



NOTICE OF MEETING

Health Overview and Scrutiny Panel
Thursday 12 March 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

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Note: *There will be a private meeting for members of the Panel at 7pm in Meeting Room 1, Fourth Floor Meeting Room 1, Easthampstead House*

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 15 January 2015.

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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. **Royal Berkshire NHS Foundation Trust**
To receive a presentation from Jean O'Callaghan, Chief Executive of the Royal Berkshire NHS Foundation Trust, to include the Trust's performance and role as landlord of the Bracknell Urgent Care Centre

7. **Joint Strategic Needs Assessment and the Health and Wellbeing Strategy**
To receive updates on the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. To Follow

8. **Departmental Performance**
To consider the parts of the Quarter 3 2014/15 (October to December 2014) Quarterly Service Report of the Adult Social Care, Health and Housing Department relating to health. 7 - 38

Please bring the previously circulated Quarterly Service Report to the meeting. Copies are available on request and attached to this agenda if viewed online.

9. **Reprise of Past Panel Work**
To receive a reprise of the Panel's work and activities over the past four years. 39 - 40

10. **Executive Key and Non-Key Decisions**
To consider scheduled Executive Key and Non-Key Decisions relating to health. 41 - 46

11. **Date of Next Meeting**
The next scheduled meeting of the Health Overview and Scrutiny Panel will take place on 2 July 2015.

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**HEALTH OVERVIEW AND SCRUTINY PANEL
15 JANUARY 2015
7.30 - 9.40 PM**

Present:

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

Co-opted Member:

Dr David Norman, Co-opted Representative

Executive Members:

Councillors Birch and Hayes

Observer:

Chris Taylor, Healthwatch Bracknell Forest
Councillor Leake

Also Present:

Richard Beaumont, Head of Overview & Scrutiny
Sarah Bellars, Nursing Director, NHS Berkshire East Clinical Commissioning Group Federation
Helen Clanchy, Director of Commissioning, Thames Valley Area Team
Zoë Johnstone, Chief Officer: Adults & Joint Commissioning
Dr Martin Kittell, Bracknell and Ascot Clinical Commissioning Group and Forest End Surgery
Lisa McNally, Consultant in Public Health
John Nawrockyi, Interim Director of Adult Social Care, Health & Housing
Dr William Tong, Bracknell and Ascot Clinical Commissioning Group and Binfield Surgery

Apologies for absence were received from:

Councillors Baily and Kensall
Mark Sanders, Healthwatch Bracknell Forest

24. Apologies for Absence/Substitute Members

The Panel noted the presence of the following substitute members:

Councillor Brossard for Councillor Baily
Councillor Davison for Councillor Kensall

25. Minutes and Matters Arising

RESOLVED that the minutes of the Health Overview and Scrutiny Panel meeting held on 2 October 2014 be approved as a correct record, and signed by the Chairman.

26. Declarations of Interest and Party Whip

There were no declarations of interest.

27. **Urgent Items of Business**

There were no urgent items of business.

28. **Public Participation**

There were no submissions under the Council's Public Participation Scheme for Overview and Scrutiny.

29. **General Practitioner Services**

The Chairman welcomed, Sarah Bellars, Nursing Director Berkshire East Clinical Commissioning Group, Dr William Tong, Bracknell and Ascot Clinical Commissioning Group and Binfield GP Practice, Dr Martin Kittell, Bracknell and Ascot Clinical Commissioning Group and Forest End GP Practice and Helen Clanchy, Director of Commissioning NHS England, to the meeting to speak about the primary care service provided in Bracknell Forest.

Care Quality Commission Inspection of GP Surgeries

It was reported that to date 10 GP practices in the Borough had been subject to an inspection by the Care Quality Commission (CQC). Four practices had received a grading of Good, four had been graded as Requiring Improvement. The outcomes of two inspections were still awaited.

Analysis of the inspection reports had found that GP surgeries were failing inspections in the following areas:

- Record storage
- Staffing requirements e.g. Had DBS checks and references been obtained
- Monitoring of infection control standards
- Quality of service
- Supporting staff e.g. One to ones and appraisals
- Medicine dispensing had been raised as an issue in one surgery

It was stressed that further investigation had found that surgeries were complying with standards however evidence trails and records were not always being properly maintained and this had impacted on inspection outcomes. The Berkshire East Clinical Commissioning Group was working with practices to resolve the issues that had been identified by the inspections. All those practices which had been classified as requiring improvement had developed action plans and were working to deliver identified actions.

It was reported that the action plans and associated evidence would be submitted to the CQC for examination. It was hoped that the CQC would be able to carry out a desktop review or inspection visit within the next six months. The Clinical Commissioning Group was confident that all the surgeries would on re-examination be regarded as being good.

GP Satisfaction Surveys

The Panel considered the outcomes of the recent NHS GP Patient Survey and the CQC Intelligent Monitoring ratings of GP practices in the Borough.

It was stressed that caution must be exercised when using the GP Patient Survey to make inferences about the quality of GP service provision due to the small sample

sizes used and the fact that the survey did not take the socio-economic profile of patients or clinical outcomes into account.

Dr Kittell expressed disappointment with the outcomes of both the CQC inspection and the GP Patient Survey satisfaction ratings that Forest Park GP Surgery had received. The Panel was informed that the practice's designated area covered a high proportion of young people and a high proportion of patients with mental health problems both factors which impacted on satisfaction levels.

Initial plans to expand the building occupied by Forest End Surgery had fallen through however the available space had been re-organised and the surgery now had access to an additional consulting room. The surgery had also been approved to become a GP Training Practice and two trainee GPs had now been employed. It was stressed that surgeries had to pass stringent assessments before they were allowed to become GP Training Surgeries and a recent report from the training providers, which looked at similar areas to the NHS Patient Survey, had been very positive.

Work had also taken place to better manage demand so that patients were able to see a doctor more promptly if necessary.

Expansion of Primary Care

Helen Clanchy gave the Panel an overview of the way that expansion of primary care provision was managed and commissioned by the NHS in England.

It was acknowledged that recruitment of doctors into primary care settings was a national problem and whilst the Thames Valley was not currently experiencing a significant recruitment problem the age profile of the Thames Valley's GP population was a concern. Work was taking place within the NHS to raise the profile of GP practice as an option amongst student doctors and to increase the flexibility of doctors' careers to make it a more attractive option.

When planning the future provision of primary care services, including any decision over whether to expand existing practices or build a new surgery, a range of factors was examined including whether any planned development in an area was a larger development in a single area or if it was smaller numbers across a wide area

The provision of new GP surgeries was complex and required the involvement of multiple parties. Whilst NHS England ran the procurement exercises required to physically build premises, the funding for building was obtained through the Section 106/Community Infrastructure Levy process and the Clinical Commissioning Group took responsibility for commissioning the service that would run the surgery. The NHS also had to work closely with Local Planning Authorities to not only ensure that sufficient appropriate provision for primary care facilities was made in planning policy documents but also that any planning applications submitted had the best chance possible of being approved.

The Panel was informed that clarification would be sought over plans for the development of a health centre in Jennetts Park however it was stressed that Jennetts Park did not currently feature on the NHS Commissioners plans. If the NHS was to prioritise health facilities in Jennetts Park then this would be at the expense of expansion in another area.

Arising from the Panel's subsequent questions and comments the following points were noted:

- Greater use could be made of pharmacies to relieve pressure on GP surgeries
- There were anecdotal reports of GPs and pharmacies refusing to accept for disposal full sharps boxes that had been issued by hospitals. A situation that might encourage the inappropriate disposal of used needles. It was acknowledged that hospitals and primary care providers had separate contracts for waste disposal however this should not matter when it came to the disposal of used sharps and surgeries ought to accept full boxes issued by other agencies. It was agreed that the matter would be followed up with surgeries
- The maternity tariff was complex due to the way that the service was split between hospitals and the community. GPs only received funding for the elements of the maternity service that were included in the GP Core Contract. There was no funding available from the Quality and Outcomes Framework
- It was agreed that a suggestion to label medicines with their cost as a method of raising people's awareness and to reduce wastage would be explored by the Bracknell and Ascot Clinical Commissioning Group
- It was acknowledged that whilst there was space at the Urgent Care Centre to provide preventative services it was not necessarily the most appropriate location for these services
- A programme was underway to recruit 200 volunteer Health Makers who would learn about a range of chronic illnesses and then pass this knowledge on to others. This work would initially focus on diabetes, muscular-skeletal problems and chronic lung diseases
- The Panel requested that its frustration over the provision of GP capacity to meet the demands of an expanding population in Bracknell Forest be conveyed to NHS England. Members would return to this topic at a future meeting

The Panel thanked their guests for their time.

30. **Health and Wellbeing Board**

The Executive Member for Adult Social Care, Health and Housing, gave a presentation in respect of the Health and Wellbeing Board which he chaired.

The Health and Wellbeing Board was a statutory partnership body established to bring agencies together to work to improve health outcomes and reduce health inequalities of the Borough's residents.

It was reported that key areas of work for the Board over the past twelve months had been the publication of an easy to use new Joint Strategic Needs Assessment, the adoption of the Joint Health and Wellbeing Strategy, the development of a new and innovative approach to prevention which had been shortlisted for an LGC award and was recognised nationally as an example of good practice, the submission of a successful bid to the Better Care Fund and the initiation of work to re-commission Child and Adolescent Mental Health Services (CAMHS) in the Borough.

It was noted that initial work to re-commission CAHMS had resulted in the Clinical Commissioning Group increasing funding to both Tier 3 and the interface between Tiers 2 and 3 and work was taking place to further develop and improve the service. The Youth Parliament had also commissioned a piece of work to map mental health services from the perspective of young people and this would be used to further inform the Health and Wellbeing Board's work in this area.

Key priorities for the Board over the coming year included a review of the Board's membership and the way that it worked, the identification of new priorities that would feed into a refresh of the Joint Health and Wellbeing Strategy, establishing specific measurable priorities for the Board and the development of a joint approach to communications.

The Board was well supported by all agencies involved and work was taking place to engage with the area's Acute Healthcare Trusts. It was hoped that the review of the Board's membership and way of working would provide opportunities to involve a wider range of agencies with the Board's work however it was stressed that the Board remained action focused and did not become a 'talking shop'.

It was acknowledged that the Board operated within a complex landscape that often had multiple commissioners working to commission a single service. However, involved organisations recognised their own role in improving health and wellbeing.

31. **2015/16 Budget Scrutiny**

The Panel received a report setting out the draft budget proposals for 2015/16.

It was noted that the Public Health budget was almost entirely funded through a ring-fenced grant of £3.049million with an additional contribution of £100,000 from the NHS Money for Social Care Transfer.

The Panel noted that in a change from previous years, the Drug and Alcohol Action Team would be fully funded from the Public Health Grant in 2015/16 however the amount of the Team's budget would remain unchanged.

The Panel noted the budget proposals.

32. **Departmental Performance**

The Panel considered the sections of the Adult Social Care, Health and Housing Department's Quarter 2 (July to September 2014) Quarterly Service Report (QSR) relating to health.

It was reported that the Council's submission to the Better Care Fund had been approved in December and that work was taking place to develop and progress the eight projects proposed within the submission which included falls prevention and intermediate care

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

- It was agreed that a summary of the nature of compliments received would be included in future QSRs
- It was clarified that the Bridgewell Intermediate Care Centre was being relocated into new premises that would not only enable it to expand to take in more residents in the coming years but also enable the onsite provision of related services for example the Falls Clinic
- It was reported that although there was pressure on teams to expedite the discharge of patients from hospital this was well managed and the Department placed an emphasis on putting care packages in place that would help people continue to live in their own homes rather than having to move into residential or nursing care.

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

The Panel noted the forthcoming Executive Key and Non Key decisions relating to health.

It was clarified that the Joint Commissioning Strategy for Carers would look at the range of services being offered to ensure that they met the needs of carers.

34. **Overview and Scrutiny Bi-Annual Progress Report**

The Panel noted the bi-annual progress report setting out overview and scrutiny activity during the period June to November 2014.

35. **2015/16 Work Programme**

The Panel considered a report setting out proposed items for inclusion in the Overview and Scrutiny work programme for 2015/16.

It was agreed that a review of the mechanisms for the allocation and commissioning of GP surgeries to match long-term growth in the Borough's population would be added to the review programme.

36. **Date of Next Meeting**

It was noted that the next scheduled meeting of the Health Overview and Scrutiny Panel would take place on 12 March 2015 at 7.30pm.

CHAIRMAN



QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q3 2014 -15

October - December 2014

Portfolio holder: Councillor Dale Birch

Director: Glyn Jones

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Section 1: Director's Commentary

There was significant activity in the 3rd quarter of the year with both ongoing projects and decisions made by the Executive occupying the Department. The Care Act continues to be a major focus and final detailed guidance was released at the end of November, updating the draft guidance that had been consulted on by the Department of Health earlier in the year. Changes reflected feedback from local authorities, including Bracknell Forest and led to amendments in the final regulations. The next quarter will see the launch of both the national and local communications campaigns on the introduction of the Act, and the launch of draft guidance, and consultation, on phase 2 which focuses on the funding reforms. A Programme Board has been established for the Care Act in order to oversee successful implementation and to ensure that the Department meets its statutory obligations in respect of the Act.

The Bracknell Forest Better Care Fund (BCF) draft plan was submitted to the Department of Health before the deadline on 19th September and Price Waterhouse Cooper provided feedback. Proposed projects within the BCF include expansion of integrated care teams, the intermediate care strategy, falls prevention advisory service, rapid access community clinic (where people can be seen at short notice for clinical diagnoses as day-patients) as well as supporting providers to improve quality in care homes (such as providing information/training on falls prevention, good nutrition and hydration and medicines management), using the NHS number as a unique identifier, an integrated respiratory service and an integrated records project.

Within the Workforce Strategy, the workstream leads are currently looking at business processes and workflows to ensure that they are compliant with the new requirements of the Care Act, and to inform the configuration of the care record management system. Workstream leads are also working with colleagues in Business Intelligence to understand current demand so that the right practitioners are available in the right place at the right time.

In Public Health, the team have been nominated for two national 'Local Government Chronicle' awards for work on smoking and for the 'Public Health' award. The team's work on smoking has also been shortlisted in the 'Commissioning Pioneer' category. The winners of the awards will be announced in March.

The Executive approved the overall approach within the Joint Commissioning Strategy for Intermediate Care 2015 – 2018. Final approval, following comment from the Clinical Commissioning Group, is delegated to the Better Care Fund Programme Board.

In Housing, it is predicted that there will be a 14% increase in the number of households who the Council will accept a homeless duty towards in this financial year. This increase in demand has manifested itself in a significant increase in the use of bed and breakfast accommodation as emergency accommodation. This has put considerable pressure on the housing budgets but at present the additional expenditure has been contained within the overall housing budgets.

Delivery against actions in the Service Plan is looking strong. Of 64 actions, 17 have been completed as at the end of the quarter, and 39 are expected to be completed on time. 1 action is delayed (Red), 4 actions are potentially delayed (Amber) and 3 actions are no longer applicable.

The 1 delayed action (Red) is as follows:

10.1.11 Arrange the disposal of Downside for affordable housing

The development proposal now includes land not originally included when the release of the HCA covenant was resolved. The additional piece of land will generate a claw back of part of the receipt to the HCA. This additional piece of land has now been valued and agreed with the HCA. This additional work has caused the delay. Expected completion is by March 2015.

The 4 potentially delayed actions (Amber) are 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.

Scheme specification is nearing completion. There is a funding gap on the costs of development and proposals are being developed to address that with an aim to reporting to executive with an in principle model for development before the end of the municipal year. Expected completion is by March 2015.

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

Delays in aspects of the installation of the Business Objects upgrade have meant the Business Intelligence team have been unable to test this functionality. It is anticipated that this will be resolved by quarter 4.

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

This is unlikely to be implemented by the end of January. It is more likely to be in the next upgrade of Controcc which is scheduled for July 2015.

7.7.2 Establish the homes that should be exempt from the housing element provision of Universal credit.

There were new regulations to work to from June which caused this delay. Work is on-going to determine the exempt properties.

The 3 actions no longer required are as follows:

6.9.3 Monitor the number of adults and young people entering treatment who misuse mephedrone and go on to successfully complete treatment.

The National Drug Treatment database has been taken offline so it is no longer possible to report against this action.

6.11.4 Extend the use of Electronic Monitoring for support provided to individuals outside their home.

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.

10.1.4 Promote and develop flexible Home Improvement Loan Schemes.

This task has been assigned to the Environment Culture & Communities Department.

There are 2 indicators in quarter 3 with a current status of Red as follows:

L214 Delayed transfers of care (delayed bed days) from hospital per 100,000 population
For all delayed bed days, the organisation responsible for the delay is recorded since where social care are the sole reason for the delay local authorities reimburse the NHS Trust for each day's delay for acute patients.

For example, where a patient requiring a nursing placement after discharge from hospital is delayed due to a continuing healthcare assessment not being completed on time and due to social services not finding suitable accommodation, then the delay would be attributable to health and social care. A social care only delay might result from a home care package not being commissioned due to lack of provision in the market, and in this example there would be a re-imburement.

Of the 772 bed delays figure reported for quarter 3, 507.6 (or 65%) of the bed days were attributable to health only, 164.4 (or 21%) were attributable to social care only and only 100 (14%) are attributable to health and social care.

NI155 Number of affordable homes delivered (gross)

There has been delay in the handover of a number of affordable housing units being developed at Rainforest walk. They were anticipated to be handed over in quarter 3 and they should now be handed over in quarter 4. The delays are a consequence of legitimate contract extension requests from the contractor to the registered provider due to unforeseen delays in highways works following a request from the Local Authority to reposition a lamp post. At the time of writing, handover has been confirmed to fall within quarter 4.

Every quarter the department reviews its risks in the light of events. There are two changes in the last quarter. The first is a reduction in the risk assessment of the introduction of phase 1 of the Care Act, from high to medium, due to the work in place to ensure the Council is ready to meet its obligations. The second is the closing of a risk arising from changes in Berkshire Healthcare Foundation Trust Mental Health & Community Health Services - actions put in place are such that the risks have been addressed.

There is a statutory complaints process for Adult Social Care, part of which compliments are also recorded, which culminates in an Annual Report. Therefore 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 quarter 3, Adult Social Care received 8 complaints of which 2 were partially upheld, 4 were not upheld and 2 were ongoing (within timescales). This compares to the previous quarter where 5 complaints were received of which 1 was upheld, 1 was partially upheld, 1 was not upheld and 2 were ongoing (also within timescales). There were 15 compliments received, which compares to 18 compliments received in the previous quarter.























In Housing, there were 4 new complaints received at stage 2, and 1 received at stage 3. Of the stage 2 complaints, 3 were partially upheld and 1 was not upheld. The stage 3 complaint was partially upheld. This compares to the last quarter where there were 3 new complaints received at stage 2. 1 was partially upheld and 2 were not upheld. There were 17 compliments in the quarter compared to 18 in previous quarter.




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







Section 2: Department Indicator Performance

Note: The 'Current status' column compares the data for quarter 3 against the target set for quarter 3. The final column in the table compares the quarter 3 performance for 2014/15 against the quarter 3 performance for 2013/14. See key below the table.

Ind Ref	Short Description	Previous Figure Q2 2014/15	Current figure Q3 2014/15	Current Target	Current Status	Comparison with same period in previous year (where blank, there is no year on year comparison)
ASCHH All Sections - Quarterly						
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	20.3%	29.4%	24.8%		
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	2.7	2.7	5.1		
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	234.60	288.20	482.50		
L172	Timeliness of financial assessments (Quarterly)	97.40%	97.40%	95.00%		
L199	Average time to answer Emergency Service Duty calls	Not available	Not possible to calculate for quarter 3. There will be a quarter 4 figure	40	N/A	N/A
L214	Delayed transfers of care (delayed bed days) from hospital per 100,000 population (Quarterly)	658.7	772.0	644.3		N/A
Community Mental Health –Quarterly						
OF1f	Proportion of adults in contact with mental health services in paid employment (Quarterly)	15.1%	Data produced by HSCIC is being validated	13.0%	N/A	N/A
OF1h	Proportion of adults in contact with mental health services living independently (Quarterly)	83.0%	Data produced by HSCIC is being validated	84.0%	N/A	N/A
Community Response and Reablement - Quarterly						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	7.5	8.6	8.0		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	3.4	3.1	5.0		
L135.1	Percentage of Enhanced Intermediate Care Referrals seen within 2 hours (quarterly)	94.80	95.80	95.00		
L135.2	Occupational Therapy (OT) assessments that were	98.1%	98.6%	90.0%		N/A

Ind Ref	Short Description	Previous Figure Q2 2014/15	Current figure Q3 2014/15	Current Target	Current Status	Comparison with same period in previous year (where blank, there is no year on year comparison)
	completed within 28 days of the first contact (Quarterly)					
Community Team for People with Learning Difficulties - Quarterly						
OF1e	Adults with learning disabilities in paid employment (Quarterly)	16.6%	15.7%	15.0%		
OF1g	Adults with learning disabilities who live in their own home or with their family (Quarterly)	87.9%	87.8%	85.0%		
Housing - Benefits - Quarterly						
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	7.0	9.9	10.0		
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	98.6%	98.5%	97.0%		
L177	Average time from when customer first seen to receipt of benefit payment (Quarterly)	N/A	Sampling of indicator will be done in Q4, as it was not possible to report in Q3	10	N/A	N/A
Housing - Forestry - Quarterly						
L030	Number of lifelines installed (Quarterly)	159	214	130		
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	97.63%	97.59%	97.50%		
L180	Time taken for Forestry customers to receive the service from enquiry to installation (Quarterly)	6	5	12		
Housing - Options - Quarterly						
NI155	Number of affordable homes delivered (gross) (Quarterly)	5	34	51		
L178	Number of household nights in B&B across the quarter (Quarterly)	2,119	1,811	1,650		
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	90.24%	89.29%	90.00%		
Public Health – Quarterly.						
Please note that Public Health data for indicators L216, L217 and L218 currently shows Q2 data, due to the nature of the data reporting sources.						
L215	Delivery of NHS Health Checks (Quarterly)	1,041	937	400		N/A
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	150	Not available due to time lag in reporting from data	159		N/A

Ind Ref	Short Description	Previous Figure Q2 2014/15	Current figure Q3 2014/15	Current Target	Current Status	Comparison with same period in previous year (where blank, there is no year on year comparison)
			source			
L217	Smoking quit success rate (Quarterly)	66.67%	Not available due to time lag in reporting from data source	60.0%		N/A
L218	Completion rate of specialist weight management treatment programme (Quarterly)	69	Not available due to time lag in reporting from data source	50		N/A
L219	Purchase and dissemination of flu vaccination vouchers to people in priority groups (Annually)	N/A	168	80		N/A

Traffic Lights		Comparison with same period in previous year	
Compares current performance to target		Identifies direction of travel compared to same period in the previous year	
	Achieved target or within 5% of target		Performance has improved
	Between 5% and 10% away from target		Performance sustained
	More than 10% away from target		Performance has declined

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

Ind Ref	Short Description
L213	Satisfaction rates for calls to Emergency Duty Service (Biennial)
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)

Ind Ref	Short Description
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.1	Proportion of people who use services who find it easy to find information about services (Annually)
OF3d.2	Proportion of 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)
NI155	Number of affordable homes delivered (gross) (Annually)

Section 3: Complaints and compliments

Compliments Received

30 compliments were received by the Department during the quarter.

Adult Social Care Compliments

15 compliments were received in Adult Social Care, as follows:

Team receiving compliment	Number of compliments
Community Response & Reablement services	7
Older People & Long Term Conditions services	1
Bridgewell services	4
Learning Disabilities services	1
Finance services	2

The nature of the compliments are shown below:

Nature of compliment	Number of compliments
Standard of Service	11
Equipment provided	1
Blue Badge provided	1
Finance services	2

Housing Compliments

15 compliments were received in Housing as follows:

Team receiving compliment	Number of compliments
Forestcare	6
Housing Strategy & Housing Options	9

All 15 compliments were regarding the standard of service provided.

Complaints Received

There were a total of 13 complaints received in the Department during the quarter.

Adult Social Care Complaints

8 complaints were received this quarter in Adult Social Care.

Stage	New complaints activity in quarter 3	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	8	18	7 were not upheld, 4 upheld, 5 partially upheld and 2 were ongoing.
Local Government Ombudsman	0	0	

Nature of complaints/ Actions taken/ learning from complaints:

The nature of the 8 complaints received in quarter 3 in Adult Social Care was as follows:

Nature of complaint	Number of complaints
Standard of service received	4
Access to services	2
Standard of communication	1
Finance services	1

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

5 complaints were received in quarter 3 in Housing.

Stage	New complaints activity in quarter 3	Complaints activity year to date	Outcome of total complaints activity year to date
New Stage 2	4	8	5 partially upheld 3 not upheld
New Stage 3	1	1	1 partially upheld
New Stage 4	0	0	-

Local Government Ombudsman	0	1	1 not upheld
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Nature of complaints/ Actions taken/ Lessons learnt:

Of the 5 complaints received in the quarter, 4 related to homelessness/housing advice. In general, customers' expectations of the service the Council could offer were not realised leading to their dissatisfaction. In order to address this, the process of advising customers on the homelessness route and what the Council can offer and how much the accommodation will cost that the council can offer, has been reviewed. Advice on options and costs will begin much earlier in the process rather than waiting until 28 days before homelessness is threatened. The other complaint referred to correspondence issued requesting repayment of benefit overpayment. The letters issued have been reviewed to reflect the comments made by the customer.

Section 4: People

Staffing Levels

	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
DMT / PAs	14	12	2	13	0	0
Older People & Long Term Conditions	177	80	97	115.41	28	13.65
Adults & Joint Commissioning	94	63	31	79.85	17	15.31
Performance & Resources	29	21	8	25.72	1	3.33
Housing	68	49	19	58.08	3	4.22
Public Health Shared	8	5	3	6.09	1	11.11
Public Health Local	8	5	3	5	0	0
Department Totals	398	235	163	303.14	51	11.35

Staff Turnover

For the quarter ending	31 Dec 2014	2.96%
For the last four quarters	1 Jan – 31 Dec 2014	11.87%

Total voluntary turnover for BFC, 2013/14: 12.64%
 Average UK voluntary turnover 2013: 12.5%
 Average Local Government England voluntary turnover 2013: 12.0%

(Source: XPerTHR Staff Turnover Rates and Cost Survey 2014 and LGA Workforce Survey 2012/13)

Comments:

Staff Turnover has increased this quarter from 2.26% to 2.96%. 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 3 average per employee	2014/15 annual average per employee
DMT / PAs	14	5	0.35	7.10
Older People & Long Term Conditions	177	430	2.4	10.86
Adults & Joint Commissioning	94	137.5	1.5	7.5
Performance & Resources	29	10	0.3	3.7
Housing	68	106.5	1.6	5.97
Public Health Shared	8	21	2.6	3.75
Public Health Local	8	6	0.75	1.5
Department Totals (Q3)	398	716	1.80	
Projected Totals (14/15)	398	3,092.5		7.77

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 13/14	5.50 days
All local government employers 2013	8.0 days
All South East Employers 2013	6.9 days

(Source: Chartered Institute of Personnel and Development Absence Management survey 2014)

N.B. 20 working days or more is classed as Long Term Sick.

Comments:

There are eleven cases of Long Term Sickness. Of these cases one has left the organisation, eight have returned to work and two have 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 17 actions were completed at the end of quarter 3 (🟩), while 39 actions were on schedule (🟢), 4 were potentially delayed (🟡) and 1 was delayed (🔴). 3 actions are no longer required due to changes in circumstances. The action that is delayed (🔴) is:

Ref	Action		Progress
10.1.11	Arrange the disposal of Downside for affordable housing	🔴	The development proposal now includes land not originally included when the release of the HCA covenant was resolved. The additional piece of land will generate a claw back of part of the receipt to the HCA. This additional piece of land has now been valued and agreed with the HCA. This additional work has caused the delay. Expected completion is by March 2015.

Section 6: Money

Revenue Budget

The cash budget for the department is £32.401 million, and a breakdown of this is attached in Annex B (Financial Information). The forecast outturn in the latest budget monitoring is £32.632 million, an overspend of £0.231 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 are significant extra costs arising from increased demand for support, principally arising from increased needs of people currently supported by the Council. These costs can vary significantly with small changes in demographics, but there is a potential current pressure of up to £150,000 on adult social care in our predicted outturn.
- **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. The misclassifications have now been resolved and we expect to have a more robust forecast from Month 9 onwards.
- **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. This is currently being offset by income on Council owned properties but remains a risk as demand remains volatile. The pressure included in the reported outturn is £20,000 but may rise.
- **Deprivation of Liberty Safeguards.** There is a pressure on the budget from the statutory requirement to perform Deprivation of Liberty Safeguards. The forecast outturn is based on expenditure to date which is £17,000 but this will increase further in the second half of the financial year.

Capital Budget

The approved capital budget for the department is £4.5 million and is projected to spend £3.9 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 Plan that was submitted in October was approved with support, indicating some minor clarifications were required. Initial feedback from the November resubmission indicates that the plan will be fully approved.

In the meanwhile, work will continue on all the workstreams, and will proceed in accordance with the timescales indicated in the relevant project plans.

Carers

A more flexible use of the Carers Respite Scheme will be implemented which will widen the scope of what carers can use it for. For example, to support carers to attend appointments e.g. GP/Hospital appointments and to offer sleep ins to help carers through particularly challenging times.

Older People & Long Term Conditions

Community Response & Reablement

The service will monitor systems resilience plans so to enable the service to make any adjustments required to effectively respond to the full range of presenting needs during winter.

Drug & Alcohol Action Team

During quarter 4, the team will be developing an options report in respect of service delivery for presentation to DMT. A report will be written on the review of young people's substance misuse service with recommendations for future plans.

Emergency Duty Service

From 1 January, EDS will enter into review of the 3 year Joint Agreement with the six Unitary Authorities of Berkshire as the contract is due for renewal on 1 June 2015. A steering review panel will be arranged with senior delegates from each unitary authority and our major stakeholders such as the police. These meetings will take place monthly from mid-January for the next four months.

Older People & Long Term Conditions

A Winter Well Being initiative will be targeted at older people living alone, who are recently discharged from hospital, and feeling isolated or vulnerable. The initiative will aim to make contact with people and check that everything is alright.

Sensory Needs

The Sensory Needs conference is planned for 6th March 2015 followed by a 12-week consultation period which will inform the development of the Sensory Needs Strategy.

Adults & Joint Commissioning

Learning Disabilities

The team will be developing an action plan in response to the Learning Disability Strategy and will also work with BFC Housing Services and housing associations to obtain suitable properties for accommodation of people. The service will start to deliver on the outcomes of the 5 year strategy which will include working with partner agencies and the LDPB.

The number of properties secured with the new housing provider is expected to rise to 7 properties. Also, a paper will be submitted concerning redevelopment of the long term accommodation at the Waymead site.

Autistic Spectrum Disorders

The draft Autism Strategy will be considered by the Executive at the end of January and the team will develop an action plan in response to this. There will be a 3 month review of the Helping Hands project to ascertain its effectiveness. The team will also work in partnership with Public Health on health improvement initiatives.

Joint Commissioning

The Adult Autism Joint Commissioning Strategy will be presented to the Executive for approval following which an action plan will be developed by the Autism Partnership Board.

The Self-Care Week 2014 report will be finalised and presented to the Health and Wellbeing Board and the GP Council for approval. The Prevention and Self-Care Strategy will be drafted in partnership with the Bracknell & Ascot CCG and the Helping You Stay Independent Guide for 2015 will be published.

Mental Health

Following Rethink being successful in winning the tender, service transition is in progress and the team will be working on a new implementation plan to meet the new service specification. The new service started in December 2014.

Dementia

The Bracknell Forest Dementia Action Alliance will continue to be developed and is due to be fully established by June 2015. Public Dementia Friends Information Sessions will take place throughout Bracknell Forest. By the end of 2015 Bracknell Forest will be recognised by the Alzheimer's Society as 'Dementia Friendly'.

Safeguarding

The Safeguarding Team will be developing a detailed implementation plan for the safeguarding elements of the Care Act. The Plan will enable the Council to discharge its new statutory duties as of the 1st April 2015.

DoLS

A review of staffing structure has been undertaken, with additional capacity being created to enable timely response to DoLS applications. This will be implemented in Q4.

Performance & Resources

IT

The adult social care major care management record system (which stores records of all referrals, assessments, decisions, care plans and contacts) will be upgraded early February 2015 to reflect the some of the requirements of the Care Act. Any changes to the system forms will be developed and tested and implemented as required.

The new Data Warehouse and Business Objects reporting tool will be ready for go live early February 2015 following formal training in January.

Work will continue on developing the LAS Customer Portal to support relevant Care Act requirements for information, advice and customer contact. A first draft will be ready by the end of January 2015.

HR

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

Business Intelligence

In quarter 4, the team will be concentrating on preparing for the statutory returns which will be submitted in May. Testing of the new Business Objects and Data Warehouse platforms will be a priority, to ensure fitness of purpose, with a contingency in place to use existing data mapping if necessary.

In adult social care, there will be an upgrade to LAS version 8 and in Housing an upgrade to Arbitras version 8.

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, and further work will be done to assess the impact of the Care Act, with particular focus on costs from 1 April 2016. The team will continue to support Business Intelligence to improve classification of expenditure following the zero based review exercise. Work will also include implementing a new risk based approach to the completion of Direct Payment audits and assisting with a review of housing debt to establish updated bad debt provisions and robust controls for debt collection.

PUBLIC HEALTH

In quarter 4, Public Health will be ensuring that its commitment to increasing the uptake of health improvement services continues. There will be three key developments in quarter 4.

Firstly, the 2015 campaign aimed at reducing alcohol related harm will work will run throughout January. This will build directly on the 2014 programme which was recently recognised as an example of best practice by the All Party Parliamentary Group on Pharmacy and presented to a committee of MPs in December. The 2015 campaign will use the same innovate resource kit but this year will tailor messages to specific issues such as

alcohol misuse by young people, the contribution of alcohol to obesity and the danger of alcohol for mental health.

Secondly, quarter 4 will see the launch of the new Falls Prevention Advisory Service. This is the first programme of its kind in the country and will provide a system of 'navigation' for those at risk of falls through a range of services aimed at reducing that risk (including strength and balance classes, handyperson services and medicines reviews). The innovation is in the 'upstream', preventative nature of this programme and its focus on intervention prior to a serious fall occurring.

Thirdly, the programme of web-based mental health support and counselling to young people will get underway. Unfortunately, the provider service commissioned to deliver this programme last quarter went into administration just days before its launch. However, the Public Health team immediately began the search for a new provider and revised the service specification ready for a start in quarter 4. This service will not only provide a whole new layer of preventative support in relation to children and young people's mental well-being, but will also serve to reduce demand on more intensive mental health services provided by the NHS.

HOUSING

Housing Strategy & Housing Options

Executive will be asked to consider a number of reports during the quarter. Firstly, there is an opportunity for the council to enable residential development in the town centre funded by a commuted sum in lieu of an affordable housing obligation from another site. Executive will be asked to consider the acquisition and disposal of sites in the Borough to take forward the older person accommodation and support services strategy. Lastly, work is ongoing to develop the development model for the Coopers Hill development which includes 122 residential units of shared ownership accommodation and a youth arts centre.

The Council will advertise and provide nominations for the Clement House extra care housing scheme during the quarter. It is anticipated that the scheme will open by the end of the quarter.

So as to address the increasing homeless demand, the Council will take on at least 5 new leased properties during the quarter. The leased properties will provide temporary accommodation for homeless households.

The Council has been successful in obtaining £156,000 funding from the DCLG for single homelessness as part of a Berkshire wide bid. During the next quarter proposals for using the funding will be developed.

There will be the second meeting of the homelessness forum in the quarter. The homelessness forum is working with the Council to develop the homeless strategy.

Benefits

It is intended to implement a landlord portal into the Northgate benefit system. This will allow Bracknell Forest Homes to view the benefit applications of their tenants if they have third

party consent. This will provide a better more immediate service for Bracknell Forest Homes tenants and save the council's welfare and housing caseworkers having to answer calls.








The year-end process will be concluded in the quarter so that accounts will be closed and new council tax accounts based on the Council tax reduction scheme will be set up. This will include closing the housing benefit payments of the year and implementing all the uplifts and rating changes for the next financial year.






Forestcare











Forestcare will implement the new Tunstall monitoring system during the quarter.











Forest care will also be developing new services offers such as the forest care "take away" so that customers leaving hospital can take a pack to have a lifeline monitoring system installed. Whilst this is generating additional business at the same time it is placing a demand on the amount of equipment that needs to be purchased.









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		Scheme specification is nearing completion. There is a funding gap on the costs of development and proposals are being developed to address that with an aim to reporting to executive with an in principle model for development before the end of the municipal year. Expected completion is by March 2015.
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		Meeting scheduled in January to set out options and report back to HWBB.
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		Regular monitoring meetings have been, and continue to be, held.
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		Self-care week was very successful, resulting in collaboration across a range of stakeholders, widespread publicity, and high uptake of referrals to health improvement services and health checks among the general public. The JSNA self-care guide received five thousand hits in November alone.
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		All services continued to improve. Most notably, Bracknell Forest is currently the top performer in the Thames Valley region in relation to the NHS Health Check programme. Weight management and smoking cessation performance









Sub-Action	Due Date	Owner	Status	Comments
				remains high and work got underway in preparation for a comprehensive alcohol harm reduction campaign in Q4.
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		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		The provider that was identified to deliver the online mental health support for young people went into administration two days before the service was set to launch in Bracknell Forest. However, the Public Health team ensured that the needs assessment consultation work that had been carried out was immediately utilised in the design and commissioned a new programme. Several potential providers have been interviewed and a new service specification has been developed, with a view to commissioning in Q4.
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		Data collection in the 2015 Public Health Survey has been completed ahead of schedule. This is the second survey and, for the first time, will allow an assessment of change in key health and well-being indices over the last 12 months.
6.8.6 Produce an annual report mapping uptake and attitudes to MMR and Flu immunisation take-up	31/03/2015	ASCHH		The flu campaign has continued throughout quarter 3. A final report on uptake in key priority groups will be ready in Q4.
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. The report concluded that PbR has been a success in Bracknell Forest and that there have been significant improvements in performance.









Sub-Action	Due Date	Owner	Status	Comments
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		Action completed ahead of schedule.
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		The National Drug Treatment database has been taken offline so it is no longer possible to report against this action and it is not possible to monitor this locally.
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		MindFull did not occur. Other options are being looked at. Successful self-care week took place in November. The Intermediate Care Strategy was approved by Executive in December.
6.10.2 Work with the CCG to help shape current and future service provision through Better Care Fund plans.	31/03/2015	ASCHH		BCF plans agreed. The new services Rapid Assessment Community Clinic and Falls are scheduled to come on line in Q4.
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		Multi agency group is in situ to review and deliver improved service against KPIs. The purpose and role of Integrated teams has been reviewed to support unplanned acute admissions.
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		Plans are in place to pilot 7 day working through the winter.
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		Recruitment has been partially successful supporting 7 day working. A further recruitment process is underway.
6.10.6 Ensure the development of Better Care Plans are undertaken to meet key timescales and local needs	31/12/2014	ASCHH		Better Care Plans were re-submitted in November and received full DoH approval on 22nd December.
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		Delays in the installation of the Business Objects upgrade beyond the Council's control have meant the Business Intelligence team have been unable to test this functionality. It is anticipated that this will be resolved by quarter 4.
6.11.2 Implement the changes to the Electronic Social Care Record identified as required to make the system fit for purpose as the	31/03/2015	ASCHH		Action plan is in place to manage the outstanding tasks. Project is on target and work is progressing.

Sub-Action	Due Date	Owner	Status	Comments
alternative to re-tendering				
6.11.3 Develop a reporting and monitoring methodology to report on the actions within the Better Care Fund	31/03/2015	ASCHH		Discussions are ongoing with the CCG; national guidance is evolving and as such final agreement has yet to happen.
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		Action completed. Implementation of the Care Act is underway and the department will be ready to meet its requirements 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 is now finished with actions being undertaken to cement 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		An implementation date for the pNC7 upgrade has been agreed for mid-January 2015.
7.1.3 Develop a specification and tender for the extra care required for 65 households at Clement House	31/03/2015	ASCHH		A one year contract will be tendered for and the scheme will start in March 2015.
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		Implementing local system resilience plans to support winter pressures whilst continuing to attend Urgent Care Boards and operational groups.
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		The refresh of the guide has started. The guide will be in partnership with the CCG and contain a wider range of support services for individuals to stay independent for longer.
7.1.6 Refresh the Carers' Strategy to ensure that services and support for carers reflects their needs.	31/12/2014	ASCHH		The carers' consultation has now ended and the results have been collated. The data from the National Carers Survey completed by Bracknell Forest Carers is currently being collated. The Joint Commissioning Strategy will be developed and agreed in quarter 4. It was agreed to delay the consultation and development of the strategy from quarter 3 to quarter 4 until the Care Act had been published.
7.1.7 Implement the revised Quality Assurance Framework with all providers to ensure robust	30/09/2014	ASCHH		The pilot has now been completed and implementation is underway.

Sub-Action	Due Date	Owner	Status	Comments
monitoring of commissioned services to improve the quality of support for people				
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		An action plan is being developed from the report to agree priorities.
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		Action completed ahead of schedule. Contract signed and member of staff now in post as the Dementia Action Alliance Coordinator.
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 ethnic and other hard to reach groups, and working age carers. Work is ongoing on the Family Approach which is a key priority in ensuring we can respond to children in transition and parent carers. Work continues to respond to the evolving agenda for carers within the Care Act.
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 continues 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. Training and support for carers continues to enable them to maintain their caring role.
7.4.3 Re-tender the current 'Rethink' contract to modernise support service provision	31/03/2015	ASCHH		Action completed ahead of schedule. Rethink have been successful in winning the tender, the service transition is in progress, and the new service started in December 2014.
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 is unlikely to be implemented by the end of January. It is more likely to be in the next upgrade of Controcc which is scheduled for July 2015.
7.4.5 Implement the new Learning Disability strategy, and develop an action plan	31/03/2015	ASCHH		A working group is being developed to ensure that the outcomes are achieved for all people where required who use LD Services.
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		DMT approval has been obtained for the purchase of 7 properties, and 3 of the 7 properties have been purchased. Proposals are being developed to refurbish unused accommodation into 5 individual flats. Housing will be submitting an Invest to Save paper

Sub-Action	Due Date	Owner	Status	Comments
				which will go to CMT on 18 th February. Recommendations from the Rapid Response Review to be delivered to Senior Management for decisions.
7.4.7 Develop a new Joint Autism Commissioning Strategy in response to new national requirements	31/03/2015	ASCHH		A draft Joint Autism Commissioning Strategy has been devised and submitted for approval by Executive. Once this is approved, work will start on developing an action plan.
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		Estimated completion of the Clement House scheme remains the end of February 2015.
7.5.2 Undertake a procurement process for provision of medical support at the Bridgewell Centre	31/12/2014	ASCHH		Action completed. The Commissioning strategy has now been drafted and is going through the Council ratification protocols.
7.6 With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse.				
7.6.1 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		Detailed discussions with the police are ongoing. It is unlikely that a co-located MASH will be established.
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 statutory guidance has now been published. The Board is working through the guidance in order to develop its 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		Meetings have been set up with DWP staff and job shadowing is expected in last quarter of the year.
7.7.2 Establish the homes that should be exempt from the housing element provision of Universal credit	30/06/2014	ASCHH		There were new regulations to work to from June which caused this delay. Work is on-going to determine the exempt properties.
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		Work is ongoing with each individual unitary to identify trends and patterns in types of referral and referral rates. Overall, the service has seen a 30% increase in Child Protection referrals to date year on year. This data will be broken down by each of the six unitaries.
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.				

Sub-Action	Due Date	Owner	Status	Comments
10.1.11 Arrange the disposal of Downside for affordable housing	30/09/2014	ASCHH		The development proposal now includes land not originally included when the release of the HCA covenant was resolved. The additional piece of land will generate a claw back of part of the receipt to the HCA. This additional piece of land has now been valued and agreed with the HCA. This additional work has caused the delay. Expected completion is by March 2015.
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		External advice on the financial viability of the local housing company has been sought so as to inform decision making.
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		DFGs being reviewed within BCF plans.
10.1.4 Promote and develop flexible Home Improvement Loan Schemes	31/03/2015	ASCHH		This task has been assigned to the Environment Culture & Communities Department.
10.1.9 Complete work with Thames Valley Housing Authority on development of affordable homes on the Adastron/ Byways site	31/03/2015	ASCHH		Planning consent for the development has been issued subject to a section 106 agreement.
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		Initial BETA testing of LAS and Controcc were completed by 4 LAs in readiness for the deployment of the general release versions to LAs early February. LAS Futures Development project tasks being addressed and work continues. Initial discussions around the LAS portal to meet the Contact/Information and Advice aspects of the Care Act underway. Data Warehouse installed and in test with the new version of Business Objects waiting to be fully installed with training and systems set planned.
11.2 ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.				

Sub-Action	Due Date	Owner	Status	Comments
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		Two further sessions on personality disorder training were delivered and all of the staff have completed this training now which equates to 16 people.
11.2.6 Implement the Pay and Workforce Strategy Action Plan	31/03/2015	ASCHH		Action completed ahead of schedule.
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 independence	31/03/2015	ASCHH		Services continually reviewed in line with system thinking methodology.
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		Operational resilience plans have been agreed with 3 acute trusts to deliver winter resilience.
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		Testing of Business Objects and Data Warehouse will commence in January 2015. Contingency is in place to use existing mapping for zero based review changes if necessary.
11.7.4 Continue to support the voluntary sector through the provision of core grants, to develop its' capacity	31/03/2015	ASCHH		Completed ahead of schedule 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		Action completed. Budget proposals for public consultation have been agreed with the Executive.

Annex B: Financial Information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - November 2014									
	Original Cash Budget	Virements & Budget C/fws	ACFTZ	Current approved cash budget	Spend to date %age	Department's Projected Outturn	Variance Over/ (Under) Spend	Movement This month	ACFTZ
	£000	£000		£000	%	£000	£000	£000	
Director	(93)	(151)		(244)	-344%	(244)	0	0	
	(93)	(151)	1	(244)	-344%	(244)	0	0	
Adults and Commissioning									
Mental Health	1,828	40		1,868	44%	1,868	0	0	
Support with Memory Cognition	2,339	2		2,341	60%	2,381	40	40	1
Learning Disability	12,795	(4)		12,791	33%	12,791	0	0	
Specialist Strategy	239	9		248	42%	275	27	2	2
Joint Commissioning	573	5		578	41%	587	(11)	(3)	3
Internal Services	1,118	(233)		885	36%	882	(3)	(18)	4
	18,882	(181)	2	18,611	38%	18,594	63	21	
Housing									
Housing Options	311	(4)		307	59%	322	25	6	8
Strategy & Enabling	267	(1)		266	32%	223	(43)	(2)	8
Housing Management Services	(35)	(1)		(36)	48%	-58	(22)	0	
Forestcare	14	3		17	-29%	96	79	9	7
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%	224	21	(2)	8
Other	(48)	0		(48)	-6%	12	60	0	
	1,804	31		1,835	-27%	1,866	120	11	
Older People and Long Term Conditions									
Physical Support	7,801	(3)		7,798	40%	7,598	0	0	
Internal Services	1,118	0		1,118	83%	1,322	204	0	
Community Response and Respite - Pooled Budget	1,878	205		1,883	72%	1,883	0	0	
Emergency Duty Team	39	13		52	851%	46	(6)	0	
Drugs Action Team	63	3		66	-1,145%	0	(66)	0	
	10,489	218	3	10,717	43%	10,348	132	0	
Performance and Resources									
Information Technology Team	283	(8)		275	74%	321	46	0	
Property	123	(7)		116	18%	75	(37)	(15)	3
Performance	224	6		230	46%	221	(9)	7	10
Finance Team	547	126		673	42%	604	(69)	(14)	11
Human Resources Team	158	1		157	39%	182	(25)	(5)	12
	1,383	118	4	1,481	47%	1,407	(74)	(27)	
Public Health									
Bracknell Forest Local Team	(25)	126		101	72%	101	0	0	
	(25)	126		101	72%	101	0	0	
TOTAL ASOHH	32,240	181		32,401	33%	32,832	231	6	
Memoandum Item:									
Devolved Staffing Budget				13,728*	82%	13,838	213	(1)	
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 30 November 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'n't s	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 f/y; 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				

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
12 MARCH 2015**

**REPRISE OF PAST PANEL WORK
Chairman of the Health Overview and Scrutiny Panel**

1 PURPOSE OF REPORT

- 1.1 To receive a reprise of the Panel's work and activities over the past four years and to thank Panel Members for their contribution.

2 RECOMMENDATION

- 2.1 **That the Panel notes the summary of its work and activities over the past four years.**

3 REASONS FOR RECOMMENDATION

- 3.1 To highlight the Panel's work and activities over the past four years and to thank Members for their contribution.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 Over the past four years the Panel continued to take a close interest in the performance of National Health Service organisations serving Bracknell Forest residents. The Panel also reviewed the Quarterly Service Reports of the Adult Social Care, Health and Housing department relating to health activities. In recent years the Panel has devoted much time scrutinising the action planned and taken by Heatherwood and Wexham Park Hospitals NHS Trust in response to highly critical inspection reports issued on it by the Care Quality Commission (CQC) and monitoring the progress of Frimley Park Hospital NHS Trust's acquisition of it. Since the Council assumed Public Health functions, the Panel has reviewed these and other activities that contribute to health improvements in the Borough. The Panel has responded to Quality Accounts relating to the NHS Trusts providing services in Bracknell Forest.
- 5.2 The Panel has also responded to budget consultations, monitored scheduled key and non-key Executive decisions and contributed to the development of its work programmes.
- 5.3 Working Groups were established by the Panel to review health reforms, consider the Health and Wellbeing Strategy, respond to the 'Shaping the Future' of NHS services in East Berkshire consultation and applying the lessons from the Francis Report.
- 5.4 The Panel formed the Health Reforms Working Group to monitor the implementation of the major changes from the 2010 NHS White Paper and the Health and Social

Care Bill, with a particular focus on the transfer of Public Health responsibilities to the Council. Having completed its detailed monitoring role, the Working Group decided that future monitoring should be carried out by the Panel.

- 5.5 The Health and Wellbeing Strategy Working Group was established to make an input to the Council's statutory Health and Wellbeing Strategy and to monitor the creation of the Health and Wellbeing Board. The Working Group concluded its work by providing its views on the draft Health and Wellbeing Strategy.
- 5.6 A Working Group was formed to consider the major consultation by NHS Berkshire (Primary Care Trust) and Heatherwood & Wexham Park Hospitals NHS Trust concerning 'Shaping the Future' of health services in East Berkshire. This culminated in the Working Group supporting, with some caveats, the three principal proposals for service change. The Working Group formulated with the relevant Executive Member a response to the consultation which was adopted by full Council on 23 January 2013. The Primary Care Trust Board meeting on 26 March 2013 determined to proceed with all the proposed service changes.
- 5.7 The Francis Report Working Group was set up as a direct result of the Francis report into the Mid-Staffordshire Hospital crisis and the deficiencies it highlighted in the Health O&S function of the local authorities in that region. The review was not convened through any concerns that Bracknell Forest's arrangements were in any way lacking but rather to determine whether there were areas where our O&S practices could be enhanced in light of the Francis report and recommendations. The review was very wide ranging and formulated 15 recommendations regarding areas including a refreshed statement of the aim and objectives of Health O&S and the role of Members; adopting a selective and tiered approach to scrutiny of local NHS service providers; Panel Members developing specialist knowledge of an area of NHS activity; health O&S training; obtaining independent expert clinician advice; improved information flow; exception reporting and flagging of concerns; relaying of properly prepared and approved health information and issues to residents; complaints to the NHS Trusts; the format of Panel meetings; involvement with Healthwatch Bracknell Forest; and closer contact with the local CQC manager and events. The implementation of the recommendations is ongoing.
- 5.8 During the past four years Members received a general induction, specific health scrutiny induction and further training in the areas of chairing / leadership, questioning and listening skills to assist them to undertake their O&S role successfully.
- 5.9 I would like to thank Panel Members for their work and support over the past four years.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS / EQUALITIES IMPACT ASSESSMENT / STRATEGIC RISK MANAGEMENT ISSUES / CONSULTATION

- 6.1 Not applicable.

Background Papers - None.

Contact for further information

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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
12 MARCH 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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HEALTH OVERVIEW & SCRUTINY PANEL**EXECUTIVE WORK PROGRAMME**

REFERENCE:	I051404
TITLE:	Intermediate Care Services Contract
PURPOSE OF REPORT:	To approve a request to waive the competition requirements of the Contract Standing Orders for Staffing for Intermediate Care Services by Berkshire Healthcare NHS Foundation Trust.
DECISION MAKER:	Executive
DECISION DATE:	31 Mar 2015
FINANCIAL IMPACT:	To be incorporated into the report
CONSULTEES:	Internal teams within Adult Social Care, the current provider of the service, people who use the service and their carers.
CONSULTATION METHOD:	Meeting(s) with staff and people supported by the service

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)

REFERENCE:	I052372
TITLE:	Implementation of the Care Act
PURPOSE OF REPORT:	To approve the approach to implementing the next phases of the Care Act.
DECISION MAKER:	Executive
DECISION DATE:	23 Jun 2015
FINANCIAL IMPACT:	No direct financial impact as a result of the approach.
CONSULTEES:	Professional partners
CONSULTATION METHOD:	Through discussion at meetings and comments on draft papers.

Unrestricted

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:	I051912
TITLE:	Safeguarding Adults Annual Report
PURPOSE OF REPORT:	To endorse the Annual Report in relation to Safeguarding Adults within the Borough.
DECISION MAKER:	Executive
DECISION DATE:	21 Jul 2015
FINANCIAL IMPACT:	No financial implications
CONSULTEES:	Bracknell Forest Safeguarding Adults Partnership Board
CONSULTATION METHOD:	Meeting(s) with interested parties

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