



## **NOTICE OF MEETING**

**Health Overview and Scrutiny Panel  
Thursday 12 January 2017, 7.30 pm  
Council Chamber, Fourth Floor, Easthampstead House, Bracknell**

### **To: The Health Overview and Scrutiny Panel**

Councillor Phillips (Chairman), Councillor Tullett (Vice-Chairman), 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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Thursday 12 January 2017, 7.30 pm  
Council Chamber, Fourth Floor, Easthampstead House,  
Bracknell**

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

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

**AGENDA**

Page No

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

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

**2. Minutes and Matters Arising**

To approve as a correct record the minutes of the meeting of the Health Overview and Scrutiny Panel held on 29 September 2016.

5 - 12

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

Members are requested to declare any Disclosable Pecuniary Interests and/or Affected Interests and the nature of those interests, including the existence and nature of the party whip, in respect of any matter to be considered at this meeting.

Any Member with a Disclosable Pecuniary Interest or an Affected Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

**4. Urgent Items of Business**

Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent.

**5. Public Participation**

To receive submissions from members of the public which have been submitted in advance in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

6. **Bracknell & Ascot Clinical Commissioning Group (CCG)**  
To receive a progress update on the work of the Bracknell and Ascot CCG, including co-commissioning and joint working with other CCGs. 13 - 14
7. **Responses to the Overview & Scrutiny Review "A Review of whether there is sufficient General Practitioner Capacity in Bracknell Forest to meet Future Demands"**  
To consider the responses from: the Executive; the Clinical Commissioning Group; and the Joint Commissioning Committee to the report of the Panel's Working Group which reviewed whether there is sufficient General Practitioner capacity in Bracknell Forest to meet future demands. 15 - 28
8. **2017/18 Budget Scrutiny**  
To review the Council's budget proposals for health in 2017/18, and plans for future years. 29 - 30
9. **Work Programme**  
To propose items for inclusion in the Panel's work programme for 2017/18. 31 - 34
10. **Heatherwood Hospital Redevelopment**  
To receive an update from Frimley Health NHS Foundation Trust on the redevelopment of Heatherwood Hospital. 35 - 38
11. **The Patients' Experience**  
To consider the current information from the NHS Choices website, for those NHS Foundation Trusts providing most NHS services to Bracknell Forest residents. 39 - 44
12. **Departmental Performance**  
To consider the parts of the Quarter 2 2016/17 (July to September) quarterly service report of the Adult Social Care, Health and Housing department relating to health. 45 - 66
13. **Executive Key and Non-Key Decisions**  
To consider scheduled Executive Key and Non-Key Decisions relating to Health. 67 - 72
14. **Overview & Scrutiny Bi-Annual Progress Report**  
To note the Bi-Annual Progress Report of the Assistant Chief Executive. 73 - 86
15. **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 27 April 2017.

**HEALTH OVERVIEW AND SCRUTINY PANEL  
29 SEPTEMBER 2016  
7.30 - 9.45 PM**



**Present:**

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

**Co-opted Member:**

Dr David Norman, Co-opted Representative

**Executive Member:**

Councillor D Birch

**Observer:**

Mark Sanders, Healthwatch Bracknell Forest

**Also Present:**

Councillor Peacey

Richard Beaumont, Head of Overview & Scrutiny

Dr Lisa McNally, Consultant in Public Health

Gill Vickers, Director of Adult Social Care, Health & Housing

**Apologies for absence were received from:**

Councillors Virgo

**71. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Panel held on 30 June 2016 be approved as a correct record and signed by the Chairman.

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

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

**73. Urgent Items of Business**

There were no items of urgent business.

**74. Public Participation**

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

**75. Healthwatch Bracknell Forest**

The Panel considered the 2015/16 Annual Report of Healthwatch Bracknell Forest. Mark Sanders, Operational Lead for Healthwatch introduced the report, which had been printed in 'easy read' format, and answered questions from the Panel.

Arising from questions and discussion the following points were made:

- While visits to GP surgeries were to some extent duplicating inspections carried out by the Care Quality Commission (CQC), the Healthwatch visits were from a different perspective. This included looking at environmental factors in surgeries where a number of examples of poor accessibility had been identified which had since been addressed.
- The GP surgery reports, usually produced within 8 – 12 weeks of the visit, had resulted in changes at surgeries including reception desk improvements; changes to booking systems; making websites more 'user-friendly'; and improved response to patient feedback. Some concerns persisted, around disabled access to the facilities in GP surgeries. The surgery visits had been completed and reported on in the first half of 2016/17.
- Regular meetings continued to be held with Frimley Health, covering the things patients were saying about their experience of Frimley Park Hospital (used by the majority of people in Bracknell) but also any issues at Wexham Park or Heatherwood hospitals. Although a number of changes had been made, there were inevitably some differences in customs and practices at Wexham Park.

The Panel thanked Mark Sanders for presenting the interesting and informative Annual Report.

**76. The Patient's Experience**

The Panel considered a report presenting current information from the NHS Choices website, for the NHS Foundation Trusts providing most secondary and acute NHS services to Bracknell Forest residents. The information included details of NHS Choices users' ratings, CQC inspection ratings, recommendations by staff (for a friend or relative), infection control and cleanliness data, and a mortality rate indicator.

The Panel observed that the report contained a number of areas stating that no data was available, eg. for infection control and cleanliness at St Mark's Hospital and King Edward VII Hospital, and out of date information, eg no CQC rating for Wexham Park.

**RESOLVED** that:

- (1) the report be noted; and
- (2) enquiries be made of NHS Choices and the relevant Hospitals regarding the missing information.

**77. General Practitioner Patient Survey**

The Panel considered a report presenting the GP Patient Survey results for Bracknell Forest GP Practices published in July 2016.

The GP Patient Survey was run every six months by Ipsos Mori for NHS England and the results presented showed for each surgery three things that the practice did best

and three things the practice could improve, compared to the CCG and national average. In addition, the latest CQC inspection rating for each surgery was shown.

The Panel considered that it was important to emphasise that both the survey findings and the CQC ratings were designed to show where improvements could be made rather than cause any alarm with patients. CQC reports were normally quite specific as to steps to be taken to bring about improvement where this was required. As far as was known, no work had been done to analyse whether there was a link between the level of Quality Outcome Framework (QOF) points achieved by a surgery and its CQC rating.

**78. A Review of Whether there is sufficient General Practitioner Capacity in Bracknell Forest to meet future Demands**

The Panel considered the report of the working group set up to undertake a review of whether there was sufficient General Practitioner capacity in Bracknell Forest to meet future demands.

Councillor Peacey, Lead Working Group Member, outlined the way the Group had carried out its review, which had been prompted by the ongoing growth of housing development in the Borough, leading in turn to an increase in demand for GP services. The Panel supported the recommendations of the Working Group and noted that following publication of the report, copies would be passed to all those who had contributed to it, to the Executive Member and to the NHS organisations to whom the recommendations were addressed, with a response invited within the next two months.

**RESOLVED** that:

- 1) The report and recommendations of the Working Group which reviewed whether there is sufficient General Practitioner capacity in Bracknell Forest to meet future demands be adopted in full.
- 2) The Working Group be stood down and thanked for carrying out such a comprehensive review and the contribution and efforts of Councillor Peacey as Lead Member and the Head of Overview and Scrutiny be acknowledged in particular.
- 3) As recommended, the Panel agreed to consider separately:
  - a) monitoring the progress of the *Sustainability and Transformation Plan*, and the *General Practice Forward Review*, robustly and regularly; and
  - b) carrying out a follow up to this review in 18-24 month's time, specifically to see whether the STP and the *General Practice Forward Review* are being delivered successfully, and whether the pressure on GPs is at a sustainable level in the light of increased demand, particularly from housing developments.
- 4) A Press Statement be drafted, with input from the Executive Member and for the approval of the Executive Member and the Chairman of the Panel, to be issued on the publication of the review report.

**79. The Joint Strategic Needs Assessment and Health and Wellbeing**

Dr Lisa McNally, Consultant in Public Health, presented to the Panel an update on the Joint Strategic Needs Assessment (JSNA) for Bracknell Forest for which a full refresh had just been completed. The refresh had resulted in the inclusion of new data, new topics (eg. Workplace Health) and it would form the basis of the needs analysis for the Health & Wellbeing Strategy.

While the JSNA contained the priorities and key health data for the Borough, the Joint Health and Wellbeing Strategy, which had also recently been updated and refreshed, set out actions proposed to meet the needs. These had been arranged under four main themes: Active and Healthy Lifestyles; Mental Health in Children and Young People; Tackling Social Isolation; and Workforce Development.

Highlights from the JSNA included the emphasis given to the regular issue and updating of public health news, disseminated as widely as possible by a variety of means. The Bracknell Forest Year of Self Care had been a great success, with notable achievements in helping people back to fitness, decreasing the percentage of inactive adults, a significant increase in weight loss among residents and a decrease in falls related admissions. This success had been recognised via the national self care award and the Bracknell approach had been taken up and replicated in a number of other areas.

Good progress had been made in the area of children's mental health through involving the children themselves in putting forward their thoughts on the care and support they needed. More children were ready to talk about the issues they faced; there was a decrease in the number of referrals being made to CAMHS; and KOOOTH, the free online support for young people, was proving to be a really helpful resource offering an immediate response to those choosing to contact it (236 users during the last quarter).

Work to combat social isolation aimed to go further than simply encouraging befriending by re-introducing the links between an individual and the community. This included joint work with Involve and the development of community assets to increase their reach and engagement.

The presentation went on to outline details of the recent Health and Wellbeing Board Peer Challenge, facilitated by an experienced team led by the LGA. There had been really good engagement from the Council and its partners and although there were lots of positive conclusions, a number of areas had been identified for further work and development. In particular, a culture shift in the way the Health and Wellbeing Board operated would lead to it being better at facilitating effective joint working between partners rather than acting as just a decision making or scrutinising body. There was a need to get back to basics, improve partnership working and achieve buy-in. The Panel received answers to a number of questions about how this was to be achieved and noted a forthcoming development session on how the Board could evolve key aspects of its work and Strategy, followed by subsequent topic-focussed sessions on key areas.

The Panel thanked Dr McNally for the presentation and looked forward to receiving an update on progress in due course.

#### 80. **Departmental Performance**

The Panel considered the Quarterly Service Report (QSR) of the Director of Adult Social Care, Health & Housing covering the period January to March 2016 in relation to those matters concerning health.

The Director highlighted a number of points from the report. The final assurance rating for the Bracknell Forest 2016 Better Care Fund (BCF) submission had now been confirmed as "Assured" by NHS England. There was now a stable, multi-skilled team in place at Bracknell Urgent Care Centre which would assist with the continuation of improvements to safety, clinical care and the installation of a learning and development culture. The plan to re-commission the Drugs Alcohol Action team



services had been approved and various options were under consideration, given the limited number of providers in the field. A boost in the amount of accommodation available as temporary homes for homeless households had been given by the acquisition of further properties by both the Council and Downshire Homes Ltd. Work was continuing on the identification of savings from existing adult social care packages but this represented a considerable challenge. Progress was being made against two key indicators showing red in the QSR, namely L178 (number of household nights in non self-contained accommodation) and L179 (percentage of homeless or potentially homeless customers who the Council keep in their home or find another one) which should result in an improvement in the next report. There was an increased risk to the Council arising from provider failure from care home operators which had been exacerbated by the declining financial viability of homes and the possibility of adverse CQC inspections.

The Director indicated her intention to improve the format of performance reporting to adopt a “dashboard” style of presentation, which should enable the Panel to obtain a more up to date and timely appreciation of progress and performance. The Director went on to present to the Panel her vision for the future of Adult Social Care, Health and Housing Services. A radical approach to system transformation was required in order to achieve the scale of Adult Social Care savings and the sustainability of Health and Care services. While integration with health was key, the future sustainability of the system of care was dependent on people and their carers, families, networks, being properly equipped and supported to arrange and manage more of their care with less reliance on direct support from the Council.

Having heard details of the aims of the transformation and the operational changes that would be involved in delivering it, the Panel raised a number of questions from which following was noted:

- Individual care support planning and regular reviews would ensure that care was being provided in the right place at the right level.
- Moving to a framework of six preferred domiciliary care providers would enable the Council to drive up standards and the quality of care, and bring about better training for care staff coupled with a broadening of their role and the creation of career paths.
- The proposed model of two Integrated Care and Health Service hubs for Bracknell – probably one in central Bracknell and one in the south of the Borough - was envisaged as the best way to combine a Wellbeing and Independence network (Council co-ordinated), a Personal Support network (Voluntary sector co-ordinated) and Health and Care network (Health co-ordinated) for each individual.
- An explanation would be provided for the staffing table in the QSR, which appeared to be arithmetically incorrect.

Measures such as proper workload management, careful sickness monitoring and concern and care in the avoidance of stress all served to help maintain a dedicated, motivated and well-trained staff.

#### **81. Executive Key and Non-Key Decisions**

The Panel received and noted the schedule of Executive Key and Non-Key Decisions relating to health.

#### **82. Member Feedback**

Panel Members provided a number of oral updates on their specialist roles.

- Councillor Mrs Mattick reported five attendances as part of her duties as representative to the Berkshire Healthcare NHS Foundation Trust. She also attended Frimley Health as an independent observer and referred to activities for World Alzheimer's Day on 21<sup>st</sup> September.
- Councillor Hill reported on attendance at meetings of the Health and Wellbeing Board and the Bracknell and Ascot CCG. Councillor G Birch had no further information to report on concerns around the effect of BREXIT on drugs in the NHS but discussions with pharmaceutical companies were known to be ongoing. He offered to return to this in future if more information became available.
- The Chairman said that an externally-facilitated training event on health scrutiny was being arranged, and asked members for their views on any particular topics they would like to see covered. Members put forward proposals for items for consideration by the Panel.

**CHAIRMAN**

**ACTIONS TAKEN : HEALTH OVERVIEW AND SCRUTINY PANEL MEETING**  
**29 SEPTEMBER 2016**

<u>Agenda Item</u>	<u>Action Required</u>	<u>Action Taken</u>
7. The Patients' Experience	Ask NHS Choices why there are 'N/A' ratings for some headings	Information requested from NHS Choices on 7 October. Response received on 3 November, as below.
9. Review of GP Capacity	Finalise report and ask for responses to recommendations	Report was finalised, published and sent to participants in the review, and responses sought, on 4 October
	Arrange Press Release	Press release drafted, agreed with Chairman, and published on 18 October
10. The JSNA and Health and Wellbeing	Future Panel meeting to receive a progress report on the actions from the peer challenge of the H&WB Board	On agenda plan for Panel meeting in April 2017
11. Departmental performance	Explain why the total staff number appears to be incorrect (pages 16 & 17 of the report)	<p>The total staff number of 369 is correct, however the figure for Public Health Shared team (5) was incorrect in the version given for publication; the correct figure is 10.</p> <p>Officers have advised, 'We have looked at the QSR for the last quarter and compared it with the previous quarter. There was one discrepancy in the Staff sickness statistics where the "annual average per employee" rose from 10.21 in Q4 2015/16 to 42.24 in Q1 2016/17.'</p> <p>'We have recalculated this figure and there was an error in the calculation. The figure should read 8.86 which is a reduction from 10.21 from the previous quarter.'</p>

Responses from NHS Digital to the Panel's queries:

1. Please explain why much of the information about the King Edward V11 hospital is shown on your website as N/A

*King Edward VII hospital is an independent hospital, it is not included in nationally-mandated NHS data collections.*

2. Please explain why most of the ratings for 'Open and honest reporting' are shown on your website as N/A

*The 'Open and honest reporting' indicator is a composite of four different indicators, data for which is supplied to NHS Choices by CQC. Where any of the underlying datasets has not been collected from a given hospital (and this is particularly likely to apply to smaller hospitals) a 'n/a' message will appear*

3. Please explain why the Care Quality Commission Inspection rating for Wexham Park hospital is shown as 'Not yet rated' when the CQC issued an inspection report some months ago rating Wexham Park as 'Good'.

*Thank you for bringing this to our attention. There seems to be a discrepancy, due to the way the data has been processed on our side. In the short-term we will rectify this issue manually and will engage with our data support team to understand the underlying issue.*

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL  
12 JANUARY 2017**

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**BRACKNELL AND ASCOT CLINICAL COMMISSIONING GROUP  
Assistant Chief Executive**

**1 PURPOSE OF REPORT**

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to receive an oral progress update on the work of the Bracknell and Ascot Clinical Commissioning Group (CCG). In the absence of the CCG Chairman, the CCG will be represented by Fiona Slevin-Brown, Director of Strategy and Operations, and Dr Martin Kittel, Medical GP Director.

**2 RECOMMENDATION**

**That the Health Overview and Scrutiny Panel:**

- 2.1 **Receives a progress update on the work of the Bracknell and Ascot Clinical Commissioning Group.**

**3 SUPPORTING INFORMATION**

- 3.1 The Health O&S Panel decided in January 2014 to adopt a selective and tiered approach to monitoring the activities of major NHS organisations serving Bracknell Forest residents. This was to include meeting the CCG at least once every two years. The Panel last met the CCG on 15 January 2015.
- 3.2 It is suggested that topical issues worth discussing with the CCG include:
- Progress on co-commissioning of primary care
  - The growth in joint working with other CCGs, particularly those in East Berkshire
  - The implications of the Sustainability and Transformation Plan for Bracknell Forest.
- 3.3 Background information on the CCG is provided on their website at <http://www.bracknellandascotccg.nhs.uk/>

**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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Unrestricted

**TO: HEALTH OVERVIEW & SCRUTINY PANEL  
12 JANUARY 2017**

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**RESPONSES TO THE REPORT OF THE OVERVIEW AND SCRUTINY REVIEW 'A  
REVIEW OF WHETHER THERE IS SUFFICIENT GENERAL PRACTITIONER CAPACITY  
IN BRACKNELL FOREST TO MEET FUTURE DEMANDS'**

**Assistant Chief Executive**

**1 PURPOSE OF REPORT**

- 1.1 This report introduces the attached responses by the Executive, the Clinical Commissioning Group and the Joint Commissioning Committee to the report of the Overview and Scrutiny review of whether there is sufficient General Practitioner capacity in Bracknell Forest to meet future demands.

**2 RECOMMENDATION(S)**

- 2.1 **That the Panel considers the response of the Executive and the NHS to the review of whether there is sufficient General Practitioner capacity in Bracknell Forest to meet future demands, undertaken by one of its working groups.**

**3 REASONS FOR RECOMMENDATION(S)**

- 3.1 To enable the Panel to consider the attached responses to the report of the review of whether there is sufficient General Practitioner capacity in Bracknell Forest to meet future demands undertaken by one of its working groups.

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None.

**5 SUPPORTING INFORMATION**

- 5.1 The report's recommendations to the Executive were:
- a. The Council should engage – both by Members and Officers - more proactively with the Joint Commissioning Committee (JCC), for example by attending all meetings or arranging a substitute as necessary.
  - b. The Health and Wellbeing Board (being the forum where the Council and the Clinical Commissioning Group (CCG) come together) should review what needs to be done to establish and maintain clear communication of health needs. This should include clear commitments in the Comprehensive Local Plan, and reference to healthcare facilities in the Community Infrastructure Levy Infrastructure Delivery Plan/ Regulation 123 List or Section 106 agreements.
  - c. Both the Comprehensive Local Plan, and the aims of the Health and Wellbeing Board should explicitly recognise the need to ensure that the

necessary healthcare facilities will be in place to meet the demands of the expanding population.

5.2 The response from the Clinical Commissioning Group incorporates the response of the Joint Commissioning Committee. The report's recommendations to the Joint Commissioning Committee were:

- d. Encourage Practices to have a good range of specialist interests and then make those services available to patients beyond their own List. This is in line with the Forward View and the STP, whereby the CCG should look to commission locally delivered services where appropriate, based around practices, clusters of practices, or integrated service delivery hubs.
- e. Adopt a target, based on best practice, for the GP patient survey satisfaction survey question about the ease of making an appointment at a GP Practice. The JCC should openly and regularly monitor the achievement of that target by all GP Practices.
- f. Re-state clearly and comprehensively who are the partner organisations involved in ensuring sufficient GP capacity, how they have a shared commitment to the task of ensuring there is sufficient GP capacity, and say how their performance is to be monitored and reported openly.
- g. Systematically collect and publish data on workload and workforce, etc., to ensure that their plans are intelligence-led and timely.
- h. Periodically publish information showing that they are aware of the changing population numbers – using figures agreed with the Council – showing that they are responding to forecast changing levels of demand.
- i. Periodically publish information showing the changing pattern of long term conditions and that they are responding to changing levels of demand.
- j. Do more to minimise the call on GPs' time through more health promotion and encouraging self care.
- k. Devise a method to strategically capture different ways of working in GP Practices and best practice possibilities and circulate the information to all Practices.
- l. Explore the feasibility of Bracknell Forest having a GP 'Training Hub'. Also, to optimise patient care, the JCC should explore the feasibility of supplementary roles, for example introducing 'Physician Associates'.
- m. Continue its efforts to transfer appropriate work from GPs towards Nurses and Health Care Assistants; and with Health Education England and other partners seek to address any shortage of capacity in those professions locally.
- n. Consider how to improve capacity and economies by making fuller use of pharmacists and other appropriate professionals.
- o. Seek to minimise non-clinical contact, such as better signposting on GP Practices' websites and in surgery waiting rooms on where to go for help, which would help to divert people with non-medical issues elsewhere.
- p. Explore what initiatives could be taken to minimise the clinical time lost through some patients not turning up for their appointments.

5.3 The report's recommendations to the Clinical Commissioning Group were:

- q. Ensure, through their commissioning of hospitals, and the Sustainability and Transformation Plan, that work is appropriately shared between GP Practices and hospitals.
- r. Explain the reasons for the delay in producing their Estates Strategy and give a firm date for its completion.



- 5.4 The Health Overview and Scrutiny Panel has previously accepted the report's recommendations to the Panel:
- s. Monitor the progress of the *Sustainability and Transformation Plan*, and the *General Practice Forward View*, robustly and regularly.
  - t. Carry out a follow up to this review in 18-24 month's time, specifically to see whether the STP and the '*General Practice Forward View*' are being delivered successfully, and whether the pressure on GPs is at a sustainable level in the light of increased demand, particularly from new housing developments.

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

- 6.1 Not applicable.

Background Papers

Report of the Overview and Scrutiny Review of whether there is sufficient General Practitioner capacity in Bracknell Forest to meet future demands, 29 September 2016

Contact for further information

Richard Beaumont – 01344 352283  
e-mail: [richard.beaumont@bracknell-forest.gov.uk](mailto:richard.beaumont@bracknell-forest.gov.uk)

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15<sup>th</sup> November 2016

***Sent by email to avoid delay***

Richard Beaumont  
Head of Overview and Scrutiny  
Chief Executive's Office  
Bracknell Forest Council  
Town Square  
Bracknell  
RG12 1AQ

Dear Richard

**RE: Review of General Practitioner Capacity**

Thank you for sending me the report of the Health Overview and Scrutiny Panel into General Practitioner capacity, which we welcome and which supports our STP and Primary Care Transformation plans. I am writing to respond to the recommendations made as they relate to the CCG and the Joint Commissioning Committee with NHS England, which noted the report on 11 October.

For ease of navigation I have reproduced below the recommendations in section 4.2 of the report with the CCG response or comment added in italics:

We recommend to the Council's Executive that:

- a. The Council should engage – both by Members and Officers - more proactively with the Joint Commissioning Committee (JCC), for example by attending all meetings or arranging a substitute as necessary.  
*The Council has a standing seat at the JCC.*
- b. The Health and Wellbeing Board (being the forum where the Council and the Clinical Commissioning Group (CCG) come together) should review what needs to be done to establish and maintain clear communication of health needs. This should include clear commitments in the Comprehensive Local Plan, and reference to healthcare facilities in the Community Infrastructure Levy Infrastructure Delivery Plan/ Regulation 123 List or Section 106 agreements.  
*Agreed.*
- c. Both the Comprehensive Local Plan, and the aims of the Health and Wellbeing Board should explicitly recognise the need to ensure that the necessary healthcare facilities will be in place to meet the demands of the expanding population.  
*Agreed.*

We recommend that the Joint Commissioning Committee should:

- d. Encourage Practices to have a good range of specialist interests and then make those services available to patients beyond their own List. This is in line with the Forward View and the STP, whereby the CCG should look to commission locally delivered services where appropriate, based around practices, clusters of practices, or integrated service delivery hubs.  
*This is being progressed through both the STP work and the CCG development of a Quality framework. The anticipated flow is for activity to move from acute hospital setting into community, from community to self-care, and from self-care to prevention. In general equity and resilience considerations will support delivery at cluster or hub scale. A new scheme, the Primary Care Quality Framework, is under development to enable practices to work more closely together at scale to provide a range of extended services and also to ensure commissioning accounts for the needs of the whole population. This framework will be taken to JCC in January 2017.*
- e. Adopt a target, based on best practice, for the GP patient survey satisfaction survey question about the ease of making an appointment at a GP Practice. The JCC should openly and regularly monitor the achievement of that target by all GP Practices.  
*Access continues to be an important aspect of future service delivery. The available data is drawn from an annual survey and development of access needs to go hand in hand with patient education to use services appropriately, as there has been an almost two-fold increase in frequency of GP visits over the past decade. The CCG has committed to supporting our practices in achieving a 3% improvement in the overall patient experience for 2016/17. Improving access to GPs is also a core element of the GP transformation work stream of the Frimley Sustainability Transformation Plan.*
- f. Re-state clearly and comprehensively who are the partner organisations involved in ensuring sufficient GP capacity, how they have a shared commitment to the task of ensuring there is sufficient GP capacity, and say how their performance is to be monitored and reported openly.  
*Agreed. The CCG is currently co-commissioning general practice services with NHS England – GP Members voted not to transition to full delegation of Primary Care commissioning. Therefore the key partners concerned with GP capacity are NHS England, the CCG, the Deanery, TVHEE, and Member practices.*
- g. Systematically collect and publish data on workload and workforce, etc., to ensure that their plans are intelligence-led and timely.  
*Practice workforce data is published annually (see <http://www.hscic.gov.uk/catalogue/PUB20503>). We have a local workforce development project in East Berkshire that is reviewing and confirming baseline data by end 2016/17.*
- h. Periodically publish information showing that they are aware of the changing population numbers – using figures agreed with the Council – showing that they are responding to forecast changing levels of demand.  
*This already happens: population forecasts are agreed through the JSNA; “Current” population numbers are collated by NHSE from practice registered lists; the STP forecasts have used a blend of national and local assumptions to estimate growth. However, close working with the Local Authority and Planning Office is required to ensure specific local requirements for changed capacity are met.*
- i. Periodically publish information showing the changing pattern of long term conditions and that they are responding to changing levels of demand.  
*This is primarily in place through the JSNA, and the CCGs use local Public Health profiles to inform our operating plans. There is also the recent commencement of publication of CCG performance nationally against 6 core clinical priority areas. This is a key area which we need to address through prevention, and through innovation of care and building capacity and resilience to serve these patients.*

- j. Do more to minimise the call on GPs' time through more health promotion and encouraging self care.  
*Agreed. All the key plans – the Sustainability and Transformation Plan, the Public Health Plan, and the CCG Operating Plan – carry significant focus on prevention and self-care. With the Council, Bracknell and Ascot CCG work collaboratively with public health on specific projects such as the Health-makers, Emotional Health and Wellbeing for children and young people and the Green Gym, all of which have a positive impact on local people and their use of GP services. There is always more to do in this important area.*
- k. Devise a method to strategically capture different ways of working in GP Practices and best practice possibilities and circulate the information to all Practices.  
*The STP work stream on reducing variation and inequalities includes significant focus on practice-level benchmarking and shared ways of working. This is one of the themes of the CCG's Primary Care Transformation work.*
- l. Explore the feasibility of Bracknell Forest having a GP 'Training Hub'. Also, to optimise patient care, the JCC should explore the feasibility of supplementary roles, for example introducing 'Physician Associates'.  
*A training hub application was made in June, which was successful. We are awaiting funding but have plans in place with primary and community providers to sustain and recruit workforce including new roles.*
- m. Continue its efforts to transfer appropriate work from GPs towards Nurses and Health Care Assistants; and with Health Education England and other partners seek to address any shortage of capacity in those professions locally.  
*Agreed – see comments regarding skills mix, above. We will do this where there is evidence that this contributes to the solution. In some specific cases it may be appropriate to try a novel approach and develop evidence locally.*
- n. Consider how to improve capacity and economies by making fuller use of pharmacists and other appropriate professionals.  
*Agreed – see comments regarding skills mix and work transfer, above. There is a pilot in Slough of use of pharmacists in practices, and we will ensure the learning from this pilot is considered as part of our GP transformation work.*
- o. Seek to minimise non-clinical contact, such as better signposting on GP Practices' websites and in surgery waiting rooms on where to go for help, which would help to divert people with non-medical issues elsewhere.  
*NHS England has offered support to deliver the GP Forward View. We will be applying for this in January. There are opportunities to promote key messages e.g. screens in GP waiting rooms for health and care, especially prevention.*
- p. Explore what initiatives could be taken to minimise the clinical time lost through some patients not turning up for their appointments.  
*As above.*

We recommend that the Clinical Commissioning Group should:

- q. Ensure, through their commissioning of hospitals, and the Sustainability and Transformation Plan, that work is appropriately shared between GP Practices and hospitals.  
*One of the seven key initiatives within the STP is to develop a new model of primary care, delivered at scale. As noted in response to recommendation "d" above, the drive is for care to flow to lower intensity settings including self-care and prevention.*
- r. Explain the reasons for the delay in producing their Estates Strategy and give a firm date for its completion.

*Initial work on an estates strategy was undertaken by NHS Property Services earlier in 2016. This has been subsumed in an estates stocktake as part of the STP process. In addition, the CCG is actively participating with local authority colleagues in the Berkshire-wide "One Public Estate" process which will develop more comprehensive plans for estates between public sector organisations. Critically, with regard to primary care estates, it has been a priority to develop our primary care and STP strategies which will drive the shape and content of future estates plans.*

We recommend that the Health Overview and Scrutiny Panel should:

- s. Monitor the progress of the Sustainability and Transformation Plan, and the General Practice Forward View, robustly and regularly.
- t. Carry out a follow up to this review in 18-24 months' time, specifically to see whether the STP and the 'General Practice Forward View' are being delivered successfully, and whether the pressure on GPs is at a sustainable level in the light of increased demand, particularly from new housing developments.

Thank you again for sharing the report.

Yours sincerely



**William Tong**  
**Chair, Bracknell and Ascot Clinical Commissioning Group**

Copy to: Cllr Sarah Peacey, Bracknell Forest Council

TO: THE EXECUTIVE  
13 DECEMBER 2016

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**RESPONSE TO THE OVERVIEW AND SCRUTINY REPORT ON “A REVIEW OF WHETHER THERE IS SUFFICIENT GENERAL PRACTITIONER CAPACITY IN BRACKNELL FOREST TO MEET FUTURE DEMANDS”**

**The Executive Member for Adult Services, Health & Housing would like to move that the following recommendations in the GP Capacity Report are accepted:**

- 2.1** The Council should engage – both by Members and Officers – more proactively with the Joint Commissioning Committee (JCC), for example by attending all meetings or arranging a substitute as necessary. **Accepted**
- 2.2** Both the Comprehensive Local Plan, and the aims of the Health and Wellbeing Board should explicitly recognise the need to ensure that the necessary healthcare facilities will be in place to meet the demands of the expanding population. **Accepted**

**The Executive Member for Adult Services, Health & Housing would like to move an amendment to recommendation 2.3 to read as follows:**

- 2.3** The Health and Wellbeing Board (being the forum where the Council and the Clinical Commissioning Group (CCG) come together) should review what needs to be done to establish and maintain clear communications of health needs. **(Accepted)**  
***This provision of healthcare facilities should be included in the Comprehensive Local Plan and will be subject to Section 106 agreements, where appropriate. (Accepted)***

Contact for further information

Gill Vickers, Adult Social Care, Health and Housing - 01344 351458  
gill.vickers@bracknell-forest.gov.uk

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TO: THE EXECUTIVE  
13 DECEMBER 2016

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**RESPONSE TO THE OVERVIEW AND SCRUTINY REPORT ON “A REVIEW OF WHETHER THERE IS SUFFICIENT GENERAL PRACTITIONER CAPACITY IN BRACKNELL FOREST TO MEET FUTURE DEMANDS”**  
Director of Adult Social Care and Health and Housing

**1 PURPOSE OF REPORT**

To inform the Members of the Executive of the response from the Executive Member for Adult Social Care, Health & Housing to the Overview and Scrutiny report on General Practitioner capacity in Bracknell Forest (attached as Annex A to this report).

**2 RECOMMENDATIONS**

**That the following recommendations of the Working Group “A Review of Whether There is Sufficient General Practitioner Capacity in Bracknell Forest to Meet Future Demands” be accepted**

- 2.1 The Council should engage – both by Members and Officers – more proactively with the Joint Commissioning Committee (JCC), for example by attending all meetings or arranging a substitute as necessary.**
- 2.2 Both the Comprehensive Local Plan, and the aims of the Health and Wellbeing Board should explicitly recognise the need to ensure that the necessary healthcare facilities will be in place to meet the demands of the expanding population.**
- 2.3 That the following recommendation is not accepted:  
*The Health and Wellbeing Board (being the forum where the Council and the Clinical Commissioning Group (CCG) come together) should review what needs to be done to establish and maintain clear communications of health needs. This should include clear commitments in the Comprehensive Local Plan, and reference to healthcare facilities in the Community Infrastructure Levy, Infrastructure Delivery Plan/Regulation 123 List or Section 106 agreements.***

**3 REASONS FOR THE RECOMMENDATIONS**

Recommendation 2.1:

Given the considerable pressure on both Members and Officers time, this recommendation may be difficult to guarantee. However, the principle of regular attendance at the appropriate meetings to ensure that the planning of future GP and Primary Care facilities is included within the Council’s strategic planning is good

#### Recommendation 2.2:

The second part of this recommendation is for the Health and Wellbeing Board to consider. The Comprehensive Local Plan should explicitly recognise the need to ensure that the necessary health care facilities will be in place.

#### Recommendation 2.3:

It is important that the Council is in a position to support Health partners in ensuring there is sufficient GP and Primary Care capacity to meet the needs of our residents. However, the funding and development of GP surgeries are a Health responsibility (the CCG and NHS England) so it would not be helpful to commit the use of the CIL resources, for which there are many other demands, and which could have significant financial implications for the Council. A very positive way in which the Council could support the future development of GP practices would be to ensure these are included as part of the Local Development Plan process and to explore the possibility of establishing robust local policies to enable land to be allocated and facilities built for that purpose.

## 4 ALTERNATIVE OPTIONS CONSIDERED

4.1 Not applicable

## 5 SUPPORTING INFORMATION

The Overview and Scrutiny Working Group has spent considerable time on this review which has provided valuable insights into the increasing demands on GPs and Primary Care. Given the importance of ensuring our residents healthcare needs are met both now and in the future, it is appropriate that the Executive support the two recommendations that are a Council responsibility and rejects the recommendation to use CIL monies to fund developments that are a Healthcare responsibility.

5.1 The early actions in support of these are set out below:-

The Council should engage – both Members and Officers – more proactively with the Joint Commissioning Committee (JCC) , for example by attending all meetings or arranging a substitute as necessary.

The Health & Wellbeing Chair and Director of Adult Social Care, Health & Housing have met with the Chair of the JCC to agree appropriate representation on future JCC meetings

The Health and Wellbeing Board (being the forum where the Council and the Clinical Commissioning Group (CCG) comes together) should review what needs to be done to establish and maintain clear communications of health needs.

The Health & Wellbeing Board has invited an East Berkshire CCG Federation Director to attend its next meeting to discuss the Sustainability Transformation Plan and an invitation has been extended to Bracknell & Ascot CCG to bring the Primary Care Strategy to a future meeting.

## 6 **ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

6.1 The relevant legal issues are addressed within the main body of the report.

### Borough Treasurer

6.2 The Borough Treasurer is satisfied that there are no direct financial implications arising from the recommendations in this report.

### Equalities Impact Assessment

6.3 Not applicable.

### Strategic Risk Management Issues

6.4 Not applicable

## 7 **CONSULTATION**

### Principal Groups Consulted

7.1 None

### Method of Consultation

7.2 None

### Representations Received

7.3 None

### Background Papers

Health Overview and Scrutiny Panel report entitled "A review of whether there is sufficient General Practitioner capacity in Bracknell Forest to meet future demands".

### Contact for further information

Gill Vickers, Adult Social Care, Health and Housing - 01344 351458  
gill.vickers@bracknell-forest.gov.uk

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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL**  
**DATE: 14 JANUARY 2017**

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## **DRAFT BUDGET PROPOSALS 2017/18**

### **Borough Treasurer and Director of Adult Social Care, Health & Housing**

#### **1. INTRODUCTION**

- 1.1 The Executive agreed the Council's draft budget proposals for 2017/18 as the basis for consultation with the Overview and Scrutiny Commission, Overview and Scrutiny Panels and other interested parties. Following the consultation the Executive will consider the representations made before recommending the budget to Council.

#### **2. Suggested Action**

- 2.1 **That the Overview and Scrutiny Panel comments on the Council's draft budget proposals for 2017/18.**

#### **3. Supporting Information**

- 3.1 Attached to the reports to the other Overview and Scrutiny panels were relevant extracts from the 2017/18 Revenue Budget and Capital Programme reports. These are less relevant to this panel, as the Public Health budget is almost entirely funded from ring-fenced specific grant.
- 3.2 In 2017/18 the Public Health grant will be £4,157,000. This is a reduction in the grant received for 2016/17 of £105,000 or 2.5%. This is in line with expectations.
- 3.3 The full Revenue Budget and Capital Programme reports will be available on the Council's public website as part of the wider budget consultation.

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

#### Background Papers

None

#### Contacts for further information

Stuart McKellar, Borough Treasurer – 01344 352180

[Stuart.mckellar@bracknell-forest.gov.uk](mailto:Stuart.mckellar@bracknell-forest.gov.uk)

Neil Haddock, Chief Officer: Commissioning & Resources – 01344 351385

[Neil.haddock@bracknell-forest.gov.uk](mailto:Neil.haddock@bracknell-forest.gov.uk)

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**HEALTH OVERVIEW AND SCRUTINY PANEL  
12 JANUARY 2017**

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

**1 PURPOSE OF REPORT**

- 1.1 This report invites members to propose items for inclusion in the Panel's work programme for 2017/18.

**2 RECOMMENDATION**

- 2.1 **That the Health Overview and Scrutiny Panel proposes items for inclusion in the Panel's work programme for 2017/18.**

**3 SUPPORTING INFORMATION**

- 3.1 To assist Members' consideration of possible items for inclusion in the Panel's work programme for 2017/18, the previously completed reviews are listed on the following page, also the work programme for the current year.

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

Contact for further information

Richard Beaumont – 01344 352283 e-mail: [richard.beaumont@bracknell-forest.gov.uk](mailto:richard.beaumont@bracknell-forest.gov.uk)

**Previously Completed Health Overview and Scrutiny Reviews**

<b>Date Completed</b>	<b>Title</b>
November 2005	The Management of Coronary Heart Disease
July 2007	Review of Healthcare Funding
November 2007	Review of the Council's Health and Wellbeing Strategy
Annually since 2009	Annual Health Check Response to the Healthcare Commission / NHS Trusts
April 2009	Children's Centres and Extended Services in and Around Schools in Bracknell Forest
December 2009	NHS Core Standards
January 2010 (Addendum in 2011)	Review of the Bracknell Healthspace
July 2010	Preparedness for Public Health Emergencies
December 2010	Hospital Car Parking Charges (Joint East Berks Health O&S Committee)
October 2012	Major Health Reforms
November 2012	Health and Wellbeing Strategy
February 2013	'Shaping the Future' of Health Services in East Berkshire – consultation response
April 2013	NHS Trusts Quality Accounts 2011/12 (letters submitted to three Trusts)
January 2014	Applying the Lessons of the Francis Report to Health Overview and Scrutiny
May 2015	NHS Trusts Quality Accounts 2011/12 (Comments submitted to one Trust)
October 2015	Review of the Council's draft Health and Wellbeing Strategy
May 2016	NHS Trusts Quality Accounts 2015/16 (letters submitted to four Trusts)
September 2016	General Practitioner Capacity

**2016-17 Health Overview and Scrutiny Work Programme**

<b>HEALTH OVERVIEW AND SCRUTINY PANEL</b>	
1.	<p><b>Monitoring the performance of the Local NHS Organisations and the Adult Social Care, Health and Housing Department in relation to health</b></p> <p>To include on-going review of the Quarterly Service Reports and monitoring significant developments, particularly:</p> <ul style="list-style-type: none"> <li>• The Better Care Fund</li> <li>• The Care Act</li> <li>• Measures to promote self care and healthy living</li> </ul>
2.	<p><b>2017/18 Budget Scrutiny</b></p> <p>To review the Council's budget proposals for public health in 2017/18, and plans for future years.</p>



3.	<p><b>Responding to NHS Quality Accounts and Consultations</b></p> <p>The government's statutory guidance states that the annual "Quality Accounts" submitted by providers of NHS services should contain observations of O&amp;S committees. Also, the Panel is a statutory consultee for any substantial variation in NHS services affecting the Borough.</p>
<b>2016/17 WORKING GROUPS</b>	
Health O&S Panel	<p><b>GP Capacity</b></p> <p><b>To complete the Working Group reviewing whether there is sufficient GP capacity to match the long-term growth in the Borough's population and other demands.</b></p>
<b>FUTURE POSSIBLE REVIEWS (Unlikely to be resourced until 2017/18 or later)</b>	
1.	<p><b>The Royal Berkshire Bracknell Healthspace</b></p> <p>To review the services offered at The Royal Berkshire Bracknell Healthspace (Brants Bridge), including cancer and renal facilities, the Urgent Care Centre and the GP Out of Hours service.</p>
2.	<p><b>Primary Care Health Services</b></p> <p>To review the adequacy of community primary care health services, specifically pharmacy, dentistry and ophthalmic services (excluding GP services, which were the subject of a 2015-16 O&amp;S review).</p>

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## Heatherwood Hospital redevelopment Bracknell Forest Council – update December 2016

### Background

Our planning application was submitted on 5 October 2016 and is due to be considered by the Planning Committee on 25 January 2017. The cost of the redevelopment will be c£82m funded partly by a loan but mainly via land sale proceeds for housing development which enables the project to be affordable for the Trust.

The main features of the planning application are set out below so that the Council has an up to date understanding concerning the content of the redevelopment: the redeveloped hospital, the woodland offices (Block 40), and the proposed residential development.

### The redevelopment overall

Illustrations of the proposed redevelopment and a floorplan can be seen at **Annex A-1 and A2**. The hospital scheme comprises 11,065m<sup>2</sup> of accommodation. In line the agreed clinical model, the following clinical departments are to be contained within the new hospital:

- Six operating rooms offering general surgery, orthopaedics and other services
- 40 in-patient beds and 8 new private spaces
- 22 day case spaces and endoscopy facilities
- Outpatients which includes the following specialities; antenatal, cardiology, orthopaedics, paediatrics, phlebotomy, physiotherapy, occupational therapy and pre-assessment
- Procedure rooms for clinic based-services and a new lithotripsy service
- Diagnostics including radiology and an enhanced cardiology service
- Oral maxillofacial surgery (OMFS) and Orthodontic facilities
- Private outpatient facilities

A service/storage yard to accommodate receipt and distribution and waste management is located on the lower terrace at level 0 to the east of the building.

The scheme also includes a 4,000m<sup>2</sup> administrative wing and GP Hub, located adjacent to the staff carpark and staff entrance to the hospital. This will provide a primary care hub for GPs in the locality, with an opportunity for closer working with hospital staff. Staff using the hospital and associated support staff will be able to work in a modern workplace environment offering multi-disciplinary team settings, meeting facilities and video conferencing between sites.

450 car parking spaces, with 23 Disabled spaces and covered cycle spaces (20 visitor spaces and 64 staff spaces) are to be provided within the woodland setting of the building which will work to provide an easily accessible and visually attractive healing environment from first arrival.

### **The hospital**

The footprint of the building is kept to a minimum, allowing operational adjacencies to key departments both horizontally and vertically. It uses the slope of the site to provide access points at two levels and separate FM traffic (goods in / waste out) from the public and staff access points on level 1. This use of the slope reduces the visual massing of the building as well as offering ideal clinical and FM flows.

### **The woodlands offices (block 40)**

Block 40 is an existing building next to the site of the proposed new hospital building. It was formerly used to support elderly mentally ill patients. It is now proposed to convert the building to provide a base for relocated administrative staff presently working at Heatherwood, but also for corporate Trust staff relocating from Frimley Park and Wexham Park hospitals. The benefits of locating staff in Woodlands Offices are:

- Modern fit for purpose accommodation
- Easy access to rail, bus and road links
- Central location
- Parking
- Restaurant
- Access to meeting rooms
- After-hours activities e.g. Yoga, Tia Chi, Zumba etc.
- Reduced office costs
- Synergy by co locating teams, including GPs and hospital staff.

### **The residential development**

The following description was provided as part of our planning submission:

‘The illustrative masterplan (**Annex A1**) adopts the principles set out by the design concept. The gateway to Ascot is enhanced by creating a tree lined boundary along the High Street through the retention of mature trees and the provision of a generous green buffer with new tree and shrub planting.

Apartment blocks have been located behind this buffer to create an active frontage and take advantage of views over the adjacent green space. Apartment blocks are split into smaller blocks with undercroft parking to minimise their visual impact on the high street, provide a permeable frontage and frame the entrances into the site.

A pedestrian and cycle ‘ride’ has been created which responds to London / Windsor road roundabout, a key regional node, and connects the High street to new public open spaces, the proposed hospital and the now accessible woodland beyond. Distinct character areas are proposed around the new open green spaces of Bowledge Green, Brooke Common and Wellingtonia Place.

The character of these areas responds to the need for a mix of housing types and their location on the site. Higher density development has been located closer to the high street (as the Victorian

villages in Ascot) to more leafy low density development towards Kings Ride and the Woodland. Clear primary and secondary vehicle routes have been established to provide safer streets and promote stronger communities. Parking has also been carefully considered to address the current adopted RWBM parking standards whilst minimising the visual impact and promoting active and vibrant and active streetscapes.

**Local alignment**

The scheme has been discussed at public meetings held at Ascot Racecourse and has been developed with the involvement and support of the Clinical Commissioning Groups in the area, including Windsor, Ascot and Maidenhead, Bracknell and Ascot and Slough CCGs. We have four key themes that are guiding our work to deliver a new hospital that the local community can be proud of and gain the benefits from:

- **Affordability:** the new facility must be affordable today and sustainable for the future
- **Flexibility:** the spaces we have designed must be flexible to accommodate future changes in the way health services are delivered
- **Accessibility:** Available to patients from across the Frimley Health area, with a choice of sites available
- **Distinctive:** build on the special elements valued by the local community to continue to make it a desirable place to work and to receive care.

**Enabling works**

Our plan is to tender the enabling works separately from the main works .This should reduce the overall construction period. The enabling works have been split into three separate contracts.

**Programme as at December 2016**

<b>MILESTONE/ACTIVITY</b>	<b>PROGRAMME REV. 13</b>
Planning Approval (excluding judicial review)	End of January 17
Set Estimated Cost	25/01/2017
Trust Board Approval of FBC (Estimated Cost)	03/03/2017
Agree Guaranteed Maximum Price (GMP)	07/08/2017
Trust Board Approval of GMP	06/10/2017
Commence on Site	06/11/2017
Project Completion	Autumn 2019

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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL  
12 JANUARY 2017**

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**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 National Health Service 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, also on mortality rates in hospitals, 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](http://www.nhs.uk)) is the UK's biggest health website. It provides a comprehensive health information service, including more than 20,000 regularly updated articles. There are also hundreds of thousands of entries in more than 50 directories that can be used to find, choose and compare health services in England.

The site draws together the knowledge and expertise of:






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

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









Contact for further information

Richard Beaumont – 01344 352283







e-mail: [richard.beaumont@bracknell-forest.gov.uk](mailto:richard.beaumont@bracknell-forest.gov.uk)

NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Mortality rate	Food: Choice and Quality
				

**Frimley Park Hospital**  Add to shortlist






<p><b>Tel: 01276 604604</b>                  Portsmouth Road                  Camberley                  Surrey                  GU16 7UJ                  7.1 miles away   <a href="#">Get directions</a></p> <p>  </p>	<p>                  263 ratings  <b>Rate it yourself</b></p>	<p>                  Outstanding <b>Visit</b>                  CQC profile</p>	<p>                  Within expected range with a value of 80%</p>	<p>                  As expected in hospital and up to 30 days after discharge (0.9406)</p>	<p>                  90.71% Among the best</p>
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**St Mark's Hospital**  Add to shortlist

<p><b>Tel: 01628 632012</b>                  St Mark's Road                  Maidenhead                  Berkshire                  Berkshire                  SL6 6DU                  7.1 miles away   <a href="#">Get directions</a></p> <p>  </p>	<p>                  22 ratings  <b>Rate it yourself</b></p>	<p><b>n/a</b>                  Not yet rated</p>	<p>                  Within expected range with a value of 74%</p>	<p><b>n/a</b>                  Not available for independent or specialist hospitals</p>	<p></p>
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Unrestricted

NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Mortality rate	Food: Choice and Quality
				

### Royal Berkshire Hospital

Add to shortlist

Tel: 0118 322 5111

London Road  
Craven Road  
Reading  
Berkshire  
RG1 5AN

9.2 miles away | [Get directions](#)



361 ratings

[Rate it yourself](#)



Requires Improvement  
[Visit CQC profile](#)



Within expected range with a value of 74%



As expected in hospital and up to 30 days after discharge (1.0014)



94.71% Among the best

### Wexham Park Hospital

Add to shortlist

Tel: 01753 633000

Wexham  
Slough  
Berkshire  
SL2 4HL

10.7 miles away | [Get directions](#)



206 ratings

[Rate it yourself](#)

n/a

Not yet rated



Within expected range with a value of 80%






As expected in hospital and up to 30 days after discharge (0.9406)





Unrestricted


NHS Choices users rating	Care Quality Commission inspection ratings	Recommended by staff	Mortality rate	Food: Choice and Quality
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**Prospect Park Hospital**  Add to shortlist


**Tel: 0118 960 5000**  
Honey End Lane  
Tilehurst  
Reading  
Berkshire  
RG30 4EJ  
11.7 miles away | [Get directions](#)  
  

  
24 ratings  
**Rate it yourself**

  
No rating **Visit CQC profile**

  
Within expected range with a value of 74%

**n/a**  
Not available for independent or specialist hospitals

  
96.97% Among the best

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.

**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.

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# QUARTERLY SERVICE REPORT

## ADULT SOCIAL CARE, HEALTH & HOUSING

Q2 2016 - 17  
July - September 2016

**Executive Member:**  
Councillor Dale Birch

**Director:**  
Gill Vickers






Date completed: 7/11/2016

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## Key

### Actions

	Action is on schedule		Action has been completed
	Action may fall behind schedule		Action is no longer applicable
	Action is behind schedule	-	Not yet updated

### Performance indicators

	On, above or within 5% of target
	Between 5% and 10% of target
	More than 10% from target

## Section 1: Where we are now

### Director's overview

There was significant activity within the Department in quarter 2.

In outlining her 'Vision for the Future', the Director noted that the landscape for the delivery of Adult Social Care, Health & Housing services has changed dramatically over the past few years. Factors impacting on services include legislative changes, the World, UK and local economic situation resulting in significant financial challenges for Bracknell Forest Council, fragility in provider markets, an increase in demographic pressures and changing public expectations.

In order to meet the challenges of a whole system transformation, a much more radical approach is needed to achieve the scale of Adult Social Care savings required whilst sustaining Health and Care services. Integration with Health represents only part of the solution. Future sustainability of the system of care is dependent on people and their carers, families, networks, being properly equipped and supported to arrange and manage more of their care with less reliance on direct support from the Council.

Care services will need even greater focus and investment on prevention, enabling independence and reducing dependency. As part of Sustainable Transformation Planning (STP) with the NHS, there needs to be agreement with Health on the redistribution of whole systems savings/investment that recognizes the true value of social care in prevention and reducing the demand for acute hospital services.

Anticipated achievements will be:

#### *Improved wellbeing, good health and independence through:*

- Better co-ordination of care and a better experience for customers/patients
- People being healthier and more able to live independently in their own homes for longer and be involved in their local communities
- Improved advice, information and support provided for residents including carers and self-funders
- Staff being trusted and supported to use their judgment and to make decisions that are consistent and fair
- More efficient ways of working for staff and better use of technology
- More personalised support and choice for customers and patients
- Reduction in number and duration of care home placements and number and intensity of care packages
- Reduction in hospital attendances, admissions and lengths of stay

This will be delivered in the following ways:

*Operational changes:*

- Introduction of a more robust Resource Allocation System (RAS)
- Changing the internal culture to take an asset based approach to assessment, with more creative support planning
- Integration with primary care and community health

*Developing the local market:*

- Introduction of a domiciliary care framework
- Joint commissioning of care beds with East Berkshire CCGs and Local Authorities
- Alliance Commissioning
- Mapping and developing community groups and the 3rd sector

In Public Health, the service's individual professional assessment with a range of programmes is aimed at reducing the risk of falls, including the popular 'Well-Balanced' courses which help residents build core strength and postural stability in a fun and relaxed environment. The overall objective is to make falls prevention something which doesn't have to wait until we are very frail or have already suffered a fall.

At the time of writing, a total of 845 young people in Bracknell Forest had registered to use Kooth services, which include online information and advice, moderated chat rooms and on-line sessions with professional counsellors. The services have been consistently highly rated by young people using them (4.1 out of 5 on average) and 100% have said they would recommend the service to their friends. The rise in use of Kooth in Bracknell Forest was accompanied by a reduction in referrals to secondary CAMHS, suggesting that the gap in early, easily accessible mental health support for young people is starting to be addressed.

In Housing, a new lease of 306 Yorktown Road was entered into to provide 10 emergency housing units for homeless households in the borough. This will enable homeless households to receive emergency housing provision in the Borough. That will be better for those households than B&B outside Bracknell Forest and also cheaper for the Council than procuring B&B.

## **Highlights and remedial action**

### **Good performance**

Delivery against the actions in the Service Plan is looking strong. Of the 45 actions, 17 (or 38%) have been completed (Blue), 26 (or 58%) are on target (Green), and 2 (or 4%) are potentially delayed (Amber).

Of the 17 actions completed, 10 (or 59%) were delivered ahead of schedule.



In Public Health, work led by the Public Health team on both Falls Prevention and Children's Mental Health gained national recognition in Quarter 2. The Falls Free 4 Life Service, which offers advice and support to older residents on reducing their risk of falls, has been nominated for a Royal Society of Public Health Award. In relation to Children's Mental Health, the Kooth.com service has been nominated for a Positive Practice in Mental Health Award, a national award scheme normally reserved for NHS organisations.

The Public Health team won the national September Shakeup Challenge, a staff physical activity programme linked to the Workplace Physical Activity Challenge which was won last year. The prize of £100 of Decathlon vouchers will be donated to the Red Diamond Sports Club for the Disabled. An award was won in recognition of Self Care Week 2015, part of the successful Year of Self Care which aims to build a community where people are empowered to have control over their health throughout the year.

In Housing, Forestcare achieved registration with the Care Quality Commission to provide emergency personal care. The emergency personal care responder service will go live from the beginning of November. Before that date Forestcare will celebrate its 25th Birthday at the Shopmobility offices in Princess Square on the 7th October.

### Areas for improvement

#### *Actions*

2 actions are potentially delayed in quarter 2.

1.7.01 (Implement savings as identified for 2016-17) is potentially delayed (Amber). Although progress has been made, and is continuing, on reducing the cost of care packages, these are challenging savings to make without the benefit of a robust framework in which to do so (the new FACE RAS will provide this). Also, the savings that have been achieved have been more than offset by the increase in prices in residential and nursing placements. As a result it is unlikely the required savings will be made by year end. However, one-off funding from the Better Care Fund has been negotiated with our Health partners to manage the social care pressures in-year. This will allow the department time to implement the transformation programme over the next 18 months which will deliver the savings targets.

4.6.02 (Review the effectiveness of the Breaking Free online element of the DAAT service by monitoring the number of people accessing the service in this way and the outcomes achieved) is potentially delayed (Amber). Breaking Free Online has launched a new module to the service offered so data is not yet available.

#### *Indicators*

3 indicators are not achieving their performance target.

Indicator NI181 (Time taken in number of actual days to process Housing Benefit or Council Tax Benefit new claims and change events) is narrowly missing target (Amber). Staff resources have been ring-fenced for a dedicated period of time to address the fact that this indicator is slightly below target at this point in the year.

Indicator L30 (Number of lifelines installed) is not achieving target (Red). A Forestcare adviser post has been recruited with the member of staff starting in post on the 31st October. This post will be dedicated to demonstrating Forest care products and undertaking installations and performance against target should improve during the rest of the year.

Indicator L179 (The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one) is not achieving target (Red). There has been a 27% increase in the amount of homeless prevention and advice work undertaken over the first two quarters of 2016/17 compared to the same time last year. Inevitably this has impacted on the level of successful prevention activity which has reduced by 5%. However, in November 'BFC My advice' will be launched which is a self service internet based housing advice/ options module which will allow customers to establish the housing options that are available to them. The module provides customers with a PDF summary of the options which can be printed and this will allow welfare and housing caseworkers to concentrate support on the most viable options for customers and in so doing generate additional staff capacity to address the increased demand without having to increase staff resources.

### **Audits and Risks**

There were no significant audit findings in the audits carried out in the quarter.

Every quarter the department reviews its risks in the light of events. In the report it was noted that the risk of provider failure had increased, and that in fact a number of care homes had ceased to operate, which means the market is now very much supplier led. Adult Social Care, Health and Housing have been progressing plans to address supply in the market and reduce fees for people with complex needs. However this is not a quick process and the short-term outlook is still difficult. It was also noted that in last quarter's report that there was a risk of the Department's Resource Allocation System not being robust enough to enable the savings that are required to be made being made in a sustainable way and that alternative models were being explored. The Department has now commissioned the FACE RAS, which is a nationally recognised RAS model, and this will be introduced over the coming quarter. This will effectively address, not just mitigate, this risk, and is a key plank in the Director's transformation vision.

## Budget position

### Revenue Budget

The forecast is an overspend of £0.854 million as at Month 5. The most significant challenge to the department remains the saving required from the cost of adult social care packages in order to balance the budget. Although progress has been made in reducing the cost of some care packages, this has been more than offset by the increase in prices for residential and nursing placements. This is caused by the limited capacity in the market along with increasing demand for those places. This financial year potential one-off funding from the Better Care Fund of £0.75 million has been identified which should reduce the overspend if approved. However, this funding will not be available in future years and therefore implementation of the Adult Social Care, Health & Housing Transformation programme will need to be delivered in order to reduce the cost of care packages or a significant budget pressure will materialise in 2017/18.

### Capital Budget

As at Month 5 the capital forecast is to budget, except for the £0.4 million for Dennis Pilcher House which will no longer proceed so the budget will be returned to Corporate. As this scheme is no longer proceeding, this has also freed up the Community Capacity Capital Grant which had been earmarked for the scheme. A key task for the department is to explore how this grant can now be used for the Older People Accommodation Strategy, possibly to help ease market pressures on unit prices referred to above under the revenue budget and plans to do this are in the formative stage.

## Section 2: Strategic Themes













### Value for money

Action	Due Date	Status	Comments
<b>1.2 The cost, quality and delivery mechanism of all services will be reviewed by 2019</b>			
1.2.03 Review the contract arrangements for Clement House support service	31/05/2016		The waiver extension to the contract has been agreed for a further 6 months
1.2.04 Review and retender the housing related support contract for single homeless people	31/03/2017		A project Plan for the retendering of the housing related support contract for single homeless people is in place. A Procurement Plan will be in place with the required authorisations by 1 March 2017
<b>1.3 We charge appropriately for services and seek opportunities to generate additional income</b>			
1.3.02 Revise local council tax reduction scheme to be based on income bands	30/11/2016		September Executive agreed to open consultation with residents on the introduction of a new Local Council Tax Discount Scheme for working age households. The public consultation launched 28th September
<b>1.7 Spending is within budget</b>			
1.7.01 Implement savings as identified for 2016-17	31/03/2017		Although progress has been made, and is continuing, on reducing the cost of care packages, the savings have been more than offset by the increase in prices in residential and nursing placements. As a result it is unlikely the required savings will be made by year end. However, one-off funding has been identified that should cover the resulting overspend, most notably from the Better Care Fund. This will allow the department further time to identify the savings
1.7.06 Agree financial plans with the CCG to submit to the Department of Health in respect of the Better Care Fund	31/04/2016		The 2016/17 Better Care Fund Plan has been agreed with the CCG and submitted and accepted by the Department of Health






















## People live active & healthy lifestyles

Action	Due Date	Status	Comments
<b>4.3 Comprehensive Public Health programmes aimed at adults and young people, including smoking cessation, weight management and sexual health in place</b>			
4.3.01 Enhance the emotional health and wellbeing of children and young people through the commissioning of online counselling, structured sessions in schools and interactive social media projects	31/03/2017		One year contract for online counselling by XenZone in place for 1st October. CCG contract also in place to provide match-funding. Successful bid to CCG to develop and provide a Building Resilience project in schools based on creative arts, and to continue anti-stigma social media campaign work
4.3.02 Develop a web-based self-care guide for adults and older people focusing on smoking, Falls Prevention Programme, a Strength & Balance Programme and Befriending Services	31/03/2017		The action has been completed ahead of schedule
4.3.03 Improve health outcomes for children and young people through the commissioning of school nursing, health visiting and targeted programmes on health related behaviour	31/03/2017		Contract for new health visiting service starts Jan, clinical handover of Family Partnership mums to health visiting service by Oct, Individual action plans for mums and joint visits to understand need carried out. Childrens services will enhance early years provision
<b>4.4 Personal choices available to allow people to live at home are increased</b>			
4.4.01 Review current provision and undertake tenders for the Advocacy service	31/10/2016		Action completed ahead of schedule. Contract aware and handover to new provider has been completed. New provider started their provision of the Advocacy service on 01/09/16
4.4.02 Review current provision and undertake tenders for the Support with Confidence service	31/10/2016		Action completed ahead of schedule. The existing provider was awarded the contract and performance will be monitored on an ongoing basis
4.4.03 Review current provision and undertake tenders for Intermediate Care Clinical service	31/12/2016		Draft specification has been provided. Operation teams across health and social care are currently developing a model of care. The draft models are due to be presented to the Better Care Fund in October 2016
4.4.04 Review current provision and undertake tenders for the Local Healthwatch	31/04/2017		The current contract ends 31st March 2017. Negotiations are currently underway with RBWM to see if the service can be delivered across both boroughs which would provide a potential saving for both councils
4.4.05 Register Forestcare with the Care Quality Commission to provide emergency personal care	30/06/2016		The service is now registered with the Care Quality Commission (CQC)
4.4.06 Promote the use of mobile lifeline technology through Forestcare	31/03/2017		Forestcare continue to attend key events
4.4.07 Work with partners to implement Carers Commissioning Strategy, in line with the	31/03/2017		The joint commissioning strategy continues to be worked on by the Carers Strategy Group and all actions are on target

Action	Due Date	Status	Comments
requirements of the Care Act			
4.4.08 Implement new ways of working that promote independence and wellbeing by transferring and integrating the short term and long term care teams to provide a co-ordinated response to individuals	31/03/2017		Action completed ahead of schedule. The Community Team for Older People and Long Term Conditions is now one integrated team
4.4.12 Forestcare responder service to be extended to provide emergency personal care	30/06/2016		The service is registered with the Care Quality Commission. The emergency personal care service will start on the 1st November 2016
<b>4.5 Preventative activities such as falls prevention are increased</b>			
4.5.01 Develop Falls Risk assessment service to be provided by Forestcare	31/07/2016		The service is able to offer falls risk assessments
4.5.02 Develop a department wide approach to prevention including primary care engagement, reablement and intermediate care	30/06/2016		The community Intermediate Care Services are currently under review with an aim to providing 7 day services. This will feed into the work being undertaken within the STP to deliver Integrated care services
<b>4.6 Integration of council and health services care pathways for long term conditions is increased</b>			
4.6.01 Review the model of providing DAAT services and implement any improvement identified	31/03/2017		The Tender process has been undertaken
4.6.02 Review the effectiveness of the Breaking Free online element of the DAAT service by monitoring the number of people accessing the service in this way and the outcomes achieved	31/03/2017		Breaking Free Online has launched a new module to the service offered so data is not yet available
4.6.03 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	31/03/2017		In Q2, campaigns & projects included Re-hydrate Campaign, Bowel Cancer Screening Campaign, Atrial Fibrillation Campaign, Green Gym support and contract monitoring, Self-Care Week 2017, Digital Awareness Campaigns, Back to Fitness and Yoga Mindfulness Classes (Autism). In August, a Self Care Week success case study was requested by NHS England for publication
4.6.04 Develop and publish an Older People's Strategy	31/03/2017		The strategy is being drafted and feedback from older people will be used to inform the objectives
4.6.05 Host a peer review of the operational effectiveness of the Health and Wellbeing Board	31/03/2017		Health and Wellbeing Peer Review completed ahead of schedule
4.6.06 Contribute to the development of the outcomes set by the three Urgent Care Boards and support the delivery of services which promote independence, reduce delayed transfers of care and develop hospital avoidance schemes	31/03/2017		A further title change these groups now form the A&E Delivery Boards, the five workstreams remain as: Improving Discharge for Acute and Community Hospital Information sharing and technology using data and intelligence Surge and escalation planning Operational Resilience and Capacity Plan and schemes, The council has representation on all groups and are able to promote the local need



Action	Due Date	Status	Comments
4.6.07 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	31/03/2017		Work continues to minimise the delays of people in hospital awaiting discharge across the system with each of the hospitals we work with. The out of hours intermediate care service review is being addressed through the Intermediate Care remodelling to ensure that the future service model is seamless
4.6.08 Further develop the integrated care teams with the Clinical Commissioning Group and Bracknell Healthcare Foundation Trust to support people with complex care needs	31/03/2017		A review of the cluster work has been undertaken and evidences an improvement in supporting people with long term conditions. CCG's have agreed to continue to commission this area of work
4.6.09 Review the implemented winter pressures plans	31/03/2017		Work underway with each of the acute hospital sites to implement plans for the winter
<b>4.7 Accessibility and availability of mental health services for young people and adults is improved</b>			
4.7.01 Develop a strategy for providing information and advice on how carers and people in the community who may need support, can maximise their independence	31/03/2017		Signal have now been in place since April 2016 to deliver services in Bracknell, and have begun to establish links in Bracknell. The intake function with the Community Team for Older People and Long Term Conditions continues to provide entry and access for information and advice. The intake team also undertakes Carers Assessment in line with the departments Care Act 2014 duties
4.7.03 Expand and enhance the Early Intervention in Psychosis service for Mental Health, making access and assessment quicker	31/03/2017		Action completed ahead of schedule. The Early Intervention in Psychosis Team is now fully staffed and operational. The EIP Team in Berkshire have been able to evidence a high number of people accessing employment or education as part of their recovery. Targets are being met in terms of access to treatment within two weeks and access to Cognitive Behavioural Therapy and Family Interventions
4.7.04 Deliver a new service model in the Community Team for Mental Health for Older Adults to ensure a smoother journey through care, support and treatment based upon everyone having a single identified Support Co-ordinator	31/03/2017		Action completed ahead of schedule. The new service model has been implemented and people who use our service have an identified support coordinator
4.7.05 Undertake a review of the Mental Health Service and implement the findings	31/12/2016		The review is on-going and has identified some single points of failure in the current structure, so staffing structure now being reviewed

Ind Ref	Short Description	Previous Figure Q1 2016/17	Current figure Q2 2016/17	Current Target	Current Status
OF1c.1a	Percentage of people using social care who receive self directed support (Quarterly)	100.0%	100.0%	98.0%	
OF1c.1b	Percentage of carers who receive self directed support (Quarterly)	100.0%	100.0%	98.0%	
OF1c.2a	Percentage of people using social care who receive direct payments (Quarterly)	21.9%	21.9%	-	
OF1c.2b	Percentage of carers who receive direct payments (Quarterly)	100.0%	100.0%	-	
L030	Number of lifelines installed (Quarterly)	199	164	200	
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	96.00%	95.08%	97.50%	
L217	Percentage of people who engaged with the Stop Smoking Service in the quarter who quit smoking for at least 4 weeks (Quarterly)	64.8%	N/A as the data is reported 1 quarter in arrears	60.0%	
L218	Number of people in the quarter who started the specialist weight management treatment programme (Quarterly)	245	204	100	
L277	Number of people who received Falls Risks Assessments in the quarter (Quarterly)	77	83	40	
L278	Percentage of adult social care records in the Adult Social Care IT System that contain the person's NHS number (Quarterly)	78.0%	97.4%	90.0%	
L279	Number of young people who actively engaged with KOOTH in the quarter (Quarterly)	236	N/A as the data is reported 1 quarter in arrears	115	
L280	Percentage of young people who engaged with KOOTH who received a response from KOOTH within 24 hours (Quarterly)	100%	N/A as the data is reported 1 quarter in arrears	95.0%	

Note: Where data is not available (for example where it is being reported one quarter in arrears), the status will refer to the previous quarter's data, where available





## A clean, green, growing and sustainable place


Action	Due Date	Status	Comments
<b>5.2 The right levels and types of housing are both approved and delivered</b>			
5.2.01 Procure 31 units of accommodation to provide homes for care leavers, homeless households and people with learning disabilities	31/03/2017		17 properties have been purchased, and a further 3 properties are in the pipeline
5.2.04 Establish Downshire Homes as a viable company providing homes for rent for homeless families	31/03/2017		16 homeless households are living in properties purchased by Downshire Homes

Ind Ref	Short Description	Previous Figure Q1 2016/17	Current figure Q2 2016/17	Current Target	Current Status
NI155	Number of affordable homes delivered (gross) (Quarterly)	8	1	0	
NI181	Time taken in number of actual days to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	9	9.8	9	
L178	Number of household nights in non self contained accommodation (Quarterly)	1,019	800	793	
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	79.0%	70.0%	88.0%	











Note: Where data is not available (for example where it is being reported one quarter in arrears), the current status will refer to the previous quarter's data, where available



## Strong, safe, supportive and self-reliant communities

Action	Due Date	Status	Comments
<b>6.4 Safeguarding structures to safeguard children and vulnerable adults are well-established</b>			
6.4.02 Lead the Bracknell Forest Safeguarding Adults Partnership Board's development plan taking into account the board's statutory footing	31/03/2017		Monitoring of the new strategic plan has commenced at Board meetings. Membership of the new sub groups and task and finish groups have been confirmed. Work is now progressing to establish the quality assurance framework, the risk framework and the communication strategy. Discussions with representatives of other Safeguarding Adult Partnership Boards in Berkshire are continuing to share resources and to ensure consistency in development plans and structures

## Section 3: Operational Priorities

Sub-Action	Due Date	Status	Comments
<b>7.1 Adult Social Care, Health &amp; Housing</b>			
7.1.01 Embed the new structure of the Older People & Long Term Conditions service, following the Workforce Development project	31/03/2019		Action has been completed ahead of schedule
7.1.02 Develop the Adult Safeguarding Programme following the appointment of an independent chair and business support for the board to enhance capacity all round	01/04/2019		Maintain a programme of training linked to the national competency framework for safeguarding adults which will include: • Induction • Level 1 • level 2 & 3 (with separate courses for practitioners and external partners)
7.1.03 Enhance the Intermediate Care at home service in order to facilitate less reliance in future on bed based services and allow more people to go directly home	02/04/2019		Project on track to present a model of intermediate care to the Better Care Fund in October 2016
7.1.04 Implement Homeless Strategy Action Plan	31/03/2017		There are a number of actions in the Homeless Strategy Action Plan to be completed during 2016/17. The actions for the second quarter have been completed.
7.1.05 Enter into new partnership agreement with Department of Work & Pensions to support households moving onto Universal Credit	30/04/2016		Partnership agreement signed for 2016/17
7.1.06 Commission and maintain a triage of high value health improvement services	03/04/2019		Year of Self Care (YOSC) and all subsequent health improvement services are functional and delivering at or above expectations
7.1.07 Commission a range of effective health improvement services aimed at improving outcomes such as smoking, obesity and physical activity	03/04/2019		All commissioned health improvement services are currently active and performing at or above target. This includes but is not limited to; smoking cessation (smoking), Weight Management (Obesity) & Back to Fitness (Physical activity)
7.1.08 Recover overpayment of housing benefit for those people no longer in receipt of benefit, to be achieved via attachment of earnings	31/05/2017		Action completed ahead of schedule. Policy implemented to recover overpaid housing benefit via attachment of earnings
7.1.09 Develop the Electronic Time Monitoring System (ETMS) by introducing new modules that will allow family members to track home care visits in real time, and provide key quality information on providers' performance	31/03/2017		Action completed ahead of schedule. The Family Portal is now live
7.1.10 Use monthly budget monitoring reports to identify and address any emerging overspends promptly	31/03/2019		Budget monitoring is on track

## Section 4: People

### Staffing levels as at 30 September 2016

	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
DMT / PAs	12	10	2	11	0	0
Adult Social Care	222	134	88	186.23	38	14.62
Commissioning & Resources	49	39	10	43.78	4	7.55
Housing	66	48	18	57.86	7	9.59
Public Health Shared	11	8	3	9.42	1	8.33
Public Health Local	5	5	0	5	1	16.67
<b>Department Totals</b>	<b>365</b>	<b>244</b>	<b>121</b>	<b>313.29</b>	<b>51</b>	<b>12.26</b>

### Staff Turnover

For the quarter ending	30 September 2016	2.71%
For the last four quarters	1 October 2015 – 30 September 2016	10.86%

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:

HR continues to work with managers to ensure that change polices including redeployment are used as effectively as possible in light of pending changes.

### Staff Sickness

Section	Total staff	Number of days sickness	Quarter 2 average per employee	2016/17 annual average per employee
DMT / PAs	12	1	0.08	0.83
Adult Social Care	222	628	2.83	10.61
Commissioning & Resources	49	36	0.73	4.94
Housing	66	187.5	2.84	10.08
Public Health Shared	11	8	0.73	3.82
Public Health Local	5	1.5	0.30	2.60
<b>Department Totals (Q2)</b>	<b>365</b>	<b>862</b>	<b>2.36</b>	
<b>Totals (16/17)</b>	<b>365</b>	<b>3,782</b>		<b>9.12</b>

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

#### Comments:

##### Adult Social Care:

There were six cases of Long Term Sickness during Q2. Out of these cases, three have now returned to work, two cases are still to return, and one has been signed off by the Occupational Health Doctor for Tier 1 Ill Health Retirement. All cases have been reviewed by Occupational Health.

##### Housing:

There were two cases of Long Term Sickness during Q2, both have now returned to work and currently being monitored by Occupational Health.

## Section 5: Complaints

### Compliments Received

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

#### *Adult Social Care Compliments*

26 compliments were received in Adult Social Care. 1 was for the Community Team for Older People and People with Long Term Conditions, 6 were for the Community Team for Autism Spectrum Disorder, 13 were for the Community Team for People with Learning Disabilities, 2 were for both the Autism and Learning Disability teams, 2 were for Waymead, 1 was for Breakthrough and 1 was for the Emergency Duty Service.

#### *Housing Compliments*

10 compliments were received by Housing. 3 were received for Forestcare and 7 for Housing.

### Complaints Received

There were a total of 11 complaints received in the Department during the quarter, 2 in Housing and 9 in Adult Social Care. No complaints were received by Public Health.

#### Adult Social Care Statutory Complaints

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

Stage	New complaints activity in Q2	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	9	14	7 complaints were not upheld 4 complaints were partially upheld 1 complaint was upheld 2 complaints were ongoing within timescales
Local Government Ombudsman	0	0	-

#### Nature of complaints, actions taken and lessons learnt:

Of the 9 complaints received in quarter 2, 1 was about the Learning Disability service, 5 were about the Older People and Long Term Conditions Team service and 3 were about Mental Health service. 6 complaints were about the standard of service, 2 were about communications and 1 was about a decision made.

There was a learning point in that a Care Manager accepted that they should have obtained more information about care and treatment prior to visiting. The Head of Service will review the Care Manager's training and identify any further training required to develop her knowledge and skills.

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.

### Corporate Complaints

2 complaints were received in Housing 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 Q2	Complaints activity year to date	Outcome of total complaints activity year to date
Stage 2	2	4	1 complaint was upheld 3 complaints were partially upheld
Stage 3	0	0	-
Local Government Ombudsman	0	0	-

### Nature of complaints, actions taken and lessons learnt:

Both complaints received in quarter 2 related to the welfare service and speed of response to customers. Both complaints stem from the Fraud and error work that the service has agreed to undertake in relation to a Department of works and pensions sponsored programme. The work has been undertaken by one specific officer who writes to customers seeking information and despite requesting responses to the relevant caseworker claims have been suspended causing customers or their representatives the need to contact the service. This has been resolved by requiring all responses to go back to the worker who initiates the review.

## Annex A: Financial information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - AUGUST 2016							
	Original Cash Budget	Virements & Budget C/fwds	Current approved cash budget	Spend to date %age	Department's Projected Outturn	Variance Over / (Under) Spend	Movement this quarter
	£000	£000	£000	%	£000	£000	£000
<b>Director</b>	(338)	974	636	28%	657	21	21
	(338)	974	636		657	21	21
<b>Adult Social Care</b>							
Community Mental Health Team	1,974	(35)	1,939	36%	2,127	188	(52)
Community Mental Health Team for Older Adults	3,695	(259)	3,436	75%	5,094	1,658	758
Internal Services: Glenfield	201	21	222	17%	279	57	57
Community Team for People with Learning Disabilities	13,431	(622)	12,809	29%	11,753	(1,056)	(269)
Internal Services: Waymead	761	(6)	755	36%	602	(153)	(153)
Older People and Long Term Conditions	6,419	(306)	6,113	61%	6,998	885	410
Assistive Equipment and Technology	343	0	343	43%	421	78	78
Internal Services: Heathlands	636	(464)	172	64%	134	(38)	(38)
Community, Response & Reablement	1,778	(790)	988	74%	972	(16)	107
Emergency Duty Service	58	6	64	43%	64	0	0
Safeguarding	254	9	263	59%	322	59	3
	29,550	(2,446)	27,104		28,766	1,662	901
<b>Housing</b>							
Housing Options	170	(2)	168	117%	165	(3)	23
Housing Strategy	224	4	228	-16%	171	(57)	0
Housing Management Services	(40)	0	(40)	78%	(55)	(15)	0
Supporting People	952	(69)	883	35%	753	(130)	0
Housing Benefits Administration	612	(12)	600	26%	717	117	117
Housing Benefits Payments	108	(102)	6	37%	(272)	(278)	(278)
Other Housing	18	0	18	6%	18	0	0
Forestcare	31	68	99	56%	38	(61)	(61)
	2,075	(113)	1,962		1,535	(427)	(199)
<b>Commissioning &amp; Resources</b>							
Drug & Alcohol Action Team	3	2	5	37%	5	0	0
Joint Commissioning	562	425	987	35%	674	(313)	(313)
Information Technology Team	279	5	284	47%	275	(9)	(9)
Property	73	(7)	66	22%	66	0	0
Performance & Complaints	183	(5)	178	38%	141	(37)	0
Finance & Appointeeships	562	(8)	554	39%	511	(43)	(9)
Human Resources Team	192	(1)	191	43%	191	0	0
	1,854	411	2,265		1,863	-402	(331)
<b>Public Health</b>							
Bracknell Forest Local Team	(18)	2	(16)	27%	(16)	0	0
	(18)	2	(16)		(16)	0	0
<b>TOTAL ASCHH</b>	<b>33,123</b>	<b>(1,172)</b>	<b>31,951</b>		<b>32,805</b>	<b>854</b>	<b>392</b>
<b>Memorandum item:</b>							
Devolved Staffing Budget			14,037	46%	14,037	0	0
<b>Non Cash Budgets</b>							
Capital Charges	368	0	368		368	0	0
IAS19 Adjustments	1,194	0	1,194		1,194	0	0
Recharges	2,865	0	2,865		2,865	0	0
	4,427	0	4,427		4,427	0	0



## Capital Budget

Cost Centre Description	Budget £'000	Expenditure to Date £'000	Estimated Outturn £'000	Carry forward to 2016/17 £'000	(Under) / Over Spend £'000	Current Status
<b>HOUSING</b>						
Enabling more affordable housing	2,340.5	1,730.2	2,340.5	0.0	0.0	Purchased six properties in 16/17.
Help to buy a home (cash incentive scheme)	240.0	2.0	240.0	0.0	0.0	Four cases to complete at £60k each
BFC My Home Buy	347.5	15.6	347.5	0.0	0.0	Two properties has been completed.
Waymead flats	580.0	12.8	580.0	0.0	0.0	
Downshire Homes	6,466.0	4,760.1	6,466.0	0.0	0.0	17 properties purchased to date
Tenterton Guest House	65.0	4.1	65.0	0.0	0.0	For works on roof
<b>TOTAL HOUSING</b>	<b>10,039.0</b>	<b>6,524.8</b>	<b>10,039.0</b>	<b>0.0</b>	<b>0.0</b>	
<b>Percentages</b>		<b>65.0%</b>	<b>100.0%</b>		<b>0.0%</b>	
<b>ADULT SOCIAL CARE</b>						
Care housing grant	15.4	0.0	15.4	0.0	0.0	
Community capacity grant	506.9	3.1	506.9	0.0	0.0	Monies to be spent on Bridgewell / Santa Catalina
Older person accommodation strategy	400.0	0.0	0.0	0.0	400.0	Budget to be returned to Corporate
Improving information for social care	39.2	0.0	39.2	0.0	0.0	Integrating health and social care IT
IT systems replacement	208.4	0.0	208.4	0.0	0.0	Plans for budget need to be determined
<b>TOTAL ADULT SOCIAL CARE</b>	<b>1,169.9</b>	<b>3.1</b>	<b>769.9</b>	<b>0.0</b>	<b>400.0</b>	
<b>Percentages</b>		<b>0.3%</b>	<b>65.8%</b>		<b>34.2%</b>	
<b>TOTAL CAPITAL PROGRAMME</b>	<b>11,208.9</b>	<b>6,527.9</b>	<b>10,808.9</b>	<b>0.0</b>	<b>400.0</b>	
<b>Percentages</b>		<b>58.2%</b>	<b>96.4%</b>		<b>3.6%</b>	

## Annex B: Annual indicators not reported this quarter

### Council Plan indicators

Ind. Ref.	Short Description	Quarter due
<b>4. People live active and healthy lifestyles</b>		
OF1e	The number of adults with learning disabilities in paid employment as a % of adults with learning disabilities who receive a long-term service	Q1 2017-18 (this is an annual indicator)
OF1f	The number of adults with a mental health problem in paid employment a % of adults in contact with secondary mental health services	Q2 2017-18 (this is an annual indicator). <sup>1</sup>

<sup>1</sup> Note that the Department does not have confidence in the accuracy of the NHS Digital data (previously the Health & Social Care Information Centre) for Of1f and communications with this organisation are ongoing to resolve this.

TO: HEALTH OVERVIEW AND SCRUTINY PANEL  
12 JANUARY 2017

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**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**

<b>REFERENCE:</b>	I064153
<b>TITLE:</b>	Charging Options for Care and Support at Home
<b>PURPOSE OF REPORT:</b>	To seek approval from the Executive to consult on possible options for charging for Adult Social Care.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	24 Jan 2017
<b>FINANCIAL IMPACT:</b>	Within existing budget; the costs of running the consultation will be met from within existing resources
<b>CONSULTEES:</b>	People in receipt of non residential adult social care support.
<b>CONSULTATION METHOD:</b>	Letter Public Notice

<b>REFERENCE:</b>	I063292
<b>TITLE:</b>	Intermediate Care Commissioning
<b>PURPOSE OF REPORT:</b>	Consideration and approval of a business case on the future commissioning arrangements for Intermediate Care.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	14 Feb 2017
<b>FINANCIAL IMPACT:</b>	None at this time, a business case being developed for this decision will determine the financial impact
<b>CONSULTEES:</b>	CCG, Frimley Hospital, Voluntary Sector, Healthwatch, GPs
<b>CONSULTATION METHOD:</b>	Meetings with interested parties Staff if the Organisational Change Process needs to be utilised

Unrestricted

<b>REFERENCE:</b>	I065842
<b>TITLE:</b>	Options for Joint Commissioning of EMI Care Home Beds
<b>PURPOSE OF REPORT:</b>	Development options for the provision of a new care home in Bracknell Forest.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	14 Feb 2017
<b>FINANCIAL IMPACT:</b>	None at this stage.
<b>CONSULTEES:</b>	CCG; Other Local Authorities
<b>CONSULTATION METHOD:</b>	Meetings

<b>REFERENCE:</b>	I065555
<b>TITLE:</b>	Domiciliary Support Service Tender
<b>PURPOSE OF REPORT:</b>	To approve the recommendation to award a contract for the Domiciliary Care Service following a competitive tender.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	9 May 2017
<b>FINANCIAL IMPACT:</b>	To be incorporated into the report
<b>CONSULTEES:</b>	Internal teams within Adult Social Care, organisations who provide domiciliary support (both current providers and potential providers), voluntary & community organisations, people who use the service, and carers.
<b>CONSULTATION METHOD:</b>	Series of market shaping events Consultation with residents

Unrestricted

<b>REFERENCE:</b>	I063143
<b>TITLE:</b>	Domiciliary Support Service Tender
<b>PURPOSE OF REPORT:</b>	To approve the Procurement Plan for the Domiciliary Support Service Tender.
<b>DECISION MAKER:</b>	Director of Adult Social Care, Health & Housing, Executive Member for Adult Services, Health and Housing
<b>DECISION DATE:</b>	9 May 2017
<b>FINANCIAL IMPACT:</b>	To be incorporated into the report
<b>CONSULTEES:</b>	Internal teams within Adult Social Care who are part of the project team, organisations who provide domiciliary support (both current providers and potential providers), voluntary organisations, people who use the service, and their carers.
<b>CONSULTATION METHOD:</b>	Series of market shaping Consultation with local residents

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**TO: HEALTH OVERVIEW AND SCRUTINY PANEL  
12 JANUARY 2017**

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## **OVERVIEW AND SCRUTINY PROGRESS REPORT Assistant Chief Executive**

### **1 PURPOSE OF REPORT**

- 1.1 This report highlights Overview and Scrutiny (O&S) activity during the period June to November 2016.

### **2 RECOMMENDATION**

- 2.1 **To note Overview and Scrutiny activity and developments over the period June to November 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 the only changes to the membership arose from the resignation of a councillor. 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 2016/17 is being delivered largely as planned, with a scaling back of Working Group activity in order to create space to engage with the Transformation Programme projects. A routine report has been submitted to each O&S Commission meeting, monitoring progress against the O&S Work Programme, using traffic light indicators.
- 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 7 July, 22 September, and 17 November 2016. The main items included:
- Meeting representatives of the Community Safety Partnership and Thames Valley Police, to review performance in 2015-16; and the priorities in the Community Safety Plan for 2016-17.
  - Discussions with the Executive Member for Transformation & Finance and the Borough Treasurer on the current budgetary position and the Transformation Programme.
  - Receiving a presentation on the plans for office accommodation changes and the challenges being addressed.
  - Receiving updates on: discussions with the West London Mental Health Trust concerning the redevelopment of Broadmoor Hospital and the Trust's plans to decommission a number of the Hospital alert sirens; and the arrangements to notify alerts to schools.
  - An update on the work of the Economic and Skills Development Partnership.
  - A briefing about complaints made against the Council in 2015/16.
  - Reviewing the Quarterly Performance Reports (QSRs) 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.
  - The Bi-Annual O&S Progress Report, and progress reports from Panel Chairmen.
- 5.5 Some Members of the Commission visited the Broadmoor Hospital development site on 22 August. The plans for the redevelopment of the hospital were viewed, and discussions were held with the Trust's Director of Security, the Redevelopment Programme Director and the Construction Manager from Kier Construction. Members were then taken on a very informative tour of the new hospital, under construction.
- 5.6 The O&S Commission's next planned meeting is on 26 January 2017, when the main item is anticipated to be consideration of the Council's budget proposals for 2017/18.
- 5.7 Throughout the period, the work of O&S Members outside the programme of formal meetings has been dominated by making an input to the Council's Transformation Programme, both in the Core Groups on each Transformation project, and in participating in Gateway Reviews and other meetings.

Environment, Culture and Communities O&S Panel

- 5.8 Meetings of the Panel were held on 5 July and 20 September, 2016. During the meetings the Panel considered and commented on:
- Election of Chairman and appointment of Vice Chairman.
  - Preliminary Outcomes of the Residents' Parking Scheme.
  - Design Supplementary Planning Document.
  - Bracknell Forest Borough Local Plan Updates.
  - Executive response to the report of the O&S review of Procedures for Planning Applications and Enforcement.
  - Food Law Enforcement Plan 2016/17.
  - Coral Reef Update.
  - Review of the Council's Pre-Application Planning Advice Service.
  - Joint Regulatory Services Proposal.
  - Next working group review topic.
  - O&S Progress Report.
  - Scheduled Executive key and non-key decisions.

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- QSRs for the relevant quarters.
- 5.9 Further to issues raised and actions requested at Panel meetings, between meetings Members received clarification on the percentage of the average staff vacancy factor and received further information in respect of the new Coding Club commencing at Bracknell Library, the key project dates for the refurbishment of Coral Reef and the date of the switch on of the Met Office roundabout traffic lights. Members also requested regular updates on the refurbishment of Coral Reef at future Panel meetings until the project was completed and the Chairman sought a meeting with officers to discuss the costs and budget associated with the e+ Smartcard.
- 5.10 Having received the Executive's response to the report of the O&S review of the Council's Procedures for Planning Applications and Enforcement which accepted all but one of the recommendations, the Panel agreed that its next review topic would be houses in multiple occupation and it established a Working Group to undertake the review which is now proceeding (see Appendix 1).
- 5.11 Members of the Panel have joined O&S 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.
- 5.12 The Panel's next meeting will take place on 10 January 2017 and items under consideration will include the Council's budget proposals for 2017/18, Bracknell Forest Local Plan Update, six monthly O&S Progress Report and Quarter 2 QSR.

### Health O&S Panel

- 5.13 The Panel met on 30 June and 29 September 2016. The main items considered at those meetings included:
- Electing a chairman and vice chairman.
  - Receiving a briefing from Frimley Health NHS Foundation Trust on the plans to redevelop Heatherwood Hospital.
  - The outcome of the inspection of the Berkshire Healthcare Trust by the Care Quality Commission
  - The results of the GP Patient Survey and other independent information on the performance of NHS organisations providing services to Bracknell Forest residents.
  - The bi-annual progress report of O&S.
  - The 2015-16 Annual report of Healthwatch Bracknell Forest.
  - Receiving updates on: the Joint Strategic Needs Assessment; progress in implementing the Health and Wellbeing Strategy; and the outcome of the Peer review of the Health and Wellbeing Board.
  - The quarterly service reports of the Adult Social Care, Health and Housing department, relating to health.
  - Scheduled Executive Key and Non-Key Decisions relating to Health.
  - Progress reports from the Panel's Working Group reviewing GP Capacity. The Panel adopted the Working Group's report, which was sent to the Executive and local NHS organisations for responses to its recommendations.
- 5.14 Between formal Panel meetings, much of the Panel Members' time was spent on the Working Group reviewing whether there is sufficient GP capacity to meet the Borough's future needs. The report has been received positively, with the Clinical Commissioning Group (CCG) commenting: *'The CCG sees this as a really important piece of work which has come at the right time to inform the local primary care strategy for the future.'*
- 5.15 Other Health O&S activities included:

- Responding to a consultation by the CCG in July, concerning moving the GP Out of Hours service for patients of the Sandhurst Group GP Practice.
- Responding to the Council's consultation on the Comprehensive Local Plan.
- Keeping abreast of significant events, including inspection reports issued by the Care Quality Commission.
- Attending the CCG's Annual General Meeting in September.

5.16 The Panel's next meeting is on 12 January 2017, when the main items are anticipated to include consideration of the Council's budget proposals for 2017/18.

#### Joint East Berkshire with Buckinghamshire Health O&S Committee

5.17 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

5.18 Meetings of the Panel took place on 8 June and 7 September, 2016. During the meetings the Panel considered and commented on:

- Election of Chairman and appointment of Vice Chairman.
- 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, Fixed Term Exclusions and school attendance, an update on the Multi Agency Safeguarding Hub and headline examination results.
- 2015/16 Annual Report of the Statutory Roles and Responsibilities of the Director and Lead Member for Children's Services.
- Family Focus Programme Update.
- Update on provision for young people not in education, employment or training.
- Update on the implementation of the O&S report recommendations concerning substance misuse involving children and young people.
- Families in a Strong Community Project.
- Update on the 'Staying Put' policy.
- O&S report on Child Sexual Exploitation (CSE).
- Next review topic / working group.
- Scheduled Executive key and non-key decisions.

5.19 In response to actions arising at Panel meetings, Members received information concerning matters including fixed term exclusion trend data for Bracknell Forest schools, the number of children Becoming Looked After in 2015-16, an on-line training course to enable newly qualified and established teachers to detect early signs of substance misuse and the number of recruited Newly Qualified Teachers who failed to take up their teaching posts in September. Also, the Panel suggested that the 2015/16 Annual Report of the Statutory Roles and Responsibilities of the Director and Lead Member for Children's Services be expanded to include reference to the work with young carers and home educated children.

5.20 Owing to concerns associated with the increasing level of awareness of CSE following recent high profile cases in areas such as Rotherham, Rochdale and Oxford, the Panel previously established a working group to undertake a review of CSE in the Borough. The

## Unrestricted

Working Group has now completed its work and awaits the Executive's response to its related report and recommendations. In accordance with its work programme, the Panel has selected prevention and early intervention as its next review topic and has identified the need for a new working group to undertake that review (see Appendix 1).

- 5.21 As part of the Council's Transformation Programme, some Members of the Panel have joined core review groups relating to Children, Young People and Learning issues, and will attend meetings of the Groups as required and the associated Gateway Reviews.
- 5.22 The Panel next meets on 11 January 2017 when it will consider agenda items including the 2017/18 Budget Proposals, Quarter 2 QSR, six monthly O&S Progress Report and the 2015/16 Annual Reports of the Independent Reviewing Officer, of the Local Safeguarding Children Board and of Complaints, Compliments and Concerns relating to Children's Social Care.

### Adult Social Care and Housing O&S Panel

- 5.23 The Panel met on 25 May and 19 October, 2016, when it considered and commented on:
- Election of Chairman and appointment of Vice Chairman.
  - QSRs for the relevant quarters.
  - Annual Complaints Reports 2015/16 for Adult Social Care and for Housing.
  - Housing Allocation Policy.
  - Heathlands Residential Home Update.
  - Draft Housing Strategy 2016-2036.
  - Changes to the Local Council Tax Discount Scheme.
  - Domiciliary Support Service Procurement Plan.
  - Update on local care home provision.
  - Vision for the future of Adult Social Care and Health.
  - Next review topic / working group.
  - Work Programme 2016/17.
  - Scheduled Executive key and non-key decisions.
- 5.24 As actions arising from the Panel meetings, Members:
- were advised that the local mental health Recovery College was modelled on the example of South London and Maudsley NHS Foundation Trust.
  - received clarification on the number of complaints received and staff sickness totals.
  - requested that a future Member training session on the Council's provision for people with Autistic Spectrum Disorder over the age of 18 including housing provision be provided.
  - were advised how many planning consents were given over the previous Housing Strategy period as a comparison against completions to establish whether the lack of completions was due to sites not coming forward or not being developed.
- 5.25 Having previously completed its contribution to the Council's Homelessness Strategy via one its working groups, the Panel established a new working group to respond to the consultation in respect of the Housing Strategy 2016-2036 and to review a strand flowing from the Strategy, namely, housing supply for older people (see Appendix 1).
- 5.26 Although there are no Transformation Programme review topics relating to Adult Social Care and Housing, Panel Members have been invited to join core review groups and attend Gateway Reviews relating to topics in other areas.
- 5.27 The next meeting of the Panel will be held on 17 January 2017 and items under consideration will include the 2017/18 Budget Proposals, the Quarter 2 QSR, the Bracknell

Forest Safeguarding Partnership Board Annual Report 2015/16, the finalised Domiciliary Support Service Procurement Plan and the six monthly O&S Progress Report.

#### Other Overview and Scrutiny Issues

- 5.28 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%).
- 5.29 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. Good progress is being made on the agreed programme of work by Overview and Scrutiny for 2016/17. Scrutiny Panels' planned reviews focus on areas of importance to local residents and their conclusions have been publicised well. Scrutiny members have very effectively contributed to the Transformation Programme gateway reviews to date.

#### Borough Solicitor

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

#### Borough Treasurer

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

#### Equalities Impact Assessment

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

#### Strategic Risk Management Issues

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

#### Workforce Implications

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

#### Other Officers

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

## 8 CONSULTATION

### Principal Groups Consulted

8.1 None.

### Method of Consultation

8.2 Not applicable.

### Representations Received

8.3 None.

### Background Papers

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

### Contact for further information

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Tel: 01344 352283

### Doc. Ref

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

**OVERVIEW AND SCRUTINY CURRENT WORKING GROUPS – 2016/17**

Position at 15 November 2016

08

<b>Adult Social Care and Housing Overview and Scrutiny Panel</b>								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Housing Strategy and Supply of Older People's Accommodation	Cllrs Peacey (Lead Member), Mrs Angell, Finch, Harrison, Mrs McCracken, Mrs McKenzie, and Mrs Temperton	Simon Hendeby	Richard Beaumont	In draft				Initial introductory and scoping meeting took place on 15 November 2016.

<b>Environment, Culture and Communities Overview and Scrutiny Panel</b>								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Houses in Multiple Occupation	Cllrs Brossard, (Lead Member), Angell, Finnie, Mrs Ingham and Mrs McKenzie-	Steve Loudoun	Andrea Carr	√	Commenced.			Initial introductory and scoping meeting took place on 31 October 2016.



	Boyle							
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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	Cllrs Mrs McCracken (Lead), Mrs Birch, Ms Gaw, Peacey and Mrs Temperton	Karen Roberts / Sonia Johnson	Andrea Carr	√	Completed.	√		The Executive response to the report and recommendations is awaited.
81 Early Intervention and Prevention	Cllrs Mrs Birch, Ms Gaw, Mrs Hamilton and Mrs Temperton.		Andrea Carr					The initial scoping meeting is to be arranged.

**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	Cllrs Peacey (Lead), Phillips, Mrs Mattick, Mrs Temperton, Tullett and	N/A	Richard Beaumont	√	Completed	√		Responses to recommendations awaited from the Executive.

Virgo. Dr Norman								
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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 (to September), Peacey, Mrs Temperton, Thompson and Tullett.	Richard Beaumont	√	Three meetings held to date, and input made to two Gateway Review meetings.
Leisure Services Review	Cllrs Angell (Chairman), Mrs Angell, Mrs Birch, Mrs Ingham, King (to September), Mrs Mattick, Peacey, Mrs Temperton and Tullett.	Andrea Carr	√	First meeting held on 9 May. Input made to a Gateway Review meeting and a Member workshop.
Income Generation	Cllrs Angell (Chairman), Mrs Birch, King (to September), Leake, Peacey, Porter and Mrs Temperton	Richard Beaumont	√	First meeting held on 9 May. Core Group subsequently disbanded as project ceased.
Citizen and Customer Contact	Cllrs Leake (Chairman), Mrs Birch, D Birch, Finnie, Mrs Mattick and Thompson.	Richard Beaumont	√	Two meetings held to date, and input made to a Gateway Review meeting.
Early Intervention /Prevention	Cllrs Leake (Chairman), Mrs Birch, Mrs Ingham, Mrs Mattick, Peacey and Mrs Temperton.	Andrea Carr	√	First meeting held on 15 July.
Library Review	Cllrs Angell (Chairman), Mrs Birch, Mrs Ingham, King (to September), Mrs Mattick,	Andrea Carr	√	Two meetings held to date, and input made to a Gateway Review meeting and a workshop.

	Peacey, Mrs Temperton and Tullett.			
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**Completed Reviews (Since 2011)**

<b>Date Completed</b>	<b>Title</b>
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
March 2016	Procedures for Planning Applications and Enforcement
April 2016	Overview and Scrutiny Annual Report 2015/16
May 2016	NHS Trusts Quality Accounts 2015/16 (letters submitted to four Trusts)
September 2016	Child Sexual Exploitation
September 2016	General Practitioner Capacity

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

<sup>1</sup> 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, Substance Misuse (Children and Young People), and Planning Procedures.