



NOTICE OF MEETING

**Health Overview and Scrutiny Panel
Thursday 15 January 2015, 7.30 pm
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, Kensall, Mrs Phillips, Mrs Temperton, Thompson and Ms Wilson

cc: Substitute Members of the Panel

Councillors Allen, Brossard, Davison, Ms Brown and Heydon

Observer:

Mark Sanders, Healthwatch

Non-Voting Co-optee

Dr David Norman, Co-opted Representative

ALISON SANDERS
Director of Corporate Services

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Bracknell**

Sound recording, photographing, filming and use of social media at meetings which are held in public are permitted. Those wishing to record proceedings at a meeting are however advised to contact the Democratic Services Officer named as the contact for further information on the front of this agenda as early as possible before the start of the meeting so that any special arrangements can be made.

Note: There will be a private meeting for members of the Panel at 6.45 pm in the Function Room

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 Health Overview and Scrutiny Panel held on 2 October 2014.

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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. **General Practitioner Services** 11 - 32
 To review and discuss with representatives of Bracknell Forest General Practitioners and NHS England (the commissioners of most General Practitioner (GP) services): the latest GP Patient survey results; the Care Quality Commission's 'Intelligent Monitoring' ratings for Bracknell Forest GP practices; and national concerns regarding the capacity of GP Practices and the ease of obtaining GP appointments.
7. **Health and Wellbeing Board**
 To receive a progress update on the work of the Bracknell Forest Health and Wellbeing Board.
8. **2015/16 Budget Scrutiny** 33 - 34
 To review the Council's budget proposals for health in 2015/16, and plans for future years.
9. **Departmental Performance** 35 - 64
 To consider the parts of the Quarter 2 2014/15 (July to September) quarterly service report of the Adult Social Care, Health and Housing 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.
10. **Executive Key and Non-Key Decisions** 65 - 68
 To consider scheduled Executive Key and Non-Key Decisions relating to Health.
11. **Overview and Scrutiny Bi-Annual Progress Report** 69 - 82
 To note the Bi-Annual Progress Report of the Assistant Chief Executive.
12. **2015/16 Work Programme** 83 - 86
 To propose items for inclusion in the Panel's work programme for 2015/16.
13. **Date of Next Meeting**
 The next scheduled meeting of the Health Overview and Scrutiny Panel will take place on 12 March 2015.

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**HEALTH OVERVIEW AND SCRUTINY PANEL
2 OCTOBER 2014
7.30 - 9.45 PM**



Present:

Councillors Virgo (Chairman), Mrs McCracken (Vice-Chairman), Mrs Angell, Baily, Brossard, Mrs Phillips, Mrs Temperton and Ms Wilson

Co-opted Member:

Dr David Norman, Co-opted Representative

Executive Members:

Councillor Birch

Observer:

Mark Sanders, Healthwatch Bracknell Forest

Also Present:

Councillor Ian Leake

Richard Beaumont, Head of Overview & Scrutiny

Julian Emms, Chief Executive, Berkshire Healthcare NHS Foundation Trust

Alex Gild, Director of Finance, Performance & Information, Berkshire Healthcare NHS Foundation Trust

Zoë Johnstone, Chief Officer: Adults & Joint Commissioning

Lisa McNally, Consultant in Public Health

David Townsend, Chief Operating Officer, Berkshire Healthcare NHS Foundation Trust

Apologies for absence were received from:

Councillors Kensall and Thompson

14. Apologies for Absence/Substitute Members

Apologies for absence were received from Councillors Kensall and Thompson. Councillor Brossard was present at the meeting as substitute member for Councillor Thompson.

15. Minutes and Matters Arising

RESOLVED that the Minutes of the Overview and Scrutiny Commission meeting held on 3 July 2014 be approved as a correct record and signed by the Chairman. The Chairman welcomed the news that Frimley Park Hospital Trust had acquired Heatherwood and Wexham Park Hospitals Trust

16. Declarations of Interest and Party Whip

There were no declarations of interest.

17. **Urgent Items of Business**

There were no urgent items of business.

18. **Public Participation**

In accordance with the Council's Public Participation Scheme for Overview and Scrutiny the following question was submitted by Mr Pickersgill, a resident of Bracknell Forest:

Bracknell has a serious problem with substance abuse and mental illness which I find myself increasingly impacted by as I go about my daily business.* In addition disability assessments are in chaos with waiting times from 26-52 weeks. It is estimated one third of drug addicts can be helped get off drugs and that there comes a time when intervention has an optimum effect. Unfortunately, in the cases I am familiar with, people with such problems have been pushed further into crisis by the way the welfare departments work. In particular, the expectation that totally dysfunctional people achieve deadlines, a refusal to make back payments (often to help budgets) and the almost default position of making claimants go to appeal which is often dropped before reaching tribunal stage. This has increased the workload on already over-stretched departments and of course the CAB, which is about to lose one of its most experienced advisors. Will the Director of Social Services whom I understand now has responsibility for welfare, undertake to look into this so that a much more joined up system can be achieved without the problems being passed from department to department or spilling out into society.

* I am sending a short paper later today with specific cases (not identifiable) which I have tried to assist. You can publish any or none of this paper as you see fit.

A written response was provided by Glyn Jones, Director of Adult Social Care, Housing and Health:

Disability assessments:

It is unclear what is meant by "disability assessments are in chaos with waiting time from 26-52 weeks", although it appears it may be in relation to assessment carried out by Department of Works and Pensions (DWP). We are therefore unable to comment on this.

It also appears from the question that Mr Pickersgill's concerns relate to the full range of welfare benefits. The Council is responsible only for the administration of Housing Benefit and Council Tax Benefit, within legislation as determined by Government, The Director of Adult Social Care, Health and Housing has communicated this separately to Mr Pickersgill. Other benefits are administered by the Department of Works and Pensions.

As such, the Council has no control over the timescales, waiting times or assessment processes of the DWP.

Mr Pickersgill alludes to specific concerns relating to people with mental ill health and those who misuse substances. The following is background information relating to the support available for people in Bracknell who have needs arising from mental ill health or substance misuse.

The Drug and Alcohol Action Team (DAAT) supports people with substance misuse issues to stop, or reduce, using substances. For this to be effective, people must be

willing to both recognise that they have a problem, and to engage with evidenced-based programmes designed to assist them.

The range of services for people with mental ill-health includes services from GP surgeries, and from the Council in partnership with Berkshire Healthcare NHS Foundation Trust (BHFT). As above, these services can only be effective if people are able and willing to engage fully with the support and treatment offered.

As for all people with eligible needs, people supported through all of these services will be offered support to claim benefits, and in their dealings with DWP. However, as above, it is not within the power of the Council to change the benefits system as determined by National government.

It is inappropriate to make comment on the individual circumstances Mr Pickersgill has shared, but as further background information to reassure him and the public regarding the effectiveness of local mental health and substance misuse services, the following information is offered:-

Mental Health

A crucial element in addressing the impact of mental illness is effective diagnosis. Many mental health conditions, and in particular depression, can remain undiagnosed and therefore untreated and unsupported. To assess how well mental health problems are being picked up in an area we can compare the number of people diagnosed with depression with the number who report depression in anonymous surveys (the survey data traditionally shows a higher and more realistic prevalence than the numbers actually diagnosed). In Bracknell Forest, the data suggests excellent diagnostic rates. The number diagnosed with depression is significantly higher than the national average¹ despite the survey based prevalence being lower than the national average².

Another important element is of course the outcome of treatment. In Bracknell Forest, the rate of recovery among those accessing talking therapies (IAPT) is significantly higher than the national average³. In addition, the rates of emergency admissions for depression, schizophrenia and self-harm (which indicate poorly managed conditions) are all lower than the national average⁴.

Beyond clinical condition, there are also good results in Bracknell Forest concerning social outcomes for people with mental health conditions. For example, the proportion of people on the Care Programme Approach (CPA)⁵ in employment is

¹ Quality and Outcomes Framework, NHS Health and Social Care Information Centre reported in PHE Mental Health Dementia and Neurology profiles (accessed 29 Sept 2014).

² GP patient survey, NHS England, reported in PHE Mental Health Dementia and Neurology profiles (accessed 29 Sept 2014).

³ Improving Access to Psychological Therapies Dataset, reported in PHE Mental Health Dementia and Neurology profiles (accessed 29 Sept 2014).

⁴ Hospital Episode Statistics, reported in PHE Mental Health Dementia and Neurology profiles (accessed 29 Sept 2014).

⁵ The Care Programme Approach (CPA) is the system which coordinates the care of many specialist mental health service patients. CPA requires health and social services to combine their assessments to make sure everybody needing CPA receives properly assessed, planned and coordinated care.

higher than the national average, as is the proportion of people on CPA who are in settled accommodation⁶.

Substance Misuse

Substance misuse treatment is a challenging area and it is crucial that high quality services are provided to avoid poor outcomes and high drop-out rates. A particularly important indicator is therefore whether those that access services go on to successfully complete their treatment. In Bracknell Forest, the successful completion rate is the highest in Berkshire and significantly better than the national average⁷.

In relation to alcohol, emergency admissions to hospital for alcohol related problems are a good indicator of the number of people drinking at high levels without proper treatment or support. Bracknell Forest has a rate of emergency admissions related to alcohol that is significantly lower than the national average⁸, with data published this week showing that admissions for alcoholic liver disease in Bracknell Forest have fallen dramatically in the last year and are now both the lowest in Berkshire and significantly lower than the national average⁹.

In response to a Member's question the Chief Officer: Adults & Joint Commissioning said that a Common Assessment Form was not used for adult social care, but training was provided for front line staff on mental health awareness, and officers would notify mental health staff or the Police of incidents of mentally distressed people.

19. Berkshire Healthcare Trust

The Chairman welcomed Julian Emms, Chief Executive, Alex Gild, Director of Finance, Performance and Information, and David Townsend, Chief Operating Officer, of Berkshire Healthcare NHS Foundation Trust to the meeting to speak on the Trust's mental health and community health services to residents of Bracknell Forest.

Background information had been circulated to the Panel in advance of the meeting, as follows:

- Extract from the Monitor website, setting out details of the Trust's current ratings;
- Extract from the Trust's website, setting out the Trust's role and vision, values and goals;
- Annual Plan Summary 2014;
- The Patient Experience Annual Report;
- The Care Quality Commission's Inspection report for Prospect Park Hospital;
- Results of the National NHS Staff Survey 2013.

Julian Emms spoke to the Panel and the points made included the following. A summary document was also circulated at the meeting.

⁶ Mental Health Minimum Data Set (MHMDS) reported in PHE Mental Health Dementia and Neurology profiles (accessed 29 Sept 2014).

⁷ Q1 2014-15 Diagnostic Outcomes Monitoring Executive Summary (DOMES)

⁸ Hospital Episode Statistics, reported in PHE Local Alcohol Profiles profiles (accessed 29 Sept 2014).

⁹ Alcohol-related liver disease 2013/14. Health & Social Care Information Centre

- The Trust was the main provider of community and mental health services to the population of Berkshire. The Trust had an annual income of around £220million, employed in the region of 4,000 staff and provided services from just over 100 sites. The Trust's core values underpinned their operations.
- The Trust services were delivered via a locality structure organised around the six areas of Berkshire, matching local authority boundaries. There were eight main sites in Bracknell Forest, the largest of which was Churchill House. Each locality was overseen by a Locality Director and Clinical Director. The Trust provided just under 100 different services, mainly jointly with local authority partners. These were split approximately half and half between mental and community health services.
- Some of the successes of the Trust included 28 major service improvements during 2013/2014, full details of which had been included in the Annual Report. This included moving a fully-established ward to Prospect Park Hospital. The Trust ranked in the top 10% nationally for staff engagement, which translated into better patient care. In addition, the Trust was registered without condition with the Care Quality Commission and held the two lowest risk ratings from Monitor.
- The Trust was on track with its financial plan but improving quality was difficult where the gap between income and cost was widening. This was anticipated to be approximately £50million by 2018/19. Internal efficiencies to save £20million had been identified but a gap still remained.
- In response to pressures the Trust had revised its Five Year Strategy to close the financial gap, develop new ways of working as a Trust and to reassure stakeholders that sufficient plans were in place to ensure longer-term sustainability. Five workstreams had been established to achieve these goals.
- Some of the key challenges facing the Trust included significant increases in demand for particular services; difficulties in recruiting some professional staff and a national shortage of nurses; a risk that the new workstreams would not deliver the identified savings or productivity increases; financial pressures faced by partner organisations; the pace of the reform system; and the complexity of the health and social care system.

The Chairman queried the impact on mental health provision of the shortage of nursing staff on the Trust, particularly as the needs of each patient would vary considerably and a wide range of skills was potentially needed.

It was reported that all areas were safely staffed, and the Trust's good reputation as an employer meant that it was able to attract staff, but there was still a need to use agency or Bank staff. However, moving the provision to one site at Prospect Park Hospital had helped mitigate this. Mental health facilities were challenging places to work, but the Trust recognised this and saw engagement with staff and making them feel valued, at the same time as acknowledging the stressful environment they were working in, as key to maintaining the workforce. Despite the inherent difficulties of a mental health ward the Trust was confident that it was a safe, ordered and efficient place in which to work. A greater challenge was the recruitment of District Nurses, as it could be hard to find people with the necessary skills, but flexibility within teams and being able to move staff from one area to another as necessary helped mitigate this.

It was questioned what the Trust's long-term plans for dementia care were, and what percentage of the budget was spent on this area of care.

It was explained that the Trust was working hard in this area, and concentrating on allowing people to remain in their own homes. The prevalence of dementia across the area had formed part of the Trust's planning, and a new ward specifically for treating dementia patients had been established as part of the move to Prospect Park. Bracknell Forest also had a Memory Clinic, which was one of the first to be accredited nationally to the required standard. The future of dementia services was hard to predict as it depended on the prevalence of the condition and the shape of services but the increasingly aging population added extra demands. The Trust was working with GPs to promote recognition of the symptoms and rates of diagnosis were improving. Specialist skills were needed to care for patients with dementia and the Trust ensured that staff were trained appropriately. The challenge in the future would be to meet a potential increase in demand in a difficult budget situation and quality would not be sacrificed.

Councillor Birch, Executive Member for Adult Social Care, Health and Housing added that work had been undertaken with local retailers to help them recognise the symptoms of dementia. As more people were being treated in their own homes this required a specialised set of skills. Bracknell Forest had a policy of 'seamless care', which meant that people would only need to access the health system at one point regardless of their needs.

It was noted the Community Nursing had been integrated into the Trust four years ago, and queried whether this system was working well, and helping keep people out of hospital. It was also questioned what the impact on this service would be if it was not possible to fill vacancies.

It was reported that the move into the Trust had worked well, and the staff had become part of a larger organisation with access to increased training opportunities. Bracknell Forest had seen a much lower usage of hospital beds, in a climate of reducing the provision of beds in hospitals, and the Trust was confident that the 'hospital at home' model could be successful. In the short term caring for patients in their own home did not offer financial savings but in the long-term these patients were less likely to require further treatment so future demands on the service were reduced.

Concern was expressed at the results of the NHS National Staff Survey regarding hand-washing, where only 51% of staff had reported that this facility was available. It was explained that the survey also covered back-office staff, who did not need access to the same level of hand-washing facilities. For front-line staff monthly infection control audits were conducted, and the results of these were published.

The level of harassment/bullying incidents and the number of staff witnessing incidents were highlighted by the Panel as a concern. It was queried whether staff received feedback to ensure that they felt safe at work and that concerns they raised were being considered.

It was explained that the Trust was well-regarded as an employer but that there were still issues. The Trust was tackling this with clear, fair policies on bullying and whistleblowing and providing a clear reporting line to encourage people to report any bullying. With regard to staff witnessing incidents, it was reported that staff were encouraged to report any incidents they witnessed, but in general these were low impact so the numbers were not significant, and it was felt that an open culture where staff did feel able to report what they had seen or if mistakes had occurred was a healthy one. Incident reports were analysed to identify trends and avoid these happening again. Any learning points identified from this were disseminated to members of staff.

It was questioned whether the Trust's IT systems were keeping pace with need.

It was reported that the Trust was making some development in IT provision. All workers in the community now had a laptop and access to the 4G network so that they could access all the records they needed even away from the office. The core clinical system was being upgraded and the Trust was working with health partners to establish a shared system. The biggest challenge was helping the workforce adapt to new ways of working.

Mark Sanders of Healthwatch UK queried the Trust's Care Quality Commission (CQC) report, which had found that some patients did not understand, or had not been involved in, their care plan.

It was explained that this finding related to one particular ward, responsible for treating some of the most serious mental health cases and it could be very challenging to involve them in planning for their own care. This had been reviewed and the ward had been reinspected to the CQC's satisfaction.

It was noted that uptake of the travel fund, which allowed family members visiting patients, to claim back the cost of their travel, stood at 33%, and queried how the remainder of the £100,000 was being used.

It was explained that the fund had been established following the consultation on the moving of facilities to Prospect Park Hospital. Anyone who wished to claim the cost of their travel was eligible but a number of people had been offered the funding and declined. The Trust had started to use the funding to cover the cost of patients visiting home. The Trust would continue to honour their commitment to the fund but would be able to divert the funds elsewhere if it had not all been used.

The Chairman raised a recent request from Thames Valley Police to make psychiatric nurses available to support the police in their work.

It was explained that the concern was the amount of police resources being used to respond to Section 136 alerts, where there was a responsibility to take people behaving in a way that caused concern to a designated place of safety. It was the responsibility of the mental health team to provide these, and in the last six years the percentage of cases taken from the police had increased from fifty percent to ninety-five percent. There was concern surrounding the impact on ambulance response times of responding to these incidents. Councillor Birch reported that he had been part of an LGA team looking at a 'street triage' pilot in Solihull, during which members of the mental health team had been available to respond immediately and transport patients, taking the pressure off the police and ambulance service. Discussions with Thames Valley Police were taking place.

The Panel expressed their thanks for a recent visit they had undertaken to see the mental health service facilities available at Prospect Park Hospital. The visit had been extremely useful and the care and dedication shown by staff towards patients had been clearly evident.

20. **Public Health**

The Panel welcomed Dr Lisa McNally, Public Health Consultant, to the meeting to address the Panel on Public Health activities and answer questions.

Dr McNally gave a presentation in respect of the activity and performance of public health during 2031/14. She explained that Public Health had become the responsibility of local authorities 18 months ago. In Bracknell Forest public health had been successfully integrated across the whole authority and introduced new ways of working.

The presentation gave details of the main areas of work undertaken by the public health team. One of the key areas was providing support to help people stop smoking, as this was the leading cause of mortality, disability and morbidity in the area. The authority offered a 12 week support programme, and the quit success rate in Bracknell Forest was one of the highest in England at 70%. A total of 763 people had quit smoking in 2013/13, a third of who were in priority groups including pregnant women and people who were unemployed. New services in 2013/14 included support for people with mental health problems and patients waiting for elective surgery.

With regard to diet and activity, Public Health had expanded the range of referral routes into weight management for those who were obese from January 2014. As a result the number of people accessing the programme had increased four-fold. Children and family initiatives had also been introduced, including 'Beat the Street', which had encouraged children to compete against other schools in walking competitions. One local school had been placed third worldwide.

Substance Misuse services had maintained high treatment success rates across the year, and the proportion of opiate patients who completed treatment was above the national average. A pre-Christmas campaign had been run in collaboration with Drinkaware to improve awareness of alcohol units, with significant results, and the programme had been highlighted as an example of best practice at the UK Faculty of Public Health Conference.

Bracknell Forest was now hitting national targets for conducting Health Checks, helped partly by the introduction of a new workplace Health Check programme run in collaboration with Human Resources colleagues.

The Joint Strategic Needs Assessment (JSNA) was a tool being used to examine the local level of need in relation to health and well-being to highlight areas for future work development. The Bracknell Forest JSNA had been selected for presentation as an example of best practice at the 2014 Public Health England national conference. A key innovation within the JSNA had been the public health survey of 1,800 residents, which had been the first council-led large scale survey in the UK and would be an invaluable aid to future planning.

Other work during the year had included mental health 'first aid' training, a full review of sexual health services, a food hygiene improvement programme, an older people's 'holistic health' programme, the implementation of drug and alcohol learning sets and the commissioning of a number of school nursing services aimed at protecting and improving the health and well-being of children and young people.

In 2014/15 the priorities for public health would be tailoring services to high priority groups; preventative services for children and young people; and preventative services for older people.

The Panel asked how the success of Health Checks was being measured, and how much funding had been used for them.

It was reported that some reviews had looked at the effects of the checks and concluded that they had not had the desired outcome. However, the checks were not designed to offer a screening programme and instead were proving to be a springboard for people into a healthier lifestyle, reducing the risks to their health. GPs were supporting the checks because they had seen the value of them. There was a risk that the people attending the checks were not in the groups that the authority most needed to reach, but this was largely determined by how GP practices

marketed them. There was a need to reach more men and older women. The checks were helping people to be more responsible for their own health, including their weight, and providing support to help them make changes.

The Panel asked for an explanation of why alcohol-related admissions were lower. It was explained that fewer people were drinking at a level that was harmful to their health. Changes in behaviour had been seen recently, although as liver disease was insidious a large number of admissions were unplanned.

The Panel requested details of how many people were accessing the JSNA website. It was reported that data was available from Google Analytics which would give details of how many people were using the website and where they were. It was also possible to see how many people had signed up for the newsletter.

The Panel asked if sexual health services were still made available via schools. It was confirmed that this was the case.

The Panel referred to recent publicity surrounding high levels of dental decay in pre-school children, and asked if this was the case in Bracknell. It was reported that data on this was available at local authority level, and that Bracknell had a rate of decay of 0.34 per child, which was slightly below the national average of 0.36. Children's Centres were working hard to support parents in preventing decay, for example by restricting foods allowed at the centre, offering a toothbrush exchange facility and offering information on dental support. Public dental health service had not been transferred to the local authority so remained with the NHS, but the local authority could work with Children's Centres on this.

The Panel thanked Lisa McNally for her presentation and commended the achievements of the Public Health team.

21. **Healthwatch Bracknell Forest**

The Panel received the Healthwatch Bracknell Forest Annual Report for 2013/14.

Mark Sanders of Healthwatch was present at the meeting to answer questions. He drew the Panel's attention to page 13 of the report, where a statistic that 94% of the public thought that NHS and social care services could be improved. He clarified that this was a national figure, covering all services, and did not relate just to Bracknell Forest.

The Panel asked why the Healthwatch budget was being reduced. It was explained that there had been initial start-up costs included in the first year's budget. There were also anticipated changes to ring-fencing of some funds, and possible budget cuts of up to 20%. It was anticipated that Healthwatch would be given greater powers and responsibilities in the future.

The Panel thanked Healthwatch Bracknell Forest for their work, including tackling the use of premium rate phone numbers by GP Practices.

22. **Departmental Performance**

The Panel was asked to consider the parts of the Quarter 1 2014/15 (April to June) quarterly service report of the Adult Social Care, Health and Housing department relating to health.

Zoe Johnstone outlined some of the challenges facing the department. These included finding sufficient suitable housing for people with learning difficulties and Asperger's, where a number of people had been served notices to leave their properties. The department was working closely with colleagues to address this. The Better Care Fund was focussed on reducing non-elective admissions by 3.5%, calculated on the baseline for 2014. Councillor Birch, as Executive Member for Adult Social Care, Health and Housing, reported that a great deal of work had been done on creating a plan to address this, but expressed his frustration that a week before submission the format had been altered which had created more work. The aim was to move funding from acute care into community care, but the level of funding received would be dependent on whether the reduction in non-elective admissions was achieved. In addition, there were still difficulties in recruiting domiciliary care staff but the authority had set up a group working with domiciliary care agencies to address this. The falls prevention work was much valued by the public.

Mark Saunders of Healthwatch expressed thanks of behalf of members of the public at the huge amount of work that had been completed in a short space of time.

23. **Executive Key and Non-Key Decisions**

The Panel noted Executive Key and Non-key decisions relating to health

CHAIRMAN

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
15 JANUARY 2015**

**GENERAL PRACTITIONER SERVICES
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to review and discuss with representatives of Bracknell Forest General Practitioners and NHS England (the commissioners of most General Practitioner (GP) services): the latest GP Patient survey results; the Care Quality Commission's 'Intelligent Monitoring' ratings for Bracknell Forest GP practices; and national concerns regarding the capacity of GP Practices and the ease of obtaining GP appointments.

2 RECOMMENDATIONS

That the Health Overview and Scrutiny Panel:

- 2.1 **Reviews the latest GP Patient Survey results at Appendix 1, and the Care Quality Commission's 'Intelligent Monitoring' ratings at Appendix 2, for the GP Practices in Bracknell Forest.**
- 2.2 **Discusses with representatives of Bracknell Forest GPs and NHS England the national concerns regarding the capacity of GP Practices and the ease of obtaining GP appointments.**
- 2.3 **Considers further scrutiny of survey themes or individual GP practices where the survey results are markedly different to the England average.**

3 SUPPORTING INFORMATION

- 3.1 The Health O&S Panel has previously decided to obtain direct knowledge of the service user's perspective of public services, through a regular flow of relevant and timely information about the quality of NHS services provided to Bracknell Forest residents. This is to include the periodic GP survey.
- 3.2 The visitors present are anticipated to be:
- Helen Clanchy, Director of Commissioning, Thames Valley Area Team, NHS England
 - Dr Martin Kittel, Forest End Medical Practice, and Bracknell and Ascot Clinical Commissioning Group
 - Dr William Tong, Chair, Bracknell and Ascot Clinical Commissioning Group
 - Nicky Wadely, Primary Care Team, Thames Valley Area Team, NHS England

GP Patient Survey

- 3.3 The GP Patient Survey is run every six months by NHS England. It is designed to give patients the opportunity to comment on their experience of their GP practice. Every 6 months, over one million questionnaires are sent out to adult patients, randomly selected from all patients registered with a GP in England.

- 3.4 The survey asks patients about a range of issues related to their local GP surgery and other local NHS services. This includes questions about how easy or difficult it is for patients to make an appointment at their surgery, satisfaction with opening hours, and the quality of care received from their GP and practice nurses, amongst other things.
- 3.5 The full results of the July 2014 GP Patient survey are accessible on the NHS England website at <http://www.gp-patient.co.uk/>. The survey results for 'core questions' for patients of the Bracknell Forest GP Practices are attached in graphical form, also showing comparisons to the previous survey results, the averages for England, and the average for all GP practices in the Bracknell and Ascot Clinical Commissioning Group area. The survey includes additional questions, for example on people's preferences for the mode of contact with their surgery, also the frequency of their contact with their surgery.

Care Quality Commission's 'Intelligent Monitoring' ratings

- 3.6 The CQC published in November, for the first time, information on every general practice in England to show the public how it will decide which GP surgeries it will inspect and what it will focus on. The 'intelligent monitoring' of general practices is made up of different types of evidence on patient experience, care and treatment, based on sources including surveys and official statistics. This is explained further in the CQC press release at the end of Appendix 2.

Information Provided by NHS England

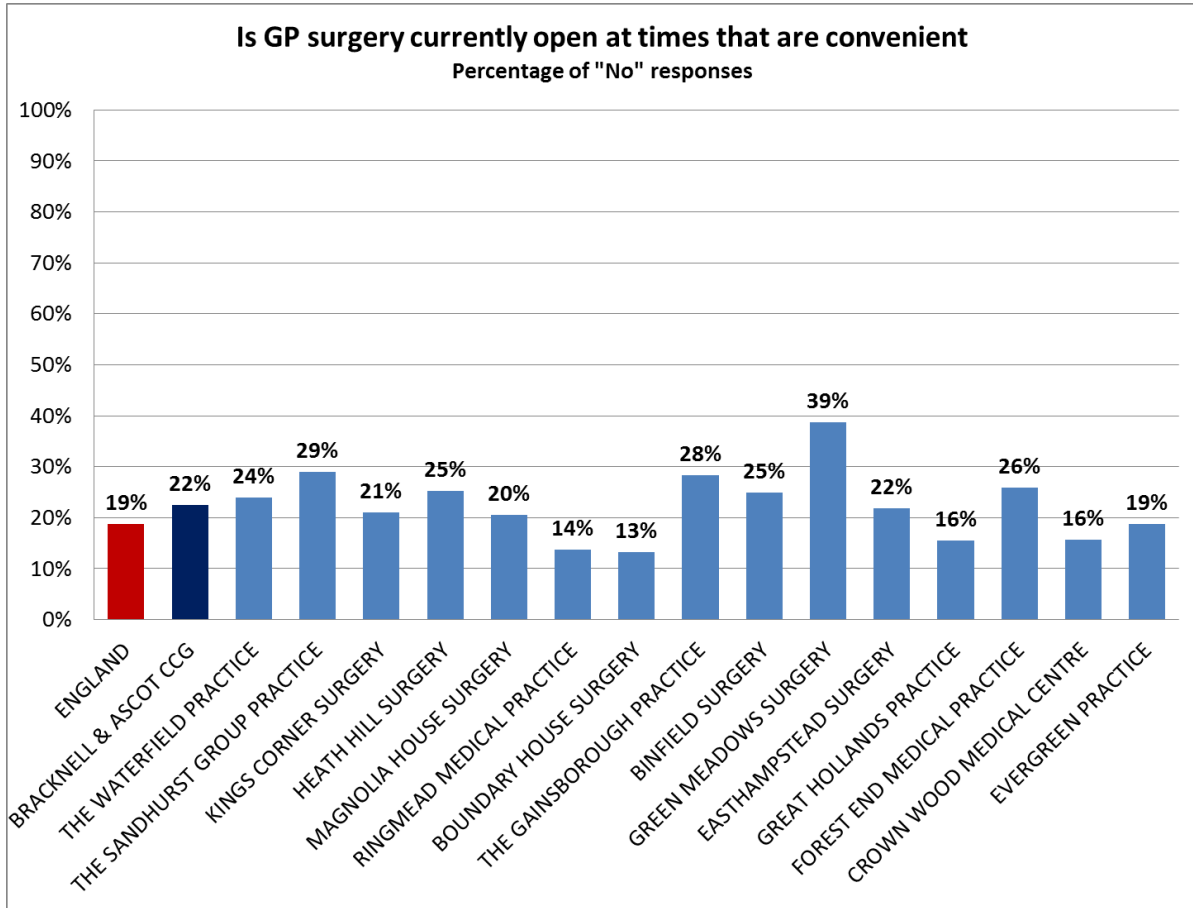
- 3.7 The Thames Valley Area Team of NHS England have produced information at Appendix 3, describing how NHS England:
- Plans sufficient GP capacity to meet current and anticipated future demands
 - Identifies under-performing GP Practices, and
 - Ensures that processes are in place that can enforce higher standards when the need arises.

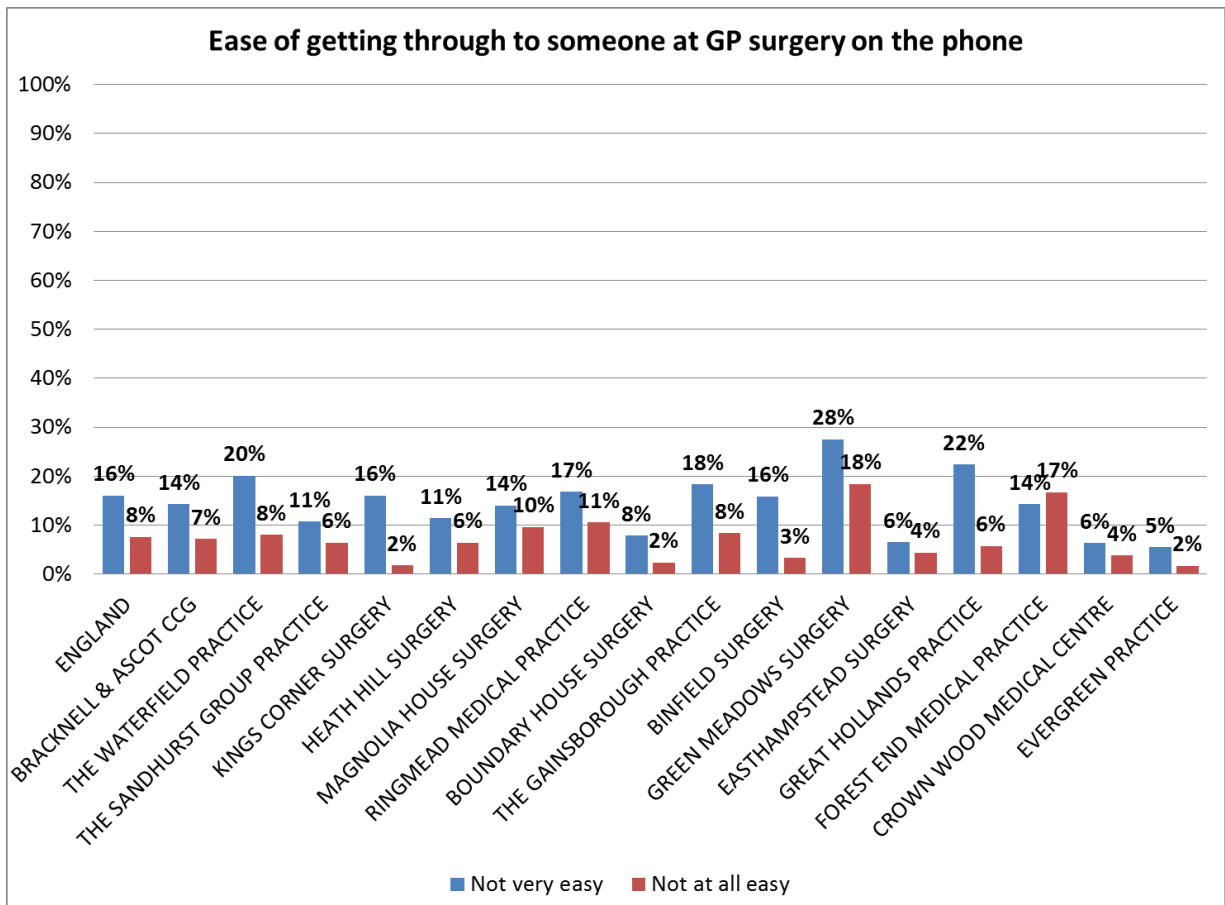
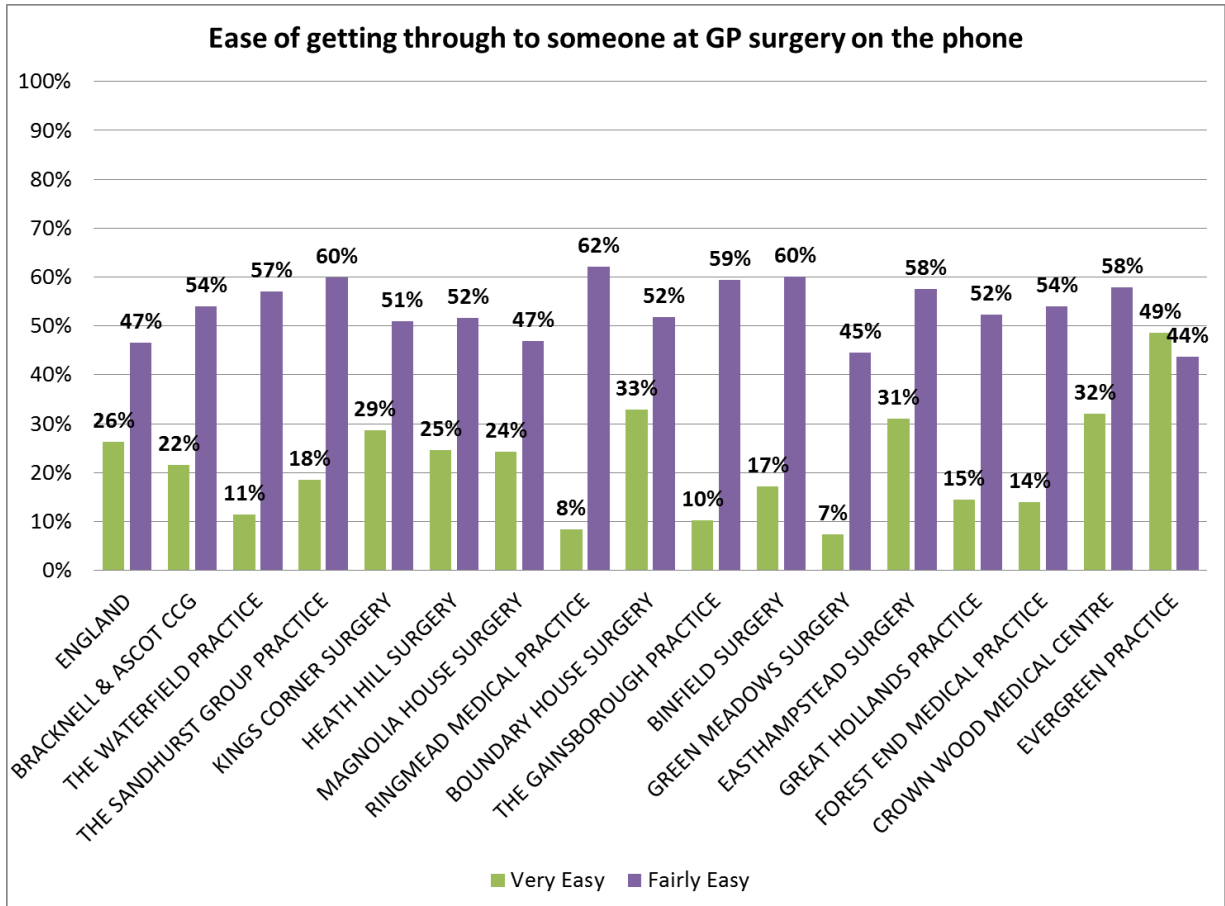
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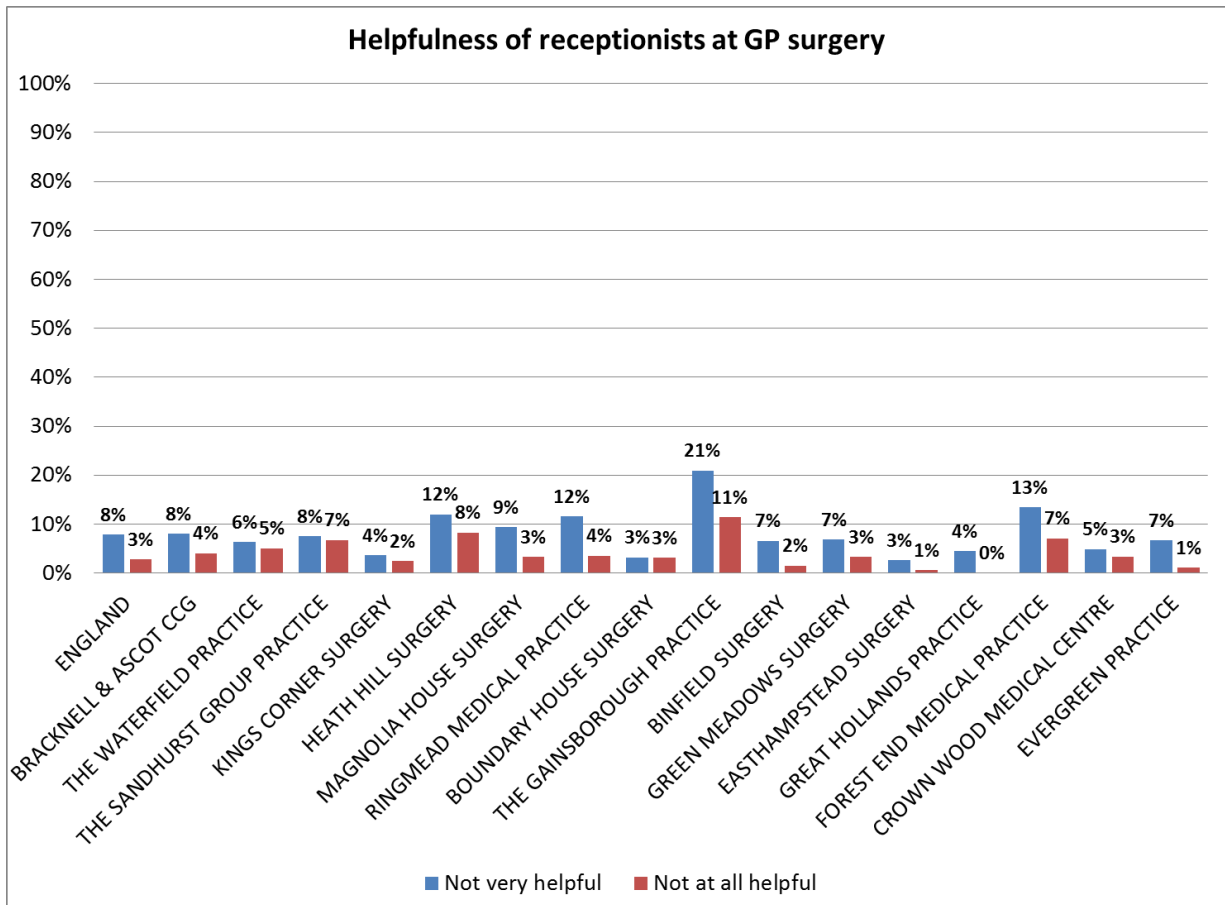
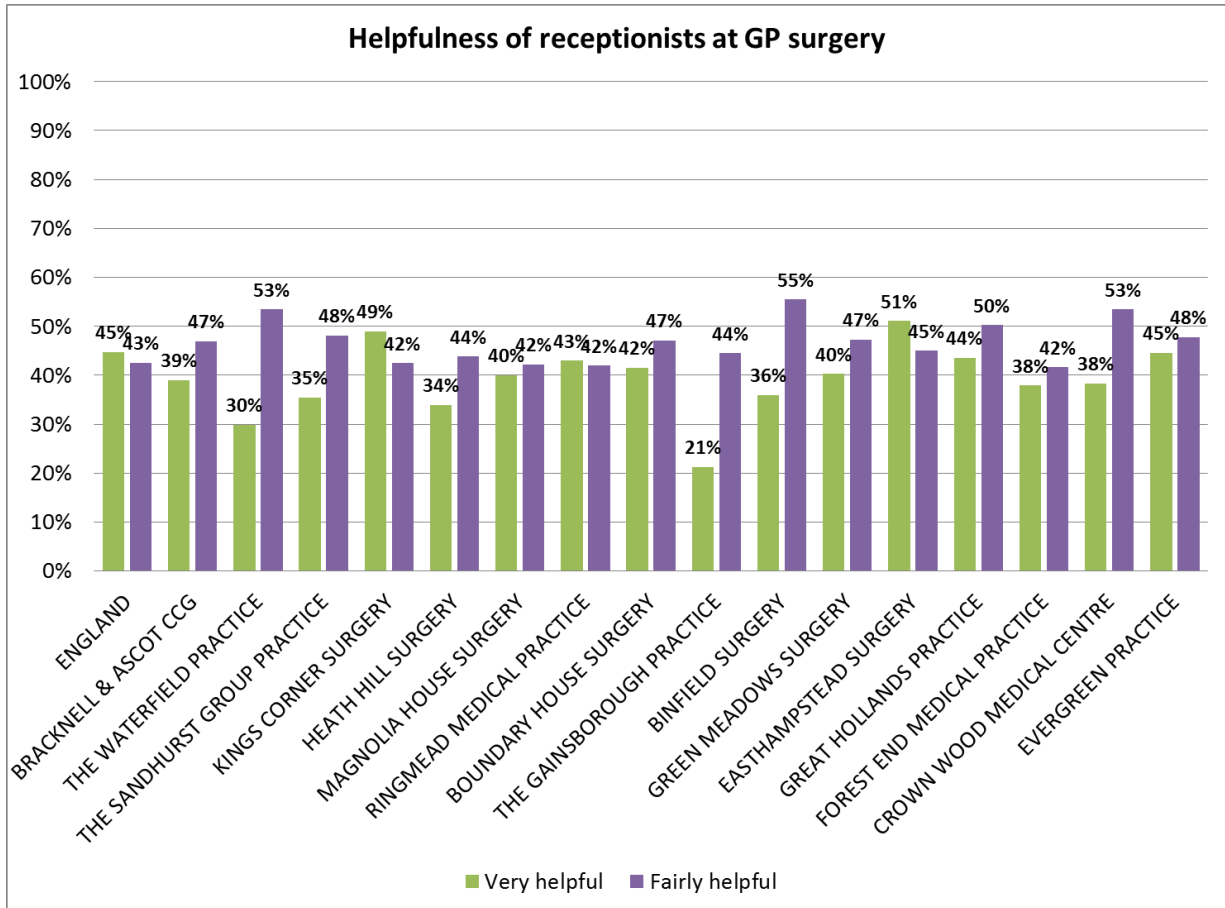
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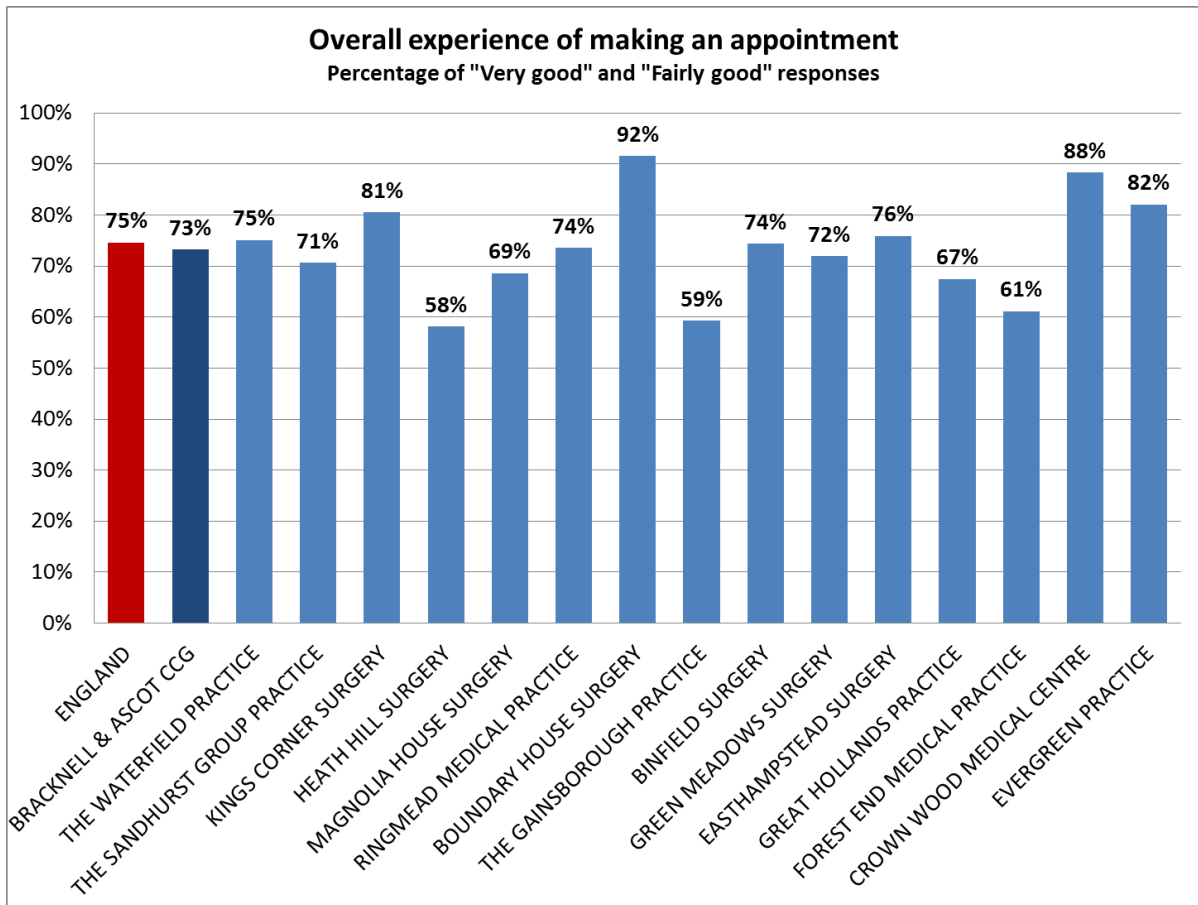
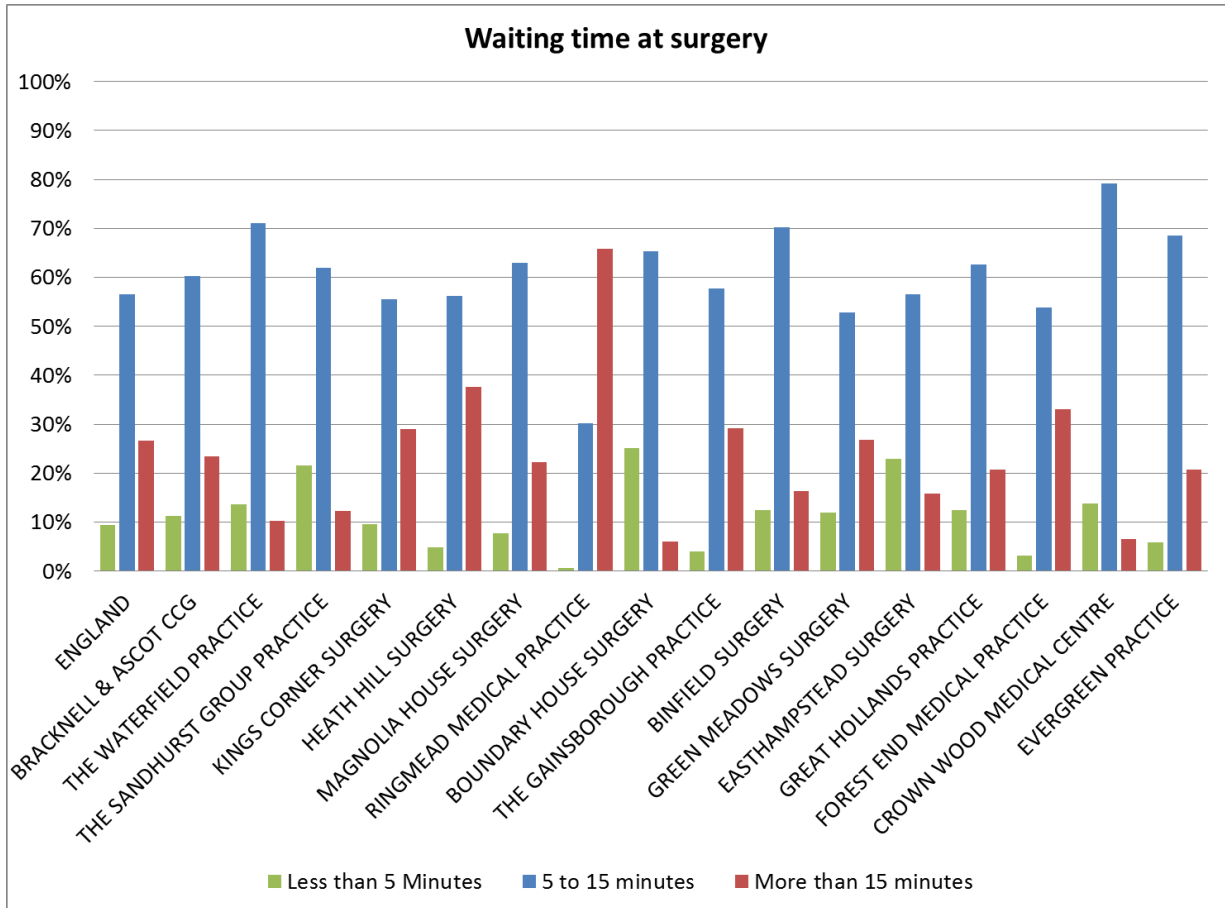
Richard Beaumont – 01344 352283
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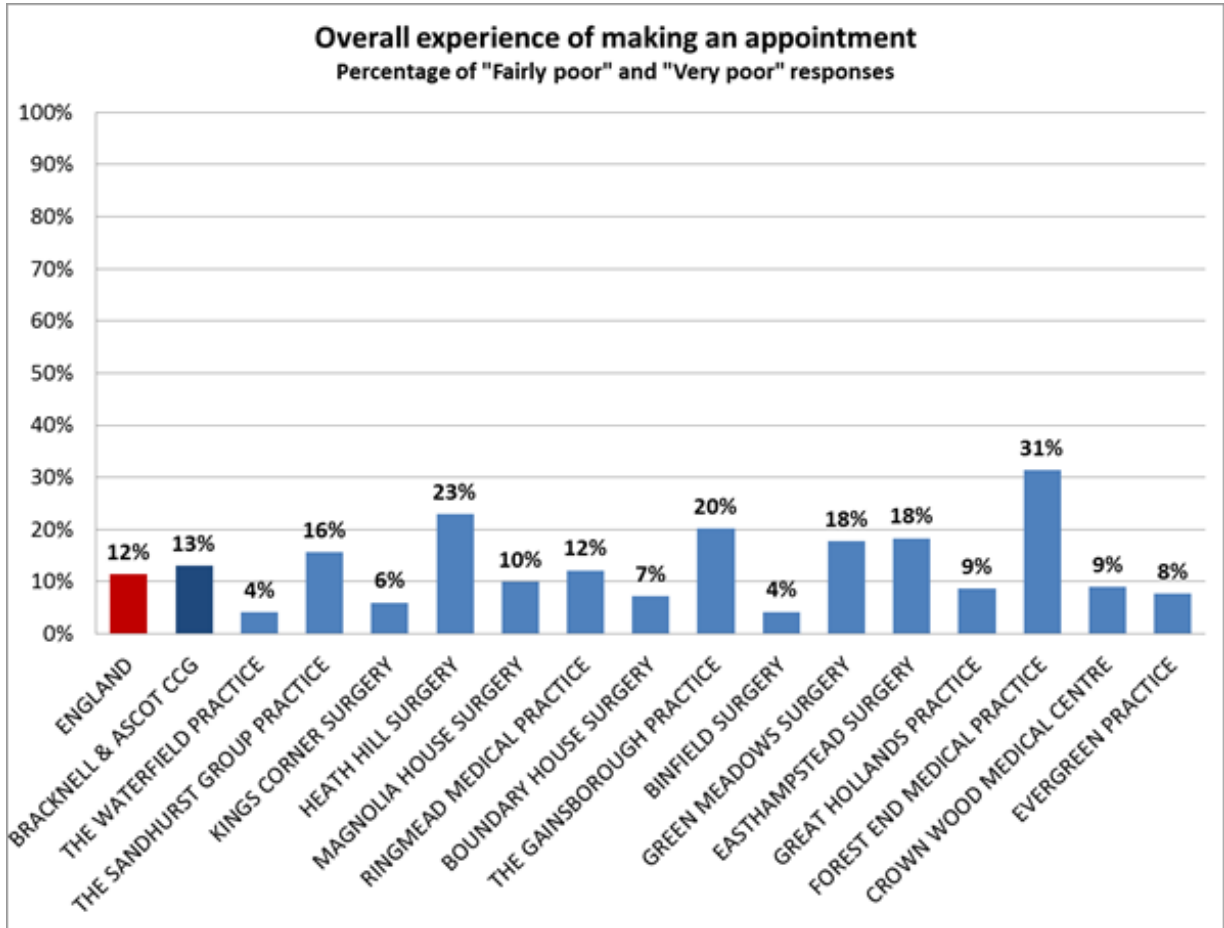
GP Patient Survey Results for Bracknell Forest Practices July 2014: Core Questions

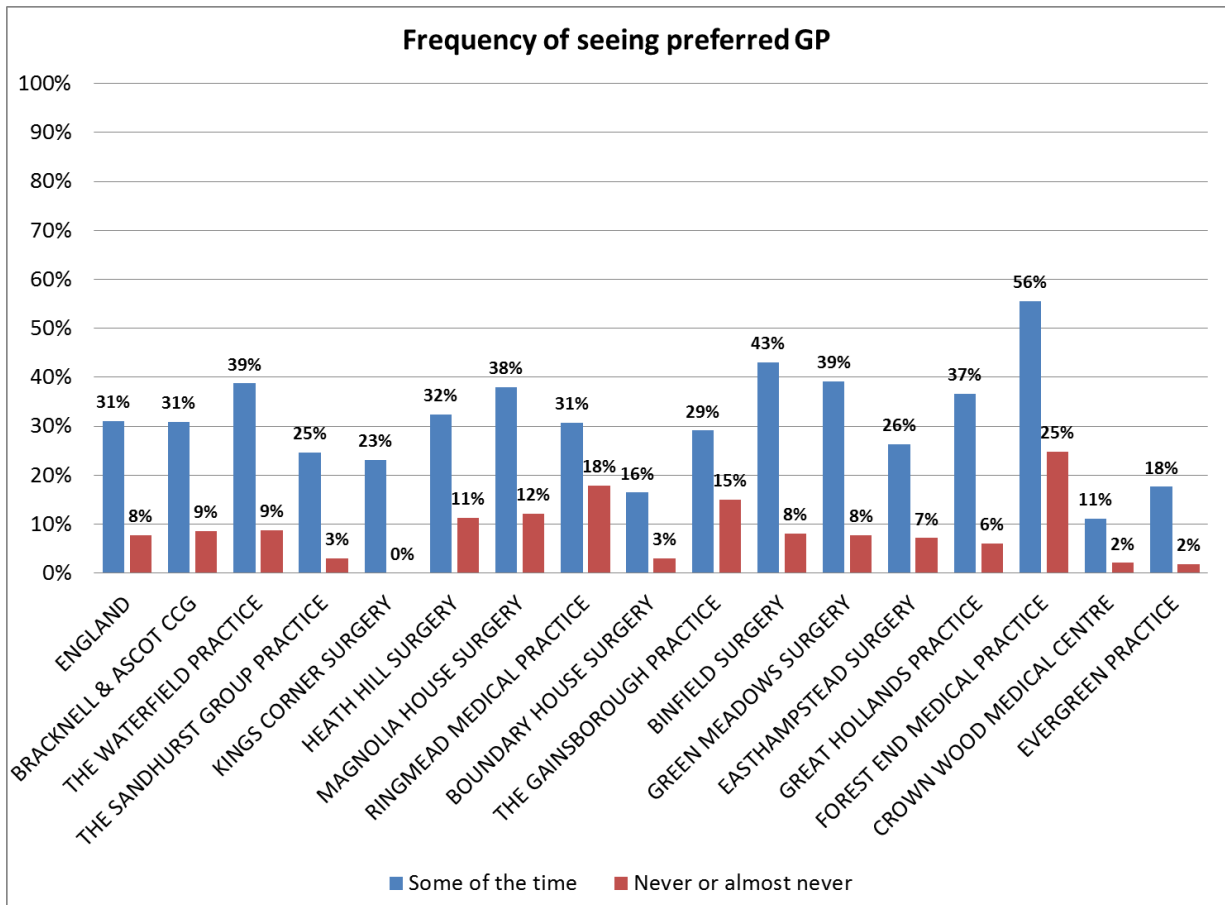
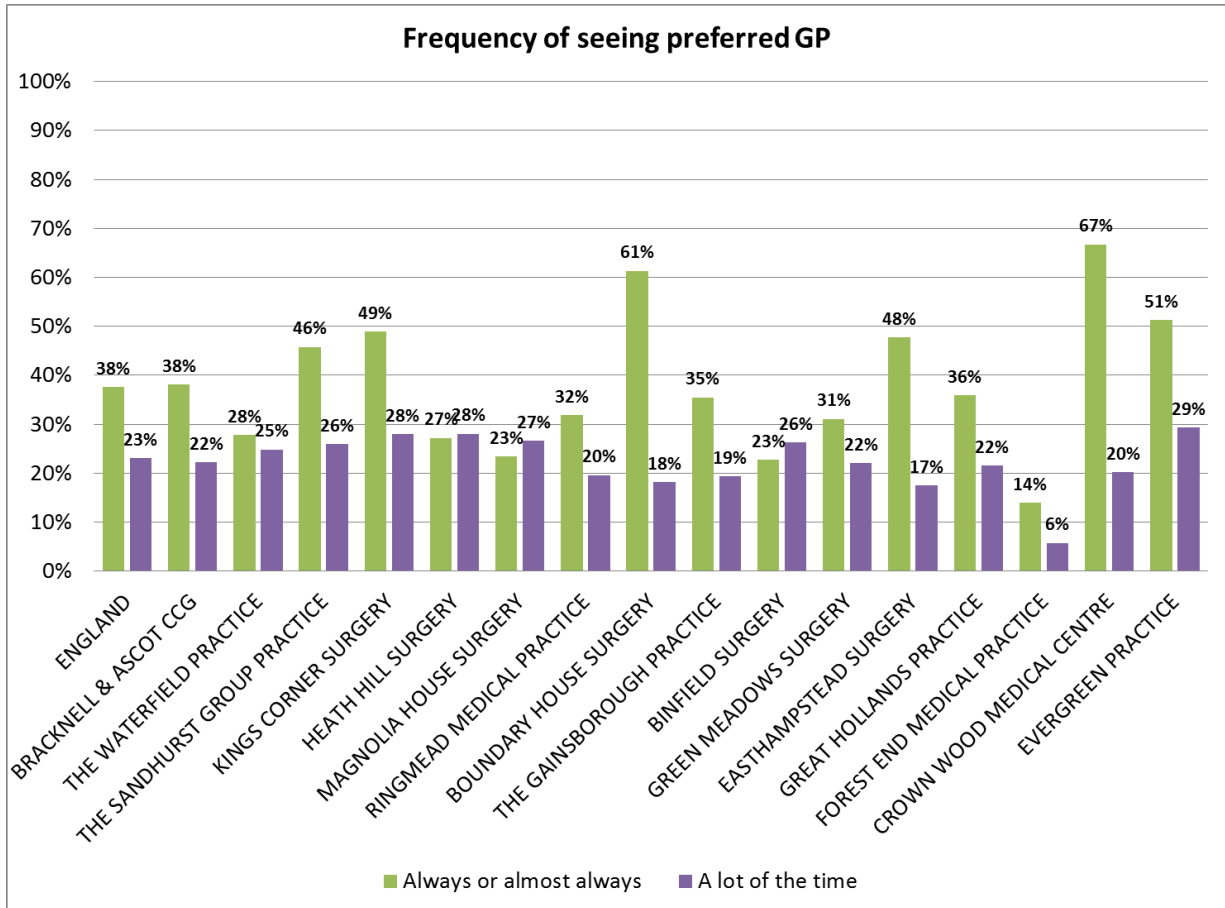


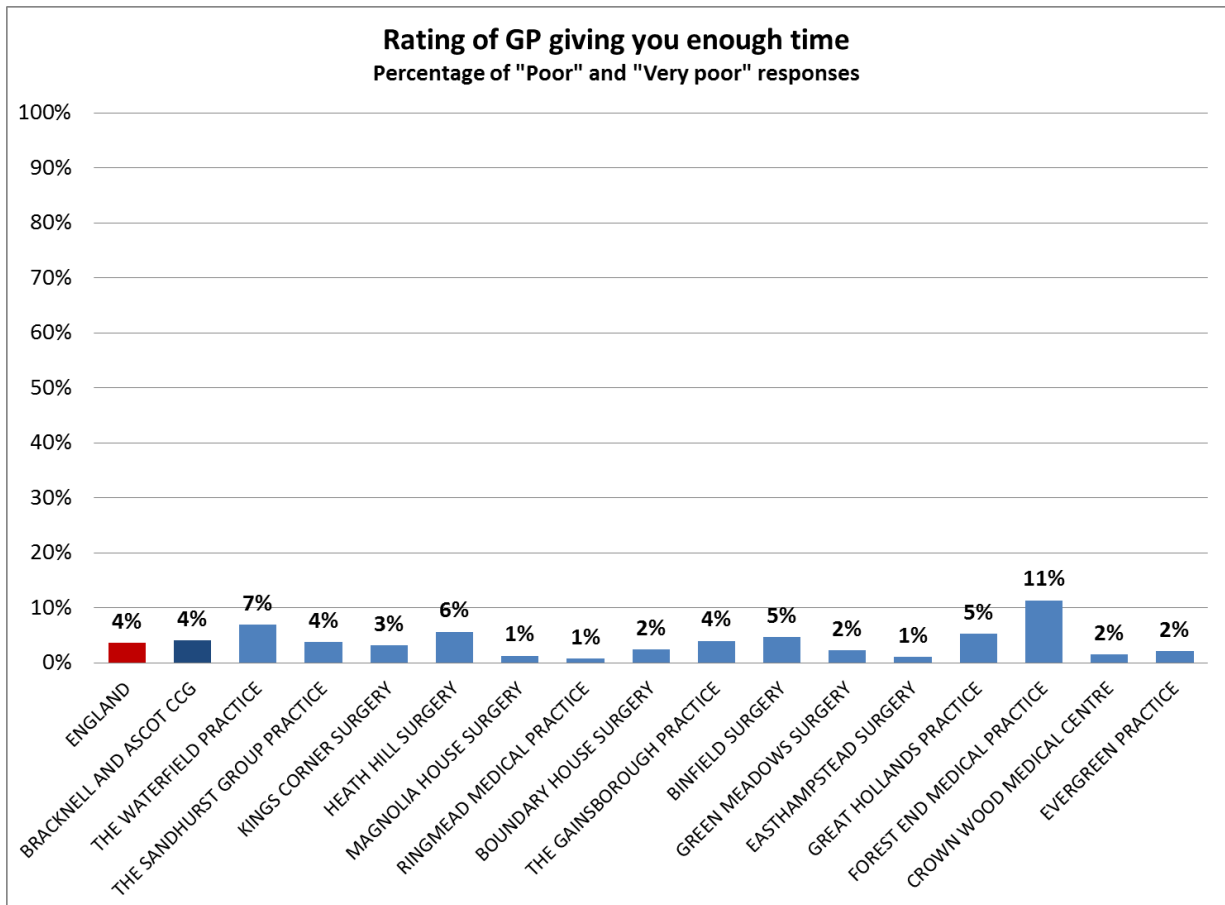
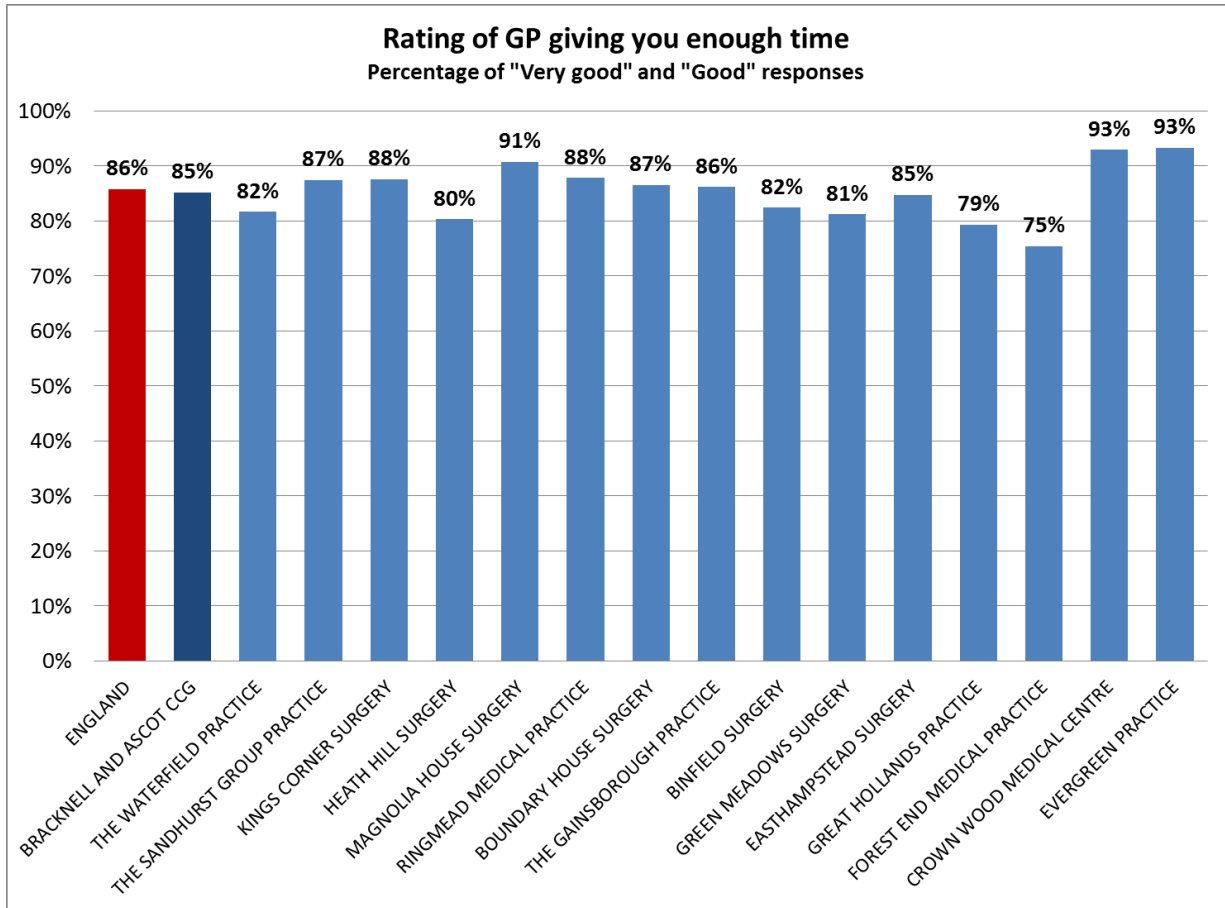


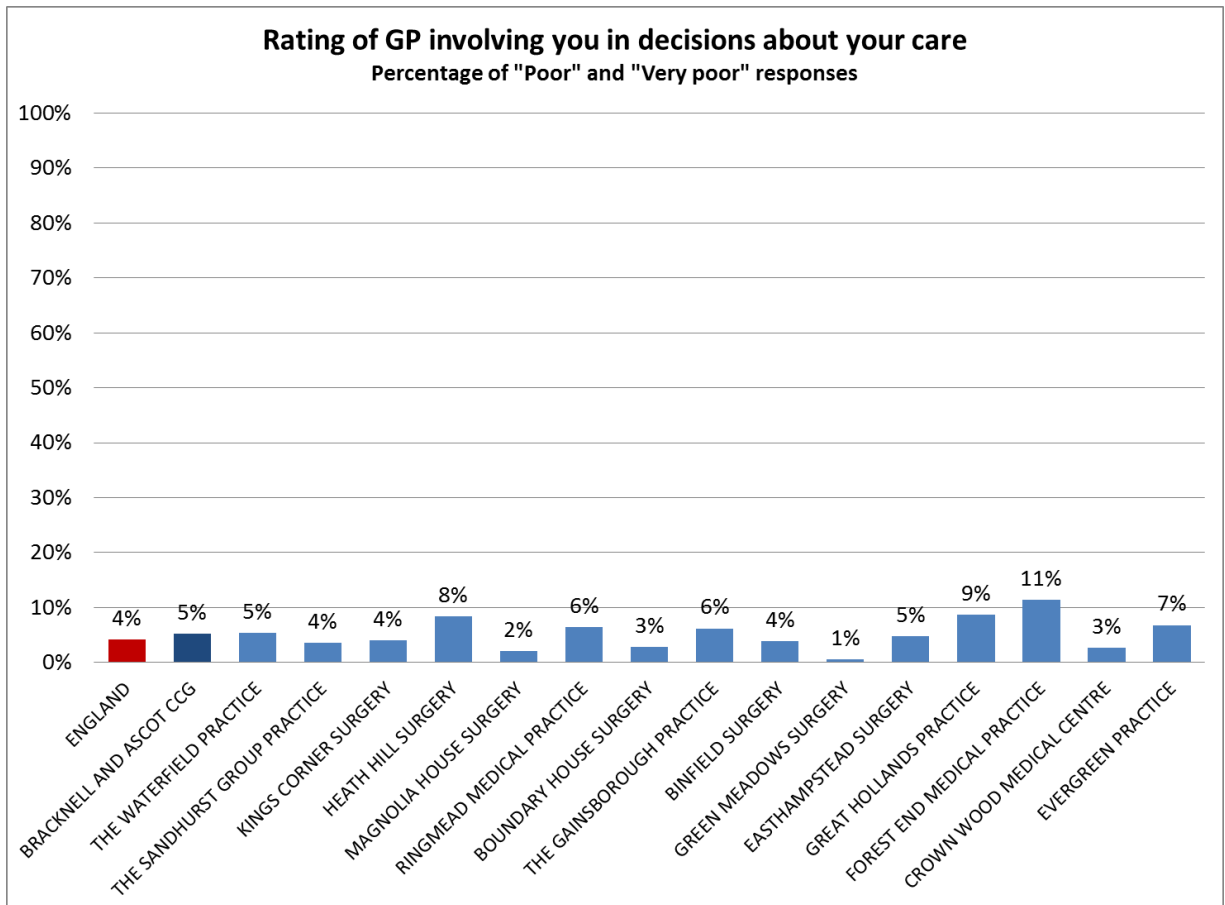
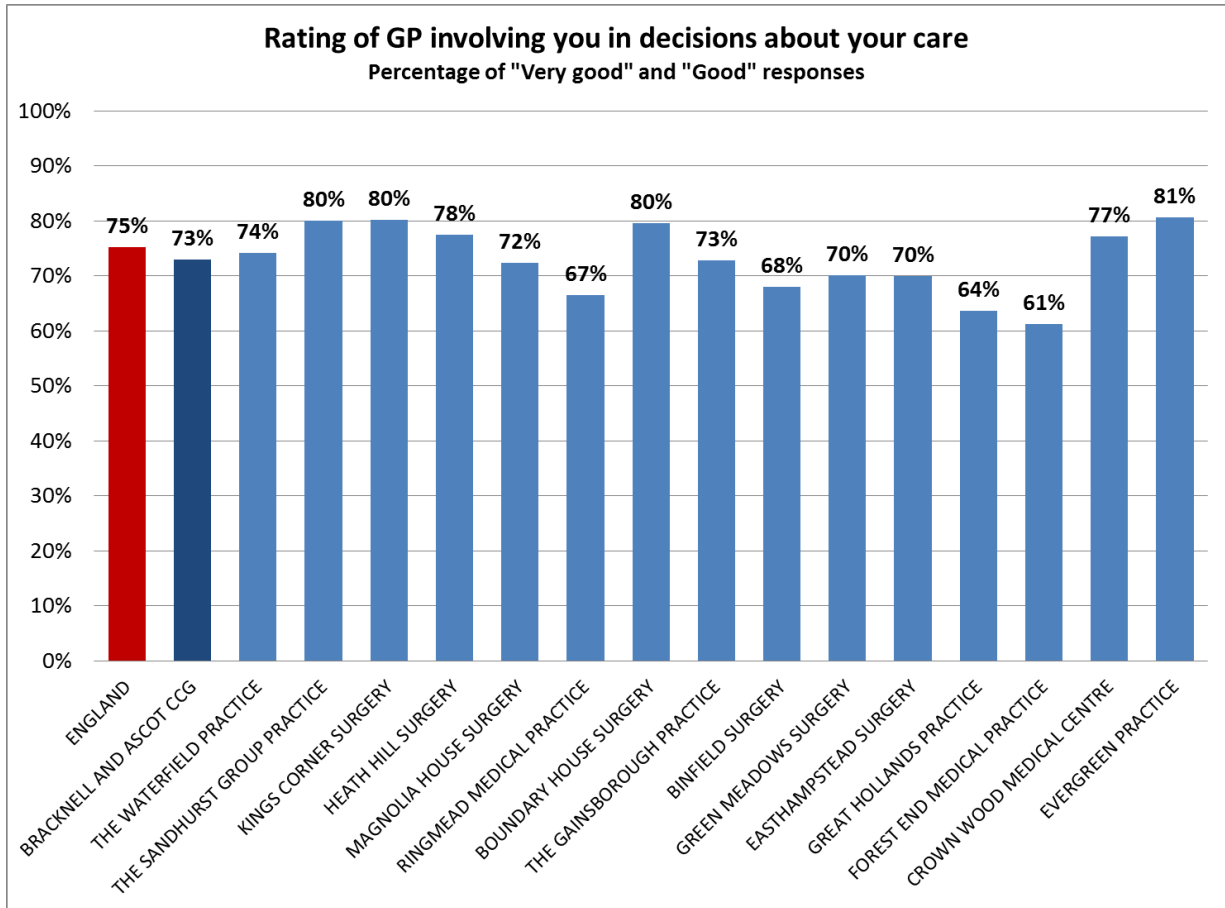


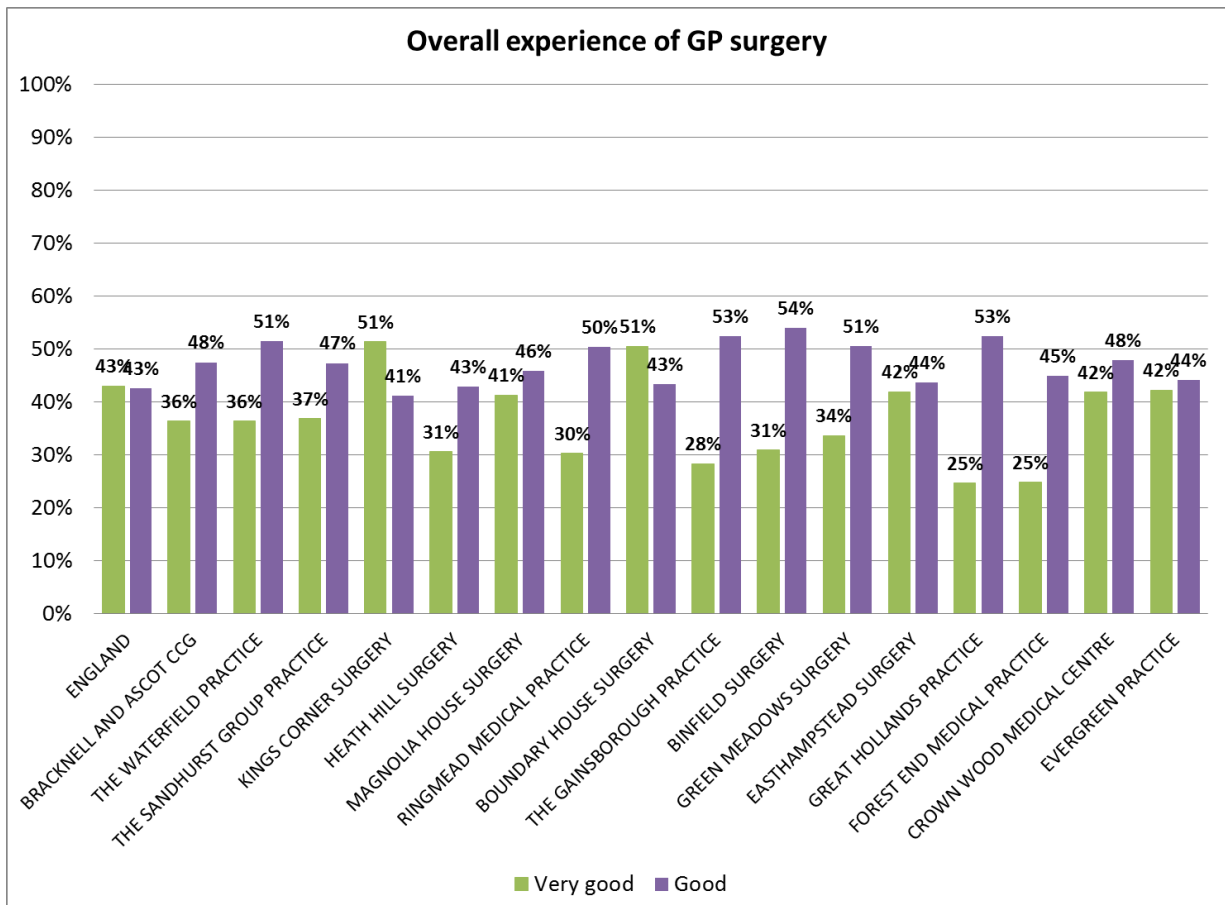
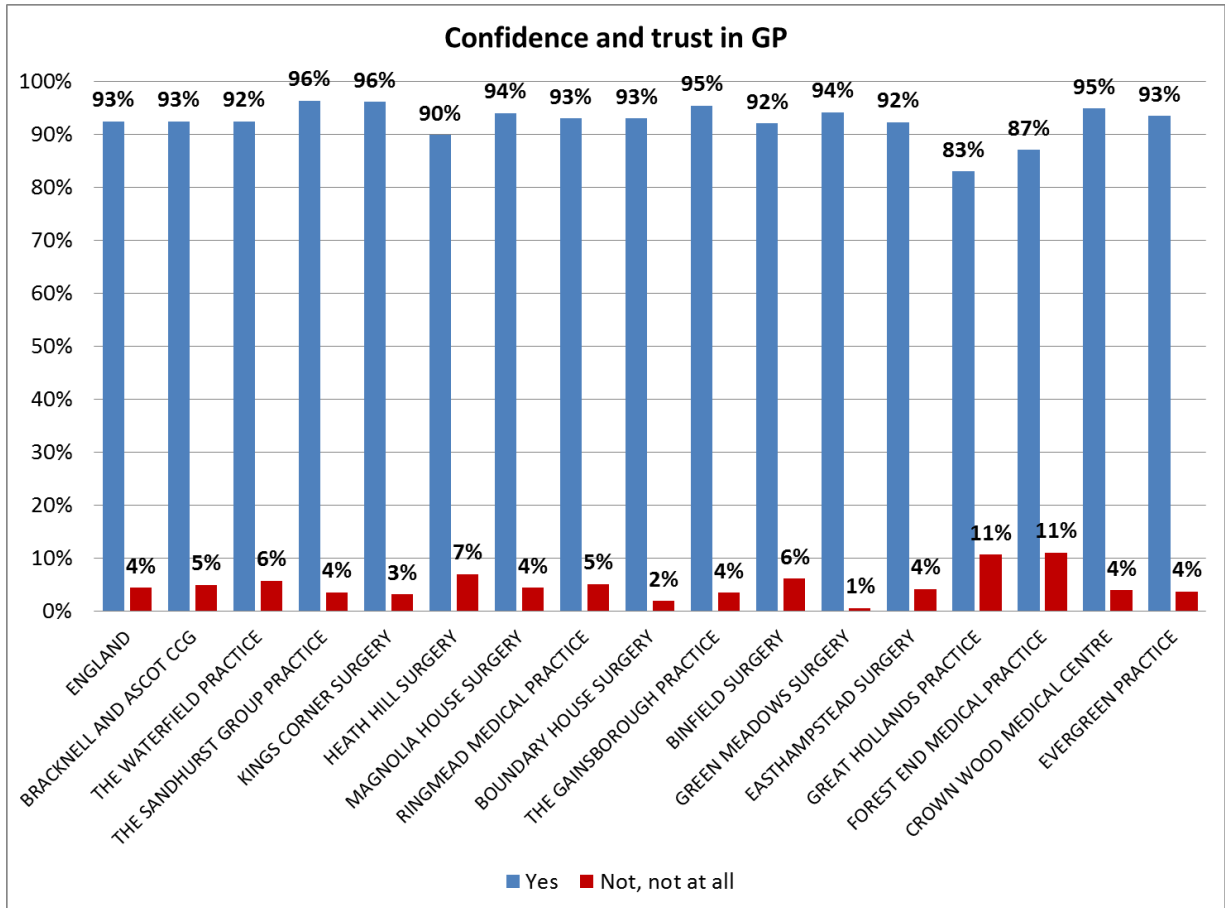


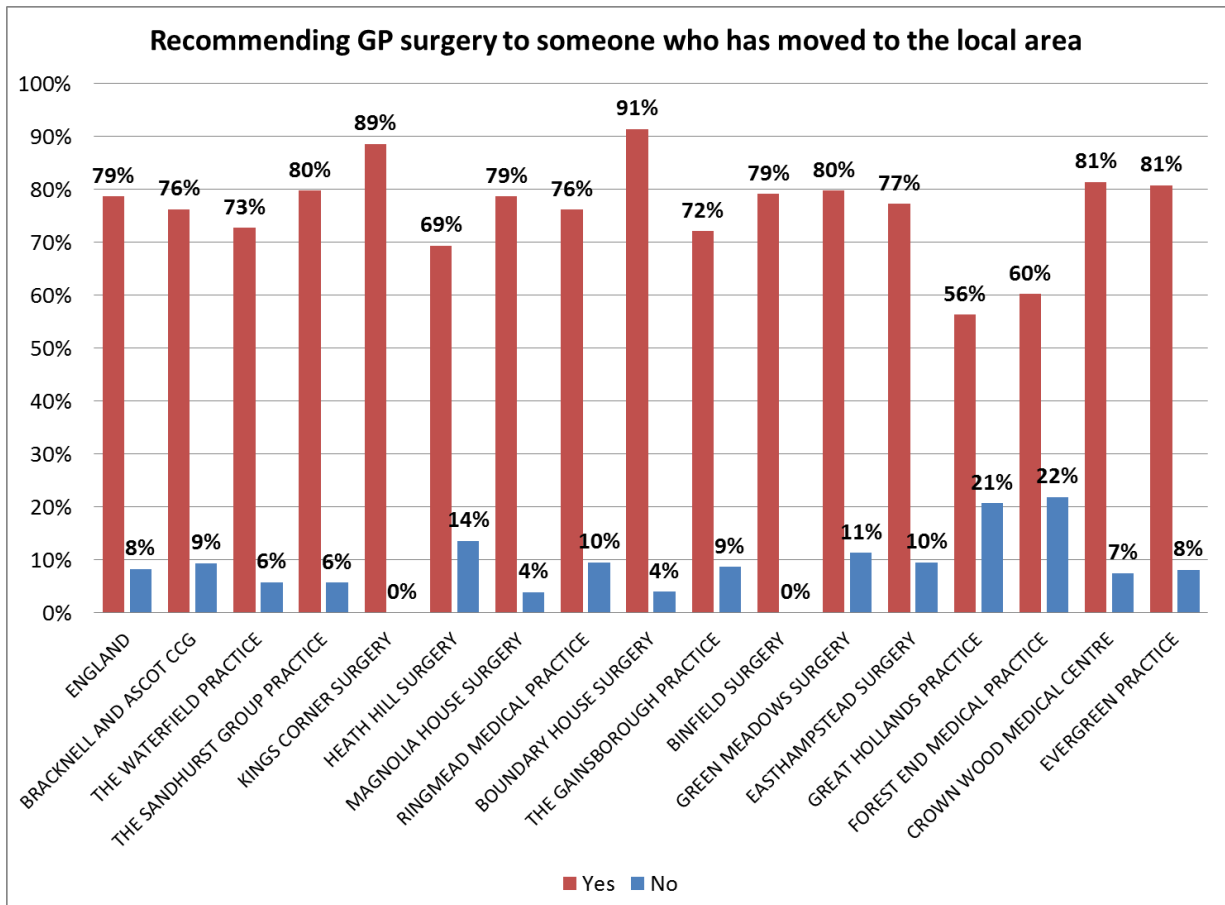
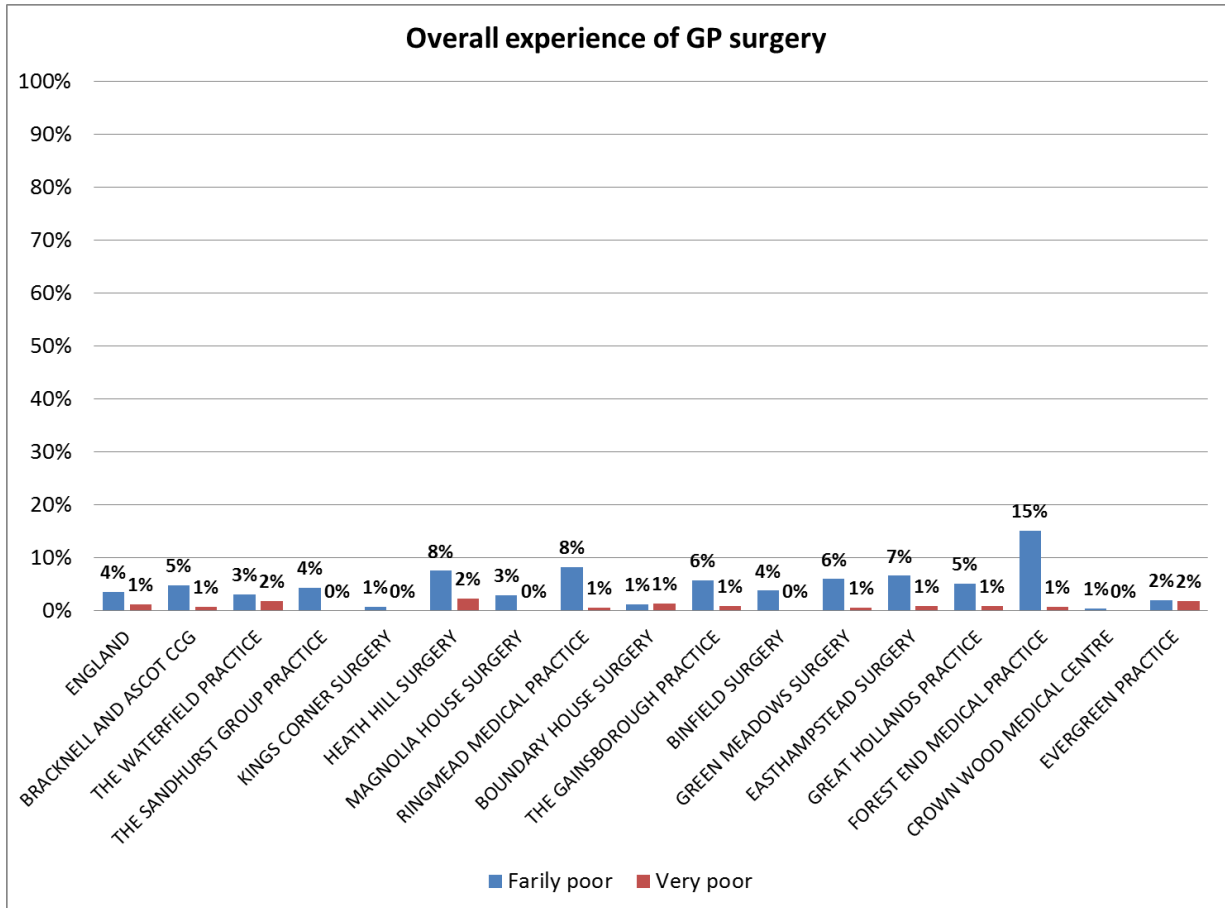















Average CCG results compared to previous survey

Core questions	Result June 2013	Result December 2013	Result July 2014	Performance Trend (key below)
Is your GP surgery currently open at times that are convenient for you?				
Percentage of respondents who answered: No	20	23	22	↑
Ease of getting through to someone at GP surgery on the phone.				
Percentage of respondents who answered				
- very easy	25	21	22	↓
- fairly easy	51	54	54	→
- not very easy	13	14	14	→
- not at all easy	7	7	7	→
Helpfulness of receptionists at GP surgery.				
Percentage of respondents who answered				
- very helpful	43	40	39	↓
- fairly helpful	43	45	47	↑
- not very helpful	9	9	8	↑
- not at all helpful	3	4	4	→
Waiting time at surgery.				
Percentage of respondents who answered				
- Less than 5 minutes	13	13	11	↓
- 5 to 15 minutes	57	57	60	↑
- More than 15 minutes	25	25	23	↑
Overall experience of making an appointment.				
Percentage of respondents who answered: Poor	13	13	13	→
Frequency of seeing preferred GP.				
Percentage of respondents who answered				
- Always or most always	28	37	38	↑
- A lot of the time	23	23	22	↓
- Some of the time	31	33	31	↑
- Never or almost never	8	7	9	↓
Rating of GP giving you enough time.				
Percentage of respondents who answered: Poor	5	4	4	→
Rating of GP involving you in decisions about your care.				
Percentage of respondents who answered: Poor	5	5	5	→
Confidence and trust in GP.				
Percentage of respondents who answered				
- Yes, definitely.	63	62	58	↓
- Yes, to some extent.	28	30	34	↑
- No, not at all.	6	5	5	→
Overall experience of GP surgery.				
Percentage of respondents who answered: Poor	6	6	6	→
Recommend GP surgery to someone who has just moved to the area.				
Percentage of respondents who answered: No	9	8	9	↓

Key

Comparison with previous survey	
Identifies performance trend	
	Performance has improved
	Performance sustained
	Performance has declined

GP Practices in Bracknell Forest – CQC ‘Intelligent Monitoring’ November 2014

GP Practice	CQC Risk Rating Band (6: lowest risk, 1: highest risk) all based on period 01/07/13 to 31/03/14
Crown Wood Medical Centre	6
The Gainsborough Practice	6
Evergreen Practice	6
Easthampstead Surgery	6
The Waterfield Practice	6
Great Hollands Health Centre Dr Kanchan Arora	6
Ringmead Medical Practice	6
Boundary House Surgery	
	5 Elevated Risk - GPPS005: The proportion of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment.
Crowthorne Dr Chau & Partners	5 Risks <ul style="list-style-type: none"> • The proportion of respondents to the GP patient survey who stated that in the reception area other patients can't overhear • The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern.
Crowthorne Heath Hill Surgery	5 Elevated Risk -GPPS005: The proportion of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment.
The Sandhurst Group Practice	5 Elevated Risk - GPPS003: The proportion of respondents to the GP patient survey who stated that in the reception area other patients can't overhear
Binfield Surgery	
	4 Elevated Risk - GPPS020: The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care Risk - GPPS005: The proportion of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment.
Forest End Medical Centre	
	1 Elevated Risk The proportion of respondents to the GP patient survey who stated that the last time they saw or

	<p>spoke to a GP, the GP was good or very good at treating them with care and concern.</p> <p>Risks</p> <ul style="list-style-type: none">• The proportion of respondents to the GP patient survey who stated that in the reception area other patients can't overhear• The proportion of respondents to the GP patient survey who stated that they always or almost always see or speak to the GP they prefer.• The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care• The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care• The proportion of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good.
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CQC Press Release

Inspections of general practices based on best available data

For the first time, information on every general practice in England has been analysed and published by the Care Quality Commission (CQC) to show the public how it will decide which surgeries it will inspect and what it will focus on.

The 'intelligent monitoring' of general practices published today (Monday 17 November) are made up of different types of evidence on patient experience, care and treatment, based on sources including surveys and official statistics.

They help CQC decide how it should prioritise its inspections under its new and in-depth regime, which it rolled out formally last month. This is so that it can be confident that people receive care that is safe, caring, effective, responsive to their needs, and well-led.

It is part of CQC's new regulatory approach that features specialist inspection teams, including GPs or practice nurses and trained members of the public who inspect services against what matters most to people who use them. CQC has been using evidence to prioritise its inspections of acute NHS trusts since last October.

Today's analysis reveals that almost eight out of ten general practices in England appear to be of low concern, based on the available data and almost 3,800 are in the lowest category.

While CQC can only judge the quality of care within a service once it has carried out an inspection, the analysis indicates what services appear to be doing well, alongside where people may not be receiving high-quality and compassionate care.

The publication follows the regulator's announcement yesterday of the first general practices to be awarded ratings of Outstanding – Salford Health Matters in Eccles and Irlam Medical Practice 2 in Salford.

Within the next two years, CQC will have inspected and rated every general practice in England as Outstanding, Good, Requires Improvement and Inadequate to help people make informed choices about their care and encourage improvement in quality.

Professor Steve Field, Chief Inspector of General Practice, said: "There is a lot of good and outstanding care taking place across the country as our data and recent reports show.

"While it is positive that over 80% of general practices are currently a low concern based on the available data, there is no reason for complacency and standards must continue to improve.

"It is important to remember that the data is not a judgement as it is only when we inspect we can determine if a practice provides safe, high-quality and compassionate care.

"The data is a further tool that will help us to decide where to inspect and when."

Mike Bewick, Deputy Medical Director at NHS England and former GP, said: "General practice, with everyone having access to a family doctor, is one of the great strengths of the NHS. We're pleased this report shows that despite the increased pressure on GPs there are so many good and outstanding practices across the country.

"As with all parts of the NHS there is some variation, this data will help GPs understand where there could be improvement. The Five Year Forward View published by the NHS highlighted the need for an increase in the share of funding for General Practice."

Dr Charles Alessi, Co-chairman of the National Association of Primary Care, said: "We welcome the emphasis on transparency and quality in the new inspection regime for General Practice. The fact that outstanding practice has already been identified is very encouraging and we looking forward to working closely with CQC to further develop models of monitoring to both lessen the burden of inspection and enrich the experience on the practices."

Norman Williams, Immediate Past President of the Royal College of Surgeons, said: "I am pleased that CQC is being transparent by making data on all aspects of health and care available."

"During my time as president this is something that I championed as information helps to drive improvements. It is absolutely right that patients are aware of the quality of the services that are provided so they can make choices about their care."

Katherine Murphy, Chief Executive of the Patients' Association, said: "We often hear about the difficulties people have trying to get an appointment with their GP. It is an area that general practice has to get right."

"Our own reports have highlighted the access that people have that matches CQC's analysis. We hope that CQC's work in highlighting this major issue will act as a catalyst and there will be some positive changes."

CQC has produced thirty-eight indicators on whether patients at the surgery could be at 'risk' or 'elevated risk' beyond what would be expected normally for each of these.

CQC has then placed every practice into bandings from one (highest perceived concern) to six (lowest perceived concern) to help plan inspections from next year.

Within this, 82% (6,076 practices) are in the lowest four bands; 3,797 of which are in band six.

The 1,200 practices that are in bands one and two will be considered for inspection from next year, so that CQC can determine the quality and safety of care within them.

The bandings are not judgements: these only happen following inspections.

CQC plans to update this information every three months so that it can continue to respond to issues as they emerge and to share these with providers and the public.

Ends

For media enquiries about the Care Quality Commission, please call the CQC press office on 020 7448 9401 during office hours or out-of-hours on 07917 232 143.

For general enquiries, please call 03000 61 61 61.

Notes to editors

When CQC identifies a 'risk' or 'elevated risk', it does not necessarily mean that people using the practice are at risk, but where patients may be at risk. Our inspections will determine whether GP practices are providing safe and effective care.

Each general practice has been categorised into one of six priority bands, with band one representing the highest perceived risk and band six the lowest risk. The bands have been

assigned based on the proportion of indicators that have been identified as 'risk' or 'elevated risk'.

The data sources include:

- Quality and Outcomes Framework (QOF)
- GP Patient Survey
- Electronic Prescribing Analysis and
- Costs Hospital Episode Statistics

CQC has been publishing 'intelligent monitoring' data for NHS trusts since last October. For further information, please visit: www.cqc.org.uk/public/hospital-intelligent-monitoring

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In our intelligent monitoring work, we use readily available national datasets for NHS GP practices relating to important areas of care. We look at 38 indicators to help us decide when, where and what to inspect.

Isn't this just a ranking of GPs?

No, this isn't a judgement on GPs. The profiles bring together information that helps us make decisions about inspections.

The data we look at includes information from:

- [Quality and Outcomes Framework](#) (QOF)
- [GP Patient Survey](#) (GPPS)
- [electronic Prescribing Analysis and Costs](#) (ePACT)
- [Hospital Episode Statistics](#) (HES)
- [Information Centre Indicator Portal](#)
- [NHS Comparators](#)

Information Provided by NHS England

To inform the Panel's discussion here is our brief statement by 2 January describing how NHS England:

Plans sufficient GP capacity to meet current and anticipated future demands;

NHS England Thames Valley actively engages with Local Authorities in order to understand their strategic plans for housing growth. This involves gaining an insight in terms of the quantity of new housing to be built, the location, phasing and the expected population increase. Once the latter is known, we work with practices to assess if the local primary care infrastructure in existing premises and facilities has the capacity to absorb this population increase. If it is established that there is capacity, then the additional patients will be absorbed by the local practices as and when the housing growth takes place. If it is identified there is not capacity to absorb additional patients, NHS England will work with practices to find solutions to this. This can take the form of making modifications to the existing premises e.g. extensions and remodelling in order to create additional space or where this is not possible the relocation of a practice to new larger premises. In certain scenarios for example in areas of major housing development, the projected housing growth may be deemed too large to be absorbed by the existing providers and in these instances NHS England would commissioning, via a procurement process, an additional GP practice to provide these services to the new patients.

NHS England Thames Valley works closely with the local Clinical Commissioning Groups (CCG's), to understand their future primary care strategies so that any expansion of premises can be aligned with these plans as well as working closely with other partner organisations such as NHS Property Services and Community Health Partnerships so that there is an broader understanding of the NHS estate and facilities available.

NHS England Thames Valley has met with Councillor Dale Birch and Director Glyn Jones together with Bracknell & Ascot CCG to discuss the preparation of a report to the Bracknell Forest Health & Well Being Board around the future planning of Primary Care (GP Surgeries) and planned housing growth. A report is in the process of being completed with the anticipation of this going to the March 2015 Bracknell Forest Health & Well Being Board.

Identifies under-performing GP Practices

NHS England Thames Valley monitors the contracts to deliver primary medical services held between NHS England (the Commissioning Board) and the 243 GP practices across the Thames Valley area. In order to do this with limited Area Team resources we use various sources of information to check that practices are meeting their contractual requirements

such as quality and outcomes framework data, GP patient survey results, Care Quality Commission (CQC) reports, complaints, Friends and Family test and comparable benchmarking data with similar practices via a tool called the Primary Care web tool. All of this includes working closely with all the Clinical Commissioning Groups to share data and information about the practice's commissioning data and share local intelligence. CCGs have a statutory duty to support NHS England Area Teams to improve the quality of primary care delivered by their constituent practices.

We also work closely with the Local Medical Committees where an issue of underperformance is identified to ensure that the practice is treated fairly and the LMC can provide support and guidance. It is important that information is triangulated rather than looking at data in isolation to ensure that an accurate and up to date picture of how practices are performing is gathered.

Ensures that processes are in place that can enforce higher standards when the need arises.

Where contractual non-compliance is identified NHS England Thames Valley follows a single operating model to require practices to ensure remedial action is taken to meet contractual compliance. Contract breaches can also be issued and notice to terminate contracts in cases of significant failure. NHS England works closely with the regulatory body, the Care Quality Commission (CQC) when contractual sanctions are required. The CQC has the statutory powers to inspect GP practices, issue enforcement notices and place practices "in special measures" and in very extreme cases close practices. Again, NHS England Thames Valley works closely with the CCGs to ensure that they are aware of any such issues that may impact on the ability of practices in their area to deliver services to patients.

Ginny Hope
Head of Primary Care
Thames Valley Area Team

c.c. Helen Clanchy Director of Commissioning
Nicky Wadely Primary Care Team

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TO: HEALTH OVERVIEW AND SCRUTINY PANEL
15 January 2015

DRAFT BUDGET PROPOSALS 2015/16

Borough Treasurer and Director of Adult Services, Health & Housing

1 INTRODUCTION

- 1.1 The Executive agreed the Council's draft budget proposals for 2015/16 as the basis for consultation with the Overview and Scrutiny Commission, Overview and Scrutiny Panels and other interested parties. Following the consultation the Executive will consider the representations made before recommending the budget to Council.

2 SUGGESTED ACTION

- 2.1 **That the Overview and Scrutiny Panel comments on the Council's draft budget proposals for 2015/16**

3 SUPPORTING INFORMATION

- 3.1 Attached to the reports to the other Overview and Scrutiny panels were relevant extracts from the 2015/16 Revenue Budget and Capital Programme reports. These are less relevant to this panel, as the Public Health budget is almost entirely funded from ring-fenced specific grant, with the additional input to the budget being a contribution within the NHS Money for Social Care transfer.
- 3.2 Public Health is the most significant specific grant received by the Council. The Council has previously been notified of ring fenced grant allocations of £3.049m in 2015/16. A further £100k is earmarked from the NHS Money for Social Care transfer for local public health projects.
- 3.3 The one key change to last year's budget plan is that the full cost of the Drug and Alcohol Action team will now be net through the Public Health Grant, rather than other council budgets. This amounts to £63,402.
- 3.3 The full Revenue Budget and Capital Programme reports are available on the Council's public website as part of the wider budget consultation (<http://consult.bracknell-forest.gov.uk/portal>).

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

Background Papers

None

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QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH AND HOUSING

Q2 2014-15
July – September 2014

Portfolio holder:
Councillor Dale Birch

Director:
Glyn Jones

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Section 1: Director's Commentary

There was significant activity in the second quarter of the year. The Care Act will be a major focus for the Department for the next 18 months. The Act and accompanying guidance has been analysed and gaps between current practice and future requirements identified to allow for the putting together of a Programme Plan, which is now in place. Lead officers have been identified for each workstream within the overall Programme Plan.

The Annual Report for Adult Social Care 2013-14 received approval in quarter 2. The Department also undertook three short video podcasts which show three important areas of work which are personalisation, dementia friendly communities and prevention and early intervention; these can be viewed on the council's website. Also, a credit-card sized summary of the annual report was produced and distributed widely across the community.

The Safeguarding Adults Annual report was agreed by the Executive in July. Over the period there was a 32% increase in the number of alerts received by Adult Social Care, Health and Housing, although only 30% of all alerts required intervention under the safeguarding procedures. A safeguarding alert provides the Department and partner agencies with the opportunity to give information, advice and where needed, specialist safeguarding support to members of our local communities. It is clear from the report that all statutory agencies are identifying safeguarding issues and referring to adult social care and that alerts are being responded to in a timely manner. The report highlights the achievements made by organisations represented on the Board, which have enabled adults at risk to lead safer lives, whilst retaining as much choice and control as possible.

The Department has now received approval on proposals to award a new contract for the Mental Health Community Support Service, following a robust evaluation of tenders submitted. The Mental Health Community Support Service specification is highly innovative in design delivering a payment-by-results model, founded upon the STAR Recovery approach. The aim of the service is to ensure that people who are eligible are at the centre of their support planning, and are enabled to maximise their independence through the provision of suitably qualified staff.

The Workforce Strategy team have worked on revising the assessment documentation to reflect a much smoother process for older people and people with long term conditions and their carers, and to take account of the requirements of the Care Act. The workforce subgroups have identified the skills and competencies needed to coordinate assessment and support for each person, and this information is being used to identify job roles, and develop job description and person specifications.

The third iteration of the template detailing the plans to deliver the Better Care Fund requirements was submitted on time, and the Department await the final evaluation and risk rating as assessed by the DH. In the meantime, work has continued on developing detailed plans for a range of approaches aimed at preventing non-elective admissions to hospitals, and ensuring that people can leave hospital as soon as they are well enough. Plans include comprehensive falls prevention, and self-care strategies.

Delivery against actions in the Service Plan is looking very strong. Of 64 actions, 5 have been completed as at the end of the quarter, and 56 are expected to be completed on time. One action is no longer applicable and two actions are potentially delayed as follows:

4.3.6 Work with Thames Valley Housing to develop proposals for the Coopers Hill site to facilitate the provision of a new youth club

There is a delay in progressing the scheme whilst the business plan for the youth arts centre is verified and we will be able to report on this once completed, hopefully in Q4.

7.4.4 Develop solutions within the ContrOCC finance system that allow people to use their support hours in a more flexible way.

This action is being managed by IT as part of the wider ContrOCC development project. The project team met in September for the first time. However the system developments are significant and so January implementation may not be achieved.

There are two indicators in quarter 2 with a current status of red as follows:

NI 135 - Carers receiving needs assessment or review and a specific carer's service, or advice and information

This is expressed as a percentage of the number of people receiving community based services. The figure for quarter 2 is 12.6%, however, this is data pertaining to July only so cannot be compared against the end of September target of 15.6% (July's performance is better than July's target).

The target for the end of the year is 37% and there are no concerns about reaching it at this stage.

NI 178 (number of household nights in B&B across the quarter)

Despite the housing service preventing 9% more households becoming homeless in than the previous year there has been an overall increase in the number of households that the council has accepted a homeless duty towards compared to the previous year. The Council will continue to purchase temporary to permanent properties in 2014/15 to assist with managing this pressure. Although the costs of providing temporary accommodation for homeless households are forecast to exceed budget, this has not manifested itself as a net overspend due to income received from temporary to permanent properties offsetting the additional costs.

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. Following this quarter's review, there have been two changes. The first was a change in action in that the Public Health team switched focus from the heatwave plan to the cold weather plan. The second change is that risks arising from the Care Act have been mitigated by the development of a work programme to ensure that the council meets its new responsibilities and by freeing up the time of key officers to allow them to focus on delivery.





















There is a statutory complaints process for Adult Social Care, 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.



















In the second quarter, Adult Social Care received 5 complaints of which 1 was upheld, 1 was partially upheld, 1 was not upheld and 2 were ongoing (still within time). This compares to the previous quarter where there were 5 complaints, of which 2 were upheld, 1 was partially upheld and 2 were ongoing (still within time). There were 18 compliments received, which compares to 16 compliments received in the previous quarter.

In Housing, there were 3 new complaints received at stage 2. One was partially upheld and 2 were not upheld. This compares to the last quarter where there was 1 complaint received, at stage 2. This was partially upheld. There were 18 compliments in the quarter compared to 6 in previous quarter.




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

Section 2: Department Indicator Performance

Ind Ref	Short Description	Previous Figure Q1 2014/15	Current figure Q2 2014/15	Current Target	Current Status	Comparison with same period in previous year
ASCHH All Sections - Quarterly						
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	9.9%	12.6%	15.6%		
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	2.7	2.7	3.4		
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	100.50	113.90	321.70		
L172	Timeliness of financial assessments (Quarterly)	97.00%	97.60%	95.00%		
L199	Average time to answer Emergency Duty Service calls (Quarterly)			40secs		
Community Mental Health Team - Quarterly						
OF1f	Proportion of adults in contact with secondary mental health services in paid employment (Quarterly)	13.8%	Data not yet released	13.0%		
OF1h	Proportion of adults in contact with secondary mental health services living independently, with or without support (Quarterly)	78.4%	Data not yet released	84.0%		
Community Response and Reablement – Quarterly						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	9.3	8.1	8.0		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	4.9	3.6	5.0		
L135.1	Percentage of Enhanced Intermediate Care Referrals seen within 2 hours (quarterly)	92.30	92.20	95.00		
L135.2	Occupational Therapy (OT) assessments that were completed within 28 days of the first contact (Quarterly)	99.4%	98.6%	90.0%		
L214	Delayed transfers of care (delayed bed days) from hospital per 100,000 population (Quarterly)	1,005.3	397.7	666.5		
Community Team for People with Learning Difficulties - Quarterly						
OF1e	Adults with learning disabilities in paid employment (Quarterly)	15.8%	16.3%	15.0%		
OF1g	Adults with learning disabilities who live in their own home or with their family (Quarterly)	87.8%	87.0%	85.0%		

Ind Ref	Short Description	Previous Figure Q1 2014/15	Current figure Q2 2014/15	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)	6.0	7.0	10.0		
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	98.9%	98.6%	97.0%		
L177	Average time from when customer first seen to receipt of benefit payment (Quarterly)	5	Data not yet available	10		
Housing - Forestcare - Quarterly						
L030	Number of lifelines installed (Quarterly)	149	159	130		
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	97.06%	97.63%	97.50%		
L180	Time taken for ForestCare customers to receive the service from enquiry to installation (Quarterly)	8	6	12		
Housing - Options - Quarterly						
NI155	Number of affordable homes delivered (gross) (Quarterly)	9	5	4		
L178	Number of household nights in B&B across the quarter (Quarterly)	1,851	2,119	1,650		
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	83.33%	90.24%	90.00%		
Public Health - Quarterly						
L215	Delivery of NHS Health Checks (Quarterly)	702	1041	400		
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	150	Data not available until Q3	159		
L217	Smoking quit success rate (Quarterly)	65.2%	Data not available until Q3	60.0%		
L218	Completion rate of specialist weight management treatment programme (Quarterly)	66	69	50		

Note: Key indicators are identified by shading

Traffic Lights		Comparison with same period in previous year	
Compares current performance to target		Identifies direction of travel compared to same point in previous year	
On, above or within 5% of target		Performance has improved	
Between 5% and 10% of target		Performance Sustained	
More than 10% from target		Performance has declined	

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

Ind Ref	Short Description
OF1a	Social care related quality of life (Adult Social Care Survey) (Annually)
OF1b	Proportion of people who use services who have control over their daily life (Adult Social Care Survey) (Annually)
OF1c.1	Proportion of social care clients receiving Self Directed Support (Annually)
OF1c.2	Proportion of social care clients receiving Direct Payments (Annually)
OF1d	Carer reported quality of life (Biennially)
OF2b	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (Annually)
OF2d	Outcome of short-term services: sequel to service
OF3a	Overall satisfaction of people who use the service with their care and support (Adult Social Care Survey) (Annually)
OF3b	Overall satisfaction of carers with social services (Adult Social Care Survey) (Biennially)
OF3c	Proportion of carers who have been included or consulted in discussion about the person they care for (Biennially)
OF3d	Proportion of people who use services or carers who find it easy to find information about services (Annually)
OF4a	Proportion of people who use services who feel safe (Adult Social Care Survey) (Annually)
OF4b	Proportion of people who use services who say that those services have made them feel safe and secure (Adult Social Care Survey) (Annually)
L032	Number of benefits prosecutions and sanctions per 1000 caseload (Annually)
L213	Satisfaction rates for calls to Emergency Duty Service (Annually)
L219	Purchase and dissemination of flu vaccination vouchers to people in priority groups (Annually)
NI155	Number of affordable homes delivered (gross) (Annually)

Section 3: Compliments & Complaints

Compliments Received

Thirty-six compliments were received by the Department during the quarter which were distributed as follows:

Adult Social Care Compliments

Eighteen compliments were received in Adult Social Care which consisted of:

Team	Number
Community Response & Reablement	9 compliments
Older People & Long Term Conditions	9 compliments

Housing Compliments

Eighteen compliments were received in Housing.

Complaints Received

There were a total of eight complaints received in the Department during the quarter.

Adult Social Care Complaints

Five complaints were received this quarter in Adult Social Care.

Stage	New complaints activity in quarter 2	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	5	10	3 Upheld, 2 Partially Upheld, 1 Not Upheld and 4 ongoing.
Local Government Ombudsman	0	0	Not applicable

Nature of complaints/ Actions taken/ Lessons learnt:

The nature of the five complaints received in quarter 1 in Adult Social Care was as follows:

- Concerning standard of service received – 3 complaints
- Concerning access to services – 1 complaint
- Concerning standard of communication – 1 complaint

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

Housing Complaints

Three complaints were received in quarter 2 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	3	4	2 partially upheld 2 not upheld
New Stage 3	0	0	-
New Stage 4	0	0	-
Local Government Ombudsman	0	1	1 not upheld

Nature of complaints/ Actions taken/ Lessons learnt:

The complaints raised and addressed in quarter two mainly concern customers' dissatisfaction with the response they received in relation to their housing register application.

The lesson to learn is that the service failed to properly advise customers at the outset of the likely waiting time before their application would be successful and also the nature of the property that would be likely to become available. To address this all welfare and housing caseworkers have now received information which shows, all things being equal, the average waiting times by applicant band for different sizes of properties. Although a rough indicator it will provide better information to customers.

Section 4: People

Staffing Levels

	Total Staff in Posts	Total Staff in Post		Total Posts FTE	Vacant Posts	Vacancy Rate
		Full Time	Part Time			
DMT	14	12	2	13	1	6.67
Older People & Long Term Conditions	201	78	123	113.54	30	12.99
Adults & Joint Commissioning	100	59	41	80.57	17	14.52
Performance & Resources	29	22	7	25.95	1	3.33
Housing	78	52	26	59.09	8	9.30
Public Health Shared	8	5	3	6.09	1	11.11
Public Health Local	8	5	3	5	0	0
Department Totals	438	233	205	303.24	55	11.12

Staff Turnover

For the quarter ending	30 September 2014	2.26%
For the year ending	1 Oct 2013 – 30 Sep 2014	9.74%

Total voluntary turnover for BFC, 2013/14: 12.64%

Average UK voluntary turnover 2012: 10.6%

Average Public Sector voluntary turnover 2013: 8.1%

(Source: XPerHR Staff Turnover Rates and Cost Survey 2013)

HR Comments

Staff Turnover has increased this quarter from 1.81% to 2.26%. This increase is due to the increase in voluntary leavers and a couple of voluntary retirements.

Staff Sickness

Section	Total staff	Number of days sickness	Quarter 2 average per employee	2014/15 annual average per employee
DMT / PAs	14	39	2.79	9.93
OP<C	201	440	2.19	10.06
A&JC	100	230.5	2.30	7.19
P&R	29	65	2.24	4.86
Housing	78	112	1.44	5.08
Public Health: Shared	8	0	0	0.38
Public Health: Local	8	3	0.38	0.75
Department Totals (Q2)	438	889.5	2.03	
Projected Totals (14/15)	438	3316.5		7.57

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 13/14	5.50 days
All local government employers 2012	9.0 days
All South East Employers 2012	8.7 days

(Source: Chartered Institute of Personnel and Development Absence Management survey 2013)






Note: 20 working days or more are classed as long term sick.

Comments:



There are 11 cases of Long Term Sickness. Of these cases three have left the organisation, seven have returned to work and one has not yet returned but is being monitored by Occupational Health.

Section 5: Progress against Medium Term Objectives and Key Actions

Progress has been monitored against the sub-actions supporting the Key Actions contained in the Adult Social Care, Health & Housing Service Plan for 2014 - 15. This contains 64 detailed actions in support of 6 Medium Term Objectives. Annex A provides detailed information on progress against each of these actions:

Overall, five actions were complete by the end of Quarter 2 () , while 56 actions are on schedule () , two are causing concern ( and ) and one action is no longer applicable () .

The actions that are causing concern are:

Ref	Action		Progress
4.3.6	Work with Thames Valley Housing to develop proposals for the Coopers Hill site to facilitate the provision of a new youth club		There is delay in progressing the scheme whilst the business plan for the youth arts centre is verified and we will be able to report on this once completed, hopefully in Q4.
7.4.4	Develop solutions within the Controcc finance system that allow people to use their support hours in a more flexible way		This action is being managed by IT as part of the wider ControCC development project. The project team met in September for the first time. However the system developments are significant and so January implementation may not be achieved.

Section 6: Money

Revenue Budget

The cash budget for the department is £32.384 million, and a breakdown of this is attached in Annex B (Financial Information). The forecast outturn in the latest budget monitoring is £32.526 million, an overspend of £0.142 million.

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:

- Demand risks. There is the potential for significant extra costs arising from increased demand for support, principally arising from increased needs of people currently supported by the Council.
- Zero based review. Changes made to the Adult Social Care management system as part of the zero based review exercise have led to some misclassification of costs between cost centres. This has also led to some difficulties providing accurate forecasts between services though the overall position is correct.
- Bed and breakfast. Additional costs are being incurred housing homeless people in Bed and Breakfast accommodation. There are currently 24 households in Bed and Breakfast accommodation.

Capital Budget

The approved capital budget for the department is £4.5 million and is projected to spend £3.7 million by the year end. A detailed list of schemes together with their approved budget and forecast spend is available in Annex B.

Section 7: Forward Look

ADULT SOCIAL CARE

Service Wide

Better Care Fund

The Bracknell Forest Better Care Fund (BCF) draft plan was submitted to the Department of Health before the deadline on 19th September. It was sent to an evaluation team at Price Waterhouse Cooper and a conference call to discuss risks identified was held on Wednesday 24th September. The draft feedback was received by Bracknell Forest on Tuesday 30th September and was amended, approved and returned on Wednesday 1st October. It is expected that a formal rating for the plan will be received at the end of October.

Proposed projects within the Bracknell Forest Better Care Fund are as follows:

- 1) Expansion of Integrated Care Teams
- 2) Intermediate Care Strategy
- 3) Falls Prevention Advisory Service
- 4) Rapid Access Community Clinic
- 5) Supporting Providers to Improve Quality in Care Homes
- 6) Using the NHS Number as a unique identifier
- 7) Integrated Respiratory Service
- 8) Integrated Records Project

Part of the BCF will also be used to fund aspects of the implementation of the Care Act and to protect social care services as per the national conditions.

Carers

A key activity will be to work on the issues for young carers and strengthen the family approach to supporting young carers and parents.

Older People & Long Term Conditions

Community Response & Reablement

The service will ensure steps are taken to implement systems resilience plans so to enable the service to respond to the full range of presenting needs entering into winter.

Older People & Long Term Conditions

The team are working with our partners in the Clinical Commissioning Group (CCG) and Berkshire Health Foundation Trust to strengthen the partnership to the Integrated Care teams.

Work is currently underway to develop key performance indicators (KPIs) that will demonstrate the outcomes achieved for people with long term conditions and the effectiveness of joint working. There will be over-arching KPIs but also specific measurements for intervention of specific roles, eg social work, community matron, with a robust reporting structure in place.

Sensory Needs Service

The team is working to strengthen the links between ourselves and local sensory needs groups. We are also working to setup a social BSL group for users of BSL.

Drug & Alcohol Action Team

The Adults Needs Assessment will be revised in order to include a focus on parental substance misuse. The final needs assessment will be presented to CMT in November.

A review of young people's substance misuse services will be undertaken in quarter 3 in order to ensure that the services offered are fit for purpose and meet the needs of young people and their families/carers.

Emergency Duty Service

Over recent months the Emergency Duty Service has noticed an increase in the number of referrals taken from day services, therefore, during quarter 3 the service will commission a review to understand why this is occurring and the impact it is having on EDS' ability to undertake its statutory obligations

Adults & Joint Commissioning

Learning Disabilities

The team will be working on: the implementation of the Learning Disability Strategy; continue to work with BFC Housing Services and housing associations to obtain suitable properties and; a report to be delivered on the outcomes of the Rapid Response pilot.

Autistic Spectrum Disorders

During quarter 3 the team will work on the development of the Autism Commissioning strategy and working with housing services and associations to obtain suitable properties. The team are also working with Berkshire Autistic Society to run a new project called 'Helping Hands'. This project is to provide a safe space for adults on the autistic spectrum and their carers, to access advice, support, social activities, workshops and training, etc.

Joint Commissioning

The Self Care and Prevention programme is in place, with a number of high profile public engagement events to be held within this quarter:

- Healthy Hearts 11/10/14
- Evening learning about Diabetes 12/11/14
- Self-Care Week from the 17th to 23rd November 2014, with the grand opening by the Mayor on the 15th November 2014

The Annual Joint Health and Social Care Learning Disability Self-Assessment Framework is underway with sign up required from both health and social care. This year there are a number of significant changes to the collation of data including obtaining direct feedback from people being supported by health and social care. Workshops will be in place to ensure this information is captured.

Mental Health

A new service provider will be announced in October to provide support in the community for people with mental health issues. The purpose of the service is to provide people with a good quality of life. It is to help them regain and retain their health, and lead independent, fulfilling lives for as long as possible. People are helped to take greater control of their lives and remain as independent as possible in their own homes. This will then be implemented according to the service specification.

Dementia Services

Bracknell Forest Council has commissioned a service to be responsible for setting up and co-ordinating a Dementia Action Alliance. The Alliance will encourage and support the local community and organisations across Bracknell Forest to take practical actions to enable people to live well with dementia.

Safeguarding

The department is part of the ADASS making safeguarding personal project, which is focused on ensuring personalised responses to safeguarding concerns rather than a focus on process. The learning from the project continues to be shared across the department.

DoLS

The department continues to implement its post supreme court strategy. This is now focused on undertaking the required DoLS assessments in a timely manner.

Performance & Resources

IT

Developments around IT systems to meet the Care Act implementation are progressing with supplier workshops highlighting shortfalls in the current versions. The departmental LAS Future Development project has started and any IT developments / enhancements will be managed through that group, working closely with the Care Act programme and Work Force Development project.

HR

HR will continue to support managers in all Employment Relation issues and in Change Management. Corporately, HR is working toward the implementation of the new HR and Payroll system in August 2015.

Business Intelligence

The team has been responding to statutory return validations by the Health & Social Care Information Centre, which we're pleased to report wasn't many. Monthly performance meetings with teams and AMT commenced.

Work continues with the finance and brokerage teams to ensure that for all people supported they have a primary support reason recorded on LAS. Costed packages of care have now been completed.

Finance

The finance team's focus for the next quarter will include:

- Continuing the work to build the 2015/16 budget, including confirming final savings and pressures, updates of fees and charges, and inflation uplifts.
- Further work to assess the impact of the Care Act, with particular focus on costs from 1 April 2016. This will include completion of models for submission to the LGA to inform the national dialogue on the impact of the Act.
- Continuing to support Business Intelligence to improve classification of expenditure following the zero based review exercise.
- Further testing of the Electronic Time Monitoring System, which will allow automatic invoicing for homecare. This is now expected to go live in the autumn.
- Implementing a new risk based approach to the completion of Direct Payment audits.
- Assisting with a review of housing debt to establish updated bad debt provisions and robust controls for debt collection.

PUBLIC HEALTH

In Quarter 3, Public Health will be launching a number of new programmes that follow through on its commitment to tailor mainstream health improvement services to priority groups.

A tailored, multi-session health improvement programme aimed at improving self care for those with prediabetes has been designed and commissioned in collaboration with the Clinical Commissioning Group. If undiagnosed or untreated, prediabetes can

develop into type 2 diabetes; which, whilst treatable, is currently not fully reversible. This programme will support people to adopt lifestyles in relation to diet and physical activity that will maximise the likelihood that their condition will progress into full type 2 diabetes.

A programme will also get underway aimed at smokers who are living with mental health conditions. Designed in Q2 in partnership with BHFT, this programme includes tailored quit support that takes account of both mental health symptoms and the metabolic effects of smoking on psychotropic medication. A new, interactive e-learning system is now ready and will be rolled out to all staff who work in mental health services in order to support them to help the people they work with to quit smoking.

Also ready to launch in Q3 is the pilot of the 'Mindfull' Programme which will deliver web-based mental health support and counselling to young people. Schools have signed up to help administer the programme, which will also include in-school sessions for young people on mental well-being and support to school staff in the development of their policies on supporting mental health.

HOUSING

Housing Strategy & Housing Options

It is intended to seek Executive consideration of a number of policy/ strategy development proposals during the quarter. Firstly, permission will be sought to develop proposals to establish a local housing company so as to increase the amount of property available to the Council to house homeless households on a temporary basis. It is anticipated that the next stage of the older people's accommodation and support services strategy will be concluded via discussion with Bracknell Forest Homes. Lastly, it is anticipated that a conclusion will be reached concerning the development of the Coopers Hill site, including a youth arts centre and housing development. This has been delayed from the previous quarter while the business plan for the youth arts centre is verified.

The demand from homeless households continues to rise. The nature of homelessness is changing in terms of families with the majority of homeless families now in work but losing their homes through their landlord serving notice either to sell the property or raise the rents. The service intends to hold a forum with landlords and letting agents during the quarter to explain the services the Council can offer and understand their requirements in making properties available to council nominees. The Council has had some success in attracting landlords who wish to lease their properties and the leased properties will come on stream during the quarter.

A count of rough sleepers will take place during the quarter. The count will be undertaken in line with the DCLG requirements and managed by the Council whilst including voluntary and third party agencies.

The Council will establish a homeless forum to take forward its homeless strategy. The first meeting of the forum will take place in the quarter so as to agree the priorities for the strategy.

The Council will take part in a Berkshire wide Home ownership event at the Madejski stadium on the 11th October. This will include all low cost home ownership products and is being organised by helptobuysouth.co.uk.

Benefits

The benefits service had intended to implement the e-bens module of its current benefit IT system. This would allow customers to make applications and changes of circumstance on line. However, through rigorous testing it has been established that the product does not deliver the requirements and the costs incurred by the Council to date have been reimbursed by the supplier. The service will now procure an alternative product to allow on line applications. Customers are still able to make telephone claims and changes of circumstances.

During the quarter the 2013/14 housing benefit subsidy audit will be completed to verify that the £ 32 million housing benefit has been administered correctly in line with the national scheme regulations. This involves the benefit managers in considerable verification and information provision to the auditors and should be completed and dispatched to the DWP by the 30th November.

It will be intention to seek Executive consideration to agree that consultation takes place to amend the Councils local council tax reduction scheme to bring it in line with the national prescribed scheme for pensioners.







Forestcare






Forest care has been successful in winning a contract to provide monitoring and response service to vulnerable people in West Berkshire and this will begin in the quarter.









The number of installs of lifeline equipment has increased and contact and relationships with local hospitals developed over the previous quarter is now paying dividends.










Work will begin on the upgrade of the Tunstall lifeline monitoring system.








Annex A: Progress on Key Actions









Sub-Action	Due Date	Owner	Status	Comments
MTO 1: Re-generate Bracknell Town Centre				
1.9 Implement an Accommodation Strategy to rationalise the number of buildings used by the Council.				
1.9.12 Implement flexible and mobile working principles across all town centre offices	31/03/2015	ASCHH		This has now been implemented in Adult Social Care, Health & Housing.
1.9.7 Relocate ASCHH to final positions in Time Square	31/03/2015	ASCHH		Teams have now been relocated to their final locations within Time Square.
MTO 4: Support our younger residents to maximise their potential				
4.3 Increase opportunities for young people in our youth clubs and community based schemes.				
4.3.6 Work with Thames Valley Housing to develop proposals for the Coopers Hill site to facilitate the provision of a new youth club	30/09/2014	ASCHH		There is delay in progressing the scheme whilst the business plan for the youth arts centre is verified and we will be able to report on this once completed, hopefully in Q4.
MTO 6: Support Opportunities for Health and Wellbeing				
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 clarity in the respective roles of partners within the Health and Wellbeing Board	30/09/2014	ASCHH		Workshop took place in Q2 as set out – action plan being worked up and will be developed through Q3 and Q4.
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 conduct regular reviews against the agreed contractual outcomes	31/03/2015	ASCHH		Quarterly meetings have been arranged to enable monitoring to be undertaken.
6.8 Support health and wellbeing through Public Health.				
6.8.1 Conduct a comprehensive programme aimed at improving self-care across the population, including completion of a new set of web-based self care resources in collaboration with clinical leads and community groups	31/03/2015	ASCHH		Public Health have been working with colleagues in Adult Social Care and the CCG to get ready for Self Care Week (November). A new feature will be the delivery of Health MOTs which are similar to NHS Health Checks. We have also set up the delivery of an innovative new self care programme for those with Pre-Diabetes which will be co-commissioned with the CCG.











Sub-Action	Due Date	Owner	Status	Comments
6.8.2 Maximise the take-up of key health improvement programmes across the population. These will include health checks, smoking cessation and weight management	31/03/2015	ASCHH		Uptake in all of the key health improvement programmes continues to rise. The uptake of weight management support in particular its highest level since the programme began. The development of a new interactive web-based programme aimed at staff in mental health settings has been completed. This will be rolled out across BHFT staff in Q3 and the numbers trained plus referrals of smokers to quit support monitored.
6.8.3 Deliver a range of programmes aimed at improving mental health in the local population, including: at least one mental health first aid course delivered per quarter; a report that 'maps' assessed social isolation and loneliness across the borough that can be used as the basis for targeted outreach work	30/06/2014	ASCHH		All is on schedule. The Befriending Service funding has been extended and refocused on linking people back up to their local community. The aim of addressing social isolation has been incorporated into the new Falls Prevention Programme.
6.8.4 Carry out specific and collaborative assessments of the services including a full consultation exercise and review of Public Health services for children	31/03/2015	ASCHH		This work is ongoing, including the specific work on mental health. A pilot of the Mindfull programme, which aims to offer young people mental health support via web based counselling, has been fully developed and planned out in consultation with local schools. The provider has been identified and the service is ready to get underway in Q3.
6.8.5 Improve Public Health work on health intelligence and insight including: a quarterly review of the Joint Strategic Needs Assessment with the addition of at least five new or updated chapters per quarter; annual delivery of the Public Health survey with a sample of 1,800 residents; annual review and reissue of CCG and Ward profiles; quarterly bulletin on key Public Health Intelligence issues; annual review of report detailing key commissioning implications of local health data	30/11/2014	ASCHH		All the planned features of the JSNA have now been completed and are online. A refresh of the data has been carried out and will continue into Q3. The Public Health Survey has been redesigned and is now ready to be completed for the second year running in Q3.
6.8.6 Produce an annual report mapping uptake and attitudes to MMR and Flu immunisation take-up	31/03/2015	ASCHH		The 2014 Flu Campaign is underway in collaboration with the CCG, Primary Care and Adult Social Care. The Council Staff Flu Immunisations programme has had a high uptake

Sub-Action	Due Date	Owner	Status	Comments
				and sessions have been full
6.9 Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions.				
6.9.1 Evaluate the effectiveness of the Payment by Results project by monitoring successful delivery of outcomes, and using findings to inform future commissioning plans	31/03/2015	ASCHH		The evaluation report was presented to CMT in September and has been agreed.
6.9.2 Train social care staff to be able to identify problematic drinking and deliver brief alcohol interventions to people using social care services and refer people into specialist services as required	31/03/2015	ASCHH		Since the training we have received two referrals where the people referred have been taken on to the treatment caseload. Staff who received the training have reported using the skills with people who did not want to be referred into treatment.
6.9.3 Monitor the number of adults and young people entering treatment who misuse mephedrone and go on to successfully complete treatment	31/03/2015	ASCHH		In quarter 1, there were 34 adults and 15 young people in treatment for mephedrone, of which, 12 adults and 3 young people successfully completed their treatment for mephedrone.
6.10 Support the Bracknell & Ascot Clinical Commissioning Group to focus on improving local health services for our residents.				
6.10.1 Work with the CCG, Public Health and other Council Departments to improve health outcomes for residents through relevant strategies and plans	31/03/2015	ASCHH		Sexual Health services new contract agreed. Work ongoing on the 0-5s Commissioning in preparation for 1 April transfer. New pilot service for MH support to adolescents set up to begin in Q3 (Mindfull)
6.10.2 Work with the CCG to help shape current and future service provision through Better Care Fund plans.	31/03/2015	ASCHH		Plans developed for improved falls service and Rapid Access Clinic; approved by BCF Board. Implementation plan clear in Q3.
6.10.3 Work in partnership with the Bracknell and Ascot Clinical Commissioning Group and Bracknell Healthcare Foundation Trust to build on an integrated service for adults with long term conditions to improve health and reduce unplanned acute admissions.	31/03/2015	ASCHH		Integrated teams are in place to support people with long term conditions. The team works closely with GP practices to identify people most in need of support.
6.10.4 Work with the Acute Trust in order to deliver 7 day working so that delays for people in hospital awaiting social care are minimised.	31/03/2015	ASCHH		From October 7th day working will form part of the operational resilience plans agreed with the CCG and Acute trusts. The learning from winter will inform future 7 day working.
6.10.5 Review out of hours intermediate care cover and develop a process whereby this cover will assist in 7 day working.	31/03/2015	ASCHH		The bid was successful and the process of recruitment is underway.






Sub-Action	Due Date	Owner	Status	Comments
6.10.6 Ensure the development of Better Care Plans are undertaken to meet key timescales and local needs	31/12/2014	ASCHH		New guidance issued by DH during the summer break resulted in all plans needing to be reworked for 19 September deadline, which was met.
6.11 Ensure that IT systems continue to be developed to improve the quality of people's lives and support and assist in business decisions				
6.11.1 Investigate the feasibility of developing and implementing self-service performance reports to support managers so that they can make more informed decisions	31/12/2014	ASCHH		A capital bid for the Business Objects upgrade was granted and will commence in Q3.
6.11.2 Implement the changes to the Electronic Social Care Record identified as required to make the system fit for purpose as the alternative to re-tendering	31/03/2015	ASCHH		The project team has been put together, and a project plan is in the process of being drawn up.
6.11.3 Develop a reporting and monitoring methodology to report on the actions within the Better Care Fund	31/03/2015	ASCHH		Discussions continue with the CCG about the format and content of the reporting and monitoring methodology.
6.11.4 Extend the use of Electronic Monitoring for support provided to individuals outside their home	31/03/2015	ASCHH		A review of a pilot study in another authority has highlighted that fundamental changes are required to business and IT processes before this can be taken forward.
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 Develop a plan for implementation of the Care Bill	31/10/2014	ASCHH		A program of work is now underway to ensure the department is ready to meet the requirements of the Care Act from 1 April 2015.
7.1.10 Review of Governance processes to ensure that intermediate care services are safe and correspond to best practice	31/03/2015	ASCHH		The review has continued, informing actions taken to support necessary governance arrangements.
7.1.2 Review the range and nature of support services provided by Forestcare for vulnerable people by redesigning the service	31/03/2015	ASCHH		Upgrade to lifeline monitoring system to be installed to facilitate service redesign
7.1.3 Develop a specification and tender for the extra care required for 65 households at Clement House	31/03/2015	ASCHH		Discussions have been taken forward positively with Bracknell Forest Homes in ensuring that the partnership is on track to deliver an agreed service specification that is both innovative and comprehensive to deliver a modernised extra care concept at Clement House.






Sub-Action	Due Date	Owner	Status	Comments
7.1.4 Work with the Acute Sector, voluntary sector and provider colleagues for appropriate and timely discharge from hospital which includes early supported discharge.	31/03/2015	ASCHH		Continued attendance at monthly Urgent Care Boards and operational groups across the three Acute Trusts is facilitating this project.
7.1.5 Refresh the "Helping you to stay independent" Guide maintaining a focus on people who fund their own support and giving people information within a form to enable them to stay independent for as long as possible	31/01/2015	ASCHH		An enhanced programme for prevention and early intervention, in partnership with the NHS, was presented to the Better Care Fund Programme Board in July.
7.1.6 Refresh the Carers' Strategy to ensure that services and support for carers reflects their needs.	31/12/2014	ASCHH		The carers conference held in July was successful - 120 people attended with a prominent speaker, Dame Philippa Russell. The three month consultation period ends in October 2014. Carers Survey due out now and to be reported in December 2014, which will inform the carers' strategy. A decision was taken to delay the consultation until the Care Act had been published.
7.1.7 Implement the revised Quality Assurance Framework with all providers to ensure robust monitoring of commissioned services to improve the quality of support for people	30/09/2014	ASCHH		The pilot has now been completed and implementation is underway.
7.1.8 Evaluate and review local mental health services including Common Point of Entry, looking at strengths and risks and areas for development in order to ensure that the Mental Health needs of the local population are being met	31/10/2014	ASCHH		Received final document, now to be evaluated.
7.1.9 Promote dementia friendly communities that understand how to help people living with dementia, to improve the support and understanding for individuals in the local community	28/02/2015	ASCHH		Contract signed and member of staff now in post as the Dementia Action Alliance Coordinator since September.
7.4 Continue to modernise support and include new ways of enabling the delivery of that support.				
7.4.1 Work in partnership with health & voluntary sector to further develop and expand support for carers in need who are not known to ASCHH	31/03/2015	ASCHH		Berkshire Carers Services continue to work with GP practices and have also set up a drop-in clinic at the Urgent Care Centre. We will be undertaking work to see how we can better reach people from ethnic groups to ensure we can meet their needs. Involve will be mapping what

Sub-Action	Due Date	Owner	Status	Comments
				community resources we have and how better we can meet the needs of all carers. We will take forward into the next quarter work on the Family Approach which is a key priority and ensuring we can respond to children in transition and parent carers.
7.4.2 Provide support and training through a range of partners to enable carers to return to paid or voluntary work	31/03/2015	ASCHH		Work has begun and will continue on networking both locally and nationally to ensure that we can meet the needs of carers going forward with the Care Act implications and updating our systems and processes to better reflect carers' needs.
7.4.3 Re-tender the current 'Rethink' contract to modernise support service provision	31/03/2015	ASCHH		Tender process is still ongoing, currently on schedule.
7.4.4 Develop solutions within the Controcc finance system that allow people to use their support hours in a more flexible way	31/01/2015	ASCHH		This action is being managed by IT as part of the wider ContrOCC development project. The project team met in September for the first time. However the system developments are significant and so January implementation may not be achieved.
7.4.5 Implement the new Learning Disability strategy, and develop an action plan	31/03/2015	ASCHH		Strategy and action plan developed and presented at the LDBP for ratification.
7.4.6 Implement the new Learning Disability Joint Commissioning Strategy which will include: meeting the Winterbourne requirements; further develop housing options for people with learning disabilities; review the Rapid Response pilot	31/03/2015	ASCHH		Meetings held with another housing investor, papers going to DMT on 7/10/14. Project build has a completion date of spring 2015; individuals identified to move to the property and PCP planning underway. Rapid Response review is underway. Report being prepared.
7.4.7 Develop a new Joint Autism Commissioning Strategy in response to new national requirements	31/03/2015	ASCHH		Strategy questionnaires being collated.
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 Support development of Clement house extra care scheme and develop proposals for additional extra care housing provision for older people	31/03/2015	ASCHH		A potential issue with a drainage solution for the site is being progressed.
7.5.2 Undertake a procurement process for provision of medical support at the Bridgewell Centre	31/12/2014	ASCHH		The analysis of the consultation outcomes is now complete with work commencing to draft the commissioning strategy.
7.6 With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse.				

Sub-Action	Due Date	Owner	Status	Comments
7.6.1 Work with statutory partners to identify which model of Multi-Agency Safeguarding Hub (MASH) would best meet local needs so that local residents are further safeguarded against abuse	31/03/2015	ASCHH		The discussions with TVP and other colleagues continue.
7.6.2 Undertake a review of the Bracknell Forest Safeguarding Adults Board in light of the changes proposed in the Care Bill so that the Council meets its statutory requirements	31/03/2015	ASCHH		The Board awaits the outcome of the consultation. Once this is fully available the Board will develop its detailed implementation plan.
7.7 Target financial support to vulnerable households.				
7.7.1 Review the Council's support to households in the light of the claimant commitment	31/03/2015	ASCHH		No change from previous status.
7.7.2 Establish the homes that should be exempt from the housing element provision of Universal credit	30/06/2014	ASCHH		Properties have been identified but work is on going in terms of specifying the exempt status.
7.8 Support vulnerable people through continued provision of out of hours services				
7.8.1 Monitor the number of out of hours Adult Safeguarding, Child Protection and Mental Health Act assessments to identify any trends and to make sure that there are sufficient resources	31/03/2015	ASCHH		Updates to the MIS occurred at the end of the quarter, which will now allow detailed reporting. Further analysis will occur in quarter three.
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.				
10.1.11 Arrange the disposal of Downside for affordable housing	30/09/2014	ASCHH		Terms agreed and planning application expected by the end of the calendar year.
10.1.12 Review the opportunities to invest the remainder of the Council's stock transfer receipt to maximise return and affordable housing	31/03/2015	ASCHH		Proposal to establish local housing company will be presented to Exec November committee.
10.1.13 Work with partners to identify a suitable location to enable the relocation of the Bridgewell Centre	31/03/2015	ASCHH		A suitable location has been identified.
10.1.2 Review the provision of the Disabled Facilities Grant	31/12/2014	ASCHH		Meeting has taken place. DFG will be incorporated into the work being undertaken within the Better Care Fund.
10.1.4 Promote and develop flexible Home Improvement Loan Schemes	31/03/2015	ASCHH		

Sub-Action	Due Date	Owner	Status	Comments
10.1.9 Complete work with Thames Valley Housing Authority on development of affordable homes on the Adastron/ Byways site	31/03/2015	ASCHH		There have been two objections to the planning application and ward members are being consulted.
10.2 Support people who wish to buy their own home.				
10.2.2 Review the financial support that it provided to households to help them buy a home, including the homebuy scheme	31/03/2015	ASCHH		Council taking part in Berkshire wide low cost home ownership promotion.
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.				
11.1.6 Ensure IT systems are ready for any statutory and legislative changes due during 2014/15 and for the start of 2015/16	31/03/2015	ASCHH		Continue to work with the supplier on Care Act system requirements and have now started the LAS Future Development project to capture the tasks required. Hardware has been ordered for the data warehouse and implementation planning has commenced with ICT and supplier.
11.2 ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.				
11.2.10 Ensure the local workforce is appropriately trained to identify substance misuse issues in order to offer information and advice	31/03/2015	ASCHH		Six training sessions have been delivered in quarter 2. * One session on Kettamine, with 3 members of staff from Bracknell Forest. * One session on dual diagnosis, with 5 members of staff from Bracknell Forest attending. * Two sessions on Motivational Interview training, with 16 members of staff from Bracknell attending. * One session on Personality disorder, with 4 members of staff from Bracknell Forest attending. * One session on Basic Drug and Alcohol awareness, with 4 members of staff from Bracknell Forest attending.
11.2.6 Implement the Pay and Workforce Strategy Action Plan	31/03/2015	ASCHH		This paper is now complete and will go before CMT and the Employment Committee in early December 2014 for agreement.
11.5 develop appropriate and cost effective ways of accessing council services				
11.5.3 Continue redesign of the housing and benefit service to maximise household income and	31/03/2015	ASCHH		Services continually reviewed in line with system thinking methodology.

Sub-Action	Due Date	Owner	Status	Comments
independence				
11.7 work with partners and engage with local communities in shaping services.				
11.7.10 Contribute to the development of the outcomes set by the three Urgent Care Boards and support the delivery of services to achieve them	31/03/2015	ASCHH		Work is in progress to deliver operational resilience plans which will take the department and the three acute trusts through winter.
11.7.11 Work with BHFT to establish a nursing service within the Duty Team in order to ensure that people receive a more comprehensive health and social care assessment.	31/03/2015	ASCHH		A nurse has integrated in to the duty team in accordance with the pilot project and will be evaluated in Q4.
11.7.12 Ensure the development and implementation of new reporting from IAS responds to the Zero Based Review changes and other management needs brought about by the changes	31/10/2014	ASCHH		Updates to support plans have been ongoing throughout Q2 with all costed plans now complete. Capital bid for the Business Objects upgrade was granted and will be installed, along with the data warehouse, in Q3.
11.7.4 Continue to support the voluntary sector through the provision of core grants, to develop its' capacity	31/03/2015	ASCHH		Completed and monitored on a quarterly basis.
11.8 implement a programme of economies to reduce expenditure				
11.8.6 Develop departmental proposals to help the Council produce balanced budget in 2015/16	30/11/2014	ASCHH		Initial budget proposals have been submitted to CMT for consideration before being discussed with the Executive.

Status Legend	
Where the action has not yet started but should have been, or where the action has started but is behind schedule	
Where the action has not yet started or where the action has been started but there is a possibility that it may fall behind schedule	
Where the action has started, is not yet completed, but is on schedule	
Where the action has been completed (regardless of whether this was on time or not)	
Where the action is no longer applicable for whatever reason	

Annex B: Financial Information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - June 2014									
	Original Cash Budget	Virements & Budget C/fwds	ASCHH	Current approved cash budget	Spend to date %age	Department's Projected Outturn	Variance Over / (Under) Spend	Movement This month	ASCHH
	£000	£000		£000	%	£000	£000	£000	
Director	(93)	0		(93)	-344%	(93)	0	0	
	(93)	0		(93)	-344%	(93)	0	0	
Adults and Commissioning									
Mental Health	1,628	1		1,629	44%	1,629	0	0	
Support with Memory Cognition	2,339	2		2,341	60%	2,341	0	0	
Learning Disability	12,795	(4)		12,791	33%	12,791	0	0	
Specialist Strategy	239	2		241	42%	241	0	0	
Joint Commissioning	573	5		578	41%	578	0	0	
Internal Services	1,118	(37)		1,081	36%	1,097	16	16	1
	18,692	(31)	1	18,661	38%	18,677	16	16	
Housing									
Housing Options	311	(4)		307	59%	307	0	0	
Strategy & Enabling	267	(1)		266	32%	266	0	0	
Housing Management Services	(35)	(1)		(36)	48%	-36	0	0	
Forestcare	14	3		17	-29%	55	38	38	2
Supporting People	993	30		1,023	34%	1,023	0	0	
Housing Benefits Payments	103	0		103	-1,017%	103	0	0	
Housing Benefits Administration	199	4		203	-29%	203	0	0	
Other	(48)	0		(48)	-6%	-48	0	0	
	1,804	31		1,835	-27%	1,873	38	38	
Older People and Long Term Conditions									
Physical Support	7,601	(6)		7,595	40%	7,595	0	0	
Internal Services	1,118	(9)		1,109	53%	1,222	113	113	3
Community Response and Reablement - Pooled Budget	1,678	24		1,702	72%	1,702	0	0	
Emergency Duty Team	39	13		52	851%	52	0	0	
Drugs Action Team	63	3		66	-1,145%	66	0	0	
	10,499	25	2	10,524	43%	10,637	113	113	
Performance and Resources									
Information Technology Team	283	(8)		275	74%	275	0	0	
Property	123	(7)		116	18%	116	0	0	
Performance	224	6		230	46%	230	0	0	
Finance Team	547	1		548	42%	523	(25)	(25)	4
Human Resources Team	186	1		187	39%	187	0	0	
	1,363	(7)		1,356	47%	1,331	(25)	(25)	
Public Health									
Bracknell Forest Local Team	(25)	126	3	101	72%	101	0	0	
	(25)	126		101	72%	101	0	0	
TOTAL ASCHH	32,240	144		32,384	33%	32,526	142	142	
Memorandum item:									
Devolved Staffing Budget				13,717	45%	13,717	0	0	
Non Cash Budgets									
Capital Charges	432	0		432	0%	432	0	0	
FRS17 Adjustments	728	0		728	0%	728	0	0	
Recharges	2,567	0		2,567	0%	2,567	0	0	
	3,727	0		3,727		3,727	0	0	

Capital Monitoring 2014/15 as at 31 August 2014

Cost Centre	Cost Centre Description	2013/14 Brought Forward*	2014/15 Budget	Virements Awaiting Approval	Total Virements	Approved Budget	Cash Budget 2014/15	Expenditure to Date	Current Comm'ts	Estimated Outturn 2014/15	Carry Forward 2015/16	(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	Enabling More Affordable Housing	81.7	92.0		0.0	173.7	173.7	0.0	173.0	173.7	0.0	0.0	2014/15	East Lodge (£100k) to be completed Aug/Sept and Santa Catalina (£72k) to be completed Jan 2015	Simon Hendey	Sep-14
YP261	Help to Buy a Home (Cash Incentive Scheme)	473.4	300.0	-173.0	-173.0	600.4	600.4	76.7	283.3	600.4	0.0	0.0	2014/15	6 cases @ £60k each have been accepted (£360k) 2 of which have gone through; a budget virement is to be completed moving £173k from this cost centre to YP262. Assuming that all remaining budget will be spent this year	Simon Hendey	Sep-14
YP262	Enabling More Affordable Homes (Temp to Perm)	158.2	500.0	173.0	173.0	831.2	831.2	594.0	0.0	831.2	0.0	0.0	2014/15	Purchased 3 properties; all of which have been completed. Another property will be purchased this financial year and all budget (including the virement from YP261) will be spent.	Simon Hendey	Sep-14
YP304	Mortgages for Low Cost Home Ownership Properties	51.0	300.0		0.0	351.0	351.0	0.0	285.0	351.0	0.0	0.0	2014/15	3 applications worth £285k are to be approved.	Simon Hendey	Sep-14
YP316	BFC My Home Buy	410.2	400.0		0.0	810.2	535.2	108.4	237.5	535.2	275.0	0.0	2014/15	1 property has been completed, and another 3 expected to be purchased in 2014/15 and £275k to be carry forward to 2015/16.	Simon Hendey	Sep-14
YP440	Clement House	0.0	672.0		0.0	672.0	672.0	-2.5	0.0	392.0	0.0	280.0	2014/15	£392k will be spent this fy; completion date Feb 2015. £280k will not be used and can be returned to corporate	Simon Hendey	Sep-14
YP441	Rainforest Walk Scheme	0.0	50.0		0.0	50.0	50.0	0.0	0.0	50.0	0.0	0.0	2014/15	Will be completed in December 2014; all budget will be spent	Simon Hendey	Sep-14
	Total Housing	1,174.5	2,314.0	0.0	0.0	3,488.5	3,213.5	776.5	978.8	2,933.5	275.0	280.0				
	Adult Social Care & Health															
YS430	Social Care	10.1	0.0		0.0	10.1	10.1	0.0	0.0	10.1	0.0	0.0	2014/15	£10k to be transferred from YS529 on capital works for the Bridgewell Centre. This cost centre is now spent	Zoe Johnstone / Mira Haynes	Jul-14
YS527	Social Care Reform Grant	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2013/14	There is no budget on this cost centre; expenditure for capital grants to be moved to YS529 and cost centre will be closed	Zoe Johnstone / Mira Haynes	Jul-14
YS528	Care Housing Grant	15.4	0.0		0.0	15.4	15.4	0.0	0.0	15.4	0.0	0.0	2014/15	To develop extra care housing; budget will be spent this financial year	Glyn Jones	Jul-14
YS529	Community Capacity Grant	460.1	199.0		0.0	659.1	659.1	56.8	0.0	659.1	0.0	0.0	2014/15	£47k has been paid to date; £35k on capital bids for external organisations, £9k on Bridgewell and Heathlands and £4k for equipment in meeting room. A bid has been made for £455k in regards to accommodation for people with ASD - final figure still to be confirmed. There will be costs in regards to new desks/screens for the office - amount to be confirmed. Teams within Adult Social Care will be able to bid for money for capital. At present assuming that all budget will be spent	Zoe Johnstone / Mira Haynes	Jul-14
YH126	Improving Info for Social Care (Capital Gr)	64.7	0.0		0.0	64.7	64.7	0.0	0.0	64.7	0.0	0.0	2014/15	This money relates to intergrating the Social Services and Health IT Systems	Zoe Johnstone / Mira Haynes	Jul-14
YS418	ASC IT Systems Replacement	310.3	0.0		0.0	310.3	40.0	0.0	40.0	0.0	270.3	0.0	2015/16	The full budget, less £40k - which will be spent this year, will be carried forward to 2015/16 when the IT requirements of the Care Bill should become clear.	Zoe Johnstone / Mira Haynes	Sep-14
	Total Adult Social Care & Health	860.6	199.0	0.0	0.0	1,059.6	789.3	56.8	40.0	749.3	270.3	0.0				
	Total ASCH&H	2,035.1	2,513.0	0.0	0.0	4,548.1	4,002.8	833.3	1,018.8	3,682.8	545.3	280.0				

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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
15 JANUARY 2015**

**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

Contact for further information

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ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY PANEL

EXECUTIVE WORK PROGRAMME

REFERENCE:	I051384
TITLE:	Local Account 2014/15
PURPOSE OF REPORT:	Approve the Bracknell Forest Adult Social Care & Health Local Account for 2014/15.
DECISION MAKER:	Executive
DECISION DATE:	23 Jun 2015
FINANCIAL IMPACT:	Within existing budgets
CONSULTEES:	Managers in Adult Social Care, Health and Housing Partnership Boards
CONSULTATION METHOD:	Meeting(s) with interested parties

REFERENCE:	I050130
TITLE:	Joint Commissioning Strategy for Carers
PURPOSE OF REPORT:	The Joint Commissioning Strategy for Carers is being submitted to the Executive for approval. Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group are developing this strategy to set out how services will need to develop over the next five years in order to support informal carers to live the life they choose and to support them in their caring role.
DECISION MAKER:	Executive
DECISION DATE:	31 Mar 2015
FINANCIAL IMPACT:	None at this time
CONSULTEES:	Adults caring for other adults Parent carers who are supporting a young person approaching adulthood Young carers approaching adulthood People who support carers People interested in supporting carers
CONSULTATION METHOD:	Public Conference Meeting(s) with interested parties Presentations Questionnaires published on website and sent out to people Tweet Public Notice (on website)

Unrestricted

REFERENCE:	I049331
TITLE:	Autism Joint Commissioning Strategy
PURPOSE OF REPORT:	<p>In response to the revised National Autism Strategy (Think Autism), it is a duty for local areas to have a Joint Autism Commissioning Strategy for adults with Autism. The current local strategy comes into the end March 2015 and, therefore, a new strategy is required.</p> <p>The decision will be for the Executive to agree the proposed Commissioning Strategy.</p>
DECISION MAKER:	Executive
DECISION DATE:	27 Jan 2015
FINANCIAL IMPACT:	Potential Financial Implications will be accommodated during the Council budget setting processes
CONSULTEES:	Providers, Carers, Mencap, Berkshire Autistic Society, individuals that use the service
CONSULTATION METHOD:	<p>Letter</p> <p>Meeting(s) with interested parties</p> <p>Presentation</p> <p>Public Meeting</p>

Unrestricted

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
15 JANUARY 2015**

OVERVIEW AND SCRUTINY PROGRESS REPORT Assistant Chief Executive

1 PURPOSE OF REPORT

- 1.1 This report highlights Overview and Scrutiny (O&S) activity during the period June to November 2014.

2 RECOMMENDATION

- 2.1 **To note Overview and Scrutiny activity and developments over the period June to November 2014, set out in section 5 to 6, and Appendices 1 and 2.**

3 REASONS FOR RECOMMENDATION

- 3.1 The Chief Executive has asked for a six monthly report to be produced on O&S activity.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

Overview and Scrutiny Structure and Membership

- 5.1 Council and the O&S Commission respectively appointed members to the vacant positions on the Commission and two of the O&S Panels. Action continues to be taken periodically on the long-running vacancy for a representative of the Catholic Diocese. Rev Parish resigned from the position of Church of England representative on the O&S Commission and the Children, Young People and Learning O&S Panel on 7 November, and a replacement is being sought.

Overview and Scrutiny Work Programme and Working Groups

- 5.2 The programme for 2014-15 has progressed broadly as planned, and a routine report has been submitted to each O&S Commission meeting, monitoring progress against the O&S Work Programme, using traffic light indicators, and with particular reference to the Commission's own Working Groups. Activity and output levels in the second half of the year will probably be lower owing to the local government elections in 2015 and anticipated staff sickness absence.
- 5.3 The table at Appendix 1 sets out the current status of the O&S Working Groups, along with the list of completed reviews.

Overview and Scrutiny Commission

- 5.4 The O&S Commission met on 10 July, 4 September, and 22 October. The main items included:
- Meeting the Director of Security of Broadmoor Hospital and the Local Police Area Commander, regarding the effect of the re-development on security arrangements at the hospital. The Commission Chairman subsequently wrote to the West London Mental Health Trust, conveying the Commission's concerns over the Trust's proposed decommissioning of many of the Broadmoor alert sirens. This was followed by a meeting on the same topic, including the Chairman and Chief Executive of the Trust. Wokingham Borough councillors were invited to participate in the meeting, as they had previously raised similar concerns.
 - Discussing with representatives of Royal Berkshire Fire and Rescue Service (RBFRS): the context for RBFRS; the Service's new policy direction, plans and priorities; and the role and contribution of the Service to community safety locally. In preparation for that meeting, members of the O&S Commission visited Bracknell Fire Station on 29 August to meet RBFRS front-line staff.
 - Reviewing the quarterly performance reports for the Corporate Services Department, the Chief Executive's Office and the Council as a whole. Also reviewing the bi-annual progress report of O&S.
 - Reviewing corporate items on the Executive Forward Plan.
- 5.5 Between formal meetings, the Commission's activities have included, for example:
- Visiting Thames Valley Police's control centre and performance information team at Kidlington in June.
 - Visiting Bracknell Fire Station in August.
- 5.6 The O&S Commission's next meeting is on 20 November, when the main items will be: meeting representatives of Thames Valley Probation Service and the Community Rehabilitation Company to consider their role, plans and priorities; and discussing with the Executive Member for Transformation and Finance, and the Borough Treasurer the evolving budgetary position, in preparation for scrutiny of the 2015/16 budget proposals. The Commission's Working Group on Business Rates, which commenced on 19 May, continued to make good progress during the period, and it is expected to complete its work within the next two months.

Environment, Culture and Communities O&S Panel

- 5.7 Meetings of the Panel were held on 24 June and 23 September, 2014. During the meetings the Panel considered and commented on:
- Electing a Chairman and appointing a Vice Chairman.
 - Quarterly Service Reports for the relevant quarters.
 - Service Plan 2014/15 - Revised Key Actions and Indicators.
 - Residents' Parking Scheme – Consultation Outcome and Final Scheme Proposals.
 - Draft Obligation Supplementary Planning Document.
 - Bracknell Forest Borough Local Plan Update.
 - Public Realm – Progress with Mobilisation.
 - Supported Bus Service Contracts 2015.
 - Enforcement Policy (Regulated Services).
 - Parks and Open Spaces Quality Improvements – Jocks Lane Recreation Ground and Sandhurst Memorial Park.
 - Draft Cultural Services O&S Report.
 - Working Group Update Report.
 - Scheduled Executive key and non-key decisions.

- 5.8 A review of Cultural Services, in the context of pressure on public finance, with particular reference to libraries and assistance for South Hill Park, has been undertaken by a working group of the Panel and the Executive's response to the completed report is now awaited (see Appendix 1).
- 5.9 Actions arising from Panel meetings have resulted in the circulation to Panel Members of the number of e+ smartcards issued or reissued during 2013-14, the number of fixed notices issued during the last year, details of the route of the Sandhurst Shopper 598 bus service and the officers' response to a Member's request that consideration be given to extending the route of the 108 bus service to serve the local Community Centre. In addition, the Panel requested that an analysis of the content of compliments received and any associated learning points be included in future Quarterly Service Reports. The next meeting of the Panel is taking place on 13 January 2015.

Health O&S Panel

- 5.10 The Panel met on 3 July and 2 October. The main items considered at those meetings included:
- Electing a Chairman and appointing a Vice Chairman.
 - Meeting the Chief Executive of Frimley Park Hospital NHS Trust, with particular reference to the Trust's services to residents, and progress on the Trust's prospective acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust.
 - Meeting the Director of Nursing of the Bracknell and Ascot Clinical Commissioning Group, regarding the quality of patient care at the main local hospitals, with reference to the results of the 2013 survey of adult inpatients.
 - Reviewing the quarterly performance reports of the Adult Social Care, Health and Housing department, relating to public health.
 - Adopting a Protocol between the Health & Wellbeing Board, Healthwatch Bracknell Forest and the Health O&S Panel.
 - Meeting the Berkshire Healthcare NHS Trust, with particular reference to their mental health services to residents of Bracknell Forest. In preparation for that meeting, members of the Panel received a briefing on mental health, and visited the in-patient mental health facility at Prospect Park Hospital, in September.
 - The bi-annual progress report of Overview and Scrutiny.
 - Receiving questions under the public participation scheme for Overview and Scrutiny.
 - Receiving a presentation on Public Health's first year in the Council, and future plans.
 - The 2013-14 Annual report of Healthwatch Bracknell Forest.
 - Reviewing the information from the NHS Choices website, for the NHS Foundation Trusts providing most NHS services to Bracknell Forest residents.
 - Considering scheduled Executive Key and Non-Key Decisions relating to Health.
- 5.11 Between formal meetings, the Panel's activities have included, for example:
- Attending the Annual General Meeting of Bracknell and Ascot Clinical Commissioning Group.
 - Raising concerns over patient comfort at the Urgent Care Centre in Bracknell.
 - Observing some meetings of the Health and Wellbeing Board.
 - A trial run of the newly designed induction training for members engaged in health O&S, delivered jointly by Adult Social Care, Health and Housing, also O&S officers.
- 5.12 The Panel's next meeting is on 15 January 2015, when the main items are likely to include scrutiny of the Health element of the Council's Draft Budget Proposals for 2015/16.

Joint East Berkshire with Buckinghamshire Health O&S Committee

- 5.13 This Committee, formed jointly with Slough Borough Council, the Royal Borough of Windsor & Maidenhead, and Buckinghamshire County Council has remained suspended, the last meeting having been held in March 2013. The O&S Commission had previously decided to end the Council's involvement in the Joint Committee, unless there is a need to respond to a statutory consultation affecting health services in East Berkshire.

Children, Young People and Learning O&S Panel

- 5.14 Meetings of the Panel took place on 11 June and 10 September, 2014. During the meetings the Panel considered and commented on:
- Electing a Chairman and appointing a Vice Chairman.
 - The minutes of meetings of the Corporate Parenting Advisory Panel.
 - Quarterly Service Reports for the relevant quarters, giving particular attention to outcomes of Ofsted school inspections, 2014 school place allocations and Family Focus, the Council's troubled families initiative.
 - A presentation in respect of substance misuse involving children and young people.
 - The implications of the Children and Families Act 2014.
 - The updated Joint Strategic Plan for Children, Young people and Families 2014-17.
 - Draft School Places O&S Report.
 - The 2013/14 Annual Report of the Independent Reviewing Officer service.
 - A presentation in respect of actions being taken to reduce incidences of bullying.
 - The Common Assessment Framework Annual Report 2013/14.
 - An update on the effective use of the Pupil Premium grant for Looked After Children.
 - The Executive response to the O&S report of the review of School Places.
 - The Development Plan for Community Learning 2014-17.
 - Pan Berkshire Shared Adoption Service.
 - Scheduled Executive key and non-key decisions.
- 5.15 The Panel agreed the report of the review of the planning and provision of school places at its meeting on 11 June 2014 and then received the favourable Executive response to the report at its meeting held on 10 September when it established a new working group to commence a review of the impact of substance misuse on children, young people and their families (see Appendix 1).
- 5.16 Activities between Panel meetings included circulation to Members of some of the child's view sheets used in the Common Assessment Framework, the Local Safeguarding Children's Board Continuum of Help and Support document and the Guide to Child Neglect. In addition, arrangements have been commenced for Panel Members to visit some primary schools in the Borough to ascertain how they are adapting to the move to providing free school meals for all Reception, Year 1 and Year 2 pupils and possibly sample some meals to check the quality and variety before reporting their findings to the next Panel meeting, to be held on 12 January 2015.

Adult Social Care and Housing O&S Panel

- 5.17 The Panel met on 17 June and 16 September, 2014. The main items discussed and considered at the meetings were:
- Electing a Chairman and appointing a Vice Chairman.
 - Quarterly Service Reports for the relevant quarters.
 - Annual Complaints Reports 2013/14 for Adult Social Care and for Housing.
 - Living with Positive Choices: a Community Strategy for Adults with Long Term Conditions aged 18-64 years - review of Action Plan.
 - Alcohol Brief Intervention in Adult Social Care - progress update.

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- Update on the Care Act 2014 and plans for implementation.
- Adult Social Care Annual Report (Annual Account) 2013/14.
- Bracknell Forest Safeguarding Adults Partnership Board Annual Report 2013/14.
- Changes to regulation and inspection of Adult Social Care from April 2015.
- The Council's Role in Regulated Adult Social Care Services O&S report.
- Working Group Update Report.
- Scheduled Executive key and non-key decisions.

- 5.18 The Panel monitored progress achieved by its working group reviewing the Council's role with regard to care governance and managing safeguarding in regulated Adult Social Care Services and agreed the resulting report, the Executive's response to which is now awaited (see Appendix 1).
- 5.19 In addition, the Panel discussed future review work having regard to its Work Programme and favoured commencing a review of homelessness when resources became available. The next meeting of the Panel is taking place on 20 January 2015.

Other Overview and Scrutiny Issues

- 5.20 The biennial Members survey results in August 2014 included the following responses relating to O&S:
- 75% net satisfaction with support for O&S.
 - 84% net satisfaction with support by O&S officers.
 - 82% net satisfaction with support by Council departments.
 - 58% regarded O&S to be effective in terms of holding decision makers to account, and in contributing to policy development.
- 5.21 Responses to the feedback questionnaires on the quality of O&S reviews are summarised in Appendix 2, showing a high average score of 2.7 (90%).
- 5.22 Quarterly review and agenda setting meetings between O&S Chairmen, Vice-Chairmen, Executive Members and Directors are taking place regularly for the Panels (every two months for the O&S Commission). Periodic meetings of the O&S Chairmen and Vice Chairmen were suspended in April 2013.

6 DEVELOPMENTS IN OVERVIEW AND SCRUTINY

- 6.1 The only notable developments in O&S in the period covered by this report were the changes to Health O&S arising from the Department of Health's guidance relating to *The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013*. The main point to be addressed is that if a council decides to delegate its health scrutiny powers and duties to a health scrutiny committee, it need not delegate *all* of its health scrutiny functions to that committee (i.e. it could retain some functions itself). Officer recommendations in that regard have been prepared for consideration by the Governance and Audit Committee, as changes to the Constitution are envisaged.
- 6.2 O&S Officers attended the Centre for Public Scrutiny's annual conference in June.

7 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Statutory Scrutiny Officer

- 7.1 The monitoring of this function is carried out by the Statutory Scrutiny Officer on a quarterly basis. Good progress has been made on the agreed programme of work by Overview and Scrutiny for 2014/15. Scrutiny Panels have continued to focus on areas of importance to local residents, and the quality of the work done continues to be high.

Borough Solicitor

- 7.2 Nothing to add to the report.

Borough Treasurer

- 7.3 There are no additional financial implications arising from the recommendations in this report.

Equalities Impact Assessment

- 7.4 Not applicable. The report does not contain any recommendations impacting on equalities issues.

Strategic Risk Management Issues

- 7.5 Not applicable. The report does not contain any recommendations impacting on strategic risk management issues.

Workforce Implications

- 7.6 Not applicable. The report does not contain any new recommendations impacting on workforce implications.

Other Officers

- 7.7 Directors and lead officers are consulted on the scope of each O&S review before its commencement, and on draft O&S reports before publication.

8 CONSULTATION

Principal Groups Consulted

- 8.1 None.

Method of Consultation

- 8.2 Not applicable.

Representations Received

- 8.3 None.

Background Papers

Minutes and papers of meetings of the Overview and Scrutiny Commission and Panels.

Contact for further information

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Doc. Ref

CXO\Overview and Scrutiny\2014-15\progress reports

OVERVIEW AND SCRUTINY CURRENT WORKING GROUPS – 2014/15

Position at 19 November 2014

Overview and Scrutiny Commission								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Business Rates	Angell (Lead), Heydon, Leake and Virgo	Alan Nash	Richard Beaumont	√	Information gathering completed.	Report in draft		Commenced 19 May 2014, with seven meetings to date.

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Health Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Francis Report on NHS Mid Staffordshire Hospital	Mrs McCracken (Lead), Mrs Angell, Angell, Baily, Kensall, Mrs Temperton, and Virgo	Glyn Jones	Richard Beaumont	√	Completed	√	√	The agreed changes to O&S practices are partly implemented.

Environment, Culture and Communities Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Cultural Services Offering	Finnie (Lead) Brossard, Ms Brown, Gbadebo and Thompson	Mark Devon	Richard Beaumont	√	Completed	√	√	Executive response to be considered by Panel at next meeting.

Children, Young People and Learning Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
School Places	Mr Briscoe (PGR) (Lead), Mrs Birch, Kensall and Mrs Temperton	Chris Taylor	Andrea Carr	√	Completed	√	√	Recommendations agreed and being implemented.
Substance Misuse – Children and Young People	Mrs Birch (Lead), Mrs Temperton, Mr Briscoe & Mrs Wellsted (PGRs) & Miss Richardson (Teacher rep.)	Jillian Hunt	Andrea Carr	√	Information gathering partially completed.			The review commenced in September and three meetings have taken place to date.

Adult Social Care and Housing Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
The Council's Role in Regulated Adult Social Care Services	Harrison (Lead), Mrs McCracken, Mrs Temperton and Thompson	Zoë Johnstone	Andrea Carr	√	Completed	√	Awaited	The report has been agreed and forwarded to the Executive for its response.

Completed Reviews

Date Completed	Title
December 2003	South Bracknell Schools Review
January 2004	Review of Adult Day Care Services in Bracknell Forest (Johnstone Court Day Centre & Downside Resource Centre)
May 2004	Review of Community & Voluntary Sector Grants
July 2004	Review of Community Transport Provision
April 2005	Review of Members' Information Needs
November 2005	The Management of Coronary Heart Disease
February 2006	Review of School Transfers and Performance
March 2006	Review of School Exclusions and Pupil Behaviour Policy
August 2006	Report of Tree Policy Review Group
November 2006	Anti-Social Behaviour (ASB) – Review of the ASB Strategy Implementation
January 2007	Review of Youth Provision
February 2007	Overview and Scrutiny Annual Report 2006
February 2007	Review of Library Provision
July 2007	Review of Healthcare Funding
November 2007	Review of the Council's Health and Wellbeing Strategy
December 2007	Review of the Council's Medium Term Objectives
March 2008	2007 Annual Health Check Response to the Healthcare Commission
April 2008	Overview and Scrutiny Annual Report 2007/08
May 2008	Road Traffic Casualties
August 2008	Caring for Carers
September 2008	Scrutiny of Local Area Agreement
October 2008	Street Cleaning
October 2008	English as an Additional Language in Bracknell Forest Schools
April 2009	Overview and Scrutiny Annual Report 2008/09

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Date Completed	Title
April 2009	Healthcare Commission's Annual Health Check 2008/09 (letters submitted)
April 2009	Children's Centres and Extended Services in and Around Schools in Bracknell Forest
April 2009	Older People's Strategy
April 2009	Services for People with Learning Disabilities
May 2009	Housing Strategy
July 2009	Review of Waste and Recycling
July 2009	Review of Housing and Council Tax Benefits Improvement Plan
December 2009	NHS Core Standards
January 2010	Medium Term Objectives 2010/11
January 2010	Review of the Bracknell Healthspace (publication withheld to 2011)
January 2010	14-19 Years Education Provision
April 2010	Overview and Scrutiny Annual Report 2009/10
July 2010	Review of Housing and Council Tax Benefits Improvement Plan (Update)
July 2010	The Council's Response to the Severe Winter Weather
July 2010	Preparedness for Public Health Emergencies
October 2010	Safeguarding Vulnerable Adults in the context of Personalisation
October 2010	Review of Partnership Scrutiny
December 2010	Hospital Car Parking Charges
January 2011	Safeguarding Children and Young People
March 2011	Review of the Bracknell Healthspace (Addendum)
April 2011	Overview and Scrutiny Annual Report 2010/11
June 2011	Office Accommodation Strategy
June 2011	Plans for Sustaining Economic Prosperity
July 2011	Review of Highway Maintenance (Interim report)
September 2011	Performance Management Framework

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Date Completed	Title
September 2011	Review of the Council's Medium Term Objectives
October 2011	Plans for Neighbourhood Engagement
October 2011	Regulation of Investigatory Powers
October 2011	Site Allocations Development Plan Document
January 2012	Common Assessment Framework
February 2012	Information and Communications Technology Strategy
April 2012	NHS Trusts Quality Accounts 2011/12 (letters submitted to five Trusts)
April 2012	Overview and Scrutiny Annual Report 2011/12
June 2012	Commercial Sponsorship
July 2012	Communications Strategy
November 2012	Proposed Reductions to Concessionary Fares Support and Public Transport Subsidies
November 2012	Modernisation of Older People's Services
January 2013	Preparations for the Community Infrastructure Levy
February 2013	Substance Misuse
February 2013	'Shaping the Future' of Health Services in East Berkshire
April 2013	Overview and Scrutiny Annual Report 2012/13
April 2013	NHS Trusts Quality Accounts 2011/12 (letters submitted to three Trusts)
July 2013	School Governance
September 2013	Delegated Authorities
October 2013	Bracknell Forest Bus Strategy
January 2014	Applying the Lessons of the Francis Report to Health Overview and Scrutiny
April 2014	Overview and Scrutiny Annual Report 2013/14
June 2014	Review of School Places
September 2014	Review of Cultural Services

Results of Feedback Questionnaires on Overview and Scrutiny Reports

Note – Departmental Link officers on each major Overview and Scrutiny review are asked to score the key aspects of each substantive review on a scale of 0 (Unsatisfactory) to 3 (Excellent)

	Average score for previous 21 Reviews ¹
PLANNING Were you given sufficient notice of the review?	2.9
Were your comments invited on the scope of the review, and was the purpose of the review explained to you?	2.9
CONDUCT OF REVIEW Was the review carried out in a professional and objective manner with minimum disruption?	2.7
Was there adequate communication between O&S and the department throughout?	2.8
Did the review get to the heart of the issue?	2.6
REPORTING Did you have an opportunity to comment on the draft report?	2.8
Did the report give a clear and fair presentation of the facts?	2.5
Were the recommendations relevant and practical?	2.6
How useful was this review in terms of improving the Council's performance?	2.6
Overall average score	2.7

¹ Road Traffic Casualties, Review of the Local Area Agreement, Support for Carers, Street Cleaning, Services for Adults with Learning Disabilities, English as an Additional Language in Schools, Children's Centres and Extended Services, Waste and Recycling, Older People's Strategy, Review of Housing and Council Tax Benefits Improvement Plan, 14-19 Education, Preparedness for Public Health Emergencies, Safeguarding Children, Safeguarding Adults, the Common Assessment Framework, Modernisation of Older People's Services, Community Infrastructure Levy, School Governance, Delegated Authorities, Applying the Lessons of the Francis Report, and School Places.

**HEALTH OVERVIEW AND SCRUTINY PANEL
15 JANUARY 2015**

**2015/16 WORK PROGRAMME
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report invites members to propose items for inclusion in the Panel's work programme for 2015/16.

2 RECOMMENDATION

That the Health Overview and Scrutiny Panel:

- 2.1 **Proposes items for inclusion in the Panel's work programme for 2015/16.**

3 SUPPORTING INFORMATION

- 3.1 To assist members' consideration of possible items for inclusion in the Panel's work programme for 2015/16, the previously completed reviews are listed on the following page, also the work programme for the current year.

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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Previously Completed Health Overview and Scrutiny Reviews

Date Completed	Title
November 2005	The Management of Coronary Heart Disease
July 2007	Review of Healthcare Funding
November 2007	Review of the Council's Health and Wellbeing Strategy
Annually since 2009	Annual Health Check Response to the Healthcare Commission / NHS Trusts
April 2009	Children's Centres and Extended Services in and Around Schools in Bracknell Forest
December 2009	NHS Core Standards
January 2010 (Addendum in 2011)	Review of the Bracknell Healthspace
July 2010	Preparedness for Public Health Emergencies
December 2010	Hospital Car Parking Charges (Joint East Berks Health O&S Committee)
October 2012	Major Health Reforms
November 2012	Health and Wellbeing Strategy
February 2013	'Shaping the Future' of Health Services in East Berkshire – consultation response
April 2013	NHS Trusts Quality Accounts 2011/12 (letters submitted to three Trusts)
January 2014	Applying the Lessons of the Francis Report to Health Overview and Scrutiny

2014-15 Health Overview and Scrutiny Work Programme**Implementing the new Approach to Health Scrutiny**

To deliver the new approach to health scrutiny as recommended by the Panel's Working Group on the Francis report. The numerous changes include a specialist member approach and strategically monitoring the performance of the NHS trusts and Clinical Commissioning Group serving Bracknell Forest, with enhanced reference to key information flows. This might in due course lead to a focussed review in 2014/15 or later years; possible topics might include:

- Mental health services;
- The Joint Strategic Needs Assessment;
- The treatment of Alzheimer's disease, and other forms of dementia;
- An aspect of Primary Care services.

2015/16 Budget Scrutiny

To review the Council's budget proposals for public health in 2015/16, and plans for future years.

Responding to NHS Consultations

The Health O&S Panel customarily provides comments on the annual Quality Accounts produced by the NHS Trusts nearby, and the Panel is a statutory consultee for any substantial variation in NHS services affecting the Borough

FUTURE POSSIBLE REVIEWS (Unlikely to be resourced until 2015/16 or later)	
Public Health	<p>To carry out a joint review with other O&S Panels, on the Council's wider actions on the transferred public health (PH) responsibilities. To include the immunisations programme, also integration of the PH function with other council services - such as measures to prevent ill-health and to promote good health, so as to achieve the best overall impact for residents.</p>
The Royal Berkshire Bracknell Healthspace	<p>Forming a Working Group to review the services offered at The Royal Berkshire Bracknell Healthspace (Brants Bridge), including cancer and renal facilities, and the newly created Urgent Care Centre.</p>

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