



NOTICE OF MEETING

Health Overview and Scrutiny Panel

Thursday 1 October 2015, 7.30 am

Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Health Overview and Scrutiny Panel

Councillor Phillips (Chairman), Councillor Mrs McCracken (Vice-Chairman), Councillors G Birch, Hill, Mrs Mattick, Mrs Temperton, Thompson, Tullett and Virgo

cc: Substitute Members of the Panel

Councillors Allen, Mrs Angell, Brossard, Harrison and Peacey

Observer:

Mark Sanders, Healthwatch

Non-Voting Co-optee

Dr David Norman, Co-opted Representative

ALISON SANDERS

Director of Corporate Services

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If you require further information, please contact: Katharine Simpson

Telephone: 01344 352308

Email: katharine.simpson@bracknell-forest.gov.uk

Published: 22 September 2015



**Health Overview and Scrutiny Panel
Thursday 1 October 2015, 7.30 am
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell**

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Note: There will be a private meeting for members of the Panel at 7.00pm in Meeting Room 1, Fourth Floor, 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 2 July 2015.

1 - 10

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. **Frimley Health Trust**
To receive an update from Sir Andrew Morris OBE, Chief Executive of Frimley Health NHS Foundation Trust on the Trust's progress, with particular reference to overcoming the weaknesses found by the Care Quality Commission at Heatherwood and Wexham Park Hospitals. 11 - 18
7. **Healthwatch Bracknell Forest**
To give Members the opportunity to raise questions on the 2014-15 Annual Report of Healthwatch Bracknell Forest. 19 - 38
8. **The Patients' Experience**
To consider the current information from the NHS Choices website, for the NHS Foundation Trusts providing most NHS services to Bracknell Forest residents. 39 - 44
9. **Departmental Performance**
To consider the parts of the Quarter 1 2015/16 (April to June 2015) Quarterly Service Report of the Adult Social Care, Health and Housing Department relating to health issues. 45 - 74
- Please bring the previously circulated Quarterly Service Report to the meeting. Copies are available on request and attached to this agenda if viewed online.**
10. **Executive Key and Non-Key Decisions**
To consider scheduled Executive Key and Non-Key Decisions relating to health. 75 - 78
11. **Member Feedback**
To receive oral reports from Panel Members on their specialist roles since the last Panel meeting.
12. **2015/16 Work Programme**
To finalise the Panel's work programme for 2015/16. 79 - 82
13. **Date of Next Meeting**
The next scheduled meeting of the Health Overview and Scrutiny Panel has been arranged for 14 January 2016.

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**HEALTH OVERVIEW AND SCRUTINY PANEL
2 JULY 2015
7.30 - 9.55 PM**



Present:

Councillors Phillips (Chairman), Mrs McCracken (Vice-Chairman), Allen, Hill, Mrs Mattick, Peacey, Mrs Temperton, Tullett and Virgo

Co-opted Member:

Dr David Norman

Executive Members:

Councillor D Birch

Observer:

Mark Sanders, Healthwatch

Also Present:

Richard Beaumont, Head of Overview & Scrutiny
Will Hancock, Chief Executive, South Central Ambulance Service Trust
Paul Jefferies, Berkshire Area Manager, South Central Ambulance Service Trust
John Nawrockyi, Interim Director of Adult Social Care, Health & Housing
Dr Lisa McNally, Consultant in Public Health

Apologies for absence were received from:

Councillors G Birch and Thompson

1. **Election of Chairman**

RESOLVED that Councillor Ms Phillips be elected Chairman of the Health Overview and Scrutiny Panel for the 2015/16 Municipal Year.

COUNCILLOR MS PHILLIPS IN THE CHAIR

2. **Appointment of Vice-Chairman**

RESOLVED that Councillor Mrs McCracken be appointed Vice-Chairman of the Health Overview and Scrutiny Panel for the 2015/16 Municipal Year.

3. **Apologies for Absence/Substitute Members**

The Panel noted the attendance of the following substitute members:

Councillor Allen for Councillor G Birch
Councillor Peacey for Councillor Thompson

4. **Minutes and Matters Arising**

RESOLVED that the minutes of the Health Overview and Scrutiny Panel meeting held on 12 March 2015 be approved as a correct record and signed by the Chairman.

5. **Declarations of Interest and Party Whip**

There were no declarations of interest nor any indications that Members would be participating under the party whip.

6. **Urgent Items of Business**

There were no urgent items of business.

7. **Public Participation**

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

8. **South Central Ambulance Service**

The Chairman welcomed Will Hancock, Chief Executive, and Paul Jefferies, Berkshire Area Manager, South Central Ambulance Service Trust to the meeting to provide an update on the Trust's performance and future plans. The chairman commented on the initiative taken by Bracknell Forest councillors to equip 47 community locations with defibrillators.

An overview was given of the work taking place to improve performance in respect of the 999 response times. It was reported that the Trust received approximately 35,000 RED1 999 calls, where patients presented with life threatening conditions and a target response time had been set of under 8 minutes, a month and the Trust was consistently in the top 75 percentile for its response times for these calls. In the period April 2014 to April 2015 the Trust was able to have a clinically safe transportable vehicle on scene within 19 minutes in 92% of Red 1 and Red 2 cases (compared to a target of 80%). There had been one RED2 incident in Bracknell Forest which had been classified as not receiving an appropriate clinical response within 30 minutes of the call being received. This case had been fully audited to review the location of resources at the time of the call, the patient records, and clinical observations to ascertain the circumstances of the case and to identify learning.

The Trust had undertaken a significant amount of work to train paramedics so that they were able to provide appropriate treatment and referral services on the spot for example wound care a move that had reduced the number of patients requiring transport to hospital. Changes had also been made to the way that incoming 999 calls were clinically triaged and the 999 service now used the NHS Pathways ICT system used by the 111 service. This meant that call handlers had greater opportunity to provide appropriate clinical advice and were able to signpost callers to alternative services when appropriate.

Falls were the most common reason for care homes to call out an ambulance and at a local level, the Trust had been evaluating the way that care homes within Bracknell Forest had been utilising the Ambulance Service with a view to reducing the number of non-elective admissions by 10%. As part of this work the Trust had approached the Council's falls lead and the Berkshire Healthcare NHS Foundation Trust's Locality

Manager about the possibility of implementing a 'Falls Tool' which had been designed to empower care homes to assess patients themselves. This tool had been in use in Hampshire for a number of years and the area had seen a 60% fall in the number of calls from care homes using the tool following its introduction. Areas for future development included work to raise awareness amongst care home staff and healthcare professionals of the signs and symptoms of infection.

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

- The Trust's main financial challenge came from growing demand for its services, a trend which was accelerating. This put staff under a lot of pressure
- The Trust had good partnership working, though handover times at some hospitals was occasionally delayed
- The Trust had 75 ambulances working across the Thames Valley region and these were deployed between ambulance stations and seven strategic locations to ensure that coverage of the area was as wide as possible and that ambulances were located nearer to the areas where they might be needed so that they did not have to travel as far to reach patient. The deployment model used was constantly being updated to ensure that resources were placed appropriately
- Whilst a lot of work had been done to recruit and retain paramedics there was a national shortage of trained paramedics, due to the range of career opportunities available to the. In addition to training paramedics within the NHS, the Trust was having to look abroad to fill gaps in its workforce. Six Polish paramedics were currently employed by the Trust and a further eight were in the process of undertaking additional training before they became fully operational members of staff
- The Trust routinely met its target of answering all 111 calls within 60 seconds and consistently showed a call abandonment rate of less than 5%.
- In cases where calls were made and advice given over the phone, classified as 'Hear and Treat' calls, the re-contact rates could be skewed by multiple calls from nursing homes seeking advice on a number of different residents as these calls were recorded as having been made from the same number. Where high re-contact rates were identified then the calls were audited to identify any problems
- An action plan was in place to improve the non-emergency transport service. The service was currently out to tender and an update would be provided to the Panel next year.
- All paramedics and frontline staff had to complete statutory face to face training on an annual basis and a range of e-learning study packages was also available to staff. To help support to complete training new rotas had been implemented with dedicated training time built into them to enable staff to update and develop their knowledge and all ambulance stations were equipped with IT equipment so that staff could complete these training packages when not answering calls
- The Trust was working closely with Oxford Brookes and Portsmouth Universities to develop the range of training options available for those who wished to become paramedics as well as paramedics who wished to develop their careers further
- Information sharing was a key factor to the success of the Trust's work and all front line staff were now equipped with tablet computers to enable them to make records electronically at the time of the call out and these had been set up so they automatically linked into hospital ICT systems enabling better data

sharing to occur. Work was taking place to improve other aspects of information sharing for example access to GP summary care records

- Work was taking place to reduce the Trust's reliance on private providers. These services were secured through a procured contract and were measured against a set specification. Private providers were currently 5 or 6 double crewed units and 4 or 5 rapid response units operating across the region. There had been no incidents of the Police having to use a police vehicle in substitution for an ambulance
- The 8 minute response time had been set by NHS England. Measurement of the response time started from the moment the call handler accepted the call and finishes when the crew responding arrived at the scene. These times were all managed and recorded electronically
- The Trust operated their own planning projections in collaboration with Clinical Commissioning Groups, recognising the expansion of housing and other factors
- The Trust was investing in the Bicester call centre to improve capacity and it was possible to flex resources between the Bicester call centre and call centres in Hampshire and Milton Keynes when required in order to maximise the available resources however the 111 operation did need to develop greater resilience
- The computer systems were designed in such a way that both important and hoax calls were able to be identified and handled appropriately. When regular callers were identified then the Trust worked with partner agencies to reduce these calls

The Panel was informed that following a recent undercover investigation of the 111 service by a Daily Telegraph journalist the Trust had launched an immediate investigation into the systems and practices criticised in the reports. The investigation was being conducted under the terms of the Trust's Whistle Blowing policy. The terms of reference for the investigation were still under development however it would be conducted by an independent reviewer supported by an investigator from the Service and would cover a number of areas including:

- HR and recruitment
- Confidentiality and information governance standards
- Clinical governance and the operational safety of the service
- Investigation of the allegations made around the improper use of the 111 pathways
- Culture, leadership and behaviours.

In addition, work was also taking place to audit all the calls handled by the journalist during her time at the call centre to categorically assure the service that all calls had been dealt with appropriately. An external audit of the Trust's internal investigation process was also being carried out.

The final report was expected within the next eight to ten weeks and it was agreed that an update would be brought to a future Panel meeting.

The Chairman thanked Will Hancock and Paul Jefferies for their informative update, drawing attention to the importance of staff training and progression, balancing financial and operational performance requirements and partnership working.

9. **Introductory Briefing and Service Plan 2015/16**

The Executive Member for Adult Social Care, Health and Housing gave the Panel a briefing on his priorities for health over the next four years. It was stressed that the Council's main objective in the area of health, reflecting the vision of the Health and Wellbeing strategy, would be to invest in the long term health of residents and develop services that worked to keep people as healthy as possible for as long as possible with a focus on prevention rather than intervention.

The key areas of work to be focused on would include:

- Drug and alcohol dependency
- Obesity
- Falls prevention
- Delivering the work packages incorporated into the Better Care Fund to help prevent people needing to attend the accident and emergency department
- Make better use of IT to measure outcomes and assess the success or otherwise of interventions
- Child and Adolescent Mental Health Services (CAMHS) and mental health services
- GP surgeries and community based care facilities
- Bring about behaviour change both internally and externally to encourage self care and self help where appropriate
- Prevention of funding being pulled out of the Borough and used to support work in other areas

It was stressed that funding pressures meant that it would be impossible to achieve everything and that any work would need to be prioritised. Any decisions would be evidence based and if work wasn't considered a high enough priority then it would not be progressed.

The Interim Director of Adult Social Care, Health and Housing summarised the scope and purpose of the departmental service plan, progress against which was provided in the Quarterly Service Reports.

10. **Departmental Performance**

The Panel received and noted the sections of the Adult Social Care, Health and Housing Department's Quarter 4 (January to March 2015) Quarterly Service Report (QSR) relating to health.

The Panel was informed that at the end of Quarter 4 831 people had been helped to stop smoking. This was an increase on the figures for the previous year and with a successful quit rate of 72% this represented the highest rate in the South East region.

Two hundred people had signed up to the specialist weight management treatment programme in Quarter 4 and a significant number were meeting their weight loss targets. This number was considered to be exceptional and the service was currently working at capacity.

The Public Health Team had carried out a significant amount of work to increase the take up of health checks and had achieved a delivery rate of 12%. This was the highest delivery in the South East region and it was expected that as a result of the

Government's payment by results initiative the Council would receive money for the results achieved.

Work had taken place to develop the Falls Prevention programme. This community based initiative aimed to help residents put measures in place at an early stage so that the likelihood of a fall occurring were minimised.

To help support the mental health of children and young people an online counselling service was now live. The service accessible at www.kooth.com provided free anonymous counselling and support to young people experiencing emotional problems. Resources were also available for parents and teachers. Kooth was also able to take on clients that had been stepped-down from CAHMS services and this would mean that young people would now be able to receive ongoing support. A move that was hoped would reduce the number re-referrals being made to CAHMS. In order to ascertain whether the service was having an impact a range of quantitative data was being collated and analysed including psycho-social indicators, impacts on other services and displacement activity e.g. the number of referrals and re-referrals made to CAHMS and the size of CAHMS waiting lists. It was agreed that updates on the Kooth service would be included in future QSRs.

The Panel noted the update.

11. **The Patients' Experience**

The Panel received a report setting out the results of recent inpatient surveys for the three acute hospitals providing services to Bracknell Forest residents, and other relevant information from the NHS Choices website.

The Panel expressed concern that all the surveys indicated that patients were not satisfied with the availability of information about how to make complaints. The Panel was informed that whilst the information was readily given out on request its availability was not made overt. Healthwatch Bracknell Forest had raised concerns about this approach with the Hospital Trusts and was working with Frimley Health Trust to incorporate the information into the discharge information routinely provided to patients. It was agreed that the Panel Chairman would write to the Hospital Trusts to raise the Panel's concerns about the availability of information about the complaints process with them.

The Panel noted the report.

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

The Panel noted the forthcoming Executive Key and Non-Key Decisions relating to Health.

I054365 Child Healthy Lifestyle and Weight Management Service – It was clarified that this decision related to service provision in Slough, Wokingham, West Berkshire and Reading only. As the host authority, Bracknell Forest had responsibility for the decision under the terms of the Shared Public Health Agreement.

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

The Panel received and noted a report providing an update on scrutiny activity and developments during the period December 2014 to May 2015.

14. 2015/16 Work Programme

The Panel received a report setting out the previously agreed work programme for the Panel for 2015/16.

It was reported that the Health and Wellbeing Board had recently implemented a multi-agency Task and Finish Group to explore primary care infrastructure in the borough and the Borough's needs and requirements in the future.

It was acknowledged that responsibility for the commissioning of specialist areas lay with NHS England and that scrutiny of this area would be difficult.

Healthwatch Bracknell Forest would be happy to provide reports on service commissioning as experienced by service users.

It was acknowledged that the recommendations in relation to the development of specialist knowledge areas that came out of the Panel's recent work on the Francis Report needed to be embedded into the Panel's work. It was suggested that future meeting agendas include a standing item to enable members to give updates on developments in their chosen specialist areas.

The Panel noted the suggested work programme for 2015/16 and agreed that further consideration would be given to the areas that working groups might examine outside the meeting.

15. Date of Next Meeting

It was noted that the next scheduled meeting of the Health Overview and Scrutiny panel would take place on 1 October 2015 at 7.30pm.

CHAIRMAN

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ACTIONS TAKEN : HEALTH OVERVIEW AND SCRUTINY PANEL MEETING
2 JULY 2015

<u>Minute Number</u>	<u>Action Required</u>	<u>Action Taken</u>
8. South Central Ambulance Service	Provide copy of report of investigation into Daily Telegraph allegations	Requested from SCAS on 3 July. Reminder sent on 10 September.
	Patient Transport Service: <ul style="list-style-type: none"> - Advise outcome of procurement process - Advise whether the problems identified by the CQC have been resolved 	Requested from SCAS on 3 July. Reminder sent on 10 September.
10. Departmental Performance	To include in future Quarterly Service Reports information on progress with the on-line mental health service	On-going
11. The Patients' Experience	Write to two hospital trusts regarding the low ratings concerning information about complaints	Chairman wrote to two hospital Trusts on 6 July. One response received on 16 July and the other on 15 September – copied to Panel Members on 21 September.
14. 2015/16 Work Programme	Notify O&S Commission that the Panel has yet to decide whether to propose changes to the work programme	Commission notified at their meeting on 9 July.
	Add standing item to future Panel agendas – reports back from specialist members on their activities	Entered on agenda plan

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To: **HEALTH OVERVIEW AND SCRUTINY PANEL**
1 OCTOBER 2015

FRIMLEY HEALTH NHS FOUNDATION TRUST
Assistant Chief Executive

1 PURPOSE OF REPORT

- 1.1 This report provides background information for the meeting with the Chief Executive of Frimley Health NHS Foundation Trust.

2 RECOMMENDATIONS

- 2.1 **That the Health Overview and Scrutiny Panel receives an update from Sir Andrew Morris OBE, Chief Executive of Frimley Health NHS Foundation Trust on the Trust's progress, with particular reference to overcoming the weaknesses found by the Care Quality Commission at Heatherwood and Wexham Park hospitals.**

3 REASONS FOR RECOMMENDATIONS

- 3.1 To inform the discussion with Sir Andrew Morris.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 The last Panel meeting with representatives of Frimley Park Hospital was held on 3 July 2014. The minute of that meeting is attached. The Panel determined at its meeting on 7 January 2014 that it would normally meet each major hospital Trust nearby at least once every two years. This periodic meeting has been brought forward due to significant changes around the Trust's acquisition of the former Heatherwood and Wexham Park Hospitals Trust, and the forthcoming inspection of Wexham Park Hospital by the Care Quality Commission (CQC).
- 5.2 To assist the Panel's deliberations, attached to this report is relevant summary information from the websites of Frimley Health Trust, Monitor, and the CQC.

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

- 6.1 Not applicable.

Contact for further information

Richard Beaumont – 01344 352283
e-mail: richard.beaumont@bracknell-forest.gov.uk

HEALTH OVERVIEW AND SCRUTINY PANEL 3 JULY 2014

Frimley Park Hospital NHS Foundation Trust

The Chairman welcomed Andrew Morris, Chief Executive of Frimley Park Hospital NHS Foundation Trust, to the meeting to speak on the Trust's services to residents of Bracknell Forest and progress on the Trust's prospective acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust. Background information had been circulated to the Panel in advance of the meeting, as follows:

- Minute from the Panel's meeting on 2 February 2012, the last time that representatives of the Trust had attended a Panel meeting;
- Relevant summary information from the websites of Frimley Park Hospital and Monitor;
- The latest inspection report by the Care Quality Commission;
- A briefing paper from Frimley Park Hospital on the proposed acquisition.

Andrew Morris spoke to the Panel, and the points made included in the following:

- The Trust wished to provide consultant-led services and specialisation, and it had been recognised that, in order to have a sufficiently large enough patient catchment to do this, the Trust would need to undergo a merger with another Trust. The proposed acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust would allow enable better, more comprehensive care and local specialist services.
- It was envisaged that consultants, rather than patients, would travel between sites. It was likely that a small percentage of patients would be required to travel to a different site, but this would be to access specialist services.
- All hospitals were required to make budgetary savings of 4% per annum, which equated to £12million at Frimley Park NHS Foundation Trust. The acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust would allow for a reduction in back-room costs whilst delivering greater efficiencies, for example in purchasing, and protecting front-line services. Delivering efficiencies whilst maintaining quality was a major challenge for hospitals, but the acquisition would allow for better provision of doctors and nurses
- The Trust was currently negotiating with the Department of Health to write off the existing debt at Heatherwood and Wexham Park NHS Foundation Trust and invest capital in the infrastructure of Wexham Park Hospital, including a refurbishment of A&E, an upgrade of maternity services and addressing a backlog of maintenance issues. The proposal for the Heatherwood hospital site was to develop and refurbish it as a modern elective surgery unit, and this too would require new funding. It was intended that the acquisition could be used as an opportunity to secure funding to improve the facilities at Wexham Park Hospital and provide new diagnostic equipment.
- The proposed acquisition was a very complex procedure that would need the agreement of both Councils of Governors, particularly as it would, in effect, mean the dissolution of the Council of Governors at Heatherwood and Wexham Park NHS Foundation Trust. Frimley Park NHS Foundation Trust was keen to progress and conclude negotiations with the Department of Health, with the acquisition completed in the autumn if possible. There were no proposed changes to services so there was no requirement to undergo a public consultation, but the proposals had been brought to the monthly constituency meetings at Frimley Park Hospital to make them visible and engage members of the public. Feedback had been that people wanted to see Frimley Park Hospital maintained but improvements made at Wexham Park Hospital.

The Chairman queried whether each part of the proposed acquisition, for example the planned upgrade to A&E and maternity services, would need to be submitted individually to the Department of Health.

It was explained that each part would need to be submitted separately, as part of a two-stage process. An outline business case was submitted first, to seek agreement in principle for funding, and at this stage if approved funds were set aside by the Department of Health. This was then followed by submission of a full business case. It was a long, complex process, usually taking up to seven years, that the Trust was trying to achieve in a shorter space of time by ensuring that agreements in principle for all aspects of the acquisition were supported at this stage. Agreement needed to be sought from the Commissioners involved or the proposed acquisition could not proceed. The proposals had the support of the DoH, Monitor and NHS England.

The Panel questioned the results of the recent staff survey at Wexham Park Hospital, which had shown that only 51% of staff at the hospital would recommend the facility to friends and family. It was asserted that hospitals worked on a hierarchical consultant-led structure, and queried how this could be changed.

It was explained that Heatherwood and Wexham Park Hospitals NHS Foundation Trust had undergone a long period of uncertainty, and experience had shown that standards and staff morale could suffer as a result. The Trust was keen to develop a common vision and strategy for the hospitals for staff to work towards, utilising ideas of staff and where managers could provide support for clinicians. All clinicians were trying to provide better outcomes for patients, but staff at Heatherwood and Wexham Park Hospitals needed better facilities, stability and security to come together as a team and in order to provide consistently excellent care. There were some very highly-skilled people working at the hospitals but teamwork had suffered as a result of a lack of funding and leadership. It was believed that with the right governance arrangements, delegations and staff empowerments in place this would happen, but it would require working in new and different ways. Recruitment of staff was an issue, but creating stability would also reduce the Trust's reliance on agency staff.

The Panel queried whether surgeons moving between different sites to treat patients would be the best use of their time.

It was explained that this already happened to a degree. Wexham Park Hospital provided plastic surgery to a number of different Trusts, and Frimley Park NHS Foundation Trust had only recently joined this service after previously using Chelsea and Westminster. Outpatient appointments and day cases were seen at Frimley Park Hospital. Inpatients did have to travel to Wexham Park Hospital, but previously all patients would have had to travel to Chelsea and Westminster. Another benefit of combining the hospitals into one Trust would be a greater level of peer review as part of a multi-disciplinary approach. The team approach and accountability were key success factors.

The Panel asked what the fall-back would be for Frimley Park NHS Foundation Trust if the acquisition did not proceed.

It was reported that Frimley Park Hospital would continue as it was at present but it was firmly believed that the acquisition was the way forward and in the best interests of patients. The acquisition was not without risk, if it did not proceed other options, such as a merger with one of the Surrey hospitals or the Royal Berkshire Hospital would need to be considered. A number of consolidations amongst other Trusts had taken, or were taking, place.

The Panel queried whether the debt currently owed by Heatherwood and Wexham Park would be written off by the Department of Health, or whether the Trust would be required to repay this over a period of time. The Panel also queried whether the funding required to upgrade services at Wexham Park would be provided by the Department of Health or whether this would be in the form of a loan that would need to be repaid.

It was confirmed that the proposal to the Department of Health was for all historical debt to be written-off, that the Department of Health would fund the new hospital at Heatherwood and the various building and equipment upgrades at Wexham Park, and the acquisition should include a guarantee to Frimley Park that its funds would be untouched. However, all NHS Trusts were required to pay an annual Public Dividend Capital fee to the Department of Health, of 3.5% of the Trust's asset base, in perpetuity. Some improvements had already been made at Wexham Park, for example in the operating theatres, but A&E did not meet current standards. The proposed A&E changes included private assessment rooms for patients likely to need admission, in line with the facilities provided at Frimley Park. Maternity services was an area where patients were able to express choice, and Wexham Park Hospital needed investment, for example to convert the delivery rooms to en-suite and providing a midwife-led unit, to encourage people to choose the hospital.

Mr Morris said there are a lot of hardworking staff at Heatherwood & Wexham Park hospitals, also some areas of excellence, such as haematology. The hospitals' performance had suffered due to discontinuity of leadership, funding pressures, the need for better teamwork by some clinicians, and other factors.

The Chairman of the Overview and Scrutiny Commission requested clarification on the figure that would be written-off by the Department of Health, and how the new Trust's 3.5% Public Dividend Capital fee would be calculated – would this be a percentage of the improvements or of the total asset?

It was confirmed that the amount requested to be written-off would be the debt owed on day one of the acquisition transition. The Public Dividend Capital fee would be payable on the value of the whole estate. Assets were valued each year by the District Valuer.

The Healthwatch representative stated that Wexham Park had recently appointed an Assistant Director for Patient Involvement, and said that Healthwatch would want to see this position maintained in the proposed acquisition. He asserted that patient views at Frimley Park Hospital were not always sought.

It was reported that Frimley Park Hospital was about to introduce a welcome pack for every patient admitted to the hospital, to encourage them to think about their care. Patient feedback was welcomed. A survey on cancer care had rated the hospital in the top 20% in the country. Maternity and A&E had been rated as average, which had been disappointing for the Trust, but action plans had been put in place to improve patient care. The hospital was struggling to handle an increase in the volume of patients coming to A&E, and this impacted on patients' perceptions as waiting times had increased. A profile of work in the department had shown that Saturdays and Sundays were the busiest days, and the hospital had responded by having three consultants in the department.

The Chairman complimented Mr Morris on Frimley Park hospital's performance and conveyed the Panel's best wishes for a success acquisition of Heatherwood and Wexham Park Hospitals Trust.

From Frimley Health NHS Foundation Trust Website

Frimley Health NHS Foundation Trust provides NHS hospital services for 900,000 people across Berkshire, Hampshire Surrey and South Buckinghamshire.

As well as delivering excellent district general hospital services to its population the trust has specialist heart attack, vascular, stroke, spinal, cystic fibrosis and plastic surgery services across a wide catchment. In addition to the main hospital sites at Frimley, Wexham near Slough and Heatherwood in Ascot, the trust runs outpatient and diagnostic services from [Aldershot](#), Farnham, Fleet, Windsor, Maidenhead and [Bracknell](#), bringing a range of services closer to these communities.

Following the publication of an inspection report just before the acquisition date last year, Frimley Park Hospital became the first in the country to be rated as 'outstanding' under the Care Quality Commission's new inspection regime.

Our staff values are Committed to Excellence, Working Together and Facing the Future. In the last national staff survey, staff at Frimley Park were rated as the most motivated of any hospital in the NHS.

Frimley Health is also proud to host a Ministry of Defence Hospital Unit at Frimley Park with military surgical, medical and nursing personnel fully integrated with the hospital's NHS staff providing care to patients in all specialties.

Frimley Health NHS Foundation Trust has strong links to the community through its 24,000-strong foundation trust members representing patients, other stakeholders and staff.

FRIMLEY HEALTH MEETS ALL KEY TARGETS FOR FIRST TIME

8 July 2015

A&E services at Frimley Park and Wexham Park Hospitals met the four-hour waiting target for the first time since coming together under a single management team.

The emergency departments in Slough and Frimley, which serve more than 800,000 people across Berkshire, Buckinghamshire, Hampshire and Surrey, have been run by Frimley Health NHS Foundation Trust since Frimley Park Hospital NHS Foundation Trust took over managing Heatherwood and Wexham Park Hospitals on 1 October 2014.

At a time when many hospital trusts are failing to meet the target for treating, discharging or admitting 95% of A&E patients within four hours, Frimley Health achieved the target for the first quarter (April – June) of the 2015-2016 financial year.

In an additional remarkable achievement, the trust also met all other key standards set out by health service regulator Monitor over this three month period.

Frimley Health chief executive Sir Andrew Morris said: "Hitting all these core standards for the first time as Frimley Health is the best indication yet that we are on track to meet our aim of providing excellent services to all our patients across the region.

"It is also the first time that Wexham Park Hospital has achieved all the standards in any quarter for a number of years. Considering the hospital was placed in special measures by the CQC (Care Quality Commission) just a year ago this is a remarkable achievement on behalf of staff and managers to turn it around.

"Everyone has been working extremely hard to make sure that joining forces has been a success, by bringing a better leadership and management structure for Wexham Park and Heatherwood Hospitals, and ensuring that services continue to improve at all our hospitals."

The A&E service at Frimley Health is now the fourth busiest in the country with more than 220,000 annual patient attendances split equally between emergency departments at Frimley and Wexham. The number of consultants at Wexham's A&E has been increased from six to ten in the past year to help improve front line decision making over longer hours. There are now a similar number of consultants as at Frimley Park's emergency department.

Frimley Park Hospital has already been recognised by the CQC as among the very best in the country and became the first in the country to receive an 'outstanding' rating by inspectors last September.

Wexham Park Hospital was taken out of special measures when managers from Frimley Park took over, but the CQC is returning in October this year and will expect to see some improvements from 2014.

The new trust Frimley Health NHS Foundation Trust has also seen a fall in staff nursing vacancies – a particular challenge at Wexham Park - resulting in a significant decrease in the amount of money spent employing agency staff in recent months. Complaints at Wexham and Heatherwood have fallen significantly and they have remained stable at Frimley Park.

Sir Andrew added: "We still have a long way to go and it will be three to five years before we get to where we really want to be. But I'm really pleased that the 2015-2016 financial year has begun so successfully.

"In addition we are continuing to deliver outstanding services from Frimley Park Hospital."

Frimley Health key performance April – June 2015 (quarter 1)

- More than 95% of A&E patients treated, discharged or admitted within 4 hours
- More than 90% of patients waiting less than 18 weeks for first treatment after referral by a GP
- Cancer two week maximum wait for test
- 31 day diagnosis to first treatment for cancer
- 62 day referral to first treatment for all cancers for more than 85% of patients
- Clostridium difficile within limits

Frimley Health has multi-million pound plans to rebuild the emergency department and refit the maternity unit at the Wexham Park site in the coming months. It is also carrying out a major programme of building and maintenance at the Wexham site following years of underinvestment

Monitor Website

Monitor publishes 2 ratings for each NHS foundation trust.

- The continuity of services rating is Monitor's view of the risk that the trust will fail to carry on as a going concern. A rating of 1 indicates the most serious risk and 4 the least risk. A rating of 2* means the trust has a risk rating of 2 but its financial position is unlikely to get worse.
- The governance rating is Monitor's degree of concern about how the trust is run, any steps we are taking to investigate this and/or any action we are taking. We'll either indicate we have no evident concerns, that we have begun enforcement action, or that the foundation trust's rating is 'under review', which means we have identified a concern but not yet taken action

Monitor's current ratings of Frimley Health Trust are:

Continuity of services – 3

Governance – Green

Monitor's additional comment is: 'No evident concerns'

Care Quality Commission Website

[Provider: Frimley Health NHS Foundation Trust](#) Outstanding

PROVIDER

Specialisms/services

- Assessment or medical treatment for persons detained under the 1983 Act
- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Surgical procedures
- See all (8)

Tel: (01276) 604604 Provided for: Surrey

CQC Inspection Area Ratings

(Latest report published on 26 September 2014)

- [Safe](#) Good
- [Effective](#) Good
- [Caring](#) Outstanding
- [Responsive](#) Outstanding
- [Well-led](#) Outstanding

CQC REGISTERED SERVICES

- [Bracknell Outpatients](#)
- [Frimley Park Hospital](#)
- [Heatherwood Hospital](#)
- [King Edward VII Hospital](#)
- [St Marks Hospital](#)
- [Wexham Park Hospital](#)

Healthwatch Bracknell Forest

Annual
Report

2014/2015





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Notes from the Operational Lead



Mark Sanders, Operational Lead

Welcome to the second annual report from Healthwatch Bracknell Forest. 2014/15 has been a challenging year for Healthwatch Bracknell Forest with a number of national and local changes in health and social care.

The approach of Healthwatch Bracknell Forest has been to try and influence service design before implementation leading to more patient friendly services. We also take this proactive and collaborative approach with NHS trusts and other providers when dealing with issues and concerns raised by the public which means we are less likely to use our statutory powers which reduces tensions which can arise from formal visits.

We have formed some very positive relationships with key management staff within Frimley Health NHS Foundation Trust, who now run not only Frimley Park Hospital, but also Wexham Park and Heatherwood Hospitals following the acquisition in October 2014. During the year we have introduced a monthly meeting with the patient and public

experience team which allows us to share the public's feedback about services leading to small but significant changes across all sites.

As the Operational Lead it is my responsibility to represent the patients and public on the Health and Wellbeing Board and other strategic decision making bodies. Having this consistent representation ensures no gaps in information or delays in reporting urgent issues to the management board and the wider public. Having the resource of local feedback and the knowledge and experiences of the consortium members to refer to is invaluable to me to fulfil this function.

Although our community and engagement strategy has led to a significant increase in our website, social media and digital communications, the importance of face-to-face community engagement cannot be over emphasised.

Volunteers are essential to the delivery of local Healthwatch. Along with some of our fellow network members, we found recruitment challenging. Direct access to the national Do-It website, facilitated by Healthwatch England after we raised the issue, along with our increased community presence has led to an increase in the number of volunteers recruited in the last year.

During 2015/16 we will continue to collaborate as well as maintaining an independent stance on what people want in the ever changing world of health and social care.



About Healthwatch Bracknell Forest

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

Our Aims

- To give local people a voice in the design, commissioning, evaluating and improvement of local health and social care services
- To provide information so that local people can make informed choices about health and social care services
- To signpost local people to other organisations that can help them, including those that will support them to make a complaint about health and social care services or to help them access support and services.

The organisations that make up the consortium



How we operate

Healthwatch Bracknell Forest is a consortium of local community and voluntary organisations whose representatives, alongside public members, form a management board.

The Ark Trust Ltd is the lead consortium organisation and also hosts Healthwatch Bracknell Forest.

The consortium has successfully had their contract to provide Healthwatch extended by a further year until 2016.

Healthwatch Bracknell Forest has 3 permanent staff positions.



Engaging with people who use health and social care services

Understanding people's experiences

Engagement with the public is the most significant element of our work; without it we cannot truly represent the patient and public voice.

Healthwatch Bracknell Forest has successfully implemented a balanced communications and engagement strategy - raising awareness of local Healthwatch, local services and local health and social care issues. Website and digital communications have increased four-fold over the last year which has freed up the local team to do a lot more community engagement events and talk to people face-to-face.

This steady increase in the number of people engaging with the service has allowed us to gather, over time, a clearer picture of the public's experiences.

In 2014/2015 we received **2125** comments from individuals about local health and social care services

In addition to these pieces of feedback from the public we are able to understand people's experiences by:

- Monthly feedback from consortium members
- Attending events in the community
- Supporting and working with the Patient Assembly

- Healthwatch Voices; events for the local community and voluntary sector
- Fortnightly bulletins
- Social media discussions
- On-line polls
- Attending patient involvement groups (hospital trusts), community partnership forums (CCGs) and partnership boards (local authority)

The Department of Health and Healthwatch England have identified groups of people that local Healthwatch must seek to engage with.

Young people (under 21) and older people (over 65).

Three of the consortium organisations work with children and families including young carers. They are able to provide us with monthly feedback on the key issues they are facing.

During the multi-agency delivery of self-care week initial contacts were made with the local college. Healthwatch staff have been able to present to students and get them involved with promoting Healthwatch Bracknell Forest and collecting feedback on services from their peers.

In January 2015, Bracknell and Ascot Clinical Commissioning Group entered into a contract with Healthwatch Bracknell Forest to support and promote the engagement of 14-21 year olds.



Bracknell & Wokingham College Students promoting Healthwatch during Rag Week

Healthwatch Bracknell Forest is a member of the local dementia action alliance, attends the older people forum and has visited community groups such as the local chapter of the National Pensioners Convention. We also had a stand at Ascot Retirement Fair which attracted over 2000 visitors.

The consortium is actively looking to recruit a local group that represents older people.

People volunteering or working in Bracknell Forest but who may not live in the area

Community events such as self-care week held in locations such as the shopping centre promoted engagement with the area's working population.

Healthwatch Voices engages with those who work for and volunteer for local community and voluntary sector organisations.

We will be attending the Business in the Community events in 2015/2016.

Disadvantaged people and those believed to be vulnerable

The groups that make up the consortium work with local people who have disabilities or long-term conditions and their carers. They are able to provide us with monthly feedback on the key issues they are facing.

The Healthwatch Bracknell Forest website has accessibility functions and information can be provided in alternative formats including easy read.

Healthwatch Bracknell Forest is able to deliver accessible presentations, briefings and engagement events utilising the experience of consortium members as well as its own staff and volunteers.

“Bracknell and Ascot Clinical Commissioning Group (BACCG) have worked closely with Healthwatch Bracknell Forest during the year and value the contribution they have made. They have particularly supported the engagement of local patients and public through their facilitation of the Patient Assembly, participation in Self Care week and other local activities, supporting recruitment of HealthMakers, participation in developing future plans for primary care and their participation in the Community Partnership Forum. Their proactive and constructive approach to raising issues relating to the quality of local services has also been welcome and helps to ensure improving patient experience is a top priority across the local NHS.”

Ally Green, Associate Director of Communications and Engagement, BACCG

People who are seldom heard

In addition to those groups already identified, Healthwatch Bracknell Forest wants to engage with others who are seldom heard. These include people of disadvantaged socio-economic status, ethnic minority groups, patients in our local high-security hospital and members of the community who currently do not have regular contact with health and social care services; particularly men.

The area of Bracknell Forest is not considered, by national standards, to be an area of deprivation however it has identified pockets such as Great Hollands. This is also an area that has a high level of multiple occupancy housing which puts additional strain on local health and social care resources.

Healthwatch Bracknell Forest has continued its community engagement work in the area and developed its relationship with key members of the community such as local councillors.

Healthwatch has met with the local Citizen's Advice Bureau to promote sign-posting between the two organisations.

Historically, Bracknell Forest has not had a large ethnic minority population but recent statistics suggest this is changing. Healthwatch Bracknell Forest has promoted self-care week and health checks to a local Thai community group and encouraged engagement with local Healthwatch.

People who do not have regular contact with health and social care services continue to be a challenge to engage. We have run targeted social media campaigns and attended community events that do not have a health and social care focus - such as residents associations and school fetes.

Enter & View

Enter and View powers can be used as a corrective action to sort out problems but the emphasis for Healthwatch Bracknell Forest during 2014/2015 is on promoting Enter and View as a way of engaging with providers to explore issues collaboratively before they become problems; as part of an ongoing conversation and process of continuous improvement.

This preventative approach to Enter and View sits alongside our approach and engagement with providers detailed later in the report.

In addition to Healthwatch staff, 17 people have been/are in the process of training to become Enter & View reps at the end of the year 2014/15. Training is delivered in a variety of ways - to suit all accessibility needs.

7 Enter and View visits were conducted during the year. Of these 5 were "invited" by providers. In addition the team has assisted with PLACE (Patient Led Assessment of the Care Environment) assessments.

The outcomes from these visits include:

- Consistent and safer working practices on wards where obtaining patient consent was difficult; including use of appropriate restraint and the importance of documentation
- Improved hospital food options for people after abdominal surgery
- Provision of free water in accident and emergency department
- Cleaner children's accident and emergency environment
- Clearer identification of staff through ID badges and uniform
- Improved external areas in high-secure hospital



Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

We provide people with information about local services and help them to navigate the health and social care system by:

Information

- Fortnightly bulletins
- Publish news stories on our website and social media channels
- A calendar of health and social events available on the website
- Disseminate time sensitive alerts through all channels and to all contacts
- Agenda items at community meetings and the Patient Assembly

“Healthwatch Bracknell Forest has been a key partner in promoting the monthly Joint Prevention and Self-Care Board’s health and social care campaigns. Members of Healthwatch have also contributed a significant amount of time and effort in organising, promoting and running Self-Care Week 2014.”

Matthew Clift, Self-Care Project Manager

Signposting

In addition to the links to NHS Choices, Bracknell Forest social care information, independent advocacy, localised self-help (CCG website) and other relevant services on our website, the Healthwatch team are able to draw upon the resources available locally to provide signposting and guidance. People can contact us by email, telephone or drop in to the office. Many of our consortium organisations have staff and volunteers that work with families and individuals and are also able to provide this information.

202 individuals have been provided with signposting, advice and guidance

No two (or three!) requests for signposting are the same:

Case 1

A gentleman contacted us by telephone. His wife had been discharged from hospital and the commode he had been supplied with had broken and he was unsure how to get this replaced as he was not sure who had arranged it.

A few telephone calls established that it was the OT department of Farnham Hospital who had provided the equipment and a replacement was arranged.

Feedback on our service - *“Doing a great job!”*



Case 2

Contact was made with Healthwatch through one of the consortium organisations. A severely disabled lady was seeking advice about her personal budget from social care. She had specific support needs to form and maintain an intimate relationship but did not want this to be discussed with or provided by her existing support workers.

The Healthwatch team researched the issues raised and discovered there was no specific universal guidance available. This led to an information request being generated to the local adult social care team. This response and details of a specialist advocacy service were given to the lady to help inform her of her options.

Case 3

Healthwatch were contacted by a patient who could not find how to make a complaint on their GP's website. They declined offers of advocacy signposting. The Practice Manager was contacted and, with the patient's consent, contact details were given.

“The Healthwatch team has taken up several requests for me on behalf of local residents and always returned very useful information to support their concerns. It is good to have a resource that can delve into health issues and that suggests solutions and signposts further support.”

Cllr Mary Temperton, Great Hollands North

Advocacy

When providing advice and guidance we will also, where relevant, signpost people to independent advocacy. The two main local providers, SEAP (who provide NHS complaint advocacy) and Just Advocacy (who provide their service to local people in receipt of social care services) also sit on the consortium.





Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

In addition to the outcomes achieved from reports and recommendations made following Enter and View visits (Page 9) Healthwatch Bracknell Forest issued a report following the analysis of feedback received on local services collected during Self-Care Week (November 2014)

Although no recommendations were made in the report, the evidence has been used to support Healthwatch Bracknell Forest's work - particularly with access to out-patients, GPs and promotion of alternative choices to the Accident and Emergency department.

Due to the approach that Healthwatch Bracknell Forest has taken and its collaborative work with commissioners and providers of health and social care services, the voice of the patients, service users and the public is included in the process of continuous improvement. The feedback we receive is communicated directly to commissioners and providers at different meetings, providing anecdotal evidence to support data such as quality statistics.

This approach does mean that much of our work is not visible to the wider community and one of our tasks for 2015/2016 is to communicate to the community how their feedback has been utilised and the positive outcomes it has made.

“Mark and his team are always there to remind us of what the patients and public require of us, his comments are valued by Bracknell & Ascot Clinical Commissioning Group (BACCG). They are both challenging and supportive.”

Jennie Ford, Practice Manager and BACCG Board Member

Putting local people at the heart of improving services

The operational lead represents patients and public at a strategic level, including on the Health and Wellbeing Board. This approach to representation by an individual with extensive knowledge of the local health and social care landscape ensures consistency of approach and knowledge between the inter-linking boards, forums and committees and high quality information and intelligence sharing between the public, the commissioners and the Healthwatch Bracknell Forest management board.

This does not mean that local people are excluded from direct representation. Healthwatch Bracknell Forest are able to mobilise their resources and contact over 750 people on its database to ask for consultation and feedback. This can also be used to seek patient representation on



both local and national commissioning and monitoring panels.

Volunteer community champions are also used to seek input into these processes.

“Healthwatch in Bracknell Forest are an effective conduit for our residents’ opinions, concerns and ideas. As such, they have helped us improve quality and deliver better outcomes.”

Dr Lisa McNally, Consultant in Public Health, Member of the Health and Wellbeing Board

Working with others to improve local services

CQC

We have escalated two issues to the national health and social care regulator; the CQC

- Serious concerns with patient care on a specific ward at an acute trust
- Concerns about patient re-registration at dentists

We did not recommend that the CQC conduct any special reviews (themed investigations) or investigations (responsive inspections) however they did follow up the concerns about patient re-registration at dentists and confirmed that patients were actually being asked to sign consent for treatment forms rather than re-registration forms and issued a reminder to all local dentists to explain to patients the reasons for the forms and the procedures.

Due to the internal re-structuring of the CQC we have not been able to meet or make contact with all local teams

Healthwatch England

We share intelligence with Healthwatch England through regular contact with our regional Development Officer. We also share reports on Yammer. We have not used the formal escalation policy and procedures.

Bracknell Forest Overview & Scrutiny Panel

Healthwatch Bracknell Forest attends the Health Overview and Scrutiny Panel as a formal observer which means we are invited to speak. Together we both raised concerns about the reception area of the local Urgent Care Centre and continue to monitor the situation.

We need to develop this relationship in 2015/2016 and also become involved in the Adult Social Care & Housing Overview & Scrutiny Panel and Children, Young People & Learning Overview and Scrutiny Panel.

“Bracknell Forest Council’s Health Overview and Scrutiny Panel values the work of Healthwatch Bracknell Forest, and having their representative join us at each of our Panel meetings has been helpful. Going forward, the Panel sees its relationship growing with Healthwatch, as we aim to build our understanding of the service users’ perspective and therefore enhance our representation of their interests.”

Richard Beaumont, Head of Overview & Scrutiny, Bracknell Forest Council



Clinical Commissioning Groups (CCGs)

Healthwatch Bracknell Forest attends the monthly Bracknell and Ascot GP council as representatives of the public and we encourage the wider community to attend. From February 2015 Patient and Public Involvement is a regular agenda item (we alternate this slot with the CCG lay member of the governing body)

East Berks CCG Quality Committee meets monthly. This is a key and informative meeting where intelligence is disseminated from all parties, discussed and the impact of national policies on local implementation.

“Healthwatch Bracknell Forest have been an active member of the CCG Quality Committee during the last year and have made an invaluable contributions to the important areas discussed on patient safety, quality of care and patient experience. They have also brought a different perspective to the discussions. The CCG applauds all the valuable work that Healthwatch do and at each committee meeting Healthwatch are able to share the work they have been doing. They also share any themes or trends with the CCG from concerns raised to them.”

Jo Greengrass, Deputy Director of Nursing - Quality and Safety, Slough CCG, Bracknell & Ascot CCG and Windsor, Ascot & Maidenhead CCG

Bracknell and Ascot CCG have re-commissioned Healthwatch to provide independent support and facilitation of the Patient Assembly and development of the Patient Participation Groups that make up its membership.

GP Surgeries

In addition to the support given to the development of Patient Participation Groups and following the first CQC inspection reports on local GP surgeries, an offer has been made to all local practice managers to assist with improvement of patient experience.

Non-clinical issues at GP Surgeries - such as access and staff attitude - continue to be the most frequent concern fed back to us.

“A necessary and efficient service that is paramount for the safety of our patients in an ever changing National Health Service. Bracknell Healthwatch has been very successful in coordinating the Patient Assembly that ensures the patient voice is heard locally and nationally.”

Roland Cundy, Business Manager, Binfield Surgery

Frimley Health NHS Foundation Trust

In addition to our reports and recommendations made through Enter and View, we engage with the trust at the quarterly Patient Involvement Group. Following the acquisition of Heatherwood and Wexham Park Hospitals by Frimley Park, Healthwatch Bracknell Forest also co-ordinates and collates intelligence and issues from 7 other local Healthwatch and



meets monthly with the Head of Patient Involvement.

“Healthwatch Bracknell Forest has actively engaged with Frimley Health NHS Foundation Trust. They make a positive and invaluable contribution to helping us improve patient experience together in partnership with the local population.”

Claire Marshall, Head of Patient Involvement, Frimley Health NHS Foundation Trust

Bracknell Social Care Teams

The consortium groups represent their members and Healthwatch Bracknell Forest on relevant boards and forums such as the Learning Disability Partnership Board. (Wokingham, Bracknell and District Mencap)

Multi-agency strategic groups

Healthwatch Bracknell Forest is an active member of groups such as Better Futures for All, Collaboration for Improvement, Better Care Fund and the Primary Care Steering Group. These meetings allow us to feed back the concerns of patients and the public and ensure these influence strategy and the commissioning of services. On average 35-40 such meetings are attended a quarter.

West London Mental Health NHS Trust

Healthwatch Bracknell Forest has worked with trust staff and patients to complete PLACE assessments in areas that have restricted patient movement due to security reasons. Links have been developed with the Independent Mental Health Advocacy Service, service leaflets

are now available in visitor areas of Broadmoor Hospital and we have attended a carers forum.

Healthwatch Bracknell Forest continues to work towards providing a full accessible service to the patients.

Quality Accounts

Healthwatch Bracknell Forest were given the opportunity to have oversight and comment before publication on the Quality Accounts from:

- Berkshire Healthcare NHS Foundation Trust
- Frimley Health NHS Foundation Trust
- Royal Berkshire NHS Foundation Trust
- South Central Ambulance NHS Foundation Trust
- West London Mental Health NHS Trust

The responses we provided to these Quality Accounts were based on the feedback and intelligence on services gathered from the public during the year.

Responses to information requests

All providers and commissioners that were asked for information responded.



Healthwatch Bracknell Forest Bugs



Our plans for 2015/16

Opportunities and challenges for the future

Although these are the current priorities for the next year, the board recognises that the health and social care landscape is ever-changing, so priorities may change in response to issues and consumer voice.

- **To continue to raise awareness of Healthwatch Bracknell Forest.**

To continue to evaluate, develop and implement the communication and engagement strategy.

- **Improve access to Primary Care Services.**

To work with stakeholders on developing extended hours that meet patients' needs and that all services are designed, commissioned and improved with the involvement of the local community.

- **Improve access to local out-patient appointments and clinics.**

To work with acute trusts to deliver appointments in local health facilities of the patients' choice and at times that suit the patient.

- **To increase representation from older people in Healthwatch Bracknell Forest management board and decision making processes.**

To identify a local older peoples community and voluntary group to join the consortium.

- **To increase the number of young people actively engaged with Healthwatch Bracknell Forest and other health and social care commissioners and providers.**

To replicate engagement work carried out in 2014/15 with the local college in local secondary schools and to develop a youth patient forum.

- **To engage directly and regularly with the patients of Broadmoor Hospital.**

To develop a protocol of working without compromising patient care or security.

- **Raising the profile of Healthwatch Bracknell Forest with social care staff.**

Although consortium representatives are actively engaged with partnership boards and social care managers they are often unaware of their dual role; representing Healthwatch Bracknell Forest as well as their own group and membership.

- **To increase our activity within social care settings.**

To change public perception that Healthwatch is not just about health concerns!



Our governance and decision-making

Our board

Representatives from the organisations that make up the consortium sit on the management board. In April 2014 they were joined by two members of the public selected through a democratic election process. In April 2015 three public representatives will be elected at the annual public meeting. The two existing members have expressed their wish to stand again.

The Ark Trust Ltd is the charitable company (Reg. Charity No. 1098204) who gathered the consortium and powered the bid to the local authority. They are the organisation who holds the legal contract with Bracknell Forest Council to deliver Healthwatch Bracknell Forest and ultimately, the legal compliance of the contract lies with the directors of The Ark Trust Ltd.

All activity within the scope of the contract is governed by the management board. Healthwatch Bracknell Forest has its own policies and procedures which can be viewed on the website.

<http://www.healthwatchbracknellforest.co.uk/policies-and-procedures>

Management board meetings are held monthly and are open to members of the public to attend (excluding confidential agenda items) and all minutes are published on the Healthwatch Bracknell Forest website. Staff from Healthwatch Bracknell Forest also attend to report and advise but do not have a vote in decision making. The lay member for Patient and Public Involvement for the Bracknell and

Ascot Clinical Commissioning Group is also invited as a contributor and observer.

An annual public meeting is held in a large community venue at the start of each financial year to give an overview of the previous year's activity, seek consultation on the forward work programme and to elect public representatives to sit on the management board.

How we involve lay people and volunteers in governance and decision making

- The Ark Trust Ltd has 10 Directors who are all volunteers
- There are 2/3 public representatives on the management board who are volunteers
- 2 of the consortium organisations have volunteer representatives on the management board



Financial information

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		103340
Additional income		19960
Total income		123300

EXPENDITURE		
Office costs (includes rent, overheads, consumables)		9195
Staffing costs (includes consultancy and payments to consortium organisations for staff resource)		92465
Direct delivery costs (includes cost of CRM, volunteer expenses, venue hire, marketing materials)		17272
Total expenditure		118932
Balance brought forward		4368



Contact us

Get in touch

Address: Healthwatch Bracknell Forest
The Space
Units 20/21 Market Street
Bracknell
Berkshire
RG12 1JG

Phone number: 01344 266911

Email: enquiries@healthwatchbracknellforest.co.uk

Website URL: www.healthwatchbracknellforest.co.uk

Facebook: www.facebook.com/healthwatchbf

Twitter: @healthwatchBF

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
1 OCTOBER 2015**

**THE PATIENTS' EXPERIENCE
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to review the current information from the NHS Choices website, for the NHS Foundation Trusts providing most secondary and acute NHS services to Bracknell Forest residents.

2 RECOMMENDATIONS

That the Health Overview and Scrutiny Panel:

- 2.1 **Considers the NHS Choices information concerning the nearby NHS Trusts, at Appendix 1.**
2.2 **Determines whether to make any further enquiries based on the NHS Choices information.**

3 SUPPORTING INFORMATION

- 3.1 The Health O&S Panel has previously decided to obtain direct knowledge of the service user's perspective of public services, through a regular flow of relevant and timely information about the quality of NHS services provided to Bracknell Forest residents. This is to include inpatient survey results and the NHS Choices information.

NHS Choices Website

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

The site draws together the knowledge and expertise of:

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

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






Contact for further information

Richard Beaumont – 01344 352283

e-mail: richard.beaumont@bracknell-forest.gov.uk

NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
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Heatherwood Hospital Add to shortlist






<p>London Road Ascot Berkshire SL5 8AA 2.9 miles away Get directions</p>	<p> 2 ratings Rate it yourself</p>	<p> No rating Visit CQC profile</p>	<p> Among the best with a value of 89%</p>	<p> Among the best</p>	<p>n/a No relevant data available</p>	<p> As expected in hospital and up to 30 days after discharge (0.9311)</p>	<p>n/a Data not available</p>
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Frimley Park Hospital Add to shortlist





<p>Tel: 01276 604604 Portsmouth Road Camberley Surrey GU16 7UJ 6.7 miles away Get directions</p> <p>  </p>	<p> 230 ratings Rate it yourself</p>	<p> Outstanding Visit CQC profile</p>	<p> Among the best with a value of 89%</p>	<p> Among the best</p>	<p> Among the best</p>	<p> As expected in hospital and up to 30 days after discharge (0.9311)</p>	<p> 88.8% Within the middle range</p>
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NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
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King Edward VII Hospital Add to shortlist

St. Leonards Road Windsor Berkshire SL4 3DP 7.2 miles away Get directions	 3 ratings Rate it yourself	 No rating Visit CQC profile	 Among the best with a value of 89%	 Among the best	n/a No relevant data available	 As expected in hospital and up to 30 days after discharge (0.9311)	n/a Data not available
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St Mark's Hospital Add to shortlist

Tel: 01628 632012 St Mark's Road Maidenhead Berkshire Berkshire SL6 6DU 7.5 miles away Get directions 	 16 ratings Rate it yourself	n/a Not yet rated	 Within expected range with a value of 71%	n/a No relevant data available	n/a No relevant data available	n/a Not available for independent or specialist hospitals	 95.2% Within the middle range
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NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
--------------------------	--	----------------------	---------------------------	-----------------------------------	----------------	--------------------------

Royal Berkshire Hospital Add to shortlist

<p>Tel: 0118 322 5111 London Road Craven Road Reading Berkshire RG1 5AN 9.2 miles away Get directions</p> <p></p>	<p> 286 ratings Rate it yourself</p>	<p> Requires Improvement Visit CQC profile</p>	<p> Within expected range with a value of 72%</p>	<p> Among the best</p>	<p> As expected</p>	<p> As expected in hospital and up to 30 days after discharge (1.0371)</p>	<p> 83.3% Among the worst</p>
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Wexham Park Hospital Add to shortlist

<p>Tel: 01753 633000 Wexham Slough Berkshire SL2 4HL 11.2 miles away Get directions</p>	<p> 41 ratings Rate it yourself</p>	<p>n/a Not yet rated</p>	<p> Among the best with a value of 89%</p>	<p> Among the best</p>	<p>n/a No relevant data available</p>	<p> As expected in hospital and up to 30 days after discharge (0.9311)</p>	<p>n/a Data not available</p>
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Unrestricted

NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
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Prospect Park Hospital Add to shortlist

Tel: 0118 960 5000

Honey End Lane
Tilehurst
Reading
Berkshire
RG30 4EJ

11.5 miles away | [Get directions](#)



30 ratings
Rate it yourself



No rating **Visit CQC profile**



Within expected range with a value of 71%

n/a

No relevant data available

n/a

No relevant data available

n/a

Not available for independent or specialist hospitals



99.2%
Within the middle range

Explanatory Notes

NHS Choices User Ratings

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

Care Quality Commission Inspection Ratings

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

Recommended by Staff

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

Open and Honest Reporting

This is a new indicator that combines several other indicators to give an overall picture of whether the hospital has a good patient safety incident reporting culture.

Infection and cleanliness

This is a new combined (composite) indicator that describes how well the organisation is performing on preventing infections and cleaning. It is constructed from the existing data displayed on NHS Choices regarding the number of C. difficile and MRSA infections and patients' views on the cleanliness of wards.

Mortality Rate

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

Food: Choice and Quality

This indicator shows the results of the 2014 Patient-Led Assessments of the Care Environment, and shows a combined score for choice and quality of food.



QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH AND HOUSING

Q1 2015-16
April – June 2015

Portfolio holder:
Councillor Dale Birch

Director:
John Nawrockyi

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Section 1: Director's Commentary

There was significant activity in quarter 1 with both ongoing projects and decisions made by the Executive occupying the department.

Adult Social Care are currently six weeks into the delivery of the first phase reforms introduced by the Care Act 2014. After many months of careful preparation and training the transition has gone well - seamlessly and without disruption. This has been the result of a significant collective effort.

The Better Care Fund programme continues to launch or monitor the Schemes shown below:

- *Integrated Care Teams. The project has been strengthened by the signing of a one year contract with Age UK Berkshire*
- *Intermediate Care Strategy & Service Development. An options paper is due at the end of July 2015*
- *Prevention & Self-Care. This month will see events and communications for Diabetes Week and Learning Disability Week*
- *Falls Prevention. A FallsFree4Life awareness campaign is being run throughout June*
- *Rapid Access Community Clinic (including Falls Tier 3). The uptake of patients using the service in Bracknell Forest is greatly improved*
- *Care Home Quality. This is a project to improve quality in care homes and to reduce the amount of unplanned visits to hospital*
- *NHS Number as a unique identifier. This project aims to have 98% of all open records on LAS with NHS numbers by October 2015*
- *Integrated Respiratory Service. The pulmonary rehab service is open in Bracknell Forest*
- *East Berkshire Integrated Records Project. This project is about sharing data between the NHS providers and social care and the pilot is now underway*

The Workforce Development project is nearing the end of the extended consultation. Work has included a collaborative workshop between staff and managers to develop operational principles and solutions. After the consultation, collation of feedback will take place and a further response will follow.

Other developments within the project include a program of training to support workforce developments, and business process workshops and a range of practice guidance for staff.

Two reports were approved by the Executive in June, namely the Adult Social Care annual report 2014-15 (accompanied by two video podcasts showing two key outcomes within Adult Social Care and Health), and the Annual Complaints report for Adult Social Care 2014-15.

The Council exchanged contracts for the purchase of Amber House and Regency House in Market Street, Bracknell. The sale contract is conditional on securing satisfactory planning permission with the eventual purchase price being determined by the number of units that will be developed. At the same time as exchanging contracts with the vendor the Council exchanged contracts with Thames Valley Housing

Association (TVHA) whereby the Council's obligations under the sale contract are transferred to TVHA.

The Council acquired four properties to provide as temporary accommodation for homeless households during the first quarter under the temporary to permanent programme and three properties were taken into lease.

In Public Health, the FallsFree4Life falls prevention service has recently been launched and can be accessed by anyone aged over 65 living in Bracknell Forest concerned that they are at risk of falling. Bracknell Forest residents can make an appointment at their home for a falls risk assessment with one of the wellness coaches.

The Public Health team have also been nominated for two further national awards. The "What's in your Glass?" alcohol harm reduction campaign made the final of the Public Health Initiative of the Year Award, and the stop smoking service programme was announced as the overall winner of the Municipal Journal Public Health Partnerships Award.

Delivery against actions in the Service Plan is looking strong. Of the 64 actions, 63 are On Target (Green) and one action is Potentially Delayed (Amber).

One Housing indicator is showing red, L178. The number of household nights in B&B across the quarter remains high. Additional temporary accommodation is in the pipeline but has not been completed by 30th June, 2015.

Three Adult Social Care indicators are showing red, L214, OF2c.1 and OF2c.2. All three are regarding delayed transfers of care and the performance reported is for the period April to May. June's data will be published by the Health and Social Care Information Centre on 13th August, 2015. However, it is acknowledged that there are significant challenges in supporting people leaving hospital in a timely manner, including market capacity issues.

Two Adult Social Care indicators, OF1f and OF1h, are still awaiting data. This is published by the Health and Social Care Information Centre and June's data will not be made available until 22nd September, 2015.

Every quarter the department reviews its risks in the light of events. It became apparent during the early part of the quarter that domiciliary care providers were struggling to meet demand, increasing the risk of the market becoming unsustainable, with providers unable to recruit sufficient staff. The authority has reviewed its pricing model to ensure the price paid is sufficient to retain current providers, recruit new providers, and for providers in turn to be able to recruit more staff.

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

In quarter 1, Adult Social Care services received four complaints of which two were upheld and two were ongoing within timescales.
























This compares to the previous quarter where three complaints were received, of which one was partially upheld and two were not upheld. There were 17 compliments received, which compares to 18 compliments received in the previous quarter.





















In Housing services there were a total of six new complaints during the first quarter. Of these, three new complaints were received at stage 2 and one through the local government ombudsman. Of the stage 2 complaints, one was partially upheld and two were upheld. The complaint via the local government ombudsman was not upheld.

This compares to the previous quarter where there were nine new complaints received at stage 2, and three received at stage 3. Of the stage 2 complaints, one was upheld, five were partially upheld and three were not upheld. Of the stage 3 complaints, one was partially upheld and two were not upheld.



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

Section 2: Department Indicator Performance





Ind Ref	Short Description	Previous figure Q4 2014/15	Current figure Q1 2015/16	Current Target	Current status	Comparison with same period in previous year
ASCHH All Sections - Quarterly						
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	40.4%	10.9%	10.0%		
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	2.7	0.0	1.7		
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	392.1	93.4	149.2		
L172	Timeliness of financial assessments (Quarterly)	97.5%	100%	95%		
L199	Average time to answer Emergency Duty Service calls (Quarterly)	30s	31s	40s		-
L214	Delayed transfers of care (delayed bed days) from hospital per 100,000 population (Quarterly)	861.6	752.0	593.5		
Community Mental Health Team - Quarterly						
OF1f	Proportion of adults in contact with secondary mental health services in paid employment (Quarterly)	13.6%	Data not yet available	13.0% TBC	-	-
OF1h	Proportion of adults in contact with secondary mental health services living independently, with or without support (Quarterly)	76.4%	Data not yet available	84.0% TBC	-	-
Community Response and Reablement – Quarterly						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	9.1	14.4 (Apr-May)	8.0		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	3.9	7.8 (Apr-May)	5.0		
L135.1	Percentage of Enhanced Intermediate Care Referrals seen within 2 hours (quarterly)	97.1%	100%	95%		
L135.2	Occupational Therapy (OT) assessments that were completed within 28 days of the first contact (Quarterly)	98.9%	99.0%	90%		
Community Team for People with Learning Difficulties - Quarterly						
OF1e	Adults with learning disabilities in paid employment (Quarterly)	19.5%	16.7%	15.0%		
OF1g	Adults with learning disabilities who live in their own home or with their family (Quarterly)	88.8%	89.0%	85.0%		

Ind Ref	Short Description	Previous figure Q4 2014/15	Current figure Q1 2015/16	Current Target	Current status	Comparison with same period in previous year
Housing - Benefits - Quarterly						
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	4.0	8.0	9.0		
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	95.5%	97.8%	98.0%		
Housing - Forestcare - Quarterly						
L030	Number of lifelines installed (Quarterly)	255	205	200		
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	98.9%	97.4%	97.5%		
L180	Time taken for Forestcare customers to receive the service from enquiry to installation (Quarterly)	4	5	10		
Housing - Options – Quarterly						
NI155	Number of affordable homes delivered (gross) (Quarterly)	76	9	0		
L178	Number of household nights in B&B across the quarter (Quarterly)	1,601	2,790	1,650		
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	78.26%	89.09%	85.00%		
Public Health – Quarterly						
L215	Delivery of NHS Health Checks (Quarterly)	1,261	786	400		
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	198	Data not available until Q2	159	--	-
L217	Smoking quit success rate (Quarterly)	73.6%	Data not available until Q2	60.0%	-	-
L218	Completion rate of specialist weight management treatment programme (Quarterly)	202	137	50		

Note: Key indicators are identified by shading

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

The following are 2014-15 annual indicators that are being reported this quarter as data is now available:

Ind Ref	Short Description	2013/14 outturn	2014/15 outturn	2014/15 target	2014/15 status	Comparison with previous year
Adult Social Care						
OF1c.1	Proportion of social care clients receiving Self Directed Support (new definition)	Old definition	99.9%	98%		Cannot compare – different definitions
OF1c.2	Proportion of social care clients receiving Direct Payments (new definition)	Old definition	22.7%	No target set	N/A	Cannot compare – different definitions
OF2b	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	85.1%	75.8%	81.3%		
OF2d	Outcome of short-term services: sequel to service (new)	85.1%	90.3%	No target set	N/A	

The following are 2014-15 annual survey indicators that are being reported this quarter as data is now available. Targets are not set for these indicators.

Ind Ref	Short Description	2013/14 survey	2014/15 survey
Adult Social Care – User Survey (annual)			
OF1a	Social care related quality of life	18.8	18.8
OF1b	Proportion of people who use services who have control over their daily life	75.9%	78.7%
OF3a	Overall satisfaction of people who use the services with their care and support	64.8%	67.7%
OF3d.1	Proportion of people who use services who find it easy to find information about services	76.5%	75.7%
OF4a	Proportion of people who use services who feel safe	63.4%	68.1%
OF4b	Proportion of people who use services who say that those services have made them feel safe and secure	83.8%	84.0%

Ind Ref	Short Description	2012/13 survey	2014/15 survey
Adult Social Care – Carer Survey (biennial)			
OF1d	Carer-reported quality of life	8.5	8.1
OF3b	Overall satisfaction of carers with social services	50.4%	50.5%
OF3c	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	78.7%	72.9%
OF3d.2	Proportion of carers who use services who find it easy to find information about services	76.5%	70.0%

The following are 2015-16 annual indicators that are not reported this quarter:

Ind Ref	Short Description
OF1a	Social care related quality of life (Adult Social Care Survey)
OF1b	Proportion of people who use services who have control over their daily life (Adult Social Care Survey)
OF1c.1	Proportion of social care clients receiving Self Directed Support
OF1c.2	Proportion of social care clients receiving Direct Payments
OF2b	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
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)
OF3d.1	Proportion of people who use services who find it easy to find information about services (Adult Social Care Survey)
OF4a	Proportion of people who use services who feel safe (Adult Social Care Survey)
OF4b	Proportion of people who use services who say that those services have made them feel safe and secure (Adult Social Care Survey)
L213	Satisfaction rates for calls to Emergency Duty Service (Biennially)
NI155	Number of affordable homes delivered (gross)

Section 3: Compliments & Complaints

Compliments Received

Twenty-nine compliments were received by the Department during the quarter, which were distributed as follows:

Adult Social Care Compliments

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

Team	Number
Community Response & Reablement	7 compliments
Blue Badges (Business Support)	5 compliments
Autistic Spectrum Disorder	2 compliments
Older People & Long Term Conditions	3 compliments

Housing Compliments

Twelve compliments were received in Housing.

Of the 12 compliments received nine were for Forestcare. The majority of the compliments refer to Forestcare calling paramedics to attend vulnerable people who were unwell or who had fallen. The welfare and housing compliments were from customers who had received a comprehensive service from their welfare and housing caseworker.

Complaints Received

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

Adult Social Care Complaints

Four complaints were received this quarter in Adult Social Care.

Stage	New complaints activity in Q1	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	4	4	2 x upheld 2 x ongoing.
Local Government Ombudsman	0	0	-

Nature of complaints/ Actions taken/ Lessons learnt:

One complaint was about CMHT services, one about OP<C services and two were about Autism services.

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

Six complaints were received in quarter one in Housing.

The following tables exclude Stage 1 complaints and those complaints which are dealt with through separate appeals processes. It should also be noted that complaints which move through the different stages are recorded separately at each stage.

Stage	New complaints activity in Q1	Complaints activity year to date	Outcome of total complaints activity year to date
New Stage 2	3	3	1 x partially upheld 2 x upheld
New Stage 3	0	0	
Local Government Ombudsman	1	1	1 x not upheld

Nature of complaints/ Actions taken/ Lessons learnt:

Over half of the complaints made were made against the welfare and housing caseworker who was working with the customer. In the main those complaints were not upheld. However, training has been provided for staff concerning how to provide unwelcome news to customers.

There were complaints concerning timeliness of the service , one referring to the time spent in bed and breakfast and one concerning time taken to process housing benefit. In the former case the household spent ten weeks in B&B which, although too long, was in part due to delay in concluding the homeless investigation due to lack of information from the customer. In the second case the benefit claim was not processed due to software problems and subsequently a fix for the problem has been purchased.

Section 4: People

Staffing Levels

	Total Staff in Posts	Total Staff in Post		Total Posts FTE	Vacant Posts	Vacancy Rate
		Full Time	Part Time			
DMT	13	11	2	12	0	0
Older People & Long Term Conditions	176	80	96	112.26	27	13.3
Adults & Joint Commissioning	97	66	31	82.90	24	19.83
Performance & Resources	30	20	10	25.32	1	3.2
Housing	64	43	21	54.07	3	4.5
Public Health Shared	9	2	7	4.26	2	18.1
Public Health Local	8	7	1	7.81	1	11.1
Department Totals	397	229	168	298.68	58	12.74

Staff Turnover

For the quarter ending	30 June 2015	2.03%
For the year ending	1 Jul 2014 – 30 Jun 2015	10.6%

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

Average UK voluntary turnover 2012: 10.6%

Average Public Sector voluntary turnover 2012: 8.1%

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

HR Comments

Staff Turnover has decreased slightly this quarter from 2.96% to 2.03%.

There are currently 14 vacancies being advertised.

Staff Sickness

Section	Total staff	Number of days sickness	Q1 average per employee	2015/16 annual average per employee
DMT / PAs	13	2	0.15	0.02
OP<C	177	472	2.6	4.7
A&JC	97	174	1.79	1.7
P&R	31	17	0.5	0.17
Housing	64	170	2.65	1.72
Public Health: Shared	9	0	0	0
Public Health: Local	4	1	0.25	0.01
Department Totals (Q1)	395	836	2.1	
Projected Totals (15/16)	395	3344		8.45

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 14/15	5.5 days
All local government employers 2012	9.0 days
All South East Employers 2012	8.7 days

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

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

Comments:

Older People and Long Term Conditions

There are four cases of long term sickness. Out of these cases, one has now returned to work. All cases are being monitored by Occupational Health. Three of these cases are due to work related stress. Long term sickness accounts for 32% of the total sickness within older people and long term conditions team.

Adults & Joint Commissioning


There is one person with long term sickness. Long term sickness accounts for 24% of the total sickness within adult & joint commissioning team.

Housing


There are three cases of long term sickness during quarter one. Out of these cases, one has returned to work and one case is being monitored by Occupational Health. Long term sickness accounts for 60% of the total sickness housing team.

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 2015-16. This contains 64 detailed actions in support of six Medium Term Objectives. Annex A provides detailed information on progress against each of these actions:

Overall, 63 actions are on schedule () and just one is causing concern ()

The actions that are causing concern are:

Ref	Action		Progress
4.3.4	Work with Thames Valley Housing to finalise plans for a residential development to underpin the modernisation of the Youth Service programme to develop a new Town Centre Youth hub.		There has been delay in entering into contract with TVHA to develop the Coopers Hill site.

Section 6: Money

Revenue Budget

The forecast outturn as at Month 2 is an overspend of £0.1 million on a total cash budget of £33.4 million; a breakdown of this is attached in Annex B (Financial Information).

Risks to the outturn position include the impact of the Care Act phase one, which it is still too early to assess, the Department of Health's proposed reductions to Local Authority Public Health grant in the current financial year, the new requirements concerning Deprivation of Liberty Safeguarding, and the volatility of costs of Bed & Breakfast Accommodation.

Capital Budget

As at the end of Month 2, capital spend was £783,700 against an annual budget of £4,440,100. 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

Carers

In the next quarter we will be focusing on:

- ensuring that carers assessments comply with Care Act requirements,
- developing a protocol to support personal budgets for carers and Direct Payments,
- developing a service specification for a new carers contract that delivers on critical areas around advice, information, advocacy and with a range of services that deliver choice and opportunity for carers.

Older People & Long Term Conditions

Community Response & Reablement

Following the review of 14/15 winter pressure plans work will commence to start developing plans for increase in demand for 15/16 winter.

Older People & Long Term Conditions

Ensure social care support for people living in Clement House meets their needs and monitor progress of domiciliary support into the scheme.

The Consultation on Workforce Development has concluded and we will be working in the months ahead with staff to ensure that the best outcomes for people using our services is reflected in new ways of working and new working practices in line with the Care Act.

The improvement plan for Heathlands continues with work on developing managerial effectiveness and staff competencies, ensuring a climate of person-centred support is embedded in the service.

Sensory Needs Service

To undertake a review of the sensory needs service and provide DMT with options going forward.

Drug & Alcohol Action Team

Emergency Duty Service

Consultation meetings are booked in with the following groups:

- Children's Social Care Directors, commissioners
- Adult Social Care & Safeguarding Leads, Directors & commissioners
- Mental Health services social care and the Trust – Directors & commissioners
- Appropriate Adult Scheme, Secure provision & changes to Code C PACE 1984 – HOS YOS, police, directors and HOS CSC
- Homelessness & Universal Tax Credit – Housing Directors

Adults & Joint Commissioning

Learning Disabilities

The teams will continue to enhance service improvement to deliver better outcomes for the LD population.

Autistic Spectrum Disorders

The teams will continue to enhance service improvement to deliver better outcomes for the ASD population.

Joint Commissioning and Better Care Fund

Future work consists of:

- Revising the Advocacy Strategy, subject to evaluation of the impact of the Care Act.
- The Sensory Needs Strategy will be developed.
- Dementia Action Alliance - The Bracknell Forest Council Action Plan will include encouraging as many council staff as possible to become dementia friends.
- Loneliness and Social Isolation will focus on identifying those people in receipt of care and support from ASC, who have highlighted loneliness and lack of social contact as a significant issue within their personal circumstances.
- A number of Self Care and Prevention awareness campaigns will be promoted via face to face, printed and digital means.
- The specification for the Share Your Care project (data sharing across health and social care) will be developed.
- BFC will lead on the joint commissioning of IMHA services for East Berkshire.

Mental Health

Additional funding has been secured to enhance the service provided to people experiencing their first episode of psychosis. The new treatment pathway will enable people to access treatment within two weeks of being referred to ensure they are provided with the appropriate intervention in a timely manner.

Dementia Services

One-off project money received will be used to fund the post of Dementia Service Development Co-Ordinator. This role will focus on the local Bracknell Forest Council Dementia Strategy and implement action plans within the strategy. This post was recruited to during quarter 1 and the person is due to commence on 6/7/15. The post holder will initially focus on contact with local GPs and hospitals.

The Dementia Action Alliance continues to provide Dementia Friends Information Sessions. During quarter 1 the terms of reference were established for the DAA and the official launch of Bracknell DAA took place.. In terms of membership 17 organisations have submitted their action plans. Over the next quarter work will be ongoing in recruiting new members to the Bracknell DAA. Succession planning is in place.

Safeguarding

The Safeguarding Board has commenced the recruitment process for its Independent Chair. It is recognised in the Care Act statutory guidance that having an independent chair may be beneficial in ensuring the Board effectively holds its member organisations to account.

DoLS

The rate of DoLS applications continues to increase month on month. Recruitment has started for an additional Best Interest Assessor to enable the Council to meet its statutory duties.

Performance & Resources

IT

Initial preparations are in place to review the Care Act requirements against the draft systems development plan for the major Social Care IT systems, ready for the upgrade due in Nov/Jan for go live April 2016.

Further actions will be taking place to complete the various technical set up and testing required to ensure the NHS number can be matched with the social care record.

HR

HR will continue to support managers in all employment related matters and will work toward a smooth transition between the current HR database (Rebus) and its replacement (iTrent).

Business Intelligence

During the summer months the team will be focusing on developing reports against the new data warehouse, this means all existing performance reports have to be re-written.

Finance

In Quarter 2 the focus will be on understanding the financial impact of phase 1 of the Care Act, embedding monitoring arrangements in respect of the Better Care Fund, and providing input into the development of the Department's 2016/17 savings plans.

PUBLIC HEALTH

A key piece of work for the Public Health team in quarter 2 will be to progress the re-commissioning of the stop smoking service. This is an extensive piece of work which has already involved needs assessment and consultation across Berkshire. The next step is to go to the market with a refined service specification and conduct a robust provider selection process that achieves the right balance of cost and quality considerations. The challenge is to procure a service which maintains the very high standards set by the current programme, which has achieved some of the best quit success rates in the country and won a national award for its achievements.

While maintaining the high quality of its long standing health improvement services related to smoking, weight management and health checks, the Public Health team will also seek to push forward progress newer services that focus on key groups. These include the online counselling programme for young people and the Falls Free 4 Life service aimed at reducing falls related injuries among our older residents.

Outreach work towards specific groups will also be developed in relation to physical activity. The participation of young women in sport is traditionally low and the Public Health team will be working with partners on a 'This Girl Can' festival in Bracknell in quarter two. Backed by the national 'This Girl Can' campaign, the event will offer coached running sessions, Q & A sessions with experts, a mile walk, and vouchers for subsequent coaching sessions. The aim will be to inspire and support a significant number of previously sedentary women into regular physical activity.

Finally, the Public Health team will take a central role in the planning and implementation of heatwave plans. The summer months always have the potential to

pose a threat to those in our community who are vulnerable to heat related health risks, such as dehydration and heatstroke. This includes older people and those with long-term illness, particularly if living alone or lacking mobility. Public Health work in a heatwave includes the dissemination of health messages via radio interviews, newspapers and social media, as well as working with key agencies such as NHS, social care and schools.

HOUSING

Housing

The Council exchanged contracts to purchase Amber and Regency House , Market Street, Bracknell on the 22nd May. The next milestone in the sale contract is for the Council to submit a planning application by the 22nd September. The Council has entered into a contract with Thames Valley Housing Association (TVHA) such that the Council's obligations under the sale contract are passed onto them. In return the Council will dispose of the site to TVHA when a satisfactory planning consent is achieved. Public consultation on the proposed development will take place during the quarter as will the work to support the submission of the planning application by the 22nd September.

The Executive agreed to establish a local housing company at its meeting in March. The Council has received specific advice concerning the set up of the company so that it can move from being a company wholly owned by the Council to an independent company over time. The company will be set up on that basis during the quarter.

Executive will be presented with a report proposing the acquisition of emergency accommodation for homeless households at its July meeting. If agreed and the Council's offer is accepted the accommodation will be procured during the quarter. In addition a number of individual properties will be purchased under the temporary to permanent programme to provide temporary accommodation for homeless households.

Work is ongoing with the homeless forum to develop the homeless strategy. There will be a number of work stream meetings to develop proposals to inform the strategy the draft of which is targeted to be available in November.

The Council is upgrading the Abris choice based letting system. During the quarter the specification for the upgrade will be completed so that the upgrade and testing can begin from autumn onwards.

A landlord and agent information meeting will take place at Easthampstead Baptist church on the 16th July. This will provide information to agents and landlords on their statutory obligations but also promote the Council's leasing scheme and support that can be provided to households who may be homeless to find a home in the private rented sector.

Subject to the decision of Executive when it meets in July consultation will take place with providers and customers of housing related support services for older people in the Borough. The proposals are to separate out assessment and service provision, target services to those most in need and rationalise the support provided.

Welfare

Subject to the decision of the Executive when it meets in July, consultation will take place on proposals to review the local council tax reduction (benefit) scheme. Consultation will be via meetings, correspondence and online via the Council's consultation portal.

Depending on the announcement on welfare reform in the July budget statement work will take place to implement the changes in welfare provision so that they will begin in October 2015 or a revised implementation date.







Forestcare










Forestcare will be progressing the implementation of IT systems during the quarter. Firstly, the service manager module of the PNC 7 lifeline monitoring system will improve stock handling and with the introduction on tablets to installers should enable customers' lifelines to be set up, including payment remotely in the field.








Forestcare will also be implementing a customer relationship management system so as to provide secure information to corporate customers.










Annex A: Progress on Key Actions











Sub-Action	Due Date	Owner	Status	Comments
MTO 4: Support our younger residents to maximise their potential				
4.1 Provide accessible, safe and practical early intervention and support services for vulnerable children and young people in the Borough				
4.1.9 Extend the principles of the Symbol project to identify and develop further links across services for vulnerable adults who are also parents	31/03/2016	ASCHH		E-mail sent to Head of Service, Safeguarding, Children's Social Care to arrange to discuss the project and how it can be utilised to support parents who have a LD
4.3 Increase opportunities for young people in our youth clubs and community based schemes				
4.3.4 Work with Thames Valley Housing to finalise plans for a residential development to underpin the modernisation of the Youth Service programme to develop a new Town Centre Youth hub.	31/03/2016	ASCHH		There has been delay in entering into contract with TVHA to develop the Coopers Hill site.
4.7 Communicate with partners to ensure that health, safety and well being priorities for all children and young people are identified and are included in partners plans and strategies where relevant and appropriate				
4.7.3 Enhance the emotional health and wellbeing of children and young people at tier 2 in partnership with schools and other providers.	31/03/2016	ASCHH		A new online counselling service (kooth.com) has been procured and launched. Early work has focused on embedding the service within the local community and forming links with other agencies that work with young people (including schools and CAHMS). The first group of young people have started their support programme.
MTO 6: Support Opportunities for Health and Wellbeing				
Sub-Action	Due Date	Owner	Status	Comments
6.2 Support the Health and Well Being Board to bring together all those involved in delivering health and social care in the Borough				
6.2.1 Implement the review of the Health & Wellbeing Board	31/03/2016	ASCHH		A report was received by the Health and Wellbeing Board on 4 th June 2015, which contained all the recommendations arising from the review relating to membership, task and finish groups, a wider HWB Forum and performance management. It is planned to implement these changes by the September meeting.
6.2.2 Increase liaison with NHS England to further develop GP and primary care services in the borough	31/03/2016	ASCHH		A Task and Finish Group has already been established to develop this work, chaired by the CCG and including NHS(E). This group presented its first








Sub-Action	Due Date	Owner	Status	Comments
				report to the HWB on 4 th June 2015.
6.2.4 Work with partners to improve Child and Adolescent Mental Health Services (CAMHS) provision	31/03/2016	ASCHH		KOOTH online counselling support service (Tiers 1 and 2) for YP (11-18 yrs) started. Joint funded with CCG. Service integration into BF organisations and processes continuing (CAMHS, CSC, AMHS, secondary schools, PRU, GPs, Youthline, Young Carers, Youth Council, YOS). 1st Quarter review meeting scheduled for 22 July. Multi-agency C&YP Emotional Health and Wellbeing Subgroup established, chaired by CYPL.
6.3 Continue to support the development of a local Healthwatch to provide local patients with a voice				
6.3.1 Conduct regular reviews against the agreed contractual outcomes for local Healthwatch	31/03/2016	ASCHH		Reviews/monitoring has been undertaken, Healthwatch report on website.
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 development of a web-based self-care guide and a new programme for those with pre-diabetes	31/03/2016	ASCHH		The web-based resources are complete and are being promoted via social media. The new self-care programme for pre-diabetes is under way and has taken in its first cohort
6.8.2 Maximise the uptake of key health improvement programmes across the population, including health checks, smoking cessation and weight management	31/03/2016	ASCHH		Significant improvements continue to be made in the uptake of smoking, weight management and health check services. The smoking cessation programme won the national Public Health Partnerships Award in June. The smoking cessation contract ends in March 2016 so work is underway to prepare for a competitive tender process and new service implementation in time for April 2016.
6.8.3 Deliver a range of programmes aimed at improving well-being among local older people, including a Community Falls Prevention Programme, a Strength & Balance Programme and Befriending Services	31/03/2016	ASCHH		The new Falls Prevention service is now fully underway, including the range of strength & balance classes and work with care homes. A range of events have been held to promote the service and uptake is already high.
6.8.4 Carry out specific and collaborative assessments	31/03/2016	ASCHH		The drug and alcohol needs assessment has been completed, as


Sub-Action	Due Date	Owner	Status	Comments
of the services including a full needs assessment in relation to drugs and alcohol				has an evaluation of the stop smoking service.
6.9 Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions				
6.9.1 Provide drug and alcohol misuse awareness raising to new employees and existing staff	31/03/2016	ASCHH		Three training sessions have taken place and 41 people have attended.
6.9.3 Consider the findings from the DAAT Young People's Service Review to plan future service provision	31/03/2016	ASCHH		The review has been completed and the results are being analysed.
6.9.4 Consider the recommendations arising from the Children Young People & Learning Overview & Scrutiny Panel (O&S) working group	31/03/2016	ASCHH		Report and recommendations have been agreed and were presented to the executive 23 rd June.
6.9.5 Undertake a cost comparison analysis of the current DAAT service	31/03/2016	ASCHH		Head of Service has completed this task, and the findings will feed into procurement plans.
6.9.6 Monitor the number of older people being referred to treatment for alcohol misuse	31/03/2016	ASCHH		During the first quarter there have been 19 referrals.
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 to implement the Better Care Fund Plan	31/03/2016	ASCHH		The Better Care Fund Plan is fully approved, and most of the nine schemes are fully in place. There are some delays in the Respiratory Failure Service implementation, which require further searches for a provider, but this is in hand.
6.10.2 Work in partnership with the CCG and Bracknell Healthcare Foundation Trust (BHFT) to build on an integrated service for adults with long term conditions	31/03/2016	ASCHH		Review of the service is being undertaken; partnership group met on 15 th June 2015 to discuss enhancing the service.
6.10.3 Work with the Acute Trust and review the out of hours intermediate care services so that delays for people in hospital awaiting social care are minimised	31/03/2016	ASCHH		Regular meetings have taken place and will continue to take place with the acute trust to reduce number of delays. Out of hours service will commence a review in Q2.
6.10.4 Further develop the integrated care teams with the CCG and BHFT to support people with complex care needs	31/03/2016	ASCHH		Consultation on new ways of working, North and South teams aligned to GP clusters, ended 12 th June. This will improve the opportunities for integration.
6.11 Ensure that IT systems continue to be developed to improve the				






Sub-Action	Due Date	Owner	Status	Comments
quality of people's lives and support and assist in business decisions				
6.11.1 Ensure electronic batch matching on the NHS number is completed for a person's social care record	31/03/2016	ASCHH		Project started and on target. Software installed.
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 Review the range and nature of support services provided by Forestcare for vulnerable people	31/03/2016	ASCHH		Implementation of PNC7 lifeline monitoring system is ongoing. Range of services provided to those leaving hospital is extended.
7.1.2 Refresh the Helping you to stay independent Guide	31/03/2016	ASCHH		2015/16 edition finalised and printed. Electronic version is available through the Self-Care page on the Bracknell Forest Council public website. Planning will commence in September for the 2016/17 edition.
7.1.3 Review implemented winter pressures plans	31/08/2015	ASCHH		Working group have reviewed winter pressure plans thus informing future development of plans for winter 15/16.
7.1.4 Deliver a self-care programme raising awareness of self-care and self-management of long-term conditions and managing the use of A&E services	31/03/2016	ASCHH		A leaflet raising awareness of dementia was sent to all households in the borough. As part of Prevention and Self-Care's outreach work the staffed Self-Care stand was situated at the 'Our Place' - Health and Community and at The Bracknell Show. The Prevention and Self-Care Steering Group have agreed to fund the designing, printing and distribution of a winter messages leaflet to all households. Work will take place around supporting the Urgent Care Centre to be promoted in Sandhurst and Crowthorne.
7.4 Continue to modernise support and include new ways of enabling the delivery of that support				
7.4.1 Introduce the Spectrum Star to people supported by the Autistic Spectrum Disorder (ASD) team and the agencies who support them	31/03/2016	ASCHH		Five people have been supported to work on a spectrum star which has been positive. The team will look at discussing with others in the next quarter
7.4.2 Introduce a new review package for people with ASD and Learning Disabilities (LD) that	31/03/2016	ASCHH		The new review process is in place and being used by Learning Disability and Autistic Spectrum Disorder teams

Sub-Action	Due Date	Owner	Status	Comments
incorporates an updated Direct Payments review and Service review				
7.4.3 Introduce the Life Star to the people supported by the LD team and the agencies that support them	31/03/2016	ASCHH		Practitioners have been informed of the tool and will start using it where appropriate
7.4.4 Develop and publish the Sensory Needs Strategy	31/03/2016	ASCHH		The consultation period has closed and the strategy is being developed.
7.4.5 Refresh the Advocacy strategy and commissioned services subject to evaluation of the impact of the Care Act	31/03/2016	ASCHH		Current services are being evaluated and the strategy development is on target.
7.4.6 Aim to promote Healthy Lifestyles for people including reducing incidents of smoking amongst people supported by the Community Mental Health Team (CMHT)	31/03/2016	ASCHH		The public health team have been supporting Berkshire Healthcare Foundation Trust to go smoke free with the provision of a tailored stop smoking programme. The quit smoking success rate among people living with mental health needs (60%) has been higher than expected.
7.4.7 Establish a Dementia Action Alliance to promote dementia friendly communities	31/03/2016	ASCHH		DAA has met twice and now has 17 members. 199 people in Bracknell Forest have become dementia friends since January 2015.
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 Undertake a review of the operational services supporting Clement House extra care scheme	31/03/2016	ASCHH		The service began to accept people into the scheme mid April and the provider that supports the scheme began operational cover from that date. Ongoing monthly monitoring meetings will continue for the next six months.
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 Embed statutory safeguarding requirements within operational practice	31/03/2016	ASCHH		Arrangements have been put in place to monitor compliance with the safeguarding duties. Monitoring undertaken in Q1 indicates that the Council is meeting its statutory safeguarding duties
7.6.2 Lead the Bracknell Forest Safeguarding Adults Partnership Boards development plan taking into account the boards statutory footing	31/03/2016	ASCHH		The development plan for 2015/2016 has been agreed by the Board, which is being implemented.
7.7 Target financial support to vulnerable households				
7.7.1 Review the Councils support to households in light of the claimant	31/03/2016	ASCHH		Meeting has taken place with UC implementation team to begin negotiation of services that will be

Sub-Action	Due Date	Owner	Status	Comments
commitment / universal credit implementation				offered by the Council to UC customers.
7.7.2 Retender supporting people contracts to provide housing related support to vulnerable people	31/03/2016	ASCHH		Report recommending change in strategy to be presented to July Executive.
7.7.3 Review Social Fund and Discretionary Housing Payment policy to target support to the most vulnerable people	31/03/2016	ASCHH		Review of support pending more information on welfare reform after July budget statement.
7.7.4 Review local council tax benefit scheme to ensure it provides an affordable scheme for the Council and customers	31/03/2016	ASCHH		Report to be presented to July Executive seeking authority to consult on proposed changes on scheme.
7.7.5 Continue redesign of the housing and benefit service to maximise household income and independence	31/03/2016	ASCHH		Service redesign on-going.
7.8 Support vulnerable people through continued provision of out of hours services				
7.8.1 Consult on the Emergency Duty Service (EDS) Joint Review	31/03/2016	ASCHH		Consulted with EDS team Consulted with BHFT Completed PEST & SWOT analysis Completed Action Plan Completed new structure & pathways in line with changes to legislation
MTO 10: Encourage the provision of a range of appropriate housing				
Sub-Action	Due Date	Owner	Status	Comments
10.1 Ensure a supply of affordable homes				
10.1.8 Review Disabled Facilities Grant process in order to meet the requirements of the Better Care Fund	31/03/2016	ASCHH		Monitored through Better Care Fund steering group on a monthly basis.
10.1.9 Produce Housing Strategy	31/03/2016	ASCHH		Preparatory work on the housing strategy underway.
10.1.10 Produce Homeless Strategy	31/03/2016	ASCHH		Two meetings of the homeless forum working groups have taken place to progress developing the strategy.
10.1.11 Secure additional temporary accommodation for homeless households	31/03/2016	ASCHH		A range of initiatives have been developed to procure additional emergency accommodation. A report is to be presented to July Exec seeking authority to procure accommodation.
10.1.14 Support Housing and Planning for the off-site provision of affordable	31/05/2015	ASCHH		Contracts exchanged on a site to provide the affordable housing obligation stemming from the TRL site.

Sub-Action	Due Date	Owner	Status	Comments
homes from the TRL site in Bracknell Town Centre				
10.1.15 Investigate establishing a Local Housing Company	31/03/2016	ASCHH		Legal advice on establishing LHC received.
MTO 11: Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money				
Sub-Action	Due Date	Owner	Status	Comments
11.1 Ensure services use resources efficiently and ICT and other technologies to drive down costs				
11.1.4 Ensure IT systems are ready for any statutory and legislative changes	31/03/2016	ASCHH		Preparations in hand for next major systems upgrade due to go live Sept 2015. All new / amended system input form changes have been developed.
11.1.7 Introduce arrangements to record care accounts so that the Council can track self-funder progress towards the care cap of £72,000	31/03/2016	ASCHH		Care Accounts will be incorporated within the Adult Social Care management system, LAS, version 7. This is expected later in the financial year. A Care Act working group has been developed and is meeting in July to discuss the proposed new requirements of independent personal budgets. Final guidance from central government is not expected until October 2015.
11.2 Ensure staff and elected members have the opportunities to acquire the skills and knowledge they need				
11.2.8 Deliver a workforce that is fit for purpose under the new legislation of the Care Act 2014	31/03/2016	ASCHH		Consultation is taking place on the new structure of the CR&R and OPLTC workforce with an prospective implementation date of Autumn 2015
11.7 Work with partners and engage with local communities in shaping services				
11.7.2 Continue to support the voluntary sector through the provision of core grants	31/03/2016	ASCHH		Grants to the voluntary sector were agreed on 2 nd June 2015 and organisations have been notified.
11.7.7 Work in partnership with the Elevate Project through Breakthrough Employment Service in order to support young people with additional needs into employment	31/03/2016	ASCHH		Links established with Elevate and the Manager of Breakthrough is part of the working party
11.7.9 Contribute to the development of the outcomes set by the three Urgent Care Boards and support the delivery of services to achieve them	31/03/2016	ASCHH		Urgent Care Boards have met three times in the first quarter and BFC have responded to all requests e.g. winter planning preparation, hospital discharge.

Sub-Action	Due Date	Owner	Status	Comments
11.7.10 Work with partners to implement Carers Commissioning Strategy, ensuring impact of Care Act is incorporated into the delivery plan	31/03/2016	ASCHH		Carers Issues Strategy group met on 23 rd March 2015 and Care Act requirements have been included in the strategy.

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

Annex B: Financial Information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - MAY 2015						
	Original Cash Budget	Virements & Budget C/fwds	Current approved cash budget	Department's Projected Outturn	Variance Over / (Under) Spend	Movement This month
	£000	£000	£000	£000	£000	£000
Director	(118) ✓	91	(27)	127	154	154
	(118)	91	(27)	127	154	154
Adults and Commissioning						
Mental Health	1,795 ✓	12	1,807	1,845	38	38
Support with Memory Cognition	2,342 ✓	1,391	3,733	3,733	0	0
Learning Disability	13,117 ✓	(218)	12,899	12,899	0	0
Specialist Strategy	243 ✓	7	250	341	91	91
Joint Commissioning	604 ✓	0	604	558	(46)	(46)
Internal Services	940 ✓	5	945	936	(9)	(9)
	19,041	1,197	20,238	20,312	74	74
Housing						
Housing Options	348 ✓	49	397	393	(4)	(4)
Strategy & Enabling	270 ✓	(49)	221	168	(53)	(53)
Housing Management Services	(37) ✓	0	(37)	(60)	(23)	(23)
Forestcare	15 ✓	0	15	60	45	45
Supporting People	991 ✓	13	1,004	996	(8)	(8)
Housing Benefits Payments	108 ✓	0	108	108	0	0
Housing Benefits Administration	471 ✓	0	471	492	21	21
Other	(48) ✓	0	(48)	13	61	61
	2,118	13	2,131	2,170	39	39
Older People and Long Term Conditions						
Physical Support	7,938 ✓	(1,190)	6,748	6,665	(83)	(83)
Internal Services	1,131 ✓	(1)	1,130	1,216	86	86
Community Response and Reablement - Pooled Budget	1,903 ✓	(139)	1,764	1,764	0	0
Emergency Duty Team	54 ✓	0	54	54	0	0
Drugs Action Team	4 ✓	0	4	4	0	0
	11,030	(1,330)	9,700	9,703	3	3
Performance and Resources						
Information Technology Team	278 ✓	0	278	279	1	1
Property	103 ✓	0	103	77	(26)	(26)
Performance	210 ✓	0	210	185	(25)	(25)
Finance Team	555 ✓	0	555	456	(99)	(99)
Human Resources Team	190 ✓	0	190	184	(6)	(6)
	1,336	0	1,336	1,181	(155)	(155)
Public Health						
Bracknell Forest Local Team	(19) ✓	40	21	21	0	0
	(19)	40	21	21	0	0
TOTAL ASCHH	33,388	11	33,399	33,514	115	115
Memorandum item:						
Devolved Staffing Budget			13,622 *	13,569	(53)	(53)
Non Cash Budgets						
Capital Charges	343,910	0	343,910	343,910	0	0
IAS19 Adjustments	691,690	0	691,690	691,690	0	0
Recharges	2,793,960	0	2,793,960	2,793,960	0	0
	3,829,560	0	3,829,560	3,829,560	0	0

Capital Monitoring 2015/16 as at 31 May 2015

Cost Centre	Cost Centre Description	2014/15 Brought Forward*	2015/16 Budget	Virements Awaiting Approval	Total Virements	Approved Budget	Cash Budget 2015/16	Expenditure to Date	Current Comm'n't s	Estimated Outturn 2015/16	Carry Forward 2016/17	(Under) / Over Spend	Target for Completion
		£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	173.7	0.0			173.7	173.7	0.0	0.0	173.7	0.0	0.0	2015/16
YP261	Help to Buy a Home (Cash Incentive Scheme)	120.4	180.0			300.4	300.4	60.0	0.0	300.4	0.0	0.0	2015/16
YP262	Enabling More Affordable Homes (Temp to Perm)	46.6	1,653.0			1,699.6	1,699.6	228.2	0.0	1,699.6	0.0	0.0	2015/16
YP304	Mortgages for Low Cost Home Ownership Properties	218.8	0.0			218.8	218.8	0.0	0.0	218.8	0.0	0.0	2015/16
YP316	BFC My Home Buy	332.7	120.0			452.7	452.7	-10.0	0.0	452.7	0.0	0.0	2015/16
YP466	Amber House	500.0	0.0			500.0	500.0	500.0	0.0	500.0	0.0	0.0	2015/16
YP440	Clement House	0.0	0.0			0.0	0.0	0.0	0.0	0.0	0.0	0.0	2015/16
YP441	Rainforest Walk Scheme	0.0	0.0			0.0	0.0	0.0	0.0	0.0	0.0	0.0	2015/16
TBC	Choice Based Letting System	0.0	30.0			30.0	30.0	0.0	0.0	30.0	0.0	0.0	2015/16
	Total Housing	1,392.2	1,983.0	0.0	0.0	3,375.2	3,375.2	778.2	0.0	3,375.2	0.0	0.0	
	Adult Social Care & Health												
YS528	Care Housing Grant	15.4	0.0			15.4	15.4	0.0	0.0	15.4	0.0	0.0	2015/16
YS529	Community Capacity Grant	150.7	201.0			351.7	351.7	0.0	0.0	351.7	0.0	0.0	2015/16
TBC	Older Person Accommodation Strategy	0.0	400.0			400.0	400.0	0.0	0.0	400.0	0.0	0.0	2015/16
YH126	Improving Info for Social Care (Capital Gr)	39.2	0.0			39.2	39.2	0.0	0.0	39.2	0.0	0.0	2015/16
YS418	ASC IT Systems Replacement	258.6	0.0			258.6	258.6	5.5	0.0	258.6	0.0	0.0	2015/16
	Total Adult Social Care & Health	463.9	601.0	0.0	0.0	1,064.9	1,064.9	5.5	0.0	1,064.9	0.0	0.0	
	Total ASCH&H	1,856.1	2,584.0	0.0	0.0	4,440.1	4,440.1	783.7	0.0	4,440.1	0.0	0.0	

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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
1 OCTOBER 2015**

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

1 PURPOSE OF REPORT

- 1.1 This report presents scheduled Executive Key and Non-Key Decisions relating to Health issues 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 issues 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

Richard Beaumont – 01344 352283

e-mail: richard.beaumont@bracknell-forest.gov.uk

OVERVIEW & SCRUTINY COMMISSION**EXECUTIVE WORK PROGRAMME**

REFERENCE:	I055948
TITLE:	Smoking Cessation Procurement
PURPOSE OF REPORT:	To seek a decision for approval of the chosen provider after the procurement has been completed. The Smoking Cessation contract went to competitive tender in August 2015 with a 'chosen' provider to be identified by 9th October 2015.
DECISION MAKER:	Executive
DECISION DATE:	17 Nov 2015
FINANCIAL IMPACT:	Within existing budget
CONSULTEES:	Public and Stakeholders
CONSULTATION METHOD:	Public and stakeholder consultations were carried out for the smoking cessation procurement in May 2015 The consultation was carried out through events and using the Bracknell Forest Consult software for an online survey. The results of this consultation informed the procurement process.

REFERENCE:	I055758
TITLE:	Carers Services
PURPOSE OF REPORT:	To approve the recommendation to award a contract for the Carers Service following a competitive tender.
DECISION MAKER:	Director of Adult Social Care, Health & Housing
DECISION DATE:	14 Dec 2015
FINANCIAL IMPACT:	To be incorporated into the report
CONSULTEES:	Internal teams within Adult Social Care who are part of the project team, a large number of organisations across Berkshire who had expressed an interest in potentially delivering the service, the current provider of the service, carers currently using the service.
CONSULTATION METHOD:	Series of market shaping events

Unrestricted

REFERENCE:	I055429
TITLE:	Drug & Alcohol Recovery Services
PURPOSE OF REPORT:	Following a formal tender exercise to agree to the awarding of a contract to a Prime Provider for the Drug & Alcohol Recovery Services.
DECISION MAKER:	Executive
DECISION DATE:	15 Dec 2015
FINANCIAL IMPACT:	To be incorporated into the report
CONSULTEES:	The Project Board including representatives from Thames Valley Police, Probation Service, National Treatment Agency, National Health Service and also people who use the services.
CONSULTATION METHOD:	Meeting(s) with interested parties

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
1 OCTOBER 2015**

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

1 PURPOSE OF REPORT

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to consider and agree its Work Programme for 2015/16.

2 RECOMMENDATION

- 2.1 **That the Panel considers and agrees its amended work programme for 2015/16, seeking the approval of the O&S Commission to any changes from the currently agreed programme.**

3 REASONS FOR RECOMMENDATION

- 3.1 To meet the requirements of the Constitution and to plan the Panel's work for 2015/16.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 The Panel's currently approved 2015/16 Work Programme is attached at Appendix 1, with proposed changes highlighted. The Constitution requires that there shall be a work programme for O&S, the development and management of which is the responsibility of the O&S Commission.
- 5.2 At its meeting on 2 July 2015, the Panel considered the work programme, and the minutes record, *'The Panel noted the suggested work programme for 2015/16 and agreed that further consideration would be given to the areas that working groups might examine outside the meeting'*
- 5.3 Following the Panel's meeting in July, the Chairman asked Members of the Panel to indicate their preferred choice from a shortlist of five review topics which had been previously put forward. Members' majority preference was to firstly complete the outstanding actions from the Panel's review of the Francis report, and then carry out a review of General Practitioner capacity. The necessary changes to the current work programme are highlighted in Appendix 1.

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

Richard Beaumont – 01344 352283

e-mail: richard.beaumont@bracknell-forest.gov.uk

2015/16 Overview and Scrutiny Work Programme

The proposed work programme for O&S in 2015/16 is shown on the following pages. The programme is aimed at maintaining a strategic and co-ordinated work programme based on major areas of Council and partner organisations' activity. The review topics take account of what is likely to be timely, relevant, and to add value. The programme incorporates the routine, on-going work of O&S and the completion of reviews currently underway.

The O&S Commission has consulted the O&S Panels, the Council's Corporate Management Team and the Executive on the work programme, as required by the Council's Constitution.

The work programme will necessarily be subject to continual refinement and updating. The 'future possible reviews' are those which are unlikely to be resourced until 2016/17 or later.

HEALTH OVERVIEW AND SCRUTINY PANEL	
1.	<p>Monitoring the performance of the Local NHS Organisations and the Adult Social Care, Health and Housing Department in relation to health</p> <p>To receive an introductory briefing on the Council's role in relation to Health, with reference to the service plan for 2015/16. To include on-going review of the Quarterly Service Reports and monitoring significant developments, particularly:</p> <ul style="list-style-type: none"> • The Better Care Fund • The Care Act • Improvements at Heatherwood and Wexham Park Hospitals following the acquisition by Frimley Park Hospital Trust • Provision of sufficient GP surgeries to match long-term growth in the Borough's population.
2.	<p>Implementing the new Approach to Health Scrutiny</p> <p>To deliver the new approach to health scrutiny as recommended by the Panel's Working Group on the Francis report. The numerous changes include a specialist member approach and strategically monitoring the performance of the NHS trusts and Clinical Commissioning Group serving Bracknell Forest, with enhanced reference to key information flows.</p>
3.	<p>2016/17 Budget Scrutiny</p> <p>To review the Council's budget proposals for public health in 2016/17, and plans for future years.</p>
4.	<p>Responding to NHS Quality Accounts and Consultations</p> <p>The Health O&S Panel customarily provides comments on the annual Quality Accounts produced by the NHS Trusts nearby, and the Panel is a statutory consultee for any substantial variation in NHS services affecting the Borough.</p>

2015/16 WORKING GROUPS	
Health O&S Panel	<p>None planned</p> <p>Once the new approach to health scrutiny has been implemented:</p> <p>General Practitioner Capacity</p> <p>There are concerns about whether there is enough GP capacity going forward, particularly as the Borough's population is expanding. Issues to explore might include: the impact of no-shows for GP appointments; how our ratio of GPs to 10,000 population compares to other areas; what plans are in place to deal with an expected surge in GP retirements; and how NHS England is ensuring we have enough GP capacity in the right locations.</p>

FUTURE POSSIBLE REVIEWS (Unlikely to be resourced until 2016/17 or later)	
1.	<p>Public Health</p> <p>To review the operation and effectiveness of the pan-Berkshire public health arrangements with other local authorities.</p> <p>To carry out a joint review with other O&S Panels, on the Council's wider actions on the transferred public health (PH) responsibilities. To include the immunisations programme, also integration of the PH function with other council services - such as measures to prevent ill-health and to promote good health, so as to achieve the best overall impact for residents.</p>
2.	<p>The Royal Berkshire Bracknell Healthspace</p> <p>To review the services offered at The Royal Berkshire Bracknell Healthspace (Brants Bridge), including cancer and renal facilities, the Urgent Care Centre and the GP Out of Hours service.</p>