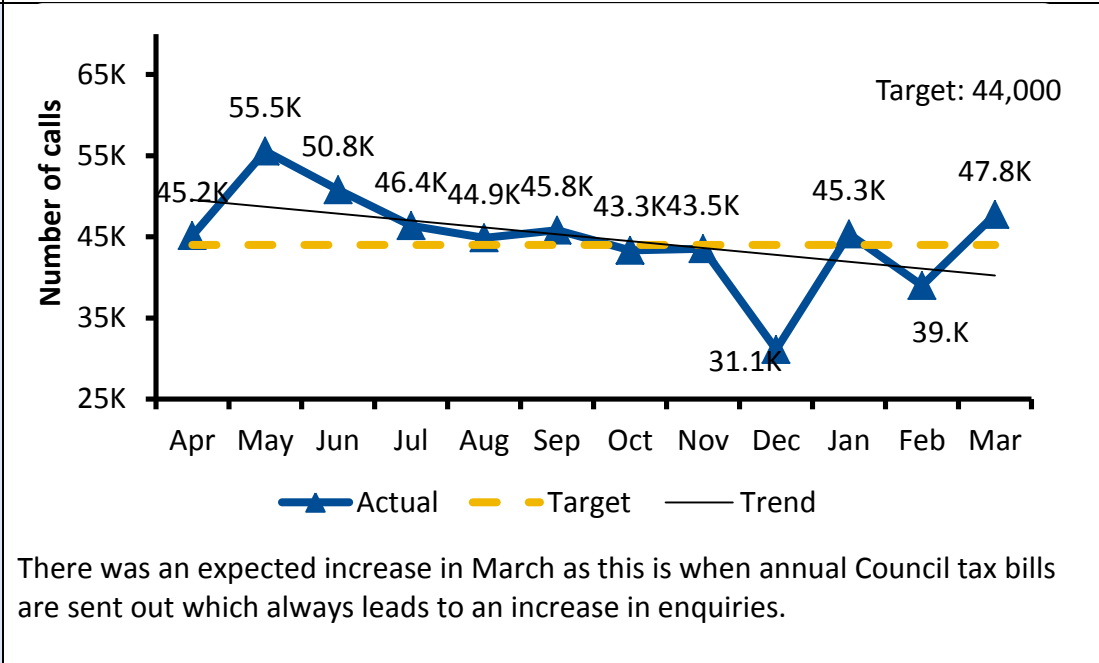
There was one single vehicle road traffic collision (RTC) with the driver suffering serious injuries. There was one two vehicle RTC with three people suffering serious injuries. This has been attributed to the icy road conditions.

CUSTOMER SERVICES																						
<p>Number of stage 1 complaints made about council services</p>	<table border="1"> <caption>Number of stage 1 complaints made about council services</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Oct</td> <td>60</td> <td>50</td> </tr> <tr> <td>Nov</td> <td>51</td> <td>50</td> </tr> <tr> <td>Dec</td> <td>46</td> <td>50</td> </tr> <tr> <td>Jan</td> <td>65</td> <td>50</td> </tr> <tr> <td>Feb</td> <td>60</td> <td>50</td> </tr> <tr> <td>Mar</td> <td>81</td> <td>50</td> </tr> </tbody> </table>	Month	Actual	Target	Oct	60	50	Nov	51	50	Dec	46	50	Jan	65	50	Feb	60	50	Mar	81	50
Month	Actual	Target																				
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<p>Number of FOI requests received</p>	<table border="1"> <caption>Number of FOI requests received</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Oct</td> <td>123</td> <td>100</td> </tr> <tr> <td>Nov</td> <td>120</td> <td>100</td> </tr> <tr> <td>Dec</td> <td>75</td> <td>100</td> </tr> <tr> <td>Jan</td> <td>123</td> <td>100</td> </tr> <tr> <td>Feb</td> <td>119</td> <td>100</td> </tr> <tr> <td>Mar</td> <td>142</td> <td>100</td> </tr> </tbody> </table> <p>Of the 142 requests received in March, Place received 56, Resources received 33, Children’s Services received 19, Adult Social Care and Well-being received eight, Public Health received six, Fire and Rescue and Regeneration both received five, Financial Management and Outside Bodies both received four and Communications and Engagement received one. A further request was received but the directorate was not recorded.</p>	Month	Actual	Target	Oct	123	100	Nov	120	100	Dec	75	100	Jan	123	100	Feb	119	100	Mar	142	100
Month	Actual	Target																				
Oct	123	100																				
Nov	120	100																				
Dec	75	100																				
Jan	123	100																				
Feb	119	100																				
Mar	142	100																				

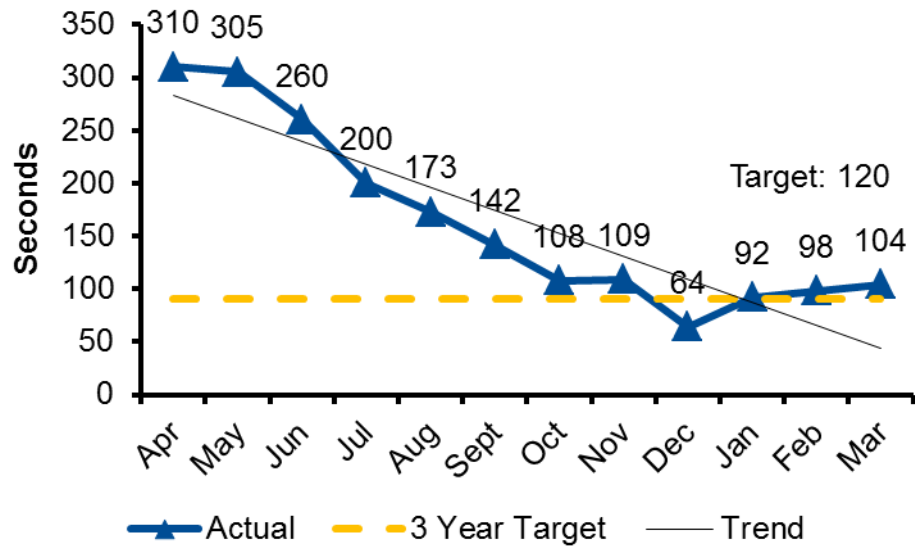
Number of transactions completed by self-service online (rolling 12 month figure)



Number of calls made to the contact centre (per month)



Average time to answer calls in the contact centre (per month) in seconds



Times remain low although just above the target of 90 seconds. In March there is a seasonal spike in the number of calls due to annual council tax billing. To be so close to the target represents good performance.

Strategic Risks

<p>Failure to identify and effectively manage situations where vulnerable adults are subject to abuse</p> <p>This risk remains at the same level as in the previous quarter. Further embedding of the improvements that have been recognised by Ofsted will see this risk rating reduce</p> <p>Children’s Services continues to make good progress against the required improvements as reported to Cabinet on 9 November. This has also been supported by an Ofsted pilot focused visit in the summer the outcome of which was strong which was also included in the report to Cabinet.</p> <p>Early help assessments are undertaken by multi-agency professionals, who contact the Children’s Reception Team (CRT)/multi agency safeguarding hub (MASH) in the first instance to confirm thresholds are appropriate. The early help co-ordinators continue to support the development of assessments and plans. They scrutinise the thresholds around early help intervention and undertake monthly quality assurance audits-as well as participating in local safeguarding children’s board (LSCB) multi-agency auditing.</p> <p>A new team structure has been implemented, removing the Referral and Assessment Team and developing 4 Children's Assessment and Safeguarding Team (CAST). Each team takes responsibility for intake for one week per month. Assessments are undertaken and if the decision is for the case to be subject to child in need planning or child protection planning then the same worker holds the case. This reduces transition points for families, and means that assessments are thorough and interventions can start at an earlier stage. The approach was piloted in HCC and the feedback has been very positive across families, partner agencies and with the workforce. Performance will be monitored across the CAST teams through the Performance Action Group.</p> <p>The last quarter has seen a slight reduction in timeliness of assessments within children's social care. This is partly attributed to the movement of staff (and cases) across teams whilst CAST was being implemented. Each team is aware of the importance of timely assessments and clear targets are in place.</p> <p>Robust arrangements are in place to manage the step up and step down of cases between children’s social care and early help. This ensures smooth transitions and continuity for children and families. There are effective processes in place to minimise the re-escalation of cases into social care.</p> <p>Robust arrangements are in place to identify and safely manage all</p>	Inherent Score	16 RED
	2017 Assessed Score	12 RED
	Target Score	5 GREEN
	Current Score	9 AMBER

<p>children and young people who are deemed to be at risk of child sexual exploitation (CSE), including those young people who are in residential care off Island. All social care teams have embedded the use of a risk assessment tool in relation to child sexual exploitation. This identifies high medium and low risk cases. Agencies meet once a month to review the plans in relation to these children and ensure information is shared and interventions co-ordinated, including action against perpetrators. The missing person protocol is now embedded within teams and with foster carers. Improvements have been made in relation to data performance in this area, allowing more accurate reporting and the ability to identify trends and patterns of behaviour. A multi-agency audit undertaken through the Isle of Wight Safeguarding Children’s Board (IOWSCB) in February demonstrated an improvement in partnership working in identifying risks regarding CSE and effective planning was in place in all cases audited. Areas for improvement have also been identified and this work is being progressed through the IOWSCB Performance and Quality Assurance Group</p> <p>Children are securing the right service at the right time and all of those assessed as children in need are receiving a service from social care. Performance reporting continues to evidence the consistency in threshold applied by MASH with the scrutiny of contacts and referrals. Peer inspections of CRT/MASH together with LSCB audits have confirmed the quality of threshold application.</p> <p>Senior managers apply a consistent threshold for making the decision to accommodate a child and no child or young person will be discharged from care unless it is safe and appropriate to do so. Robust management oversight is in place.</p> <p>Social work average caseloads continue to be manageable and this is scrutinised monthly through performance management meetings. Use of agency staff also remains low as a result of an ongoing and active recruitment process. Professional development opportunities are created within the service including secondments to assistant team manager positions, and from other directorates which is supporting interagency/partnership working.</p> <p>There is a Children’s Services recruitment and retention strategy in place. The service now has a full cohort of permanent team managers and service managers in place. Use of agency staff continues to remain low so far in 2018 and vacancy rates have been between four and six social workers. The use of market supplements targeted at social workers and team manager positions will need to be maintained.</p> <p>Performance in relation to children in need planning demonstrates that 95 per cent of all children eligible for a plan have one recorded on the system. There has been an incremental decrease in the number of children subject to child protection planning since 2014. All plans that are in place are monitored, with consideration for legal planning if required. The number of children subject to child protection planning</p>		
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<p>has slightly increased over the last quarter and remains higher than statistical neighbours. Nonetheless these comparably high numbers of children subject to child protection plans creates pressure on the wider safeguarding system.</p> <p>A new quality assurance framework is being implemented across the service. This involves monthly case file auditing and practice observations, auditing of supervision files, and quarterly 'Windows into practice' weeks. The first of these took place in April and focused on looked after children. A new online survey, using snap survey software, is used to undertake case file audits-this makes reporting easier, the focus for auditing has moved from purely compliance to quality of plans and interventions. Other forms of quality assurance include; re-auditing cases, thematic audits, peer audits, workshops and peer inspections.</p> <p>The lessons from audit are routinely disseminated to the area director, service managers and team managers. This includes a quarterly high level report that is presented to Children's Services Senior Management Team and Performance Action Group.</p> <p>The Department for Education reviewed the progress made in Children's Services in July 2017 and that good progress had been noted. There was a strong sense of a supporting culture growing within the council that meant staff felt valued, supported by peers & managers and adequately challenged.</p> <p>Regular safeguarding leads meetings with partner agencies are embedded. These meetings address any barriers to effective practice. Following these meeting cases which would benefit from multi-agency reflective practice sessions are identified and workshops take place on a regular basis with lessons being fed back through to services via service managers.</p> <p>The Corporate Parenting Board is well attended with good representation from both councillors and looked after children from our Hearing Young People's Experiences (HYPE) Group. This group scrutinises performance in relation to looked after children and identifies where further improvements can be made.</p> <p>Quarterly performance reports are presented to the Children's Policy and Scrutiny Committee.</p>		
<p>Failure to secure the required outcomes from the integration of adult social care and health</p> <p>This risk also shows no change from the previous report. The Local Care Board continues to provide senior level oversight and direction pertaining to how well health and ASC work together to the benefit of those we serve.</p> <p>There are effective systems and processes in place around the management and continued depression of delayed transfers of care</p>	<p>Inherent Score</p>	<p>16 RED</p>
	<p>2017 Assessed Score</p>	<p>12 RED</p>
	<p>Target Score</p>	<p>6 GREEN</p>
	<p>Current Score</p>	<p>10 AMBER</p>

<p>(DTC) with ASC exceeding its target nearly every week since introduction by NHS England. We are now extending our successful DTC approach to addressing flow in reablement, rehabilitation and short term placements made into residential care for people leaving hospital (who, while medically fit for discharge, remain in need of 24 care and supervision).</p> <p>The key risks pertain to the roll out of integrated locality working at scale. While the trust has now published its high level organisation structure for its new Community Directorate, it remains unclear as to the level of integration that will take place at senior leadership level. .</p> <p>Finally here, it should be noted that the hospital has experienced ongoing pressure throughout most of February and March – with the exceptional adverse weather creating significant spikes of acute ill-health post the very cold and wintery spells. We have continued to provide additional social work support in the evenings and at weekends in accident and emergency in order to avoid hospital admissions whenever possible.</p>		
<p>Failure to provide acceptable quality of professional practice across Adult Social Care</p> <p>Person centred care and support: The rating remains the same as the previous report because, while some actions that reduce risk have been completed, we have seen other risks emerge. In particular, we have seen a decrease in the numbers of scheduled reviews being completed – and while we are reviewing this deterioration in detail, we think it is because of the increased numbers of unscheduled reviews we have needed to undertake due to a sudden change in people’s needs associated with the adverse weather as well as new processes to ensure that everyone entering a short term residential placement from hospital is reviewed in a very timely fashion in order to avoid permanency.</p> <p>While 2017 revealed key progress in internal assessments, review and management authorisation processes, we remain aware quality of professional practice is not as person centric as it needs to be. In particular, we must successfully implement strength based approaches to social work assessment, planning and review activities and a major piece of work is currently underway to revise our existing forms and accompanying training. We are also making positive progress in reducing the numbers of outstanding deprivation of liberty assessments (although we need to adjust our approach to matching that progress with securing management authorisations of those assessments).</p> <p>The results of the independent review of mental health social work practice were received at the end of March and reveal the depth and breadth of improvements that must be secured in terms of: professional leadership of the service; quality of professional practice; and effectiveness of partnership working. The reviewers were returning on</p>	<p>Inherent Score</p>	<p>14 RED</p>
	<p>2017 Assessed Score</p>	<p>12 RED</p>
	<p>Target Score</p>	<p>6 GREEN</p>
	<p>Current Score</p>	<p>12 RED</p>

<p>23 April to present their findings to the team and to begin working on the action plan needed. Engaging service users in this process will be of fundamental importance.</p> <p>We have also received the draft Care Quality Commission (CQC) inspection report for Seagulls – another of our internal homes for people with learning disability. At the time of writing, the report remains confidential to CQC as they have not yet published. Caveat aside, it is fair to say that CQC are again recommending several areas for improvement in terms of person centred practice. The new service manager for learning disability started on 9 April and brings expertise from very successful and innovative learning disability organisations elsewhere. We have also developed a comprehensive improvement plan for all of the learning disability care homes – and its implementation is being very closely monitored with monthly progress reports brought to the Adult Social Care Service Board.</p> <p>During 2018, therefore, the learning and development, quality assurance and performance management focus of the department will be on the improved quality of professional practice – be that social work assessments and review processes, the care delivered in our in-house provision and quality assurance methods.</p> <p>Adult Social Care is currently located primarily at Enterprise House on St Cross Business Park on Newport Industrial Estate. The lease on this building ends in 2019 so the whole service will have to be relocated. Plans are being formulated to ensure that this happens with the minimum of disruption that allows the service to continue its improvement by accommodating ASC at an appropriate site.</p>		
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