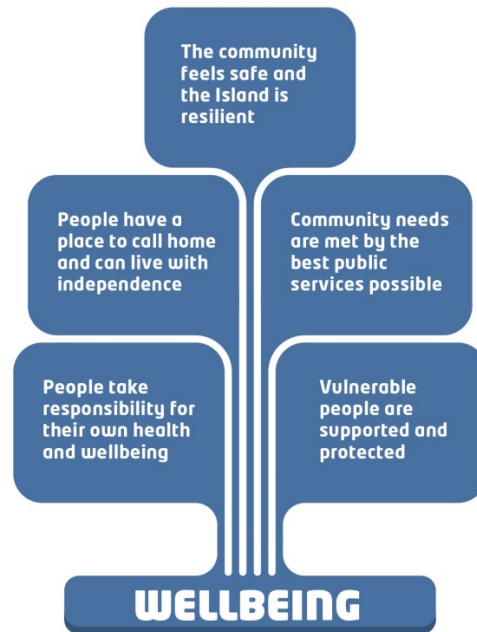


# WELLBEING

## 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.

Introduced in April 2017, the strategy Adult Social Care "Care Close to Home" is already having a big influence in the way in which we deliver these key services and the outcomes we advocate for those we serve 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. The Local Care Board drives 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.

The Council must be informed about the services it provides and consulting with the public as it has recently done with the "Wight We 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 of older people aged 65+ (per 100,000 population)</p>	<table border="1" data-bbox="627 416 1243 568"> <tr> <td>Baseline: 2017</td> <td>952.4</td> </tr> <tr> <td>Three year target: March 2020</td> <td>628.2</td> </tr> <tr> <td>Ten year target: March 2027</td> <td>592</td> </tr> <tr> <td>Actual: Q1 2018/19</td> <td>599.5</td> </tr> </table> <p>Comment: The success of the Adult Social Care (ASC) “Care Close to Home” programme has driven down the rate of admissions to permanent residential or nursing care</p>	Baseline: 2017	952.4	Three year target: March 2020	628.2	Ten year target: March 2027	592	Actual: Q1 2018/19	599.5
Baseline: 2017	952.4								
Three year target: March 2020	628.2								
Ten year target: March 2027	592								
Actual: Q1 2018/19	599.5								
<p>Percentage of all people in receipt of ASC supported to live at home</p>	<table border="1" data-bbox="627 786 1243 938"> <tr> <td>Baseline: 2017</td> <td>27.3</td> </tr> <tr> <td>Three year target: March 2020</td> <td>35</td> </tr> <tr> <td>Ten year target: March 2027</td> <td>60</td> </tr> <tr> <td>Actual: Q1 2018/19</td> <td>33.6</td> </tr> </table> <p>Comment: This reflects the reducing reliance on residential care and is a success factor linked to “Care Close to Home”</p>	Baseline: 2017	27.3	Three year target: March 2020	35	Ten year target: March 2027	60	Actual: Q1 2018/19	33.6
Baseline: 2017	27.3								
Three year target: March 2020	35								
Ten year target: March 2027	60								
Actual: Q1 2018/19	33.6								
<p>Percentage of adults in need of secondary mental health services</p>	<table border="1" data-bbox="627 1120 1243 1272"> <tr> <td>Baseline: 2014/15</td> <td>14.5</td> </tr> <tr> <td>Three year target: March 2020</td> <td>13</td> </tr> <tr> <td>Ten year target: March 2027</td> <td>10</td> </tr> <tr> <td>Actual: Q1 2018/19</td> <td>14.5</td> </tr> </table> <p>Comment: Figure reported is sourced from the <a href="#">Public Health Outcomes Framework</a> and from 2014/15. No more recent data has yet been published</p>	Baseline: 2014/15	14.5	Three year target: March 2020	13	Ten year target: March 2027	10	Actual: Q1 2018/19	14.5
Baseline: 2014/15	14.5								
Three year target: March 2020	13								
Ten year target: March 2027	10								
Actual: Q1 2018/19	14.5								
<p>Number of households in temporary accommodation</p>	<table border="1" data-bbox="627 1451 1243 1603"> <tr> <td>Baseline: 2017</td> <td>179</td> </tr> <tr> <td>Three year target: March 2020</td> <td>150</td> </tr> <tr> <td>Ten year target: March 2027</td> <td>100</td> </tr> <tr> <td>Actual: Q1 2018/19</td> <td>167</td> </tr> </table> <p>Comment: Figure correct as at the end of May 2018</p>	Baseline: 2017	179	Three year target: March 2020	150	Ten year target: March 2027	100	Actual: Q1 2018/19	167
Baseline: 2017	179								
Three year target: March 2020	150								
Ten year target: March 2027	100								
Actual: Q1 2018/19	167								
<p>Number of Extra Care Units available on island</p>	<table border="1" data-bbox="627 1751 1243 1904"> <tr> <td>Baseline: 2017</td> <td>0</td> </tr> <tr> <td>Three year target: March 2020</td> <td>150</td> </tr> <tr> <td>Ten year target: March 2027</td> <td>700</td> </tr> <tr> <td>Actual: Q1 2018/19</td> <td>0</td> </tr> </table> <p>Comment: Design and development work continues with housing providers and investors to deliver new housing options by 2020.</p>	Baseline: 2017	0	Three year target: March 2020	150	Ten year target: March 2027	700	Actual: Q1 2018/19	0
Baseline: 2017	0								
Three year target: March 2020	150								
Ten year target: March 2027	700								
Actual: Q1 2018/19	0								

## 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 executive leadership of the STP is finalising its proposals for the organisation of health and care services across the Hampshire and Isle of Wight geography. This is founded on a three tier model of integration based on population size. The proposals for the Isle of Wight are entirely consistent with the Council's One Public Service aspirations and will support the implementation of this approach. A report is to be considered by Cabinet in the autumn.*

### **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**

*Identified as an agenda item on the HWB Action Tracker. To be prioritised as an agenda item for the October 2018 Board with the view to clarifying the role of the HWB to members and identifying the role of implementing the priorities of the Health and Wellbeing Strategy.*

### **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.*

*In July the Local Care Board agreed to:-*

- the governance structure and functions of the emerging New Care Models (NCM) Alliances within the Local Care System structures.*
- the NHSE support offer on developing outcomes, payments and incentives*
- the proposal to have a joint Operational Delivery Group/Local Care Board seminar on the NCM Alliance Business in early Autumn*

*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 the following is planned:-*

*By end of September 2019*

- Monthly locality meetings to ensure services meeting needs of local people*

- *Links with GP Practices established*
- *Rapid Access to service reviewed and improvements identified*
- *Agreed end to end Frailty pathway*

*By end of March 2019*

- *Roll-out of improved Rapid Access to Community services*
- *Approach to working with General Practice agreed and being implemented*
- *Proactively identifying people who need support and care*
- *Wider roll out of the use of technology to support people's health and care across communities*

**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.*

*The integrated access hub (referred to as the "Enhanced Hub Integration") forms part of work which seeks to implement an Integrated Urgent and Emergency Care pathway across health and social care, supporting the development of an IW One Public Service contact centre and fulfilling the national regulators drivers for the implementation of best practice in delivery of NHS Urgent and Emergency and the Adult Social Care Act requirements.*

*The aim is to develop and implement the Coordinated Access Hub to provide a more joined up and integrated telephony first contact service across the local system in an effective way, which will seek to provide a more streamlined access route to acute, community health and social care, where the need has been determined that will result in a more coordinated approach from multiple providers.*

*The coordinated access functions will determine whether the persons need requires an urgent care pathway or alternative pathway of provision.*

*The model aims to provide a cohesive and seamless approach to the coordination of a persons' person centred care and support pathway by providing appropriate early intervention; promoting self-care and self-management.*

**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 provisional end of year admission rate for 2017/18 stood at 599.5 per 100,000 aged 65 and older a 37 per cent reduction over the 2017/18 financial year; A further improvement to 545 per 100,000 is currently forecast for 2018/19*
- *staff engagement in Care Close to Home, as evidenced by the quarterly staff survey results, is very positive with key staff engagement indicators improving since implementation*
- *(90 per cent of respondents in May 2018 stated that "the council offers me the necessary training to do my job" – compared with 73.3 per cent in December 2017 representing a considerable success in both engagement with and quality of the Learning & Development programme;*
- *63.2 per cent of respondents in May 2018 stated that "morale is good where they work" – compared with 50 per cent of respondents in December 2017 and 27.6 per cent in April 2017, a significant improvement;*
- *68 per cent of respondents in May 2018 stated that "I feel the work I do is recognised and valued" compared with 37.7 per cent in April 2017;*
- *the survey results continue to reveal very high levels of support from staff for "things to be done differently" – for which the response was almost unanimous in its answer of "yes"*
- *financial performance throughout the 2017/18 financial year has been excellent. Despite the increased levels of demand we face, Adult 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. After Quarter 1 of the 2018/19 financial year there is a forecast overspend of £47.5k and an under achievement of savings of £96.4 is forecast.*

*'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 and mental health social work. Our key focus during 2018 will be the introduction of strength based approaches to social work and more innovative approaches to practice development. We are specifically pleased to report that both Venner Avenue and Plean Dene Care Homes are graded as "good" by the Care Quality Commission. Positively, the turnaround of our in-house learning disability care homes is progressing more quickly. Detailed service improvement plans are in place for safeguarding, mental health and the learning disability care homes and these are being monitored on a routine basis by the Director and Assistant Director. All of this is within the environment of significant increases in the numbers of people 65 and over and 85 and*

*over the last five years. The rate of these increases is also predicted by Office for National Statistics (ONS) to accelerate over the next 15 years, especially the number of people aged 80 and over.*

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

*At the meeting of 9 August 2018 the Local Care Board (LCB) discussed and agreed proposed updates to the current BCF plan for 2017-19. The Board considered the following elements:*

- Reviewed and confirm the outline BCF and iBCF spend plan for 2018/19.*
- Reviewed and agree the governance and reporting arrangements for 2018/19 and alignment with the place based commissioning arrangements.*
- Considered and agreed the outline development process for the BCF plan from 2019 onwards.*

*In addition the paper also reflected amendments as a result of the latest national BCF operational guidance.*

*Operational Delivery Group (ODG) have been asked to follow up on the following actions:*

- Agree the quarterly BCF reporting format and processes for tracking delivery as part of the LCB programme.*
- Identify the process for developing the Better Care Fund Plan for 2019 onwards. This includes identifying appropriate project management support.*

*IWC and CCG need to formally ratify the changes through individual governance and enact relevant changes to the S75 Agreement.*

**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**

*Following the implementation of the decision support guidance tools a review to ensure that it is embedded in practice will take place in October. Lunch & learn sessions have been well attended and requests for specific sessions will be delivered as per a programme of delivery by 31 October 2018. Further work is required and meetings have been arranged with health colleagues to progress the falls and medications errors process; a process chart has been produced and is subject to agreement with health colleagues.*

*Multi Agency Safeguarding Triage (MAST) meetings are taking place on a regular basis with a workshop planned in September to review input and outcomes by all agencies. A spreadsheet has been produced to capture key data from MAST meetings for the review. BRAG rating tool has been implemented to inform decision making. All partner agencies have been issued with and have agreed the MAST operational procedures.*

*Further work is planned in relation to Making Safeguarding Personal (MSP) including Vulnerable Adults Panel review following the development of Integrated Locality Services (ILS) and Multi Agency Risk Management (MARM) and family case conferencing. Work has also begun on the development of a “managing allegations framework” for people in a position of trust.*

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

*Southampton Solent University are finalising the realist evaluation of Local Area Coordination (LAC). This evaluation was based on a small sample of users identifying that the LAC worked for different end users in different ways, this reflects the principle of this person centred, strength based programme. The economic analysis part of the evaluation is being finalised for publication mid-August 2018. Both of these will be presented to Public Health SMT in September.*

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

*The Health and Wellbeing Strategy has been completed and published on the HWB page of [iwight.com](http://iwight.com). An initial draft of a project plan has been developed with sign up from partner agencies. This will be brought back to the Health and Wellbeing Board in October 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**

*Negotiations have been ongoing for the contract for 0-19 Public Health Nursing for commencement September 2018 with a reduction in the budget. There will be a direct award by negotiated procedure advertised in Official Journal of the European Union (OJEU) in due course. The service will continue to undergo transformation. A Needs Assessment will be carried out in Quarter 2.*

*A review of sexual health spend is underway to ensure the service is financially viable and clinically safe.*

*Business continuity measures are in place following the closure of the alcohol service in March 2018. The Council’s PH team are working very closely with the Trust to put in place measures to ensure that a full service is in operation as soon as possible and that there is a sustainable service going forward.*

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

*Housing Vulnerable People Board set up and met for the first time. Work is being progressed on the plan for activity for this board. The post of Housing Commissioner has been appointed.*

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

*Discussions are ongoing with software development about the required improvements to the website and we hope to have a confirmed timescale for development within the next month (with the aim of*

*migrating initial key data within the next six months). A mapping exercise has been undertaken to map the priorities of the health and wellbeing board, the local care board, the council and the CCG to try to ensure the JSNA meets the needs of the Island system. Further deep dive, in depth pieces of work are underway for Sexual Health, Substance Misuse and Community Safety. Work to develop locality plans through locality profiles and support to the housing strategy are also key pieces of work which are currently in progress.*

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

*The community led housing programme held a launch event. Governance arrangements for the Housing Delivery Programme are in place and have been presented to the Health & Wellbeing Board. The Island Plan Review has undertaken work on assessing sites for housing development.*

*An interim housing delivery officer has been appointed to work with the council on developing a programme for delivering housing.*

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

*The key strategic partner for the IOW Fire and Rescue Service (IWFRS) is Hampshire Fire & Rescue Authority. 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 IWFRS. IWFRS also continue to work within the Integrated Locality Services with partner agencies to meet the needs of its communities and speed up interventions to those vulnerable persons within them.*

**Develop a business case considering the options for future governance of the IOW Fire and Rescue Service building on the successful partnership with Hampshire Fire and Rescue Authority**

*The paper went to full council and cabinet in March 2018 and a similar paper went to the Hampshire Fire and Rescue Authority. Both authorities asked for more information and a more detailed business case which was taken back to cabinet in June 2018. Following approval of the second paper, a public consultation will run from 6 August 2018 to 26 October 2018 with the results being presented to each authority on 24 January 2019 for a final decision.*

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

*The paper went to cabinet in April 2018 outlining the proposed improvements to the 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. Senior Officers and the Cabinet member for Fire have begun visiting all teams within service to discuss the proposals for service improvements and Combination.*

**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 public consultation exercise on the proposed creation of a new Combined Fire Authority for Hampshire, Isle of Wight, Portsmouth and Southampton commenced on 6 August 2018. It will end on 26 October 2018; the results will be considered Full Council which will advise the Cabinet on of its views about a combination as a result of the consultation. The final decision is for the Cabinet to make taking these views into account. The Police and Crime Commissioner continue to be interested in the outcome of the consultation exercise and the decision that will follow.*

**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**

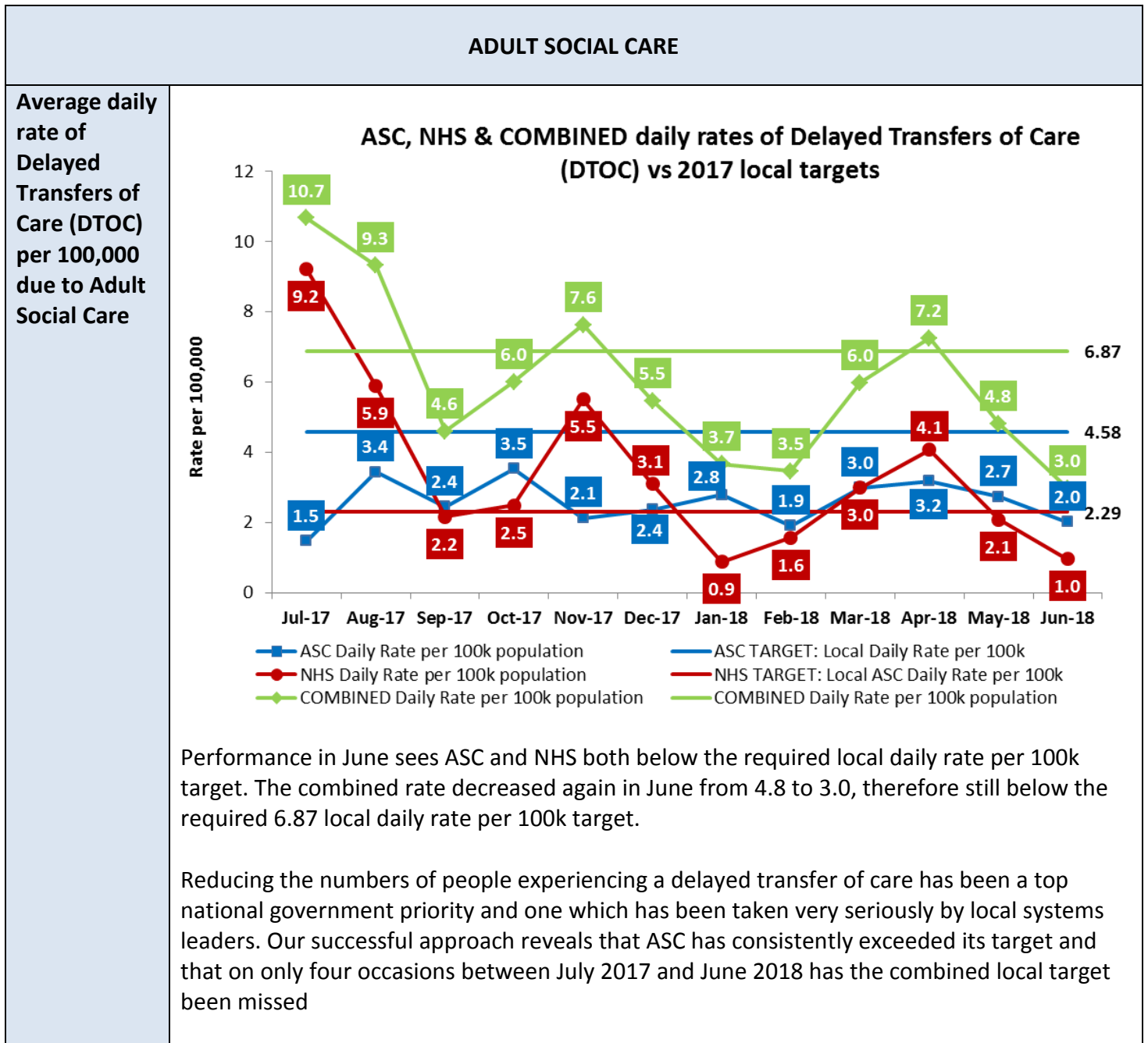
*The average speed of answer of calls received in the contact centre at the end of June was 117 seconds (number of calls answered 19,730) compared to that of 260 seconds in June 2017 (number of calls answered 19,593). Unfortunately a number of advisors have recently left the team and this together with annual leave commitments and some sickness absence has meant that the contact centre has been functioning on an average of 12 full time equivalent (FTE) staff, rather than the available 16 FTE establishment. The contact centre manager has been running a recruitment campaign which will see new starters join the team in August. This, together with the agreement of additional funding secured earlier this year, means that it is now possible for five fixed term contracts to continue for a further two years, making the team more stable.*

*There are still a significant number of council tax and benefit enquiries being received with regard to the increase in council tax charge and change in the local council tax support scheme and also from the reminders and summonses being issued to enforce payment. Some 7,000 reminders have been issued so far this year compared to 6,500 over the same period last year as residents are seeking advice on financial support and payment options. Some 1,000 calls a week are still being received by the contact centre in relation to waste. A visit to the contact centre has been arranged with the council's waste provider Amey, to ascertain what these issues are and how they might be best addressed.*

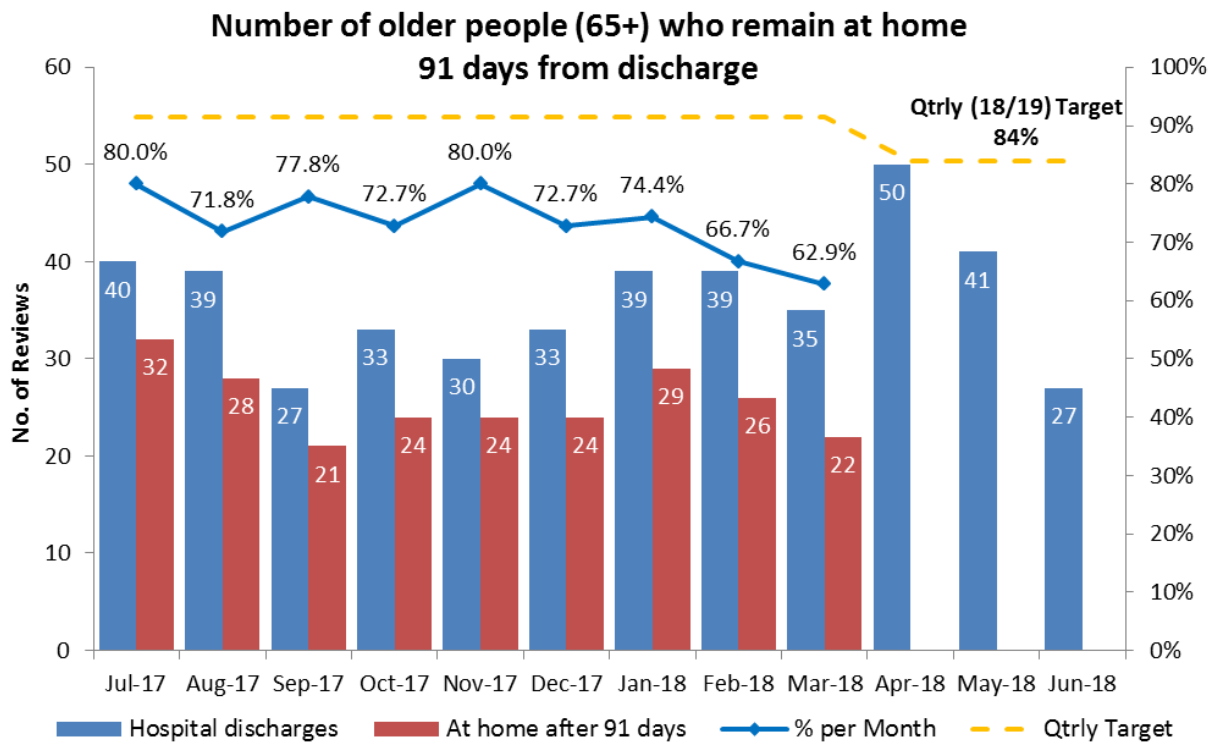
**Liaise with and represent the views and needs of the Island's rural community in informing the council's activities**

*Update to be provided in Q3 - milestone for consultation draft to be published.*

## Short Term Progress Measures



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

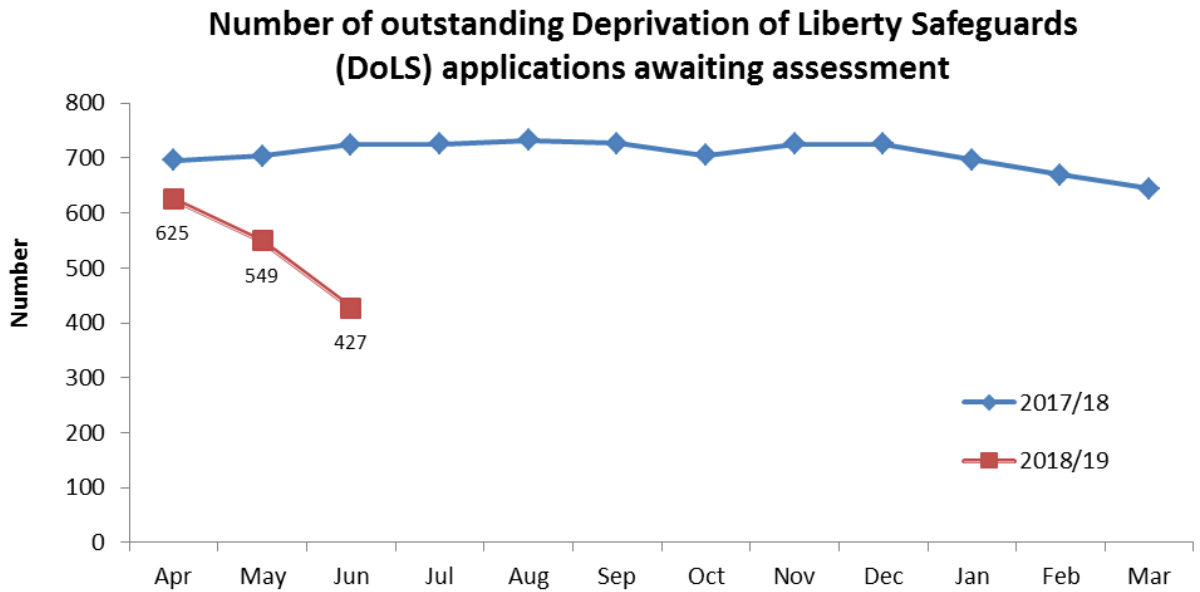


Figures for 91 days measure will always be three months in arrears due to the nature of the measure.

Of the 13 people in March that were not at home after 91 days, five were readmitted into hospital and eight people died.

We are concerned about the deteriorating performance in this area and will be undertaking an independent review of our reablement services.

**Number of outstanding Deprivation of Liberty Standards (DoLS) Assessments**

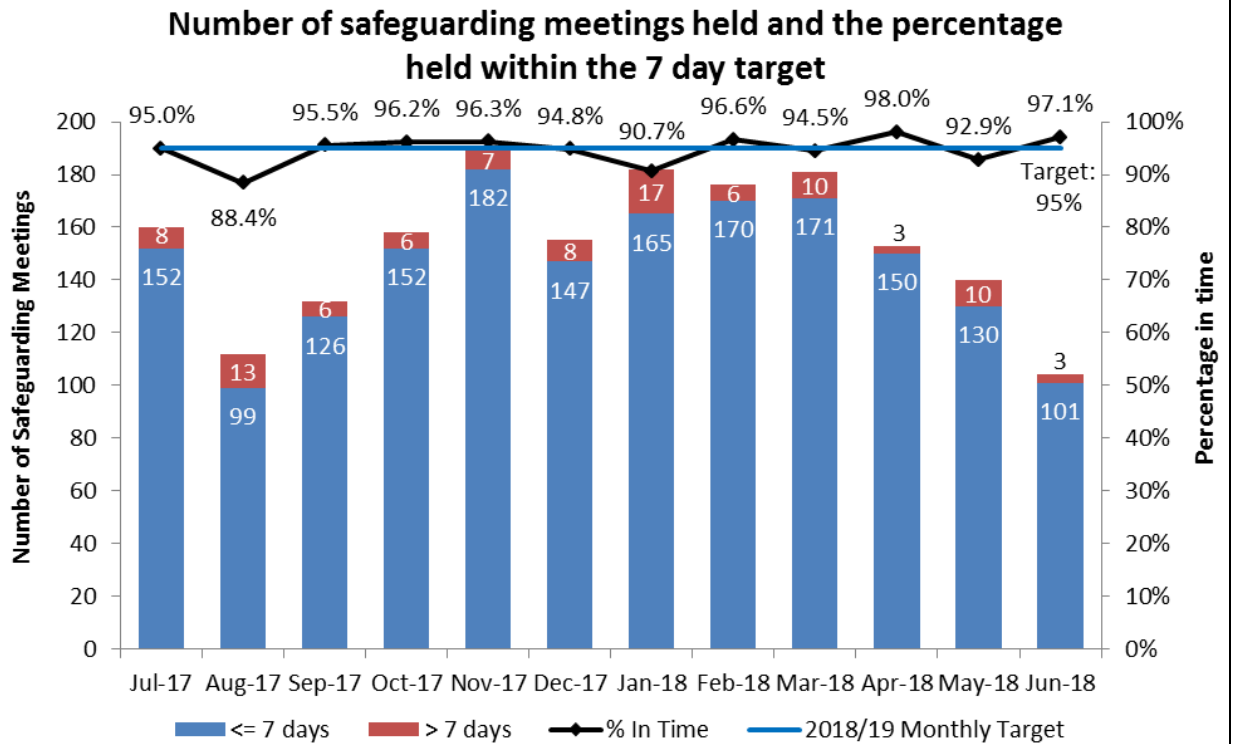


There were 42 applications received in the month which compares to 45 last month and 68 in June 2017. 120 assessments were completed, with 96 authorised, two not granted and 22 circumstances changed. There were 22 requests ended in June (five returned home, 11 died and six moved care home). There has again been a decrease in June for applications awaiting assessment from 549 in May to 427, this is lowest it has been in the past 14 months (June 2017 there were 724 outstanding).

New DoLS requests for June continue at a lower rate than the long term average. One likely contributory factor is that hospital requests have dropped off (from 32 in Quarter 1 last year to 14 in Quarter 1 this year) following case law in 2017 confirming that critical care is not subject to DoLS.

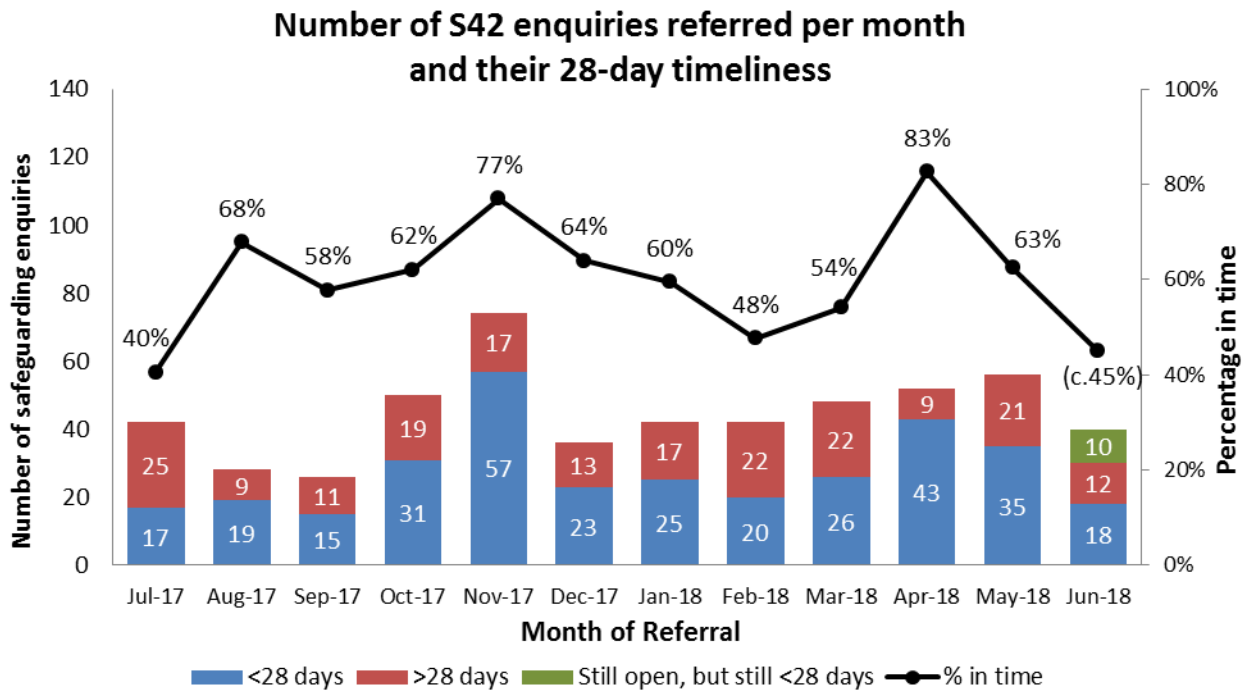
Ongoing high number of assessments completed is as a result of the project to clear the backlog (OT Practice) as well as increased activity in house and with independent assessors to manage new requests received since February. As a result the backlog of unassessed cases continues to fall and the additional resources added to this service are showing results.

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



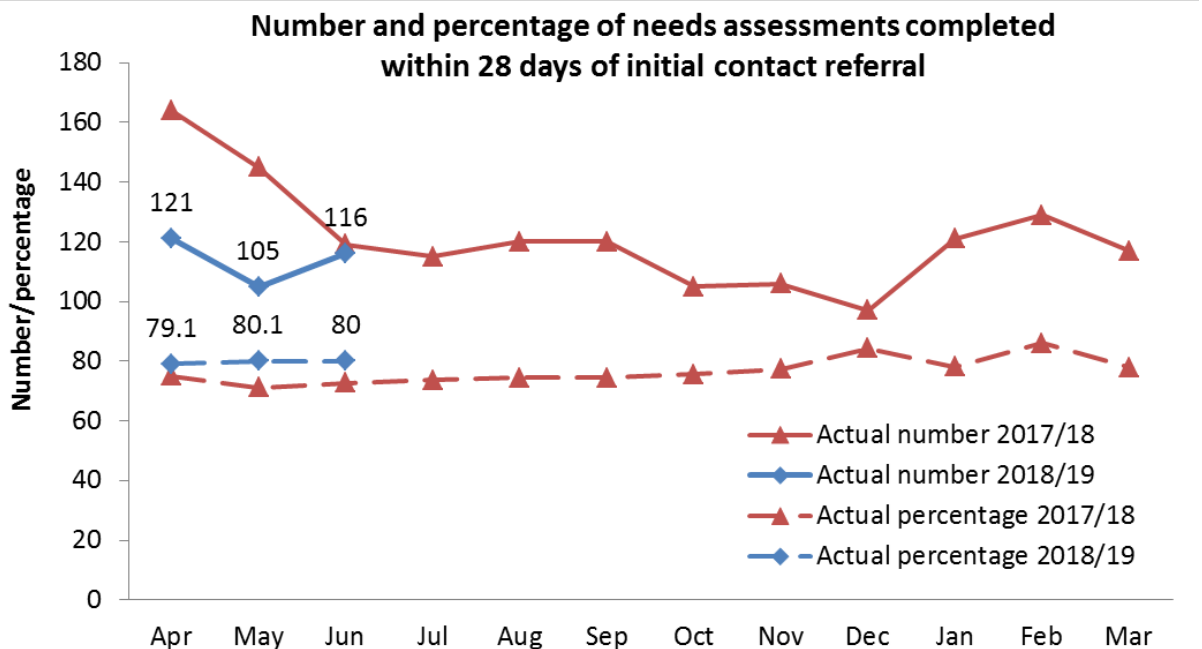
The safeguarding meetings being held within the seven day timescale continues to be high and exceeding the target. The delays are caused by a lack of information in the original referral to enable a timely decision, Making Safeguarding Personal (MSP) contact and other agencies or information being unavailable.

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



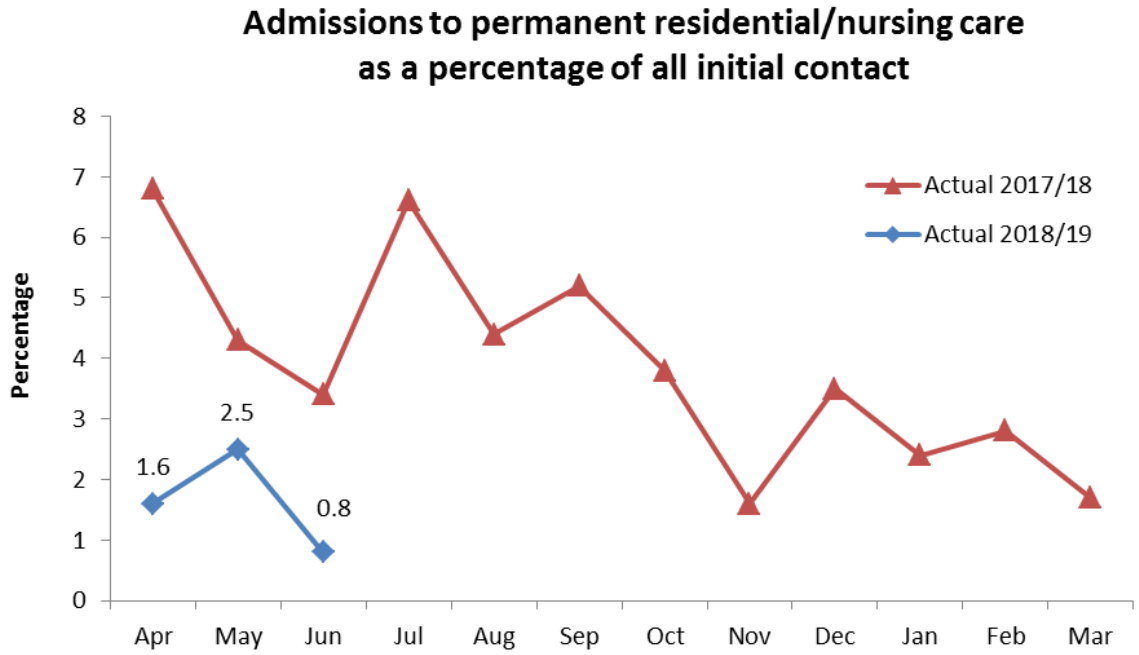
The 28 day timescale has been breached due to the complexity of the enquiries currently being completed, and waiting for partner agencies to complete their own reports and internal enquiries. There has also been annual leave of workers within the team, one worker on long term sick and an agency worker leaving the team.

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



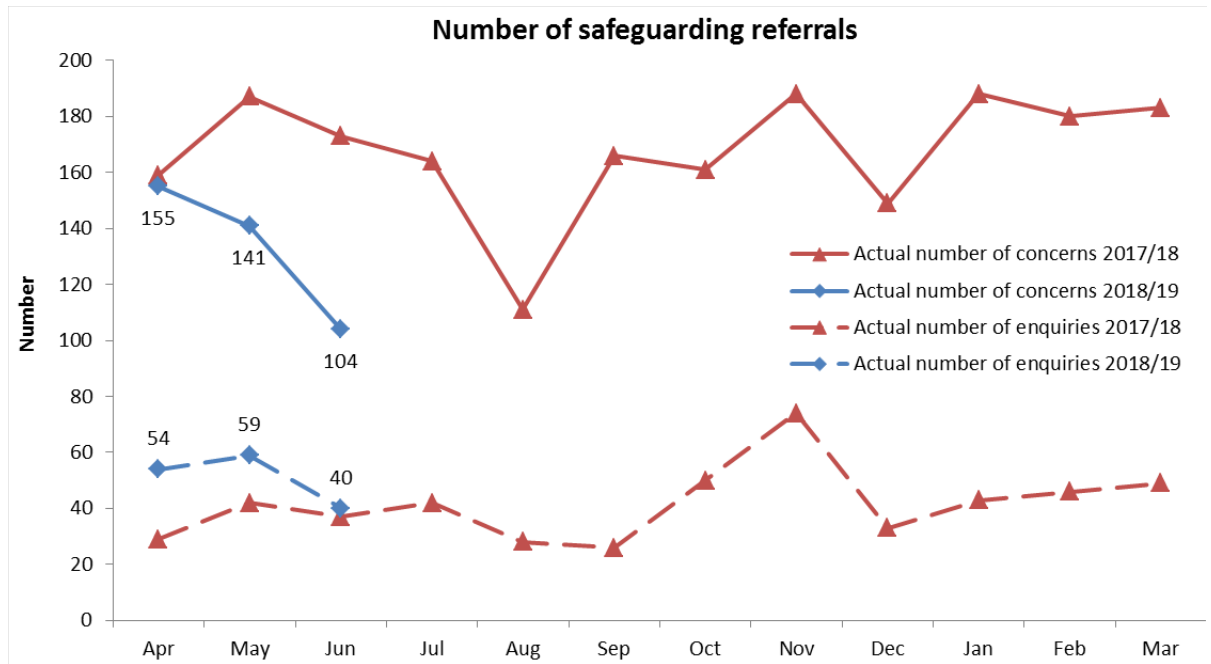
Completed 'Your Needs Assessments' remain at a steady level with the authorisation rate remaining at a similar proportion.

Number of admissions to permanent residential or nursing care as a percentage of all initial contact



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

**Number of adult safeguarding referrals**



We receive very high numbers of adult safeguarding referrals, all of which require initial review as to whether or not they meet the nationally drawn threshold for a full adult safeguarding investigation.

Via the leadership of the Safeguarding Adults Board, we have developed a new ‘threshold and decision making tool’ and provided risk training to all agencies who work with adults at risk. As a result, we are beginning to see a continued reduction of the number of concerns, allied to a higher conversion rate to section 42 Enquiries. We believe this is due to the more consistent triaging at the referral stage and more appropriate referrals. There has been a reduction in falls & medication errors. The service hopes that these numbers will continue to show the receipt of appropriate referrals as new criteria is followed.

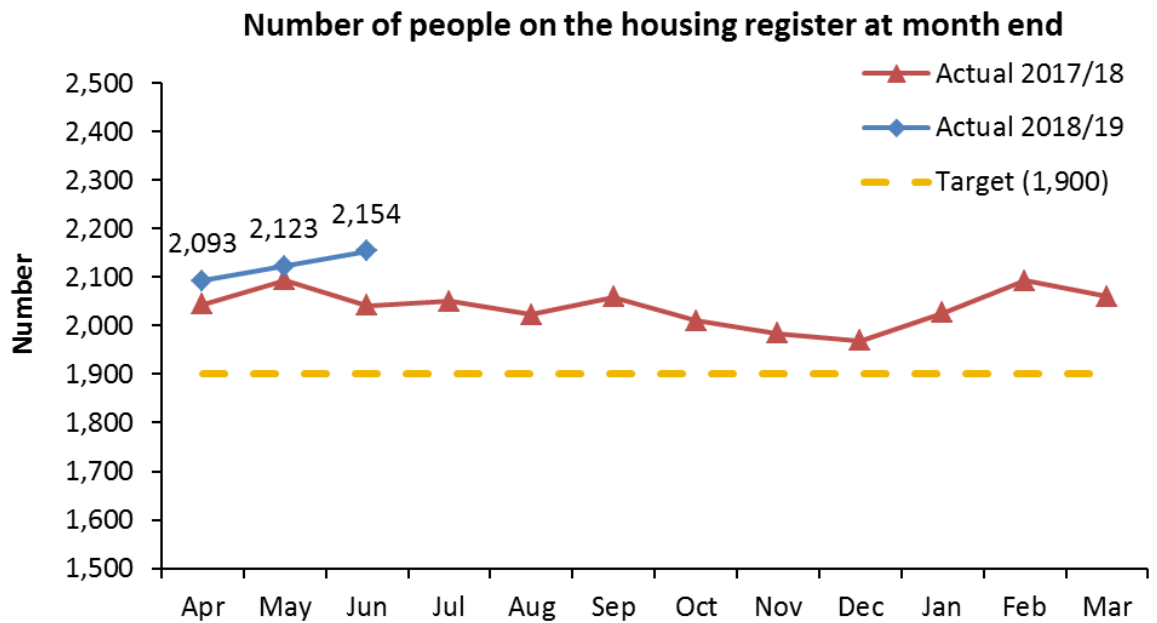
A safeguarding concern is a report made to the lead agency for the safeguarding process to raise concerns that an adult at risk may have been, is, or might be, abused. Some concerns then lead to an enquiry.

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.



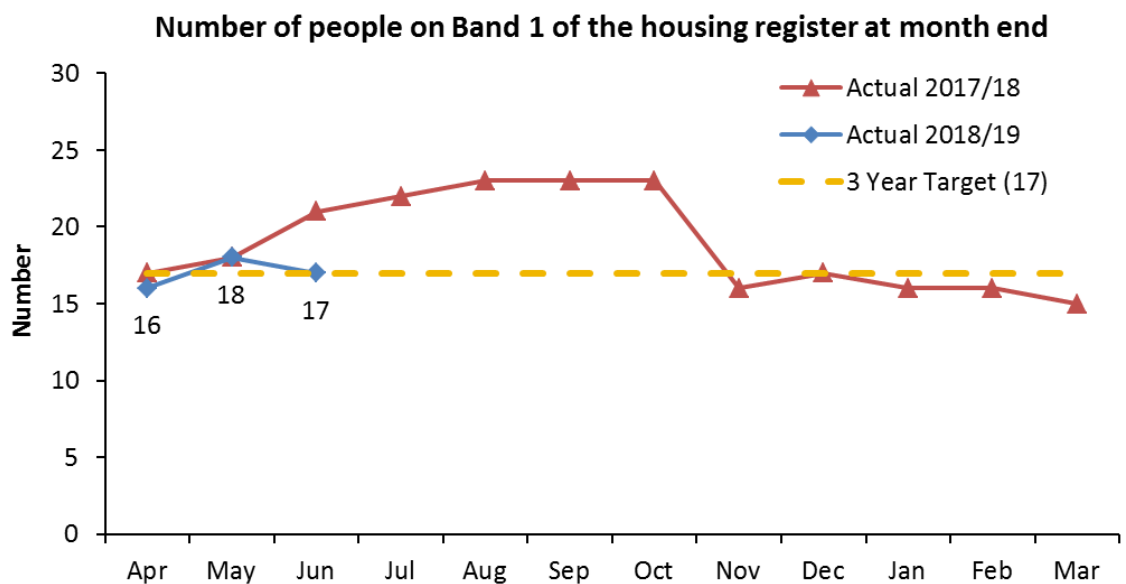
**HOUSING**

**Total number of people on the housing register at month end**



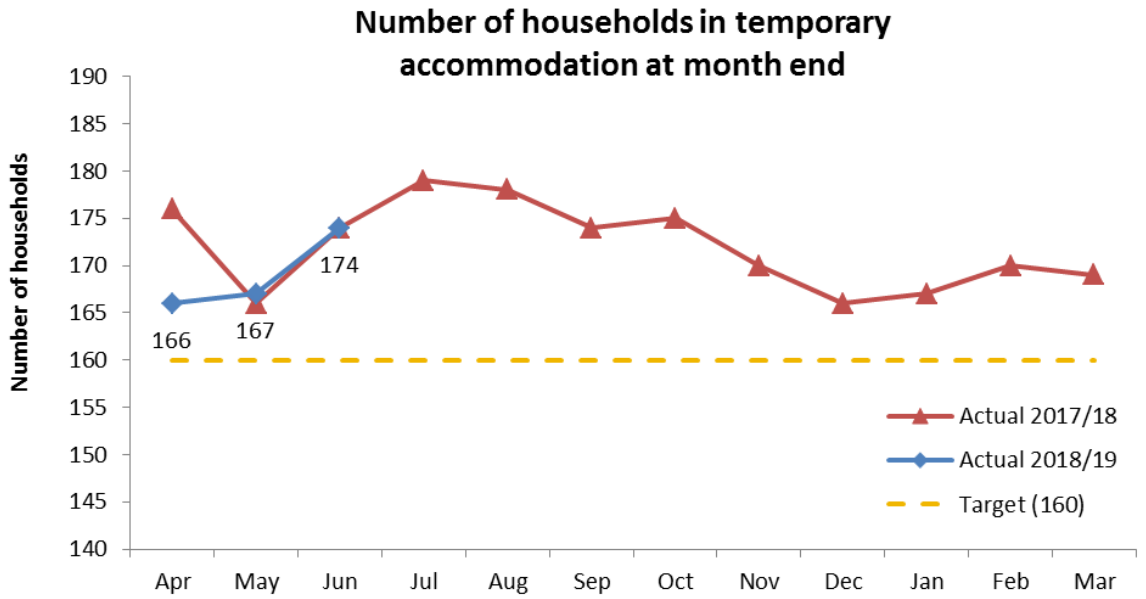
Number of active housing register applications indicate demand for affordable rented homes which is not currently being met.

**Number of people on band 1 of the housing register at month end**



Band 1 priority is awarded to applicants with urgent housing needs some of which require specially adapted homes.

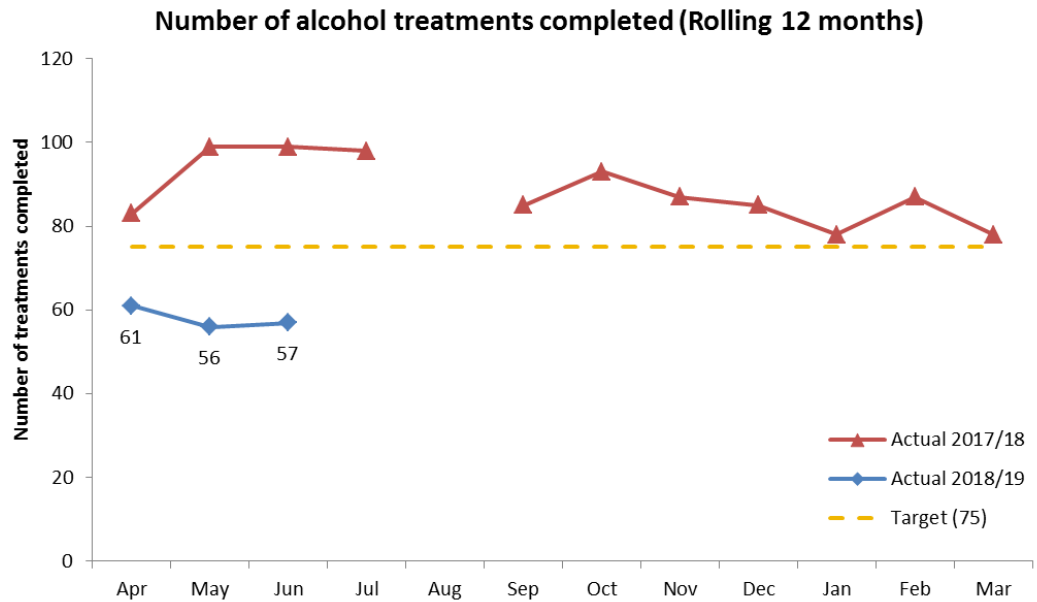
**Total number of households in temporary accommodation at month end**



June is slightly higher than recent months due to the use of some B&Bs.

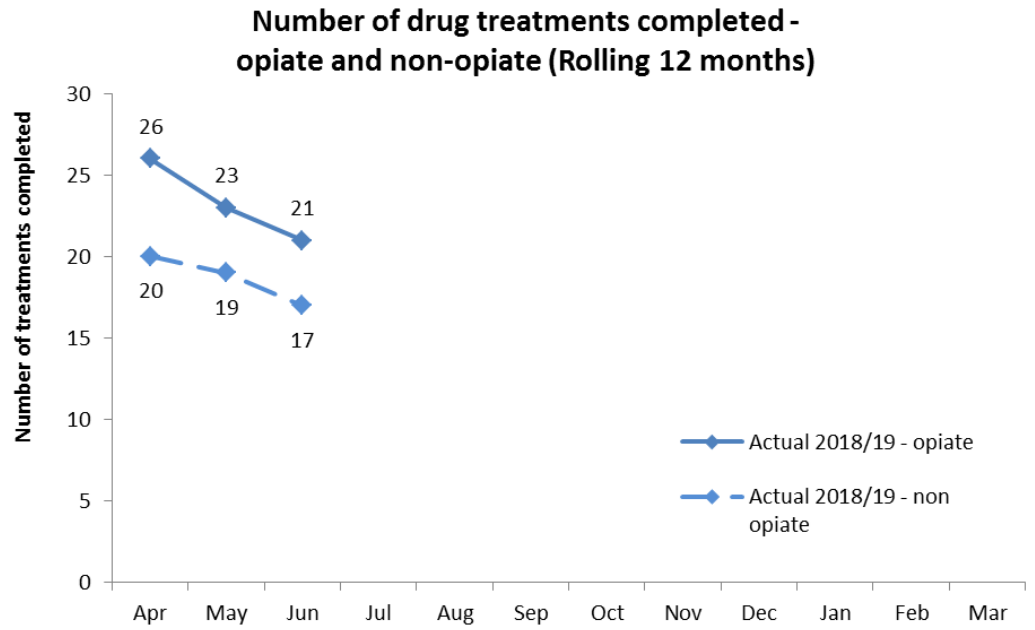
**PUBLIC HEALTH**

**Number of alcohol treatments completed (Rolling 12 months)**



May data is released in June. 57 treatments that have been completed in the period out of 158 in treatment (36%).

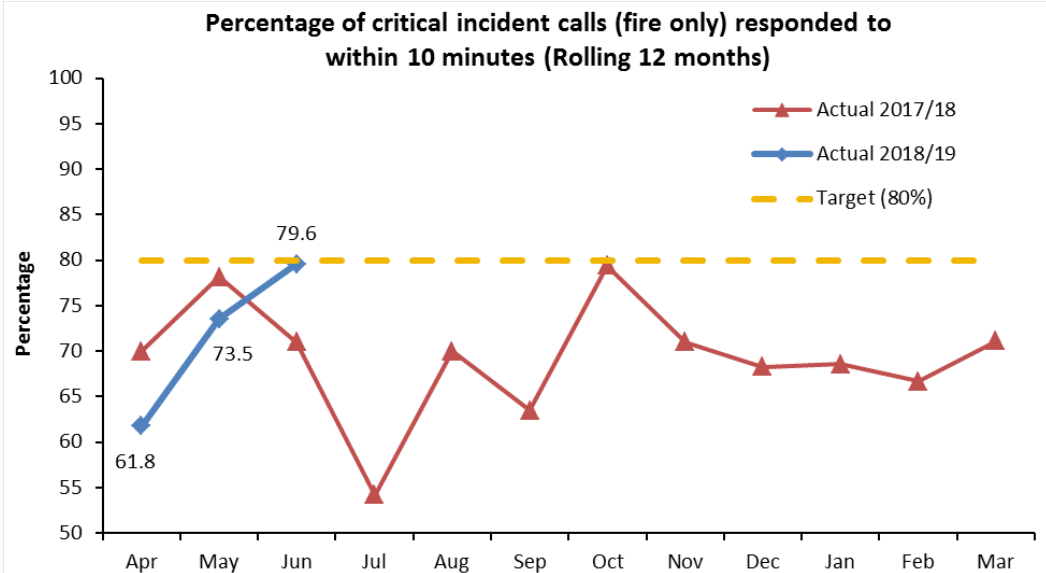
**Number of drug treatments completed - opiate and non-opiate clients (Rolling 12 months)**



June shows the May data release. 17 completions out of 48 in treatment (35%) for non-opiate clients and 21 completions out of 296 in treatment (7%) for opiate clients, indicates long periods in treatment.

**FIRE & RESCUE**

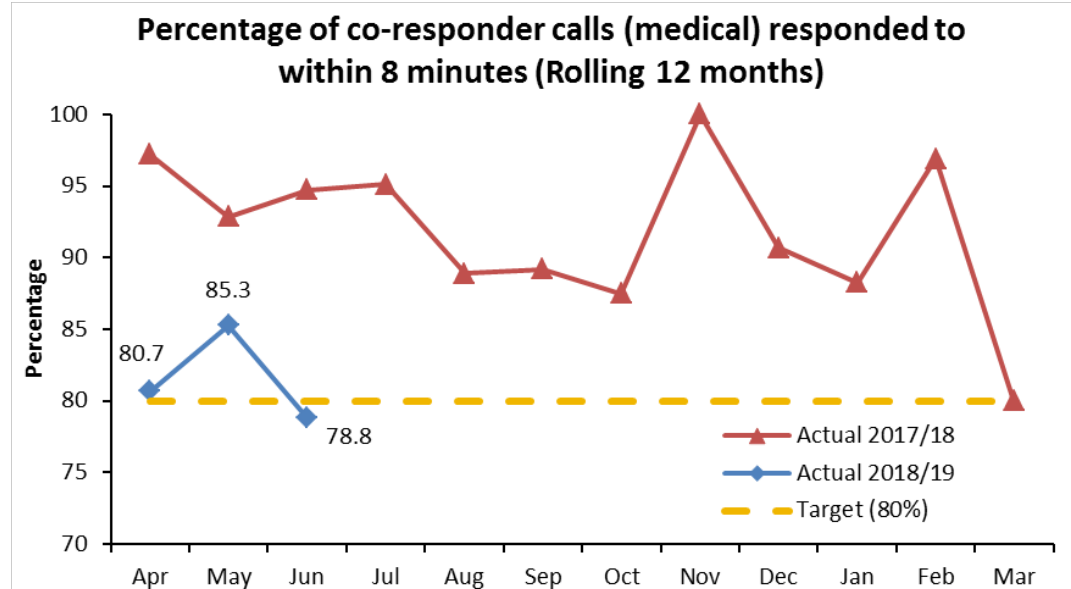
**Percentage of critical incident calls (fire only) responded to within 10 minutes (Rolling 12 months)**



35 of the 44 critical incidents attended achieved the standard making 79.6% success compared to a target of 80%. This shows a big improvement from last month with the failures predominantly being due to the combined delay in RDS mobilising and travel time. Four of the nine failures were within 11 mins and most were by the nearest station to the incident. Newport W/T were hampered by the

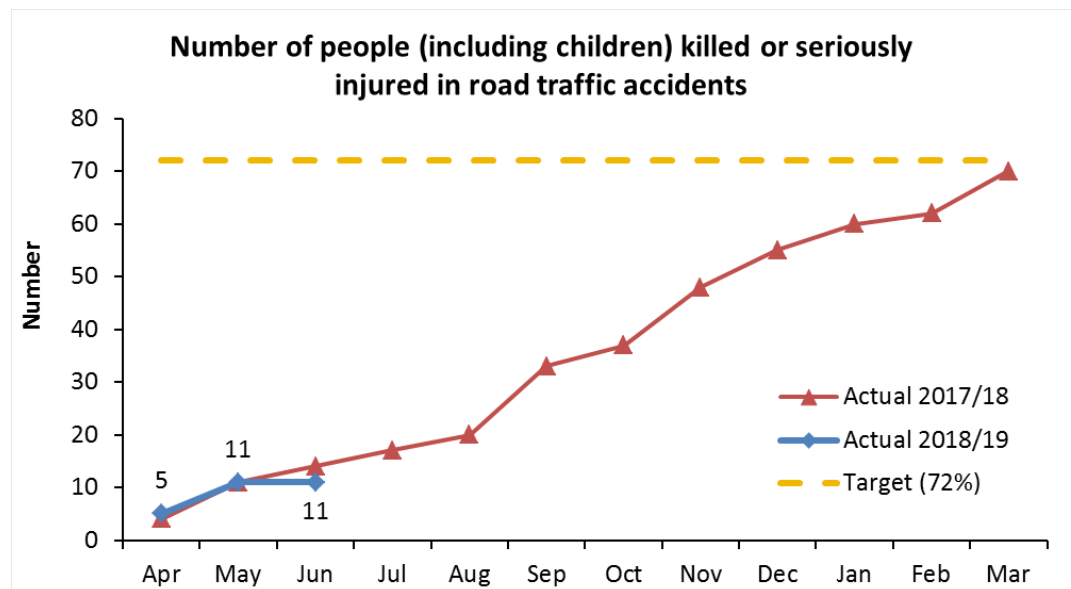
traffic congestion caused by the IOW Festival. There was also an incident where the address was not specific so the crew were delayed in booking in attendance. There was one second appliance failure due to the incident being at the pier head.

**Percentage of co-responder calls (medical) responded to within 8 minutes (rolling 12 months)**



Of the 33 co-responder calls attended, 26 were within target making 78.8% success compared to a target of 80%.

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



This cumulative measure is reported on a three month lag. There were six serious casualties in February which makes the cumulative total 11 and forecast is 66 compared to target of 72.

During February there were a total of five separate KSI recorded incidents

resulting in six serious injuries and one slight. All apart from one was during the hours of daylight. One incident was on wet or damp roads, the rest on dry roads. There are no trends in location or time of day. The extent and type of injuries are not disclosed and the severity of injuries have not been confirmed with the hospital.

There was one motorcycle incident: At 2239hrs on Monday 19 February a motorcycle (50-125cc) was travelling out of Tesco service road, Ryde. The rider braked for a vehicle in front, lost control and fell off with the motorcycle landing on top of him. The 43 year old male rider sustained a serious injury. At the time it was dark; the roads were dry and weather fine.

There was one pedestrian injury incident: At 1250hrs on Wednesday 7 February at junction of Pyle Street with St James St, Newport, a 16 yr. old male was walking on the pavement in Pyle Street when he was struck on the back of his head by the nearside wing mirror of a passing bus. The pedestrian suffered a serious injury. At the time the roads were dry and the weather fine.

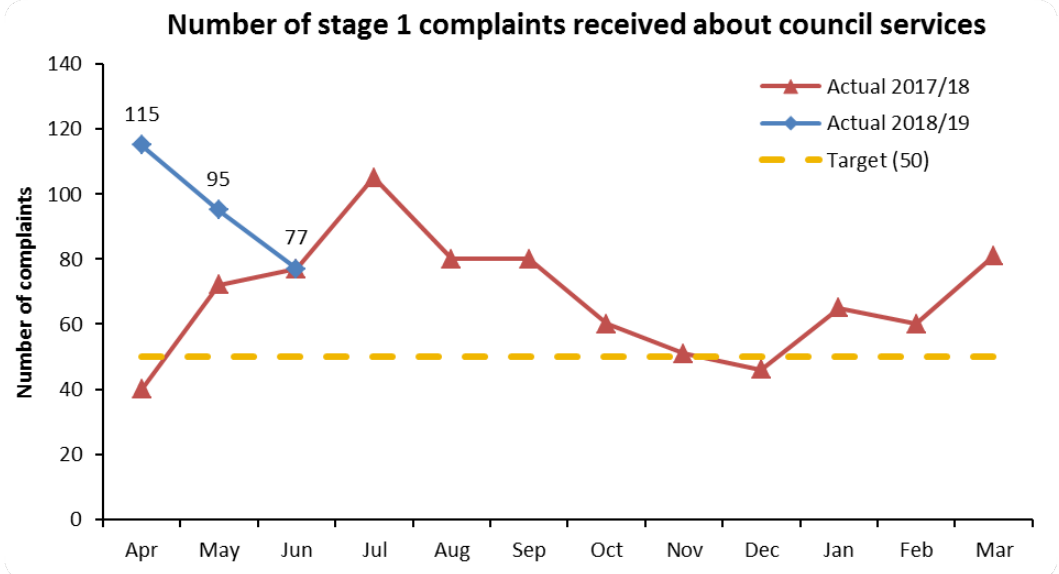
There were two RTCs involving two or more vehicles: At 1237hrs on Friday 9 February at Newport Road, Calbourne, a car travelling South West lost control after overtaking another vehicle. The car left the carriageway near side and collided with a tree. The 31yr old male driver suffered a serious injury. The 29yr old female front seat passenger also suffered a serious injury. At the time the road surfaces were wet/damp.

At 1620hrs on Monday 12 February a car travelling along Kings Road, Bembridge struck a stationary vehicle in front that had stopped for a coach. The car then crossed the carriageway and collided with a wall, where it then rolled backwards and collided with a parked vehicle. The 85yr old male driver suffered a serious injury and 84yr old female front seat passenger suffered a slight injury. At the time the weather was fine and the roads dry.

None of the above incidents involved drink or drugs.

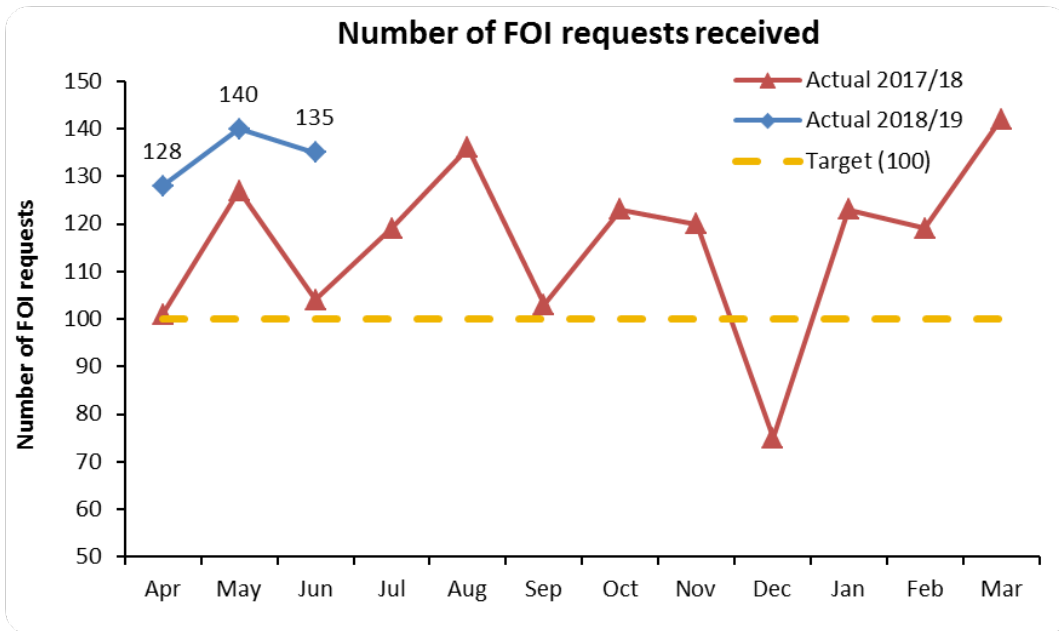
**CUSTOMER SERVICES**

**Number of stage 1 complaints received about council services**



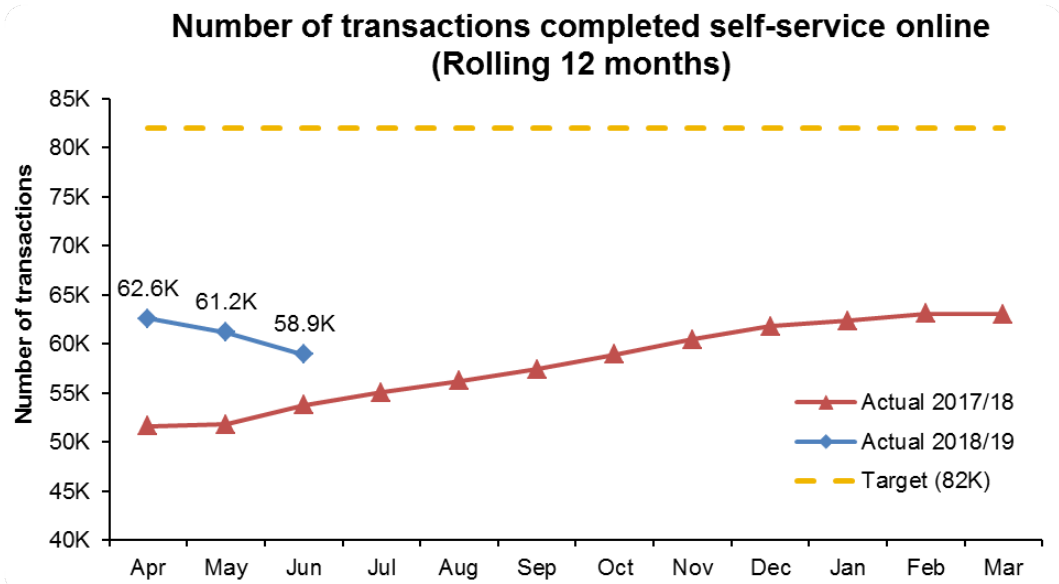
This indicator, which includes complaints data across all service areas of the council, shows an increase in the number of complaints being received in comparison to the previous year. The most notable rise in complaints relate to waste services which is being looked into. There is also a correlation between this and calls received by the contact centre on waste related issues (currently some 1,000 per week) which are being address with the service provider. Complaints in June tend to rise as the period in which council tax collection reminders takes place and summonses are issued to secure debts.

**Number of FOI requests received**



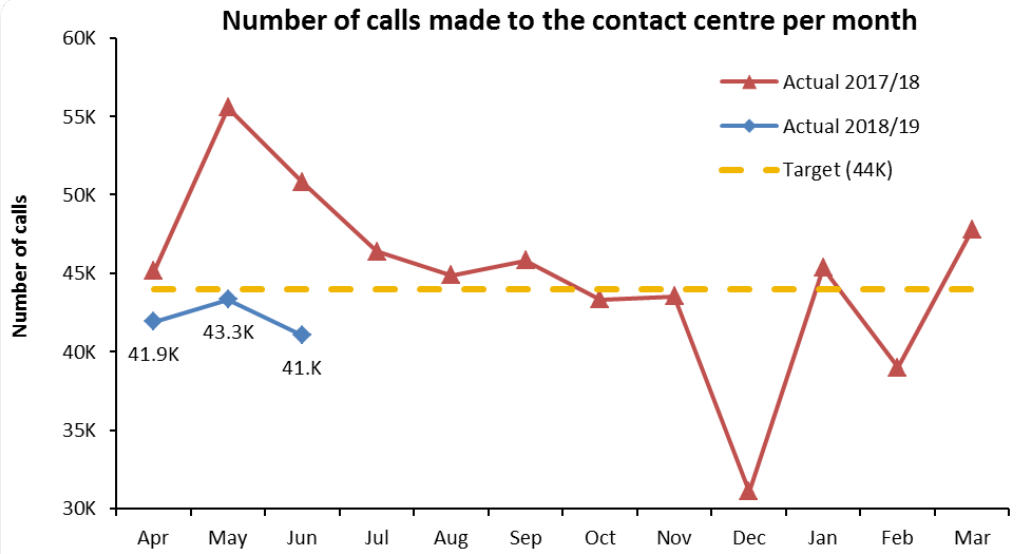
Of the 135 requests received in June, Place received 44, Resources received 34, Adult Social Care and Well-being received 19, Children’s Services received 17, Fire and Rescue received nine, Financial Management and Regeneration both received five and Public Health received one. One further request was received but the directorate was not recorded.

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



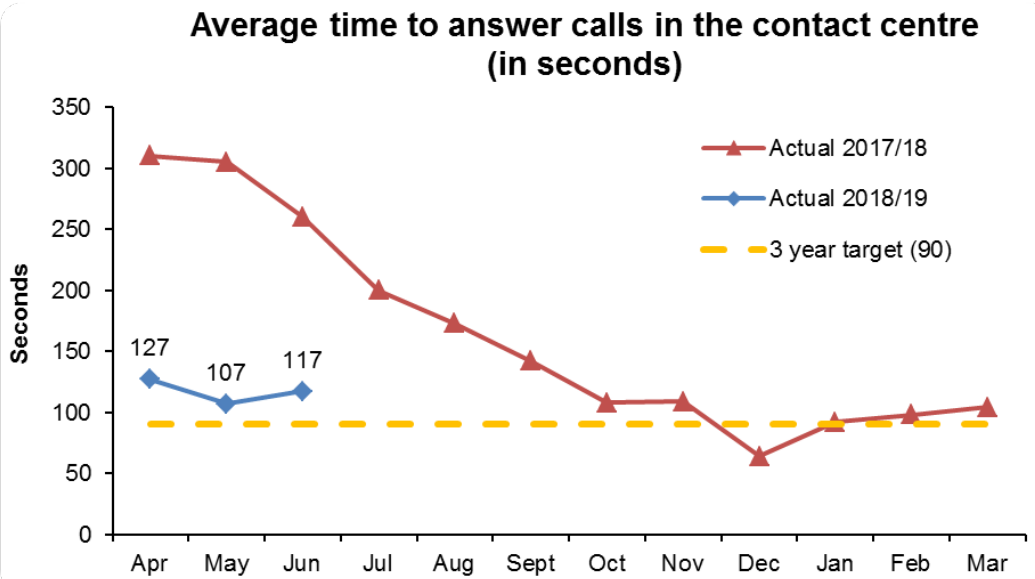
The number of transactions being completed online is showing a decline over the beginning of this financial year. This has not, though, led to a corresponding increase in the number of telephone calls being made to the contact centre. The number of transactions saw a gradual increase in 2017/18 as a result of the launch of new on-line facilities such as the green waste collection service and privilege seat application process as well as the redevelopment of other on-line forms to improve ease of use. There are also other events in the annual cycle of business activity that have the potential to increase transaction use such as annual billing and reminder schedules but equally the quieter months of July-December should account for the downward trend that is apparent in the first quarter of 2018.

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



The number of calls being made to the contact centre has not increased significantly over the first quarter despite the reduction in transactions being completed online.

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



Times remain low although just above the target of 90 seconds. The performance, though, is drastically better than at the same point last year when response times were over 250 seconds. This improvement has been as a result of additional resources being assigned as well as implementing a lot of process improvements.



## Strategic Risks

<p><b>Failure to identify and effectively manage situations where vulnerable adults are subject to abuse</b></p> <p>Very positively, since the last strategic risk review report, the Safeguarding Adults Board has approved the “adult safeguarding threshold and decision making tool”. This is now being disseminated with an accompanying training plan.</p> <p>In the absence of a service manager for mental health and safeguarding, we are using an independent person to provide mentoring support to the safeguarding team and manager.</p> <p>Health have confirmed that they fully intend to attend the multi agency safeguarding meetings which look at, and determine the response to, those cases of high risk. This will be a very positive development when it happens.</p> <p>Commissioning have been working especially effectively with the safeguarding teams in responding to safeguarding concerns within individual provider’s services. This has resulted in detailed action plans being produced by providers – which are then closely and jointly monitored.</p>	Inherent Score	16 RED
	2017 Assessed Score	12 RED
	Target Score	5 GREEN
	<b>Current Score</b>	<b>9 AMBER</b>
<p><b>Failure to secure the required outcomes from the integration of adult social care and health</b></p> <p>This risk has been increased from the last report because there is an immediacy to some key strategic decisions that are required regarding the future depth and breadth of integration across health and care – but mainly because new targets for ASC have been set by NHS England that will be difficult to achieve.</p> <p>The Local Care Board has asked for work to be undertaken to develop our local model of Place Based Commissioning. From the council’s perspective this could include commissioning for: ASC; public health; Disabled Facilities Grants (DFGs); homelessness; supporting people; and some children’s health services (e.g. school nursing). From the clinical commissioning group (CCG) perspective, this could include commissioning for: primary care; community health services; tier 1 and 2 mental health services; learning disability services (excepting those people currently subject to the Transforming Care programme); and urgent and emergency care. The “urgency” pertains to the fact that the Isle of Wight CCG is now part of the wider “Hampshire Partnership” of five CCGs and the accountable officer for the partnership is currently appointing to her leadership team, wanting an area director in each of the five CCGs. The Local Care Board wants to explore the potential for this post to be a joint CCG/Isle of Wight Council post – but if this is to happen, the proposal will need to be drawn up as</p>	Inherent Score	16 RED
	2017 Assessed Score	12 RED
	Target Score	6 GREEN
	<b>Current Score</b>	<b>12 RED</b>

<p>quickly as possible.</p> <p>Thirty, 60 and 90 day implementation plans have been worked up for the Integrated Locality Services – which now contain over 100 staff. In addition, progress is being made in scoping the operating procedures that will be used by the ILS.</p> <p>Operational from September, ASC received its new target for delayed transfers of care (DTOC) from NHS England in May. Our current target is 4.58 per 100,000 people – and NHSE has further raised this to 2.6 per 100,000 people (approximately 40 per cent). In order to meet this target in practical terms, this means that we are allowed only three people at any one time to be DTOC attributable.</p> <p>In addition, a letter from Pauline Philip, the national director of urgent care at NHS England that was copied to all directors of adult social services sets out exacting new standards to be met in order to reduce the numbers of patients experiencing extended stays (over 21 days) in hospital – as well as a target which is expected to be met across health and adult social care. The Isle of Wight must reduce the numbers of people experiencing an extended hospital stay by 26 per cent by December 2018.</p> <p>Finally here, it should be noted that the hospital has experienced ongoing pressures in the acute sector and has escalated to Opel 4 twice in June.</p>		
<p><b>Failure to provide acceptable quality of professional practice across Adult Social Care</b></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.</p> <p>The assistant director and service manager urgently need to bring a paper to the Adult Social Care (ASC) Leadership Group setting out their plans for their restructuring. It is fair to say that there is current confusion among staff and the director has stopped any further changes until the usual governance has been applied.</p> <p>In addition, we have seen an increase in the level of agency workers needed to complete key work in the high cost review programme (with the associated expense). We have created a dedicated ‘access to home’ team comprising three social workers, so that people entering into short term placements straight from hospital can be reviewed within days of entering the care home and be supported to go home. This has increased grip around the case management of these people – but we are seeing too few of these people going home.</p> <p>Progress has been made in the redesign of our assessment and planning</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><b>Current Score</b></p>	<p><b>12 RED</b></p>

tools so that they better follow a strengths-based approach. Practitioners and managers from across the department have been engaged in the co-production of these new tools. They are being put onto the PARIS system and a series of training sessions for practitioners and managers is under development.

An action plan has been produced in response to the independent review of mental health social work practice – the Mental Health Team has been actively engaged in its development and the Director has met twice with the team. The next stage is to test this with service users – as well as colleagues in the trust’s mental health services.

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.

Good progress has been made in identifying the future accommodation needs of ASC post exit from Enterprise House. However, there has been a delay in the development of the mobile working pilot. This was due to start in July – but to date no information has been provided about what kit is being/has been purchased nor the consequent learning and development needs of staff and managers who will be asked to use this kit.

Wifi has not yet been enabled across all of the Learning Disability care homes. This is preventing us from being able to allow staff to complete mandatory training on line – and this is being identified as a failing by the Care Quality Commission in its inspections, impacting negatively on the resultant rating accorded under the “well led” key line of enquiry.

In 2016 Her Majesty’s Revenue and Customs (HMRC) changed its approach to its current view that the National Minimum Wage (NMW) is payable for every hour worked of a sleep-in and has carried out audits of NMW compliance since then of social care providers. HMRC has the discretion to consider underpayments going back six years; to levy fines and require employers to pay back pay of outstanding salary going back up to six years. In addition, employees can bring claims in the Employment Tribunal for back pay of up to six years. While the council is satisfied that it has no liability as a provider as within its internal services it has always paid staff above the NMW for sleep-ins, there is a risk that external providers of social care will seek to pass on any historic liability back to the local authorities that have commissioned them. This would only apply to care packages falling outside of the council’s care bands which include the majority of learning disability placements, section 117 placements and some placements for elders with complex needs. The statute of limitations could enable them to bring a claim for the past six financial years. To

<p>mitigate this Adult Social Care will continue to liaise with the South East Association of Directors of Adult Social Services (SEADASS) to ensure the approach we take is consistent with that adopted by other local authorities.</p>		
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