



NOTICE OF MEETING

Health Overview and Scrutiny Panel
Thursday 14 January 2016, 7.30 pm
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

EMERGENCY EVACUATION INSTRUCTIONS

- 1 If you hear the alarm, leave the building immediately.
- 2 Follow the green signs.
- 3 Use the stairs not the lifts.
- 4 Do not re-enter the building until told to do so.

If you require further information, please contact: Lizzie Rich
Telephone: 01344 352253
Email: elizabeth.rich@bracknell-forest.gov.uk
Published: 4 January 2016



**Health Overview and Scrutiny Panel
Thursday 14 January 2016, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell**

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

Note: There will be a private meeting for members of the Panel at 7pm in Meeting Room 1, Fourth Floor, Easthamsptead 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 1 October 2015.

5 - 12

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. **Public Health**
To receive a presentation from the Strategic Director of Public Health, Berkshire, and the Council's Consultant in Public Health on the work of the Public Health function, its current priorities, challenges and plans and the distribution of resources across Berkshire.
7. **2016/17 Budget Scrutiny**
To review the Council's budget proposals for health in 2016/17, and plans for future years. 13 - 14
8. **The Patients' Experience**
To consider the results of the 2015 Patient Survey report for the Berkshire Healthcare NHS Foundation Trust, also the current information from the NHS Choices website, for those NHS Foundation Trusts providing most NHS services to Bracknell forest residents. 15 - 36
9. **Departmental Performance**
To consider the parts of the Quarter 2 2015/16 (July to September) quarterly service report of the Adult Social Care, Health and Housing Department relating to health. 37 - 66
- 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. 67 - 70
11. **Overview and Scrutiny Bi-Annual Progress Report**
To note the Bi-Annual Progress Report of the Assistant Chief Executive. 71 - 84
12. **Member Feedback**
To receive oral reports from Panel members on their specialist roles since the last Panel meeting.
13. **Work Programme**
To receive a report on the progress of the Panel's Working Group reviewing GP capacity. 85 - 88

To propose items for inclusion in the Panel's work programme for 2016/17.
14. **Date of Next Meeting**
The next scheduled meeting of the Health Overview and Scrutiny Panel will take place on 14 April 2016.

**HEALTH OVERVIEW AND SCRUTINY PANEL
1 OCTOBER 2015
7.30 - 9.45 PM**



Present:

Councillors Phillips (Chairman), G Birch, Hill, Mrs Mattick, Peacey, Tullett and Virgo

Co-opted Member:

Dr David Norman

Observer:

Mark Sanders, Healthwatch

Also Present:

Richard Beaumont, Head of Overview & Scrutiny

John Nawrockyi, Interim Director of Adult Social Care, Health & Housing

Dr Lisa McNally, Consultant in Public Health

Sir Andrew Morris OBE, Chief Executive, Frimley Park NHS Foundation Trust

Apologies for absence were received from:

Councillors Mrs McCracken, Mrs Temperton and Thompson

16. Apologies for Absence/Substitute Members

The Panel noted the attendance of the following substitute members:

Councillor Peacey for Councillor Mrs McCracken.

17. Minutes and Matters Arising

RESOLVED that the minutes of the Health Overview and Scrutiny Panel meeting held on 2 July 2015 be approved as a correct record and signed by the Chairman.

Matters Arising

It was reported that South Central Ambulance Service's investigations into the Daily Telegraph allegations were nearing a conclusion and the report would be made available to the Panel when it was finalised.

18. Declarations of Interest and Party Whip

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

19. Urgent Items of Business

There were no urgent items of business.

20. **Public Participation**

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

21. **Frimley Health Trust**

Sir Andrew Morris, Chief Executive of Frimley Health NHS Foundation Trust gave a presentation in respect of the Trust's work to improve standards at Heatherwood and Wexham Park Hospitals.

The presentation included an overview of the Trust's objectives, performance and values as well as a summary of the work taking place at Heatherwood and Wexham Park Hospitals to improve staff morale and productivity and planned improvements to the Trust's estate and infrastructure. The Trust employed 8,000 people and had the fourth busiest Accident and Emergency department in England. Approximately one million people used the Trust's services each year. To facilitate the acquisition, and related works, the Department of Health had provided some £300 million to Frimley Health Trust.

As part of work to improve patient experiences at Heatherwood and Wexham Park Hospitals the Trust had implemented a number of changes including: a new governance structure, a new serious incident process, WHO checklists for operations and the introduction of new guidelines and training for infection control, sepsis, falls and pressure sores. The hospitals' mortality and morbidity rates had been reviewed, cleanliness at the hospitals had been improved and work had taken place to free staff up to enable them to focus on caring more for patients. Work to improve staffing standards and raise staff morale was also underway. This work was starting to pay dividends and the number of complaints received had halved since the Trust had been created (Currently 35 complaints a month were received compared to 70-80 a month in May 2014).

Work to improve the physical estate had taken place including roofing repairs, improving the security of Wexham Park Hospital at night and improving the signage across all sites. There were also plans to create five hundred additional car parking spaces at Wexham Park and Frimley Hospitals.

Major infrastructure projects planned for the Trust included the development of a new Emergency Department, redevelopment of the maternity unit and the development of a Paediatric Critical Care Unit at Wexham Park Hospital. Plans for a £63million redevelopment of Heatherwood Hospital which would see the creation of 6 operating theatres, 48 beds, 16 day case beds and new outpatients and diagnostics facilities had also been drawn up. To enable these developments to occur it would be necessary to reconfigure the Wexham Park site and land would need to be sold from both sites to help fund any work. It was expected that the modernisation of the Maternity unit would start in May 2016 and be completed within nine months. The Emergency Department redevelopment at Wexham Park Hospital would, once underway, take between eighteen months and two years to complete and work was expected to start in autumn 2016.

It was acknowledged that there was more still to be done to improve standards at both hospitals however it was hoped that standards at Wexham Park had improved sufficiently for the hospital's grading to move from Inadequate to Requires Improvement when the Care Quality Commission (CQC) inspected the Hospital on 13 October 2015.

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

- Agency staff were employed via NHS Professionals, a specialist organisation within the NHS recruiting and supplying temporary doctors, nurses and other staff. The agency was responsible for ensuring that all staff employed by them held the appropriate mandatory qualifications and had completed any additional training required e.g. safeguarding
- There was a national shortage of nurses and GPs. The Trust experienced few problems recruiting trained nurses from overseas, with Philippino nurses being particularly keen to work in the United Kingdom. However new work permit restrictions requiring overseas staff to earn over a certain amount were making recruitment harder
- The Trust was 95% compliant on its Harm Free Care bundle
- During their inspections the CQC interviewed staff about their understanding of a range of matters including safeguarding and infection control procedures. If staff are unable to adequately respond to these questions then the hospital would be marked down
- CQC inspections focused on five areas. If two areas were graded as being Requires Improvement and three were graded as being Good then your overall grading would be at the lowest level i.e. Requires Improvement
- 80% of all foundation hospitals were currently operating with a financial deficit. The Frimley Trust still need to save £26million this year
- Aspirations for a dedicated dementia ward had been put on hold when it was discovered that the selected site was unsuitable
- Discharges into social care services continued to be an issue for the Trust
- It was acknowledged that the current arrangements for cancer patients attending outpatients appointments were not ideal and the Trust was exploring the possibility of developing a bespoke area for outpatient treatment of some cancers so that they would no longer have to receive treatment in the general outpatient clinics. Clinical staff were sent on 'Breaking Bad News' courses and the Trust was working to set up a one stop shop for cancer patients.
- The Trust had to meet set standards in a number of areas and was subject to peer reviews to ensure there was oversight of the Trust's compliance in these areas. The outcomes of peer reviews were sent to commissioners to help inform their decisions over where to send patients
- £32million was being spent on the development of a new integrated IT system. The new system was already operational in the radiology, pathology, and emergency departments and operating theatres. Funding had also been secured to roll out an electronic patient record system
- Wexham Park Hospital had traditionally had training links with Middlesex University. However once students qualified they had a tendency to elect to work in London. To address this, the link with Middlesex University had been removed and a new link was being developed with Buckinghamshire University. A move that it was hoped would result in more students staying on at Wexham Park Hospital after they qualified

From Healthwatch's perspective some services needed improving but there were many positives, such as the improvements to A&E at Wexham Park Hospital and they welcomed the increased openness of the Trust.

The Panel thanked Sir Andrew Morris for his update and commended the improvements being made by the Trust.

22. **Healthwatch Bracknell Forest**

The Panel received the Healthwatch Bracknell Forest Annual Report.

The Annual Report was the second produced by Healthwatch Bracknell Forest and included an overview of the organisation's remit, details of the work that had taken place during the year and plans for 2015/16.

The Panel's attention was drawn to the statement that 202 individuals had been provided with signposting, advice and guidance during 2014/15. It was acknowledged that Healthwatch organisations in other areas were quoting much higher figures for the number of people assisted. This discrepancy was attributed to the fact that other areas were reporting the total number of contacts made rather than the number of individuals helped. When the number of contacts was counted the number of people helped by Healthwatch Bracknell Forest rose to over 6,200. An addendum would be added to the report to reflect this.

Healthwatch welcomed feedback on the health service provision in the Borough.

The Panel noted the report.

23. **The Patients' Experience**

The Panel received and noted a report providing a summary of recent inpatient surveys for hospitals providing services to Bracknell Forest residents and other relevant information from the NHS Choices website.

24. **Departmental Performance**

The Panel received and noted the sections of the Adult Social Care, Health and Housing Department's Quarter 1 (April to June 2015) Quarterly Service Report (QSR) relating to health. The Director gave a progress update in respect of the Better care Fund and delayed discharges, which was a national issue.

It was reported that performance in all areas of Public Health continued to be strong and the following areas were of particular note:

- Bracknell Forest residents enjoyed the highest successful smoking quit rates in the region
- Bracknell Forest had recorded the highest year on year fall in the number who stopped smoking during pregnancy in the south east
- The Borough had the lowest rate of alcohol related hospital admissions for young people in the region
- The Borough had the highest health check delivery rates in the region
- The Borough's under sixteens had the lowest pregnancy rates in the region
- The most recent trend data showed that smoking quit rates continued to rise in Bracknell Forest whilst rates were falling nationally. There were two people quitting smoking in Bracknell Forest for every one person elsewhere in the Country

Work was underway to re-procure the Smoking Cessation Service for all the Berkshire unitary authorities, except for the Royal Borough of Windsor and Maidenhead who had decided not to participate in the contract going forward.

The Falls Free for Life programme was currently carrying out thirty assessments a month and a number of referrals had been made to the Strength and Balance

Classes as a result. A further thirty people identified as being at high risk from falls had been pre-emptively referred to a specialist falls clinic.

Whilst Child and Adolescent Mental Health Services (CAMHS) was not an area traditionally covered by the Public Health function, the Public Health Team was working with providers to build capacity in the area and help reduce waiting lists, which currently stood at 20 months. A key aspect of this work had been the introduction of KOOTH, an online counselling service offering a variety of services to children and young people. The service had been launched in May 2015 and seventy young people were currently receiving support from the service.

It was reported that the Council had responded to a recent Department of Health consultation on the reduction of Public Health budgets. It was acknowledged that funding was likely to be reduced and alternative ways of delivering services would have to be developed. If cuts were implemented then any savings would have to be made within the current financial year.

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

- The Department had not yet received any reward money for its successful delivery of health checks from the Department of Health's payment by results scheme. It was unclear when any money would be received.
- Whilst it sent a clear message, imposing a smoking ban on outdoor spaces had no significant impact on health or smoking levels
- Data relating to the uptake of children's flu vaccines would be provided
- Whilst the Borough was performing well with the delivery of children's flu vaccines the uptake of adult flu vaccines was low when compared to national data
- Chlamydia screening rates were increasing and the infection rates were remaining stable amongst young people. This was a service commissioned by NHS England so the Borough had limited influence in this area however work could be done to encourage the uptake of screening programmes

The Panel thanked officers for their update.

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

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

It was noted that the new Health and Wellbeing Strategy was currently being consulted on and any comments would be welcomed.

26. **Member Feedback**

Members were asked to provide updates on their specialist roles since the Panel's last meeting and the following points were noted:

Councillor Phillips – A meeting had taken place with the CCG to discuss their role in respect of Acute Trusts. Analysis of a recent Local Government Ombudsman report had found that the majority of complaints were now being dealt with more effectively at a local level

Councillor Birch – Feedback from discussions with cancer patients had revealed that many felt that they were not being given as much information about their condition

and its treatment as they would like. High levels of anxiety were also being experienced by patients and this was an area that would be explored in more detail.

Councillor Mrs Mattick – As part of World Alzheimer’s Day a stand had been put up at Frimley Park Hospital to raise awareness of the condition and support available. During Self-Care Week an event, No-one is an Island, would be held to raise awareness of dementia. Councillor Mrs Mattick had attended the Berkshire Healthcare Trust Annual General Meeting.

Councillor Peacey – Had joined the Frimley Council of Governors who would be electing a new Chairman in the near future.

Councillor Hill – Commented on the shortage of GPs

Councillor Tullett – Was exploring the development of his understanding of long term medical conditions in the Borough and would be attending a NHS conference on the subject in the coming months.

Councillor Virgo – The South Central Ambulance Trust had discussed making better use of first responders and the possibility of proactively utilising the fire and rescue service to provide an integrated service at their recent Annual General Meeting.

Councillor Phillips – The Green Meadows Medical Practice had been graded as being Inadequate following a recent CQC inspection. The Royal Borough of Windsor and Maidenhead’s Health Overview and Scrutiny Panel had been contacted about the possibility of carrying out a joint review of the service which crossed the boroughs’ boundaries.

27. 2015/16 Work Programme

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

Following consultation with members it had been agreed that the Panel’s work in 2015/16 would focus on the completion of any outstanding recommendations from the previous Working Group review of the Francis Report and a review of General Practitioner Capacity in the Borough.

It was agreed that dates for a meeting to scope out the General Practitioner Capacity Review would be circulated.

28. Date of Next Meeting

It was noted that the next scheduled meeting of the Health Overview and Scrutiny Panel would take place on 14 January 2016 where the main substantive item was expected to be an update on the Public Health function.

CHAIRMAN

ACTIONS TAKEN : HEALTH OVERVIEW AND SCRUTINY PANEL MEETING
1 OCTOBER 2015

<u>Minute Number</u>	<u>Action Required</u>	<u>Action Taken</u>
27. 2015/16 Work Programme	Arrange informal meeting of the Panel to consider: <ol style="list-style-type: none">1. The draft Health and Wellbeing Strategy2. The remaining actions from the Panel's Working Group on the Francis report3. Planning the review of GP Capacity	Informal meeting of the Panel held on 22 October and all three items were dealt with.

This page is intentionally left blank

TO: **HEALTH OVERVIEW AND SCRUTINY PANEL**
4 JANUARY 2016

DRAFT BUDGET PROPOSALS 2016/17

Borough Treasurer and Director of Adult Services, Health & Housing

1. INTRODUCTION

- 1.1 The Executive agreed the Council's draft budget proposals for 2016/17 as the basis for consultation with the Overview and Scrutiny Commission, Overview and Scrutiny Panels and other interested parties. Following the consultation the Executive will consider the representations made before recommending the budget to Council.

2. Suggested Action

- 2.1 **That the Overview and Scrutiny Panel comments on the Council's draft budget proposals for 2016/17.**

3. Supporting Information

- 3.1 Attached to the reports to the other Overview and Scrutiny panels were relevant extracts from the 2016/17 Revenue Budget and Capital Programme reports. These are less relevant to this panel, as the Public Health budget is almost entirely funded from ring-fenced specific grant.
- 3.2 Public Health is the most significant specific grant received by the Council. From 1 October 2015 local authorities also took on new responsibilities for services concerning children aged 0-5. During 2015/16 the total allocation on which the budget was set was cut by £236,613 during the financial year. The total grant after this reduction was £3,586,144.
- 3.3 In 2016/17, it is anticipated that Public Health funding will be £4,264,221, though this has yet to be confirmed by Public Health England. This represents a further reduction in funding of 2.2% when taking into account that the Council will be responsible for children 0-5 services for the whole financial year.
- 3.4 Public Health England has advised, following the Autumn spending review, that further reductions of 2.5% in 2017/18 and 2.6% in 2018/19 and 2019/20 should be expected. However, the implications for individual authorities will depend on decisions to be made on the funding formula.
- 3.5 The full Revenue Budget and Capital Programme reports are available on the Council's public website as part of the wider budget consultation.

http://consult.bracknell-forest.gov.uk/portal/finance/budget/budget_16-17

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

Background Papers

None

Contacts for further information

Alan Nash – 01344 352180

Alan.nash@bracknell-forest.gov.uk

Neil Haddock

Neil.haddock@bracknell-forest.gov.uk

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
14 JANUARY 2016**

**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, and the results of the latest patient survey for the Berkshire Healthcare Trust.

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 **Considers the results of the 2015 patient survey for the Berkshire Healthcare NHS Foundation Trust .**

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 patient 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
--------------------------	--	----------------------	---------------------------	-----------------------------------	----------------	--------------------------

Heatherwood Hospital Add to shortlist

<p>Tel: 01344 623333 London Road Ascot Berkshire SL5 8AA 2.7 miles away Get directions</p>	 8 ratings Rate it yourself	 No rating Visit CQC profile	 Among the best with a value of 89%	 Among the best	<p>n/a</p> No relevant data available	 As expected in hospital and up to 30 days after discharge (0.9254)	<p>n/a</p> No relevant data available
--	--	--	---	---	---------------------------------------	---	---------------------------------------

Frimley Park Hospital Add to shortlist

<p>Tel: 01276 604604 Portsmouth Road Camberley Surrey GU16 7UJ 7.1 miles away Get directions</p> 	 246 ratings Rate it yourself	 Outstanding Visit CQC profile	 Among the best with a value of 89%	 Among the best	<p>n/a</p> No relevant data available	 As expected in hospital and up to 30 days after discharge (0.9254)	 88.8% Within the middle range
--	--	--	---	---	---------------------------------------	---	--

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
--------------------------	--	----------------------	---------------------------	-----------------------------------	----------------	--------------------------

King Edward VII Hospital Add to shortlist

St. Leonards Road
Windsor
Berkshire
SL4 3DP
6.7 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 (0.9254)

n/a

No relevant data available

St Mark's Hospital Add to shortlist

Tel: 01628 632012
St Mark's Road
Maidenhead
Berkshire
Berkshire
SL6 6DU
7.1 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

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 <input type="checkbox"/> Add to shortlist							
<p>Tel: 0118 322 5111 London Road Craven Road Reading Berkshire RG1 5AN 9.4 miles away Get directions</p> <p>  </p>	<p> 302 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>n/a No relevant data available</p>	<p> As expected in hospital and up to 30 days after discharge (1.0159)</p>	<p> 83.3% Among the worst</p>
Wexham Park Hospital <input type="checkbox"/> Add to shortlist							
<p>Tel: 01753 633000 Wexham Slough Berkshire SL2 4HL 10.7 miles away Get directions</p> <p>  </p>	<p> 74 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 (0.9254)</p>	<p>n/a No relevant data available</p>

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
--------------------------	--	----------------------	---------------------------	-----------------------------------	----------------	--------------------------

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 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.

Patient survey report 2015



Survey of people who use community mental health services 2015

Berkshire Healthcare NHS Foundation Trust

Survey of people who use community mental health services 2015



National NHS patient survey programme

Survey of people who use community mental health services 2015

The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.

Our purpose:

- We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

- We register care providers.
- We monitor, inspect and rate services.
- We take action to protect people who use services.
- We speak with our independent voice, publishing regional and national views of the major quality issues in health and social care.

Our values:

- Excellence – being a high-performing organisation
- Caring – treating everyone with dignity and respect
- Integrity – doing the right thing
- Teamwork – learning from each other to be the best we can

Survey of people who use community mental health services 2015

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used their local health services to tell us about their experiences.

The 2015 survey of people who use community mental health services involved 55 NHS trusts in England¹ (including combined mental health and social care trusts, Foundation Trusts and community healthcare social enterprises that provide mental health services). We received responses from more than 13,000 people, a response rate of 29%.

People aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1 September 2014 and 30 November 2014. For more information on the sampling criteria for the survey please see the instruction manual for the survey (see Further Information section). Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between February and July 2015.

Similar surveys of community mental health services were carried out between 2004-2008 and 2010-2014². However, the questionnaire for the 2014 survey was substantially redeveloped and updated in order to reflect changes in policy, best practice and patterns of service. New questions were added to the questionnaire and existing questions modified. The questionnaire remained largely the same between 2014 and 2015, which means that the 2015 results can be compared back to the 2014 survey data. However, the results from the 2014 and 2015 survey are not comparable with the results from previous national community mental health surveys³.

¹Although 58 trusts were eligible to take part in the survey, two trusts were not able to take part in the 2015 survey as they were unable to draw a sample as specified in the survey instruction manual. The data for one trust that took part in the survey was excluded from the publication as the trust committed a sampling error which would introduce bias into their results.

²In 2009 a survey of mental health inpatients took place.

³Please note that the survey was also substantially redeveloped in 2010. This means that surveys carried out between 2010 and 2013 are comparable with each other but not with any previous surveys.

The community mental health survey is part of a wider programme of NHS patient surveys which covers a range of topics including acute inpatient, children's inpatient and day case services, A&E (emergency department) and maternity services. To find out more about the programme and to see the results from previous surveys, please see the links in the 'further information' section.

The Care Quality Commission will use the results from this survey in our regulation, monitoring and inspection of mental health trusts in England. We will use data from the survey in our system of Intelligent Monitoring, which provides inspectors with an assessment of risk in areas of care within an NHS trust that need to be followed up. The survey data will also be included in the data packs that we produce for inspections.

NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account for the outcomes they achieve. The Trust Development Authority will use the results to inform their oversight model for NHS.

Interpreting the report

This report shows how a trust scored for each evaluative question in the survey, compared with other trusts. It uses an analysis technique called the '**expected range**' to determine if your trust is performing 'about the same', 'better' or 'worse' compared with most other trusts. For more information, please see the 'methodology' section below. This approach is designed to help understand the performance of individual trusts, and to identify areas for improvement.

This report shows the same data as published on the CQC website available at the following link (www.cqc.org.uk/cmhsurvey). The CQC website displays the data in a more simplified way, identifying whether a trust performed 'better', 'worse' or 'about the same' as the majority of other trusts for each question and section. For more information on the analysis, please see the methodology section below.

A 'section' score is also provided, labelled S1-S10 in the 'section scores' on page 5. The scores for each question are grouped according to the sections of the questionnaire, for example, 'health and social care workers' and 'organising care' and so forth. Please note that Q3 (*In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?*) is in section nine ('Overall views of care and services') as this was the only question that could be scored in the 'Care and Treatment' section of the questionnaire.

Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have a higher proportion of male service users than another trust. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of people.

To account for this, we 'standardise' the data. Results have been standardised by the age and gender of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-gender profile reflects the national age-gender distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this standardisation will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess the trusts in any way, for example, they may be 'routing questions' designed to filter out

respondents to whom following questions do not apply. An example of a routing question is Q23 (*In the last 12 months, have you been receiving any medicines for your mental health needs?*).

For full details of the scoring please see the technical document (see further information section).

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the orange section of the graph, its result is 'about the same' as most other trusts in the survey.
- If your trust's score lies in the red section of the graph, its result is 'worse' than would be expected when compared with most other trusts in the survey.
- If your trust's score lies in the green section of the graph, its result is 'better' than would be expected when compared with most other trusts in the survey.

The text to the right of the graph clearly states whether the score for your trust is 'better' or 'worse'. If there is no text the score is 'about the same.' These groupings are based on a rigorous statistical analysis of the data, as described in the following 'methodology' section.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on a statistic called the '**expected range**' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above or below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no red and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible for all trusts score (no red section). This could be because there were few respondents and / or a lot of variation in their answers.

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section⁴). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see further information section).

Tables

At the end of the report you will find tables containing the data used to create the graphs, the response rate for your trust and background information about the people that responded.

Scores from last year's survey are also displayed where available. The column called 'change from 2014' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2014. A statistically significant difference means that the change in the results is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test.

Please note that comparative data is not shown for sections as the questions contained in each section can change year on year.

If the report for your trust is missing comparative data, this is because comparisons are not able to be shown where it has been found that a trust committed a sampling error in 2014.

⁴A section score is not able to be displayed as it will include fewer questions compared with other trusts so is not a fair comparison.

Notes on specific questions

This section provides information about the analysis of particular questions:

Q9 and Q10: Q9 (*Do you know how to contact this person if you have a concern about your care?*) and Q10 (*How well does this person organise the care and services you need?*)

Respondents who stated at Q8 that their GP is in charge of organising their care and services have been removed from the base for these questions. This is because results will not be attributable to the mental health trust.

Q14: (*In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?*)

Respondents who stated at Q2 they had been in contact with mental health services for less than a year have been removed from the base for this question. This is because it is not fair to penalise trusts for not having reviewed a person's care, if they have not been in contact with services for long enough.

Further information

The full national and trust level results can be found on the CQC website. You can also find a 'technical document' here which describes the methodology for analysing the trust level results:

www.cqc.org.uk/cmhsurvey

The trust results from previous surveys of community mental health surveys that took place 2004-8 and 2010-2014⁵ are available at the below link. Please note that due to redevelopment work, results from the 2015 survey are only comparable with 2014⁶.

www.nhssurveys.org/surveys/290

Full details of the methodology for the survey, including questionnaires, letters sent to people who use services, instructions on how to carry out the survey and the survey development report, are available at:

www.nhssurveys.org/surveys/820

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys can be found at:

www.cqc.org.uk/public/reports-surveys-and-reviews/surveys

More information on how CQC monitor trusts that provide mental health services is available at:

www.cqc.org.uk/content/monitoring-trusts-provide-mental-health-services

⁵In 2009 a survey of mental health inpatient services took place.

⁶Please note that the survey was also substantially redeveloped in 2010. This means that surveys carried out between 2010 and 2013 are comparable with each other but not with any previous surveys.

Survey of people who use community mental health services 2015

Berkshire Healthcare NHS Foundation Trust

Section scores

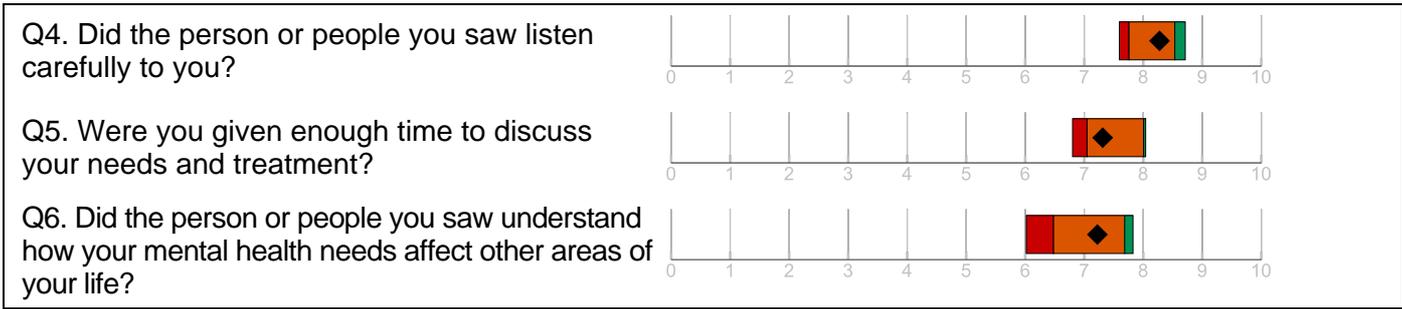


	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

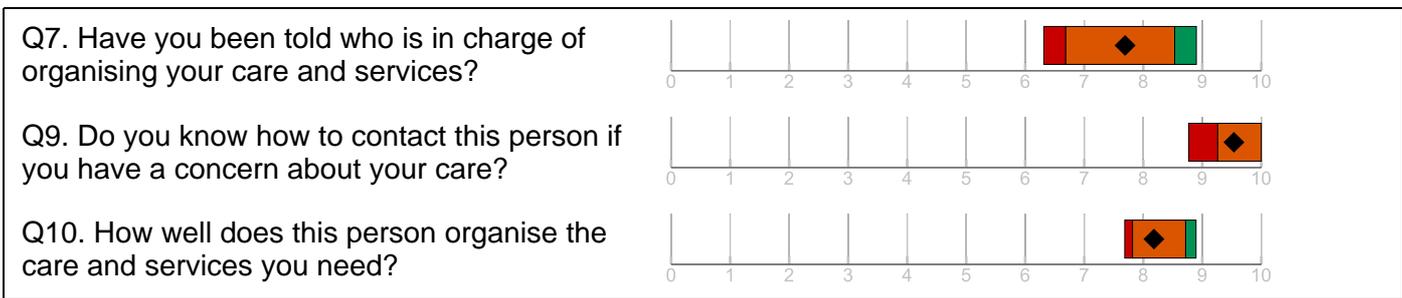
Survey of people who use community mental health services 2015

Berkshire Healthcare NHS Foundation Trust

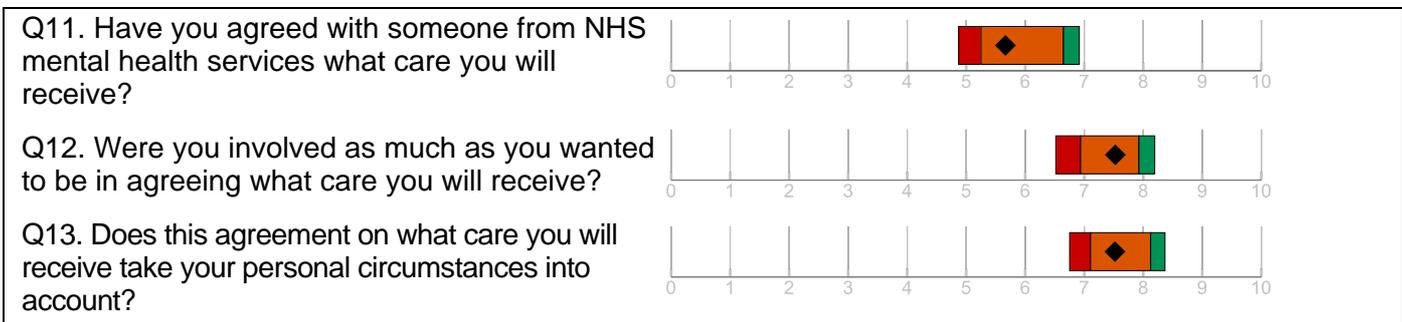
Health and social care workers



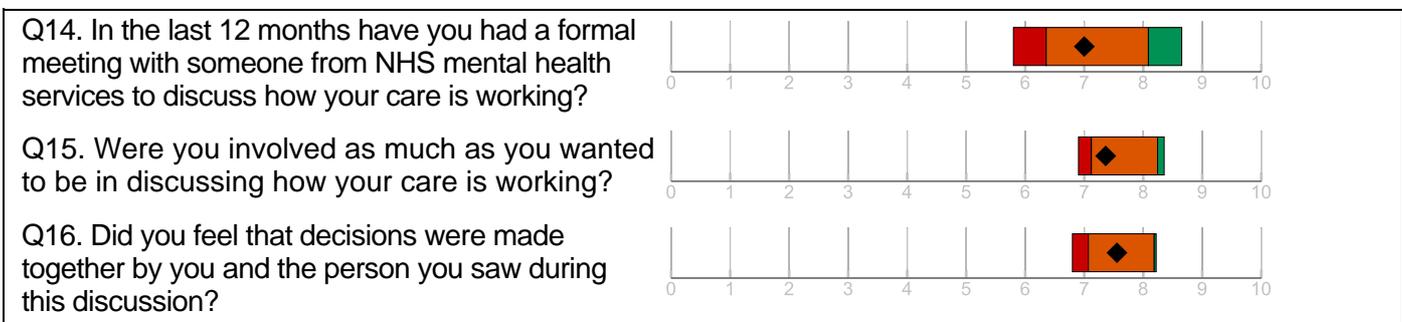
Organising care



Planning care



Reviewing care

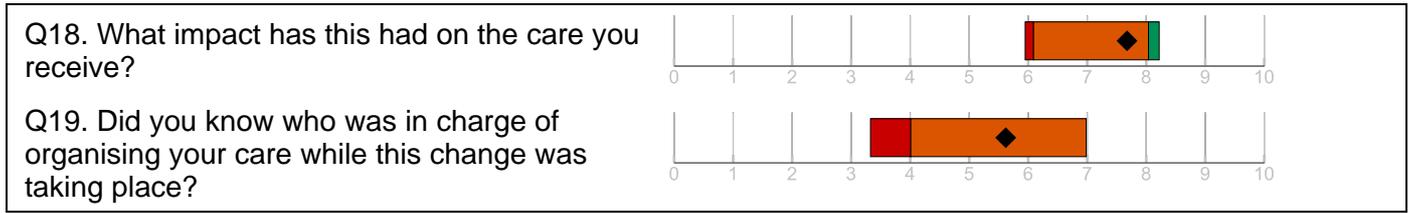


	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

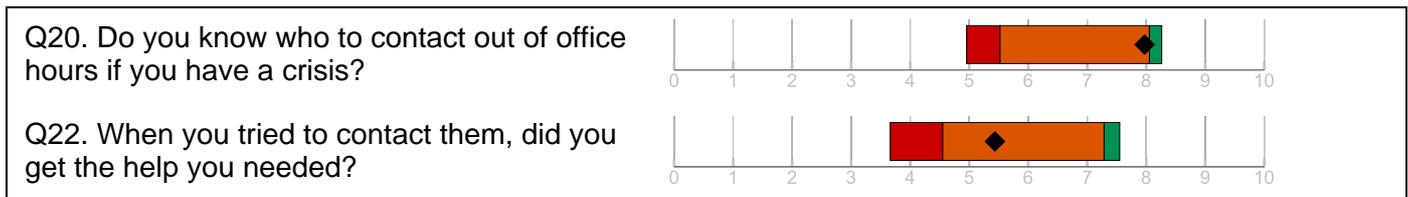
Survey of people who use community mental health services 2015

Berkshire Healthcare NHS Foundation Trust

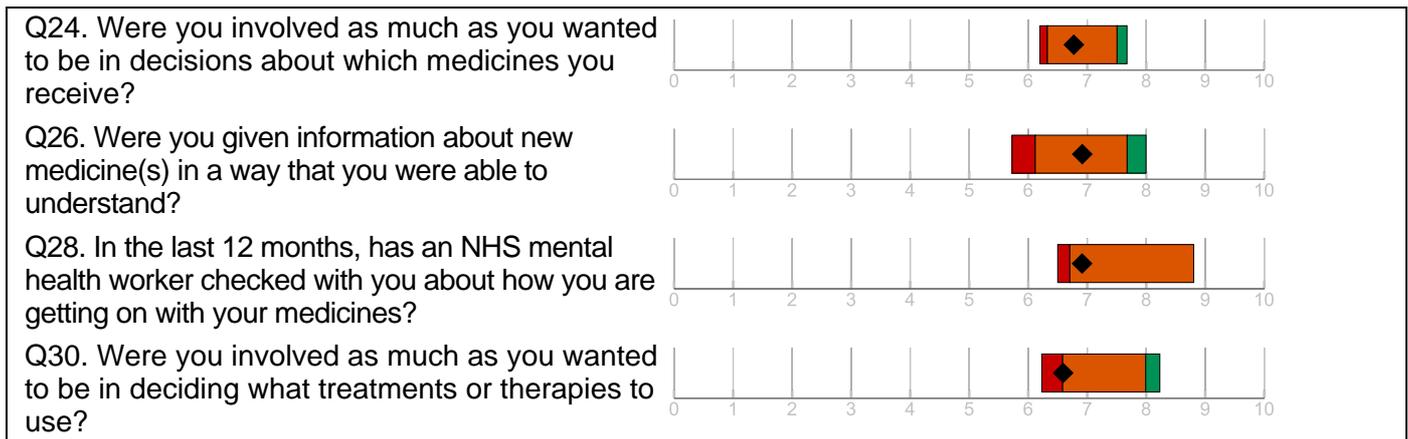
Changes in who people see



Crisis care



Treatments

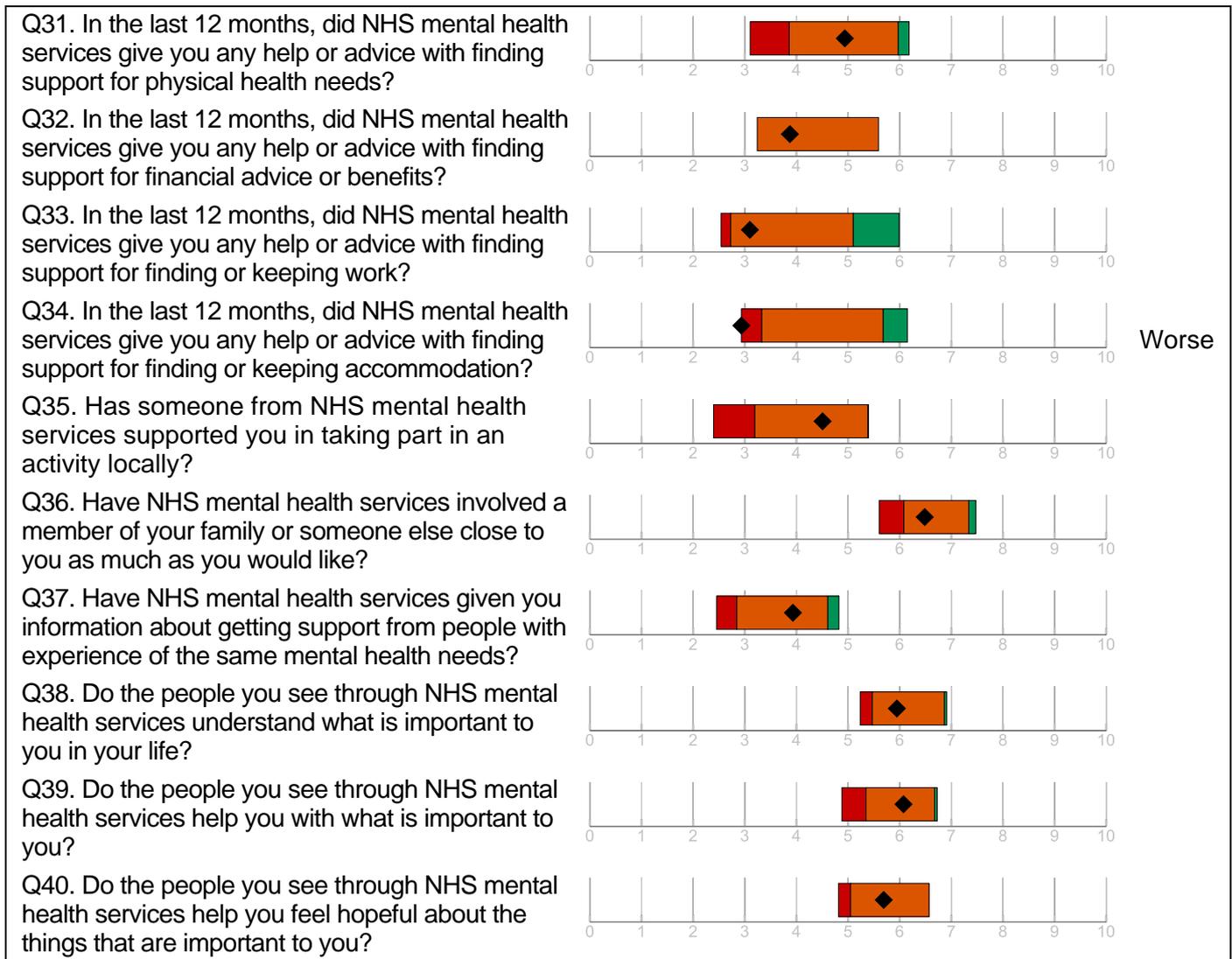


■	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
■	About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
■	Worst performing trusts		

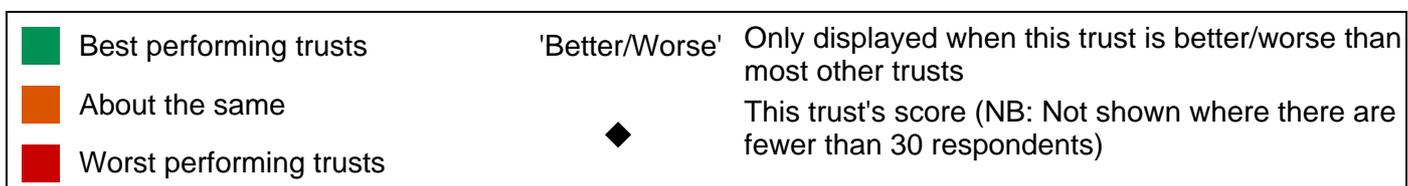
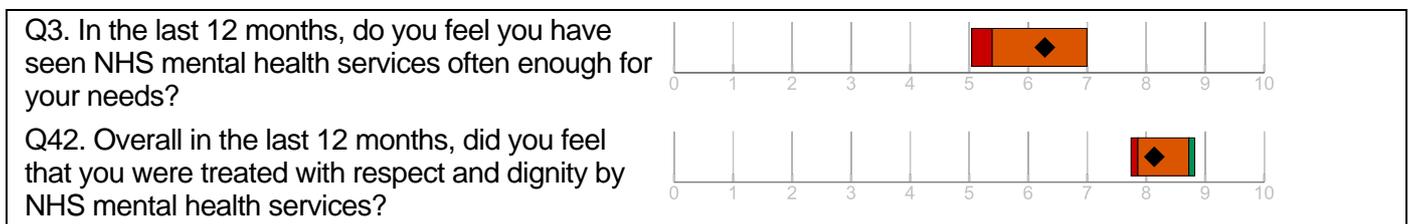
Survey of people who use community mental health services 2015

Berkshire Healthcare NHS Foundation Trust

Other areas of life



Overall views of care and services



Survey of people who use community mental health services 2015

Berkshire Healthcare NHS Foundation Trust

Overall experience



	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

Survey of people who use community mental health services 2015

Berkshire Healthcare NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
Health and social care workers						
S1 Section score	7.6	6.8	8.2			
Q4 Did the person or people you saw listen carefully to you?	8.3	7.6	8.7	233	8.4	
Q5 Were you given enough time to discuss your needs and treatment?	7.3	6.8	8.0	226	7.8	
Q6 Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.2	6.0	7.8	224	7.3	
Organising care						
S2 Section score	8.5	7.9	9.1			
Q7 Have you been told who is in charge of organising your care and services?	7.7	6.3	8.9	198	7.6	
Q9 Do you know how to contact this person if you have a concern about your care?	9.5	8.8	9.9	122	9.8	
Q10 How well does this person organise the care and services you need?	8.2	7.7	8.9	129	8.2	
Planning care						
S3 Section score	6.9	6.1	7.6			
Q11 Have you agreed with someone from NHS mental health services what care you will receive?	5.7	4.9	6.9	232	5.8	
Q12 Were you involved as much as you wanted to be in agreeing what care you will receive?	7.5	6.5	8.2	155	7.6	
Q13 Does this agreement on what care you will receive take your personal circumstances into account?	7.5	6.8	8.4	153	8.2	↓
Reviewing care						
S4 Section score	7.3	6.8	8.2			
Q14 In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	7.0	5.8	8.7	177	7.0	
Q15 Were you involved as much as you wanted to be in discussing how your care is working?	7.4	6.9	8.4	149	7.3	
Q16 Did you feel that decisions were made together by you and the person you saw during this discussion?	7.6	6.8	8.2	147	7.4	

↑ or ↓ Indicates where 2015 score is significantly higher or lower than 2014 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2014 data is available.

Survey of people who use community mental health services 2015

Berkshire Healthcare NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
Changes in who people see						
S5 Section score	6.6	4.7	7.5			
Q18 What impact has this had on the care you receive?	7.7	5.9	8.2	78	7.3	
Q19 Did you know who was in charge of organising your care while this change was taking place?	5.6	3.3	6.8	76	5.0	
Crisis care						
S6 Section score	6.7	5.1	7.2			
Q20 Do you know who to contact out of office hours if you have a crisis?	8.0	5.0	8.3	217	7.1	↑
Q22 When you tried to contact them, did you get the help you needed?	5.4	3.7	7.6	68	5.7	
Treatments						
S7 Section score	6.8	6.3	7.9			
Q24 Were you involved as much as you wanted to be in decisions about which medicines you receive?	6.8	6.2	7.7	165	6.8	
Q26 Were you given information about new medicine(s) in a way that you were able to understand?	6.9	5.7	8.0	76	7.4	
Q28 In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	6.9	6.5	8.6	150	7.6	
Q30 Were you involved as much as you wanted to be in deciding what treatments or therapies to use?	6.6	6.2	8.2	98	7.2	

↑ or ↓ Indicates where 2015 score is significantly higher or lower than 2014 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2014 data is available.

Survey of people who use community mental health services 2015

Berkshire Healthcare NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2014 scores for this NHS trust	Change from 2014
Other areas of life						
S8 Section score	4.7	3.9	5.8			
Q31 In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	4.9	3.1	6.2	107	4.7	
Q32 In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	3.9	3.3	5.5	123	3.6	
Q33 In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	3.1	2.5	6.0	61	3.6	
Q34 In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?	2.9	2.9	6.2	47	3.7	
Q35 Has someone from NHS mental health services supported you in taking part in an activity locally?	4.5	2.4	5.4	121	4.8	
Q36 Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	6.5	5.6	7.5	158	7.0	
Q37 Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?	3.9	2.5	4.8	141	3.6	
Q38 Do the people you see through NHS mental health services understand what is important to you in your life?	5.9	5.2	6.9	228	5.9	
Q39 Do the people you see through NHS mental health services help you with what is important to you?	6.1	4.9	6.7	227	5.8	
Q40 Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?	5.7	4.8	6.5	226	5.6	
Overall views of care and services						
S9 Section score	7.2	6.4	7.7			
Q3 In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.3	5.0	7.0	232	6.6	
Q42 Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.1	7.7	8.8	239	8.4	
Overall experience						
S10 Section score	6.8	6.2	7.4			
Q41 Overall...	6.8	6.2	7.4	228	6.9	

↑ or ↓ Indicates where 2015 score is significantly higher or lower than 2014 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2014 data is available.

Survey of people who use community mental health services 2015

Berkshire Healthcare NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	245	13292
Response Rate (percentage)	30	29

Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	40	43
Female	60	57
Age group (percentage)	(%)	(%)
Aged 18-35	14	14
Aged 36-50	18	22
Aged 51-65	21	26
Aged 66 and older	46	38
Ethnic group (percentage)	(%)	(%)
White	82	87
Multiple ethnic group	3	2
Asian or Asian British	8	4
Black or Black British	3	3
Arab or other ethnic group	0	0
Not known	3	4
Religion (percentage)	(%)	(%)
No religion	18	21
Buddhist	2	1
Christian	65	66
Hindu	2	1
Jewish	0	1
Muslim	3	3
Sikh	3	1
Other religion	4	3
Prefer not to say	4	4
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	90	89
Gay/lesbian	3	2
Bisexual	0	2
Other	3	1
Prefer not to say	4	6

This page is intentionally left blank



QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q2 2015 - 16
July - September 2015

Portfolio holder
Councillor Dale Birch

Director
John Nawrockyi

Contents

Section 1: Director’s Commentary.....	3
Section 2: Department Indicator Performance	6
Section 3: Compliments & Complaints	10
Section 4: People	12
Section 5: Progress against Medium Term Objectives and Key Actions.....	14
Section 6: Money	15
Section 7: Forward Look	16
Annex A: Progress on Key Actions	21
Annex B: Financial Information	28

Section 1: Director's Commentary

There was significant activity in quarter 2 with a number of different ongoing projects.

On the 20th of July the Government announced, following representations made by the Local Government Association, that Funding Reform - the second phase of the Care Act which was to see the introduction of a lifetime cap on the amount people have to pay towards their social care costs, and fundamental changes to the means test which assessed how much people should have to contribute towards their costs before meeting that cap - was to be postponed until 2020. This will impact on some areas of the department's Service Plan as previous actions are no longer required.

The Council did however decide that a consultation on charging, due to some changes in powers and duties on local authorities following the implementation of the first phase of the Care Act, should proceed. The consultation runs until October 25th, following which a report will be taken to the Executive.

Progress within the Better Care Fund is continuing, which includes preparations for Self-Care Week in November 2015, falls prevention work training, and also training within the project to improve quality in care homes which will be evaluated to outline the impact on attendee's knowledge, confidence and learning.

The extended consultation on the workforce project has finished and feedback and responses were provided to all staff affected. The final proposals for the new structure were ratified and a Task and Finish Group was established. This group has been meeting to develop new operational processes and functions that require development in light of the revised structure and agreed new ways of working. Progress has been made with further workshops planned in October to finalise and align the new operational functions together.

This work is contributing to clarifying the timeline and that final implementation will be co-ordinated, and delivered in a planned way. Other developments include completion and roll out of business processes, slotting in of staff in to revised new job roles and a program of recruitment to vacant posts all as part of preparing for implementation.

Following the Executive's decision at the end of July to purchase Tenterden Lodge to provide emergency accommodation for homeless households, the Council took ownership of the property on the 5th October 2015. Following some necessary work to the building customers took up occupation during the week commencing 12th October.

As the accommodation is in the Borough this is better for customers who may have previously been placed in B&B outside Bracknell Forest and it is also better for the Council as the business plan will deliver substantial savings compared to the cost of procuring B&B. This purchase together with the ongoing development of the Council's local housing company, Downshire Homes, will provide additional housing supply to meet the current high homeless demand.

Public Health work continues to focus on improving the health and well-being of local residents at both ends of the age range. For children and young people, the work aimed at supporting mental health through online counselling has now been fully implemented into local systems, with both service uptake and satisfaction being high. For older residents, the community based FallsFree4Life service has completed 140 falls risk assessments to date and a series of 'strength and balance' programmes are underway.

The proportion of people with dementia who have received a diagnosis has exceeded national targets and is the second best rate in the south central region. A timely diagnosis of dementia is crucial as it opens the door for the right care and support is to be put in place. It also allows individuals affected by dementia and their families to make more informed choices about their future needs and care. Work will continue to build on this recent success in collaboration with our colleagues in the NHS and voluntary sector.

Delivery against the actions in the Service Plan is looking strong. Of the 54 actions, 4 have been completed either on schedule or ahead of schedule, 47 are on target, 1 is potentially delayed, 1 is not available and 1 is not required.

1 Housing indicator is showing red, L178 – the number of household nights in B&B across the quarter remains high. A review of the Council approach to procuring accommodation compared to best performing like Councils is being undertaken. Dedicated accommodation officers will work for a six week period to increase access to private rented sector property. Adverts for the Council's leasing scheme and proactive investigation of options via planning consents and agents will be undertaken.

4 Adult Social Care indicators are showing red. OF2c.1 and Of 2c.2 (All delayed transfers of care and delayed transfers of care attributable to Adult Social Care) and L214 (Delayed transfers of care (delayed bed days) from hospital) are high. Discharge monitoring is being carried out to review working practices and timescales from first notification to first assessment visit, through to support plan, ready for discharge and actual discharge. OF2a.1 (Permanent admissions to residential or nursing care 18-64) is high. However, the numbers involved are very small and therefore one person being admitted can make the difference between achieving target or not. Work continues to ensure that admissions are kept as low as possible.

Every quarter the department reviews its risks in the light of events. It has been previously reported that there was a risk that the economic recovery would lead to increasing rent levels, the impact of which would be to increase levels of homelessness, with the attendant risk of an overspend. This has now come to pass, with an overspend now forecast and ever increasing pressures on the homelessness budget. One significant action to help mitigate this is the incorporation of Downshire Homes.

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 2, Adult Social Care received 6 complaints of which 3 were not upheld, 2 were upheld and 1 was partially upheld. This compares to quarter 1 where 4 complaints of which of which 2 were upheld and 2 were upheld.

There were 28 compliments received which compares to 17 compliments in the previous quarter.

In Housing, there were a total of 3 complaints in the quarter, all of which were at stage 2. Of these, 1 was not upheld, 1 was partially upheld and 1 was upheld. This compares to the previous quarter where there were 3 complaints, of which 2 complaints were received at stage 2, and 1 through the Local Government Ombudsman. Of the stage 2 complaints, 1 was partially upheld and 2 were upheld. The Local Government Ombudsman complaint was not upheld.

There were 7 compliments in Housing compared to 12 in the previous quarter.

No complaints have been made in respect of Public Health.

Section 2: Department Indicator Performance

Ind Ref	Short Description	Previous Figure Q1 2015/16	Current figure Q2 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)	10.9%	21.3%	20.0%		
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	1.3	4.0	3.4		
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	206.30	312.50	298.40		
L172	Timeliness of financial assessments (Quarterly)	100.00%	99.00%	95.00%		
L199	Average time to answer Emergency Duty Service calls (Quarterly)	31	29	40		
L214	Delayed transfers of care (delayed bed days) from hospital per 100,000 population (Quarterly)	1,132.0	795.7	571.5		
Community Mental Health Team - Quarterly						
OF1f	Proportion of adults in contact with secondary mental health services in paid employment (Quarterly)	Data is being challenged with the Information Centre	Data is being challenged with the Information Centre	13.0%		
OF1h	Proportion of adults in contact with secondary mental health services living independently, with or without support (Quarterly)	Data is being challenged with the Information Centre	Data is being challenged with the Information Centre	84.0%		
Community Response and Reablement - Quarterly						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	14.4	13.9	8.0		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	7.8	8.6	5.0		
L135.1	Percentage of Enhanced Intermediate Care Referrals seen within 2 hours (quarterly)	100.00	100.00	95.00		
L135.2	Occupational Therapy (OT) assessments that were completed within 28 days of the first contact (Quarterly)	99.0%	98.3%			
Community Team for People with Learning Difficulties - Quarterly						
OF1e	Adults with learning disabilities in paid employment (Quarterly)	16.7%	17.5%	15.0%		

Ind Ref	Short Description	Previous Figure Q1 2015/16	Current figure Q2 2015/16	Current Target	Current Status	Comparison with same period in previous year
OF1g	Adults with learning disabilities who live in their own home or with their family (Quarterly)	89.0%	89.3%	85.0%		
Housing - Benefits - Quarterly						
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	8.0	7.0	9.0		
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	97.8%	96.5%	98.0%		
Housing - Forestcare - Quarterly						
L030	Number of lifelines installed (Quarterly)	205	203	200		
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	97.40%	98.13%	97.50%		
L180	Time taken for ForestCare customers to receive the service from enquiry to installation (Quarterly)	5	7	10		
Housing - Options - Quarterly						
NI155	Number of affordable homes delivered (gross) (Quarterly)	9	1	0		
L178	Number of household nights in B&B across the quarter (Quarterly)	2,790	2,512	1,650		
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	89.09%	88.89%	85.00%		
Public Health - Quarterly						
L215	Delivery of NHS Health Checks (Quarterly)	786	687	400		
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	176		159		
L217	Smoking quit success rate (Quarterly)	72%		60.0%		
L218	Completion rate of specialist weight management treatment programme (Quarterly)	137	132	50		

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

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

Ind Ref	Short Description	Quarter due
Of1a	Social Care-Related quality of life	Q4
Of1b	The proportion of people who use services who have control over their daily life	Q4
OF1c.1	Percentage of people receiving self-directed support	Q4
OF1c.2	Percentage of people receiving Direct payments	Q4
Of2b	Achieving independence for older people through rehabilitation or intermediate care	Q4
Of2c	Delayed Transfers of Care (All delays)	Q3
Of2c	Delayed Transfers of Care (Delays relating to Adult Social Care)	Q3
Of2d	The outcomes of short term service: sequel to service	Q4
Of3a	Overall satisfaction of people who use services with their care with their care and support	Q4
OF3d.1	The proportion of people who use services who find it easy to find information about services	Q4
Of3d.2	Proportion of carers who find it easy to find information about services	Q4
Of4a	The proportion of people who use services who feel safe	Q4
Of4b	The proportion of people who use services who say that those services have made them feel safe and secure	Q4
L213	Satisfaction rates for calls to Emergency Duty Service	Q4
NI155	Number of affordable homes delivered (gross)	Q4

Section 3: Compliments & Complaints

Compliments Received

35 compliments were received by the Department during the quarter, which were distributed as follows:

Adult Social Care Compliments

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

Team	Number
Community Response & Reablement	6 compliments
Heathlands	10 compliments
Learning Disability	11 compliments
Bridgewell	1 compliment

Housing Compliments

7 compliments were received by Housing, of which 6 were for the Housing service and 1 for Forestcare. Customers complimented a number of staff on the professional and caring manner in which they provided help and a registered provider complemented staff on the operation of the BFC My Choice system which advertises their properties.

Complaints Received

There were a total of 9 complaints received in the Department during the quarter, 3 in Housing and 6 in Adult Social Care. No complaints were received by Public Health.

Adult Social Care Complaints

6 complaints were received this quarter in Adult Social Care and all were dealt with using the statutory procedures. No complaints were dealt with using corporate procedures.

Stage	New complaints activity in Q2	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	6	10	5 complaints were upheld 4 complaints were not upheld 1 complaint was partially upheld
Local Government Ombudsman	0	0	-

Nature of complaints/Actions taken/Lessons learnt:

The 6 complaints received in Q2 were distributed as follows:

Nature:

4 complaints were about standard of service
2 complaints were about communications

Services:

- 1 complaint was about Emergency Duty Services
- 2 complaints were about Community Response & Reablement services
- 1 complaint was about Mental Health services
- 1 complaint was about Learning Disability services
- 1 complaint was about carers' 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

3 complaints were received in Q2 in Housing.

The following table excludes 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 Q2	Complaints activity year to date	Outcome of total complaints activity year to date
New Stage 2	3	6	2 complaints were upheld 1 complaint was not upheld 2 complaints were partially upheld 1 complaint is still being investigated
New Stage 3	0	0	-
Local Government Ombudsman	0	1	The LGO complaint was not upheld

Nature of complaints/Actions taken/Lessons learnt:

Two of the complaints received were made by customers who were homeless. In the first complaint, the customer did not want to move from temporary accommodation into a permanent home and in the second complaint; the customer had been found to be intentionally homeless and thus would be required to leave the temporary accommodation. It is understandable that customers will be reluctant to move home from temporary accommodation when they had found some stability. Customers are advised that temporary accommodation, as the name suggests, will be for a period of time and that they will be required to move in time.

The third complaint referred to the Council's council tax reduction scheme. Upon investigation, it was found the customer was due a refund. In addition it became clear that the Council had not promoted the service of an officer visiting to help people complete their Council tax reduction scheme form. The form has been revised to take this and other recommendations into account.

Section 4: People

Staffing Levels

	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
DMT / PAs	13	9	4	10.91	0	0
Older People & Long Term Conditions	179	91	88	123	24	11.82
Adults & Joint Commissioning	100	67	33	84.49	21	11.82
Performance & Resources	29	20	9	24.82	2	6.5
Housing	66	44	22	24.82	2	6.5
Public Health Shared	12	6	6	9.07	1	8.33
Public Health Local	6	6	0	6	1	16.7
Department Totals	405	243	162	312.87	52	11.37

Staff Turnover

For the quarter ending	30 September 2015	3.29%
For the last four quarters	1 October 2014 – 30 September 2015	10.12%

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

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

Comments:

This is the first QSR using the new HR System. Some refinement is still needed and the production of the report should improve over time.

Staff Sickness

Section	Total staff	Number of days sickness	Quarter 2 average per employee	2015/16 annual average per employee
DMT / PAs	13	10	0.77	2
Older People & Long Term Conditions	179	734	4.1	13
Adults & Joint Commissioning	100	295.5	2.9	9
Performance & Resources	29	13	0.48	2
Housing	66	81.5	1.23	8
Public Health Shared	12	33	2.75	6
Public Health Local	6	0	0	0
Department Totals (Q2)	405	1167	2.88	
Projected Totals (15/16)	405	3601		10

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

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

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

Comments:

Older People and Long Term Conditions

There are 10 cases of LTS. Out of these cases, 4 have now returned to work. All cases are being monitored by Occupational Health. 3 of these cases are due to work related stress.

Adults & Joint Commissioning

There are 3 cases of LTS. Out of these cases 2 have now returned and 1 is still being monitored by OH.

Housing

There is 1 case of LTS during quarter 2, who has now returned to work.

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 April – September 2015. This contains 54 actions detailed actions in support of 6 Medium Term Objectives. Annex A provides detailed information on progress against each of these actions.

Overall 4 actions were completed at the end of the quarter () , while 47 actions were on schedule () , 1 was causing concern ( and ) , 1 action was reported as not available and 1 action as no longer required () .

The action that is causing concern is:

Ref	Action	Status	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.		The viability of the scheme is still to be determined based on current scheme requirements. Housing are reporting back to members before end of this calendar year.

The 2 actions that were not available or no longer required are as follows:

Ref	Action	Status	Progress
6.9.6	Monitor the number of older people being referred to treatment for alcohol misuse		Quarter 2 figures are not available at present. They will be available in November 2015.
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.		The cap on care costs has now been deferred until 2020. As such this action is no longer required.

Section 6: Money

Revenue Budget

The forecast outturn at the end of month five is an overspend of £355k, an adverse movement of £240k from the position reported in the previous QSR. The main reasons for the forecast overspend include the Berkshire equipment store (£108k), Heathlands care home (£153k) and additional costs from funding of the night cover at Clement House (£129k).

Risks to the outturn include the proposed cuts to in-year Public Health grant from the Department of Health, uncertainty over the requirements concerning Deprivation of Liberty Safeguarding, and continuing volatility in the Bed & Breakfast budget.

Capital Budget

The forecast is to budget, with spend at the end of month five being £1.8m against a budget of £4.4m. Most of this spend has been incurred in purchasing Housing properties which should lead to lower Bed & Breakfast costs. With the deferring of the care cap there may be less of a requirement to upgrade IT systems, so a review of the current Adult social Care capital programme is underway.

Section 7: Forward Look

ADULT SOCIAL CARE

Service Wide

Carers

The carers' information pack will be refreshed and updated.

A service specification will go out to tender for a new Carers contract that has been developed to deliver on critical areas around advice, information, advocacy with a range of services that deliver choice and opportunity for carers.

Older People & Long Term Conditions

Community Response & Reablement

Following review of 14/15 plans, the plans for 15/16 have been developed to respond to the anticipated increase in demand through winter. In Q3, the start of a phased program of implementing these plans will commence.

Older People & Long Term Conditions

It will be ensured that social care support for people living in Clement House meets their needs and progress of domiciliary support into the scheme will be monitored.

The Consultation on Workforce Development has concluded and management 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

The invitation to tender for Integrated Drug & Alcohol Recovery Services was advertised towards the end of quarter 2. During quarter 3 all tenders will be evaluated and recommendations will be made to the executive regarding the award of the contract.

Following the release of the drug and alcohol data for the JSNA, work will be done to ensure that we are meeting all of the requirements set out in the guidance. This will then inform the work plan for the DAAT and will be presented to the Drug & Alcohol Strategic Group in November for discussion and recommendations.

Emergency Duty Service

Creation of 3 Service Specification models will be undertaken in October based on the information gained from the seven consultations with costings for each proposal. In November, proposals will be presented to consultation stakeholders. They will then take back to their legal, contracts and commissioning teams for comments and choice of model. In December, work commences on new model of operation.

Adults & Joint Commissioning

Learning Disabilities and Autism

Breakthrough will continue to work closely with Elevate and other partners to enhance employment opportunities for people with a learning disability or autism. The Community Team for People with a Learning Disability and the Autism team will continue to support people to plan using the Life or Spectrum Star should they wish to.

The Service Review format will be monitored to ensure it is meeting the requirements of the Care Act. Appropriate support will continue to be offered to parents with a learning disability or autism to enable them to develop their parenting skills, e.g. foster mother and baby placements.

Joint Commissioning and Better Care Fund

Self-Care Week 2015 will take place in November 2015 with a large media campaign to promote the week's activities through local organisations across a variety of media platforms in mid-October to increase awareness of the event. A winter messages campaign will be launched with information being sent to all households in the borough.

In respect of the Better care Fund (BCF), a range of metrics and performance indicators will be analysed to prepare for the Quarterly Return submission to NHS England for the deadline in November. Projects within the BCF will continue to be monitored and reported to the Steering Group and Programme Board.

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.

Recruitment into posts to support the implementation of this treatment pathway will be completed during Q3.

Dementia

The Dementia Service Development Co-Ordinator will focus on the local Bracknell Forest Council Dementia Strategy and implement action plans within the strategy.

Contact with local GPs has been established and appointments made to visit. The next step is to plan to visit and liaise with hospitals.

The Dementia Action Alliance will continue to provide Dementia Friends Information Sessions. Work will continue in recruiting new members to the Bracknell Alliance. Succession planning is in place. The Alliance coordinator/chair has yet to be identified.

Safeguarding

The team will provide the Bracknell Forest Council response to the Law Commission consultation on the reform of the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act and will also provide ongoing provision of Mental Capacity Act and Safeguarding level 2 and 3 training.

DoLS

DoLS applications continue to be received at a steady rate of approximately 20 – 30 a month and it is expected that this will continue. DoLS renewal applications from last year will create additional workload.

All Adult Social Care teams will continue to identify and make applications for people who may be subject to Deprivation of Liberty in the community. Ongoing work will be undertaken to support teams to make these applications.

Performance & Resources**IT**

The team will be working with the Care Management systems supplier on the next upgrade developments due to their increased development capacity arising from the postponement of the Care Act requirements. The Next upgrade will take place in November 2015.

Further testing will take place with a focus on the go live at the end of October. This will ensure the matching of NHS numbers to the Health spine and batch loading / matching in the care management system.

HR

HR will continue to assist managers in all aspects of Employee Relations, organisational change and sickness absence.

Business Intelligence and Complaints

The BI team will further familiarise themselves with the new LiquidLogic data warehouse and complete the transition of Business Objects reports to extract data from the warehouse. The team will consult with operational managers on development of the carers indicator and the recording and reporting of personal budgets for carers.

There will be an audit of the statutory complaints process for Adult Social Care.

Finance

In Quarter 3, the focus will be on liaising with the Chief Officer: Older People and Long Term Conditions to ensure the financial reporting arrangements adequately reflect the new management structure in this area. The team will also continue to build the 2016/17 budget, including building inflation and new fees and charges into the budget.

PUBLIC HEALTH

A key public health priority in quarter 3 will be to work with partners in improving mental health support for young people. The Public Health team have already commissioned an on-line mental health support service for young people which is now fully integrated into existing systems. The next step will be to expand the role of this form of support in supporting the overall mental health system for young people.

Quarter 3, as in previous years, will also bring a focus on influenza vaccination, particularly in key groups such as children, older people and those with long terms health conditions. While the Public Health team does not commission immunisation programmes (this is done by NHS England) it does have an important role in promoting uptake. It will do this by working closely with partners in primary care, social care and the private sector.

Finally, quarter 3 will include the annual 'Self Care Week' in which Public Health will join with other agencies across the local health and social care system to highlight people's role in improving their own health. Themes as varied as smoking, alcohol and mental health will receive attention, as will the aim of reducing the need for unplanned, emergency admissions to hospital.

HOUSING

Housing Strategy and Options

The Council will begin operating Tenterden Lodge as emergency homeless accommodation. This will be better for customers as it is located in the Borough and also better for the Council in that the business plan is based on the charges levied on customers thus saving the Council circa £ 250 per household per week. Tenterden Lodge will provide 11 rooms which are en-suite and shared kitchen. Each room will have kettle, microwave and fridge.

The user testing of the upgrade of BFC my choice will be concluded and the new system will go live in December. The new website will provide better functionality for customers.

The Santa Catalina development will be let during the quarter. The new development of 6 flats has been undertaken by Bracknell forest Homes who have leased it to Advance housing (a specialist provider) to manage the homes for people with learning disabilities.

The first formal board meeting of the Council's Local housing company Downshire Homes will take place in November. The Board will consider the draft business plan which will enable the purchase of properties. At present the business plan is premised on purchasing 15 properties for homeless households and 5 properties for people with a learning disability. The company will seek loan funding from the Council and as such a request has been made to the Council's capital programme has been made. The net rental income generated from letting the properties will repay the interest on the loans. The saving in bed and breakfast costs will repay the principal on the loan.

The consultation on housing related support contracts will conclude during the quarter. Subject to an Executive member decision the procurement for the services will begin.

Welfare

Bracknell Forest The Council has entered into a contract with the Department of Works and pensions to provide budgeting support and support for customers to make the on line claims. The audit of the 2014/15 housing benefit subsidy claim will be completed during the quarter. The audited claim will be submitted by the 30/1//2015.

A review of discretionary housing payment policy and social fund policy will take place to take account of the Universal credit changes. The Council tax reduction scheme proposed changes consultation will conclude during the quarter. Subject to the consultation responses the proposed changes will be reported to December Executive for onward approval by Council at its January meeting.

The landlord portal to provide access to the Council's housing benefit system should go live in the quarter. The fraud and error initiative work undertaken with the DWP will reach a conclusion in October. The Council will then learn whether the threshold has been reached to generate additional subsidy for the Council.

A tender will be issued to seek electronic forms for the completion of the Council tax reduction scheme applications on line.

Forestcare

Forestcare will launch the service manager module of the upgraded Tunstall monitoring system. This should allow installers to update customer information remotely from the field and thus be more efficient with their time.

Forestcare will also launch a new range of services based mobile phone technology. To date the lifeline services have operated from fixed landline in customers homes. The new service is the provision of a pendant/fob that monitors location and whether the person has fallen via a SIM card so that it is totally mobile and not linked to customers homes.

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		Liaison is being undertaken with Children's Social Care over integrated working approaches for people with a Learning Disability who are parents.
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		The viability of the scheme is still to be determined based on current scheme requirements. Housing are reporting back to members before end of this calendar year.
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		The 'kooth.com' online programme has now established referral pathways with all schools, general practices and other relevant agencies. Early signs are that both service uptake and satisfaction are high.
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		The review has now effectively been implemented, with new membership established, the creation of a Health and Wellbeing Board Stakeholders' Forum and a system of 'task and finish' groups in place, with Child and Adolescent Mental Health Services and GP services/capacity/location as the first two topics being addressed.
6.2.2 Increase liaison with NHS England to further develop GP and primary care services in the borough	31/03/2016	ASCHH		This is now under review as a task and the finish group is chaired by the Operations Manager of the Clinical Commissioning Group, and involving a number of council departments.
6.2.4 Work with partners to improve Child and Adolescent Mental Health	31/03/2016	ASCHH		Work has included participation in Youth Council summer activities and agreement to participate in evaluation and advocate for

Sub-Action	Due Date	Owner	Status	Comments
Services (CAMHS) provision				KOOTH (an online counselling service provided by Xenzone) to peers. There have also been presentations to local students and staff concerning KIDS (a charity that works with young carers in Bracknell Forest). Ongoing dialogue has taken place with Child and Adult Mental Health Services and meetings have taken place to promote greater engagement and understanding of the KOOTH service. Quarterly meetings between Child and Adult Mental Health Services team and the Community team for People with Mental Health problems are held to discuss people approaching adulthood and other meetings are held with the Multi Disciplinary team to discuss complex cases.
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		Monitoring has been undertaken and the latest Healthwatch report is now on the 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 range of care resources has been expanded to include a new animated film on social isolation, developed in collaboration with volunteers and users of the local befriending service.
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		Uptake remains high in relation to smoking cessation, weight management and health checks. Smoking quit success rates remain the highest in the south east region. The re-procurement of stop smoking services across Berkshire (which is led by Bracknell Forest) is on schedule.
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		By Q2, over 140 people had received tailored falls risk assessments. In addition, strength and balance classes have run to schedule with very high satisfaction among those accessing them. Work to raise awareness of the value of a timely dementia diagnosis has been effective with August data showing our area has the second highest dementia diagnosis in the region.
6.8.4 Carry out specific and collaborative assessments of the services including a full needs assessment in relation to drugs and alcohol	31/03/2016	ASCHH		The substance misuse needs assessment has been completed. Assessments of other services have also been completed in relation to smoking cessation, weight management and falls prevention. A new assessment is underway concerned with

Sub-Action	Due Date	Owner	Status	Comments
				opportunities for physical activity for our older residents.
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		The new training programme commences in October 2015 so no new training was carried out in Q2.
6.9.3 Consider the findings from the DAAT Young People's Service Review to plan future service provision	31/03/2016	ASCHH		Findings have been incorporated into the tender process. The young peoples service and parenting service is now included in the integrated Drug & Alcohol Recovery Service specification which is currently being tendered.
6.9.4 Consider the recommendations arising from the Children Young People & Learning Overview & Scrutiny Panel (O&S) working group	31/03/2016	ASCHH		Recommendations have been used to inform future plans. The young peoples service and parenting service are now included in the integrated Drug & Alcohol Recovery Service specification which is currently being tendered.
6.9.5 Undertake a cost comparison analysis of the current DAAT service	31/03/2016	ASCHH		Action has been completed ahead of schedule.
6.9.6 Monitor the number of older people being referred to treatment for alcohol misuse	31/03/2016	ASCHH		Quarter 2 figures are not available at present. They will be available in November 2015.
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		Work on all schemes progresses as before. Whilst the respiratory failure scheme is still not completely developed, there has been some progress in the introduction of a pulmonary rehabilitation service as a first step.
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		The service has been reviewed and continues to expand. It continues to have the support of GPs.
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		The Out of Hours service review commenced on 21st September 2015 and the outcomes will be reported in the next quarter.
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		The new ways of working have reached the implementation stage and will go live during the next quarter.
6.11 Ensure that IT systems continue to be developed to improve the quality of people's lives and support and assist in business decisions				

Sub-Action	Due Date	Owner	Status	Comments
6.11.1 Ensure electronic batch matching on the NHS number is completed for a person's social care record	31/03/2016	ASCHH		Software installed and testing is underway for the Personal Demographics Service integration and NHS number loader.
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		A new range of services will be introduced in November 2015 which include mobile monitoring.
7.1.2 Refresh the Helping you to stay independent Guide	31/03/2016	ASCHH		The refresh of the guide began in September 2015 for the 2016/17 edition. This guide will give up to date advice on maintaining independence and where to go for local support.
7.1.3 Review implemented winter pressures plans	31/08/2015	ASCHH		Action completed. Following review of 2014/15 plans, the plans for 2015/16 have been developed to respond to the anticipated increase in demand through winter.
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		The approved Joint Digital Media Template for the monthly prevention communication plans is being used by stakeholders to promote the health awareness campaigns. Planned campaigns were undertaken including the promotion in the correct use of the Urgent Care Centre to residents in Sandhurst and Crowthorne. All previous Prevention and Self-Care Project initiatives and resources are being uploaded onto the Bracknell Forest Council public website.
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		Completed ahead of deadline.
7.4.2 Introduce a new review package for people with ASD and Learning Disabilities (LD) that incorporates an updated Direct Payments review and Service review	31/03/2016	ASCHH		Service review format has been amended in conjunction with the individual Annual review. Direct Payment review/audit is carried out at individual review where applicable.
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		Completed ahead of deadline.

Sub-Action	Due Date	Owner	Status	Comments
7.4.4 Develop and publish the Sensory Needs Strategy	31/03/2016	ASCHH		The Strategy Development is on target and will be presented to the Executive in early 2016.
7.4.5 Refresh the Advocacy strategy and commissioned services subject to evaluation of the impact of the Care Act	31/03/2016	ASCHH		The strategy is in development.
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		Bracknell Healthcare Foundation Trust has successfully completed its move to a smoke free environment supported by our tailored stop smoking programme.
7.4.7 Establish a Dementia Action Alliance to promote dementia friendly communities	31/03/2016	ASCHH		There are now 24 members of the Bracknell Forest Dementia Action Alliance. 140 additional Dementia Friends have also been created in Bracknell Forest since January 2015. The Dementia Action Alliance (DAA) submitted a consultation in response to the amendments to the Dementia Friendly Community recognition process as suggested by the Alzheimer's Society. Funding to commission support to the DAA comes to an end at the end of December 2015. Discussions are being held to determine how the DAA can be supported going forward.
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 in mid-April 2015 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		Monitoring done in Q2 shows that the Council is meeting its statutory safeguarding duties. Safeguarding training, Mental Capacity Act and Deprivation of Liberty Safeguards training and 'Safer workforce for Providers' training is ongoing.
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, and is being implemented. The work ensures that Safeguarding arrangements at Broadmoor comply with the Care Act are under development.
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		Contract entered into with the Department of Work and Pensions to provide support to Universal credit customers.

Sub-Action	Due Date	Owner	Status	Comments
commitment / universal credit implementation				
7.7.2 Retender supporting people contracts to provide housing related support to vulnerable people	31/03/2016	ASCHH		The consultation on new services to provide housing-related support for older people subject to consultation will be completed by mid-October 2015.
7.7.3 Review Social Fund and Discretionary Housing Payment policy to target support to the most vulnerable people	31/03/2016	ASCHH		Review to be undertaken in light of Universal credit and will be subject to Exec member decision.
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		The consultation on proposals to review the scheme will conclude on 12th October 2015.
7.7.5 Continue redesign of the housing and benefit service to maximise household income and independence	31/03/2016	ASCHH		The service redesign is 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		All seven consultations have now been completed with and actions will be fed into the overall action plan and new service model proposals.
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				
10.1.10 Produce Homeless Strategy	31/03/2016	ASCHH		Work with the homeless forum has completed and the draft strategy will be presented to the November Executive.
10.1.11 Secure additional temporary accommodation for homeless households	31/03/2016	ASCHH		A hostel to provide emergency accommodation has been purchased and additional temporary accommodation has also been purchased.
10.1.14 Support Housing and Planning for the off-site provision of affordable homes from the TRL site in Bracknell Town Centre	31/05/2015	ASCHH		The planning application will be submitted on 15th October 2015.
10.1.15 Investigate establishing a Local Housing Company	31/03/2016	ASCHH		A shadow board meeting was held on 29th September 2015.
10.1.8 Review Disabled Facilities Grant process in order to meet the requirements of the Better Care Fund	31/03/2016	ASCHH		This continues to be monitored through Better Care Fund steering group.
10.1.9 Produce Housing Strategy	31/03/2016	ASCHH		Work will accelerate on housing strategy when homeless strategy is complete

Sub-Action	Due Date	Owner	Status	Comments
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		Major system upgrades were completed as planned with new forms now live.
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		The cap on care costs has now been deferred until 2020. As such this action is no longer required.
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		The structure for Adult Social Care has been finalised and now moving towards standardising job descriptions within other areas of the Department.
11.7 Work with partners and engage with local communities in shaping services				
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		The Carers Issues Strategy Group met on 21st September 2015 to monitor and review the Strategy Action Plan.
11.7.2 Continue to support the voluntary sector through the provision of core grants	31/03/2016	ASCHH		Completed grants have been allocated for this financial year.
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		Challenges have included relocation of the hub, and it not having a permanent base yet. Further partnership working has been developed with additional partners such as the National Association for the Care and Resettlement of Offenders.
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 been re named Systems Resilience Groups. The focus continues to be on winter preparedness.

Annex B: Financial Information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - AUGUST 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)	55	(63)	(72)	(9)	(163)
	(118)	55	(63)	(72)	(9)	(163)
Adults and Commissioning						
Mental Health	1,795	7	1,802	1,819	17	(21)
Support with Memory Cognition	2,341	1,401	3,742	3,905	163	163
Learning Disability	13,117	(215)	12,902	12,652	(250)	(250)
Specialist Strategy	243	8	251	353	102	11
Joint Commissioning	604	2	606	539	(67)	(21)
Internal Services	940	9	949	913	(36)	(27)
	19,040	1,212	20,252	20,181	(71)	(145)
Housing						
Housing Options	348	50	398	485	87	91
Strategy & Enabling	270	(48)	222	170	(52)	1
Housing Management Services	(37)	0	(37)	(55)	(18)	5
Forestcare	15	3	18	37	19	(26)
Supporting People	991	14	1,005	975	(30)	(22)
Housing Benefits Payments	108	0	108	(6)	(114)	(114)
Housing Benefits Administration	471	2	473	528	55	34
Other	(48)	66	18	13	(5)	(66)
	2,118	87	2,205	2,147	(58)	(97)
Older People and Long Term Conditions						
Physical Support	7,938	(1,186)	6,752	7,246	482	565
Heathlands	1,131	0	1,131	1,285	154	68
Community Response and Reablement - Pooled Budget	1,903	(130)	1,773	1,773	0	0
Emergency Duty Team	54	4	58	54	(4)	(4)
Drugs Action Team	4	1	5	5	0	0
	11,030	(1,311)	9,719	10,363	632	629
Performance and Resources						
Information Technology Team	278	0	278	278	0	(1)
Property	103	0	103	77	(26)	0
Performance	210	1	211	190	(21)	4
Finance Team	554	2	556	465	(91)	8
Human Resources Team	190	1	191	190	(1)	5
	1,335	4	1,339	1,200	(139)	16
Public Health						
Bracknell Forest Local Team	(19)	1	(18)	(18)	0	0
	(19)	1	(18)	(18)	0	0
TOTAL ASCHH	33,386	48	33,434	33,801	355	240
Memorandum item:						
Devolved Staffing Budget			14,696	14,761	65	118
Non Cash Budgets						
Capital Charges	344	0	344	344	0	0
IAS19 Adjustments	692	0	692	692	0	0
Recharges	2,794	0	2,794	2,794	0	0
	3,830	0	3,830	3,830	0	0

Capital Budget

Cost Centre Description	Approved Budget £'000	Cash Budget £'000	Expenditure to Date £'000	Estimated Outturn £'000	Carry forward to 2016/17 £'000	(Under) / Over Spend £'000	Current Status
HOUSING							
Enabling more affordable housing	173.7	173.7	0.0	173.7	0.0	0.0	East Lodge (£100k), Santa Catalina (£72k) to be completed Sep / Oct respectively.
Help to buy a home (cash incentive scheme)	300.4	300.4	60.0	300.4	0.0	0.0	Two further cases £60k each in progress.
Enabling more affordable homes (temp to perm)	1,699.6	1,699.6	971.1	1,699.6	0.0	0.0	Five properties purchased to date, one more in progress.
Mortgages for low cost home ownership properties	218.8	218.8	0.0	218.8	0.0	0.0	One application has been accepted.
BFC My Home Buy	452.7	452.7	210.7	452.7	0.0	0.0	One property has been completed.
Amber House	500.0	500.0	500.0	500.0	0.0	0.0	Complete.
Choice based letting system	30.0	30.0	0.0	30.0	0.0	0.0	
TOTAL HOUSING	3,375.2	3,375.2	1,741.8	3,375.2	0.0	0.0	
Percentages			51.6%	100.0%		0.0%	
ADULT SOCIAL CARE							
Care housing grant	15.4	15.4	0.0	15.4	0.0	0.0	
Community capacity grant	351.7	351.7	35.9	351.7	0.0	0.0	
Older person accommodation strategy	400.0	400.0	0.0	400.0	0.0	0.0	
Improving information for social care	39.2	39.2	0.0	39.2	0.0	0.0	Integrating health and social care IT - expected to be utilised in the Autumn.
IT systems replacement	258.6	258.6	28.1	258.6	0.0	0.0	To meet requirements of the Care Act - given recent changes to timetable, this budget is under review.
TOTAL ADULT SOCIAL CARE	1,064.9	1,064.9	64.0	1,064.9	0.0	0.0	
Percentages			6.0%	100.0%		0.0%	
TOTAL CAPITAL PROGRAMME	4,440.1	4,440.1	1,805.8	4,440.1	0.0	0.0	
Percentages			40.7%	100.0%		0.0%	

This page is intentionally left blank

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
14 JANUARY 2016**

**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

HEALTH OVERVIEW & SCRUTINY PANEL**EXECUTIVE WORK PROGRAMME**

REFERENCE:	I054237
TITLE:	Bracknell Forest Sensory Needs Strategy
PURPOSE OF REPORT:	The Bracknell Forest Sensory Needs Strategy sets out the needs of people with sensory needs living in Bracknell Forest and identifies priorities for support. This Strategy covers 2015 – 2020.
DECISION MAKER:	Executive
DECISION DATE:	26 Jan 2016
FINANCIAL IMPACT:	Within existing budget
CONSULTEES:	<p>People who have sensory needs (including people who are Blind, have Low Vision, are Deaf, Hard of Hearing, Deafblind or have Dual Sensory Needs).</p> <p>People who care for people with Sensory Needs.</p> <p>Voluntary organisations supporting people with Sensory Needs.</p> <p>Practitioners supporting people with Sensory Needs.</p>
CONSULTATION METHOD:	<p>Public Sensory Needs Conference</p> <p>Presentations at local related voluntary groups</p> <p>Consultation questionnaire available on website, in Braille, emailed, paper-copy and to be completed over the phone.</p> <p>Feedback received in British Sign Language – translated and transcribed.</p>

This page is intentionally left blank

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
14 JANUARY 2016**

OVERVIEW AND SCRUTINY PROGRESS REPORT Assistant Chief Executive

1 PURPOSE OF REPORT

- 1.1 This report highlights Overview and Scrutiny (O&S) activity during the period June to November 2015.

2 RECOMMENDATION

- 2.1 **To note Overview and Scrutiny activity and developments over the period June to November 2015, set out in section 5 to 6, and Appendices 1 and 2.**

3 REASONS FOR RECOMMENDATION

- 3.1 The Chief Executive has asked for a six monthly report on O&S activity to be submitted to the Corporate Management Team and O&S Members.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

Overview and Scrutiny Structure and Membership

- 5.1 There were no changes to the membership of the O&S Commission or Panels in the period. Action continues to be taken periodically on the long-running vacancies for representatives of the Catholic Diocese and the Church of England on the O&S Commission and the Children, Young People and Learning O&S Panel.

Overview and Scrutiny Work Programme and Working Groups

- 5.2 The O&S Commission has approved some minor revisions to the O&S work programme for 2015-16, which is being delivered largely as planned. A routine report has been submitted to each O&S Commission meeting, monitoring progress against the O&S Work Programme, using traffic light indicators, and with particular reference to the Commission's own Working Groups.
- 5.3 The table at Appendix 1 sets out the status of the O&S Working Groups currently underway, along with the list of completed reviews since 2010.

Overview and Scrutiny Commission

- 5.4 The O&S Commission met on 9 July, 24 September and 19 November. The main items included:
- The customary annual meeting with representatives of the Community Safety Partnership and Thames Valley Police, with a focus on the 2014/15 annual crime figures and the priorities in the Community Safety Plan.
 - An introductory briefing in respect of the Chief Executive's Office and the Corporate Services Department.
 - Discussions with the Executive Members for Corporate Services and Transformation & Finance on their priorities and plans.
 - Reviewing the quarterly performance reports for the Corporate Services Department, the Chief Executive's Office and the Council as a whole.
 - Considering the response by the Executive to the Overview and Scrutiny report resulting from the review of Business Rates and Discretionary Relief.
 - Reviewing corporate decision items on the Executive Forward Plan.
 - Receiving the Bi-Annual O&S Progress Report, and progress reports from Panel Chairmen.
 - Considering an update from the Executive Member for Transformation and Finance, and the Borough Treasurer on the current budgetary position, in preparation for scrutiny of the 2016/17 budget proposals.
 - Receiving a presentation on the work of the Human Resources function, its current priorities and future plans
 - Receiving an update on the customer contact strategy, including performance in telephone response rates in the Customer Services Contact Centre.
 - Considering a briefing about complaints made against the Council in 2014/15
- 5.5 The O&S Commission's next planned meeting is on 28 January 2016 when the main item is anticipated to be the Executive's draft budget proposals for 2016/17.

Environment, Culture and Communities O&S Panel

- 5.6 Meetings of the Panel were held on 7 July, when it elected its Chairman and appointed its Vice Chairman, and 22 September, 2015. During the meetings the Panel considered and commented on:
- Director's Introductory Briefing & Service Plan 2015/16.
 - Bracknell Forest Borough Local Plan Updates.
 - Draft Parking Standards Supplementary Planning Document (SPD).
 - Highway Maintenance Modelling System.
 - Highway Infrastructure Asset Management Plan.
 - Local Bus Services Update.
 - Changes to the Method of Collecting Christmas Trees.
 - Control of Horses Act 2015.
 - 2015/16 Work Programme Review Topics.
 - Working Group Update Report - Planning Function.
 - O&S Progress Report.
 - Scheduled Executive key and non-key decisions.
 - Quarterly Service Reports (QSRs) for the relevant quarters.
- 5.7 The Panel established a Working Group to review the Council's planning function. The Working Group met for the first time on 24 August when Members received a comprehensive briefing from senior officers regarding the functions and structure of the planning function, and related matters. A review scoping document focusing on issues of interest and concern to Members was subsequently agreed. At following meetings

Members reviewed information requested from officers, research findings and the draft Local Enforcement Plan; received advice on the legal input to the planning function; considered Members' views on the planning function and the issue of Member and officer roles; and visited another local authority with a highly performing planning function to learn about best practice. Future work will feature meeting the Executive Member, Chairman of the Planning Committee and Director to discuss main findings, conclusions and recommendations flowing from the review before the Working Group finalises and reports on its work (see Appendix 1).

- 5.8 Further to actions sought by Members at Panel meetings, a revised statement accurately reflecting the status of road traffic growth was included in the departmental Service Plan, the rationale behind a road diversion was explained, a concession at Downshire Golf Complex was looked into and a letter responding to residents asking for existing trees to be pruned was reviewed. Points raised by the Panel as part of the response to the Parking Standards consultation were taken into account.
- 5.9 The Panel's next meeting will take place on 12 January 2016 and items under consideration will include the draft 2016/17 budget proposals, Bracknell Forest Local Plan Update and the Quarter 2 QSR.

Health O&S Panel

- 5.10 The Panel met on 2 July and 1 October 2015. The main items considered at those meetings included:
- Receiving an introductory briefing in respect of the Council's role and functions in relation to health.
 - Discussing with the Executive Member for Adult Services, Health and Housing his priorities for Health over the next four years.
 - Meeting the Chief Executive of the South Central Ambulance Service to review the Trust's performance and future plans
 - Receiving the results of inpatient surveys and other independent information on the performance of NHS Trusts providing services to Bracknell Forest residents.
 - Receiving the bi-annual progress report of O&S.
 - Meeting the Chief Executive of Frimley Health NHS Foundation Trust to review the Trust's progress, with particular reference to overcoming the weaknesses found by the Care Quality Commission at Heatherwood and Wexham Park hospitals.
 - Agreeing the Panel's future work programme, for approval by the O&S Commission.
 - Reviewing the quarterly service reports of the Adult Social Care, Health and Housing department, relating to health.
 - Considering scheduled Executive Key and Non-Key Decisions relating to Health.
 - Receiving the 2014-15 Annual report of Healthwatch Bracknell Forest.
- 5.11 Between formal Panel meetings, members were engaged in other Health O&S work pertinent to their specialist interests, for example:
- Attending the annual general meetings of nearby NHS Trusts
 - Providing comments on Berkshire Healthcare Trust's annual Quality Account
 - Holding two informal Panel meetings to consider a range of issues including specialist member roles and providing detailed comments on the draft Health and Wellbeing strategy.
 - Commencing a Working Group to review whether there is sufficient GP capacity to meet the Borough's future needs.
- 5.12 The Panel's next meeting is on 14 January 2016, when the main items are likely to be a meeting with the Director of Public Health and the Council's Consultant in Public Health,

and consideration of the Executive's draft budget proposals for health related work in 2016-17.

Joint East Berkshire with Buckinghamshire Health O&S Committee

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

Children, Young People and Learning O&S Panel

- 5.14 Meetings of the Panel took place on 10 June and 30 September, 2015. During the meetings the Panel considered and commented on:
- The minutes of meetings of the Corporate Parenting Advisory Panel.
 - Director's Introductory Briefing and Service Plan 2015/16.
 - Quarterly Service Reports (QSRs) for the relevant quarters, giving particular attention to matters including outcomes of Ofsted school inspections, headteacher recruitment, recruitment and retention of children's social workers, social worker salary bandings and free school places.
 - Update on the implementation of the Children and Families Act 2014.
 - Independent Reviewing Officer Annual Report 2014/15.
 - Elective Home Education.
 - Children's Social Care Complaints, Concerns and Compliments Annual Report 2014/15.
 - Consultations on changes to Annual Admissions Arrangements 2017/18 and School Designated Areas.
 - Next review topic / working group.
 - Working Group Update Report.
 - O&S Progress Report.
 - Scheduled Executive key and non-key decisions.
- 5.15 The Panel received the Executive's response to the report of the review of substance misuse involving children and young people undertaken by one of its working groups. In its response the Executive stated that: *'We would like to thank the Working Group for their very helpful and well informed report which will enable us to further improve and develop our services.'*
- 5.16 The Panel set up a Working Group to review Child Sexual Exploitation (CSE) in the Borough owing to concerns associated with the increasing level of awareness of it following recent high profile cases in areas such as Rotherham, Rochdale and Oxford. The Working Group commenced its review in August 2015 when it received an introductory briefing in respect of CSE. It has met on numerous occasions since when it has met Council officers involved in all aspects of Children's Social Care, Youth Services and Community Safety, and also representatives of multi-agency groups working to prevent and tackle CSE, the police and a local charity. Relevant information and data has been gathered. Future work will consist of exploring work in schools to raise awareness of CSE and meeting representatives of the NHS to discuss commissioning and providing sexual health services and the GP role in child protection (see Appendix 1).
- 5.17 In response to actions arising at Panel meetings, Members received information concerning the under 18 conception rate, which schools had fewer than 60% of pupils achieving Level 4 or above in Reading, Writing and Maths at KS2, the independent audit of a school's

Unrestricted

Private Fund Accounts, consulting parents/carers and neighbours on the Education Capital Programme for Great Hollands Primary School and elective home education.

- 5.18 The Panel next meets on 11 January 2016 when it will consider agenda items including the draft 2016/17 budget proposals, the Quarter 2 QSR, the School Places Plan 2015-2020 and the Local Safeguarding Children Board Annual Report.

Adult Social Care and Housing O&S Panel

- 5.19 The Panel met on 16 June and 15 September, 2015. The main items discussed and considered at the meetings were:

- Director's Introductory Briefing and Service Plan 2015/16
- Quarterly Service Reports (QSRs) for the relevant quarters.
- Adult Social Care Annual Report (Local Account) 2014/15.
- Annual Complaints Reports 2014/15 for Adult Social Care and for Housing.
- Bracknell Forest Safeguarding Adults Partnership Board Annual Report 2014/15.
- Implementation of the Care Act 2014.
- Next Review Topic / Working Group.
- Working Group Update Report
- O&S Progress Report
- Scheduled Executive key and non-key decisions.

- 5.20 A Working Group of the Panel was established in July 2015 to contribute to the Council's emerging Homelessness Strategy. Members received an introductory presentation concerning the Homelessness Strategy, met representatives of local organisations involved in homelessness, observed at meetings of the Homelessness Forum Board owing to its involvement in developing the Homelessness Strategy and visited some of the homelessness accommodation utilised by the Council. The Working Group has formulated and fed back its views in respect of the draft Strategy and its work is now complete (see Appendix 1).

- 5.21 Between formal meetings, the Panel responded to consultations in respect of the Council Tax Scheme, Housing Related Support and Charging in Social Care.

- 5.22 The next meeting of the Panel will be held on 19 January 2016 and items under consideration will include the draft 2016/17 budget proposals, the Quarter 2 QSR and the Panel's next review topic.

Other Overview and Scrutiny Issues

- 5.23 Various O&S training events were held to help Members in their O&S role. This included
- The Commission and Panels receiving briefings on issues of departmental interest in their respective areas.
 - An externally-delivered training session for the O&S Chairmen and Vice Chairmen on chairmanship skills
 - Specialised Health O&S induction training.
 - An externally-delivered Budget scrutiny training event.
- 5.24 Responses to the feedback questionnaires on the quality of O&S reviews are summarised in Appendix 2, showing a high average score of 2.7 (90%).

- 5.25 Quarterly review and agenda setting meetings between O&S Chairmen, Vice-Chairmen, Executive Members and Directors are taking place regularly for the Panels (every two months for the O&S Commission).
- 5.26 The O&S Commission Chairman, together with O&S officers attended the annual conference of the Centre for Public Scrutiny in June.

6 DEVELOPMENTS IN OVERVIEW AND SCRUTINY

- 6.1 There were no notable developments in O&S nationally or locally in the period covered by this report.

7 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Statutory Scrutiny Officer

- 7.1 The monitoring of this function is carried out by the Statutory Scrutiny Officer on a quarterly basis. The induction and training for the new members of the Commission and its Panels has gone well. Good progress is being made on the agreed programme of work by Overview and Scrutiny for 2015/16. Scrutiny Panels' planned reviews will focus on areas of importance to local residents.

Borough Solicitor

- 7.2 There are no legal implications arising from the recommendations in this report.

Borough Treasurer

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

Equalities Impact Assessment

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

Strategic Risk Management Issues

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

Workforce Implications

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

Other Officers

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

8 CONSULTATION

Principal Groups Consulted

8.1 None.

Method of Consultation

8.2 Not applicable.

Representations Received

8.3 None.

Background Papers

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

Contact for further information

Victor Nicholls, Assistant Chief Executive
Victor.nicholls@bracknell-forest.gov.uk
Tel: 01344 355604

Richard Beaumont, Head of Overview & Scrutiny
Richard.beaumont@bracknell-forest.gov.uk
Tel: 01344 352283

Doc. Ref

CXO\Overview and Scrutiny\2015-16\progress reports

OVERVIEW AND SCRUTINY CURRENT WORKING GROUPS – 2015/16

Position at 20 November 2015

Overview and Scrutiny Commission								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Draft Economic Strategy	Leake (Lead) Allen, Angell, and Mrs Mattick	Victor Nicholls	Richard Beaumont	√	Completed	N/A – Comments provided at meeting on 25 August 2015	N/A	The O&S views were taken into account in the revised draft strategy.
Draft Council Plan	Leake (Lead)), Angell, Allen, Mrs Angell, Mrs Birch, Brossard, Finnie, Harrison, Mrs Mattick, Mrs McCracken, Mrs Phillips and Mrs Temperton	N/A	Richard Beaumont	√	Completed	N/A – Comments provided at workshop on 10 September 2015	N/A	The O&S Views were taken into account in the revised draft Council Plan.

78

Environment, Culture and Communities Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
The Planning Function	Angell (Lead), Mrs Angell,	Max Baker	Richard Beaumont	√	At the information			About 80% through

Unrestricted

	Brossard, Finnie, Leake and Porter				gathering stage			information gathering.
--	------------------------------------	--	--	--	-----------------	--	--	------------------------

Children, Young People and Learning Overview and Scrutiny Panel

WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Child Sexual Exploitation	Mrs McCracken (Lead), Mrs Birch, Ms Gaw, Peacey and Mrs Temperton	Karen Roberts / Sonia Johnson	Andrea Carr	√	At the information gathering stage.			The review is approximately 50% complete.

79

Adult Social Care and Housing Overview and Scrutiny Panel

WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
The Draft Homelessness Strategy	Mrs Angell (Lead), King, Mrs McCracken, Ms Merry, Peacey and Mrs Temperton	Simon Hendey	Andrea Carr	√	Completed	N/A	N/A	The Working Group has considered, and submitted its views on, the draft Strategy.

Health Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
GP Capacity	Peacey (Lead), Phillips, Mrs Mattick, Mrs Temperton, Tullett and Virgo. Dr Norman	TBC	Richard Beaumont		At scoping stage			First meeting held on 19 November

Completed Reviews (Since 2010)

Date Completed	Title
January 2010	Medium Term Objectives 2010/11
January 2010	Review of the Bracknell Healthspace (publication withheld to 2011)
January 2010	14-19 Years Education Provision
April 2010	Overview and Scrutiny Annual Report 2009/10
July 2010	Review of Housing and Council Tax Benefits Improvement Plan (Update)
July 2010	The Council's Response to the Severe Winter Weather
July 2010	Preparedness for Public Health Emergencies
October 2010	Safeguarding Vulnerable Adults in the context of Personalisation
October 2010	Review of Partnership Scrutiny
December 2010	Hospital Car Parking Charges
January 2011	Safeguarding Children and Young People
March 2011	Review of the Bracknell Healthspace (Addendum)
April 2011	Overview and Scrutiny Annual Report 2010/11
June 2011	Office Accommodation Strategy
June 2011	Plans for Sustaining Economic Prosperity
July 2011	Review of Highway Maintenance (Interim report)
September 2011	Performance Management Framework
September 2011	Review of the Council's Medium Term Objectives
October 2011	Plans for Neighbourhood Engagement
October 2011	Regulation of Investigatory Powers
October 2011	Site Allocations Development Plan Document
January 2012	Common Assessment Framework
February 2012	Information and Communications Technology Strategy
April 2012	NHS Trusts Quality Accounts 2011/12 (letters submitted to five Trusts)

Unrestricted

Date Completed	Title
April 2012	Overview and Scrutiny Annual Report 2011/12
June 2012 & April 2015	Commercial Sponsorship
July 2012	Communications Strategy
November 2012	Proposed Reductions to Concessionary Fares Support and Public Transport Subsidies
November 2012	Modernisation of Older People's Services
January 2013	Preparations for the Community Infrastructure Levy
February 2013	Substance Misuse
February 2013	'Shaping the Future' of Health Services in East Berkshire
April 2013	Overview and Scrutiny Annual Report 2012/13
April 2013	NHS Trusts Quality Accounts 2011/12 (letters submitted to three Trusts)
July 2013	School Governance
September 2013	Delegated Authorities
October 2013	Bracknell Forest Bus Strategy
January 2014	Applying the Lessons of the Francis Report to Health Overview and Scrutiny
April 2014	Overview and Scrutiny Annual Report 2013/14
June 2014	Review of School Places
September 2014	Review of Cultural Services
October 2014	The Council's Role in Regulated Adult Social Care Services
February 2015	Business Rates and Discretionary Relief
April 2015	Substance Misuse Involving Children and Young People
April 2015	Overview and Scrutiny Annual Report 2014/15
August 2015	Draft Economic Strategy
September 2015	Draft Council Plan
November 2015	Draft Homelessness Strategy

Results of Feedback Questionnaires on Overview and Scrutiny Reports

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

	Average score for previous 23 Reviews ¹
PLANNING Were you given sufficient notice of the review?	2.9
Were your comments invited on the scope of the review, and was the purpose of the review explained to you?	2.9
CONDUCT OF REVIEW Was the review carried out in a professional and objective manner with minimum disruption?	2.8
Was there adequate communication between O&S and the department throughout?	2.8
Did the review get to the heart of the issue?	2.6
REPORTING Did you have an opportunity to comment on the draft report?	2.8
Did the report give a clear and fair presentation of the facts?	2.6
Were the recommendations relevant and practical?	2.5
How useful was this review in terms of improving the Council's performance?	2.5
Overall average score	2.7 (90%)

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

This page is intentionally left blank

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
14 JANUARY 2016**

**HEALTH OVERVIEW AND SCRUTINY WORK PROGRAMME
Assistant Chief Executive**

1 PURPOSE OF REPORT

1.1 This report invites members to

- Receive a report on the progress of the Panel's Working Group reviewing GP Capacity.
- Propose items for inclusion in the Panel's work programme for 2016/17.

2 RECOMMENDATION

That the Health Overview and Scrutiny Panel:

2.1 Reviews the progress of the Panel's working Group.

2.2 Proposes items for inclusion in the Panel's work programme for 2016/17.

3 SUPPORTING INFORMATION

Working Group reviewing GP Capacity

3.1 The Working Group commenced on 19 November 2015, and has met twice, to date. The Working Group comprises Councillors Peacey, Phillips, Mrs Mattick, Mrs Temperton, Tullett and Virgo; and Dr Norman. Activities have included appointing Cllr Peacey as Lead Member, considering possible key areas of focus for the review with reference to supporting information, meeting a senior Fellow from the Kings Fund to explore the issues around GP capacity, and considering the possible scope of the review. The next meeting is likely to take place in January 2016.

Work Programme 2016/17

3.2 To assist members' consideration of possible items for inclusion in the Panel's work programme for 2016/17, the previously completed reviews are listed on the following page, also the work programme for the current year.

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

Contact for further information

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

Previously Completed Health Overview and Scrutiny Reviews

Date Completed	Title
November 2005	The Management of Coronary Heart Disease
July 2007	Review of Healthcare Funding
November 2007	Review of the Council's Health and Wellbeing Strategy
Annually since 2009	Annual Health Check Response to the Healthcare Commission / NHS Trusts
April 2009	Children's Centres and Extended Services in and Around Schools in Bracknell Forest
December 2009	NHS Core Standards
January 2010 (Addendum in 2011)	Review of the Bracknell Healthspace
July 2010	Preparedness for Public Health Emergencies
December 2010	Hospital Car Parking Charges (Joint East Berks Health O&S Committee)
October 2012	Major Health Reforms
November 2012	Health and Wellbeing Strategy
February 2013	'Shaping the Future' of Health Services in East Berkshire – consultation response
April 2013	NHS Trusts Quality Accounts 2011/12 (letters submitted to three Trusts)
January 2014	Applying the Lessons of the Francis Report to Health Overview and Scrutiny
May 2015	NHS Trusts Quality Accounts 2011/12 (Comments submitted to one Trust)
October 2015	Review of the Council's draft Health and Wellbeing Strategy

2015-16 Health Overview and Scrutiny Work Programme

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. 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 (see below)
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.</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>Under Department of Health guidance, the Health O&S Panel should provide 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>
5.	<p>GP Capacity</p> <p>To form a Working Group to review whether there is sufficient GP capacity to match the long-term growth in the Borough's population and other demands.</p>

Future Possible Reviews

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>

This page is intentionally left blank