



NOTICE OF MEETING

Health Overview and Scrutiny Panel

Thursday 3 October 2013, 10.00 am

Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Health Overview and Scrutiny Panel

Councillor Virgo (Chairman), Councillor Mrs McCracken (Vice-Chairman), Councillors Mrs Angell, Baily, Finch, Kensall, Mrs Temperton, Thompson and Ms Wilson

cc: Substitute Members of the Panel

Councillors Allen, Brossard, Davison, Ms Brown and Heydon

PLEASE NOTE THAT THIS MEETING HAS BEEN POSTPONED FROM 10AM TO 7.30PM, DUE TO UNFORESEEN CIRCUMSTANCES.

ALISON SANDERS
Director of Corporate Services

There will be a private meeting for members of the Panel at 9.30am in the Council Chamber.

EMERGENCY EVACUATION INSTRUCTIONS

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Published: 30 September 2013



**Health Overview and Scrutiny Panel
Thursday 3 October 2013, 10.00 am
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell**

AGENDA

Page No

1. Apologies for Absence/Substitute Members

To receive apologies for absence and to note the attendance of any substitute members.

2. Minutes and Matters Arising

To approve as a correct record the minutes of the meeting of the Special Health Overview and Scrutiny Panel held on 19 August 2013.

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3. Declarations of Interest and Party Whip

Members are requested to declare any Disclosable Pecuniary Interests and/or Affected Interests and the nature of those interests, including the existence and nature of the party whip, in respect of any matter to be considered at this meeting.

Any Member with a Disclosable Pecuniary Interest or an Affected Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

4. Urgent Items of Business

Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent.

5. Public Participation

To receive submissions from members of the public which have been submitted in advance in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

6. Local Healthwatch

To discuss with representatives of Local Healthwatch their progress in fulfilling their role, with specific reference to:

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- Engaging with NHS patients and
- Working arrangements with the Health O&S Panel, particularly on referrals and information on patients' complaints.

7. **Departmental Performance** 13 - 50
To consider the parts of the Quarter 1 2013/14 (April to June) quarterly service report of the Adult Social Care, Housing and Health department relating to public health.
Please bring the previously circulated Quarterly Service Report to the meeting. Copies are available on request and attached to this agenda if viewed online.
8. **The Patients' Experience** 51 - 56
To consider the current information from the NHS Choices website for the NHS Foundation Trusts providing most NHS services to Bracknell Forest residents.
9. **Working Group Updates** 57 - 58
To receive an update on the progress of the Panel's working groups.
10. **Executive Key and Non-Key Decisions** 59 - 62
To consider scheduled Executive Key and Non-Key Decisions relating to Health.
11. **Date of Next Meeting**
7 January 2014

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**HEALTH OVERVIEW AND SCRUTINY PANEL
19 AUGUST 2013
2.10 - 3.50 PM**

Present:

Councillors Virgo (Chairman), Mrs McCracken (Vice-Chairman), Mrs Angell, Baily, Finch, Thompson and Brossard (Substitute)

Apologies for absence were received from:

Councillor Kensall

Also Present:

Councillor Birch, Executive Member for Adult Social Care, Health & Housing
Councillor Leake, Chairman of the Overview & Scrutiny Commission
Glyn Jones, Director of Adult Social Care, Health & Housing
Jessica Zeff, Care Quality Commission
Tracy Halladey, Care Quality Commission
Mike O'Donovan, Chairman of Heatherwood & Wexham Park NHS Trust
Grant McDonald, Deputy Chief Executive, Heatherwood & Wexham Park NHS Trust
Dr Rob Loveland, Medical Director, Heatherwood & Wexham Park NHS Trust
Richard Beaumont, Head of Overview and Scrutiny

14. Minutes and Matters Arising

The minutes of the Panel held on 11 July 2013 were approved as a correct record and signed by the Chairman.

Matters Arising:

Minute 3: Matters Arising: Shaping the Future Consultation

It was reported that the application for judicial review made by the Royal Borough of Windsor and Maidenhead (RBWM) had been rejected and RBWM had decided not to pursue this course of action any further.

15. Declarations of Interest and Party Whip

There were no declarations of interest.

16. Urgent Items of Business

There were no items of urgent business.

17. Public Participation

There were no submissions from members of the public.

18. Heatherwood and Wexham Park Hospitals

The Panel considered the report before them which detailed the actions planned by Heatherwood and Wexham Park Hospitals NHS Foundation Trust in response to the inspection reports issued on both hospitals by the Care Quality Commission.

The Chairman welcomed the following health partners to the meeting:

Jessica Zeff, Care Quality Commission (CQC)
Tracy Halladey, Care Quality Commission
Mike O'Donovan, Chairman, Heatherwood & Wexham Park NHS Trust (HWPT)
Grant McDonald, Deputy Chief Executive, HWPT
Dr Rob Loveland, Medical Director, HWPT

The Chairman invited representatives from the CQC to comment on the inspection report and subsequent action plan drafted by HWPT (the Trust). The Compliance Inspector from the CQC stated that the Trust had taken the inspection report very seriously and had produced an action plan that was being closely monitored by a range of stakeholders.

The Chairman asked representatives from the Trust if they had been surprised by the findings in the inspection report or what their feelings had been to the inspection report.

The Chairman of the Trust stated that he had been distressed by the findings as the Trust was not delivering what they wanted to deliver for patients. There were a good number of examples where a good patient experience was not being delivered. Over the last winter the Trust had faced record levels of demand and they had struggled to meet this demand. The position of the Trust almost became one of 'some care was better than no care'. This was being carefully considered for the upcoming winter to ensure that the Trust had the right capacity to meet demand.

He reported that it was frustrating that the Trust had scored a number of 'own goals' where they weren't doing things as well as they should and which were fixable. The Trust's governance arrangements were being reviewed and the inspection report was being used as a means of shocking people into doing things better. The Trust had taken on board all the findings of the inspection report and did not dispute any of them.

The Panel asked if the Trust's Board had taken an active interest in the operation of the Trust and the level of priority given by the Board to this.

The Trust's Chairman reported that he recognised that the Board needed to be more forthright about the speed at which changes and improvements were being made. Lots of things were in train but were not being done quickly enough. He recognised that the Board needed to be more focussed on what was going on at ward level and needed a more granular breakdown of issues. The Board was changing the way in which information was fed to the Board as it was clear that the Board wasn't getting the quality or picture of information it required.

The Panel asked if the inspection report had surprised members of the Board.

The Trust's Deputy Chief Executive stated that he worked hard to know what was happening throughout the Trust and whilst there were a number of things that they were aware of and were already working on and trying to change, there were a number of issues that had been highlighted by the inspection report which they had not been aware were as bad as they were.

He stated that he had felt frustrated and upset by the inspection report but recognised that it was important to move forward and make things different.

The Panel recognised that the Chief Executive of the Trust had an open door policy and questioned whether there was a culture problem at the Trust.

The Trust's Deputy Chief Executive agreed there was a culture problem and stated that there was a problem around staff attitude and behaviours. This had been demonstrated by the CQC's inspection report and was an area of real concern for the Trust. 75% of the Trust's action plan detailed action that could be taken to change practices and embed them; changing staff behaviour and attitudes would be much more challenging. Work around helping staff to replicate attitudes and behaviours would be necessary and where issues remained action would be taken. In addition, a compliance check regime had been introduced to improve day to day checking.

The Panel asked if the Trust were happy with their action plan.

The Trust's Deputy Chief Executive stated that this was the first phase of the action plan which involved taking immediate action to fix issues. Work around underlying cultural issues would require a much more comprehensive piece of work. The action plan was incomplete, the Trust would need to define clearly to staff how culture needed to be changed. Lines of responsibility and accountability also needed to be better defined. A robust system of measure needed to be in place and the Trust needed to be stronger at enforcing and implementing change.

The Trust's Medical Director stated that the Trust had undergone many changes in management and many Chief Executives and this had impacted the organisation. The Trust had become slightly blinded as to their focus and the CQC inspection report had brought back this focus. The culture of 'do not walk by' needed to be embedded into the mindset of all staff. The idea being that all staff had a corporate responsibility. It was reported that when matrons were informed of the findings of the inspection report there was a look of shame among them and this was certainly a positive response.

The Chairman then asked that the Panel move to the consideration of the Trust's action plan.

The Panel queried action 1.3 and asked Trust representatives to clarify the purpose of this action

It was reported that this action was intended to enhance direct nursing and as a result embed ownership and move away from shared responsibility. An appointment had already been made to this position and the staffing structure had been clarified.

The Panel asked about action 1.4, which included the closure of a number of services.

The Trust's Deputy Chief Executive stated that this was necessary as a range of measures to provide a more effective service.

The Panel felt perturbed that patients were waiting for up to 11 hours in A&E, in addition, that in the Dementia area and Stroke services there appeared to be a lack of communication, patients were being ignored. Call bells were described as defective or not working.

The Trust's Deputy Chief Executive stated that call bells were now all working. Daily compliance checks would monitor if nurses were responding to call bells. On average the Trust had 300 people daily entering A&E. The Trust was attempting to make the physical footprint of A&E larger so that patient privacy and dignity could be improved as well as patient waiting times. The long waiting times in A&E were created by a combination of factors, any delay in discharging patients had a knock on effect throughout the hospital and to A&E. Internal discharge procedures were being reviewed to see how they could be improved. The Trust recognised that 11 hour waiting times were unacceptable. In July, the Trust had achieved its target of 95% of A&E patients waiting less than four hours for treatment.

The Medical Director complimented the Council's adult social care interface with the Trust. The Director of Adult Social Care, Health and Housing commented that the local authority arrangements regarding hospital discharge varied from council to council.

The Panel queried consultant costs detailed at 4.1 of the Trust's action plan.

The Trust's Deputy Chief Executive stated that they needed the skills of an expert in healthcare modelling to undertake complex financial analysis. It was a highly technical piece of work and these kind of skills were not available within the staffing of the Trust.

The Panel asked the extent to which patients were being streamed into urgent care.

The Trust's Deputy Chief Executive stated that the urgent care centre was GP manager led and patients would be directed to this centre immediately before or after A&E. The Trust were working to enhance the process for patients who arrived at hospital in an ambulance. The Trust were looking at patients being immediately being seen by a consultant or doctor to assess their needs. It was recognised that the Trust would need appropriately skilled staff and an appropriate model of care to achieve this.

The Panel stated that the triage system used by Frimley Park and Royal Berkshire used before patients were admitted to A&E seemed to work very successfully, and asked whether this was a model the Trust could consider.

The Trust's Deputy Chief Executive stated that the Trust already used a triage system; more clarity was needed around as to how it could be more effectively used. The consultant would undertake this work.

The Panel asked how the Trust felt that the dedicated Chief Executive email detailed in 4.15 of the action plan may improve whistle blowing.

The Trust's Deputy Chief Executive stated that this would improve communication channels and give frontline staff a range of ways to report things that concerned them.

The Panel were concerned that despite there being systems in place to deal with infection control, these had not been complied with. The Committee asked for assurance that new systems would ensure staff compliance.

The Chairman of the Trust stated that, for illustration, the responsibility to keep wards clean had previously been with the cleaner, meaning that non-compliance was not always actioned. This responsibility was now held jointly by the ward matron. This would mean that the person in charge of a ward would also be responsible for its

cleanliness. A system of deep cleansing was also being introduced. Weekly meetings were also being held with the infection control team. Where patient safety was threatened, the Board would be given almost instant sight of this issue.

The Panel referred to page 17 of the agenda papers which described a failure in medicine management, giving the example of a confused elderly patient who was regularly hiding his pills in his bedding and asked how the responsibilities of matrons could be monitored.

The Deputy Chief Executive stated that the Trust had a small compliance team who would be regularly checking paperwork on wards to check on the work of the matrons and noting any non compliance. Board members would also be undertaking these checks.

The Panel asked that if family members continued to find pills in patient bedding, how should this be reported.

The Trust's Deputy Chief Executive stated that this could be reported to the CQC, himself or the Chief Executive.

The Panel asked if the use of temporary staff could prevent relationships being forged with patients.

The Trust's Deputy Chief Executive reported that often the temporary staff used by the Trust were often Trust staff who were working extra shifts. In any event, nurses should be signing off paperwork to show what medication had been taken by the patient. It was noted that most patients stayed on average for a period of four or five days and so relationships were limited.

The Trust's Medical Director stated that the cost and quality of temporary staff was an ongoing concern for the Trust. The Trust struggled to attract people to their nursing vacancies and were as a result forced to them employ temporary staff. The Trust's position at the edge of London made it very difficult to recruit and retain staff. Increased demand in some areas also exacerbated staff shortage issues.

The CQC's Compliance Inspector reported that she recognised that the Trust had made a huge effort to recruit staff. She also recognised that staff worked incredibly hard to cover shifts and took on extra shifts to ensure there were not staff shortages on wards. She recognised that staff were taken from other wards to manage increased demand in some areas; however there still remained long term staff shortages in a number of areas which was a concern.

The Trust's Deputy Chief Executive stated that they did all they could to recruit however it would always be the case that some people preferred to work on a temporary basis with an agency. The Trust's Chairman stated that the Trust's strategic objectives included reducing the reliance on agency staff; this would link to reducing their overall deficit.

The Panel referred to page 106 of the agenda papers that detailed the responses from Trust staff to say whether they would recommend services of the Trust to their family and friends. 49% of staff in 2012 had said that they wouldn't recommend the hospital to family and friends.

The Trust's Deputy Chief Executive stated that this again pointed to the culture in the Trust and resources and support would need to be put into improving the culture among staff. He stated that Heatherwood's responses from staff had been a little

more favourable and this was likely to be as a result of the way in which urgent care was provided there.

The Panel asked if the Board received a full list of all complaints.

The Trust's Chairman reported that each Board meeting received all complaints and that they were categorised to assist with tackling them. The Board received a qualified list and if they wanted more information they could request this. He recognised that the Trust needed to get better with the time it took to respond to complaints.

He also stated that the Board needed to be more inquisitive and forensic when considering complaints. The Trust Board also needed to be better at checking that processes had been reviewed and desired outcomes achieved as a result of this. An audit of outcomes was necessary.

The Panel noted that there were clearly issues around the culture at the Trust, they asked if this impacted record keeping.

The Trust's Deputy Chief Executive stated that the quality of notes taken by nursing staff were often a reflection of how much staff cared about the patient. Notes were not simply a record, they were used to handover to staff so that they knew what the patients needs were.

The Panel asked if the staff were being asked to do too much.

The Trust's Deputy Chief Executive recognised that this could sometimes be the case however he couldn't see why records were not adequately kept despite this.

The Executive Member for Adult Social Care, Health & Housing stated that if the Council saw surges in demand in a particular service area, it was forced to take funding from elsewhere to meet this demand. How would the Trust be funding the implementation of their action plan and how would this impact the Trust's deficit.

The Trust's Deputy Chief Executive stated that much of the Trust's spend was already allocated to capital and this had been in place before the CQC's inspection report. He was confident that if the Trust started doing things properly, this should not cost more. He stated that he felt that the initial action plan would have little or no cost implications and that greater efficiencies should lead to cost savings.

The Trust's Medical Director stated that the Trust experienced one of the highest number of A&E patients coming through the door than anywhere else in the country. The Trust's front door was always open but there were finite resources. Surges in demand would inevitably impact elective work and there were all sorts of financial implications tied to this.

The Panel asked whether the inspection report had been circulated or communicated to staff.

The Trust's Deputy Chief Executive stated that the report had been communicated in a range of ways; at team briefings and staff had been written to before the report had been published. There had also been face to face meetings and interactive responses.

The Executive Member for Adult Social Care Health & Housing stated that he was keen to support the Trust with their action plan. The Council would like to play a role

in ensuring the action plan was brought about and to help the Trust by constructively holding them to account. He looked forward to the Panel working with the Trust and seeing them progress and building a relationship with the Trust.

The Panel thanked all health partners for their candour and recognised that there must have been a certain amount of personal reflection among Board members as to how the Trust had reached the position it was in. It was clear that the Trust faced cultural issues as well as substantial governance issues which would need to be addressed. Many of the things detailed in the CQC's inspection report were found through simple observation and by walking around the wards. These things therefore must also have been seen by nurses, matrons, consultants and managers but yet were not tackled. This clearly demonstrated issues around personal responsibility and accountability and the need for staff to recognise that they were all working for the same team.

The Chairman concluded the meeting by thanking health partners for their candour, honesty and for their attendance. He was very pleased to have received the Trust's action plan as this was a first step towards improving practices, there was clearly a lot more work to do, and the Panel was fully supportive of the Trust's efforts. He encouraged the Trust to give greater priority to staff and patients and to take staff with them when implementing the action plan. He stated that it was important to recognise that there was also lots of good services at Wexham Park and this shouldn't be forgotten.

He stated that he would like to invite health partners back to the O&S Panel to be held on 7 January to report on progress with the action plan and any other work undertaken to improve practices.

19. Date of Next Meeting

3 October 2013

CHAIRMAN

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**HEALTH OVERVIEW AND SCRUTINY PANEL
3 OCTOBER 2013**

**LOCAL HEALTHWATCH
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 To invite the Health Overview and Scrutiny (O&S) Panel to discuss with 'Healthwatch Bracknell Forest' (the Local Healthwatch organisation), represented by Clare Turner and Chris Taylor, their progress in fulfilling their role, with specific reference to:
- engaging with NHS patients, and
 - working arrangements with the Health O&S Panel, particularly on referrals and information on patients' complaints.

2 RECOMMENDATIONS

That the Health Overview and Scrutiny Panel:

- 2.1 **Considers the progress achieved to date by Healthwatch Bracknell Forest**
- 2.2 **Endorses the following draft protocol regarding O&S joint working with Healthwatch Bracknell Forest:**

Healthwatch Bracknell Forest (HWBF) and Bracknell Forest Council's Overview and Scrutiny (O&S) are committed to the establishment of a mutually supportive and beneficial relationship through partnership working. The Council's Health O&S Panel (HO&SP) will take the lead on this relationship, referring matters to other O&S Panels as appropriate.

HWBF will provide evidence based feedback, attend HO&SP meetings as an observer, relevant workshops and working groups.

O&S may refer issues to HWBF for investigation or may commission HWBF to research evidence.

HWBF may refer matters to O&S for the purposes of securing information and expertise.

In accordance with The NHS Bodies And Local Authorities (Partnership Arrangements, Care Trusts, Public Health And Local Healthwatch) Regulations 2012 (SI 2012:3094), HWBF will escalate issues as necessary to the HO&SP. The respective O&S Panel has an obligation to acknowledge HWBF referrals within 20 working days of receipt.

3 SUPPORTING INFORMATION

- 3.1 The Health and Social Care Act 2012 introduced far-reaching changes, including the abolition of LINK (Local Involvement Networks) and the creation of Healthwatch England, also Local Healthwatch. The Act requires that Local Healthwatch organisations must be established by local authorities responsible for social care to ensure all local people have:

- Access to an organisation that will act as their independent consumer champion and ensure they have access to advice and information (signposting) about health and social care services and support so that they can make informed choices relevant to their needs
 - A strong collective voice which is heard by commissioners of services and which will inform the development or improvement of services taking into account the needs and experiences of local people.
- 3.2 A related statutory requirement arises from part 6 of *'The NHS Bodies And Local Authorities (Partnership Arrangements, Care Trusts, Public Health And Local Healthwatch) Regulations 2012'*. This imposes certain duties on local authority Overview and Scrutiny Committees where Local Healthwatch organisations or contractors refer matters to them. This includes a duty to acknowledge receipt of the referral within 20 days.
- 3.3 Healthwatch England is the designated national independent champion for consumers and users of health and social care in England. It is also charged with providing leadership, support and advice to the wider Healthwatch network, including 152 community-focused Local Healthwatch organisations. Healthwatch England has legal powers to ensure the consumers' voice is heard by those who make the decisions, including informing government bodies and local authorities in England about their findings, and reporting to Parliament every year. They can also ask the health and social care regulator, the Care Quality Commission, to take action when they have special concerns.
- 3.4 Healthwatch works with charities, and community and voluntary organisations, which support people who use health and care services. Local Healthwatch take evidence built on consumers' views and experience and use it to help shape and improve local services. They pass on information and recommendations to Healthwatch England and the Care Quality Commission. Healthwatch England works at the national level. They take evidence from local Healthwatch and other partners, and use it to create a strong picture of what matters most to consumers up and down the country.
- 3.5 Following a procurement process, on 6 March 2013 the contract for Healthwatch Bracknell Forest ("HWBF") was awarded to the Ark Trust Limited, a local organisation previously based in Crowthorne and now based in Market Street, Bracknell. HWBF is the new independent consumer champion created to gather and represent the views of the public, making sure that the views of the public and people who use services are taken into account. HWBF will take on the work of the former LINK and will also: - represent the views of people who use services, carers and the public on the Bracknell Forest Health and Wellbeing Board, provide information, advice and guidance on health and social care matters, signpost to the health service complaints advocacy service which can support people who make a complaint about NHS services, and report any concerns about the quality of health care to Healthwatch England, which can then recommend that the Care Quality Commission takes action.
- 3.6 Healthwatch Bracknell Forest is provided by a consortium of organisations, led by **The Ark Trust**, a Bracknell Forest charity working with people with disabilities, long term health conditions and young people not in education, employment or training. Joining The Ark to deliver Healthwatch Bracknell Forest are:
- **Kids**, who work with disabled children, young people and their families.
 - **Wokingham and Bracknell District Mencap**, supporting people with a learning disability to live their lives as they choose.

- **Deaf Positives**, providing a wide range of high-quality services for Deaf and DeafBlind people.
- **Berkshire Autistic Society**, comprehensive services for all ages of people with autism, their families, carers and professionals working in the field.
- **Just Advocacy**, advocacy support to people who may find it difficult to be heard or speak out for themselves. This may include people with disabilities, older people, and those with mental health issues.
- **SEAP**, providing independent advocacy services to help resolve issues or concerns people may have about their health and well-being.
- **EBE²**, likeminded people carry out peer reviews for others with learning disabilities sharing experiences to improve services.

HWBF has decided that representation from groups working with older people, early years and mental health are needed and the HWBF Board is currently working on identifying potential partners. The Board can also co-opt special interest groups for fixed periods of time if specific health and social care related issues are identified.

- 3.7 The HWBF Board is made up of representatives from the organisations that are working together to deliver Healthwatch Bracknell Forest. There are also spaces for three Bracknell Forest residents who would like to help shape health and social care in Bracknell on a voluntary basis; these will be elected positions. Subject to regulations, HWBF must also produce an annual report, which will be circulated to Panel members for information. The Healthwatch network is currently waiting on guidance on the precise content of annual reports.
- 3.8 HWBF are represented on the Bracknell Forest Health and Wellbeing Board, directly connected to discussions between the key stakeholders in the health and social care economy. This includes being equally and jointly involved in the influencing and informing of decisions relating to local commissioning, and informing the preparation of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy
- 3.9 The role of HWBF is significant in relation to the Council's O&S Panels' understanding of service users' interests and concerns. This applies predominantly to the Health O&S Panel, but the LHW role also extends to social care, thus the O&S Panels for Children, Young People & Learning, also for Adult Social Care & Housing also have an interest. It is a requirement on HWBF under the LHW Regulations that there should be an agreed and published policy or agreed position statement in place for making referrals to Health O&S. This is aimed to be met by the draft protocol between O&S and HWBF at recommendation 2.2 above.
- 3.10 Representatives of LHW have agreed to meet the Panel's Working Group on the Francis Report on 21 October, with particular reference to gaining more comprehensive information on patients' complaints.

ALTERNATIVE OPTIONS CONSIDERED/ ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS/ EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / OTHER OFFICERS/ CONSULTATION – Not applicable

Contact for further information

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Quarterly Service Reports - Adult Social Care, Health & Housing

Quarter Ending: Sunday 30 June 2013

1. **Performance Monitoring Report/Quarterly Service Report - Adult Social Care, Health & Housing: Quarter 1, 2013/14**

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QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q1 2013-14
April – June 2013

Portfolio holder:
Councillor Dale Birch

Director:
Glyn Jones

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Section 1: Director's Commentary

There was significant activity in the first quarter of the year bedding in major changes in legislation that took effect from 1st April 2013.

The new local Council Tax Support scheme came into force on 1st April 2013, along with the changes to Housing Benefit with reductions in support for under occupiers of Affordable Housing. In addition, with effect from 1st April, responsibility for Crisis Grants and Home Emergency Grants transferred to the Council from the Department for Work and Pensions. There was a potential financial risk to the Council that households having to contribute to their Council tax for the first time would not pay, however early indications are that this is not proving to be the case.

Formal responsibility for some Public Health functions transferred from Primary Care Trusts (PCT) to Local Authorities on 1st April, and the department moved to generate early, positive public health outcomes through joint working by inviting bids from across the Council and from the Clinical Commissioning Group (CCG) using the additional £100k funding. The successful bids have been selected and work has commenced on them. There are a small number of vacancies at present, however most of these posts have been recruited to, with start dates imminent.

As a further example of achieving results by working across departmental boundaries, the benefits team have been working with school admissions so that when housing benefit is assessed, automatic assessment of eligibility for free school meals will take place, and the outcomes of the assessment given to the customer and schools admissions team immediately. This should ensure more pupils getting free school meals, and also enables schools to benefit from the pupil premium which is paid on the basis of eligibility for free school meals.

The Council's long term aim of improving the range of specialist accommodation for older people by developing Extra Care Housing, in partnership with Bracknell Forest Homes, took a major step forward in the quarter, with work now started on site.

The Council is also at the forefront of integrated working. Working in partnership with Bracknell & Ascot Clinical Commissioning Group and Berkshire Healthcare Foundation Trust, integrated teams have been set up to provide support to adults with long term conditions.

The first budget monitoring report of the year is showing that the Department is likely to balance its budget, although there are some demand pressures that will need to be managed. In previous years the Department has produced a significant underspend, aiding the Council's glide path towards lower levels of expenditure, however this is unlikely to be achieved this year. The department will continue to strive for efficiencies in year between budget setting rounds to help minimise the impact of budget reductions.

Delivery against actions in the Service Plan is looking very strong. Of 84 actions, 19 were already completed at the end of the first quarter, with 64 expected to be met. One action was delayed as of the end of the quarter, namely development of The Prevention and Early Intervention Guide. This is in draft form and will be presented to Departmental Management Team in August/September. The timescale for drafting the guide was extended to give external organisations an opportunity to input.

There were no indicators in quarter 1 with a current status of red.

Every quarter the department reviews its risks, in the light of events, and also in the light of management action taken, and updates its risk register accordingly.

One risk has diminished as a consequence of management action, and one risk has disappeared.

The risks that has diminished is the possible loss impact of the loss of key staff with the introduction of Universal Credit, with the impact of business continuity plans in particular reducing the likelihood of this occurring. The risk that has disappeared is the decreasing ability of PCT to act as a partner in forward planning. With the PCT now defunct, and the CCG established, this is no longer relevant.

Finally, a set of risks relating to the new Public Health responsibilities has been introduced. Initially these will be considered separately from existing identified risks, until the impact of management actions is understood. Over time the Public Health risks will then be integrated with other departmental risks.











There is a statutory complaints process for Adult Social Care, as part of which compliments are also recorded, which culminates in an Annual Report. For this reason the numbers of complaints and compliments are recorded, and reported, separately for Adult Social Care and for Housing, with Housing complaints dealt with via the Corporate Complaints process. In addition, there is a separate, statutory, process for Public Health complaints which the department is in the process of setting up.







In the first quarter, Adult Social Care received 4 complaints, of which 1 was partially upheld, 2 were not upheld, and 1 is ongoing. An additional complaint has been referred to the Local Government Ombudsman. This compares to the previous quarter when 2 complaints were received. Of these, 1 was upheld. This is similar to the previous quarter when there were 5 complaints, with 2 upheld and 1 partially upheld. There were in addition 39 compliments received in the quarter, a reduction compared to 57 in the previous quarter.











In Housing, there were 6 new complaints, 2 at stage 2, of which neither were upheld, and 4 at stage 3, of which 1 was partially upheld, and 3 were not upheld. The number of complaints is similar to the previous quarter, when there were 8, of which 2 were upheld, and 2 partially upheld. There were 8 compliments in the quarter, up from 6 in the previous quarter.













No complaints have yet been made in respect of Public Health.



Section 2: Department Indicator Performance

Ind Ref	Short Description	Previous Figure Q4 2012/13	Current figure Q1 2013/14	Current Target	Current Status	Comparison with same period in previous year
ASCHH All Sections - Quarterly						
NI132	Waiting times for assessments (Quarterly)	92.1%	91.5%	90.0%		
NI133	Waiting times for services (Quarterly)	90.0%	95.3%	90.0%		
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	45.2%	10.6%	9.3%		
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	5.50	1.40	To be confirmed	N/A	
OF1C.1	Proportion of social care clients receiving Self Directed Support (Quarterly)	49.1%	52.8%	Target not set	N/A	
OF1C.2	Proportion of social care clients receiving Direct Payments (Quarterly)	14%	11.1%	Target not set	N/A	
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or	785.00	210.30	To be confirmed	N/A	

Ind Ref	Short Description	Previous Figure Q4 2012/13	Current figure Q1 2013/14	Current Target	Current Status	Comparison with same period in previous year
	over (Quarterly)					
L137	Number in residential care (quarterly)	164.00	168.00	Target not set	N/A	↘
L138	Number in nursing care (Quarterly)	119.00	136.00	Target not set	N/A	↘
L159	People receiving Self-Directed Support as a percentage of Eligible People (Quarterly)	97.6%	97.5%	98.0%		↗
L172	Timeliness of financial assessments (Quarterly)	74.30%	96.80%	95.00%		↗
Community Mental Health Team - Quarterly						
OF1f	Adults receiving secondary mental health services in employment (Quarterly)	18.6%	15.9%	13.0%		↘
OF1h	Adults receiving secondary mental health services in settled accommodation (Quarterly)	82.9%	75.9%	84.0%		↘
Community Response and Reablement - Quarterly						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	3.4	2.3	10.0		↗
OF2c.2	Delayed transfers of care	1.7	0.0	7.0		↗

Ind Ref	Short Description	Previous Figure Q4 2012/13	Current figure Q1 2013/14	Current Target	Current Status	Comparison with same period in previous year
	- delayed transfers attributable to social care per 100,000 population (Quarterly)					
L135.1	Percentage of Intermediate Care Referrals seen with 2 hours (quarterly)	99.30	100.00	97.00		
L135.2	Waiting time for OT support (Quarterly)	91.60	88.4	90.00		
Community Support & Wellbeing - Quarterly						
L136.1	Number in receipt of direct payments (Quarterly)	265.00	187.00	Target not set	N/A	
L136.2	Number in receipt of community support excluding direct payments (Quarterly)	1,152.00	1,130.00	Target not set	N/A	
Community Team for People with Learning Difficulties - Quarterly						
OF1e	Adults with learning disabilities in employment (Quarterly)	16.9%	16.4%	15.0%		
OF1g	Adults with learning disabilities in settled accommodation (Quarterly)	86.8%	84.9%	86.0%		

Ind Ref	Short Description	Previous Figure Q4 2012/13	Current figure Q1 2013/14	Current Target	Current Status	Comparison with same period in previous year
Housing - Benefits - Quarterly						
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	5.0	9.0	11		
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	96.4%	96.6%	96.5%		
L177	Average time from when customer first seen to receipt of benefit payment (Quarterly)	N/A	6	14		N/A
Housing - Forestcare - Quarterly						
L030	Number of lifelines installed (Quarterly)	111	109	120		
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	98.25%	98.03%	97.50%		
L180	Time taken for ForestCare customers to receive the service from enquiry to installation (Quarterly)	N/A	12	15		N/A
Housing - Options - Quarterly						
NI155	Number of affordable homes	46	53	38		

Ind Ref	Short Description	Previous Figure Q4 2012/13	Current figure Q1 2013/14	Current Target	Current Status	Comparison with same period in previous year
	delivered (gross) (Quarterly)					
L178	Number of household nights in B&B across the quarter (Quarterly)	N/A	397	475		N/A
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	N/A	92.64%	90.00%		N/A

Traffic Lights

Compares current performance to target



Achieved target or within 5% of target

Between 5% and 10% away from target

More than 10% away from target

Comparison with same period in previous year

Identifies direction of travel compared to same point in previous year



Performance has improved



Performance sustained



Performance has declined

The following are annual indicators that are not being reported this quarter:

- OF3a - Overall satisfaction of people who use services with their care and support (Annual)
- OF3b - Overall satisfaction of carers with social services (Every two years)
- OF3c - The proportion of carers who report that they have been included or consulted in discussion about the person they care for (Every two years)
- OF3d - Proportion of people who use services or carers who find it easy to find information about services (Every two years)
- OF4a - The proportion of people who use services who feel safe (Annual)
- OF4b - The proportion of people who use services who say that those services have made them feel safe and secure (Annual)
- OF2b - Achieving independence for older people through rehabilitation or intermediate care (Annual)
- OF1a - Social Care Related Quality of Life (Annual)
- OF1b - Proportion of People who use services who have control over their daily life (Annual)
- OF1d - Carer – reported quality of life (Annual)

Section 3: Compliments & Complaints

Compliments Received

39 compliments were received by the Department during the quarter which were distributed as follows within the following teams:

Adult Social Care

Community Response & Reablement (CR&R) Team – 20 compliments

Older People & Long Term Conditions (OP<C) Team – 8 compliments (6 of which were in respect of Blue Badges)

Community Team for Mental Health (CMHT) – 3 compliments

Housing

Benefits – 5 compliments

Housing Strategy & Needs – 1 compliment

Forestcare – 2 compliments

There were 7 concerns received in Adult Social Care.

Complaints Received

Adult Social Care Complaints

4 complaints were received in this quarter in Adult Social Care.

Stage	New complaints activity in quarter 1	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	4	4	1 Partially Upheld, 2 not upheld and 1 ongoing.
Local Government Ombudsman	1	1	Ongoing

Nature of complaints/ Actions taken/ Lessons learnt:

The nature of the 6 complaints about Adult Social Care were as follows:

- Concerning care provided during respite – 1 complaint
- Concerning Direct Payments process & social care support – 1 complaint
- To various departments throughout the Council (complaint directed to Adult Social Care has concluded) – 1 complaint
- Regarding services received from Learning Disabilities – 1 complaint

There are regular meetings within Adult Social Care to ensure learning from complaints is disseminated and actioned. The data is collated as the year progresses and is reported annually within the Complaints report for Adult Social Care.

Housing Complaints

6 complaints were received in the quarter in Housing

Stage	New complaints activity in quarter 2	Complaints activity year to date	Outcome of total complaints activity year to date
New Stage 2	2	2	2 not upheld
New Stage 3	4	4	1 partially upheld, 3 not upheld
New Stage 4	0	0	0
Local Government Ombudsman	0	0	0

Nature of complaints/ Actions taken/ Lessons learnt:

The nature of the 6 complaints about Housing were as follows:

Regarding the 2 complaints at stage 2:

- Housing Strategy & Needs / Benefits - 1 complaint
- Benefits – 1 complaint

Regarding the 4 complaints at stage 3:

- Housing Strategy & Needs – 1 complaint
- Benefits – 2 complaint
- Housing Strategy & Needs / Benefits – 1 complaint

There is no discernible pattern to the nature of the complaints although what is clear is that the complex housing and benefit complaints do progress to stage 2 in the procedure. The key learning point is that it may be better to offer a meeting with complainants if they are prepared to accept them as it should be easier to explain different interpretations of the service provided in person rather than via correspondence. Following the meeting, written confirmation of what was agreed during the meeting is sent to the complainant.

Section 4: People

Staffing Levels

Section	Total Staff in Post	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
Directorate Management Team / PAs	11	10	1	10.5	0	0
Older People and Long Term Conditions	195	86	116	122.91	8	3.9
Adults & Joint Commissioning	96	63	33	82.44	4	4
Performance & Resources	27	21	6	24.39	0	0
Housing	65	53	14	58.16	3	4.4
Public Health	16	13	3	14.08	1	6.63
Department Totals	410	246	173	312.48	16	4.87

Staff Turnover

For the quarter ending	30 June 2013	2.8%
For the year ending	30 June 2013	10.51%

Total voluntary turnover for BFC, 2011/12: 12.69%
 Average UK voluntary turnover 2011: 9.3%
 Average Public Sector voluntary turnover 2011: 6.7%

(Source: XPerHR Staff Turnover Rates and Cost Survey 2012)

HR Comments:

Staff Turnover has decreased this quarter from 3.03% to 2.8%. There have been fewer voluntary leavers during this quarter which explains the reduced number of vacancies. At the end of the quarter many vacancies have been filled so the overall vacancy figure is lower than previously.

The largest share of vacancies is shown under OP<C where relief workers continue to cover permanent vacancies.

The HR team have been working with the Strategic Recruitment Manager to fill 'hard to fill' vacancies. 4 vacancies have been filled via this route.

Staff Sickness

Section	Total staff	Number of days sickness	Quarter 1 average per employee	2013/14 annual average per employee
Directorate Management Team / PAs	11	1	0.09	0.36
Older People and Long Term Conditions	195	450.5	2.31	9.2
Adults & Joint Commissioning	96	220	2.29	9.16
Performance & Resources	27	3	0.11	0.44
Housing	65	97	1.4	5.96
Public Health	16	0	0	0
Department Totals (Q1)	410	771.5	1.88	
Actual Totals	410	3,086		7.53

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 12/13	5.56 days
All local government employers 2011	8.1 days
All South East employers 2011	6.4 days

(Source: Chartered Institute of Personnel and Development Absence Management survey 2012)

N.B. 20 working days or more are classed as long term sick.

HR Comments:

Older People and Long Term Conditions

There were 4 cases of Long Term Sickness. Out of these cases, 3 have now returned to work and one remains off sick. All cases have been monitored by OH. This represents 38.4% of the total sickness for the quarter.

Adults & Joint Commissioning





There were 3 cases of Long Term Sickness. Out of these cases, 1 has now returned to work, one remains off sick under the care of the GP and OH and one has left the organisation due to Ill Health Retirement. This is 50% of total sickness for the quarter.

Housing

There was one case of Long Term Sickness. This case has now returned to work. This is 25% of total sickness for the quarter.

Section 5: Progress against Medium Term Objectives and Key Actions

Progress has been monitored against the Key Actions from the Adult Social Care Health & Housing Service Plan for 2013/14. This contains 84 Key Actions detailed actions in support of 7 Medium Term Objectives. Annex A provides detailed information on progress against each of these detailed actions:

19 actions have been completed () with 64 on schedule (). No actions are reported as potentially delayed () and 1 action was reported as delayed ().

Section 6: Money

Revenue Budget

The cash budget for the department is £31,956k and a breakdown of this is attached as Annex B1 and B2. The forecast outturn for the department is £31,956k, showing a breakeven position.

The department has identified a number of budgets that can pose a risk to the Council's overall financial position, principally because they are vulnerable to significant changes in demand for a service. Central Demographic pressure budgets are held by the Director and are currently assumed to be fully spent. The current position with regard to each of these budget areas is as follows:

Service Area	Net Budget £000	Forecast Outturn £000	Comments
People with Learning Disabilities Non Residential Care	8,602	9,274	Volatile, demand led area of expenditure but current trends indicate an under spend at year end due to changes in demand arising after budget development.
Older People Residential Care including EMI	1,355	1,444	Volatile, demand led area of expenditure but current trends indicate an over spend at year end due to changes in demand arising after budget development.
Older People Nursing Care including EMI	2,153	2,182	Volatile, demand led area of expenditure but current trends indicate an under spend at year end due to changes in demand arising after budget development.

Older People Domiciliary Care	1,897	1,698	Volatile, demand led area of expenditure but current trends indicate a slight under spend at year end due to changes in demand arising after budget development.
Homelessness	307	128	Volatile, demand led area of expenditure but current trends indicate an under spend at year end due to changes in demand arising after budget development.

The current forecast is based on current commitments plus any known changes that will arise prior to the year end. The significant risks that may impact on this reported position are outlined below:

Ordinary residence risk and Continuing Health Care

Previous reports to CMT have highlighted as emerging issues the ongoing ordinary residence risk arising from plans to de-register local residential homes and the potential additional costs from changes initiated by the now defunct Primary Care Trust in its approach to Continuing Health Care, and continued by the CCGs in Berkshire. These issues still remain a substantial risk for the future.

Capital Budget

The approved capital budget for the department is £5.7m and it is projected to spend the full amount by year end. In most cases programmes are being forecast as fully spent until the picture becomes clearer as the year progresses. A detailed list of schemes together with their approved budget and forecast spend is available in Annex B4.

Section 7: Forward Look

ADULTS & JOINT COMMISSIONING

Advocacy

The contract to provide advocacy has been awarded to Just Advocacy, who provide advocacy support to people with Learning Disabilities. Adult Social Care and Just Advocacy will work together to ensure that advocacy is available to all people who are eligible for support from the council.

Approach to Assistive Technology

The steering group will finalise drafts for staff guidance, e-learning training and information leaflets through the 2nd quarter.

Autistic Spectrum Disorders (ASD)

The training provided for front line practitioners and non-front line staff will continue with a review of progress being undertaken during the 2nd quarter.

Joint Commissioning

The consultations for the Dementia Commissioning Strategy and the Learning Disability Commissioning Strategy were launched in quarter 1. During quarter 2, meetings will be held with individuals and groups to gain feedback to inform the development of the strategies. Both consultation questionnaires can be accessed on the council's website.

The third version of the department's Prevention and Early Intervention Guide will be published in the next quarter. It has been developed in partnership with other council departments and the CCG and is intended to provide advice and information in order to help people to remain independent for as long as possible.

Learning Disabilities

In response to the Winterbourne View scandal and in anticipation of the DoH recommendations in their report, Bracknell Forest Council commissioned a project into the quality of the care being received by all of the people it supports residing either in residential care or acute/hospital settings (placements).

The outcomes of this project were very positive and as a result has supported the development of a newly revised approach to assessing and reviewing how people are supported including a risk checklist that will flag and identify when to escalate work activity to clarify the quality of support a person is receiving.

As part of delivering this developed approach the roll out of training for practitioners will be planned through the following quarter.

Mental Health

Invitations for Expression of Interest have been invited to provide the training for retailers, leisure centres and transport providers on dementia. Once a preferred provider has been identified the programme of delivery will be developed.

The Service will be collating up to date local information to create the local service directory.

Safeguarding Adults

A focus for quarter 2 will be to identify current training needs for adult safeguarding within the Public Health service area of the department.

During quarter 2 the board will consider the development of the boards own website. This would enable a high quality and consistent message on adult safeguarding to be shared with local residents.

Further work will be undertaken in quarter 2 to develop the monitoring framework for the advocacy contract.

HOUSING

Housing Strategy & Housing Options

At the beginning of July the allocation policy change will be implemented so that 330 households will move up a band as they have been waiting 6 years or more on the housing register.

The first tranche of funding, just over £1.5 million, will be paid to Bracknell Forest homes as they begin the development of the extra care scheme.

The contract with Ability Housing association to provide housing related support to their tenants at Templars Lodge will be agreed.

Benefits

The benefit cap will be implemented from the 15th July. Families with children or single parents with children will have their total benefit capped at £500 a week and single people £350 a week. To date 50 households have been identified who will be affected by the cap and the highest housing benefit reduction will be £200 per week.

Work will take place with providers of accommodation that also provides support to tenants to assess whether the accommodation should be considered as exempt. Exempt accommodation is provided by a charity or registered provider and as suggested the limit of housing benefit that can be paid for each tenancy is exempt from the local housing allowance ceilings. This does not include sheltered housing for elderly people.

Together with school admissions a module will be implemented so that when housing benefit is assessed automatic assessment for free school meals will take place. Customers will be able to be advised of eligibility and receive letters immediately and the information can be passed onto schools via School admissions.

Consultation will take place on the fixed civil penalties for households who negligently or without goods reason fail to tell the Council, of a change in circumstance that leads to an overpayment.

Modelling of the cost of the Local Council tax benefit scheme will take place and if necessary consultation will begin any required changes to the scheme for 2014/15.

The housing and benefit service has been redesigned to maximise customers income and independence. One of the operating principles of the new service is to located decision making as close to the customer as possible. As such the new service is now provided at the front desk reception at the Time Square offices so that customers can be offered processing of applications there and then with the result that all of their demands will be dealt with in one or at most two visits. As this inevitably means more

time is spent with each customer longer waiting times can be expected. However, the overall amount of time the customer spends with the council until their demand is resolved will go down. During the next quarter this part of the service will be further developed to address customer demand in a timely manner.

Forestcare

Forestcare will be implementing a new shift rota following consultation with staff.

Forestcare has been successful in securing public health funding to promote three new services. Provision of specific telecare and telehealth for people discharged from hospital, attendance to vulnerable people who have fallen but are uninjured so that attendance by ambulances can be avoided and costs saved, and the design of specific lifeline monitoring for people who have been diagnosed with dementia.

OLDER PEOPLE & LONG TERM CONDITIONS

Business Support

The team looks forward to the launch of the new Sensory Needs Clinic at Bridgewell and to working with OP<C and a range of voluntary groups and provider agencies over the coming year to create a genuine one-stop shop for people experiencing sensory loss.

The Team will also be providing additional support to the Assistant Care Managers for Carers and for Reviews in an aim to improve productivity and thus outcomes for the people we support.

Carers

Regular meetings between Berkshire Carers Service, Bracknell Forest Voluntary Action and Adult Social Care will be held in order to ensure that the impetus of the Big Partnership formed for Carers Week can be further developed.

Work will commence to reinstate the popular 40 Winks Scheme that enabled exhausted carers to have a night's break.

Community Response and Re-ablement

The team will aim to successfully recruit to the Clinical Governance post for registered services. End of Life training will be delivered in the Bridgewell Centre.

One bedroom in Bridgewell will be used to pilot telecare for people with dementia.

CR&R will participate at Urgent Care Board meetings at each acute trust in order to have strategic oversight of the interface between health and social care.

Regular meetings will be taking place between the two teams in order to ensure efficient and effective hospital discharge for people with dementia.

Drug and Alcohol Action Team (DAAT)

In quarter 2, the Mephedrone Strategy and action plan will be reviewed and refreshed and a report will be taken to the Community Safety Partnership on progress made and any new actions.

The DAAT will work with public health colleagues to implement Drug and Alcohol Learning Sets across Berkshire to share good practice and explore cross border opportunities.

Emergency Duty Services (EDS)

EDS will be undertaking a consultation with call facilitators to ensure increased staffing levels at times of greater demand.

Heathlands

Heathlands residential home will be refurbishing a number of bedrooms over the coming months, re-painting and installing new carpets and will also be making improvements to the raised deck overlooking the garden. A variety of entertainment is planned for the coming months, including a visiting farm.

Heathlands Day Centre will be sharing a new sensory environment with younger adults living with dementia. Plans are in place to gradually increase the number of people supported each day to reflect an increase in demand.

Older People and Long Term Conditions team

The new Sensory Needs Service will be reviewed at the end of quarter 2 using a random sample of those referred to the service who will be contacted and asked for their views.

Meetings will be held between OP<C and external providers to help smooth the specialist assessment process and ensure that Personal Support Plans reflect individual needs and aspirations.

Proposals will go forward to Departmental Management Team which will explore means of achieving efficiencies in equipment provision and better use of Disabled Facilities Grants for aids and adaptations.

A sub group of the Older Peoples Partnership Board will meet to monitor delivery against the Older Peoples Strategy Action Plan.

Following sign off of the Commissioning Strategy for people with Long Term Conditions 'Living with positive Choices', the Long Term Conditions Strategy group will monitor delivery of the Action Plan.

PERFORMANCE & RESOURCES

Finance

In addition to the core functions of accounting, budget monitoring and financial advice, the Accountancy team will be focussed on preparation of the Housing Benefit mid-year subsidy claim. The team will also be working on implementing the "Finance Manager" module of Electronic Monitoring, which will link the data on call times to automatically produce invoices.

Over the summer the Finance team will assist in costing any potential proposals for the 2013/14 Budget.

HR

There will be a trial of a revised recruitment process over the next 6 months which will allow managers greater flexibility in the way they handle the filling of vacancies within their teams. In addition, HR will continue to support managers in employee relation issues as well as normal HR transactional matters.

IT

The ESCR IT systems Replacement Functional Specification and ITT documentation will be drafted and reviewed by the Project Team. Further discussions will be had with Health colleagues on the replacement of their IT system to identify any synergies. Integration will be a minimum core requirement going forward.

The VISA Prepaid card project documentation will be developed including project plan, procedures, training plan and marketing documentation. The VISA prepaid debit card will be an alternative means of people receiving direct payments for the Council, that is likely to encourage people who want to have part or all of their support provided via a direct payment to do so, and therefore part of greater personalisation of adult social care. A major innovation is that the card will be combined with the E+ card.

Performance

Work will be done to assess the impact of the Zero Based Review which will change the way in which Adult Social Care collects and reports information to the DoH in the future. A monthly project team will meet to develop and implement an action plan.

Plans are being developed on how Public Health performance information will be reported to senior officers of the Department and through the Quarterly Service Report.

PUBLIC HEALTH

A set of proposed Public Health priorities for 2013/14 was presented and agreed by the Health & Well-Being Board at the start of July 2013. Therefore, in Quarter 2, the Public Health team will focus on ensuring that the work required to deliver on these priorities gets underway. The priorities cover three key domains (Public Health Intelligence, Health Protection and Health Improvement) and within that framework, cover a wide range of needs ranging from those of children (e.g.: physical activity) through to those of older people (falls prevention, mental health).

Public Health Intelligence

The Joint Strategic Needs Assessment (JSNA) will be re-designed and developed over quarter two. It will move from the traditional format of a paper-based and rather technical document to a web-based, interactive format. A key focus will be on the 'local story' and data will be made available at a ward level where possible. Since the availability of health information at a ward level is often not available from central sources the Public Health team in Bracknell Forest will strive to generate new data directly from local people. To that aim, the Bracknell Forest Public Health Survey will be conducted.

Health Protection

In relation to Health Protection, the local Public Health team will support two national initiatives. In the first half of the quarter, work will continue on the MMR 'catch up' campaign. The aim of this programme is to prevent measles outbreaks by vaccinating as many unvaccinated and partially vaccinated 10-16 year olds as possible in time for the next school year. Towards the end of the quarter, the local team will also prepare to support initiatives aimed at improving uptake of immunisation against the seasonal flu virus.

Health Improvement

Outcomes from commissioned services such as smoking cessation and sexual health will continue to be monitored with the aim of establishing the extent to which they offer a cost-effective match to local need. In addition, a range of new projects will be launched in quarter 2 that either represent new ways of delivering existing programmes (e.g.: providing NHS Health Checks in community settings) or piloting new, innovative programmes in order to achieve better outcomes for key groups (e.g.: older people's health, physical activity in children).









Projects funded under the Public Health projects grant scheme










It was agreed by the Executive that an additional £100k be allocated to the Public Health budget. The intention for 2013/14 is that this funding be allocated to projects that can generate early, positive public health outcomes through joint working between the Public Health team and other colleagues across Bracknell Forest Council or the local Clinical Commissioning Group (CCG). The aim is to generate 'quick wins' that can provide a boost to early progress against public health priorities, as well as to establish a precedent and framework for joint-working on public health initiatives across the organisation.









Projects include:











- Holistic Health and Social Inclusion in Vulnerable Older People
- Work Based NHS Health Checks
- Beat the Streets' Schools Challenge
- Family Health & Learning Project
- Healthy Voices
- NHS Health Checks in Leisure Centres
- Healthy Lifestyles in People with Learning Disabilities
- Raising Food Hygiene in Poor Performing Premises
- Supported Discharge & Falls Assistance via Forestcare










Annex A: Progress on Key Actions









MTO 1: Re-generate Bracknell Town Centre				
Sub-Action	Due Date	Owner	Status	Comments
1.9 Implement an Accommodation Strategy to rationalise the number of buildings used by the Council.				
1.9.10 Move ASCHH to final locations in Time Square.	31/10/2014	ASCHH		Phase 1 (4N to 1N) completed smoothly.
1.9.12 Implement flexible and mobile working across all town centre offices.	31/03/2014	ASCHH		Ongoing
MTO 4: Support our younger residents to maximise their potential				
Sub-Action	Due Date	Owner	Status	Comments
4.8 Ensure all children and young people feel safe, are protected from harm and abuse, have their views respected and gain confidence as a member of the local community.				
4.8.4 Commission a full range of substance misuse services which ensure that young people, their families and friends have access to advice, information and support.	31/03/2014	ASCHH		The family and friends group has seen an increase in the number of young people attending. At least eight young people regularly attend and the group is now held on a weekly basis.
MTO 6: Support Opportunities for Health and Wellbeing				
Sub-Action	Due Date	Owner	Status	Comments
6.2 Support the Health and Well Being Board to bring together all those involved in delivering health and social care in the Borough.				
6.2.1 Develop the mechanism and timescales to renew the Joint Health and Wellbeing Strategy.	31/03/2014	ASCHH		The group is meeting regularly to review implementation and renewal.
6.2.2 Work with the Clinical Commissioning Group to improve outcomes for residents.	31/03/2014	ASCHH		Member of BACCG Board. LTC integrated teams have started. Focus on establishing enhanced rehab services when Ward 18 closes.
6.3 Continue to support the development of a local Healthwatch to provide local patients with a voice.				
6.3.1 Monitor local Healthwatch and review to ensure successful delivery.	31/10/2013	ASCHH		Contract compliance meetings have been scheduled.
6.5 Integrate the new responsibilities for Public Health within the Council.				
6.5.1 Develop a Public Health action plan for the Borough.	31/12/2013	ASCHH		Report due to go to HWBB 3 July with initial priorities, plus use of additional funding.
6.5.2 Establish the necessary governance frameworks for hosting the Public Health structure in Berkshire.	30/04/2013	ASCHH		Completed. Public Health advisory Board established and chaired by SDPH. Links to Berkshire Chief Executives (3 monthly) and Leaders (6 monthly) Groups.







6.5.3 Ensure that the local authority has the ability to report on the Public Health Outcomes framework in conjunction with the core Public Health Team.	30/09/2013	ASCHH		Public Health colleagues are developing a plan for reporting against the Public Health outcomes. Social Care performance officers are meeting with them regularly to review progress. The Public Health team will outline plans in September.
6.5.4 Establish and embed Public Health teams into the local authority workforce.	31/05/2013	ASCHH		Completed. All staff successfully transferred. Vacancies are being recruited to.
6.5.5 Absorb and induct Public Health Teams into Adult Social Care Health & Housing and wider council.	31/05/2013	ASCHH		Completed. Consultant in Public Health now part of DMT. All departments have been part of inductions for staff
6.5.6 Develop monthly budget monitoring for Public Health.	31/05/2013	ASCHH		Completed. This is now in place.
6.8 Preserve and promote Public Health.				
6.8.5 Improve the quality of the information in the Joint Strategic Needs Assessment (JSNA) by collecting new, local health related data from residents.	31/12/2013	ASCHH		The new, interactive and web-based approach to the JSNA has been presented to the Health & Well-Being Board and agreed. Monthly project group involving other BFC Directorates established. The proposal for a Bracknell Forest Public Health Survey has also been agreed and a steering group has been established.
6.8.6 Increase the number of people accessing an NHS Health Check or specialist health improvement programmes such as Stop Smoking Services.	31/03/2014	ASCHH		Proposals and procedures are in place for a series of community-based programmes aimed at delivering NHS Health Checks in the community. Settings include community pharmacy, occupational health and leisure centres.
6.8.7 Deliver a range of programmes aimed at improving mental health in the local population, including training for staff across a range of agencies in supporting people with mental health issues and outreach work focused on at-risk, older people in the community.	31/03/2014	ASCHH		Mental Health First Aid courses designed and scheduled (to run from September to January) with a capacity for over 100 attendees from various agencies. Older People's well-being project funding agreed and project team in place.
6.8.8 Carry out specific assessments of the services we commission including sexual health services, stop smoking services and other health improvement programmes.	31/03/2014	ASCHH		Sexual Health Needs Assessment is currently underway. Stop Smoking Service evaluation report also underway.
6.8.9 Work with the Clinical Commissioning Group to assess how well hospital and community NHS services are performing.	31/03/2014	ASCHH		Linking into Care Governance arrangements. Establishing strong relationship with Lead director for Quality.








6.9 Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions.				
6.9.1 Ensure that people who misuse substances have access to blood-borne virus services and to monitor the effectiveness of these services.	31/03/2014	ASCHH		In 2012/13 126 people were vaccinated against Hepatitis B. This equates to 29% of the people in substance misuse services. In the first two months of 2013/14 21 people were vaccinated.
6.9.2 Provide training to local pharmacies to improve the level of advice offered on reducing harm caused by drugs and alcohol abuse.	31/07/2013	ASCHH		Completed. The training has now been provided.
6.9.3 Work with all relevant agencies and departments to increase access to housing, employment, and training to improve outcomes for people who misuse substances.	31/03/2014	ASCHH		Strong links are in place in respect of accommodation and substance misuse services are represented at both the adult and young people's accommodation panels. Links are now in place with the providers of the work programme and these will be strengthened by holding regular meetings to discuss the needs of people who misuse substances.
6.9.4 Evaluate the effectiveness of the Payment by Results project by monitoring successful delivery of outcomes.	31/03/2014	ASCHH		A national evaluation of Payment by Results is being undertaken. Locally an evaluation of the first year of the pilot project was undertaken and a report was provided to the Community Safety Partnership meeting in June. On-going evaluation will be undertaken to identify any issues.
6.10 Support the Bracknell & Ascot Clinical Commissioning Group to focus on improving local health services for our residents.				
6.10.1 Work with health and the voluntary sector to improve hospital discharge for people living with dementia.	30/11/2013	ASCHH		The hospital social work team and the Community Mental Health Team for Older People are working closely together to facilitate discharge into the community for people with dementia.
6.10.2 Monitor delivery of End of Life Care to ensure high standards of care.	31/03/2014	ASCHH		The community team continue to deliver high quality end of life care (prognosis of 6 weeks or less). Work has continued with the Bridgewell Centre to deliver End of Life care in a residential setting.
6.10.3 Work with Health and the voluntary sector to develop robust and early supported discharge for people suffering from stroke.	31/03/2014	ASCHH		Stroke Family and Carer Support Worker has continued to be an integral part of the ESD process aimed at enabling people to return home quickly and safely with support for the individual and the carer.
6.10.4 Work with health agencies as part of the 'shaping the future' programme to establish sustainable local health trusts.	31/03/2014	ASCHH		Meetings have been facilitated with key stakeholders, including arrangements around the acquisition of HWPT by Frimley.









6.10.5 Work with partners to improve the sustainability of Brants Bridge Health Facility.	31/03/2014	ASCHH		Linked to contracting for the Urgent Care Centre.
6.10.6 Work with the Stroke Association to ensure that people who have had a stroke, have a review every 6 months to make sure that their needs and the needs of their carers are met	31/07/2013	ASCHH		Completed. Adult Social Care continues to work closely with the Stroke Association to ensure that individuals are reviewed every six months and that carers and the wider family are supported with information, advice and signposting to Carer's services.
MTO 7: Support our older and vulnerable residents				
Sub-Action	Due Date	Owner	Status	Comments
7.1 Secure preventative and early intervention measures to ensure residents have the maximum choices to allow them to live longer in their own homes.				
7.1.1 Work with housing, health and community groups to provide extra care housing for 65 households.	31/03/2014	ASCHH		ASCH&H continues to work closely with BFH to develop 65 extra-care sheltered apartments that will offer 24 hour support.
7.1.2 Monitor and report on the action plan within the Long Term Conditions Commissioning Strategy.	31/12/2013	ASCHH		An action plan was reviewed during Q1 and a report is being drafted.
7.1.3 Review of the Long Term Conditions Joint Commissioning Strategy.	31/06/2013	ASCHH		Completed. The review is complete and the Long Term Conditions Joint Commissioning Strategy has been approved by the Executive.
7.1.4 Develop the Prevention and Early Intervention Guide	31/07/2013	ASCHH		The Prevention and Early Intervention Guide is in draft form and will be presented to Departmental Management Team in August/September. The timescale for drafting the guide was extended to give external organisations an opportunity to input.
7.1.5 Assist in developing the Joint Strategic Needs Assessment.	31/03/2014	ASCHH		StatsShare is kept up to date on a monthly basis and will provide statistics for the JSNA. Feedback from consultations will also be used in the development.
7.1.6 Review of Older Person's Joint Commissioning Strategy.	31/05/2013	ASCHH		Completed. The Strategy has been reviewed and a new strategic approach developed by Older People's Partnership Board for 2013-2016 and agreed by Executive. An Action Plan is currently being developed for agreement by Partnership Board in September.
7.1.7 Develop Action Plan following development of Older People Commissioning Strategy and subsequent monitoring arrangements.	30/06/2013	ASCHH		Completed. An action plan has been developed and a sub group of the OP partnership board has been established to ensure that the actions are delivered.
7.1.8 Participate in Dementia Awareness Week.	31/05/2013	ASCHH		Completed. The Bracknell memory clinic along with the Alzheimer's








				Society held two information events at local supermarkets. Both events were successful and generated a lot of requests for information (on dementia, diagnosis, services, benefits etc). An evening drop in session was arranged at Church Hill House but no-one attended this.
7.1.9 Undertake the Dementia Friendly Community consultation of people affected by dementia.	31/07/2013	ASCHH		Completed. The agreed provider to undertake the work from the outcome of the consultation will be confirmed in August.
7.1.10 Dementia training to be provided to retailers, leisure centres and transport providers.	31/10/2013	ASCHH		This is going out for expressions of interest from training providers. Once a preferred provider has been identified we will be able to confirm the programme roll out.
7.1.11 Review of the Dementia Joint Commissioning Strategy.	31/12/2013	ASCHH		The consultation to inform the strategy was launched at a conference for people with dementia and their carers on 22nd April and over 100 people attended. The consultation period ends on Friday 19th July 2013. The strategy will be presented to the Council's Executive in December.
7.1.12 Development of Carers Education Course for carers of people with dementia	31/10/2012	ASCHH		Completed. This is now established and is a rolling 6 week programme provided by BHFT and BFC.
7.1.13 Develop and Implement Workforce Development Strategy to ensure efficient delivery of personalised approaches.	31/03/2014	ASCHH		We are currently identifying a suitable consultant to facilitate the work.
7.1.14 Review of the Learning Disability Joint Commissioning Strategy.	31/12/2013	ASCHH		The consultation to inform the strategy was launched in June 2013. The strategy will be presented to the Council's Executive in December.
7.1.15 Roll out of the Integrated Care Team pilot.	31/03/2014	ASCHH		The MDT process around the three clusters of surgeries is well established. This is supported by an officer from the Council who is undertaking continued evaluation of the pilot around the effectiveness of the process for the Local Authority.
7.2 Work with all agencies to ensure people feel safe and know where to go for help.				
7.2.1 Ensure the safe and effective transfer of increased DOLS responsibilities from the PCT.	30/04/2013	ASCHH		Completed. The DoLS function was transferred to the Council on the 1st April. Appropriate applications have been received from local NHS provider trust, which is indicative of the success of the detailed transfer plan.
7.2.2 Develop and implement a Quality Assurance programme to ensure social	31/07/2013	ASCHH		Completed. The quality assurance programme has been developed, and implemented. The analysis of the first





care assessments continue to be compliant with the Mental Capacity Act.				round of quality assurance monitoring will be shared with the Senior Managers within the department within Q2.
7.4 Continue to modernise support and include new ways of enabling the delivery of that support.				
7.4.1 Implement the Assistive Technology Strategy.	31/03/2014	ASCHH		The steering group has been meeting to implement the assistive technology action plan. This includes starting to develop assistive technology guidance and an e-learning training package for staff alongside an information leaflet.
7.4.2 Develop Learning Disability Commissioning Strategy.	31/01/2014	ASCHH		A small group formed to develop a consultation plan and materials to help with the strategy development. The consultation has now commenced and will run through the 2nd quarter also.
7.4.3 Develop a market position statement in order to improve choice and quality for people who need support.	31/07/2013	ASCHH		The Market Position Statement has been drafted. Support from the Institute of Public Care (part of the Department of Health - Developing Care Markets for Quality and Choice) is being negotiated and it is expected to be finalised by the end of quarter 2.
7.4.4 Carry out assessments of all applicants not automatically eligible for Blue Badges and develop suitable appeals systems.	30/06/2013	ASCHH		Completed. Changes to Blue Badge eligibility have prompted an increase in appeals. ASCHH has an appeals panel with a clinical lead. Physiotherapy assessments are available to anyone who is not automatically eligible or who has appealed a decision not to issue a badge.
7.4.5 Review of carers services provided at Waymead.	31/08/2013	ASCHH		Person centred reviews are ongoing with individuals and carers. Information from this work alongside feedback from LD strategy consultation will inform review of services provided and needed.
7.4.6 Further develop and expand support for carers known only to their GPs in partnership with health, carers and the voluntary sector.	31/01/2014	ASCHH		Bracknell Carers Services are providing a new Carers Information Pack and leaflets to GP surgeries across the borough and the CCG Social Worker is introducing information on Carers Drop-In Schemes across the borough.
7.4.7 Provide support and training to enable carers to return to paid or voluntary work.	31/03/2014	ASCHH		Bracknell Carers Services is able to refer carers to a range of training that support a return to employment whilst Bracknell Forest Voluntary Action offers opportunities for carers to undertake voluntary work.
7.4.8 Identify training needs to enable the service to deliver new ways of working by analysing the calls that	31/03/2014	ASCHH		An analysis of the last 8mths of call data since the implementation of the new phone system has been undertaken. Training areas were

come into the service.				identified: How to deal with difficult and abusive customers & and the need for the Call Facilitators to have an in depth understanding of data sharing. This is being undertaken via EDS management and BFC Training department.
7.4.9 Evaluate the implementation of the new operational model in the Emergency Duty Service.	31/01/2014	ASCHH		EDS management team have commenced with the annual Customer Survey and the Annual Report. This will evaluate the last 12 months of the new operational model in full.
7.4.10 Review the needs of people who receive out of hours services and develop a model that meets these needs.	31/03/2014	ASCHH		A multi-agency group has been established to review the services on offer and to prepare a business case for a new model.
7.4.11 Expand the function of Bridgewell to include establishment of a Community Dentistry clinic and a Telecare clinic.	31/03/2014	ASCHH		The pilot for the Community Dentistry Clinic ended in May with no further funding for this from the CCG. Overall the pilot was very successful. Based on this, bids will be made for further funding from health when the opportunities arise. Telecare has been included in the Sensory Needs demonstration flat. This will give people the opportunity to experience telecare. Expected outcomes will be increased use of telecare in Bracknell.
7.4.12 Continue to work towards establishing a separate Autistic Spectrum Disorder Community Team within Adult Social Care & Health.	31/03/2014	ASCHH		Assessment and review of needs related to increasing demand is in progress to inform development of the team.
7.4.13 Monitor delivery of domestic support provided for compliance against contract.	31/10/2013	ASCHH		ETMS has been implemented and regular checks will be carried out to compare compliance against contract to ensure the safety and well-being of the people we support and ensure that the council receives value for money on all contractual arrangements.
7.5 Improve the range of specialist accommodation for older people which will enable more people to be supported outside residential and nursing care.				
7.5.1 Improve the range of specialist accommodation for older people by developing the Extra Care Housing scheme which will enable more people to be supported outside residential and nursing care.	31/03/2014	ASCHH		Completed. The extra care scheme has started work on site.
7.6 With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse.				

7.6.1 Implement an Empowerment Strategy to enable people to safeguard themselves and feedback on people's experiences of the process.	31/03/2014	ASCHH		This work is ongoing, and the strategy remains on track to be delivered within the timeframe.
7.6.2 Monitor and evaluate advocacy contract and guidance in relation to the Advocacy Policy and Best Practice Safeguarding guidance.	30/11/2013	ASCHH		This work is ongoing and will be delivered within the timeframe.
7.6.3 Promote better understanding of Autistic Spectrum Disorder by delivering training and awareness across the department.	31/12/2013	ASCHH		Training for front line practitioners is being provided and ongoing alongside e-learning training for all other members of the department.
7.7 Target financial support to vulnerable households.				
7.7.1 Implement the Council's local council tax benefit scheme.	31/01/2014	ASCHH		Modelling is underway to assess the cost of the scheme in 2014/15.
7.7.2 Review the financial advice and support provided to households in Bracknell Forest by the Council and voluntary organisations.	30/09/2013	ASCHH		Meetings have taken place with agencies that provide financial advice and a standard financial assessment model has been agreed.
MTO 8: Work with the police and other partners to ensure Bracknell Forest remains a safe place				
Sub-Action	Due Date	Owner	Status	Comments
8.1 Continue to seek to reduce overall crime levels, focusing particularly on domestic violence, sexual crimes and burglary.				
8.1.3 Deliver assertive outreach services offered by SMART in order to engage with hard to reach groups in order to reduce their levels of offending.	31/03/2014	ASCHH		SMART have been involved in one Operation Ladybird initiative during the first quarter when they visited hard to reach people who had disengaged with services or were not fully participating. Weekly outreach sessions are delivered to people who have not been attending their key working sessions.
MTO 10: Encourage the provision of a range of appropriate housing				
Sub-Action	Due Date	Owner	Status	Comments
10.1 Ensure a supply of affordable homes.				
10.1.1 Ensure a supply of affordable homes by enabling affordable housing development at Jennets Park, the Parks, Brouchs and Rothwell house (funded by HCA and the RPs)	31/03/2015	ASCHH		All affordable housing schemes are progressing as planned.

10.1.2 Work with partners to identify a suitable location to enable the relocation of the Bridgewell Centre.	31/03/2014	ASCHH		Work continues to identify an alternative location along side a review of the service.
10.1.3 Develop a new sensory needs service for Bracknell Forest by working in partnership with people who use our services and voluntary organisations.	31/01/2014	ASCHH		The new Sensory Needs Clinic at Bridgewell is nearly complete and will be launched with a public event in July. ASCHH has worked closely with BADHOGS and the Macular Degeneration Society to ensure the equipment and telecare demonstration areas target local needs.
10.2 Support people who wish to buy their own home.				
10.2.1 Enable a programme of support for households to buy their own home on low cost basis.	31/03/2014	ASCHH		Applications for home ownership schemes remain low. A mail shot and promotion campaign will take place during July.
10.2.2 Support the provision of the cash incentive scheme and BFC MyHome buy schemes	31/03/2014	ASCHH		The first tranche of funding for the extra care housing scheme has been defrayed and agreements are in place on the level of funding required for the other schemes.
10.3 Continue to find ways to enable people to secure a suitable home.				
10.3.1 Support those households who need to move home due to welfare changes through financial support and advice.	31/03/2014	ASCHH		There has been over a 100% increase in the number of DHP awards made so far this year compared to last year. Households have also been advised about opportunities to move.
10.3.2 Redesign the housing and benefit service so that households income and independence is maximised.	31/03/2014	ASCHH		The next phase of redesign taking the new service to the front reception in Time square is underway.
MTO 11: Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money				
Sub-Action	Due Date	Owner	Status	Comments
11.1 ensure services use resources efficiently and ICT and other technologies to drive down costs.				
11.1.4 Implement Electronic Monitoring within Community Intermediate Care and monitor the financial and activity impact.	31/12/2013	ASCHH		Electronic call monitoring systems are now in place for most people supported. Implementation of finance modules to enable payments to be made on the basis of electronic monitoring is scheduled for Quarter 3, and so this is still on track.
11.1.5 Complete options appraisal and undertake tender process for IAS Contract.	31/03/2014	ASCHH		Option appraisal now complete and outcomes report submitted to ASCH&H DMT. Preparations for the ESCR IT Replacement Project structure in place. Drafting the Procurement and Project Plan.
11.2 ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.				

11.2.4 Deliver appropriate training within the department in relation to adult safeguarding.	31/03/2014	ASCHH		The Departmental training plan for the year is in place and being implemented.
11.2.5 Ensure that the local workforce is appropriately trained to identify substance misuse issues in order to offer information and advice.	31/03/2014	ASCHH		A full training programme is provided for the workforce. A one day course has been held which 5 members of staff from Bracknell attended. However the uptake of the training has been slow this year and so far three courses have been cancelled across Berkshire East.
11.3 publish information about the Council to promote openness and cost-effectiveness and accountability.				
11.3.3 Publicise advice and information options for people who fund their own support.	31/01/2014	ASCHH		The "Funding Your Own Care" leaflet is in wide circulation throughout Bracknell Forest. The Council is currently in the process of selecting an organisation to provide advice and guidance to people who pay for their own support.
11.5 develop appropriate and cost effective ways of accessing council services				
11.5.6 Review Forestcare services to ensure they meet customer demand.	31/03/2014	ASCHH		System thinking methodology is being used to assess demand for Forest care services. Forest care has been successful in receiving funding from the public health service to promote services specifically designed for customers with dementia and those returning from hospital after a fall.
11.5.4 Maintain the i-hub to enable people in the community to access relevant and up-to-date information to plan their support and activities and also enable providers to maintain their own records on the system to ensure accuracy.	28/02/2014	ASCHH		Pilot "Provider Update" workshops have taken place with good uptake. Further work is required before this is rolled out to all providers listed on the i-Hub (approx. 470 records).
11.5.5 Plan and implement changes to the cost centre structure brought about by both the Zero Based Review and the transfer of responsibilities to Public Health to ensure compliance with new reporting requirements.	31/03/2014	ASCHH		Public Health changes have been implemented. Zero Based Review changes are ongoing for completion by December 2013.
11.7 work with partners and engage with local communities in shaping services.				
11.7.4 Work with Wexham Park, Frimley Park and Royal Berkshire Hospitals to create a whole systems approach to hospital discharge.	30/06/2013	ASCHH		Completed. We participate in the daily teleconference call in East Berkshire for Wexham Park Hospital and the weekly teleconference calls for the Royal Berkshire Hospital when

				capacity in the whole system is discussed. We are involved in the transformation project looking at reducing unnecessary hospital admissions and reduction in length of stay at Frimley Park hospital.
11.7.6 Contribute to the Dementia Service Directory.	31/01/2014	ASCHH		The Service is currently collating up to date local information to create the local service directory.
11.7.7 Work in partnership with the Bracknell and Ascot Clinical Commissioning Group and Bracknell Healthcare Foundation Trust to create an integrated service for adults with long term conditions.	31/05/2013	ASCHH		Completed. Integrated teams are now in place and the service will be evaluated in September.
11.7.8 Establish a clinical governance post which ensures that intermediate care services operate safely and effectively and to a high standard.	30/06/2013	ASCHH		Completed. The post has been evaluated and put out to advertisement. Interviews are planned for the first week of July.
11.8 implement a programme of economies to reduce expenditure				
11.8.7 Develop proposals to help the Council produce a balanced budget in 2014/15.	31/03/2014	ASCHH		Work to deliver a set of proposals will take place throughout quarters 2 and 3.

Annex B: Financial Information

Annex B1

ADULT SOCIAL CARE HEALTH & HOUSING - MAY 2013								
	Original Cash Budget	Virements & Budget C.Fwds	NOTE Current Approved Budget	Spend to Date %	Variance Over (Un) Spend	Variance This Month	NOTE	Variance Supported by CMT
	£000	£000	£000	%	£000	£000		£000
ADULT SOCIAL CARE AND HEALTH DEPARTMENT								
Director	746	18	764	-23%	0	0		0
	746	18	764	-23%	0	0	1	0
CO - Adults and Commissioning	-126	-29	-155	0%	0	0		0
Mental Health	1,936	-81	1,855	53%	0	0		0
Mental Health EMI	2,290	48	2,338	51%	0	0		0
Learning Disability	13,573	-53	13,520	43%	0	0		0
Specialist Strategy	199	10	209	43%	0	0		0
Joint Commissioning	490	77	567	53%	0	0		0
Autism	259	0	259	41%	0	0		0
	18,621	-28	18,593	46%	0	0	2	0
CO - Housing								
Housing Options	320	-12	308	68%	0	0		0
Strategy & Enabling	250	14	264	51%	0	0		0
Housing Management Services	-58	25	-33	10%	0	0		0
Forestcare	-16	17	1	-7,734%	0	0		0
Supporting People	1,065	36	1,101	39%	0	0		0
Housing Benefits Payments	98	0	98	-308%	0	0		0
Housing Benefits Administration	284	42	326	20%	0	0		0
Other	17	-65	-48	-6%	0	0		0
	1,960	57	2,017	23%	0	0	3	0
CO - Older People and Long Term Conditions	-199	-93	-292	0%	0	0		0
Long Term Conditions	2,122	31	2,153	57%	0	0		0
Older People	5,589	9	5,598	61%	0	0		0
Intermediate Care	0	0	0	0%	0	0		0
Community Response and Reablement - Pooled Budg	1,658	5	1,663	61%	0	0		0
Community Support	0	0	0	0%	0	0		0
Emergency Duty Team	41	-3	38	694%	0	0		0
Drugs Action Team	93	-36	57	-568%	0	-0		0
	9,304	-87	9,217	59%	0	-0	4	0
CO - Performance and Resources								
Leadership Team and Support	-31	0	-31	0%	0	0		0
Information Technology Team	276	1	277	58%	0	0		0
Property	173	0	173	19%	0	0		0
Performance	221	0	221	45%	0	0		0
Finance Team	504	38	542	52%	0	0		0
Human Resources Team	184	0	184	49%	0	0		0
	1,327	39	1,366	49%	0	0	5	0
Base budget adjustment - Corporate - LGPS	0	0	0	0%	0	0		
In year savings target	0	0	0	0%	0	0		0
TOTAL ASC&H DEPARTMENT CASH BUDGET	31,957	-1	31,956	46%	0	-0		0
TOTAL RECHARGES & ACCOUNTING ADJUSTMENTS	3,914	66	3,981	0%	0	0		0
GRAND TOTAL ASC&H DEPARTMENT	35,871	65	35,937	0%	0	-0		0
Memorandum items:								
Devolved Staffing Budget			11,958		11,958	0		#

Annex B2

Adult Social Care and Health		
Virements and Budget Carry Forwards		
Note	Total	Explanation
	£'000	
		DEPARTMENTAL CASH BUDGET
	0	Total previously reported
		Budget Carry Forwards
	35	LINKS Budget into the Director Budget
		Virements
	-17	Director Superannuation - LGPS Past Service Deficit adjustment +£1K from Corporate. Part budget re Housing managers moved to relevant Housing cost centres -£18K in-year virement.
	-28	Adults and Commissioning Superannuation - LGPS Past Service Deficit adjustment +£8K from Corporate. Grounds Maintenance adjustment +£1K from Environment. In-year virement -£37K from purchasing budgets to Performance & Resources DSB
	57	Housing Superannuation - LGPS Past Service Deficit adjustment +£6K from Corporate. Supporting People BWA budget +£32K transfer from Corporate. In-year virement +£19K re part budget re Housing managers moved to the relevant Housing cost centres.
	-87	Older People and Long Term Conditions Superannuation - LGPS Past Service Deficit adjustment +£16K from Corporate. Grounds Maintenance adjustment -£1K from Environment. Community Safety Grant (PCC) -£36K from Corporate. An EDS adjustment for Childrens recharge from non-cash budget to cash budget -£66K
	39	Performance and Resources Superannuation - LGPS Past Service Deficit adjustment £3K from Corporate. In-year virement £36K from purchasing budgets to Performance & Resources DSB
	-1	Total
		DEPARTMENTAL NON-CASH BUDGET
	0	Total previously reported
		Virements
	66	EDS adjustment for Childrens recharge from non-cash budget to cash budget +£66K.
	66	Total
	65	Total

Annex B3

Adult Social Care and Health		
Budget Variances		
Note	Reported variance	Explanation
	£'000	
		<u>DEPARTMENTAL BUDGET</u>
	0	Total previously reported
	0	No variance to report
	0	Grand Total Departmental Budget
		<u>DEPARTMENTAL NON-CASH BUDGET</u>
	0	Total previously reported
	0	No variances to report
	0	Grand Total Departmental Non-Cash Budget

Annex B4

ANNEX B4 CAPITAL MONITORING 2013/14																
Dept: Adult Social Care, Health and Housing																
As at: 31st May 2013																
Cost Centre	Cost Centre Description	2012/13 Brought Forward	2013/14 Budget	Virements Awaiting Approval	Total Virements	Approved Budget	Cash Budget 2013/14	Expenditure to Date	Current Commitments	Estimated Outturn 2013/14	Carry Forward 2014/15	(Under) / Over Spend	Target for Completion	Current Status of Project / Notes	Responsible Officer	Date of Last Comment
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's				
	Housing															
YP260	Help to Buy a Home (Home Affordability Scheme)	816.1	1,584.8		0.0	2,400.9	2,400.9			2,400.9	0.0					
YP261	Help to Buy a Home (Cash Incentive Scheme)	532.4	0.0		0.0	532.4	532.4			532.4	0.0					
YP262	Enabling More Affordable Homes (Temp to Perm)	255.7	679.2		0.0	934.9	934.9	1.7		934.9	0.0					
YP304	Mortgages for Low Cost Home Ownership Properties	137.4	0.0		0.0	137.4	137.4			137.4	0.0					
YP316	BFC My Home Buy	688.9	0.0		0.0	688.9	688.9	-22.0		688.9	0.0					
	Adult Social Care & Health															
YS429	Mental Health	22.1	0.0		0.0	22.1	22.1	21.6		22.1	0.0					
YS430	Social Care	29.2	0.0		0.0	29.2	29.2			29.2	0.0					
YS527	Social Care Reform Care	43.7	0.0		0.0	43.7	43.7			43.7	0.0					
YS528	Care Housing Grant	15.4	0.0		0.0	15.4	15.4			15.4	0.0					
YS529	Community Capacity Grant	298.8	195.0		0.0	493.8	493.8	0.2		493.8	0.0					
YH126	Improving Info for Social Care (Capital Gt)	64.7	0.0		0.0	64.7	64.7			64.7	0.0					
YS418	ASC IT Systems Replacement	130.3	180.0		0.0	310.3	310.3			310.3	0.0					
		3,034.7	2,638.0	0.0	0.0	5,673.7	5,673.7	1.5	0.0	5,673.7	0.0	0.0				
	As per Agresso					5,673.7		1.5		5,673.7						

**HEALTH OVERVIEW AND SCRUTINY PANEL
3 OCTOBER 2013**

**THE PATIENTS' EXPERIENCE
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This new routine report invites the Health Overview and Scrutiny Panel to consider the current information from the NHS Choices website, for the NHS Foundation Trusts providing most secondary NHS services to Bracknell Forest residents.

2 RECOMMENDATIONS

That the Health Overview and Scrutiny Panel:

- 2.1 **Considers the NHS Choices information concerning the nearby NHS Trusts**
2.2 **Determines whether to make any further enquiries based on that information.**

3 SUPPORTING INFORMATION

- 3.1 The Panel's Working Group on the Francis report has identified a need to regularly present the Panel with information on the patients' experience of NHS services, along with other high level information on the performance of the NHS trusts principally providing NHS services to Bracknell Forest residents. The Working Group has not yet reached a view on the full extent of that information but in the interim, the Panel Chairman has agreed that it would be sensible to commence regular reports using the information from the 'NHS Choices' website.

- 3.2 NHS Choices (www.nhs.uk) is the UK's biggest health website. It provides a comprehensive health information service, including more than 20,000 regularly updated articles. There are also hundreds of thousands of entries in more than 50 directories that can be used to find, choose and compare health services in England.













The site draws together the knowledge and expertise of:









- [NHS Evidence](#), formerly the National Library for Health
- the [Health and Social Care Information Centre \(HSCIC\)](#)
- the [Care Quality Commission \(CQC\)](#)
- many other health and social care organisations










ALTERNATIVE OPTIONS CONSIDERED/ ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS/ EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / OTHER OFFICERS/ CONSULTATION – Not applicable











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	NHS Choices users rating	Recommended by staff	Friends and Family Test score: Inpatient	Responding to patient safety alerts	Mortality rate	Care Quality Commission national standards	MRSA
Heatherwood Hospital							
<p>Tel: 01344 623 333</p> <p>London Road Ascot Berkshire SL5 8AA</p> <p>2.58 miles away Get directions</p> 	 <p>17 ratings</p> <p>Rate it yourself</p>	<p>51</p> <p>% of staff who would recommend this organisation</p>	 <p>In the normal range (score: 82 from 156 responses)</p> <p>More detail</p>	 <p>Poor - Some alerts not signed off after deadline</p>	 <p>As expected in hospital and up to 30 days after discharge (1.0278)</p>	 <p>Some standards not met Visit CQC profile</p>	<p>New information coming soon</p>
Frimley Park Hospital							
<p>Tel: 01276604604</p> <p>Portsmouth Road Frimley Surrey GU16 7UJ</p> <p>6.78 miles away Get directions</p> 	 <p>148 ratings</p> <p>Rate it yourself</p>	<p>84</p> <p>% of staff who would recommend this organisation</p>	 <p>In the normal range (score: 73 from 976 responses)</p> <p>More detail</p>	 <p>Good - All alerts signed off where deadline has passed</p>	 <p>As expected in hospital and up to 30 days after discharge (0.904)</p>	 <p>All standards met Visit CQC profile</p>	<p>New information coming soon</p>

	NHS Choices users rating	Recommended by staff	Friends and Family Test score: Inpatient	Responding to patient safety alerts	Mortality rate	Care Quality Commission national standards	MRSA
King Edward VII Hospital							
<p>Tel: 01753 860 441 St Leonards Road Windsor Berkshire SL4 3DP 6.92 miles away Get directions</p> 	 No ratings yet Rate it yourself	<p>73 % of staff who would recommend this organisation</p>	<p>n/a Data not available</p>	 Good - All alerts signed off where deadline has passed	 As expected in hospital and up to 30 days after discharge (1.0686)	 All standards met Visit CQC profile	<p>n/a Data not available</p>
St Marks Hospital							
<p>Tel: 01628 632012 St. Marks Road Maidenhead Berkshire Berkshire SL6 6DU 7.40 miles away Get directions</p>	 12 ratings Rate it yourself	<p>64 % of staff who would recommend this organisation</p>	<p>n/a Data not available</p>	 Good - All alerts signed off where deadline has passed	<p>n/a Data not available</p>	 All standards met Visit CQC profile	<p>n/a Data not available</p>

	NHS Choices users rating	Recommended by staff	Friends and Family Test score: Inpatient	Responding to patient safety alerts	Mortality rate	Care Quality Commission national standards	MRSA
Upton Hospital							
Albert Street Slough Berkshire SL1 2BJ 8.97 miles away Get directions	 7 ratings Rate it yourself	64 % of staff who would recommend this organisation	n/a Data not available	 Good - All alerts signed off where deadline has passed	n/a Data not available	 All standards met Visit CQC profile	n/a Data not available
Royal Berkshire Hospital							
Tel: 0118 322 5111 London Road Reading Berkshire RG1 5AN 9.47 miles away Get directions 	 137 ratings Rate it yourself	73 % of staff who would recommend this organisation	 Among the worst (score: 62 from 647 responses) More detail	 Good - All alerts signed off where deadline has passed	 As expected in hospital and up to 30 days after discharge (1.0686)	 All standards met Visit CQC profile	New information coming soon

	NHS Choices users rating	Recommended by staff	Friends and Family Test score: Inpatient	Responding to patient safety alerts	Mortality rate	Care Quality Commission national standards	MRSA
Wexham Park Hospital							
<p>Tel: 01753 633000 Wexham Park Hospital Wexham Slough Berkshire SL2 4HL 10.92 miles away Get directions</p> 	 92 ratings Rate it yourself	<p>51 % of staff who would recommend this organisation</p>	 In the normal range (score: 67 from 686 responses) More detail	 Poor - Some alerts not signed off after deadline	 As expected in hospital and up to 30 days after discharge (1.0278)	 Enforcement action in progress Visit CQC profile	New information coming soon
Prospect Park Hospital							
<p>Tel: 0118 960 5000 Honey End Lane Tilehurst Reading Berkshire RG30 4EJ 11.79 miles away Get directions</p> 	 17 ratings Rate it yourself	<p>64 % of staff who would recommend this organisation</p>	<p>n/a Data not available</p>	 Good - All alerts signed off where deadline has passed	<p>n/a Data not available</p>	 All standards met Visit CQC profile	<p>n/a Data not available</p>

Explanatory Notes

NHS Choices User Ratings

The proportion of the people who rated this hospital on NHS Choices who would recommend the organisation's services to a friend.

Recommended by Staff

This measure shows whether staff agreed that if a friend or relative needed treatment they would be happy with the standard of care provided by the trust. The results are taken from the 2010 national NHS staff survey.

Friends and Family Test Score

This shows the result of the friends and family test that asks inpatients and patients discharged from Accident and Emergency whether they would recommend the ward or A&E department they have been treated in to friends and family if they needed similar care and treatment.

The score for each hospital is converted into a three-point scale, 'In the best 20%', 'In the worst 20%', and hospitals whose scores are in the middle 60% of scores are described as 'In the normal range'.

Responding to Patient Safety Alerts

Whether an NHS organisation is signing off its response to patient safety alerts that are issued by the National Patient Safety Agency. The 'Poor' category shows that the organisations has not signed off as complete **one or more** safety alerts for which the deadline has passed, the 'Good' category shows that the organisation has signed off **all** alerts for which the deadline has passed.

Mortality Rate

Whether the rate of deaths for an NHS Trust is better or worse than expected for the Trust based on the type of cases treated. The adjusted mortality ratio reflects deaths in hospital and within 30 days of discharge.

Care Quality Commission National Standards

As the independent regulator for health and adult social care in England, CQC check whether services are meeting their national standards of quality and safety.

MRSA

How many weeks it has been since the last MRSA infection in a hospital. MRSA stands for methicillin-resistant Staphylococcus aureus, which is a common skin bacterium that is resistant to a range of antibiotics.

**HEALTH OVERVIEW AND SCRUTINY PANEL
3 OCTOBER 2013**

**WORKING GROUPS UPDATE
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This routine report provides an update on the Working Groups of the Health Overview and Scrutiny Panel.

2 RECOMMENDATIONS

That the Health Overview and Scrutiny Panel:

- 2.1 Notes the progress achieved to date by the Panel's Working Groups.**

3 SUPPORTING INFORMATION

Francis Report

- 3.1 The Francis Inquiry followed a series of investigations and reports, including an investigation by the Healthcare Commission in 2009 and an independent inquiry also conducted by Robert Francis QC. The failings at Stafford Hospital have been well reported in the media. The number of excess deaths between 2005 and 2008 is estimated at 492 people. Examples of poor care include patients being left in soiled bedclothes for lengthy periods, lack of assistance with eating and drinking, filthy wards and toilets, lack of privacy and dignity such as people left naked in a public ward, and triage in A&E undertaken by untrained staff. The report describes the failings as a 'disaster' and 'one of the worst examples of bad quality service delivery imaginable'.
- 3.2 The Working Group comprises Councillors Mrs McCracken (Lead Member), Mrs Angell, Angell, Baily, Kensall, Mrs Temperton, and Virgo. The Working Group has decided its objectives are to:
- Thoroughly review the weaknesses in O&S highlighted by the report by Mr Francis concerning the failings in Mid Staffordshire, showing that Bracknell Forest Council has responded properly to the lessons it offers.
 - Determine the type and frequency of information (particularly on complaints) needed from principal NHS organisations serving Bracknell Forest residents.
 - Re-appraise Members' health O&S role, and identify how to improve their effectiveness (to include training, advice and support)
 - Identify improvements to Health O&S practices, including prioritisation and the summing up and minuting of Health O&S Panel meetings.
- 3.3 The Working Group held its first meeting on 7 May. Matters covered to date have included: a background briefing by officers; discussing the review's approach with a representative of the Centre for Public Scrutiny; agreeing the main issues to be addressed, the scope and approach to the review; analysing the specific issues to be addressed from the Francis report; and agreeing an allocation of responsibilities for

work streams. A visit was made to a meeting of Surrey County Council's Health O&S Committee, and separate meetings have been held with representatives of Royal Berkshire Hospital, Frimley Park Hospital, South Central Ambulance Service and Bracknell & Ascot Clinical Commissioning Group, to learn about their progress in applying the lessons from the Francis report, and explore the information requirements for O&S.

- 3.4 The next meeting of the Working Group is planned for 7 October, with representatives of Heatherwood and Wexham Park Hospitals, also the Executive Member for Adult Services, Health and Housing. Further meetings are in the course of being arranged, with the Working Group aiming to present its report to the Health O&S Panel in January 2014.

The Brants Bridge Health Facility

- 3.5 The Panel's Work Programme for 2013/14 includes forming a Working Group to review the operation of the cancer and renal facilities, also the creation of the Urgent Care Centre at Brants Bridge, Bracknell. It is currently planned to commence this review once the Working Group on the Francis Report has concluded its work.

ALTERNATIVE OPTIONS CONSIDERED/ ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS/ EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / OTHER OFFICERS/ CONSULTATION – Not applicable

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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
3 OCTOBER 2013**

**EXECUTIVE KEY AND NON-KEY DECISIONS RELATING TO HEALTH
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report presents scheduled Executive Key and Non-Key Decisions relating to Health for the Panel's consideration.

2 RECOMMENDATION

- 2.1 **That the Health Overview and Scrutiny Panel considers the scheduled Executive Key and Non-Key Decisions relating to Health appended to this report.**

3 REASONS FOR RECOMMENDATION

- 3.1 To invite the Panel to consider scheduled Executive Key and Non-Key Decisions.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 Consideration of Executive Key and Non-Key Decisions alerts the Panel to forthcoming Executive decisions and facilitates pre-decision scrutiny.
- 5.2 To achieve accountability and transparency of the decision making process, effective Overview and Scrutiny is essential. Overview and Scrutiny bodies are a key element of Executive arrangements and their roles include both developing and reviewing policy; and holding the Executive to account.
- 5.3 The power to hold the Executive to account is granted under Section 21 of the Local Government Act 2000 which states that Executive arrangements of a local authority must ensure that its Overview and Scrutiny bodies have power to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the Executive. This includes the 'call in' power to review or scrutinise a decision made but not implemented and to recommend that the decision be reconsidered by the body / person that made it. This power does not relate solely to scrutiny of decisions and should therefore also be utilised to undertake pre-decision scrutiny.

6 **ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

No advice was sought from the Borough Solicitor, the Borough Treasurer or Other Officers or sought in terms of Equalities Impact Assessment or Strategic Risk Management Issues. Such advice will be sought in respect of each Executive Forward Plan item prior to its consideration by the Executive.

7 **CONSULTATION**

None.

Background Papers

Local Government Act 2000

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EXECUTIVE WORK PROGRAMME & FORWARD PLAN

REFERENCE	I042554
TITLE: Tender for Bridgewell Clinical Support	
PURPOSE OF DECISION: For approval of the Procurement Plan regarding Community Response and Reablement Staffing.	
FINANCIAL IMPACT: Within existing budget	
WHO WILL TAKE DECISION: Executive Member for Adult Services, Health and Housing	
DATE OF DECISION: Wednesday, 2 Oct 2013	

REFERENCE	I042351
TITLE: EIF 'Healthy Voices' Project Evaluation Report	
PURPOSE OF DECISION: The European Integration Fund (EIF) 'Healthy Voices' Project 2010-2013 has supported the integration of the Nepali community and other third country nationals in Bracknell Forest. The project ended in July 2013 and the Executive member is asked to formally accept the final project evaluation report.	
FINANCIAL IMPACT: Within existing budgets	
WHO WILL TAKE DECISION: Executive Member for Council Strategy and Community Cohesion	
DATE OF DECISION: Wednesday, 11 Sep 2013	

REFERENCE	I042918
TITLE: Local Safeguarding Children Board (LSCB) Annual Report	
PURPOSE OF DECISION: To receive the annual report of the LSCB and to note the key messages / recommendations made.	
FINANCIAL IMPACT: No financial implications.	
WHO WILL TAKE DECISION: Executive	
DATE OF DECISION: Tuesday, 15 Oct 2013	

REFERENCE	I041215
TITLE: Child Poverty Strategy - Review and Next Steps	
PURPOSE OF DECISION: To provide a progress report to the Executive on the implementation and impact of the Child Poverty strategy to date and to consider the next steps in the Council's approach to Child Poverty.	
FINANCIAL IMPACT: Not known	
WHO WILL TAKE DECISION: Executive	
DATE OF DECISION: Tuesday, 12 Nov 2013	

REFERENCE	I041994
TITLE: Joint Commissioning Strategy for People with Dementia 2014-2019	
PURPOSE OF DECISION: To seek approval to the Joint Commissioning Strategy for people with Dementia which has been developed by Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group. The Strategy has been developed following a full 12-week public consultation held prior to the development of the strategy to ensure that people with dementia, their carers and families and the voluntary sector were involved in informing the commissioning priorities for the next five years.	
FINANCIAL IMPACT: Within existing budget	
WHO WILL TAKE DECISION: Executive	
DATE OF DECISION: Tuesday, 10 Dec 2013	