

**ADULT SOCIAL CARE AND HOUSING  
OVERVIEW & SCRUTINY PANEL  
15 SEPTEMBER 2015  
7.30 - 8.50 PM**



**Present:**

Councillors Harrison (Chairman), Allen (Vice-Chairman), Mrs Angell, Finch, Finnie, Mrs McCracken, Ms Merry, Peacey and Mrs Temperton

**Executive Member:**

Councillor D Birch

**Also Present:**

Andrea Carr, Policy Officer (Overview and Scrutiny)

Neil Haddock, Head of Performance and Resources

Simon Hendey, Chief Officer: Housing

Councillor McCracken

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

Amanda Roden, Democratic Services Officer

**12. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Adult Social Care and Housing Overview & Scrutiny Panel held on 16 June 2015 be approved as a correct record, and signed by the Chairman.

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

There were no declarations of interest relating to any items on the agenda, nor any indications that members would be participating whilst under the party whip.

**14. Urgent Items of Business**

There were no urgent items of business.

**15. Public Participation**

There were no submissions from members of the public in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

**16. Quarterly Service Report (QSR)**

The Panel considered the latest trends, priorities and pressures in terms of departmental performance as reported in the Quarterly Service Report (QSR) for the first quarter of 2015/16 (April to June 2015) relating to Adult Social Care and Housing. An overview of the second quarter for 2015/16 was provided.

The Director of Adult Social Care, Health and Housing gave a presentation on the QSR. QSRs were slightly out of date, by approximately three months, when they were received at Overview and Scrutiny meetings but a Forward Look was provided to bring Panel members up to date.

There were three targets with red status but there had only ever been three targets with red status which resulted from a combination of demand and limited resources. There had been no new initiatives in the last quarter. There was a focus on the integration agenda between health and social care but no guidance had been received yet from legislation; it was an ambition from government at present. The better care fund was going well and service development was progressing well, for example, in relation to the Bridgewell Intermediate Care Centre.

The annual report was also known as the local account in some areas. There had been an increase in pressure on hospitals in relation to delayed transfers of care. Nationally, funding had been increased by £19 billion to £125 billion due to rising demand. There had been an overspend of £60,000 this year in relation to housing management services.

There was a major review of the Emergency Duty Service (EDS) being undertaken and a consultation was open at present. It was hoped that this work would be completed by the end of the year. Complaints received were generally in relation to capacity, rather than quality. Self-Care Week was a major initiative; and a new carers' contract would be tendered for soon with a new range of entitlements. Work would be undertaken with Bracknell Forest Homes and other providers to increase the range of supported housing.

The Chief Officer: Housing gave an update on this area in the Department. A local housing company, Downshire Homes, had been set up by the Council and would buy existing homes on the market in order to provide housing for homeless people and people with learning disabilities. Universal credit, as part of welfare reform, would be available for single people making out of work claims from 28 September 2015. There was a business plan for Tenterden Lodge, which had been purchased by the Council for Bed and Breakfast accommodation, which included charging households needing to use it and this would support the cost of the property and give savings. The My Choice, Choice Based Lettings Scheme was being updated and tested, and was due to be available at the end of November / beginning of December, and it would look similar to the Rightmove website.

The Head of Performance and Resources for Adult Social Care, Health and Housing gave an update on this area in the Department. There was a consultation ongoing which started in mid-July 2015 and would finish in mid-October 2015, in relation to charges for care and support services, with a report on this due to be considered by the Council's Executive on 17 November 2015. There had been issues with fee increases for the following year and the Council had asked what provider costs were in order to take them into account; however, some providers had not given this information. There would be a new payroll and HR system with new procedures needed and it was hoped that this would create back office efficiencies. Several upgrades to IT systems were due, including LAS, Controcc, and a replacement to Forestcare's system.

In response to Members' questions, the following points were made:

- The consultations were due to close in mid-October and a report would need to be considered by the Council's Executive before the next meeting of the Panel in January 2016, but Panel Members could respond to the

consultations in between meetings of the Panel. It was suggested that the Panel circulate comments by e-mail after receiving further information about the consultations from officers.

- If care and support costs were shown to be in excess of prices paid, it was assumed that providers would notify the Council of this.
- The current Housing Benefit process took approximately 7 days but it varied throughout the year; there were peaks and troughs.
- Levels of homelessness were currently at a plateau but at the level of the first quarter. There were regularly 30 households in a homeless situation needing Bed and Breakfast accommodation, in part due to a lack of private rented accommodation.
- Amber House was due to provide 50 affordable units on the site. Other affordable housing was provided on the back of planning obligations. There had been a steady flow in the supply of affordable housing but no peaks.
- Community Infrastructure Levy (CIL) assessed sites were expected to be able to achieve 25% affordable housing on the site. Costs not known before development of a site could mean that affordable housing was not viable and could therefore drop off development plans. Affordable housing was not compulsory like CIL was.
- 118 affordable housing properties were built last year, which was 30% of the total number of properties built in that year. Delivery was cyclical with developers and affordable housing was often not the first housing to be built on a site.

Panel members could have input to create sites with a higher level of affordable housing, such as Downshire Homes.

#### 17. **Bracknell Forest Safeguarding Adults Partnership Board Annual Report 2014/15**

The Director of Adult Social Care, Health and Housing presented the Bracknell Forest Safeguarding Adults Partnership Board Annual Report 2014/15. It would be his last meeting as Chairman of this Board. This was now a mandatory report under the Care Act giving statistics and indications of trends, amongst other things, every year. A peer review included four key recommendations, one of which was to have an independent Chairman of this Board who was not employed by the Borough Council. Jane Lawson would start as Chairman of this Board in September.

The second recommendation of the report was in relation to how the Board was supported in terms of administration and funding had been obtained for administrative support to the Board for two days a week. The third recommendation in the report was in relation to membership and Healthwatch and Involve had been invited to attend the Board meetings with regard to involving the voluntary or third sector more. The fourth recommendation involved professional support to the Board and it was decided to establish a sub-group of the Board; this would be undertaken after the new Chairman had started.

Page 14 of the agenda papers highlighted a significant increase in safeguarding alerts; a 24% increase in 12 months, potentially due to training and development and clarity of reporting. There had been a 14% decrease in the number of alerts which became referrals, showing a significant improvement in the recognition of safeguarding. There had been a 20 fold increase in the number of assessments, largely due to a couple of judicial rulings. Levels of risk and priorities would be established and there would be a look at constraints due to the extra work load.

In response to Members' questions, the following points were made:

- In relation to the question about whether a threshold was needed with regard to court rulings, this was a capacity issue and would change eventually but there was no control over this as a judge's decision became case law. The judge's decision in relation to assessments was appealed at the Supreme Court but upheld. The cost of appealing the decision to a higher court than this had prevented this from being undertaken at present. People could be put into risk levels and this could be changed.
- A co-ordinator had been appointed, along with best interest assessors, and costs would be calculated from the care package.
- Abuse in a person's own home was usually financial, for example, in relation to people with learning disabilities, or someone collecting a pension for an elderly person and not depositing the whole amount into their account. Abuse could occur in any setting.
- There was a need to be careful not to over-safeguard as the result could have an adverse effect.
- There was a new structure in the NHS and the South Central Ambulance Service covered 28 Adult Safeguarding Boards, so they were not able to resource membership for all of the Boards but would attend a meeting if there was a serious concern.
- The Board membership shown in paragraph 5.1 on page 17 of the agenda papers did not correspond with that shown in Annex B of the report and this would be corrected.
- The Clinical Commissioning Group (CCG) were expected to have a link with GPs, dentists and pharmacists if there was a concern but nothing had arisen as yet.

#### 18. **Implementation of the Care Act 2014**

The Head of Performance and Resources for Adult Social Care, Health and Housing gave a presentation on the implementation of the Care Act 2014.

Legislative and funding reform had been split and work would be undertaken to ensure that the Council was compliant with the new legislation. The items under the reform which would require the most work were: Minimum threshold for eligibility, Assessments / carers' assessments, and Universal Deferred Payments. Items which would require some work were: Prevention and wellbeing, and Duties on information and advice. Items requiring little or no change were: Duty on market shaping, Personal budgets, Care / Support plans, and Safeguarding Boards.

In relation to fair access to care, there were four levels of need and people were in categories which set eligibility criteria. Some councils only met critical needs and Bracknell Forest Council met substantial needs. Councils were now unable to restrict beyond the minimum but would look at the impact on people's lives. Theoretically there would be no change for councils in the number of people supported. For example, out of 100 people supported by the Council, maybe five would be new people needing support, which would bring a risk of short term costs.

People entitled to assessments was the biggest change in relation to carers' assessments, as carers had needs also. The Borough Council supported approximately 350 carers but there were thought to be approximately 9,000 carers in Bracknell Forest. Grant and personal budgets would be used to meet individual needs. In relation to Universal Deferred Payments (UDPs), Bracknell Forest Council could recoup the cost of care from the sale of a person's home if they had less than

£23,000 in cash. Marketing could increase the demand for UDPs. Work had always been undertaken in relation to prevention and well-being. There was a duty to ensure that all providers were paying minimum wage and this was built into the contract.

In response to Members' questions, the following points were made:

- An increase was offered to domiciliary care providers based on providers paying a living wage, including travel to the first visit of the day and from the last visit of the day. This could pose an issue for authorities with a larger geographical area.
- There was a guide to help people look after themselves, winter walks campaigns, and falls prevention, all covered and built into the well-being agenda.
- Work was being undertaken with the CCG in relation to prevention and raising awareness. This was an area of growth.
- The biggest financial risk was the number of carers.
- Some people may not meet eligibility criteria or could be self-funders, so they were not eligible for financial support.

**19. Working Group Update Report**

The Panel noted the update in respect of the Working Group of the Panel reviewing the Council's Homelessness Strategy.

Councillor Mrs Angell advised that the Working Group had their first meeting in July and on 28 September they were due to visit Rainforest Walk and other accommodation for homeless people. The Working Group were expecting to comment on the Draft Strategy in November.

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

The Panel noted the forthcoming Key and Non-Key Decisions relating to Adult Social Care and Housing.

The Chairman advised that it had been suggested for a member of Healthwatch to be invited to the Adult Social Care and Housing Overview and Scrutiny Panel meetings as an observer. The Panel agreed with this suggestion which would facilitate integration between Health and Adult Social Care.

**CHAIRMAN**