

**ADULT SOCIAL CARE OVERVIEW AND
SCRUTINY PANEL
01 DECEMBER 2009
7.30 - 9.20 PM**



Present:

Councillors Turrell (Chairman), Harrison (Vice-Chairman), Baily, Blatchford, Mrs Fleming, Phillips and Mrs Shillcock

Apologies for absence were received from:

Councillor Leake

Also Present:

Andrea Carr, Policy Officer (Overview and Scrutiny)
Mira Haynes, Chief Officer: Older People & Long Term Conditions
Zoë Johnstone, Chief Officer: Adults & Commissioning
Glyn Jones, Director of Adult Social Care & Health
Amanda Roden, Democratic Services Assistant

29. Minutes and Matters Arising

The Panel received an oral update concerning mandatory Safeguarding Adults training for staff working within Berkshire Healthcare Foundation NHS Trust and Berkshire East Primary Care Trust. Training for staff had commenced in October 2009, with training for some senior staff members commencing in November 2009. Serious major case reviews would be looked at in January 2010 and also safeguarding processes.

RESOLVED that the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel held on 1 September 2009 be approved as a correct record and signed by the Chairman.

30. Declarations of Interest and Party Whip

There were no declarations of interest relating to any items on the agenda, nor any indications that members would be participating whilst under the party whip.

31. Urgent Items of Business

There were no urgent items of business.

32. Performance Monitoring Report

The Director of Adult Social Care and Health presented the Performance Monitoring Report (PMR) for the second quarter of 2009/10 (July to September) relating to Adult Social Care.

The regulatory assessment of Adult Social Care for 2008/09 had been completed during the second quarter and would form part of the Comprehensive Area

Assessment. The initial stage of developing Integrated Local Area Workforce Strategy (InLAWS) had commenced and much work was being carried out on this.

The Personalisation Pilot was progressing and was due to be finished by the end of the year. Bracknell Forest Homes would be contacted regarding the possible use of a flat in one of their sheltered housing schemes in the Borough.

It was reported that there would be a new set of contracts in the New Year regarding substance misuse and a greater commissioning capacity as four organisations would be working as one. Bracknell Forest would be the first local authority to be granted funding for psychology assessments in Berkshire.

Budget plans for 2010-11 would be going to the Executive this month and the process of switching the IT system had begun. Frontline staff and managers were recording activity and undertaking swine flu monitoring with good support from health providers.

It was reported that the aim was for 10% of social care clients to receive self-directed support by March 2010 and 30% by March 2011.

Arising from the Members' questions and comments the following points were noted:

- The 1% error rate on the test migration of 50,000 transaction records to the new IT system was thought to be a good result as each transaction record did not relate to a record for each individual person.
- Funding for the psychology assessments would go to the PCT to commission psychology projects across Berkshire. This was permanent funding. Slough or Windsor and Maidenhead would be the next authorities to receive funding for this.
- Reductions in expenditure had been achieved through delaying non-essential activity and recruitment, allowing the Council to contribute to in year savings whilst still providing a safe statutory service. Reductions would not compromise minimum standards or put pressure onto other departments.
- There were a number of people now eligible for continuing health care and equally some people were now not eligible. People's needs change and some support packages fitted the needs of clients as part of a well managed care regime. The three high cost service users whose funding was withdrawn following a review of eligibility were appealing this decision with the PCT.
- A minimum staffing level was needed and there was a regulated duty to provide cover in some cases. Staff on long term sick leave may be referred to Occupational Health for support. In order to cover staff members on long term sick leave, existing staff may work extra hours as there would be additional costs to bring in extra staff. Some vacant posts in non-essential areas had been put on hold if the work could be carried out in house.

33. Review of the Health and Social Care Partnership

The Adult Social Care Overview and Scrutiny Panel reviewed the Health and Social Care Partnership, particularly its governance, performance management, financial management, and related issues with reference to the questionnaire sent in advance of the meeting.

The Chair of the Health and Social Care Partnership Board (HSCPBoard) alternated between the Primary Care Trust (PCT) and the Council. As the Chairman representing the PCT had stepped down from his role with the PCT and had been seconded to a role with Heatherwood and Wexham Park Hospital, the Council's

Executive Member for Adult Services, Health and Housing was currently chairing the Board.

The Director of Adult Social Care and Health gave a presentation in respect of the HSCP which covered its terms of reference, key areas of activity, links with other groups, minutes of past meetings and agenda items for the next meeting. The HSCP was a forum for information sharing and monitoring performance in the health and social care remit. It was hoped that the Public Health Working Group would be re-launched in the New Year. The Safeguarding Adults Board reported to Thames Valley Police and the Drug and Alcohol Action Group reported to the Crime and Disorder Reduction Partnership.

As part of transforming community services, the provider arm of the PCT would develop 125 out of 1200 staff involved in commissioning. The Director of Adult Social Care and Health was the Council's representative on the HSCP.

Arising from the Members' questions and comments the following points were noted:

- Further to a Member's query, the Director of Adult Social Care and Health would look at the terms of reference and membership of the Bracknell Forest Partnership to ascertain the level of elected member representation on the HSCP.
- A briefing had been requested on changes to mental health services at Glenfield House in Bracknell. The Director of Adult Social Care and Health would contact the Supporting People Team at the Council for a report on the practice issues to be circulated to members of the Panel.
- Boards were supported and facilitated to work within current policy frameworks. The Panel report included a list of which partnerships were scrutinised by which Panel. Questions could be raised at Panels or in advance of meetings for a fuller answer to be provided.
- Bracknell Forest Partnership circulated a newsletter quarterly containing the views of all Partnerships. The Director of Adult Social Care and Health would clarify the circulation list to see if Panel Members could be included in the circulation.

34. **Refreshed Joint Strategic Needs Assessment (JSNA)**

The Director of Adult Social Care and Health gave an introductory presentation in respect of the JSNA. The presentation described the content and purpose of the JSNA and outlined health predictions over the next 5-10 years, Bracknell Forest population growth, mortality trends in the Borough for all causes, years of life lost, pneumonia rates, long term conditions, NHS profiles, key outcomes being addressed and further JSNA priorities.

The Adult Social Care Overview and Scrutiny Panel noted the information contained in the report on the JSNA. The Local Government and Public Involvement in Health Act (2007) placed a duty on upper-tier authorities and Primary Care Trusts (PCTs) to undertake a JSNA.

The JSNA set out the health and well being needs of the population and looked at how needs would be met. It would inform PCT and Local Authority plans, help to identify priorities and respond to inequalities. The next 5-10 years would likely show negative growth and the impact of the recession. There was a significant increase in the number of older people in the population causing increased pressure on health and social care services and carers.

Arising from the Members' questions and comments the following points were noted:

- A Member queried the JSNA's reference to 127,000 people having a neurotic disorder as the figure appeared unexpectedly high. The Director Adult Social Care and Health would check the accuracy of the figure.
- The JSNA identified cancer as the cause of more loss of life under 75 years of age than other factors in Bracknell Forest and, in the light of news articles identifying poor diagnosis and early treatment of cancer in some areas, the Director would contact Dr Snowling, PCT Consultant in Public Health, for further explanation on this area of the report.
- It was reported that 22% of children in Great Hollands live in poverty. It was suggested that work should be carried out to raise awareness of this and drive priorities but there may be centrally imposed activities already taking place.
- The 85+ age group was predicted to double in the next ten years along with a higher level of dementia as a result. There would be a budget proposal around demographic pressures alongside savings and efficiencies. It was predicted that the number of people diagnosed with epilepsy in the Borough would rise by 18% over the next ten years partly due to local population expansion. More information was needed on young people with disabilities to provide further detail in this area.
- The Director of Adult Social Care and Health would contact the Chief Officer: Access and Inclusion regarding a plan for the rise in the number of people with learning disabilities.

35. **Personalisation**

The Panel received an update on the six month TASC (Transforming Adult Social Care) pilot which commenced on 1 August 2009 and noted the work undertaken to ensure the Council met its responsibilities in response to the Putting People First Agenda (Personalisation) and the outline plans to meet the progress milestones to March 2011.

Personalisation would involve more client led care giving adult clients more choice and control about the care which they received. Low level arrangements would be in place to help avoid people becoming dependent on social care at an early stage.

The report summarised the progress from April 2009 – September 2009. Key milestones would be used to assess progress against targets for action plans and targets for Adult Social Care. A team had been recruited to work specifically with individuals and families and support plans had been approved for three individuals so far. Clients had been pleased with the new system. Issues to work on had been highlighted and work would build on the existing time banking scheme to fit with the personalisation agenda.

Arising from the Members' questions and comments the following points were noted:

- The Chief Officer: Adults and Commissioning would look into whether a client could receive their money weekly instead of fortnightly.
- A Risk Log had been introduced to help record elements which would affect the project and actions to be taken to mitigate the impact. Staff needed to adapt and re-train and there was a varying response from staff to this change but support, reassurance and information would be made available.
- Everyone who needed or wanted to consider Self-Directed Support (SDS) would be assessed. The practice of SDS would be considered to fit with the processes and demands for SDS.

- It would be difficult to estimate the cost per person due to changing demographic trends and the inability to predict demand for the service as staff would not know in advance who would need the service and when.
- Funding would be divided up between clients but the service would aim to keep within budget. The new service could reduce the need for care in the long term by modernising a home, for example, and a more flexible package could cost less in the long term. The resource allocation system was constantly being evaluated.
- An extensive evaluation process looking at affordability and outcomes was being undertaken and the results would be made available at a future meeting of the Panel.
- Local Authorities were required to try the scheme. Bracknell Forest was part of the South East network and was paired with Southampton to share information on any problems encountered.

36. Trips to the Coalface - Councillors' Visits to Adult Social Care Services

The Panel noted the findings of three Panel Member visits to Adult Social Care services and facilities and thanked the Chief Officer: Adults and Commissioning for helping to organise them. The visits were useful and the Panel Members were impressed with the professionalism of staff.

Other visits, possibly to private sector care services and facilities as well, would be considered. Panel Members would inform the Chairman if there was an interest in visiting particular centres. Glenfield House held 'Talk Talk' once a month and Liscombe House held tea and coffee mornings on Tuesdays and Thursdays.

One of the visits had revealed that, unfortunately the NHS and the Council were not leading the way in recruiting disadvantaged employees and it was felt that more could be done in this area. The Panel would contact the relevant Executive Portfolio Holder regarding work carried out with young people's apprenticeships.

37. Overview and Scrutiny Quarterly Progress Report

The Panel noted the Quarterly Progress Report of the Assistant Chief Executive on Overview and Scrutiny activity over the period August – October 2009 and local and national developments in Overview and Scrutiny.

Members noted that the first meeting of the Safeguarding Adults Working Group would be held on 14 December and that the report of the review of Bracknell Healthspace would be available in January/ February 2010. The Working Group on Hospital Car Park Charges had made limited progress to date owing to the unavailability of representation from the other authorities involved at meetings.

38. Annual Performance Letter from the Care Quality Commission (CQC)

The Panel received an oral update on the outcome of the inspection of Adult Social Care Services by the CQC. The full results of the inspection would be embargoed until midnight on 1 December but the Adult Social Care and Health Department at the Council was said to be performing well. The outcome would be reported to the Executive as part of the Comprehensive Area Assessment and the Panel congratulated the Department on the outcome.

39. **Executive Forward Plan**

The Panel noted the forthcoming items relating to Adult Social Care on the Executive Forward Plan.

CHAIRMAN