



NOTICE OF MEETING

Health Overview and Scrutiny Panel

Thursday 30 June 2016, 7.30 pm

Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Health Overview and Scrutiny Panel

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

cc: Substitute Members of the Panel

Councillors Allen, Mrs Angell, Brossard, Harrison and Peacey

Observer:

Mark Sanders, Healthwatch

Non-Voting Co-optee

Dr David Norman, Co-opted Representative

ALISON SANDERS

Director of Corporate Services

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Health Overview and Scrutiny Panel
Thursday 30 June 2016, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell

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Note: *There will be a private meeting for members of the Panel at 7.00 pm in Meeting Room 1, 4th Floor, Easthampstead House.*

AGENDA

Page No

1. **Election of Chairman**

2. **Appointment of Vice-Chairman**

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

To receive apologies for absence and to note the attendance of any substitute members.

4. **Minutes and Matters Arising**

To approve as a correct record the minutes of the meeting of the Health Overview and Scrutiny Panel held on 14 April 2016.

5 - 12

5. **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.

6. **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.

7. **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.
8. **Heatherwood Hospital Redevelopment**
To receive a briefing from the Chief Executive of Frimley Health NHS Foundation Trust on the plans to redevelop Heatherwood Hospital. 13 - 16
9. **Berkshire Healthcare Trust**
To note the outcome of the inspection by the Care Quality Commission. 17 - 20
10. **The Patient's Experience**
To consider the current information from the NHS Choices website, for those NHS Foundation Trusts providing most NHS services to Bracknell Forest residents. 21 - 26
11. **Quality Accounts 2015/16**
To note the comments on the Quality Accounts sent by the Panel to the four NHS Trusts providing most health services to Bracknell Forest residents. 27 - 42
12. **Departmental Performance**
To consider the parts of the Quarter 4 2015/16 (January to March) quarterly service report of the Adult Social Care, Health and Housing department relating to health. 43 - 72
13. **Executive Key and Non-Key Decisions**
To consider scheduled Executive Key and Non-Key Decisions relating to Health. 73 - 78
14. **Overview and Scrutiny Bi-Annual Progress Report**
To note the Bi-Annual Progress Report of the Assistant Chief Executive. 79 - 92
15. **Working Group on GP Capacity**
To receive a progress report on the Panel's Working Group reviewing GP Capacity. 93 - 94

16. Member Feedback

To receive oral reports from Panel members on their specialist roles since the last Panel meeting.

Date of Next Meeting

The next meeting of the Health Overview and Scrutiny Panel has been arranged for 29 September 2016.

**HEALTH OVERVIEW AND SCRUTINY PANEL
14 APRIL 2016
7.30 - 9.35 PM**



Present:

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

Co-opted Member:

Dr David Norman, Co-opted Representative

Also Present:

Richard Beaumont, Head of Overview & Scrutiny
John Nawrockyi, Interim Director of Adult Social Care, Health & Housing
Councillor Sarah Peacey
Dr William Tong, Chairman, Bracknell & Ascot Clinical Commissioning Group
Sarah Bellars, Director of Nursing, Bracknell & Ascot Clinical Commissioning Group
Caroline Day, Group Organisational Development Director, OneMedicalGroup
Jackie Hill, Director of Nursing, OneMedicalGroup
Nick Kelaher, Urgent Care Centre Business Manager, OneMedicalGroup
Luke Minshall, Head of Urgent Care, OneMedicalGroup
Mark Shepherd, Chief Operating Officer, OneMedicalGroup
Rachel Beverley – Stevenson, Chief Executive, OneMedicalGroup
Keith Boyes, Area Manger, South Central Ambulance Service
Nick Brunt, Clinical Education Manager, South Central Ambulance Service
Debbie Diffey, Clinical Assurance Manger, South Central Ambulance Service

Apologies for absence were received from:

Councillors G Birch

43. Apologies for Absence/Substitute Members

The Chairman said that Glyn Jones, former Director of Adult Social Care, Health and Housing had sadly passed away on 8 April.

The Panel noted apologies from Councillor G Birch.

44. Minutes and Matters Arising

RESOLVED that the minutes of the Health Overview and Scrutiny Panel meeting held on 14 January 2016 be approved as a correct record and signed by the Chairman.

45. 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.

46. Urgent Items of Business

It was brought to the Panel's attention that there had been a proposal from the Clinical Commissioning Group to move the Out of Hours GP service for Sandhurst Practice patients from a provider based at the Frimley Park site to the East Berkshire Out of Hours service at Brants Bridge.

Questions to Mary Purnell and her responses in regards to the proposal had been sent to the Panel members.

Due to the timescale of the proposal the Panel agreed that this should be dealt with outside of the Committee Cycle. Members would be able to hear the outcome of the patient consultation and determine the Panel's response to the consultation.

47. Public Participation

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

48. Bracknell Urgent Care Centre

The Urgent Care Centre is commissioned by the Bracknell and Ascot Clinical Commissioning Group and operated by OneMedicalGroup.

Dr Tong from the CCG introduced Rachel Beverley – Stevenson, Chief Executive of the OneMedicalGroup, to the Panel.

Rachel thanked the Panel for inviting them to come and present the action that had been taken by the CCG and OneMedicalGroup as a result of the criticism received from the Care Quality Commission (CQC) following the October 2015 inspection of the Bracknell Urgent Care Centre.

Rachel also stated that they have worked closely with the CCG post the October inspection, which they had learnt from. They had made major improvements, they were proud of their achievements, and a follow up inspection had taken place on 12 April 2016. Although the outcome of the follow up inspection won't be available for a couple of months, the feedback that had been received on the day was very positive.

Luke Minshall, Head of Urgent Care at OneMedicalGroup, gave a presentation on the progress of Bracknell Urgent Care Centre since the inspection in October 2016.

The OneMedicalGroup had learnt from the CQC inspection and had redesigned the Urgent Care Centre around the Patient Journey. There had also been large stakeholder engagement to enable the changes, this had created a more stable team and working environment. Two Health Care Assistants had been employed to work as patient advisors and more Nurses had applied for positions within the Centre, even though there is a national shortage within the area.

There had been a lot of work undertaken to ensure safety and improve Clinical Care at the Bracknell Urgent Care Centre. There was now a stable, multi skilled staff team in place and they had instilled a learning and development culture. Communications and governance had now been improved; an example of this had been the introduction of significant event reporting. This was a new mechanism to be used to report issues via the intranet which sent alerts to managements mobiles, this ensured that all were aware of any significant issues at anytime.

It was also reported that despite a record month in March of 4000 patients, all KPIs had been attained since October 2015 and that the Quality Schedule had also been met in full.

A lot of collaborate working was also underway. OneMedicalGroup had been working with the Ambulance Service's 111 service on a Peer Review, a good relationship had been built up with Mark Sanders of Healthwatch Bracknell Forest and work had been ongoing with the CCG to put a policy in place, focusing on process and safety, for Unscheduled Care appointments via Skype by July 2016. This was a policy that had been implemented in OneMedicalGroup's Leeds Urgent Care Centre, and had positive feedback from the GPs and Patients.

Future Plans had already begun for Health Sessions, such as a Community Garden which would promote healthy eating. Another proposal was to publish the Urgent Care Centres current waiting times on their website and to be used on other community platforms. This had proved successful in the Derby Urgent Care Centre.

The Chair thanked Rachel & Luke for their very useful, informative and reassuring presentation.

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

- The culture of the UCC had improved due to the changes that had been made. It was felt that there was a good, strong platform to build on.
- Changes to required policies had been made and were now more localised.
- The response to risk is now immediate, learnings from risks are now logged and shared within the team and also shared with other OneMedicalGroup locations.
- CCG confirmed that they visit the Bracknell UCC on regular occasions. They had previously issued a contract performance notice, and installed robust monitoring and have been meeting monthly to review reports and indicators. The CCG was comfortable about the UCC's performance and supportive of the journey they were taking. The CCG regarded the UCC as providing better value for money than the former Minor Injuries Unit at Heatherwood hospital.
- Locums and Agency staff were still used by the UCC. However they were now undertaking an induction and had been provided with their own equipment and logins.
- The sharing information and joint log-in issue that had been reported in the October review had now been resolved due to the changes made with the access given to Locum & Agency staff.
- There had been some frustrations with the landlord support provided by Royal Berkshire Hospital, particularly with the heat in the atrium. One outstanding issue had been the need to install a pod in the waiting area to enable more privacy.
- It was reported that monitoring of time peaks had been undertaken from 1 January to 15 March 2016. In this period the time peaks had been at 4pm and 6pm. There had only been two 9pm finishes during this period.
- Since October, waiting time KPI's had improved. A child should wait only 15 minutes and an adult 30 minutes.
- The main deliverable for the UCC was to divert patients away from Accident and Emergency. A&E 'Minors' had decreased, though A&E 'Majors' had increased. It was difficult to distinguish exactly how great an impact the UCC had had, at a time of increasing demand on A&E generally. It was also

- difficult to determine the impact of the UCC on non-elective hospital admissions, but the CCG was confident that the effect had been positive.
- UCC had found it difficult to introduce a Patient User Group as their patients are not continuous. A volunteer had introduced “Knit and Natter” sessions and placements with students from Bracknell and Wokingham College had been confirmed.
 - Options for waiting area entertainment were being explored, with interactive books and tablets being looked at.
 - Emergency sexual contraception was available at the UCC but there was still work ongoing with the CCG regarding the introduction of the Deep Vein Thrombosis testing tool kits.
 - It was urged that any negative feedback should be reported at the time via feedback forms to ensure lessons are learnt.
 - The “One Stop Shop” model was still the overall goal, but this had proved very difficult in a building owned by someone else with multiple providers.
 - OneMedical would provide a written account of how they had acted on the improvements which the CQC said must or should be made.
 - The UCC had not committed to provide a Paediatrician led service, instead a GP with paediatric experience.
 - The UCC has become very popular, offering a service people need and drawing patients from unplanned areas. The cost of treating people resident outside Bracknell Forest and RB Windsor and Maidenhead is charged to the CCG concerned.

49. South Central Ambulance Service

The Panel received and noted a report on the outcome of the investigation of media allegations concerning the 111 service operated by South Central Ambulance Service.

Members had been provided with an Executive summary of the South Central Ambulance Service investigation report, and sent the weblink to the full report. 1.3 of the Executive report emphasised that the findings were unsubstantive and the Panel were advised that there was little for them to worry about.

They commented that as a result of the investigation there had been a review of all services provided across the patch, this had produced a lot of good work.

50. Working Group Update Report

The Panel received and noted the progress achieved to date by the Working Group reviewing GP Capacity.

It was reported that four meetings of the Working Group had been held with the help of Dr David Norman. It was also reported that an extensive programme of meetings had been held with fourteen GP Practices serving Bracknell Forest Residents, collating information on their workforce and other relevant factors.

The Working Group aims to bring a report of the review to the Panel in the Autumn.

51. The Patients Experience

The Panel received and noted a report on the Patients Experience, which included the current information regarding patient’s survey and feedback from the NHS Choices website.

It was commented that the report was very positive and that the improvement in the food choices provided to patients was exceptional.

52. **Departmental Performance**

The Panel received and noted the Quarterly Service Report for Adult Social Care, Health and Housing for Quarter 3, 2015-16.

The director drew attention to the mention of delayed discharge on page 4 of the report, and informed the Panel that there had been no delay pre Christmas, but that there had been a spike in January and February. However this had improved through March.

It was acknowledged that Public Health had won two awards due to their success with Bracknell Forest residents on stopping smoking. The director hoped that the obesity campaign would have the same effect.

2016 is the Year of Self Care, this had been successfully launched in February 2016 and a summery report would be brought to the Panel in December 2016.

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

- The percentage in the Vacancy Rate table on page 12 would be made clearer in future reports.
- Berkshire Healthcare Foundation Trust had given 6 weeks notice of their Nursing Bed Contact at the Bridgewell centre. Community nursing beds were being provided by the Trust, and there was no current impact or deficiency in the service.
- The Dementia Services Development Co-ordinator is to undertake an evaluation of availability of Day Care Services. As transportation can be traumatic for Dementia patients, Wrap Around Care will be looked at, which wouldn't take patients out of their homes or communities.
- Simon Hendey would send out facts and figures to the Panel regarding the geographical movement of people within the Borough using the night shelter.
- The demand for homecare had increased and the recruitment of staff to provide this care had become harder, though there was no significant risk at this stage. A concern was raised that the introduction of new jobs to the town centre could detract recruitment further in the future.

The Chair thanked John Nawrockyi for all his hard work, enthusiasm and his drive for the residents whilst interim Director and wished him well in his future endeavours.

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

The Panel received and noted the report on the Executive Key and Non-Key Decisions relating to health.

54. **Member Feedback**

Some written reports had been made, and Members were asked to provide oral updates on their specialist roles since the Panel's last meeting and the following points were noted:

Councillor Mrs Temperton – The CQC Quality Summit for Wexham Park Hospital had taken place. It was reported that there had been a huge culture change and the leadership throughout the transformation had been outstanding. The hospital had

improved from an inadequate rating to a good rating. A Healthwatch AGM had also taken place, it was reported that there was now signage available in different languages and patients and visitors now had the ability to pay with a debit card for refreshments in Wexham Park and Frimley Park Hospitals.

Councillor Tullett – Councillor Tullett had produced a report on Long Term Conditions which he had been championing. It was agreed that this report could be circulated and shared further for review and feedback.

Councillor Hill - NHS England and the CCG had released a statutory guidance paper on improving internal conflict of interests. There is also a podcast available.

Councillor G Birch – Councillor Birch had attended a medicine optimisation event, the slides are available on request. The RBHT Mental Health Quality Account had been circulated for draft comments. These had since been sent on to the Trust.

Councillor Mrs McCracken had attended a CQC Quality Summit Meeting on the Berkshire Healthcare Trust. Bracknell Forest had been recognised as being the only Local Government presence and had been commended for their relationship with the Hospital.

Councillor Mrs Mattick - Councillor Mrs Mattick had attended a Role of Governance Course, which focused on the governance structure within trusts and quality insurances within wards.

Councillor Peacey had met the new Chairman of Frimley Health Trust.

Councillor Phillips – Councillor Phillips had attended an LGA Scrutiny Course with other Local Authorities. It had been pleasing to be assured that Bracknell Forest Scrutiny Panels were leaps ahead of other Local Authorities.

The Head of Overview and Scrutiny reported on Councillor G Birch's work on medicines optimisation and on the Quality Accounts.

The Chair thanked all Panel members and officers for their contributions.

55. Date of Next Meeting

It was noted that the next scheduled meeting of the Health Overview and Scrutiny Panel would take place on 30 June 2016.

CHAIRMAN

ACTIONS TAKEN : HEALTH OVERVIEW AND SCRUTINY PANEL MEETING
14 APRIL 2016

<u>Agenda Item</u>	<u>Action Required</u>	<u>Action Taken</u>
4. Urgent Items of Business	Arrange meeting for interested Members with Mary Purnell to formulate the Panel's response to the CCG's consultation on moving the Out Of Hours GP service for patients of the Sandhurst Practice	Discussions are on-going with Mary Purnell to arrange a meeting for interested Members in time for the consultation deadline
6. Bracknell Urgent Care Centre	OneMedicalGroup to provide written explanation of what they have done/will do on each of the actions the CQC said must and should be taken	Sent to Members 14.6.2016
10. Departmental Performance	Future Quarterly Service Reports to show staff vacancy rates as percentages	On-going
	Provide note explaining the position with the Night Shelter (transfers to Camberley and from Wokingham)	Sent to Members 14.6.2016

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**HEALTH OVERVIEW AND SCRUTINY PANEL
30 JUNE 2016**

**HEATHERWOOD HOSPITAL REDEVELOPMENT
Assistant Chief Executive**

1 PURPOSE OF REPORT

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

2 RECOMMENDATIONS

- 2.1 **That the Health Overview and Scrutiny Panel receives a briefing from Sir Andrew Morris OBE, Chief Executive of Frimley Health NHS Foundation Trust on the plans to redevelop Heatherwood Hospital.**

3 REASONS FOR RECOMMENDATIONS

- 3.1 To inform the discussion with Sir Andrew Morris.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 To assist the Panel's deliberations, attached to this report is relevant summary information from the website of Frimley Health Trust.

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

- 6.1 Not applicable.

Contact for further information

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From Frimley Health Trust Website

Today . . . tomorrow

Heatherwood Hospital is successful at what it does. It has a ‘Good’ rating from the Care Quality Commission – the regulator for health services. The feedback we get from both staff and patients is also positive.

However, it is increasingly difficult to deliver modern, high quality healthcare services that are affordable from buildings that were designed for a different purpose, many decades ago.




We want to keep the elements that work – a supportive community, committed and enthusiastic staff and high quality services – and move them to a new facility on the same site that will help us secure the hospital’s future for years to come. To deliver this we need to make some choices about the site.

Heatherwood’s role as a planned care centre and its location between our two acute hospitals will benefit patients by:

- bringing more work back to the site 24/7 offering an exciting environment for staff and a choice of where patients can receive their care
- protecting our planned work which can sometimes be affected on other sites by the demands of our emergency work
- easing pressure on extremely busy sites at Wexham and Frimley
- providing potential for a primary care hub which will offer GP and other specialist care delivered outside of a hospital setting

The services currently provided . . . and included in the new proposal.

We will not be reintroducing services previously offered at the site such as maternity and minor injuries as these are already provided at other locations such as Wexham Park, Frimley Park and Bracknell.

Existing	Planned
Six theatres	Retain six operating theatres offering general surgery, plastic surgery and trauma and orthopaedics for example
34 in-patient beds	40 beds and a new eight-bed private patient space. 50% of our beds will be single rooms with en-suite facilities and the rest will be in four-bed bays.
24 day case spaces and endoscopy facilities	22 day case spaces and endoscopy facilities
Outpatients and diagnostics	 including antenatal, paediatrics and physiotherapy in addition to surgical clinics. Clinics will also run into the evening offering patients more choice.
Procedure/treatment rooms	
Space for GP practice	 Space for a primary care hub

New services

More one stop clinics including a breast clinic and urology clinic.	Next day service for lithotripsy – a non-surgical procedure to break up kidney or gallstones
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Enhanced cardiology diagnostics such as complex CTs Private patients facilities

Our vision

We want offer a brand new planned care centre that offers a better environment for our patients and staff. It will also support a clear role for Heatherwood Hospital providing protected space for planned care.

This plan:

- requires a c£72m investment
- locates the new buildings in woodland to make the scheme affordable and to offer the best environment for visitors to the site
- secures work for the local community

It also:

- protects important parts of the site including the Bronze Age bell barrow
- releases land for sale and development for housing to fund some of the development
- offers public access to the surrounding woodland with footpaths linking to the station

What this means for you:

- **Continuity** - if you currently use Heatherwood Hospital you may choose to continue
- **More options** - If you currently use either Wexham Park or Frimley Park hospitals you may have a choice to use Heatherwood Hospital in future
- **Wider choice** - we will be able to offer new services at Heatherwood as we will have a larger population to serve
- **Nicer place to be** - you will have a better experience in brand new facilities
- **Positive impact on other sites** - patients who choose to use Frimley Park Hospital will have a better experience as this will reduce the pressure on the FPH site.
- **Different choice** - for those who use private healthcare services you will be able to access these at Heatherwood for the first time – knowing that the funds we raise from this will be invested in local NHS services.
- **Community** – a range of housing options in a key location, local employment at the hospital secured and more access to open space surrounding the hospital

You will have the opportunity to share your views on this development when more detailed plans are published.

When might things start to happen?

* planning application completed subject to consultation with local planning authority



Our priorities

We understand how important this hospital is to the local community. To help us stay focused on what is important we have four key themes that are guiding our work to deliver a new hospital:

£ **Affordable**

The new facility must be affordable today and sustainable for the future.

○ **Flexible**

The spaces we design must be flexible to accommodate future changes in the way health services are delivered.

* **Accessible**

Available to FPH and WPH patients – with a choice of sites available.

○○ **Distinctive**
○○

Heatherwood is special to the local community. We need to try and keep elements that make it special and make it an attractive place to work and receive care.

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
30 JUNE 2016**

**BERKSHIRE HEALTHCARE TRUST
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to note the outcome of the recent inspection of the Berkshire Healthcare NHS Foundation Trust by the Care Quality Commission (CQC).

2 RECOMMENDATION

That the Health Overview and Scrutiny Panel:

- 2.1 Notes the outcome of the recent inspection of the Berkshire Healthcare Trust by the Care Quality Commission.**

3 SUPPORTING INFORMATION

- 3.1 The Health O&S Panel has previously decided to be notified of the outcome of CQC inspections of those NHS Trusts providing the majority of NHS services to Bracknell Forest residents.
- 3.2 The full report of the inspection, published on 1 April 2016, can be viewed at http://www.cqc.org.uk/sites/default/files/new_reports/AAAE8333.pdf. The summary section of the report is attached. The overall assessment rating for the Trust was 'Good'. An O&S councillor and officer attended the 'Quality Summit' held by the CQC with the Trust, following this inspection.

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

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for services at this Provider

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act/Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however, we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

Overall summary

We have given Berkshire Health Care NHS Foundation Trust a rating of good and this was because:

We rated all community and inpatient health services as good. Of the nine core services we inspected in mental health we rated seven as good, one as outstanding and one as requires improvement.

The trust has much to be proud of and also some areas that need to improve. The trust was well led with an experienced and proactive senior leadership team and board. There were also many committed and enthusiastic senior staff throughout the organisation working hard to manage and improve services. The trust responded in an open and honest way to the findings of the inspection team. They responded to put things right immediately where we had raised concerns. They were open, transparent and not defensive.

The main areas that were positive were as follows:

- The wards and clinical team bases were clean and well maintained.
- There was good evidence that medicines were well managed across the trust.
- Staff made good use of best practice guidelines and outcome measures.
- There was a strong culture of multi-disciplinary working. Professionals, teams and agencies worked well together.
- Staff recognised and understood their responsibilities in relation to safeguarding. Staff were aware of how to raise an incident and there was a good culture of learning post a serious untoward incident.
- Patients and their carers were positive about the care and treatment they received and felt they were treated with dignity and respect.
- Staff enjoyed working for Berkshire Health Care NHS Foundation Trust. They told us that the board were visible and approachable. They also spoke positively about the opportunities for professional development and told us that managers encouraged them to attend external training and conferences.

- The trust had taken on some challenging services, particularly in primary medical services, one of which had been placed in special measures. They had managed to turn this service around and it is now rated as good.
- Community health services were all rated as good across the board.

There were two core services that required improvement. These were the wards for people with a learning disability and the Circuit Lane medical centre. The main areas for improvement are as follows:

- There was poor management of ligature points on the learning disability inpatient wards and the child and adolescent inpatient ward. A ligature point can be used by people experiencing suicidal thoughts to harm themselves. On the learning disability inpatient wards the trust had identified numerous potential ligature points, and proposed an action plan to mitigate each. However, staff did not maintain the required level of patient observation; there were an insufficient number of ligature cutters given the physical layout of the ward; and, staff had not received training in the use of ligature cutters.
- Neither the child and adolescent inpatient ward or learning disability inpatient wards met the requirements set out by the Department of Health guidance 'Privacy and Dignity, the elimination of mixed sex accommodation'. This states that hospitals should provide accommodation which ensures that men and women are separated and have access to their own facilities, such as toilets and bathrooms. This was also a concern at the high dependency unit at Prospect Park hospital.
- Staff did not monitor people's physical health needs adequately for people with a learning disability.
- Some staff were not communicating well with people with a learning disability, as they lacked the necessary skills and training to do this.

Summary of findings

- The trust had not implemented or monitored changes needed in the appointment system in response to patients' at the Circuit lane surgery. This surgery also needed to ensure that they improved access by telephone to the GP practice.
- We were concerned about the quality and safety of care on the older people's mental health inpatient units. Not all staff were aware of the risks that individual patients faced, nor of the level of observation and support they needed to keep them safe. Not all staff knew how to prevent or care for pressure ulcers. Not all staff on these wards were receiving regular supervision.

We issued the trust with a warning notice in respect of the high dependency unit at Prospect Park Hospital. This was because the trust had failed to ensure that the rights of those people subject to long-term segregation were being met. This breached their policy and the Mental Health Act 1983 accompanying code of practice. We returned to the high dependency unit at Prospect Park on the 11th of February 2016 and were pleased to report that the trust had resolved the concerns raised in the warning notice and were fully compliant with the law.

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
30 JUNE 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.

2 RECOMMENDATIONS

That the Health Overview and Scrutiny Panel:

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

3 SUPPORTING INFORMATION

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

NHS Choices Website

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

The site draws together the knowledge and expertise of:

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

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







Contact for further information

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

<p>Tel: 01344 623333 London Road Ascot Berkshire SL5 8AA 2.9 miles away Get directions</p>	 15 ratings Rate it yourself	 No rating Visit CQC profile	 Within expected range with a value of 80%	 As expected	 Among the best	 As expected in hospital and up to 30 days after discharge (0.9339)	n/a No relevant data available
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Frimley Park Hospital Add to shortlist

<p>Tel: 01276 604604 Portsmouth Road Camberley Surrey GU16 7UJ 6.7 miles away Get directions</p> <p>  </p>	 271 ratings Rate it yourself	 Outstanding Visit CQC profile	 Within expected range with a value of 80%	 As expected	 Among the best	 As expected in hospital and up to 30 days after discharge (0.9339)	 90.71% Among the best
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NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
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St Mark's Hospital <input type="checkbox"/> Add to shortlist						
<p>Tel: 01628 632012 St Mark's Road Maidenhead Berkshire Berkshire SL6 6DU 7.5 miles away Get directions</p> <p>  </p>	<p> 19 ratings Rate it yourself</p>	<p>n/a Not yet rated</p>	<p> Within expected range with a value of 74%</p>	<p>n/a No relevant data available</p>	<p>n/a No relevant data available</p>	<p>n/a Not available for independent or specialist hospitals</p> <p></p>
King Edward Vii <input type="checkbox"/> Add to shortlist						
<p>Tel: 01753 860441 St. Leonards Road Windsor Berkshire SL4 3DP 7.2 miles away Get directions</p> <p>  </p>	<p> 1 rating Rate it yourself</p>	<p>n/a Not yet rated</p>	<p> Within expected range with a value of 74%</p>	<p>n/a No relevant data available</p>	<p>n/a No relevant data available</p>	<p>n/a Not available for independent or specialist hospitals</p> <p>n/a No relevant data available</p>

NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
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Royal Berkshire Hospital <input type="checkbox"/> Add to shortlist							
<p>Tel: 0118 322 5111 London Road Craven Road Reading Berkshire RG1 5AN 9.2 miles away Get directions</p> <p> </p>	<p> 328 ratings Rate it yourself</p>	<p> Requires Improvement Visit CQC profile</p>	<p> Within expected range with a value of 74%</p>	<p> As expected</p>	<p> As expected</p>	<p> As expected in hospital and up to 30 days after discharge (0.9811)</p>	<p> 94.71% Among the best</p>
Wexham Park Hospital <input type="checkbox"/> Add to shortlist							
<p>Tel: 01753 633000 Wexham Slough Berkshire SL2 4HL 11.2 miles away Get directions</p> <p> </p>	<p> 141 ratings Rate it yourself</p>	<p>n/a Not yet rated</p>	<p> Within expected range with a value of 80%</p>	<p> As expected</p>	<p> Among the best</p>	<p> As expected in hospital and up to 30 days after discharge (0.9339)</p>	<p></p>

NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
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Prospect Park Hospital <input type="checkbox"/> Add to shortlist							
<p>Tel: 0118 960 5000 Honey End Lane Tilehurst Reading Berkshire RG30 4EJ 11.5 miles away Get directions</p> <p>  </p>	<p> 25 ratings Rate it yourself</p>	<p> No rating Visit CQC profile</p>	<p> Within expected range with a value of 74%</p>	<p>n/a No relevant data available</p>	<p>n/a No relevant data available</p>	<p>n/a Not available for independent or specialist hospitals</p>	<p> 96.97% Among the best</p>

Explanatory Notes

NHS Choices User Ratings

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

Care Quality Commission Inspection Ratings

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

Recommended by Staff

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

Open and Honest Reporting

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

Infection and cleanliness

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

Mortality Rate

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

Food: Choice and Quality

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

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
30 JUNE 2016**

**QUALITY ACCOUNTS 2015/16
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to note the comments on the Quality Accounts sent by the Panel to the four NHS Trusts providing most health services to Bracknell Forest residents, and two Trusts' responses to the Panel's comments.

2 RECOMMENDATION

That the Health Overview and Scrutiny Panel:

- 2.1 Notes the comments on the Quality Accounts sent by the Panel to the four NHS Trusts providing most health services to Bracknell Forest residents, and the responses received.**

3 SUPPORTING INFORMATION

- 3.1 The Department of Health (DOH) requires NHS service providers to submit their final Quality Account to the Secretary of State by 30 June each year. The requirement is set out in the Health Act 2009, as amended. A Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public. Quality Accounts are seen to be an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.
- 3.2 The DOH Publication '*Guidance To Support Local Authorities And Their Partners To Deliver Effective Health Scrutiny*', of June 2014 states that the Quality Accounts submitted by providers of NHS services should contain observations of Overview and Scrutiny committees.
- 3.3 One of the agreed recommendations of the Panel's Working Group on the implications of the Francis Report, in 2014 was that the Panel should formally comment on the Quality Accounts of the NHS Foundation Trusts providing most of the NHS services for Bracknell Forest residents.
- 3.4 The Panel's comments on the Quality Accounts of the four NHS Trusts are attached, together with the responses received from two of the Trusts.

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

Contact for further information

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Quality Accounts 2015-16: Comments by Bracknell Forest Council's Health Overview & Scrutiny Panel

Royal Berkshire NHS Foundation Trust

1. We are pleased to see that the Quality Account (QA) generally presents the RBFT as a caring organisation. The QA also shows that the Trust is making good progress on some of the issues which matter most.
2. We note that the Care Quality Commission's latest inspection ratings are at pages 69-70, but suggest that, throughout the QA, there should be references to those areas which the CQC identified as requiring improvement.
3. We support the Trust's priorities for 2016/17, and would make the following observations/suggestions:
 - a) P17, Priority1 (Clinical staffing) – We are supportive of the Trust's drive to recruit permanent staff, and would observe that all NHS Trusts in Berkshire are experiencing staff shortages to various extents, and this extends to the Primary care sector too. Our concern is that the Trust's 'Golden hello' payments, for example, could lead to a 'bidding war' between NHS organisations locally, to no net benefit to the NHS overall, and an increase in NHS costs.
 - b) Recruitment of overseas nurses is concerning as the fact that they have to return if they do not earn enough, must affect the long term effectiveness.
 - c) P21- it would be helpful to explain what the Trust did to reduce the 'active patient' list by 20%. Was this due to people having left the area, for example?
 - d) P24 – Is there any insurmountable difficulty in aiming for 100% compliance with basic record keeping standards? The 90% target looks rather weak for this essential area. Further, only meeting 6 of the 10 basic standards (P37) shows that more progress is needed.
 - e) P25 – We suggest that the Medicines Optimisation initiative is a major driver in improving antimicrobial stewardship, and should be referred to under Priority 5.
 - f) P28 and elsewhere – We would encourage the Trust to set quantified Performance measures, for example the reductions in the abandoned call rate and in complaints are currently for unspecified amounts.
 - g) P29 - We suggest that a linkage is made to the extensive work by the Berkshire Healthcare Trust and local authorities in assisting people suffering from dementia. We commend the idea of 'Twiddlemuffs'. Could the QA say how nurses know patients have signs of dementia, e.g. is there a 'butterfly' or sign put on the bed? This would help communication, understanding and strategies.
4. The performance on Thrombolysis (P35) is exceptionally good and we commend the Trust for that achievement.
5. We are concerned at the still-birth rate (P44), and it would be helpful to spell out what the learning points and actions have been.
6. How confident is the Trust that it will achieve its 2016/17 priorities when it did not fully achieve 5 of its 6 priorities in 2015/16 (P49)?
7. It is good to see the increased consultant hours in the maternity service (P50), but we would like to see these delivered by permanent staff rather than the – more expensive – Locums planned by the Trust.

8. We are very pleased to see that the Trust is now achieving the waiting time targets for Referral to Treatment and A&E, which are demanding (P59). However, we are concerned that the waiting time target for cancer treatment was badly missed; we note the measures being taken to address this important issue.
9. The commentary on delayed discharge (P62) could usefully refer to the degree of collaboration with Social Care departments. The number of discharges after 21.00 is very worrying. Could the QA say how GPs are alerted to these discharges? Who checks them on and checks their understanding of the medication? In our recent survey of GPs serving Bracknell Forest residents, this was an area of criticism of RBFT. Also the communication regarding the results of tests done in the hospital and the outcomes are not always relayed to GPs.
10. We are concerned at the persistent rate of 'Did Not Attend' (DNA) cases (P65), which cause a waste of the Trust's limited time. Whilst accepting that this is for reasons largely outside the Trust's control, we suggest the QA should state what the Trust is doing to minimise this waste, for example by directly following up people who repeatedly DNA.
11. We find it alarming that 27% of staff reported that they had been the victim of harassment, bullying or abuse from other members of staff (P68). We think this must impact directly on the Trust's ability to retain staff, which given the shortages of staff in some disciplines is clearly a problem. The measures being taken by the Trust do not seem to address the underlying organisational culture, which must be a major factor here.
12. On data, there should be explicit reference to the degree of information exchange with other relevant authorities concerned with patient care. There have definitely been some good improvements in data, but still a lot is missing.
13. We suggest that the QA should refer to the property estate, ease of access and patient facilities whilst waiting. In our view, maintenance of the property estate, particularly Brants Bridge, requires reviewing, as does the physical environment overall.

Re: Royal Berkshire NHS Foundation Trust Quality Accounts 2015-16

Thank you for the detailed response from Bracknell Forest's Health Overview and Scrutiny Committee regarding our proposed Quality Accounts 2015-16. Please see below our response to your specific questions and comments:

2. The CQC ratings are derived from the CQC inspection which took place in March 2014. Since that time an extensive remedial action plan has been worked through and significant progress has been made in all areas (discussed in the CQC rating section p.62). Therefore, we do not feel it would be pertinent to include additional references throughout in the 2015/16 Quality Account to the areas identified by the CQC as requiring improvement.

3a) This is a valid point but unfortunately we have had to respond to what our neighbouring trusts are doing. We have the added challenge of not being able to give London fringe weighting as our neighbouring trusts can, making it very difficult to recruit in Reading where the cost of living is so high and leaving us in a very vulnerable position.

3b) We currently only actively recruit overseas nurses from the EU and the proposal to send nurses back if they were not earning £35K did not apply to EU nurses. This decision of the

government on the £35K rule has been reviewed and nursing and midwifery remain on the shortage workforce list. We need to continue to actively recruit overseas nurses as there is an inadequate supply in the UK.

3C) Further detail added as suggested:

- “Reduced our active patient list by 20%. This has been achieved through improved scrutiny of patient lists, greater senior leadership involvement, additional staffing capacity on a temporary basis, and specialty-level improvements in capacity and process.”

3d) The difficulty with the basic record keeping standards is the huge volumes of records that are created and updated on a daily basis in the Trust. Whilst the standard is 100% compliance in all aspects of record keeping, under pressure we acknowledge that occasionally these standards slip. We are working hard to raise awareness of the importance of the record keeping standards and to increase accountability of all staff for the quality of their own record keeping. We set a 90% target as a stretch target from the 85% compliance for 2015-16 as we felt this would be an encouragement to our staff to aim for what is an achievable improvement. Assuming we are successful, the longer term plan would be to increase this target year on year until we reach 100% compliance. The Trust improved in its performance in 6 out of the 10 basic standards from 2014-15, rather than only complying with 6 standards. I note this section was not clear about this and have added some additional graphics to show this more explicitly.

3e) Further detail added as suggested:

“We have:

- as part of the wider medicines optimisation initiative, promoted and increased medication incident reporting and learning, ensured a process for medicines reconciliation is in place, and implemented a patient-centred approach to medicines management.

We plan to:

- improve medicines reconciliations within 24 hours of admission in all areas through increased resources and technicians
- develop IT systems to support e-prescribing”

3f) We agree that quantified performance measures are preferable. Several of the measures we have chosen this year are part of either national CQUIN schemes or Quality Schedule Targets. These are currently being finalised and/or some of these schemes set targets based on a baseline from Quarter 1 2016-17. We are therefore unable to include these specific targets at this stage but any that are agreed prior to publication will be added.

3g) Further detail added as suggested:

“Our elderly care team have links with Berkshire Healthcare Trust and the dementia advisor in Bracknell. It is planned that moving forward these links and collaborations will be extended.

The Trust uses a “forget me not” sign above the beds to indicate patients with cognitive problems who need help with communication (whether that be because of dementia or a delirium).”

5) Further detail added as suggested:

“Following the still birth review, the detailed learning points and actions were as follows:

- Review of the Trust guideline on monitoring fetal movements
- Implementation of Monitoring of Intrauterine growth restriction (IUGR) babies Oxford Academic Health science network guideline
- Greater involvement of consultant delivered care in complex cases

- Continued monitoring at Perinatal Mortality and Morbidity Meetings”

6) The Trust recognises that progress against our quality priorities for 2015-16 was disappointing. However, the main focus for the Trust last year was on recovering our financial position and shoring up our infrastructures in order to have a stable position from which to move forward. We acknowledge that the quality improvement activity of the Trust was also spread too thinly last year. In 2016-17 we have aligned our quality priorities with the national CQUINs in order to have a more focused effort and use the limited capacity we have to maximum effect for improvement. We are therefore optimistic that the quality targets we have set ourselves this year will be fully achieved.

7) The recruitment strategy of the Trust is always to recruit permanent staff to fill vacancies. However, where necessary, if the Trust is struggling to fill permanent positions, locums will be used in order to ensure that services remain safe and effective for our patients.

9) An average of 7.9% of our patients were discharged after 21:00 in 2015-16. Interrogation of this data shows that 80% of these patients were under 60 years old, of which the largest group were maternity patients (one third). A risk assessment would be made for any patient being discharged out of hours to ensure that it was safe and in the best interests of the patient. As these patients are not complex discharges they would not require social care involvement.

GPs are alerted to discharges through electronic discharge letters (EDLs) completed on patient discharge. Work is ongoing, as described in the Quality Account, to improve the timeliness and completion of EDLs. The new discharge information envelope which is currently being piloted across the Trust should also help to improve communication for patients on discharge.

10) Further detail added as suggested:

“The reasons for patients not attending clinics or scheduled operations are multi-factorial. Work has taken place to improve administration systems since the implementation of the administrative services review, for example, to improve theatre scheduling to give a greater time period between pre-op assessment and theatre for patient optimisation. This work will continue for 2016-17 alongside a programme to look at improving DNA rates for outpatient clinics.

The improvement of our administration systems will continue as a quality priority for 2016-17. However, as DNA rates are partially based on factors outside of the Trust’s control, more direct performance measures have been chosen to measure this priority in 2016-17.”

11) The Trust’s results for this standard are in line with the national average for acute Trusts and therefore this should not be a major factor in staff retention. However, the Trust takes the harassment and bullying of staff very seriously and a key priority for us this year will be the development of a clear behavioural framework that sets unequivocal standards on how we expect staff to behave in a manner that is consistent with our organisational values. This will be supported by a range of interventions including regular senior management communications reinforcing zero tolerance of bullying and harassment. It is hoped that this will address the underlying organisational culture.

13) The Quality Accounts are designed to be a review of the quality of our clinical services looking at the domains of patient safety, clinical effectiveness and patient experience. Estate and maintenance issues are therefore outside the scope of this report.

I have reattached the updated version of the Quality Accounts for your information. In light of our comments and amendments, we would like to invite you to give a statement to be included in our external stakeholder statements. If you wish to submit an updated statement, I would be grateful if you could return this by **Friday 6 May 2016**.

If you have any additional queries, please do not hesitate to contact me.

Kind regards,

Katie Elcock
Head of Governance & Improvement
Royal Berkshire NHS Foundation Trust

**Frimley Health NHS Foundation Trust Quality Accounts 2015-16: Comments by
Bracknell Forest Council's Health Overview & Scrutiny Panel**

General Comments

1. The Trust has performed very well in 2015/16, and we particularly congratulate you on the huge achievement of a 'Good' rating from the Care Quality Commission for Wexham Park Hospital.
2. The direct feedback the Panel has received from inpatients and outpatients at the Trust's hospitals during 2015/16 has been consistently positive.
3. We are heartened by the commitment and vision being shown by the Trust, for example on the much-needed redevelopment of the Heatherwood Hospital site.
4. Our Health Overview and scrutiny Panel was pleased to meet the FHT Chief Executive in 2015 to discuss the Trust's progress and plans, and to have attended the CQC Quality Summit at Wexham Park in 2016.
5. We note that a Bracknell Forest Councillor has worked actively as an FHT Governor throughout 2015/16.

Specific Comments

6. Page 6: We are concerned that – in common with most NHS Trusts in southern England – FHT has a fairly high staff vacancy rate (of 15%). This puts pressure on permanent staff, and it requires more expensive agency/bank staff, who are not able to give as good continuity of patient care. Nevertheless, we can see that FHT is doing what it can to fill those vacancies.
7. Page 21: Given the importance of the Duty of Candour, we suggest that the QA should include some details about the positive benefits that this has brought to patient care.
8. Page 28: We congratulate the Trust on the achievements regarding Sepsis at Wexham Park Hospital.
9. Page 30: It is encouraging to see the improvement in clinical record keeping, but we consider that the 67% compliance rate is too low, so further improvement is needed on this important area.
10. Pages 35-39: We would like to see some recognition of the joint working with local authorities' social care teams on the issue of patient discharge.
11. Page 40: The Panel supports the Trust's top three priorities for 2016/17, and we particularly commend the compassionate approach being taken to End of Life Care.
12. Page 41: a bullet point could be included on page 41, relating to Discharge Planning, "To ensure patients and carers are fully briefed on discharge and arrangements made for ongoing treatment post discharge."
13. Page 57: We were unaware that the CQC had taken enforcement action against the Trust in 2015/16, and suggest that summary details of that are included in the Quality Account.

14. Page 57: Could the Trust explain what was the impact of the failure to meet some Information Governance standards?
15. Page 61: The Panel is concerned that the above-average rates of re-admission to hospital for adults may point to some patients possibly having been discharged too early. This was mentioned to us as a concern by some of the GP Practices we surveyed in 2016.
16. Page 80: It is very important for Ward F14 to be brought into use as soon as possible, not least because dementia patients can be disruptive in non-dementia wards.
17. We suggest that the Quality Accounts should contain some information on the rate of 'Did Not Attend' (DNA) cases, which cause a waste of the Trust's limited time, and is a matter of concern nationally.

In conclusion, the Panel considers that, on all important measures, the Trust is performing exceptionally well. On behalf of the residents of Bracknell Forest who we represent, we are very appreciative of the high quality patient care and health services provided by the Trust.

Quality Accounts 2015-16: Comments by Bracknell Forest Council's Health Overview & Scrutiny Panel

Berkshire Healthcare NHS Foundation Trust

1. We commend the Trust's achievement of a 'Good' inspection rating from the Care Quality Commission in April 2016. Notwithstanding that the CQC found the need for some improvements, this was a creditable outcome for the Trust.
2. There are no references in the Quality Account (QA) to a significant national initiative on Medicines Optimisation, other than a brief reference to insulin on page 17. It is important to educate patients to take all the medicines prescribed for them, and we consider there is a connection between this and – for example - the Trust's priority of falls prevention, also Crisis Resolution (page 26).
3. There are no references in the QA to a significant NHS initiative across East Berkshire: New Vision of Care.
4. It would be helpful if the QA could refer to what BHFT do to support Drug and Alcohol Action Teams (DAAT) clients who are at risk of Mental Ill-Health?
5. What is meant by 80% of NICE guidance having been implemented? How does the Trust measure that (page 3), and what systems are in place to ensure implementation of the guidance (page 28)?
6. The Panel is supportive of the Trust's quality priorities for 2016/17 (page 3), particularly the focus on suicide prevention given the increase in suicides (page 36). However, we do have some reservations:
 - a) The priorities should include reference to the Child and Adolescent Mental Health service. There has been a long-running under-resourcing and under-performance in this area, which has been of constant concern to the Panel. This is reinforced by the high level of complaints about the service (see page 8).
 - b) It is hard to see why falls prevention is a priority if there were very few falls resulting in harm - unless Figure 9 on page 12 is understating the prevalence of harmful falls?
7. The considerably lower patient feedback scores from mental health inpatients (page 6, Figure 1) are alarming. What are the reasons for that, and how is the Trust acting on this?
8. We commend the Trust's attention to patient satisfaction, and their performance on that (page 7).
9. What is the reason for the very small number of Friends and Family test responses from carers (page 8) and can this be improved upon?
10. (Page 10 and the recently released NHS staff survey results) We are very concerned about some features of the 2015 staff survey results, which together point to a common theme of a detached leadership, and a 'vicious cycle' of low staff morale, unacceptable behaviour between staff, and over-worked staff. Specifically, staff respondents say:
 - a) There is only 41% satisfaction with senior management engagement;
 - b) 88% reported errors/near-misses/incidents in the last month;
 - c) 79% say they have worked extra hours;
 - d) 40% say they have suffered work-related stress;
 - e) 20% of staff have experienced harassment, bullying or abuse from other staff;

- f) Only 38% of staff responded to the survey.

In our view, all this would have undermined staff retention and the Trust's ability to recruit new staff; which in turn would have worsened staff shortages (see page 14), and consequently the burden on the staff in post and the need to engage more costly agency/ bank staff. The Trust should set out how it intends improving the underlying organisational culture and these specific matters.

11. We commend the Trust's initiative on Diabetes awareness (page 16), and observe that this has a link to medicines optimisation.
12. We commend the Trust's initiative on care for dementia patients and their carers, and the sharing of learning in that regard (page 23).
13. Were patients aware that their records were being passed on to the Secondary Uses Service (page 34)?
14. We are concerned about the high and increasing level of medication errors (page 39). We have drawn attention to this in a previous Quality Account, and there is a connection to medicines optimisation. The Trust should describe the medical consequences of these errors and set out how it intends reducing the error rate.

Berkshire Healthcare NHS Foundation Trust Response:



The Trust welcomes the feedback from Bracknell Forest Council Health Overview and Scrutiny Panel and for the suggestions to help improve the final report.

The Trust is grateful for the positive comments made in relation to our 'Good' CQC rating, the focus on suicide prevention as a priority for 2016/17, our attention to patient satisfaction and our initiative on diabetes awareness care for patients with dementia.

In relation to specific points made, the Trust responds as follows:

The Trust has considered the comment made in relation to medicines optimisation (point 2 in the submission). As a result, a section on medicines optimisation has been included in the 'Service Improvement' section of the quality account."

In relation to point 3 of the submission, Berkshire Healthcare is committed to the development of the New Vision of Care Programme across the East of Berkshire: this has been established with the twin aims of improving the experience and outcomes of people using health and social care services, alongside making effective use of our collective resources. We are represented on the programme Steering Group by an Executive Director, who is also responsible for the "workforce" work stream. A number of our clinical staff have made a significant contribution, via the Design Group, to the development of the model of care, and implementation planning is now in progress.

In relation to the comment made about supporting Drug and Alcohol Teams (DAAT) clients who are at risk of mental ill health (Point 4 of the submission), BHFT is not commissioned to

provide Drug and Alcohol services. BHFT mental health services would work in collaboration with Drug and Alcohol teams to support patients who suffer from mental illness and also uses drugs and or alcohol.

In relation to the comment regarding implementation of NICE Guidance (point 5 of the submission), the relevant section in the final quality account has been updated to provide an overview of how the Trust measures compliance with this and the systems in place to achieve this

In relation to point 6a of the submission, although a CAMHS improvement goal has not been included for 2016/17, a section on service improvements made in the CAMHS service during the past year has been inserted into the Service Improvements section in the final Quality Account. This section details the steps that CAMHS have taken to improve services, and includes the work undertaken to improve waiting times.

In relation to the comment regarding falls prevention (point 6b of the submission), the Trust considers prevention of falls a high priority for several reasons:

Firstly, The Royal College of Physicians report that falls are the most commonly reported type of patient safety incident in healthcare.

Secondly, although most people who fall in hospital experience no or low physical harm (such as minor cuts and bruises), others suffer severe consequences, such as hip fracture, head injury or, on rarer occasions, a fall will be fatal (falls are the commonest cause of death from injury in the over 65s).

Thirdly, the personal consequences of a fall for the individual can be significant and even 'minor' falls can be very debilitating: individuals can lose confidence and become nervous about falling again. This means they may become unwilling to move about, and as a result become more isolated and more dependent on others. This leads to greater concerns for carers, and an increased likelihood that an individual will need healthcare

In addition, Figure 9 on page 12 of the Quarter 3 Quality Account report that was shared with the Committee provided data from the patient safety thermometer. To give context, we would like to clarify that that the patient safety thermometer data relates to falls resulting in harm that occurred within a point in time, and not all falls. This has been clarified in the final Quality Account.

In relation to the Friends and Family Test (FFT) scores for mental health inpatients (point 7 of the submission), a significant proportion of patients admitted for inpatient care are detained under the Mental Health Act and the very nature of this process and their illness makes it less likely that patients will participate in service feedback or provide positive feedback. Equally, if patients are asked if they would recommended the service to a friend or family member they will often feedback 'no' as they would not like their friend or family member to require admission to hospital.

In addition, the wards can see an increase in positive scores from the responses collected from Patient Experience Test (PET) machines, especially around if patients feel safe on the ward. This has seen an improvement every quarter, and especially in relation to the question "do you feel safe on the ward" which is also part of the Safe Ward and In-patient Quality Standard.

The wards are also undertaking the following actions to improve upon patient experience:

- Hosting community meetings to give patients the opportunity to feedback about immediate gripes or concerns so that these can be actioned to improve their stay.
- Providing 'You said – we did' information demonstrating that we are listening and implementing change where possible.
- Increasing therapy provision to engage patients more frequently.
- Looking into utilising some volunteers we have working with us to encourage the use of Patient Experience Test (PET) machines as, whilst on the ward, patients are acutely unwell and have low concentration. However if someone sits with them for a while explaining and asking the questions they are more likely to agree to answer them.

In relation to the comment about the small number of carer Friends and Family Test (FFT) responses (point 9 of the submission) the introduction of the FFT to our carers is in addition to existing work that is carried out across our clinical teams. Over 2016/17 we are going to explore how we can link this into existing mechanisms such as the feedback collected as part of our memory clinic accreditation. We have built upon the NHS England guidance by using the FFT with our carers and are committed to continuing to recognise and support the vital role carers have, and we monitor the effectiveness of this through our Carer Strategic Development Group, chaired by our Chief Operating Officer

In relation to the comments made about our 2015 Staff Survey results, we would like to emphasise that the Trust was ranked 5th out of 29 similar Trusts in the area of overall staff engagement. In addition, this year the Trust achieved more scores in the top 20% of similar Trusts than in any other year (14 out of 32 Key findings placed us in the top 20%). The Trust was ranked 1st for staff motivation when compared with the 28 other Trusts against which we were benchmarked.

Although the Trust has scored well in the majority of areas, we accept that there are some areas where we would like to improve our results. Some of these identified areas for improvement are detailed in your response and we would like to take the opportunity to respond to each of these separately:

- a. The Trust score of 43% for Key Finding 6 (KF6)- % reporting good communication between senior management and staff- was better than the average for similar Trusts (33%), better than our 2014 result (39%) and 5% lower than the top scoring trust in our benchmark group of similar Trusts (48%).
- b. The Trust score of 88% for KF29- Percentage of staff reporting errors, near misses or incidents witnessed in the last month- may suggest that staff witnessing potential harm are less likely than staff in other similar Trusts to report it. However, it should be noted that these results only relate to responses from 30 staff. In addition, the recently published NHS Improvement 'Learning from Mistakes League' has highlighted that the Trust has a good culture of openness and transparency, with a ranking of 28th out of 230 Trusts. Finally, the trust was ranked in the top 20% for the other three questions relating to errors and incidents in the 2015 Staff Survey (KF28, KF30 and KF31).
- c. The Trust acknowledges the result showing that 79% of the staff responding to the 2015 survey worked extra hours (KF16). We acknowledge, and are grateful for the hard work of our staff and appreciate that it is undertaken to meet the demands placed on our services. However, we are not complacent about this finding. Although we continue to have high staff engagement scores, we have asked our localities to look into where low staff engagement is linked to long working hours and to identify appropriate actions following this. In addition, the Trust has a policy for time off in lieu which has been commended by the RCN in previous years.
- d. In relation to the score of 40% of respondents stating that they have suffered work related stress in the last 12 months (KF17), our own monitoring of sickness absence has highlighted that this is an increasing problem. The survey results allow us to investigate by locality and this will add to our understanding of root causes and potential solutions. Whilst the nature of some roles brings a level of stress with it, it is recognised that not being able to fill vacancies and having to work with high levels of agency staff can create additional pressures. As part of developing our Health and Wellbeing Strategy, we will look at extending some of the good practice we already have for supporting staff (e.g. SPACE Groups) as well as identifying other support mechanisms. The work of the Agency Programme to set up a central bank will help reduce reliance on agency staff to meet temporary staffing needs. To reduce vacancies, we have a small team working on how we

can make our website pages more persuasive in attracting great applicants to join us. Also, we will pilot financial incentives to help attract staff and will decide in which Recruitment Fairs and Open Days we should invest time and money.

- e. In relation to the finding of 20% of respondents stating that they have experienced harassment, bullying or abuse from other staff (KF26), although this finding is in line with other organisations in our benchmark group, the Trust is clear that it will not tolerate bullying or harassment of any kind. We know there is under-reporting of bullying and harassment from staff against their colleagues. Finding an effective reporting mechanism that staff have confidence in and that works has been a challenge. We will ask the relevant Locality Directors and Professional Leads to look into the areas where the problems seem to be worst. This is a key area of focus for us and one we are determined to get right.
- f. 38% of the Trust staff that were invited to participate in the 2015 staff survey responded to the survey. Although this is lower than the national response rate of 41%, we are grateful to all of our staff that did respond as the results provide us with useful insights and allow us to act upon findings. We think this response rate needs to be seen in context. Every Quarter, since it was introduced, we have invited all staff to respond to a Staff "Friends and Family" Test. We have had a consistently good response rate and constructive feedback from our staff. The results have shown a positive upward trend with the last two quarterly returns showing 81/82% of respondents were likely to recommend the Trust to a friend or family member if they needed care or treatment, and 71% of respondents recommending the Trust as a place to work to a friend or family member.

In relation to data being passed to the Secondary Users Service (SUS) (Point 13 of the submission), please note that sending such data is a national NHS Trust requirement, to submit data to commissioners. SUS is part of the NHS and abides by the strict confidentiality, security and governance of the NHS. Datasets are mandated and, wherever possible, patient identifiers are removed. The NHS number is the prime identifier.

In relation to the comment about the increased number of reported medication errors (point 14 of the submission), please note that a high and increasing rate of medication error reporting is a sign of a healthy learning culture in the organisation and that reporting of such errors is being encouraged as the first step in ensuring a robust safety culture exists. In addition, the ratio of harm to non-harm errors in the Trust has been greater than 0.9 for a number of months (i.e. that patients experienced no harm as a result of the error in greater than 90 out of every 100 patients). The medication errors section of the final quality account has been updated to take these factors into account.

**South Central Ambulance Service NHS Foundation Trust Quality Accounts 2015-16:
Comments by Bracknell Forest Council's Health Overview & Scrutiny Panel**

General Comments

1. Our Panel was pleased to have continued good levels of engagement with SCAS during 2015/16, and we particularly thank their Chief Executive for his constructive and supportive contact with our Overview and Scrutiny Panel. We met with representatives of SCAS in 2015/16, and we plan to attend the forthcoming Quality Summit on the outcome of the Care Quality Commission (CQC) inspection of SCAS.
2. Generally, we consider that SCAS's performance has held up very well in 2015/16, in the face of relentless increases in demand on the Ambulance Service nationally.
3. We were pleased to see that the outcome of the investigation of newspaper allegations regarding the SCAS 111 service showed the allegations not to be substantiated. This was reinforced by a positive assessment of the 111 Service by the CQC.
4. The Quality Account (QA) would benefit from more detailed information on the Trust's performance and plans.

Specific Comments

5. Page 6 - We commend the Trust's measures to listen directly to patients' views.
6. Pages 10-11 - We support the Trust's priorities for 2016/17.
7. Page 13 – Could the QA expand on what is being done to improve the feedback to staff on reported incidents?
8. Pages 14-15 – We suggest that the actions to manage high intensity users are expanded to include collaborative working with other public bodies such as the Police and Social Services, as it is likely that the same users are likely to make abnormally high demands on other public services too.
9. Page 16 – On priority 3a (complaints response times), we suggest that the Trust should consider introducing a mechanism for responding to first enquiries/ low-level complaints, similar to the PALS service operated by the Hospital Trusts.
10. Page 28 – Whilst accepting that SCAS performance would have been adversely affected by increased call volumes, we are disappointed that ambulance response times were not as fast as the previous year. We suggest that the Quality Account gives some details of the Improvement Plans which you say are in place.
11. Page 38 – The Patient Transport Service clearly requires further improvement, particularly concerning getting patients delivered in time for appointments, and in not leaving patients waiting too long for transport. We suggest that the QA includes more information on how SCAS will improve this.
12. We would encourage the Trust to include information in the QA on:
 - The current situation regarding the training and retention of paramedics;
 - Usage of private sector ambulances; and

- Usage and effectiveness of the triage system to screen out unnecessary requests for ambulances.



QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q4 2015 - 16
January – March 2016

Portfolio holder
Councillor Dale Birch

Director
John Nawrockyi

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Section 1: Director's Commentary

There was significant activity in quarter 4 with both a number of different ongoing projects and with decisions being made both by the Executive and by the Director.

In March, the Executive Member for Adult Services, Health and Housing approved the request to extend the contract for the Clement House Night Service. Clement House is an Extra Care Housing Facility which opened in May 2015. The extension will allow further statistical information to be gathered and allow time for the Department to consider the best and most cost effective way to meet the needs of the service.

Also in March, the Director approved the procurement plan for the re-tender of the 'Support with Confidence' service. The current contract with Action for People (previously the Family Resource Centre) ends on 30th September 2016. In accordance with the council's contract standing orders, this service should now go out to tender.

Also approved in March by the Director was the award of the Bracknell Forest Adult Weight Management Contract to tenderer B. This contract will ensure that residents of Bracknell Forest can access a Tier 2 Adult Weight Management service that is focused on achieving the best healthy weight outcomes for people.

It was reported during the quarter that the Volunteer Passport Scheme which was intended to generate better and easier volunteering across the borough is now up and running. The Scheme will require a volunteer to register once in order to be considered for various volunteering opportunities. The scheme will also enable volunteers to upskill or multi skill.

As reported previously concerning the Care Act, following a consultation, the Council is amended its charging policies for Adult Social Care to become compliant with new duties and powers under the Care Act. People affected by the changes have been informed of the impact on the level of their contribution to the care.

The Council is now working on refreshing its guidelines to staff and procedures around third party top-ups, deferred payments and 12 week property disregards to bring them into line with best practice.

The submission for the 2016 Better Care Fund planning template was completed and submitted to NHS England. The draft assurance ratings will be provided in April by NHS England and the final assurance ratings will be confirmed in May 2016.

The revised Workforce Strategy Project was implemented on January 18th and as reported previously, work has included the recruitment of vacant posts, developing the interface between Older People Service and Community Mental Health Team for Older Adults and briefings to the collective workforce.

Public Health are compiling a council wide Needs & Asset Analysis which will collate information on how well current services (council run or otherwise) are meeting demand. The analysis will provide a focused and in depth guide to how things may be done differently in certain areas to better meet need or increase cost effectiveness.

It is anticipated that Downshire Homes will purchase the 20 properties it is programmed to acquire by the end of May. Five of those properties will be leased to a specialist housing association to provide accommodation for people with learning disabilities and the remaining fifteen will be offered to homeless households as temporary accommodation.

Delivery against the actions in the Service Plan is looking strong. Of the 54 actions, 47 have been completed either on schedule or ahead of schedule (Blue), 1 is on target for completion at the end of May (Green), 1 is delayed (Red) and 5 are not required (N/A).

The delayed action (Red) is as follows:

6.11.1 Ensure electronic batch matching on the NHS number is completed for a person's social care record

BFC have now achieved Information Governance Statement of Compliance (IGSOC) compliancy. Therefore the network change request to configure the connection required for the PDS element (real-time link to populate NHS numbers into LAS) has been resubmitted to Vodafone.

The incompatibility issue between the HSCIC website and the secure government Public Service Network implemented at BFC has been resolved. Corporate ICT have installed the Demographics Batch Service(DBS) software from HSCIC, to provide ability to verify NHS numbers batch uploaded from LAS. However one of the DBS software components is not compatible with BFC network policy. This issue is currently being investigated by Corporate ICT.

The go live date has been rescheduled to 31 Oct 2016 to provide an achievable timescale.

The 5 actions no longer required (N/A) are as follows:

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

There has been a change in direction for this action and more links and work in practice have been undertaken with all elements of Children's Social Care, including education.

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

Progress with the scheme has been postponed pending work on design and viability.

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

This action is now pending future discussions to link in with the results of the Emergency Duty Services review. Feedback is expected from, Local Authorities by 30th June and the options appraisal report is being developed for the Better Care Fund.

7.5.1 Undertake a review of the operational services supporting Clement House extra care scheme

DMT decided to extend the contract for a further 12 months to enable a clearer picture to emerge regarding the care and support necessary in Clements House which could be no change or the use of Forestcare Response Service.

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.

There are 5 indicators in quarter 4 with a current status of Red as follows:

NI155 - Number of affordable homes delivered (gross)

Whilst the quarterly target was missed, the annual target was achieved.

OF2c.1 - Delayed transfers of care - total delayed transfers per 100,000 of population

Full year figures are not available at the moment although the forecast shows that full year target will not be met. Overall there has been a drop in performance and the service is struggling to recover from Quarter 2 where the core market was unable to offer care for up to 600 hours. This has now improved greatly and performance is also set to show improvement.

OF2c.2 - Delayed transfers of care - delayed transfers attributable to social care per 100,000 population

Please see comments for OF2c.1 above

L214 - Delayed transfers of care (delayed bed days) from hospital per 100,000 population

Please see comments for OF2c.1 above

OF2a.2 – Permanent admissions to residential or nursing care per 100,000 population 65 or over

The continued pressures of older, physically frailer people being admitted into nursing care have led to a 37% increase in admissions. Also the numbers of older people needing support in residential and nursing care who are unable to continue to fund this support have increased from 3 people in 2014-15 to 9 people in 2015-16.

L179 - The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)

There has been a 30% increase in accepted homelessness over the year. This will to some extent explain the reason why the homeless prevention target has not been achieved. The inability to prevent homelessness will be due to a multitude of factors but the conditions in the private rented sector mean it is increasingly difficult to secure alternative homes for households who face homelessness.

Every quarter the department reviews its risks in the light of events. A significant risk reported in the last Quarterly Service Report was in respect of the ability of the domiciliary care market for older people to meet the increased demand for services. Mitigation was to be through a mixture of demand and supply measures – developing ways of reducing demand through prevention, reablement and reviews of existing arrangements, and working with providers to boost recruitment activity on the other. Whilst this risk has not yet been formally downgraded, providers have been successful in recruiting, and the Council has therefore found it easier to source packages of care. The project to review and right-size existing arrangements has commenced, with some early, albeit small-scale, success.

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

In quarter 4, Adult Social Care received 6 complaints of which 2 were upheld, 1 was partially upheld, 1 was not upheld and 2 were ongoing within timescales. This compares to quarter 3 where there were 3 complaints of which none were upheld.




























There were 19 compliments received which compares to 14 compliments in the previous quarter.

In Housing, there were 4 complaints, all of which were upheld. This compares to the previous quarter when there were a total of 3 complaints in the quarter, all of which were at stage 2. Of these, 1 was upheld and 2 were partially upheld.






There were 11 compliments in Housing compared to 10 in the previous quarter.







No complaints have been made in respect of Public Health.

Section 2: Department Performance Indicators

Ind Ref	Short Description	Previous Figure Q3 2015/16	Current figure Q4 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)	29.4%	38.0%*	40.0%*		
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	5.4	5.4	6.8		
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	531.30	700.00	596.80		
L172	Timeliness of financial assessments (Quarterly)	98.30%	98.00%	95.00%		
L199	Average time to answer Emergency Duty Service calls (Quarterly)	Available Q1 16-17	Available Q1 16-17	40		
L214	Delayed transfers of care (delayed bed days) from hospital per 100,000 population (Quarterly)	1,015.5	1,047.6*	521.3		
Community Team for Older People & Long Term Conditions - Quarterly						
L135.1	Percentage of Enhanced Intermediate Care Referrals seen within 2 hours (quarterly)	100.00	99.00	95.00		
L135.2	Occupational Therapy (OT) assessments that were completed within 28 days of the first contact (Quarterly)	97.5%	97.7%	No target		
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	13.2	14.4*	8.0		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	7.3	7.7*	5.0		
Community Team for People with Learning Difficulties - Quarterly						
OF1e	Adults with learning disabilities in paid employment (Quarterly)	16.5%	17.1%	15.0%		
OF1g	Adults with learning disabilities who live in their own home or with their family (Quarterly)	89.0%	89.6%	85.0%		
Housing - Benefits - Quarterly						
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	8.0	Available late April 2016	9.0		
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	97.5%	Available late April 2016	98.0%		
Housing - Forestcare - Quarterly						
L030	Number of lifelines installed (Quarterly)	221	204	200		

L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	96.90%	97.46%	97.50%		
L180	Time taken for ForestCare customers to receive the service from enquiry to installation (Quarterly)	7	9	10		
Housing - Options - Quarterly						
NI155	Number of affordable homes delivered (gross) (Quarterly)	16	9	10		
L178	Number of household nights in B&B across the quarter (Quarterly)	2,278	1,455	1,650		
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	71.00%	71.00%	85.00%		
Public Health - Quarterly						
L215	Delivery of NHS Health Checks (Quarterly)	610	Available Q1 16-17	400		
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	127	Available Q1 16-17	246		
L217	Smoking quit success rate (Quarterly)	83.0%	Available Q1 16-17	60.0%		
L218	Completion rate of specialist weight management treatment programme (Quarterly)	110	173	50		

Ref	Short Description	Previous figure 2014/15	Current Figure 2015/16	Current Target	Current status	Comparison with same period in previous year
ASCHH All Sections - Annual						
OF1c.1	Proportion of social care clients receiving Self Directed Support (Annually)	99.9%	100.0%	98.0%		
Community Support & Wellbeing - Annual						
OF1c.2	Proportion of social care clients receiving Direct Payments (Annually)	22.7%	22.7%			
Housing - Options - Annual						
NI155	Number of affordable homes delivered (gross) (Annually)	124	37	16		

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	Q2/3
Of1b	The proportion of people who use services who have control over their daily life	Q2/3
Of1f	Adults receiving mental health services in paid employment as a percentage of all people with mental health problems (Quarterly)	Not known
Of1h	Adults receiving mental health services living independently, with or without support as a percentage of all people with mental health problems (Quarterly)	Not known
Of2b	Achieving independence for older people through rehabilitation or intermediate care (Annual)	Q2/3
Of2d	The outcomes of short term service: sequel to service	Q2/3
Of3a	Overall satisfaction of people who use services with their care with their care and support	Q2/3
OF3d.1	The proportion of people who use services who find it easy to find information about services	Q2/3
Of3d.2	Proportion of carers who find it easy to find information about services	Q2/3
Of4a	The proportion of people who use services who feel safe	Q2/3
Of4b	The proportion of people who use services who say that those services have made them feel safe and secure	Q2/3
L213	Satisfaction rates for calls to Emergency Duty Service	Q2/3

Section 3: Complaints and compliments

Compliments Received

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

Adult Social Care Compliments

19 compliments were received in Adult Social Care which consisted of 17 for the Community team for Older People & People with Long Term Conditions and 2 for Learning Disability.

Housing Compliments

11 compliments were received by Housing. 5 received by Forestcare and 6 by Housing. The majority of the welfare and housing compliments were from customers where the service had maximised their income so that they could avoid homelessness.

Complaints Received

There were a total of 10 complaints received in the Department during the quarter, 4 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 Q4	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	6	19	7 complaints were upheld 7 complaints were not upheld 3 complaints were partially upheld 2 ongoing within timescales
Local Government Ombudsman	1	2	1 not upheld and 1 ongoing at the time of writing the report.

Nature of complaints/Actions taken/Lessons learnt:

Of the 6 complaints received in quarter 4, 4 were about standard of service and 2 were about communications. 4 complaints were about services provided by the team for Older People & Long Term Conditions, 1 was about Learning Disability services and 1 was about Finance services.

There were 2 learning points during the quarter the first of which was were that steps have been taken to strengthen and check people's "ordinary residence" at the time of referral, to ensure that it is known which Local Authority is responsible for carrying out any assessment. The second learning point was that a review is being carried out to ensure that invoices are clearer to people receiving support and their carers and family.

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

Housing Complaints

4 complaints were received in this quarter for the welfare and housing service.

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 Q4	Complaints activity year to date	Outcome of total complaints activity year to date
Stage 2	4	13	3 complaints were upheld 1 complaint was not upheld 8 complaints were partially upheld 1 complaint reply outstanding within timescale.
Stage 3	0	0	-
Stage 4	0	0	-
Local Government Ombudsman	0	2	The Local Government Ombudsman complaints were not upheld

Nature of complaints/Actions taken/Lessons learnt:

2 complaints were made by customers who were unhappy with the welfare service. Both claims were very complex and the learning point was that complex issues are unlikely to be resolved via correspondence and there is a better chance that customers will understand what is required via a face to face meeting. The other two complaints were made by a letting agent.

Section 4: People

Staffing Levels

	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
DMT / PAs	11	7	4	8.91	1	8.33
Older People & Long Term Conditions	173	87	86	123.26	16	8.46
Adults & Joint Commissioning	101	69	32	87.46	20	16.5
Performance & Resources	28	21	7	24.34	2	6.6
Housing	69	46	23	57.17	3	4.1
Public Health Shared	12	7	5	9.27	1	7.7
Public Health Local	8	8	0	8	0	0
Department Totals	402	245	157	318.41	43	9.66

Staff Turnover

For the quarter ending	31 March 2016	4.08%
For the last four quarters	1 April 2015 – 31 March 2016	10.96%

Turnover – comparator data	
Total voluntary turnover for BFC, 2014/15:	13.4%
Average UK voluntary turnover 2014:	12.8%
Average Local Government England voluntary turnover 2014:	12.7%

(Source: XPerHR Staff Turnover Rates and Cost Survey 2014 and LGA Workforce Survey 2013/14)

Comments:

A vacancy management protocol is now in place to help reduce the need for redundancies.

The vacancy panel will review all vacancies on a weekly basis to determine whether vacancies can be filled by those “at risk” of redundancy, whether the vacancy will be advertised internally or externally.

Staff Sickness

Section	Total staff	Number of days sickness	Quarter 4 average per employee	2015/16 annual average per employee
DMT / PAs	11	0	0	1.09
Older People & Long Term Conditions	173	555	3.21	14.16
Adults & Joint Commissioning	101	202	2	8.48
Performance & Resources	28	20	0.71	2.25
Housing	69	184	2.67	8.38
Public Health Shared	12	1	0.08	3.17
Public Health Local	8	0	0	0.88
Department Totals (Q4)	402	962	2.39	
Totals (15/16)	402	4,106		10.21

Sickness – comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 14/15	5.2 days
All local government employers 2014	7.9 days
All South East Employers 2014	N/A

(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 were 5 cases of Long Term Sickness. Out of these cases, 3 returned to work and 2 people have left Bracknell Forest Council. The 3 remaining cases are being monitored by Occupational Health.

Adults & Joint Commissioning





There were 2 cases of Long Term Sickness. One has left Bracknell Forest Council and the other is still to return.

Housing


There were 2 cases of Long Term Sickness during quarter 4. One has returned the other is still on Long Term Sickness.

Section 5: Progress against Medium Term Objectives and Key Actions


Progress has been monitored against the sub-actions supporting the Key Actions contained in the Adult Social Care, Health & Housing Service Plan for 2015-16. This contains 54 actions detailed actions in support of 6 Medium Term Objectives. Annex A provides detailed information on progress against each of these actions. Overall 47 actions were completed at





the end of the quarter () , while 1 action was on schedule () and 1 action was delayed () . 5 Actions were not required () .

The delayed action is:

Ref	Action	Status	Progress
6.11.1	Ensure electronic batch matching on the NHS number is completed for a person's social care record		<p>BFC have now achieved Information Governance Statement of Compliance (IGSOC) compliancy. Therefore the network change request to configure the connection required for the PDS element (real-time link to populate NHS numbers into LAS) has been resubmitted to Vodafone.</p> <p>The incompatibility issue between the HSCIC website and the secure government Public Service Network implemented at BFC has been resolved. Corporate ICT have installed the Demographics Batch Service(DBS) software from HSCIC, to provide ability to verify NHS numbers batch uploaded from LAS. However one of the DBS software components is not compatible with BFC network policy. This issue is currently being investigated by Corporate ICT.</p>

The 5 actions that are not required are:

Ref	Action	Status	Progress
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		There has been a change in direction for this action and more links and work in practice have been undertaken with all elements of Children's Social Care, including education.
4.3.4	Work with Thames Valley Housing to finalise plans for a residential		Progress with the scheme has been postponed pending work on design

Ref	Action	Status	Progress
	development to underpin the modernisation of the Youth Service programme to develop a new Town Centre Youth hub.		and viability.
7.5.1	Undertake a review of the operational services supporting Clement House extra care scheme		DMT decided to extend the contract for a further 12 months to enable a clearer picture to emerge regarding the care and support necessary in Clements House.
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.		This action is now pending future discussions to link in with the results of the Emergency Duty Services review.
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 is an underspend of £0.5 million as at month 11. This is an improvement in the position since the previous quarter. Some of the larger movements include:

- In Learning Disabilities there has been a reduction in forecast expenditure £288k. This has included the award of a significant amount of Continuing Healthcare funding (£120k) and a reduction in the forecast cost of care packages (£82k), with the cost of some new packages of care being less than had been expected. The balance generally relates to budgets that were being held in anticipation of costs that are now not expected to materialise during the financial year.
- In Physical Support there has been a favourable movement of 193k. The primary reason for this is Winter Pressure funding received from the NHS.
- In Director there has been a favourable movement of £84k. This includes reductions in grants and donations (£37k) and a recharge for support provided to the Berkshire Public Health shared team (£31k). There is also a forecast saving on the training budget (£16k).

Capital Budget

Capital expenditure at the end of month 11 is £3.7 million against a budget of £5.3 million. The department is likely to request a carry forward of the underspend. Taking this into account, the Department is likely to be requesting a capital budget roll forward to the next financial year of £1.2 million.

Section 7: Forward Look

ADULT SOCIAL CARE

Service Wide

Carers

The new carers' contract has been awarded to SIGNAL. Regular monitoring meetings will be held to ensure that services are being robustly delivered to support carers with signposting, advice, information and the development of community groups.

Older People & Long Term Conditions

Community Team for Older People & Long Term Conditions

The new team structure is operational and there will be a team building event in May which is to build commitment to a shared vision and a shared purpose. The closure of Heathlands will take place on Friday 29th April and people will continue to be monitored in their new placements.

Drug & Alcohol Action Team

There has still been no decision with regards to the new services. During quarter 1 a report will be prepared for DMT detailing the options in respect of moving forward in terms of the service delivery model.

Emergency Duty Services

The team will continue to deliver the service for adult and children services for Berkshire to the old specification until such time an agreement is reached to deliver to the new model and specification. The model is to be agreed by 30th June.

Adults & Joint Commissioning

Learning Disabilities and Autistic Spectrum Disorder

The Learning Disability and Autistic Spectrum Disorder teams will continue to focus on individual outcomes. Elevate and Breakthrough will work in partnership to offer advanced employment opportunity services for adults of all ages.

Joint Commissioning

The draft assurance ratings for the Better Care Fund planning template will be provided on 6 April by NHS England and the final assurance ratings will be confirmed by 13 May 2016.

A consultant with specific expertise in Falls and Care Homes who has been commissioned through Public Health will carry out a pilot and the work of the Prevention and Self-Care programme will continue "to improve health and reduce the need for unplanned care" with ongoing public promotion campaigns. The Carers need research project will be completed within Q1 2016-17.

Mental Health & Dementia

A new Dementia Action Alliance co-ordinator who has been appointed will continue to promote the Dementia Action Alliance within Bracknell Forest and aim to recruit new members. An evaluation of local day care services has been conducted and will be presented at the Dementia Partnership Board to discuss the outcome and identify any necessary actions.

Safeguarding

The updated 'Berkshire Multi-Agency Adult Safeguarding Policy and Procedures' have been launched by the Pan Berkshire Multi-agency Safeguarding leads; these will enable better safeguarding of adults at risk of abuse throughout Berkshire and will encourage the continuous development of best practice in adult safeguarding.

Work has been completed on the LAS safeguarding module to ensure that it is Care Act compliant and meets the requirements for the Safeguarding Adults Collection data.

Performance & Resources

IT

The team are working with Corporate IT to progress the NHS spine connection for the electronic matching of the NHS number. See update on action 6.11.1 for further details on this.

HR

Work on the re-provision of services at Heathlands will continue until the end of April 2016 when the unit closes. HR assistance is being provided to employees for redeployment and/or redundancy. Work will continue with management to assist with meeting any other HR issues that arise due to the Council's need to make savings.

Business Intelligence

The team will begin the final preparations for submission of the Adult Social Care Annual Returns which are due in at the end of May. It is expected that some other tasks will be re-prioritised to ensure that this goes smoothly.

Finance

In the first quarter of 2016 -17, the budget will be re-profiled to take into account items that were not known at budget build, such as social care provider uplifts, Public Health grant and the Better Care Fund plan. In addition, the re-profiling will be required to take account of the new management structure in Older People and Long Term Conditions.

PUBLIC HEALTH

In Quarter 1 the public health will focus on three key activities: Procurement, Health Improvement through the Year of Self Care Programme and Needs & Asset Analysis for the wider council.

Procurement activities in Q1 will focus primarily on commissioning Health Visitor Services. These services provide support to mothers of children from birth for up to 4 years. Local authorities took over responsibility for Health Visitor Services in Oct 2015 and the contract represents our single largest investment. A new service will be in place by 1st January

based largely on the existing service specification (which consultation and outcome data indicate is meeting need well).

The Year of Self Care themes in quarter 1 will include physical activity and carer support. To date, the programme has surpassed all expectations in relation to the level of engagement from residents, organisations and businesses. The Year of Self Care will move to a new, dedicated website during Quarter 1 in order to better support the growth of the programme.

Finally, the Public Health team will compile a council wide Needs & Asset Analysis that aims to collate information on how well current services (council run or otherwise) are meeting demand. Based on information in the JSNA, the Public Health Survey, the Residents Survey and numerous other information sources, this analysis will provide a focused and in depth guide to how things may be done differently in certain areas to better meet need or increase cost effectiveness.

HOUSING

Housing Strategy and Options

The tender process to procure housing related support for older people did not deliver a viable provider. In the short term welfare and housing caseworkers will be recruited on fixed term contracts to provide housing related support to older people whilst the approach and requirements of service are reviewed.

The service will arrange the letting of the fifteen properties purchased by Downshire Homes. In addition five Downshire Homes properties will be leased to Advance housing association to provide accommodation for people with learning disabilities.

A report will be presented to the Executive at the end of the quarter to revise the council's allocations policy. Subject to consultation the proposals are to increase residency requirements from one year to four years, enable families where children are taken into care to remain on the housing register, and formalise approaches to applications to move for work requirements and also allocations from members and ex- members of the armed forces.

The draft housing strategy will be considered prior to consultation

Welfare Service







The service will undertake the work to make the subsidy claim for housing benefit for 2015/16. The claim is expected to be in the region of £33 million.











There will be additional work to provide advice to customers affected by welfare reform changes. In addition the Council's website will need to be revised to reflect the changes.






Forestcare









As reported previously, Forestcare is changing the direction of the service it offers from call handling to emergency personal care and response. Staff have been consulted on changes in their job descriptions so that they will provide emergency personal care. Following receipt of funding from the Better Care Fund, a registered manager has been recruited and during the quarter they led on work so that Forest care can be registered with the Care Quality Commission to provide emergency personal care to customers where a response service is provided.












Annex A: Progress on Key Actions











MTO 4: Support our younger residents to maximise their potential				
Sub-Action	Due Date	Owner	Status	Comments
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		There has been a change in direction for this action and more links and work in practice have been undertaken with all elements of Children's Social Care, including education.
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		Progress with the scheme has been postponed pending work on design and viability.
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		Action complete. Feedback from the service remains excellent and uptake continues to grow. A concurrent drop in referrals to secondary care CAMHS has been observed.
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		Action complete. The Stakeholder Forum is in place. There are 2 projects ongoing which are Child and Adolescent Mental Health Services and the development of Primary Care in the borough.
6.2.2 Increase liaison with NHS England to further develop GP and primary care services in the borough	31/03/2016	ASCHH		Action complete. Work for 2015-16 is complete although the action is ongoing for 2016-17 since NHS England are not able to resource this at present. Liaison will continue into the new financial year.
6.2.4 Work with partners to improve Child and Adolescent Mental Health Services (CAMHS) provision	31/03/2016	ASCHH		Action complete. Agreed elements of the transformation plan are being delivered which include the East Berks Anti-stigma campaign, focus groups, parents pack, Xenzone sessions and counselling service recruitment.
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		Action complete. Monitoring continues and the reports are available 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		Action complete. The Mental Health (Feb) and Healthy Ageing (Mar) campaigns included a number of initiatives with high engagement from residents. The Feb campaign has been cited as an example of national best practice by the LGA.
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		Action complete. All procurement exercises have been completed on time. Uptake and results of services remain above target.
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		Action complete. Uptake and satisfaction remain high. The service in care homes is now underway. Procurement of a new contract from falls prevention has been completed on schedule.
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		Action complete. Public Health have completed an analysis for the CCG of outcome and benchmarking data in order to inform their commissioning plans for 2016/17 onwards.
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		Action complete. 3 training sessions were delivered in quarter 4.
6.9.3 Consider the findings from the DAAT Young People's Service Review to plan future service provision	31/03/2016	ASCHH		This action is now completed ahead of schedule.
6.9.4 Consider the recommendations arising from the Children Young People & Learning Overview & Scrutiny Panel (O&S) working group	31/03/2016	ASCHH		This action is now completed ahead of schedule.
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	 	A total of 28 people aged 55 and over entered treatment during 2015/15 compared to 37 in the previous year. However as the total number of people in treatment was lower in 2015/16 than the previous year (405 people versus 443 people), the actual percentage of

				older people in treatment rose from 8.3% to 9.4% of the total treatment
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		<p>Action complete: The submission for the 2016 Better Care Fund planning template was completed and submitted to NHS England. The draft assurance ratings will be provided on 6 April by NHS England and the final assurance ratings will be confirmed by 13 May 2016.</p> <p>As part of the existing 2015/16 BCF process, the quarterly return to NHS England was completed by the end of February 2016 for Quarter 3.</p> <p>8 of the 9 Better Care Fund schemes are now operational. 1 outstanding action is the completion of the Respiratory Failure Scheme Integrated Respiratory Service.</p>
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		Action is now complete and the service is in place.
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		This action is now pending future discussions to link in with the results of the Emergency Duty Services review. Feedback is expected from Local Authorities by 30 th June and the options appraisal report is being developed for the Better Care Fund.
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		Action complete. The in-house service went live on 18 January and includes staff from Bracknell Healthcare Foundation Trust.
6.11 Ensure that IT systems continue to be developed to improve the quality of people's lives and support and assist in business decisions				
6.11.1 Ensure electronic batch matching on the NHS number is completed for a person's social care record	31/03/2016	ASCHH		<p>BFC have now achieved Information Governance Statement of Compliance (IGSOC) compliancy. Therefore the network change request to configure the connection required for the PDS element (real-time link to populate NHS numbers into LAS) has been resubmitted to Vodafone.</p> <p>The incompatibility issue between the HSCIC website and the secure government Public Service Network</p>

				implemented at BFC has been resolved. Corporate ICT have installed the Demographics Batch Service(DBS) software from HSCIC, to provide ability to verify NHS numbers batch uploaded from LAS. However one of the DBS software components is not compatible with BFC network policy. This issue is currently being investigated by Corporate ICT.
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		Action completed ahead of schedule. A new range of services has been introduced.
7.1.2 Refresh the Helping you to stay independent Guide	31/03/2016	ASCHH		Action complete. The "Helping You Stay Independent Guide" for 2016/17 will be published in April 2016.
7.1.3 Review implemented winter pressures plans	31/08/2015	ASCHH		Action complete. 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		Action complete. The Choose Better campaign continues to progress. The Prevention and Self-Care Steering Group decided in January that promotion of this campaign will include a leaflet and fridge magnet mailing to every household in Bracknell Forest.
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		Action 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		Action completed ahead of schedule.
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		Action completed ahead of deadline.
7.4.4 Develop and publish the Sensory Needs Strategy	31/03/2016	ASCHH		Action complete. Strategy now approved by the Executive. Publication will be in April 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		Action complete. The refresh of the Advocacy Joint Commissioning Strategy 2016-2021 has been completed and the new strategy was approved by the Executive on Tuesday 8 March 2016.
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		Action complete. The number of people who smoke and have been offered a referral to smoking cessation services has now risen to 164.
7.4.7 Establish a Dementia Action Alliance to promote dementia friendly communities	31/03/2016	ASCHH		Action complete. The Dementia Action Alliance Co-ordinator will start on 5th April 2016.
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		DMT decided to extend the contract for a further 12 months to enable a clearer picture to emerge regarding the care and support necessary in Clements House which could be no change or the use of Forestcare Response Service.
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		Action completed. However, changes to the Care Act Statutory guidance will entail some further development.
7.6.2 Lead the Bracknell Forest Safeguarding Adults Partnership Boards development plan taking into account the boards statutory footing	31/03/2016	ASCHH		Action complete. Work has been completed on the LAS Safeguarding module to ensure that it is Care Act compliant and meets the requirements for the Safeguarding Adults Collection data. Awareness sessions for staff have been held.
7.7 Target financial support to vulnerable households				
7.7.1 Review the Councils support to households in light of the claimant commitment / universal credit implementation	31/03/2016	ASCHH		Action complete. New partnership agreement with DWP set up for 2016-17.
7.7.2 Retender supporting people contracts to provide housing related support to vulnerable people	31/03/2016	ASCHH		Action complete. Retendering of contact did not deliver a new service provider and so in the short term the service will be provided by the Council pending a decision on long term delivery model.
7.7.3 Review Social Fund and Discretionary Housing Payment policy to target support to the most vulnerable people	31/03/2016	ASCHH		Scheme has been amended via Executive 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		Action complete. Scheme has been amended as part of introduction of new scheme.
7.7.5 Continue redesign of the housing and benefit service to maximise household income and independence	31/03/2016	ASCHH		Action complete. The service redesign is complete.

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		Action complete. Berkshire directors met on 6th April and have agreed to give a formal response on June 30th 2016 as to whether they wish to continue under the current model or the proposed one.
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		Action complete.
10.1.11 Secure additional temporary accommodation for homeless households	31/03/2016	ASCHH		Action complete.
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		Meetings between TVHA and Planning Department are ongoing and the title issue is being resolved.
10.1.15 Investigate establishing a Local Housing Company	31/03/2016	ASCHH		Action complete.
10.1.8 Review Disabled Facilities Grant process in order to meet the requirements of the Better Care Fund	31/03/2016	ASCHH		Action complete. This continues to be monitored through Better Care Fund steering group.
10.1.9 Produce Housing Strategy	31/03/2016	ASCHH		Action complete. Draft of housing strategy available.
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		Action complete. Testing completed and system upgraded 24th March ready for the statutory return report generation.
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		Action complete. The revised structure for ASC to support personalised ways of working was implemented on 18 January 2016.
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		Action complete. The Action plan was agreed with the lead agencies identified at the Carers Commissioning Strategy on the 4th April 2016.
11.7.2 Continue to support the voluntary sector through the provision of core grants	31/03/2016	ASCHH		Action completed ahead of schedule. The completed grants have been completed and are being monitored.
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		Action complete. Elevate and Breakthrough will work in partnership to offer advanced employment opportunity services for adults of all ages.
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		Action complete. The services developed to support the winter plans ceased on 31 March 2016.

Annex B: Financial Information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - FEBRUARY 2016						
	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) ▲	154	36 ▲	(332)	(368)	(84)
	(118)	154	36	(332)	(368)	(84)
Adults and Commissioning						
Mental Health	1,795 ▲	(3)	1,792	1,813	21	(6)
Support with Memory Cognition	2,341 ▲	1,401	3,742	4,049	307	95
Learning Disability	13,117 ▲	(185)	12,932	12,074	(858)	(288)
Specialist Strategy	243 ▲	8	251	344	93	0
Joint Commissioning	604 ▲	2	606	549	(57)	10
Internal Services	940 ▲	(50)	890	788	(102)	(74)
	19,040	1,173	20,213	19,617	(596)	(263)
Housing						
Housing Options	348 ▲	(20)	328	455	127	(14)
Strategy & Enabling	270 ▲	(48)	222	188	(34)	0
Housing Management Services	(37) ▲	(3)	(40)	(73)	(33)	0
Forestcare	15 ▲	3	18	89	71	0
Supporting People	991 ▲	33	1,024	994	(30)	0
Housing Benefits Payments	108 ▲	0	108	(98)	(206)	85
Housing Benefits Administration	471 ▲	72	543	656	113	0
Other	(48) ▲	66	18	10	(8)	(3)
	2,118	103	2,221	2,221	0	68
Older People and Long Term Conditions						
Physical Support	7,938 ▲	(1,147)	6,791	7,011	220	(193)
Heathlands	1,131 ▲	(3)	1,128	1,303	175	36
Community Response and Reablement - Pooled Budget	1,903 ▲	(269)	1,634	1,623	(11)	(11)
Emergency Duty Team	54 ▲	4	58	54	(4)	0
Drugs Action Team	4 ▲	1	5	5	0	0
	11,030	(1,414)	9,616	9,996	380	(168)
Performance and Resources						
Information Technology Team	278 ▲	0	278	289	11	(4)
Property	103 ▲	0	103	77	(26)	7
Performance	210 ▲	1	211	182	(29)	0
Finance Team	554 ▲	2	556	451	(105)	(5)
Human Resources Team	190 ▲	1	191	178	(13)	(5)
	1,335	4	1,339	1,177	(162)	(7)
Public Health						
Bracknell Forest Local Team	(19) ▲	107	88	88	0	0
	(19)	107	88	88	0	0
TOTAL ASCHH	33,386	127	33,513	32,767	(746)	(454)
Memorandum item:						
Devolved Staffing Budget			14,696	14,699	3	(62)
Non Cash Budgets						
Capital Charges	344	-18	326	326	0	0
IAS19 Adjustments	692	0	692	692	0	0
Recharges	2,794	0	2,794	2,794	0	0
	3,830	-18	3,812	3,812	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	72.0	72.0	0.0	101.7	Santa Catalina (£72k) completed. £100k to be vired to <i>Temp to Perm</i>
Help to buy a home (cash incentive scheme)	300.4	300.4	227.0	227.0	73.4	0.0	Four cases complete
Enabling more affordable homes (temp to perm)	1,699.6	1,699.6	1,764.3	1,767.3	34.0	-101.7	Six properties purchased to date.
Mortgages for low cost home ownership properties	218.8	218.8	0.0	0.0	218.8	0.0	Budget to be carried forward.
BFC My Home Buy	452.7	452.7	210.7	210.7	242.0	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	30.0	30.0	0.0	0.0	
Tenterton Guest House	850.0	850.0	834.5	835.0	15.0	0.0	
TOTAL HOUSING	4,225.2	4,225.2	3,638.5	3,642.0	583.2	-0.0	
Percentages			86.1%	86.2%		0.0%	
ADULT SOCIAL CARE							
Care housing grant	15.4	15.4	0.0	0.0	15.4	0.0	
Community capacity grant	351.7	351.7	45.8	45.8	305.9	0.0	£10k agreed to fund Forestcare, up to £50k for equipment if required
Older person accommodation strategy	400.0	400.0	10.5	400.0	0.0	0.0	Project unlikely to proceed
Improving information for social care	39.2	39.2	0.0	0.0	39.2	0.0	Integrating health and social care IT - budget to be carried forward.
IT systems replacement	258.6	258.6	50.2	50.2	208.4	0.0	Budget held for potential costs of interoperability.
TOTAL ADULT SOCIAL CARE	1,064.9	1,064.9	106.5	496.0	568.9	0.0	
Percentages			10.0%	46.6%		0.0%	
TOTAL CAPITAL PROGRAMME	5,290.1	5,290.1	3,745.0	4,138.0	1,152.1	-0.0	
Percentages			70.8%	78.2%		0.0%	

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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
30 JUNE 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 Health Overview and Scrutiny (O&S) 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 O&S is essential. O&S bodies are a key element of Executive arrangements and their roles include both developing and reviewing policy; and holding the Executive to account.
- 5.3 The power to hold the Executive to account is granted under Section 21 of the Local Government Act 2000 which states that Executive arrangements of a local authority must ensure that its Overview and Scrutiny bodies have power to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the Executive. This includes the 'call in' power to review or scrutinise a decision made but not implemented and to recommend that the decision be reconsidered by the body / person that made it. This power does not relate solely to scrutiny of decisions and should therefore also be utilised to undertake pre-decision scrutiny.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

No advice was sought from the Borough Solicitor, the Borough Treasurer or Other Officers or sought in terms of Equalities Impact Assessment or Strategic Risk Management Issues. Such advice will be sought in respect of each Executive Forward Plan item prior to its consideration by the Executive.

7 CONSULTATION

None.

Background Papers

Local Government Act 2000

Contact for further information

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

REFERENCE:	I059411
TITLE:	Online Mental Health Support and Counselling Service for Young People; approval to award contract
PURPOSE OF REPORT:	The contract for the provision of an online mental health support and counselling service for young people is to be awarded following a Request for Quotations, with the 'chosen' provider to be identified by 7 July 2016.
DECISION MAKER:	Director of Adult Social Care, Health & Housing
DECISION DATE:	7 Jul 2016
FINANCIAL IMPACT:	This service will be funded from within the Public Health grant.
CONSULTEES:	Bracknell & Ascot Clinical Commissioning Group
CONSULTATION METHOD:	Meetings with interested parties

REFERENCE:	I059300
TITLE:	Health Visiting Service Procurement: Approval to Award Contract
PURPOSE OF REPORT:	The Health Visiting contract is to be awarded via competitive tender with a 'chosen' provider to be identified by 5th May 2016. The purpose for which we seek a decision is for approval to award the contract to the chosen provider after the procurement has been completed.
DECISION MAKER:	Executive
DECISION DATE:	19 Jul 2016
FINANCIAL IMPACT:	Within existing budgets
CONSULTEES:	Public and Stakeholders
CONSULTATION METHOD:	Public and stakeholder consultations have been carried out on the full range of Children's Public Health services. The consultation was carried out through events and meetings.

Unrestricted

REFERENCE:	I061909
TITLE:	Local Healthwatch Service
PURPOSE OF REPORT:	To approve the procurement plan to tender for the Local Healthwatch Service.
DECISION MAKER:	Director of Adult Social Care, Health & Housing, Executive Member for Adult Services, Health and Housing
DECISION DATE:	20 Jul 2016
FINANCIAL IMPACT:	To be incorporated into the report.
CONSULTEES:	None
CONSULTATION METHOD:	None

REFERENCE:	I060150
TITLE:	Community Mental Health Service Procurement Plan
PURPOSE OF REPORT:	To approve the recommendation to award a contract for the Community Mental Health Support Services following a competitive tender.
DECISION MAKER:	Executive Member for Adult Services, Health and Housing
DECISION DATE:	3 Aug 2016
FINANCIAL IMPACT:	Contained within the report
CONSULTEES:	Internal teams within Adult Social Care who are part of the project team, the current provider of the service, people using the current service and their carers.
CONSULTATION METHOD:	Meetings with interested parties

Unrestricted

REFERENCE:	I061910
TITLE:	Local Healthwatch Service
PURPOSE OF REPORT:	To approve the recommendation to award a contract for the Local Healthwatch Service following a competitive tender.
DECISION MAKER:	Director of Adult Social Care, Health & Housing, Executive Member for Adult Services, Health and Housing
DECISION DATE:	30 Nov 2016
FINANCIAL IMPACT:	To be incorporated into the report.
CONSULTEES:	None
CONSULTATION METHOD:	None

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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
30 JUNE 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 December 2015 to May 2016.

2 RECOMMENDATION

- 2.1 **To note Overview and Scrutiny activity and developments over the period December 2015 to May 2016, 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, before it is considered by 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 structure of the O&S Commission or Panels, and there was one change to the membership of the Health O&S Panel. 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 work programme for 2015/16 was delivered largely as planned, with two reviews running into 2016/17. 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. The O&S work programme for 2016/17 has been approved by the O&S Commission, following consultation with the Corporate Management Team and the Executive.
- 5.3 The tables 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 28 January, 10 March, and 18 May (Annual meeting). Its meeting scheduled for 12 May was cancelled owing to lack of business. The main items included:
- Discussions with the Executive Member for Transformation & Finance on the Transformation Programme.
 - Reviewing the quarterly performance reports for the Corporate Services Department, the Chief Executive's Office, and the Council as a whole.
 - Reviewing corporate decision items on the Executive Forward Plan.
 - Receiving the Bi-Annual O&S Progress Report, and progress reports from Panel Chairmen.
 - Scrutiny of the Executive's draft budget proposals for 2016/17, and subsequently the additional budget proposals.
 - Receiving an update on the work of the ICT Services function, its current priorities and future plans.
 - Agreeing the O&S Annual Report for 2015/16 and considering items for inclusion in the O&S work programme for 2016/17.
- 5.5 The O&S Commission's next planned meeting is on 7 July 2016 when the main item is anticipated to be the customary annual meeting with representatives of the Community Safety Partnership and Thames Valley Police, with a focus on the 2015/16 annual crime figures and the priorities in the Community Safety Plan.
- 5.6 Towards the end of the six months' period, the work of the O&S function outside the programme of formal meetings became dominated by making an input to the Council's Transformation Programme. The Commission set up six Core Groups to make an input to major Transformation projects running in 2016 (see Appendix 1), and Members participated in a Gateway Review meeting on the Arts review.

Environment, Culture and Communities O&S Panel

- 5.7 Meetings of the Panel were held on 12 January and 23 March, 2016. During the meetings the Panel considered and commented on:
- 2016/17 Draft Budget Proposals.
 - Future challenges associated with the Waste Collection and Disposal Service.
 - Bracknell Forest Borough Local Plan Updates.
 - The Council's Transformation Programme.
 - Schools Annual Environmental Management Report 2014/15.
 - 2016/17 Work Programme Review Topics.
 - Working Group Update Reports
 - Review of Procedures for Planning Applications and Enforcement O&S Report.
 - O&S Progress Report.
 - Scheduled Executive key and non-key decisions.
 - Quarterly Service Reports (QSRs) for the relevant quarters.
- 5.8 Further to issues raised and actions requested at Panel meetings, Members were advised between meetings of the sites of the road junctions earmarked for traffic signal preventative maintenance and the location of the amenity land adjacent to Crowthorne Road identified for the felling of ageing pines and replanting with native deciduous trees. Members also requested that officers promote and publicise the new package at Bracknell Leisure Centre as widely as possible and continue to guide and influence schools to improve their environmental management, particularly in those areas where Council performance is affected such as recycling and waste sent to landfill from schools. The Panel adopted the

report of the review of the Council's Procedures for Planning Applications and Enforcement (see below).

- 5.9 The Working Group established by the Panel to review the Council's Procedures for Planning Applications and Enforcement continued and completed its work which consisted of Members receiving a comprehensive briefing from senior officers regarding the functions and structure of the planning function and advice on the legal input to the planning function, reviewing information requested from officers, research findings and the draft Local Enforcement Plan, and considering views on the planning function and the issue of Member and officer roles. The Working Group visited another local authority with a highly performing planning function to learn about best practice and met the Executive Member, Chairman of the Planning Committee and Director to discuss the main findings. Having completed its work, the Working Group produced a resulting report with recommendations which was sent formally to the Executive for its response (see Appendix 1).
- 5.10 Members of the Panel have joined core review groups relating to the arts, libraries and leisure services as part of the Council's Transformation Programme and will continue taking part in these and the associated Gateway Reviews.
- 5.11 The Panel's next meeting will take place on 5 July 2016 and items under consideration will include a Bracknell Forest Local Plan Update and the Quarter 4 QSR.

Health O&S Panel

- 5.12 The Panel met on 14 January and 14 April 2016. The main items considered at those meetings included:
- Meeting the Consultant in Public Health on the work of the Public Health function, its current priorities, challenges and plans.
 - Reviewing the Council's budget proposals for health in 2016/17.
 - Receiving the results of patient 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.
 - Noting the outcome of the investigation of media allegations concerning the 111 service operated by South Central Ambulance Service.
 - Meeting the Chief Executive and senior staff of OneMedical, also the Clinical Commissioning Group, to review the action being taken to address the criticisms of the Care Quality Commission, arising from their inspection of the Bracknell Urgent Care Centre.
 - 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.
- 5.13 Between formal Panel meetings, much of Panel Members' time was spent on the Working Group reviewing whether there is sufficient GP capacity to meet the Borough's future needs. Other issues included:
- Attending a Centre For Public Scrutiny regional conference on Health O&S at Wokingham BC in December 2015
 - Correspondence with a local GP surgery, following up a CQC 'Inadequate' rating and the Practice being put into special measures. We received constructive responses to all the Panel's concerns
 - Providing comments on four NHS Trusts' annual Quality Accounts

Unrestricted

- Keeping abreast of significant events, including the proposed re-development of Heatherwood Hospital, inspection reports issued by the Care Quality Commission, and a proposal to move the GP Out of Hours service for Sandhurst residents.
- Attending two Care Quality Commission 'Quality Summits' following their inspection of Wexham Park Hospital, also of the Berkshire Healthcare Trust
- Providing comments on the draft Health and Wellbeing Strategy in advance of its consideration by the Health and Wellbeing Board.

The Panel's next meeting is on 30 June 2016.

Joint East Berkshire with Buckinghamshire Health O&S Committee

- 5.14 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

- 5.15 Meetings of the Panel took place on 11 January and 13 April, 2016. During the meetings the Panel considered and commented on:
- The minutes of meetings of the Corporate Parenting Advisory Panel.
 - QSRs for the relevant quarters, giving particular attention to matters including outcomes of Ofsted school inspections, achievement of progress through the Key Stages with reference to the related Strategy, headteacher recruitment, safeguarding, social worker staffing and Looked After Children in terms of permanency of placements and signs of safety.
 - Annual Report of the Local Safeguarding Children Board.
 - 2016/17 Draft Budget Proposals
 - School Places Plan 2015-2020 and 2015-based pupil forecasts.
 - Update in respect of the transformation of Youth Services.
 - Bracknell Forest Children and Young People's Mental and Emotional Wellbeing Strategy 2015-2018.
 - Accessibility Strategy: Education, Schools and Early Years Settings 2016-2019
 - Next review topic / working group.
 - Work Programme 2016/17
 - Working Group Update Reports.
 - O&S Progress Report.
 - Scheduled Executive key and non-key decisions.
- 5.16 In response to actions arising at Panel meetings, Members received information concerning the review of Safeguarding Incidents and Case Reviews, the outcomes of the Child Sexual Exploitation (CSE) consultation undertaken in schools and the totals for children looked after in family placement or adoption, and SEN statements issued within 26 weeks. The Panel also requested that the Independent Chair of the LSCB be advised of the Panel's concerns regarding safeguarding of home educated children and that related information be included in future annual LSCB reports.
- 5.17 The Working Group established by the Panel to review 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, continued and completed its work. The review featured an introductory briefing in respect of CSE and numerous

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meetings with Council officers involved in all aspects of Children's Social Care, Youth Services and Community Safety and with representatives of multi-agency groups working to prevent and tackle CSE, the Police, a local charity, the NHS, GPs and local schools. Relevant information and data was also gathered. (See Appendix 1).

- 5.18 As part of the Council's Transformation Programme, Members of the Panel have joined a core review group relating to early intervention and prevention and will attend meetings of the Group and the associated Gateway Reviews.
- 5.19 The Panel next meets on 8 June 2016 when it will consider agenda items including the Quarter 4 QSR, report of the review of CSE, early interventions for Looked After Children, particularly care leavers, and updates on the provision for young people Not in Education Employment or Training (NEET) and the Family Focus Programme.

Adult Social Care and Housing O&S Panel

- 5.20 The Panel met on 19 January 2016. Its meeting scheduled for 15 March 2016 was cancelled owing to lack of business. On 19 January the Panel considered and commented on:
- 2016/17 Draft Budget Proposals
 - QSR for the relevant quarter.
 - National Living Wage – Potential Impact on the Social Care Sector.
 - Bracknell Forest Sensory Needs Strategy 2015-2020.
 - Advocacy Joint Commissioning Strategy.
 - Heathlands Residential Home – Consultation Update.
 - Working Group Update Report and Next Review Topic / Working Group.
 - Work Programme 2016/17
 - O&S Progress Report
 - Scheduled Executive key and non-key decisions.
- 5.21 As an action arising from the Panel meeting, Members were provided with the launch date and details of the second 'Choose Well' self-care campaign.
- 5.22 Having received an update regarding the work of its Working Group which contributed to the Council's Homelessness Strategy, the Panel indicated that housing supply would be its next review topic to be commenced when resources became available.
- 5.23 Although there are no Transformation Programme review topics relating to Adult Social Care, Health and Housing, Panel Members have been invited to join core review groups and attend Gateway Reviews relating to topics in other areas.
- 5.24 The next meeting of the Panel will be held on 25 May 2016 and items under consideration will include the Quarter 4 QSR, the Annual Complaints Reports 2015/16 for Adult Social Care and for Housing, the Housing Allocation Policy and an update in respect of the future of Heathlands Residential Home.

Other Overview and Scrutiny Issues

- 5.25 The Annual Report of O&S for 2015/16, incorporating the 2016/17 O&S Work Programme, was adopted by Council at its meeting on 27 April.
- 5.26 The Health O&S Panel Chairman attended a Warwick University Training event on Chairing O&S in February 2016.

- 5.27 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%).
- 5.28 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).

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. Scrutiny members have begun the process of contributing to the Transformation Programme reviews.

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.

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Doc. Ref

CXO\Overview and Scrutiny\2016-17\progress reports

OVERVIEW AND SCRUTINY CURRENT WORKING GROUPS – 2016/17

Position at 17 May 2016

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, Brossard, Finnie, Leake and Porter	Max Baker	Richard Beaumont	√	Completed and awaiting Executive response	√		A further meeting is being held to discuss the Executive response.

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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	√	Completing the information gathering stage.			The review is nearing completion and a draft report is being prepared.

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	N/A	Richard Beaumont	√	Information gathering stage around 75% complete			

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Transformation Programme - Overview and Scrutiny Core Groups Providing an input to Transformation Projects				
CORE GROUP	MEMBERS	O&S LEAD OFFICER	SCOPING	CURRENT STATUS
Arts Review	Cllrs Leake (Chairman), Mrs Birch, King, Peacey, Mrs Temperton, Thompson and Tullett	Richard Beaumont	√	Meetings held on 26 April and 9 May. Input made to first Gateway Review meeting. Next meeting provisionally arranged for 5 July
Leisure services Review	Cllrs Angell (Chairman), Mrs Angell, Mrs Birch, Mrs Ingham, King, Mrs Mattick, Peacey, Mrs Temperton and Tullett,	Andrea Carr	√	First meeting held on 9 May
Income Generation	Cllrs Angell (Chairman), Mrs Birch, King, Leake, Peacey, Porter and Mrs Temperton	Richard Beaumont	√	First meeting held on 9 May

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Citizen and Customer Contact	Cllrs Leake (Chairman), Mrs Birch, D Birch, Finnie, Mrs Mattick and Thompson,	Richard Beaumont		First meeting arranged for 23 May
Early Intervention /Prevention	Cllrs Leake (Chairman), Mrs Birch, Mrs Ingham, Mrs Mattick, Peacey and Mrs Temperton	Andrea Carr		First meeting being arranged
Library Review	Cllrs Angell (Chairman), Mrs Birch, Mrs Ingham, King, Mrs Mattick, Peacey, Mrs Temperton and Tullett	Andrea Carr		First meeting arranged for 6 June

Completed Reviews (Since 2011)

Date Completed	Title
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)
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)

Unrestricted

Date Completed	Title
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
April 2016	Review of Planning Procedures
April 2016	Overview and Scrutiny Annual Report 2015/16
May 2016	NHS Trusts Quality Accounts 2015/16 (letters submitted to four Trusts)

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 25 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, Substance Misuse (Adults), Modernisation of Older People's Services, Community Infrastructure Levy, School Governance, Delegated Authorities, Applying the Lessons of the Francis Report, School Places, Cultural Services, Business Rates, and Substance Misuse (Children and Young People).

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**TO: HEALTH OVERVIEW & SCRUTINY PANEL
30 JUNE 2016**

**WORKING GROUP UPDATE REPORT
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report sets out the progress achieved to date by the Working Group of the Panel reviewing General Practitioner (GP) Capacity.

2 RECOMMENDATION

- 2.1 **That the Panel notes the progress achieved to date by its Working Group reviewing GP Capacity.**

3 REASONS FOR RECOMMENDATION(S)

- 3.1 To keep the Panel up to date regarding the activities of its Working Group reviewing GP Capacity.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 The Panel's Working Group, comprising: Councillors Peacey (Lead Member), Mrs Mattick, Mrs Phillips, Mrs Temperton, Tullett and Virgo; Dr Norman and Rachael Addicott, commenced on 19 November 2015 and it has met on eight occasions to date. Initially, the Working Group received an introductory briefing on the various factors affecting the sufficiency of GP capacity, both currently and in the future, before discussing and agreeing the scope of, and approach to the review. At subsequent meetings the Working Group: discussed with its co-optee from The Kings Fund, Rachael Addicott, national issues impacting on GP capacity; it met officers to review the role of the Council's Planning function affecting medical sites; it considered the roles of other organisations having an involvement in the provision of GP facilities, and subsequently met representatives from NHS England, Health Education England, the Oxford Deanery, and the Clinical Commissioning group. An extensive programme of meetings has also been held with 14 GP Practices serving Bracknell Forest residents, collecting information on their workforce and other relevant factors.
- 5.2 Future meetings of the Working Group are being planned, principally to discuss with a hospital Trust and the Executive Member the current and future challenges for GP capacity, and what is being done and needs to be further done to address that challenge.
- 5.3 Currently, the Working Group aims to complete its work in time to issue its draft report to the meeting of the Panel in September.

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

6.1 Not applicable.

Background Papers

None.

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