



## **NOTICE OF MEETING**

### **Health Overview and Scrutiny Panel**

**Thursday 27 April 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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**Health Overview and Scrutiny Panel**  
**Thursday 27 April 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 12 January 2017.

5 - 14

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

Members are asked to declare any disclosable pecuniary or affected interests in respect of any matter to be considered at this meeting.

Any Member with a Disclosable Pecuniary 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 Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

Any Member with an affected Interest in a matter must disclose the interest to the meeting and must not participate in discussion of the matter or vote on the matter unless granted a dispensation by the Monitoring officer or by the Governance and Audit Committee. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be notified of the interest, if not previously notified of it, within 28 days of the meeting.

The interests above include the existence and nature of the party whip, in respect of any matter to be considered at this meeting.

**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. **Berkshire Healthcare Trust**

To meet Julian Emms, Chief Executive of Berkshire Healthcare NHS Foundation Trust, to review progress and plans for the Trust's mental health and community health services for residents of Bracknell Forest, with particular reference to the impact of the Sustainability and Transformation Plan.

15 - 30

7. **Health And Wellbeing Board**

Further to the Panel meeting of 29 September 2016, to receive a progress report on the actions arising from the peer challenge of the Health and Wellbeing Board.

31 - 42

8. **GP Out of Hours Service**

To receive an update from the Clinical Commissioning Group on the actions being taken over the Care Quality Commission's assessment of the GP Out of Hours service at Brants Bridge as 'Requires Improvement'.

9. **The Patients' Experience**

To discuss the key points of the patients' experience with a representative of Healthwatch.

10. **Quality Accounts 2016/17**

To note the comments on the Quality Accounts sent by the Panel to the four NHS Trusts providing most health services to Bracknell Forest residents.

11. **Departmental Performance**

To consider the performance dashboard and parts of the Quarter 3 2016/17 (October to December 2016) Quarterly Service Report of the Adult Social Care, Health and Housing department relating to health.

43 - 80

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

To consider scheduled Executive Key and Non-Key Decisions relating to Health.

81 - 84

13. **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 is scheduled for 7:30 pm on Thursday 29 June, with a pre-meeting for Members at 7:00 pm.

**HEALTH OVERVIEW AND SCRUTINY PANEL  
12 JANUARY 2017  
7.30 - 9.55 PM**



**Present:**

Councillors Phillips (Chairman), Tullett (Vice-Chairman), Dr Hill, Mrs Temperton and Virgo

**Non-Voting Co-opted Member:**

Dr David Norman, Co-opted Representative

**Executive Member:**

Councillor D. Birch

**Also Present:**

Councillors Leake and Peacey  
Richard Beaumont, Head of Overview & Scrutiny  
Mark Gittins, Performance Management  
Dr Martin Kittel, Bracknell & Ascot CCG  
Dr Lisa McNally, Consultant in Public Health  
Fiona Slevin-Brown, Bracknell & Ascot CCG  
Gill Vickers, Director of Adult Social Care, Health & Housing

**Apologies for absence were received from:**

Councillors G Birch, Finnie, Mrs Mattick and Thompson

**83. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Panel held on 29 September 2016 be approved as a correct record and signed by the Chairman.

**84. 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.

**85. Urgent Items of Business**

There were no items of urgent business.

**86. Public Participation**

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

**87. Bracknell & Ascot Clinical Commissioning Group (CCG)**

Ms Slevin-Brown, Director of Strategy and Operations from the Bracknell & Ascot Clinical Commissioning Group (CCG) and Dr Kittel, Board Director CCG, attended the meeting and gave an update on the work of the CCG. The presentation covered the following areas:

- Significant developments over the past year
- Nine 'must dos' for 2017-19
- Plan on a page
- The Operating Plan linking to local priorities
- Examples of future developments
- Working collaboratively
- Primary Care Co-commissioning
- Delegation

Dr Kittel made the following points:

- The CCG were passionate about self care and they were the only CCG locally to have a work stream dedicated to self care. There had been a lot of activity around self care which included Self Care week and a range of free activities and services that could be accessed around the local area. The CCG had supported a range of work delivered by the Public Health team. Self Care week had been hugely successful with over 2000 instances of contact from the public.
- They were the only CCG locally to offer a Musculoskeletal service which was delivered from Brants Bridge, however this service was proving very costly and so would need to be looked at again.
- The total hip and knee replacement avoidance specialist physiotherapist service was proving successful and introduced a complete non surgical approach as well as savings for the CCG in the longer term. There had been a reduction in the number of hip and knee operations as a result of this work. The Panel were impressed with the reduction in the waiting list for operations in this area.
- Healthmakers were working successfully to improve resilience in the community.
- The CCG had attempted to improve referral rates for respiratory conditions but that the referral rate had not increased significantly despite lots of messages to encourage referrals being put out by the CCG.
- In response to Members queries, Dr Kittel reported that the CCG based its provision around NICE guidelines and their published list of restricted services. For example, the CCG no longer offered the removal of skin lesions for cosmetic purposes.

Ms Slevin-Brown made the following points:

- The CCG were currently awaiting feedback from NHS England on their Operating Plan, it was hoped that a finalised version of this Plan could be produced by 8 February.
- There was a huge project to connect primary care records with other partners underway and it was hoped that by the autumn the results of this work would be seen and improve patient care.
- Cancer was very important locally, particularly bowel and breast cancers where survival rates and take up of screening were not as good as national figures. It was hoped that the age of screening would be reduced to the age of 50 nationally to improve survival rates of these cancers. There were currently too many late presentations of breast cancer in the CCG area.
- Hypertension was not being picked up early enough, this was in the CCG's Operating Plan for this year.

- Work was also underway to repatriate more services locally from London.

The Panel made the following points:

- The Consultant in Public Health reported that there was a good whole system approach to young people and mental health. She also stated that the 'stop before you op' project was working positively to encourage people to take greater responsibility for their health.
- Members reported that two London boroughs were now withholding services from people who were obese or smokers and this was likely to become more widely undertaken in the future as pressures on budgets continued and populations grew.
- Dr Kittel reported that given the larger STP footprint, attempts were being made to work more closely with the CCGs in neighbouring boroughs such as the Royal Borough of Windsor & Maidenhead and Slough.
- Dr Kittel reported that the CCG had recently participated in away days with the aim of bringing teams together, as unless morale was high, the significant changes required for the future could not be achieved. This was a difficult balancing act as it meant that clinical time was lost.
- Ms Slevin-Brown reported that the CCG would also be working with Farnham, Surrey Heath and Frimley Park, this would ensure that population focus was maintained. It would also allow a collaborative approach to tackle problems faced by the whole area and to make the best use of resources.
- In response to Members queries around joint funding and the difficulties around this, Ms Slevin-Brown reported that each organisation was statutorily separate and would have an individual budget which was intended to be spent on behalf of their local population. Dr Kittel assured the Panel that the CCG would be working hard to ensure that budgets were maintained locally and not lost to other areas. Ms Slevin-Brown added that this collaborative way of working also allowed the opportunity to negotiate contracts with big providers such as Frimley Health Trust. Negotiating on behalf of three CCG's would bring advantages.
- Dr Kittel reported that most GP practices were now available throughout the daytime.
- CCG agreed to comment on any concerns arising from the reported delays in patients being attended to at Accident and Emergency.

**88. Responses to the Overview & Scrutiny Review "A Review of whether there is sufficient General Practitioner Capacity in Bracknell Forest to meet Future Demands"**

The Executive Member for Adult Social Care & Health thanked the Panel for a very comprehensive document. All the recommendations had been endorsed by the Executive and recommendation 2.3 had also been endorsed. The Executive Member recognised that this was a difficult area to scrutinise as it was constantly changing.

The CCG Director of Strategy and Operations reported that with reference to the joint commissioning committee referred to in the report, the governance arrangements would be changing as the CCG had applied for fully delegated commissioning, this would mean that if successful the CCG would no longer jointly commission with NHS England but would commission independently.

Dr Kittel reported that the report was excellent and very comprehensive and understood local issues.

Councillor Peacey thanked NHS colleagues for all their work and input into this work.

It was reported that the CCG were working more closely with local authorities to tackle the pressures that would arise as housing developments progressed on a significant scale. The new Comprehensive Local Plan would refer to health facilities. All infrastructure would be considered, including community services and primary care and considered in a holistic way.

**89. 2017/18 Budget Scrutiny**

The Head of Overview & Scrutiny reported that the Executive had agreed the Council's draft budget proposals for 2017/18 as the basis for consultation with the O&S Commission, O&S Panels and other interested parties. Following the consultation the Executive would consider the representations made before recommending the budget to Council.

Members queried the reduction in funding to Public Health and asked what would be cut as a result of this reduced funding. The Consultant in Public Health reported that the team were working in a number of ways to work more cost effectively and more collaboratively, as a result no services had yet been cut. One example included school nursing and health visitors. A skill mix had been achieved which had allowed savings to be made. The Public Health portal was another example of where savings had been achieved by offering online self service services. Further, smoking cessation work had been successful and this had reduced calls on budgets.

The Panel endorsed the Council's draft budget proposals for 2017/18.

**90. Work Programme**

The Head of Overview & Scrutiny reported that each Panel had been asked to consider what they would like to do in terms of their work programme for 2017/18.

The Chairman stated that she was supportive of considering and scrutinising the Sustainability & Transformation Plan (STP) and that this would need to be a joint working group with Adult Social Care. Other members of the Panel supported this suggestion and agreed that a joint working group was needed for this. STPs could potentially bring fundamental change locally.

The Head of Overview & Scrutiny encouraged Members to not take on too much and that if they attempted to undertake more than one review at a time, this could slow things down. In addition, this would be an area that would require continuity rather than a short, sharp probe.

The Executive Member for Adult Social Care stated that the STP covered a huge area and it may be useful for Members to focus on particular aspects.

The Chairman agreed to take this proposal to the O&S Commission and approach Adult Social Care O&S to invite them to jointly undertake this work with the Panel. This assumed that O&S officer support would continue to be available.

**91. Heatherwood Hospital Redevelopment**

The Head of Overview & Scrutiny reported that the Panel had requested periodic updates on this redevelopment and as a result a written update had been provided for Members to note.



A planning application had been submitted on 5 October 2016 and this was due to be considered by the Planning Committee on 25 January 2017. The cost of the redevelopment would be circa £82m funded partly by a loan but mainly via land sale proceeds for housing development which enabled the project to be affordable for the Trust.

The Panel noted the update.

## 92. **The Patients' Experience**

The Panel noted the NHS Choices information concerning the nearby NHS Trusts, at Appendix 1.

In response to Members queries, the Head of Overview and Scrutiny agreed to enquire of NHS Choices why no information was given on mortality rates at Prospect Park hospital.

## 93. **Departmental Performance**

The Director of Adult Social Care, Health & Housing reported that following Member discussions around the usefulness of quarterly service reports which were backward looking, the Director had agreed to look into an interactive dashboard. This dashboard was now up and running.

In terms of the performance of the department, the Director reported that:

- The Transformation programme was progressing well, high level savings assumptions had now been developed.
- The Director reported that in order to meet a whole system transformation, a much more radical approach was needed to achieve the scale of Adult Social Care savings required whilst sustaining Health and Care services. Integration with Health represented only part of the solution. 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.
- Care services would need even greater focus and investment on prevention, enabling independence and reducing dependency. The cost of residential placements had almost doubled.
- The Director reported that delivery against actions in the Service Plan was strong. Of the 45 actions, 38% had been completed, 58% were on target and 2 had potentially been delayed.
- Overall, the department compared well in terms of delivery against other local authorities in the South East.

The Panel were presented with the departmental dashboard and the following points were made:

- The dashboard aimed to give more information than the QSR currently provided as well as better quality of information. The dashboard also provided historic data, this allowed comparisons to be drawn. The home screen was geared around the themes of the Council and each theme could be drilled down into detailed areas.
- The Director stated that Children's Services were keen to also enter their information to the dashboard, making it a more widely used tool across the Council.
- Information would be entered into the dashboard as soon as officers had it. It would be important to maintain version control.

- Officers were currently looking into how the dashboard could work on tablets, at present it was somewhat clunky.
- It was confirmed that information around trends and exceptions could be gleaned from the dashboard.

The Chairman stated that this was an excellent piece of work and that the Panel was happy for officers to proceed with this work. The potential of this work was exciting.

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

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

95. **Overview & Scrutiny Bi-Annual Progress Report**

The Panel noted the bi-annual progress report of the Assistant Chief Executive.

96. **Member Feedback**

Members reported that:

- An eye clinic was being re-started at Brants Bridge
- The Chairman of Frimley Health Trust had expressed concern over the state of the Trust's finances
- Unlike the worrying reports in the media about long average waits in A&E, the statistics for the A&E facilities in the vicinity of Bracknell Forest were good.

The Chairman announced that this was Richard Beaumont's final Panel meeting before he would be retiring in March 2017. The Chairman thanked Richard on behalf of the Panel for his hard work and excellent support of Members and the O&S function. The Chairman stated that Richard's keen eye, coupled with keeping his finger on the pulse had proved invaluable to Members and he wished Richard well for the future.

**CHAIRMAN**

**ACTIONS TAKEN : HEALTH OVERVIEW AND SCRUTINY PANEL MEETING**  
**12 JANUARY 2017**

<b><u>Agenda Item</u></b>	<b><u>Action Required</u></b>	<b><u>Action Taken</u></b>
6. Bracknell & Ascot Clinical Commissioning Group	CCG to comment on any concerns arising from the reported delays in patients being attended to at Accident and Emergency.	Response received from the CCG on 15 February (see attached)
7. The Patients' Experience	Enquire of NHS Choices why no information is given on mortality rates at Prospect Park hospital	NHS Digital have responded: <i>'Berkshire Healthcare NHS Foundation Trust is a mental health and community trust, it is not included in the Summary Hospital-level Mortality Indicator (SHMI) and so no SHMI data is available on the NHS Choices webpage.  The SHMI is only calculated for non-specialist acute trusts. Specialist trusts, mental health trusts, community trusts and independent sector providers are excluded from the SHMI because there are important differences in the case-mix of patients and the SHMI has not been designed for these types of trusts.'</i>

## Briefing for Bracknell Health Overview Scrutiny Committee on A&E waiting times at Frimley NHS Foundation Trust







### Position as at January 2017

As with many areas of the UK, there has been significant and sustained pressure on the urgent and emergency care system in the east of Berkshire.

The two hospitals that see the majority of urgent and emergency care patients registered with east Berkshire GP practices are Wexham Park and Frimley Park Hospitals. The following table summarises activity and performance at these hospitals from 1<sup>st</sup> December 2016 to mid-January 2017, and compares them to the same period the previous year.

As is common in other areas of the UK, an A&E Delivery Board is responsible for ensuring the effective delivery of urgent care across east Berkshire. This group has representation from all key organisations, including acute and community trusts and local authorities.

The NHS England A&E performance standard is the key measure for waiting times in A&E departments across England. The expectation is that 95% of patients are treated, admitted or discharged within 4 hours. The number of A&E attendances in the table below shows the level of demand at the front door of the hospital, while the emergency admissions figure measures the number of patients subsequently admitted to a hospital bed.

	Frimley Park Hospital			Wexham Park Hospital		
	Dec-Jan 2015/16	Dec-Jan 2016/17	Variance	Dec-Jan 2015/16	Dec-Jan 2016/17	Variance
A&E performance	92%	89%	3% 	95%	84%	11% 
Average daily A&E attendance	291	301	3.4% 	322	333	3.5% 
Average daily emergency admissions	89	92	3.3% 	84	104	23% 

Key issues that affected performance levels were:

- Continued increase in demand
- More patients having to be admitted to hospital, therefore, reducing the number of beds available for subsequent patients
- An increase in the most seriously ill or injured patients, putting pressure on intensive care services over long periods of time

- Patients arriving in clusters in the late afternoon and evening, adding additional challenges to hospital services.

### **Actions being undertaken to help address the situation**

There has been sustained and shared commitment from all health and social care leaders, clinicians and staff from all organisations involved to ensure urgent and emergency care services are accessible when they need to be. The Frimley North and South A&E Delivery Boards have well developed winter preparedness plans, which include a number of initiatives to support improved A&E performance at Wexham Park and Frimley hospitals.

These have been supported by local communication of the national “Stay Well this Christmas” campaign. When the system is experiencing increased pressure, “choose well” messages are shared with the public to help them understand where they can get the right kind of help. This includes promoting NHS 111 and alternative services, such as community pharmacies, that can help with minor ailments, thereby relieving the pressure on acute hospitals. Bracknell also has an urgent care centre, which is a suitable alternative to A&E for local people with minor injuries.

The local Ambulance Trust continues to work closely with the east Berkshire CCGs to ensure their services are geared up to manage increased urgent demand over the winter period and to provide support to the rest of the system. We have worked to ensure non-emergency patient transport services are booked in advance, allowing for smoother discharges from hospital for patients. South Central Ambulance Service continues to focus on alternative ways of supporting people, such as “Hear and treat”; this is when people dialling 999 receive safe and effective advice over the telephone, rather than having an ambulance despatched unnecessarily. This may include advice on self-care or a referral to other urgent care services.

In addition, at Wexham Park and Frimley Park hospitals, a local GP is supporting hospital teams with facilitating the discharge process, which includes liaising with patients’ own GPs and other professionals.

The east Berkshire CCGs are also leading a key project to ensure patients are not delayed in leaving hospital once they are medically stable and ready to go home or to their normal place of residence. This project focuses on assessing people’s longer-term care needs outside hospital, which is recognised as clinically more appropriate and preferred by most patients and their families.

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Survey of people who use  
community mental health services  
2016



Survey of people who use community mental health services  
2016

Berkshire Healthcare NHS Foundation Trust

Survey of people who use community mental health services 2016





# National NHS patient survey programme

## Survey of people who use community mental health services 2016

### The Care Quality Commission

Our purpose:

- The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

- We register health and adult social care providers.
- We monitor and inspect services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings.
- We use our legal powers to take action where we identify poor care.
- We speak independently, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

Our values:

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

### Survey of people who use community mental health services 2016

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

The 2016 survey of people who use community mental health services involved 58 providers of NHS mental health services in England (including combined mental health and social care trusts, Foundation Trusts and community healthcare social enterprises that provide mental health services). We received responses from more than 13,000 people, a response rate of 28%.

People aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1 September 2015 and 30 November 2015. For more information on the sampling criteria for the survey please see the instruction manual for the survey (see 'Further Information' section). Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between February and June 2016.

Similar surveys of community mental health services were carried out between 2004 and 2008, and 2010 to 2015<sup>1</sup>. However, the survey has undergone two major redevelopments ahead of the 2010 and 2014 surveys to reflect changes in policy, best practice and patterns of service. This means that the 2016 survey is only comparable with the 2015 and 2014 survey. Surveys carried out between 2010 and 2013 are comparable with each other but not with any other surveys, due to the re-development in 2010.

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

CQC will use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. Survey data will be used in CQC's Insight, an intelligence tool which indicates potential changes in quality of care to support decision making about our regulatory response. Survey data will also form a key source of evidence to support the judgements and inspection ratings published for trusts.

<sup>1</sup>In 2009 a survey of mental health inpatients took place.

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

## Interpreting the report

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

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

A 'section' score is also provided, labelled S1-S10 in the 'section scores' on page 6. The scores for each question are grouped according to the sections of the questionnaire, for example, 'health and social care workers', 'organising care' and so forth. Please note that Q3 (*In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?*) is in section nine ('Overall views of care and services') as this was the only question that could be scored in the 'Care and Treatment' section of the questionnaire.

## Standardisation

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

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

## Scoring

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

It is not appropriate to score all questions in the questionnaire as not all of the questions assess the trusts in any way, for example, they may be 'routing questions' designed to filter out respondents to whom the following questions do not apply. An example of a routing question is Q24 (*In the last 12 months, have you been receiving any medicines for your mental health needs?*).

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

## Graphs

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

- If your trust's score lies in the orange section of the graph, its result is 'about the same' as most

other trusts in the survey

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

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

## Methodology

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

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

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section<sup>2</sup>). This is because the uncertainty around the result is too great.

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

## Tables

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

Scores from last year's survey are also displayed where available. The column called 'change from 2015' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2015. A statistically significant difference means that the change in the result is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test.

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

Where a result for 2015 is not shown, this is because the question was either new this year, or the question wording and/or the response categories have been changed. It is therefore not possible to compare the results as we do not know if any change is caused by alterations to the survey instrument, or variation in a trust's performance. For information on question changes in the 2016 questionnaire, please see the next section ('notes on specific questions'). Comparisons are also not able to be shown if a trust has merged with other trusts since the 2015 survey, or if a trust committed a sampling error in 2015.

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<sup>2</sup>A section score is not able to be displayed as it will include fewer questions compared with other trusts hence it is not a fair comparison.

## Notes on specific questions

This section provides information about the analysis of particular questions:

### Q9 and Q10:

Q9 *Do you know how to contact this person if you have a concern about your care?*

Q10 *How well does this person organise the care and services you need?*

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

### Q14:

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

As the question specifies a time period of 'the last 12 months' respondents who stated at Q2 they had been in contact with mental health services for less than a year have been removed from the base for this question. This is because it is not fair to penalise trusts for not having reviewed a person's care, if they have not been in contact with services for long enough to have reasonably expected them to have had a care review.

### Q15 and Q16:

Q15 *Were you involved as much as you wanted to be in discussing how your care is working?*

Q16 *Did you feel that decisions were made together by you and the person you saw during this discussion?*

This year we have revised the analysis rules for Q15 and Q16, to be consistent with that applied to Q14.

This new approach removes respondents who stated at Q2 they had been in contact with mental health services for less than a year from the results for Q15 and Q16 (as well as for Q14) because we cannot be certain that respondents were referring to a care review.

The results from the 2015 survey for these questions have been rerun to match the revised approach. This means that the 2015 responses to Q15 and Q16 published in the tables section of this report may be slightly different to those published in your 2015 benchmark report.

### Q18:

*Were the reasons for this change explained to you at the time?*

This is a new question for 2016, and it is therefore not possible to compare the result for this question with 2015.

### Q19 and Q20:

Q19 *What impact has this had on the care you receive?*

Q20 *Did you know who was in charge of organising your care while this change was taking place?*

Only people who answer 'yes' to Q17 answer these questions, with all other responses being routed past (to Q21). A new response option has been added to Q17 (yes, but this was because I requested the change) which will have changed the number of people who go on to answer Q19 and Q20, meaning results are no longer comparable with 2015.

### Q31:

*Were these treatments or therapies explained to you in a way you could understand?*

This is a new question for 2016, and it is therefore not possible to compare the result for this question with 2015.

### Q39:

*Do the people you see through NHS mental health services help you with what is important to you?*

The question preceding this question in the 2015 questionnaire was removed for 2016. As it can't be known if any change in the result for this question in 2016 was caused by a change in the ordering of the questions, this question is not comparable with 2015.

## Further information

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

[www.cqc.org.uk/cmhsurvey](http://www.cqc.org.uk/cmhsurvey)

The results from previous community mental health surveys that took place between 2004 and 2008<sup>3</sup>, and between 2010 and 2013 are available at the link below. Please note that due to redevelopment work, results from the 2016 survey are only comparable with 2015 and 2014<sup>4</sup>:

[www.nhssurveys.org/surveys/290](http://www.nhssurveys.org/surveys/290)

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

[www.nhssurveys.org/surveys/877](http://www.nhssurveys.org/surveys/877)

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

[www.cqc.org.uk/content/surveys](http://www.cqc.org.uk/content/surveys)

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

[www.cqc.org.uk/content/monitoring-trusts-provide-mental-health-services](http://www.cqc.org.uk/content/monitoring-trusts-provide-mental-health-services)

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<sup>3</sup>In 2009 a survey of mental health inpatient services took place.

<sup>4</sup>Please note that the survey was also substantially redeveloped in 2010. This means that surveys carried out between 2010 and 2013 are comparable with each other but not with any other surveys.

# Survey of people who use community mental health services 2016

## Berkshire Healthcare NHS Foundation Trust

### Section scores

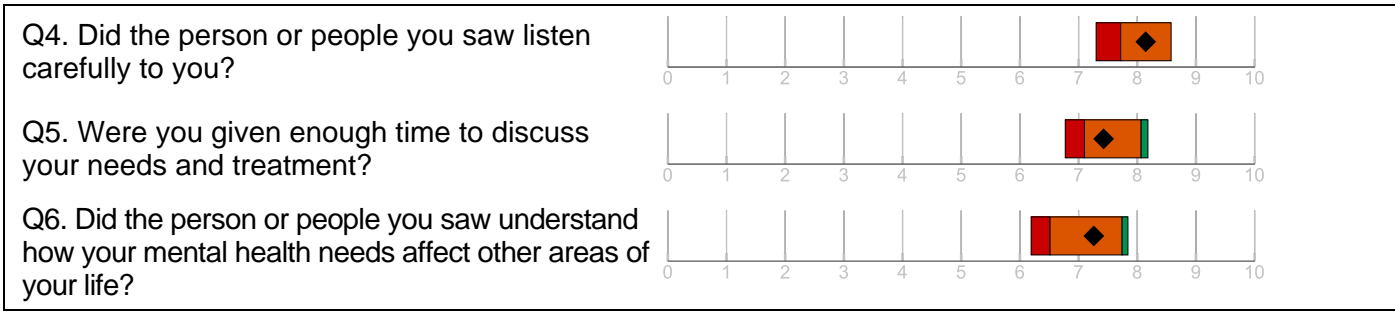


	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same		This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

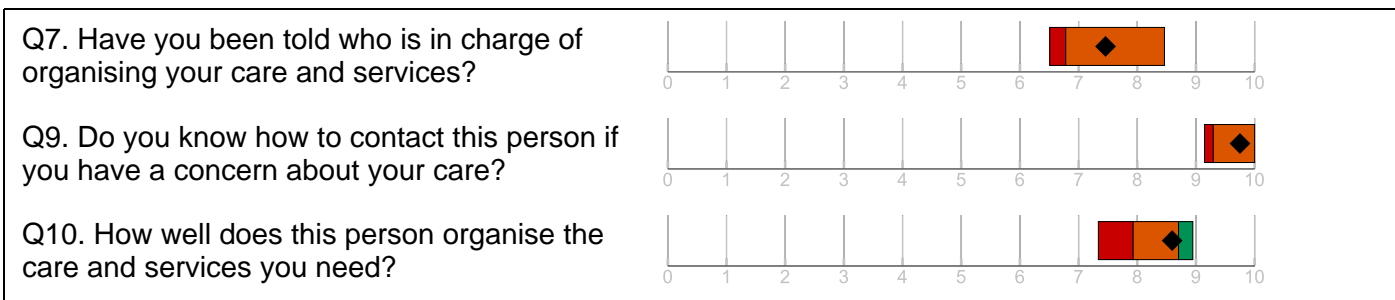
# Survey of people who use community mental health services 2016

## Berkshire Healthcare NHS Foundation Trust

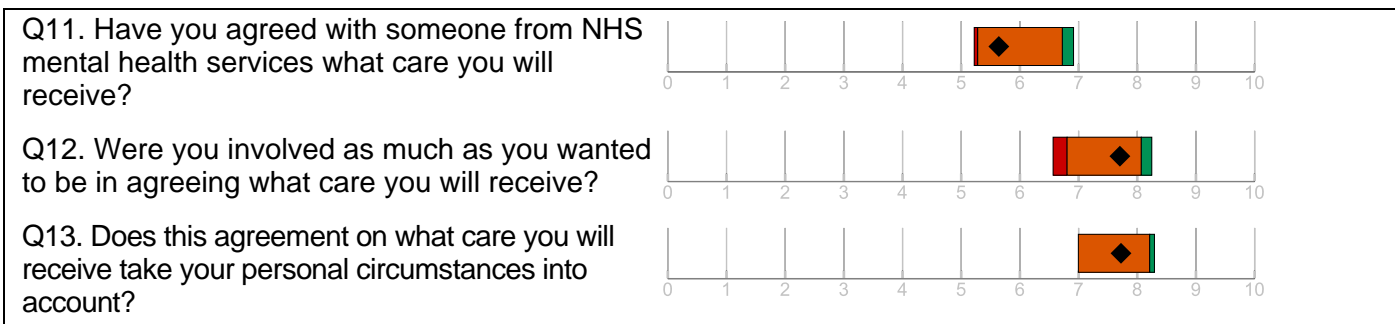
### Health and social care workers



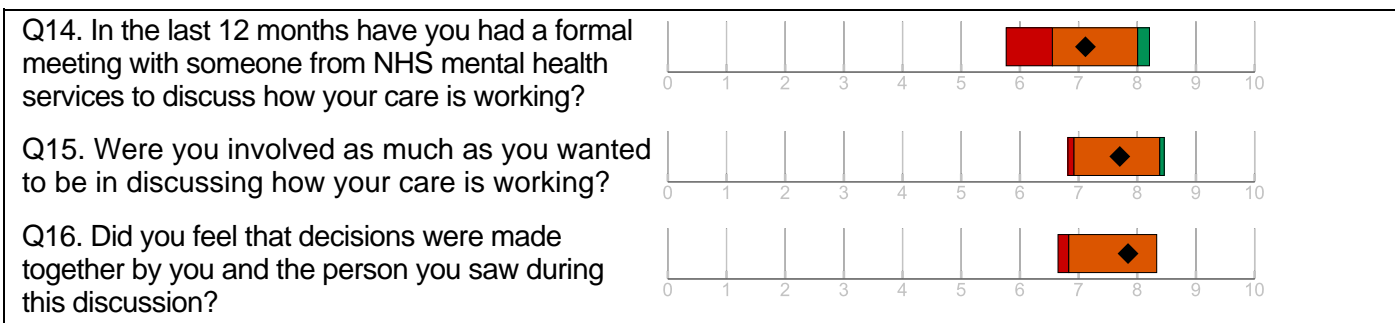
### Organising care






### Planning care



### Reviewing care

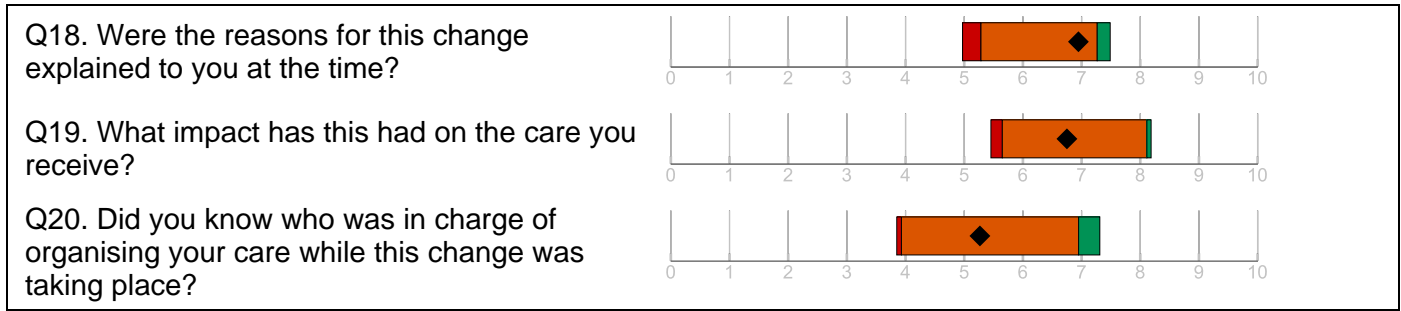


	Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
	About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
	Worst performing trusts		

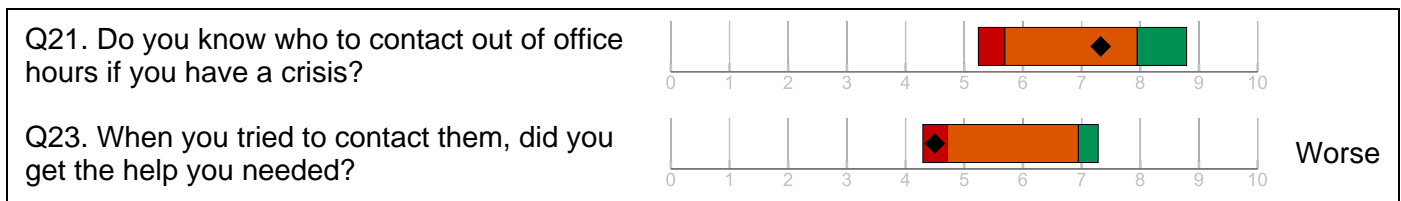
# Survey of people who use community mental health services 2016

## Berkshire Healthcare NHS Foundation Trust

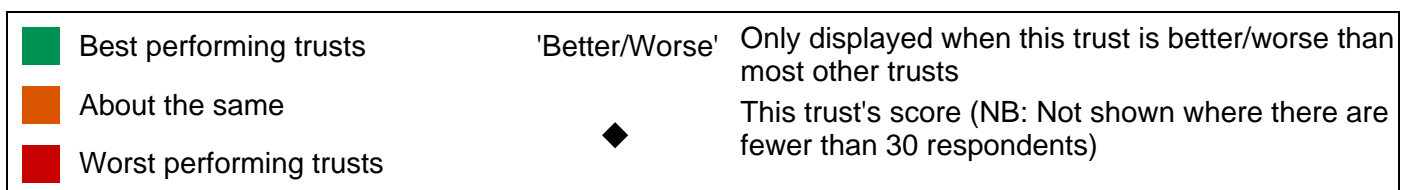
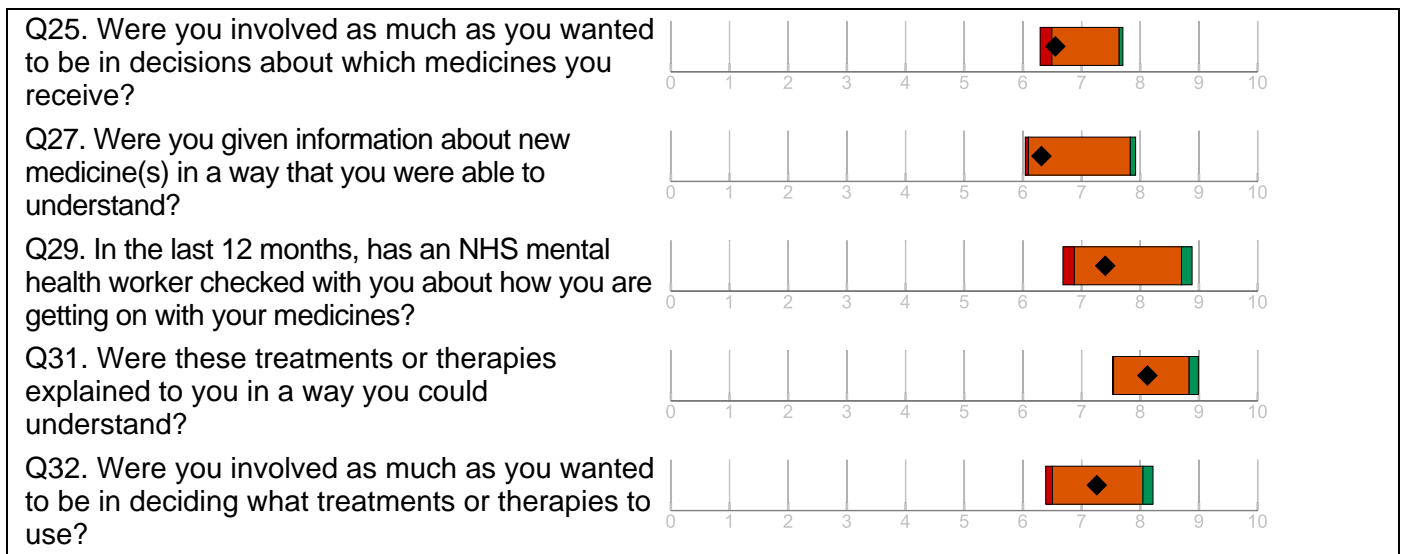
### Changes in who people see



### Crisis care



### Treatments

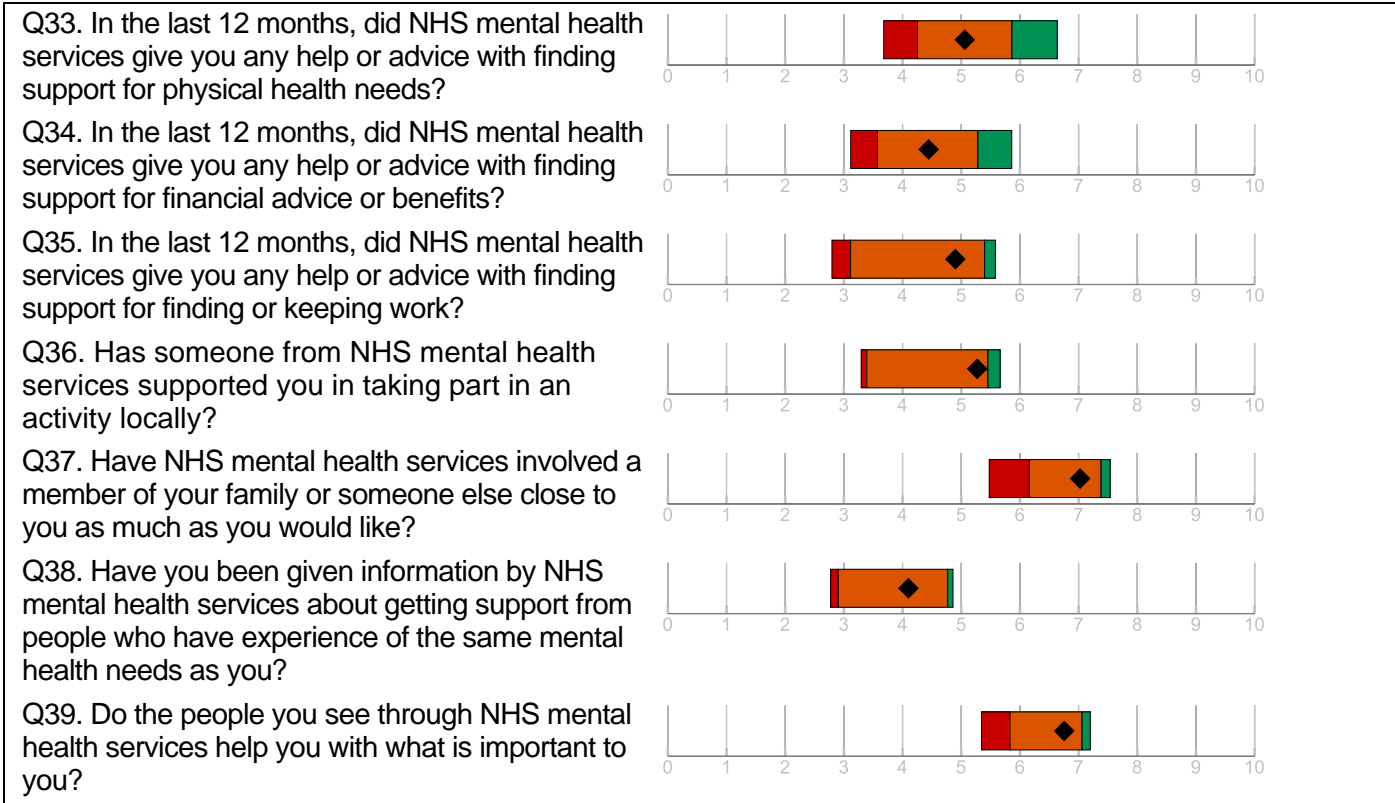




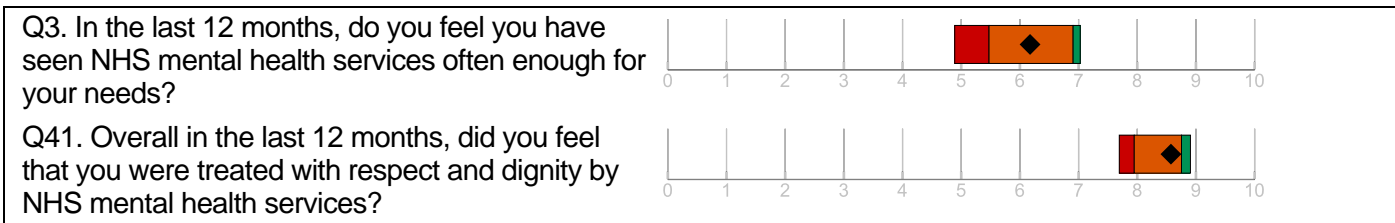
# Survey of people who use community mental health services 2016

## Berkshire Healthcare NHS Foundation Trust

### Support and wellbeing



### Overall views of care and services



### Overall experience



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

# Survey of people who use community mental health services 2016

## Berkshire Healthcare NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2015 scores for this NHS trust	Change from 2015
<b>Health and social care workers</b>						
S1 Section score	7.6	6.9	8.1			
Q4 Did the person or people you saw listen carefully to you?	8.1	7.3	8.6	221	8.3	
Q5 Were you given enough time to discuss your needs and treatment?	7.4	6.8	8.2	221	7.3	
Q6 Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.3	6.2	7.8	221	7.2	
<b>Organising care</b>						
S2 Section score	8.6	8.0	9.0			
Q7 Have you been told who is in charge of organising your care and services?	7.5	6.5	8.4	189	7.7	
Q9 Do you know how to contact this person if you have a concern about your care?	9.8	9.1	10.0	120	9.5	
Q10 How well does this person organise the care and services you need?	8.6	7.3	8.9	118	8.2	
<b>Planning care</b>						
S3 Section score	7.0	6.4	7.7			
Q11 Have you agreed with someone from NHS mental health services what care you will receive?	5.6	5.2	6.9	225	5.7	
Q12 Were you involved as much as you wanted to be in agreeing what care you will receive?	7.7	6.6	8.2	160	7.5	
Q13 Does this agreement on what care you will receive take your personal circumstances into account?	7.7	7.1	8.3	162	7.5	
<b>Reviewing care</b>						
S4 Section score	7.6	6.7	8.1			
Q14 In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	7.1	5.8	8.2	164	7.0	
Q15 Were you involved as much as you wanted to be in discussing how your care is working?	7.7	6.8	8.5	115	7.4	
Q16 Did you feel that decisions were made together by you and the person you saw during this discussion?	7.8	6.6	8.3	115	7.6	

↑ or ↓ Indicates where 2015 score is significantly higher or lower than 2016 score (NB: No arrow reflects no statistically significant change)  
Where no score is displayed, no 2015 data is available.

# Survey of people who use community mental health services 2016

## Berkshire Healthcare NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2015 scores for this NHS trust	Change from 2015
<b>Changes in who people see</b>						
S5 Section score	6.3	5.1	7.4			
Q18 Were the reasons for this change explained to you at the time?	6.9	5.0	7.5	64		
Q19 What impact has this had on the care you receive?	6.8	5.5	8.2	61		
Q20 Did you know who was in charge of organising your care while this change was taking place?	5.3	3.8	7.3	64		
<b>Crisis care</b>						
S6 Section score	5.9	5.4	7.9			
Q21 Do you know who to contact out of office hours if you have a crisis?	7.3	5.2	8.8	212	8.0	
Q23 When you tried to contact them, did you get the help you needed?	4.5	4.3	7.3	57	5.4	
<b>Treatments</b>						
S7 Section score	7.1	6.8	8.1			
Q25 Were you involved as much as you wanted to be in decisions about which medicines you receive?	6.6	6.3	7.7	153	6.8	
Q27 Were you given information about new medicine(s) in a way that you were able to understand?	6.3	6.0	7.9	79	6.9	
Q29 In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	7.4	6.7	8.9	128	6.9	
Q31 Were these treatments or therapies explained to you in a way you could understand?	8.1	7.5	9.0	78		
Q32 Were you involved as much as you wanted to be in deciding what treatments or therapies to use?	7.3	6.4	8.2	75	6.6	

↑ or ↓

Indicates where 2015 score is significantly higher or lower than 2016 score  
(NB: No arrow reflects no statistically significant change)  
Where no score is displayed, no 2015 data is available.

# Survey of people who use community mental health services 2016

## Berkshire Healthcare NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score achieved	Highest trust score achieved	Number of respondents (this trust)	2015 scores for this NHS trust	Change from 2015
<b>Support and wellbeing</b>						
S8 Section score	5.4	4.0	6.0			
Q33 In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	5.1	3.7	6.6	104	4.9	
Q34 In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	4.4	3.1	5.9	104	3.9	
Q35 In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	4.9	2.8	5.6	53	3.1	↑
Q36 Has someone from NHS mental health services supported you in taking part in an activity locally?	5.3	3.3	5.7	117	4.5	
Q37 Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	7.0	5.5	7.5	160	6.5	
Q38 Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?	4.1	2.8	4.9	137	3.9	
Q39 Do the people you see through NHS mental health services help you with what is important to you?	6.8	5.3	7.2	211		
<b>Overall views of care and services</b>						
S9 Section score	7.4	6.3	7.9			
Q3 In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.2	4.9	7.0	216	6.3	
Q41 Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.6	7.7	8.9	222	8.1	
<b>Overall experience</b>						
S10 Section score	7.2	6.1	7.5			
Q40 Overall...	7.2	6.1	7.5	215	6.8	

↑ or ↓

Indicates where 2015 score is significantly higher or lower than 2016 score  
(NB: No arrow reflects no statistically significant change)  
Where no score is displayed, no 2015 data is available.

# Survey of people who use community mental health services 2016

## Berkshire Healthcare NHS Foundation Trust

### Background information

The sample	This trust	All trusts
Number of respondents	233	13254
Response Rate (percentage)	28	28

Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	41	44
Female	59	56
Age group (percentage)	(%)	(%)
Aged 18-35	14	14
Aged 36-50	15	22
Aged 51-65	20	25
Aged 66 and older	51	39
Ethnic group (percentage)	(%)	(%)
White	88	87
Multiple ethnic group	2	2
Asian or Asian British	7	4
Black or Black British	2	3
Arab or other ethnic group	0	1
Not known	1	4
Religion (percentage)	(%)	(%)
No religion	17	23
Buddhist	0	1
Christian	70	65
Hindu	2	1
Jewish	1	1
Muslim	3	3
Sikh	3	1
Other religion	2	3
Prefer not to say	3	4
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	90	88
Gay/lesbian	1	2
Bisexual	1	2
Other	2	1
Prefer not to say	5	6

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# Bracknell Forest Health & Well-Being Board

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## Health Overview & Scrutiny Panel Update April 2017

# Background

Key recommendations from the Bracknell Forest H&WB Board LGA Peer Challenge were:

## Recommendations...

“Clarify the purpose, role, remit and scope of the Board.”

“Focus on developing the health and care system at the local level.”

“Review the support around the Board and its engagement plan”

“Hold development sessions for the HWB to work through how the Board acts and works as a team.”



# Development Sessions

The HWB Board has held two development sessions:

## **Role & Purpose of the HWB Board**

20<sup>th</sup> January 2017

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## **Mental Health & Well-Being**

2<sup>nd</sup> March 2017

# Role & Purpose of the HWB Board

20<sup>th</sup> January 2017

- The role of the HWB should also be to generate high level, system wide plans for addressing the key priorities.
- It should bring partners together in a way that makes them more than the sum of the parts, with every partner able to contribute something to the overall strategy.
- Each partner should have clarity on what their individual responsibilities are within that strategy and commit to ensuring that these are reflected in their organisation's plans.
- In doing this, it will also seek to address barriers to progress.

# Role & Purpose of the HWB Board

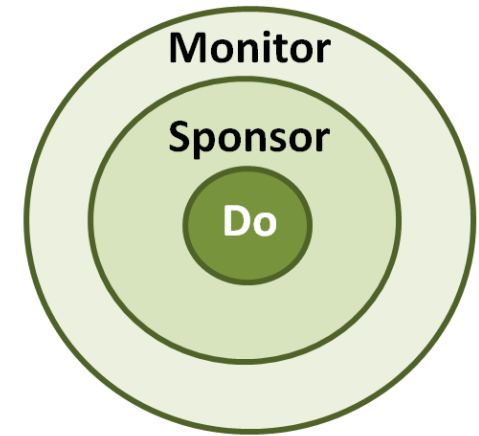
20<sup>th</sup> January 2017



# Role & Purpose of the HWB Board

20<sup>th</sup> January 2017

We also discussed what the key priorities should be going forward. That is, what should the Board 'do' as opposed to simply monitor or sponsor.



<sup>3</sup>These should be based on what we know from previous consultation and engagement with residents.

They should also fit two key criteria:

- Have wide reaching consequences for local health & wellbeing
- Be issues that can only be addressed by system wide solutions

# Role & Purpose of the HWB Board

20<sup>th</sup> January 2017

<b>Emotional Health &amp; Well-Being</b>	<b>Workforce Capacity</b>	<b>Integrated Service Delivery</b>
<b>Prevention &amp; Early Intervention</b>	<b>Projecting Demand</b>	<b>Form and Function</b>
<b>Community Development</b>	<b>Training &amp; Recruitment</b>	<b>Information Sharing</b>
<b>Reducing Social Isolation</b>	<b>Voluntary Capacity</b>	<b>Models of Working</b>

# Workshop: Mental Health & Wellbeing

2<sup>nd</sup> March 2017

The facilitator was Andy Bell, Centre for Mental Health. All Board Members were in attendance.

focused on what we could do at a population and community level, rather than at a service level.

Following a review of the evidence and in depth discussion – key areas for action were arrived at...

# Workshop: Mental Health & Wellbeing

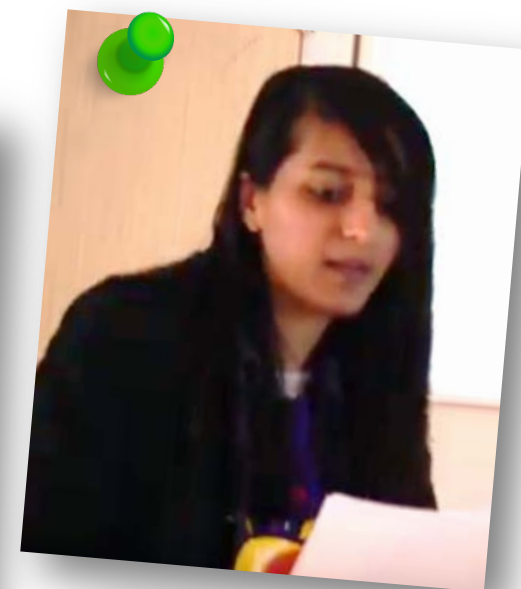
2<sup>nd</sup> March 2017

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# Mental Health & Wellbeing Event

29th March 2017





## Next Steps?

Continue to progress the four mental well-being actions, with evaluation across a range of outputs and domains..

Run HWB sessions on Workforce Development and Health & Social Care Integration

Refresh H&WB Strategy with progress and next steps.

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# QUARTERLY SERVICE REPORT

## ADULT SOCIAL CARE, HEALTH & HOUSING

Q3 2016 - 17  
October - December 2016

**Executive Member:**  
Councillor Dale Birch

**Director:**  
Gill Vickers






Date completed: 6 February 2017

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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

Quarter 3 was a period of significant activity for the Department both in terms of work undertaken on the Department transformation programme and decisions made by the Executive.

A programme management resource is now in place to develop the transformation programme and support delivery of the first stage of the plan. The programme delivery governance arrangements have been defined and agreed by DMT and a programme delivery board chaired by the Director has been formed to oversee the work programme.

A programme plan overview document, including indicative savings assumptions, has been produced and was presented to Corporate Management team 23 November 2016. The current focus is on the production of the strategic business case, documentation of individual project plans for each of the main work programmes, agreement and communication of the plan approach and alignment of plans and mapping of dependencies to the other programmes in the Council transformation programme such as the Citizen and Customer Contact programme. The main focus of plan activity over the next three months to the end of March will be to:

- Work with staff to identify ways to transform care practice to make this more person centred, less bureaucratic and create more opportunities for staff to use their skills and expertise
- Get the operational tools such as the FACE resource allocation system (RAS) and online care marketplace in place to support more personalised assessment and care and support planning
- Work with local organisations and the voluntary sector to develop a broader range of community care opportunities to connect people to

In other areas, in October the Executive noted the Bracknell Forest Safeguarding Adults annual report. Feedback from residents and views of practitioners confirms that the approach to making safeguarding personal ensures that people are feeling safer as a result of enquiries they have been involved in. The number of substantiated or partially substantiated concerns is low (51), and lower than the previous year (80).

Also in October, the Executive approved the Council's homeless strategy. Work has taken place with agencies and the Council's Adult Social Care and Housing Overview and Scrutiny Working Party over the last twelve months to develop the strategy, and has included a review of homeless demand, the services that are currently available to meet demand and consultation with partners and service users.

During quarter 3, adult social care have been working with care providers and stake holders to develop the new domiciliary care framework for clients which will be outcome-based, flexible and provide people with more choice. There is a strong emphasis on providers supporting individuals to regain or maintain their independence. Providers will be expected to show how they can add value by partnering with the voluntary sector to encourage the

use of community based support to tackle issues like social isolation. The anticipated contract commencement date is September 2017.

## Highlights and remedial action

### Good performance

Progress against actions and indicators within the Department continues to be strong. In quarter 3, of the 45 actions for the Department, 41 actions (or 91.1%) are on target or were completed on or ahead of schedule. Of the 21 actions completed, 12 actions (or 57.1%) have completed ahead of schedule.

Of the Departments 14 indicators, 11 were completed on target (78.6%).

In other areas, Forestcare is extending its' responder service to vulnerable people who have fallen by initially providing the service for a free trial period funded by the Better care fund. The welfare service will implement the next Council tax discount scheme, which will include proactively targeting the hardship scheme for those who will lose discount and find it hard to cope. The disabled facility grant and flexible home loan scheme provision will be integrated into the service following the transfer from Environment culture and communities and the sustainable energy service will also be integrated so that customers can be advised of the best way to maximise their income by reducing fuel costs.

There has been an improvement in the indicator L178 Number of household nights in non self contained accommodation which is now achieving target and has a green status. This is well below the quarter target of 810 nights (it is currently 397 nights in quarter 3) and emphasises the projected saving in B&B costs and home to school transport cost of £ 250k in total this year. This has been achieved by providing a better quality service to homeless households by accommodating them in emergency accommodation in the borough. This is provided by the Council at either Tenterden Lodge or York Town Road as well as the Council's housing company Downshire Homes Ltd which is purchasing 15 properties to provide accommodation for homeless households and five properties for people with learning disabilities or who are on the Autistic spectrum disorder.

Public Health has completed the 2016 "year of self care", an initiative which promotes a different aspect of self care each month and has been 'owned' by the whole community, including the voluntary sector and local businesses. The initiative has been received very positively and people from all backgrounds have been involved, including younger and older residents. The evaluation report (published in January) will show how people have engaged in the year of self care to become physically active, manage their weight, stop smoking or improve their mental health. The reach of the work online is also well documented and has surpassed expectations. The year of self care initiative was presented at a national conference in October and several other council areas will be adopting the idea for 2017. In Bracknell Forest, the second year of self care will start in January and residents' feedback will help to ensure that it is as great a success.

The Public Health team have also embarked on a "community asset" development programme. Community assets are those small groups and clubs in our local area that are run by residents for residents. The programme identifies, supports and grows these groups to strengthen the whole community through promoting the group or club's activities, advice on using information technology, recruiting new members or generating funding. The programme is also inspiring new assets to emerge, thus building on the range of local resources people can turn to.

### Areas for improvement

There are two actions which have a status of amber (potentially delayed) in quarter 3.

#### *1.7.01 Implement savings as identified for 2016-17 is showing as amber.*

Savings required from the cost of social care packages unlikely to be achieved in the financial year due to other cost pressures, most notably increasing residential and nursing prices due to limited capacity in the market. One-off sources of funding have been identified in 16/17 (Better Care Fund and departmental reserves) which should mitigate any overspend, but further work is required to realise the savings in future years. This is the aim of the departmental transformation programme.

#### *4.4.03 Review current provision and undertake tenders for Intermediate Care Clinical service is also showing as amber.*

A review of the current Intermediate Care service has been completed and a decision is awaited from commissioners.

There is one indicator that has a status of red (more than 10% away from target) and two indicators which have a status of amber (between 5% and 10% away from target) in quarter 3.

#### *L030 Number of lifelines installed in the quarter (Quarterly) is showing as red.*

As mentioned in the previous quarterly report, an additional adviser/ assessor has been recruited and started in post at the end of October. Obviously, the impact of the new post was not made across the whole quarter but given the additional work undertake it is expected that the target will be achieved in the next quarter.

#### *L179 The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly) is showing as amber*

Although this indicator is amber in quarter 2, it has improved significantly from a red status in quarter 2. Homeless prevention activity now includes the award of discretionary housing payments which had not been included previously.

#### *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 and is showing as amber*

Staff resources have been ringfenced for a dedicated period of time to address the fact that this indicator is slightly below target at this point in the year.

## Actions not required

Two actions are no longer required. These are 4.6.04 Develop and publish an Older People's Strategy and 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. The reason that both of these actions are not required is that they will both be this will be addressed by the Department's Transformation Plan.

## 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. Due to fragility in the market with regard to EMI residential provision (4 care homes red flagged and one closure) the cost of placing people with EMI needs has virtually doubled from £650 per week to circa £1,200 per week. In order to manage the market and reduce costs, we have agreement with one East Berkshire authority and the three East Berkshire CCGs to jointly commission a trusted provider. The intention is to use an identified Council building to be upgraded by pooled investment which will then be rented to a provider, at a peppercorn rent, in order to peg the placement costs for a number of years. Soft market testing has suggested this could be attractive to providers and we are currently developing a detailed specification.

The risk of provider failure continues to have a significant impact on spend for care home placements, with one more home closing in the last quarter. As noted in the quarter 2 return, plans are in place to address supply in the market, although this will not yield an immediate impact.

Occupational Therapy and Physiotherapy staff are in short supply for health and social care in this region of the country as is no exception in the Bracknell area. Despite frequent advertisements, the team continues to run with 50% vacancies. These posts are then filled with more expensive locum workers. Workforce is a key theme within the integration agenda as is being worked on via the New Vision of Care work stream.

Between now and July 2017, 7 young adults will require housing once coming into Adult Social Care. Should the Department not be able to obtain the housing provision, this will mean that residential placements will need to be sourced due to challenging behaviours of the individuals. The financial pressures of these are currently around £2-£3k per week. Housing needs are being addressed with Downshire Homes and there are regular meetings to identify the needs at least 12 months prior to the housing requirements.

There is also a risk to the department budget for people from external providers who have a member of staff sleep-in their homes (known as the "chip shop test"). Currently this is charged at a nightly rate. The risk is that there will be an increase of charges for sleep-ins supported by external providers. A current project is being undertaken to identify where assistive technology can be used instead of a physical staff presence. The project is in partnership between adult social care, Just Checking and Dimensions.



## Budget position

### *Revenue Budget*

The forecast is an underspend of £0.561 million as at Month 9. This includes one-off funding of £0.75 million secured from the Better Care Fund to protect social care services. In addition a focus on reviewing care packages that may be eligible for NHS Continuing Health Care funding has started to yield results. In the previous month four cases have been concluded, resulting in the NHS agreeing to fund costs. As well as a reduction in future costs, this has resulting in a significant element of backdated funding (£0.5 million) which is one-off. Further cases are still under review and it is estimated could result in an additional £0.25 million before year end.

However, it should be recognised that the items above that have led to a forecast underspend are mostly one-off and without these there would be an overspend. Although there may be further successes with CHC funding, it is certain that there will not be sufficient funds next year in the Better Care Fund to provide a similar level of support.

There continues to be a pressure on Adult Social Care from high cost residential and nursing placements, caused by reducing supply and rising demand. In addition, an ordinary residence claim has re-emerged from the London Borough of Brent which could result in backdated costs of £0.5 million if it is not concluded in the Council's favour.

### *Capital Budget*

The most significant capital budget in the department relates to loans to Downshire Homes, the Council owned housing company. The budget has been mostly utilised, with 20 properties purchased by the company. There remains the possibility that a further property may be purchased before year end.

The Community Capacity Grant has now been earmarked to part-fund this final Downshire Homes property and to fund the re-development of Stoney Lodge into accommodation for Learning Disability clients.

## Section 2: Strategic Themes

### Value for money






















1: Value for money			
Sub-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.
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		Public consultation closed 29 November. All responses summarised to December Executive. Local Council Tax Discount Scheme for working age to be referred to Council on the 18 January 2017 for adoption.
<b>1.7 Spending is within budget</b>			
1.7.01 Implement savings as identified for 2016-17	31/03/2017		Savings required from the cost of social care packages unlikely to be achieved in the financial year due to other cost pressures, most notably increasing residential and nursing prices due to limited capacity in the market. One-off sources of funding have been identified in 16/17 (Better Care Fund and departmental reserves) which should mitigate any overspend, but further work is required to realise the savings in future years. This is the aim of the departmental transformation programme.
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

4: People live active and healthy lifestyles			
Sub-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		Building Resilience project started. 11 anti-stigma sessions booked and poetry challenge launched in secondaries. Arts challenge in primaries to be launched in Jan. All work will provide new opportunities to co-produce resources with children and young people for social media output and sharing across all schools
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. Please see <a href="http://jsna.bracknell-forest.gov.uk/self-care-guide">http://jsna.bracknell-forest.gov.uk/self-care-guide</a>
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		New contract for health visiting service signed by both parties and mobilisation underway. Contract will run until 31st March 2018 (with optional 9-month extension). Initial consultations with key partners about future of health visiting and school nursing services post March 2018 started.
<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		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		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		Review of current Intermediate Care service has been completed. Awaiting decision from commissioners.
4.4.04 Review current provision and undertake tenders for the Local Healthwatch	31/04/2017		A waiver has been completed to extend the Local Healthwatch contract with the current provider on a 2+1 contract from 1st April 2017. This arrangement maintains quality and delivers savings.
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 promote lifeline technology through the Councils website and attending events in the area.
4.4.07 Work with partners to implement Carers Commissioning Strategy, in line with the requirements of the Care Act	31/03/2017		The joint commissioning strategy remains a live document and all actions are on target.
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		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 started 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		Completed ahead of schedule. Service will be delivered in house from 1st April 2017
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		A total of 28 people have registered with Breaking Free online.
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		During the third quarter of 2016/17. The following campaigns and projects have been carried out on behalf of the Bracknell Forest Prevention and Self-Care Board: • Helping You Stay Independent Guide 2017/18 • Atrial Fibrillation Campaign • Bowel Cancer Screening Campaign • Self-Care Week 2016 • P&SC Digital Awareness Campaigns • P&SC Outreach • P&SC Funding – ASD Yoga classes pilot All previous Prevention and Self-Care Project initiatives and resources including the recently published Self Care Week 2016 Report are available and regularly updated on the Healthwatch Bracknell Forest website, Bracknell and Ascot Clinical Commissioning Group member's and public websites and the Bracknell Forest Council public website.

4.6.04 Develop and publish an Older People's Strategy	31/03/2017		Action no longer required as this will be addressed by the Department's Transformation Plan.
4.6.05 Host a peer review of the operational effectiveness of the Health and Wellbeing Board	31/03/2017		Completed ahead of schedule. Health and Wellbeing Peer Review Completed
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		Winter resilience plans have been implemented and have proven to be successful during this quarter in supported the hospitals and the community. Staff representation will continue within the A&E Delivery Boards to ensure a local focus is achieved.
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		New model of Intermediate Care evidences changes which will support people to leave hospital at an early opportunity. Although new model is not in operation yet, work is underway with health colleagues to ensure services are 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		Completed ahead of schedule. The cluster groups continue work effectively.
4.6.09 Review the implemented winter pressures plans	31/03/2017		Plans in place.
<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		Action no longer required as this will be addressed by the Department's Transformation Plan.
4.7.03 Expand and enhance the Early Intervention in Psychosis service for Mental Health, making access and assessment quicker	31/03/2017		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		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		Completed. Staffing structure has been reviewed and changes implemented to mitigate against the single points of failure

<b>4. People live active and healthy lifestyles</b>					
<b>Ind Ref</b>	<b>Short Description</b>	<b>Previous Figure Q2 2016/17</b>	<b>Current figure Q3 2016/17</b>	<b>Current Target</b>	<b>Current Status</b>
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%	22.8%	No target	
OF1c.2b	Percentage of carers who receive direct payments (Quarterly)	64.8%	41.7%	No target	
L030	Number of lifelines installed in the quarter (Quarterly)	164	168	200	
L031	Percentage of lifeline calls handled in 60 seconds in the quarter (Quarterly)	95.08%	95.70%	97.50%	
L217 <sup>1</sup>	Percentage of people who engaged with the Stop Smoking Service in the quarter who quit smoking for at least 4 weeks (Quarterly)	80.9%	Not yet available	60.0%	
L218 <sup>1</sup>	Number of people in the quarter who started the specialist weight management treatment programme (Quarterly)	204	Not yet available	100	
L277	Number of people who received Falls Risks Assessments in the quarter (Quarterly)	83	108	40	
L278	Percentage of adult social care records in the Adult Social Care IT System that contain the person's NHS number (Quarterly)	97.4%	97.7%	90.0%	
L279	Number of young people who actively engage with KOOOTH in the quarter (Quarterly)	172	420	115	
L280	Percentage of young people who engaged with KOOOTH who received a response within 24 hours in the quarter (Quarterly)	100.0%	100%	95.0%	

<sup>1</sup> Status reflects quarter 2 performance since quarter 3 data not yet available




## A clean, green, growing and sustainable place

5: A clean, green, growing and sustainable place			
Sub-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		29 properties have been purchased.
5.2.04 Establish Downshire Homes as a viable company providing homes for rent for homeless families	31/03/2017		15 homeless households are living in properties purchased by Downshire Homes

5. A clean, green, growing and sustainable place					
Ind Ref	Short Description	Previous Figure Q2 2016/17	Current figure Q3 2016/17	Current Target	Current Status
NI155	Number of affordable homes delivered (gross) (Quarterly)	1	0	0	
NI181 <sup>1</sup>	Time taken in number of days to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	9.8	9.8	9.0	
L178	Number of household nights in non self contained accommodation (Quarterly)	800	397	793	
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	70.00%	80.00%	88.00%	













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

6: Strong, safe, supportive and self-reliant communities			
Sub-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		The Board's sub groups and task and finish groups have been established. A quality assurance framework has been approved by the board along with a partner self assessment audit tool to provide assurance that partner systems and procedures are in line with the care act. The quality assurance sub group has now begun to work within the framework to monitor performance that will provide assurance to the Board . A broader set of partnership performance indicators are in development. The partnership risk framework policy and communications strategy have been produced in draft



## Section 3: Operational Priorities

7: Operational			
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		Plans have been submitted to commissioners and awaiting decision.
7.1.04 Implement Homeless Strategy Action Plan	31/03/2017		There are a number of actions. Actions that have been completed in quarter three including designing a satisfaction survey that will be undertaken annually with service users and introducing Homeless Forum case conferences to problem solve complex cases.
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). Bracknell Forest Council has been nominated for Get Berkshire Active's 'Workplace of the Year' and was a finalist the Comms2point0 national collaborative communications award.
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		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	31/03/2017		Completed ahead of schedule. The Family Portal is now live.

information on providers' performance			
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 31 December 2016

	Total Staff in Posts	Total Staff in Post		Total Posts FTE	Vacant Posts	Vacancy Rate %
		Full Time	Part Time			
DMT	12	10	2	11	0	0
Adult Social Care	225	138	87	187.62	32	12.45
Commissioning & Resources	49	39	10	43.78	1	2
Housing	66	51	15	59.75	8	7.4
Public Health Shared	10	7	3	8.42	2	16.6
Public Health Local	5	5	0	5	0	0
<b>Department Totals (Q3)</b>	<b>367</b>	<b>250</b>	<b>117</b>	<b>315.57</b>	<b>43</b>	<b>10.49</b>

### Staff Turnover

For the quarter ending	31 December 2016	0.82%
For the last four quarters	1 January – 31 December 2016	8.67%

Comparator data	
Total voluntary turnover for BFC, 2015/16:	14.3%
Average UK voluntary turnover 2015:	16.1%
Average Local Government England voluntary turnover 2014/2015:	13.5%

Source: XPertHR Staff Turnover Rates and Cost Survey 2015 and LGA Workforce Survey 2014/15

#### 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 Q3 has seen a downturn in leavers, the impact of which is reflected in the turnover rates show above.

## Staff sickness

Section	Total staff	Number of days sickness	Quarter 3 average per employee	2016/17 annual average per employee
DMT	12	6.5	0.54	1.28
Adult Social Care	225	671	2.98	10.96
Commissioning & Resources	49	37	0.76	4.71
Housing	66	243	3.68	11.63
Public Health Shared	10	5.5	0.55	3.53
Public Health Local	5	1	0.2	2.00
<b>Department Totals (Q3)</b>	<b>367</b>	<b>964</b>	<b>2.63</b>	
<b>Totals (16/17)</b>	<b>367</b>	<b>3,605</b>		<b>9.6</b>

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 15/16	5.9 days
All local government employers 2015	9.9 days
Average Local government England Sickness 2014/15	8.5 days

Source: Chartered Institute of Personnel and Development Absence Management survey 2015 and LGA Workforce Survey 2014/15

### Comments:

#### Adult Social Care

There were five cases of Long Term Sickness during Q3. Out of these cases, one has now returned to work, three cases are still to return, and one was signed off by the Occupational Health Doctor for Tier 1 Ill Health Retirement. All cases have been reviewed by Occupational Health.

#### Housing

There were four cases of Long Term Sickness during Q3, one has returned, three are still to return but all four are being monitored by Occupational Health.

## Section 5: Complaints

### Compliments

A total of 52 compliments were received by the Department in quarter 2.

### Adult Social Care compliments

30 compliments were received for adult social care in the quarter. 25 compliments were for the Adult Community team, 4 were for the Learning Disabilities team and 1 was for the Direct Payments team.

### Corporate compliments

22 compliments were received by Housing Service. 11 were received for Forestcare and 11 for Welfare & Housing Service.

### Complaints Received

There were a total of 6 complaints were received by the Department during the quarter, 1 by Housing and 5 by Adult Social Care. No complaints were received by Public Health.

### Adult Social Care Statutory Complaints

5 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	5	18	9 complaints were not upheld 5 complaints were partially upheld 1 complaint was upheld 3 complaints were ongoing within agreed timescales
Corporate procedures	~	1	Complaint was not upheld
Local Government Ombudsman	~	~	~

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

The nature of complaints received included standard of care and support provided, signposting issues, and DoLS. There was a learning point regarding the partially upheld. Members of the team were reminded of the importance in responding to relatives communications so that they are kept fully informed where appropriate.

3 complaints were received by the 2 Mental Health teams, 1 was for the Adult Community team and 1 was not associated with a team.

### Corporate complaints - Housing

1 complaint was received in Housing this quarter for the Welfare and Housing Service.

Stage	New complaints activity in quarter	Complaints activity year to date	Outcome of total complaints activity year to date
Stage 2	1	5	2 complaints were upheld 3 complaints were partially upheld
Stage 3	~	~	~
Local Government Ombudsman	~	~	~
TOTAL	~	~	~

NOTE: The 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.

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

The stage two complaint concerned the behaviour of a member of staff working on reception. A customer had been kept waiting for a response from the service and had not been advised for the reason why and how long they could expect to wait. The member of staff has been reminded of the importance of ensuring that customers' time with the service is respected and that they are advised if there is delay in dealing with customers in a timely way.

## Annex A: Financial information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - DECEMBER 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	57%	635	(1)	(22)
	(338)	974	636		635	(1)	(22)
<b>Adult Social Care</b>							
Community Mental Health Team	1,974	(35)	1,939	67%	2,006	67	(121)
Community Mental Health Team for Older Adults	3,695	69	3,764	128%	5,364	1,600	(58)
Internal Services: Glenfield	201	21	222	52%	279	57	0
Community Team for People with Learning Disabilities	13,431	(622)	12,809	56%	10,990	(1,819)	(763)
Internal Services: Waymead	761	(15)	746	62%	613	(133)	20
Older People and Long Term Conditions	6,419	126	6,545	103%	7,005	460	(425)
Assistive Equipment and Technology	343	0	343	68%	473	130	52
Internal Services: Heathlands	636	(439)	197	68%	138	(59)	(21)
Community, Response & Reablement	1,778	(801)	977	69%	978	1	17
Emergency Duty Service	58	6	64	79%	64	0	0
Safeguarding	254	9	263	105%	298	35	(24)
	<b>29,550</b>	<b>(1,681)</b>	<b>27,869</b>		<b>28,208</b>	<b>339</b>	<b>(1,323)</b>
<b>Housing</b>							
Housing Options	170	43	213	78%	208	(5)	(2)
Housing Strategy	224	72	296	65%	247	(49)	8
Housing Management Services	(40)	(1)	(41)	30%	(60)	(19)	(4)
Supporting People	952	(83)	869	56%	741	(128)	2
Housing Benefits Administration	612	(111)	501	52%	605	104	(13)
Housing Benefits Payments	108	(102)	6	72%	(203)	(209)	69
Other Housing	18	0	18	38%	18	0	0
Forestcare	31	68	99	75%	(16)	(115)	(54)
	<b>2,075</b>	<b>(114)</b>	<b>1,961</b>		<b>1,540</b>	<b>(421)</b>	<b>6</b>
<b>Commissioning &amp; Resources</b>							
Drug & Alcohol Action Team	3	2	5	64%	5	0	0
Joint Commissioning	562	425	987	65%	652	(335)	(22)
Information Technology Team	279	5	284	76%	265	(19)	(10)
Property	73	(8)	65	44%	46	(19)	(19)
Performance & Complaints	183	(5)	178	63%	141	(37)	0
Finance & Appointeeships	562	(8)	554	70%	478	(76)	(33)
Human Resources Team	192	(1)	191	78%	199	8	8
	<b>1,854</b>	<b>410</b>	<b>2,264</b>		<b>1,786</b>	<b>-478</b>	<b>(76)</b>
<b>Public Health</b>							
Bracknell Forest Local Team	(18)	2	(16)	30%	(16)	0	0
	(18)	2	(16)		(16)	0	0
<b>TOTAL ASCHH</b>	<b>33,123</b>	<b>(409)</b>	<b>32,714</b>		<b>32,153</b>	<b>(561)</b>	<b>(1,415)</b>
<b>Memorandum item:</b>							
Devolved Staffing Budget			14,037	77%	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
	<b>4,427</b>	<b>0</b>	<b>4,427</b>		<b>4,427</b>	<b>0</b>	<b>0</b>

## 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	2,336.8	2,336.8	3.7	0.0	Purchased 9 properties in 2016/17.
Help to buy a home (cash incentive scheme)	240.0	2.0	120.0	120.0	0.0	Two cases (£60k each) likely to be completed by 31 March. One further cases may be completed by year end or may be next financial year, with £60k a definite carry forward.
BFC My Home Buy	347.5	157.1	307.4	40.1	0.0	One properties has been completed, a second is likely by year-end.
Waymead flats	580.0	14.3	14.3	0.0	565.7	Scheme is not proceeding so capital budget to be returned, expenditure to be written off to revenue.
Downshire Homes	6,466.0	6,334.2	6,466.0	0.0	0.0	20 properties purchased. One more to be purchased which will be part funded by Community Capacity Grant.
Tenterton Guest House	65.0	6.6	6.6	58.4	0.0	Budget needs to be carried forward to 2017/18 as works on the roof for Tenterton will now need to be spent out of revenue and this money will be used on capital projects on other council
<b>TOTAL HOUSING</b>	<b>10,039.0</b>	<b>8,851.0</b>	<b>9,251.1</b>	<b>222.2</b>	<b>565.7</b>	
<b>Percentages</b>		<b>88.2%</b>	<b>92.2%</b>		<b>5.6%</b>	
<b>ADULT SOCIAL CARE</b>						
Care housing grant	15.4	0.0	15.4	0.0	0.0	Professional fees for Heathlands Dementia Care Unit.
Community capacity grant	506.9	43.6	269.1	0.0	237.8	Approximately £250k to be granted to Downshire
Improving information for social care	39.2	0.0	0.0	0.0	39.2	To be used for LAS upgrade. Timing is dependent on other factors including implementation of new RAS and so budget is to be carried forward.
IT systems replacement	208.4	40.5	40.5	0.0	167.9	To be used for LAS upgrade. Timing is dependent on other factors including implementation of new RAS and so budget is to be carried forward.
<b>TOTAL ADULT SOCIAL CARE</b>	<b>769.9</b>	<b>84.1</b>	<b>325.0</b>	<b>0.0</b>	<b>444.9</b>	
<b>Percentages</b>		<b>10.9%</b>	<b>42.2%</b>		<b>57.8%</b>	
<b>TOTAL CAPITAL PROGRAMME</b>	<b>10,808.9</b>	<b>8,935.1</b>	<b>9,576.1</b>	<b>222.2</b>	<b>1,010.6</b>	
<b>Percentages</b>		<b>82.7%</b>	<b>88.6%</b>		<b>9.3%</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 received a long-term service (annual)	Q1 2017-18
OF1f	The number of adults with a mental health problem in paid employment a % of adults in contact with secondary mental health services (annual)	Not known

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# Presentation to Health Overview & Scrutiny Panel

By Gill Vickers, Director of Adult Social Care,  
Health & Housing  
April 2017

# Excellent performance in Adult Social Care

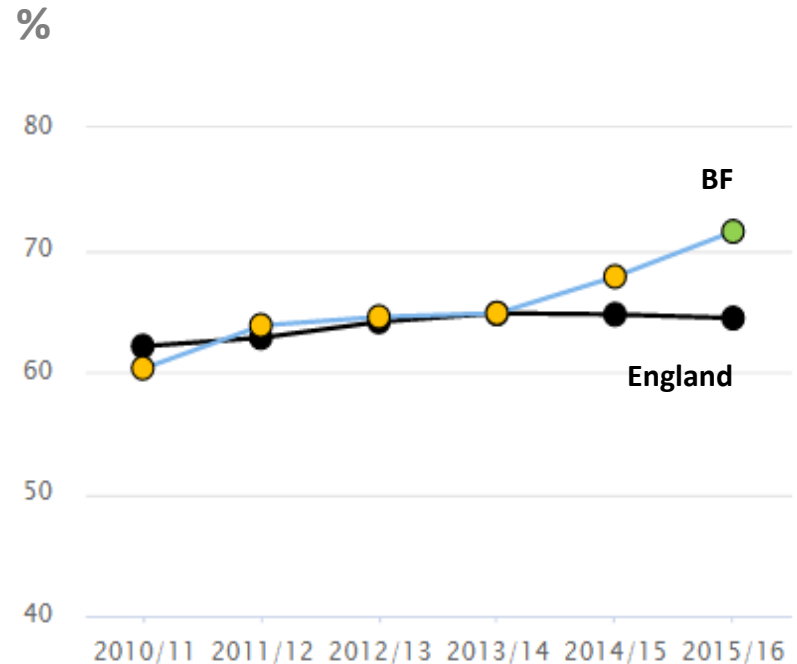
- Satisfaction with care and support
- Satisfaction of carers
- Helping people into employment (Learning Disability team)
- Personal Health Budgets

# Satisfaction with care and support

## Adult Social Care Survey

Area	Value
England	64.4
Bracknell Forest	71.5
Thurrock	69.2
Warrington	67.8
Bath and North East Som...	67.7
Wokingham	67.3
Reading	66.8
Swindon	65.9
West Berkshire	65.9
South Gloucestershire	65.5
Central Bedfordshire	64.8
Bedford	63.7
Milton Keynes	63.3
Solihull	62.4
Windsor and Maidenhead	61.1
Stockport	58.2
Trafford	56.7

Source: NHS Digital, ASCOF



NB: CIPFA Comparator Group show above.

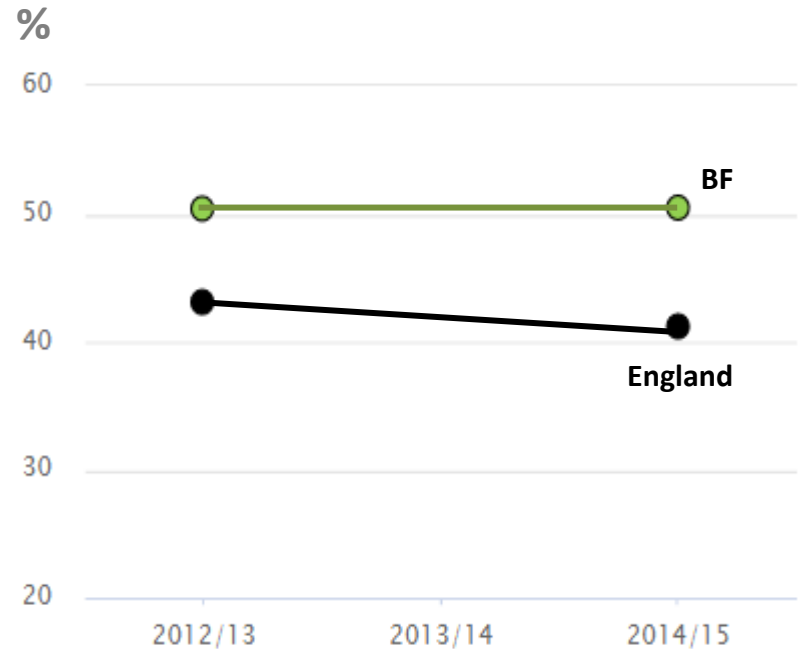
Bracknell Forest is 5<sup>th</sup> highest out of 159 English authorities

# Satisfaction of carers with social services

Adult Social Care Survey (2014/15)

Area	Value
England	41.2
Bracknell Forest	50.5
Stockport	46.7
Trafford	46.1
Bath and North East Som...	45.5
Thurrock	42.9
Bedford	42.9
Windsor and Maidenhead	42.5
Warrington	42.4
Reading	41.8
Central Bedfordshire	41.4
Milton Keynes	40.0
Swindon	40.0
Wokingham	39.7
South Gloucestershire	39.2
West Berkshire	34.6
Solihull	34.3

Source: NHS digital, ASCOF

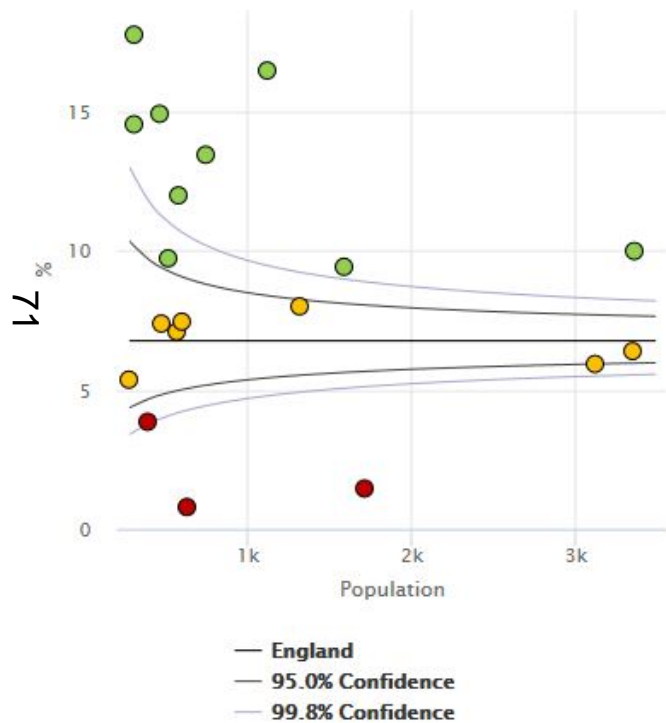


NB: CIPFA Comparator Group show above. Carers survey done every two years.

Bracknell Forest is 12<sup>th</sup> highest out of 159 English authorities

# Adults with learning disabilities in employment

Adult Social Care Outcomes Framework (2015/16)



Area	Value	Lower CI	Upper CI
<b>England</b>	6.7	6.6	6.9
South East region	8.1	7.8	8.5
Bracknell Forest	17.7	13.9	22.4
Buckinghamshire	16.4	14.4	18.7
Wokingham	14.9	12.0	18.4
Windsor and Maidenhead	14.5	11.0	18.9
Brighton and Hove	13.4	11.2	16.1
Milton Keynes	12.0	9.6	14.8
Surrey	10.0	9.0	11.0
Portsmouth	9.7	7.4	12.6
Oxfordshire	9.4	8.1	10.9
East Sussex	8.0	6.6	9.6
Southampton	7.4	5.6	9.8
Reading	7.4	5.3	10.1
Isle of Wight	7.1	5.2	9.5
Kent	6.4	5.6	7.3
Hampshire	5.9	5.1	6.8
Slough	5.4	3.3	8.6
West Berkshire	3.8	2.3	6.2
West Sussex	1.5	1.0	2.1
Medway	0.8	0.3	1.8

Source: Information Centre for Health and Social Care

**Personal Health Budgets ensure people's health care needs are delivered and provided in a person centred way.**

**Through pro-active joint integrated working, East Berkshire CCG have commissioned the CTPLD team for Bracknell to support individuals.**

**37 people now receive their care and support in this way.**



**Personal  
health  
budgets**



# Excellent customer feedback in Housing

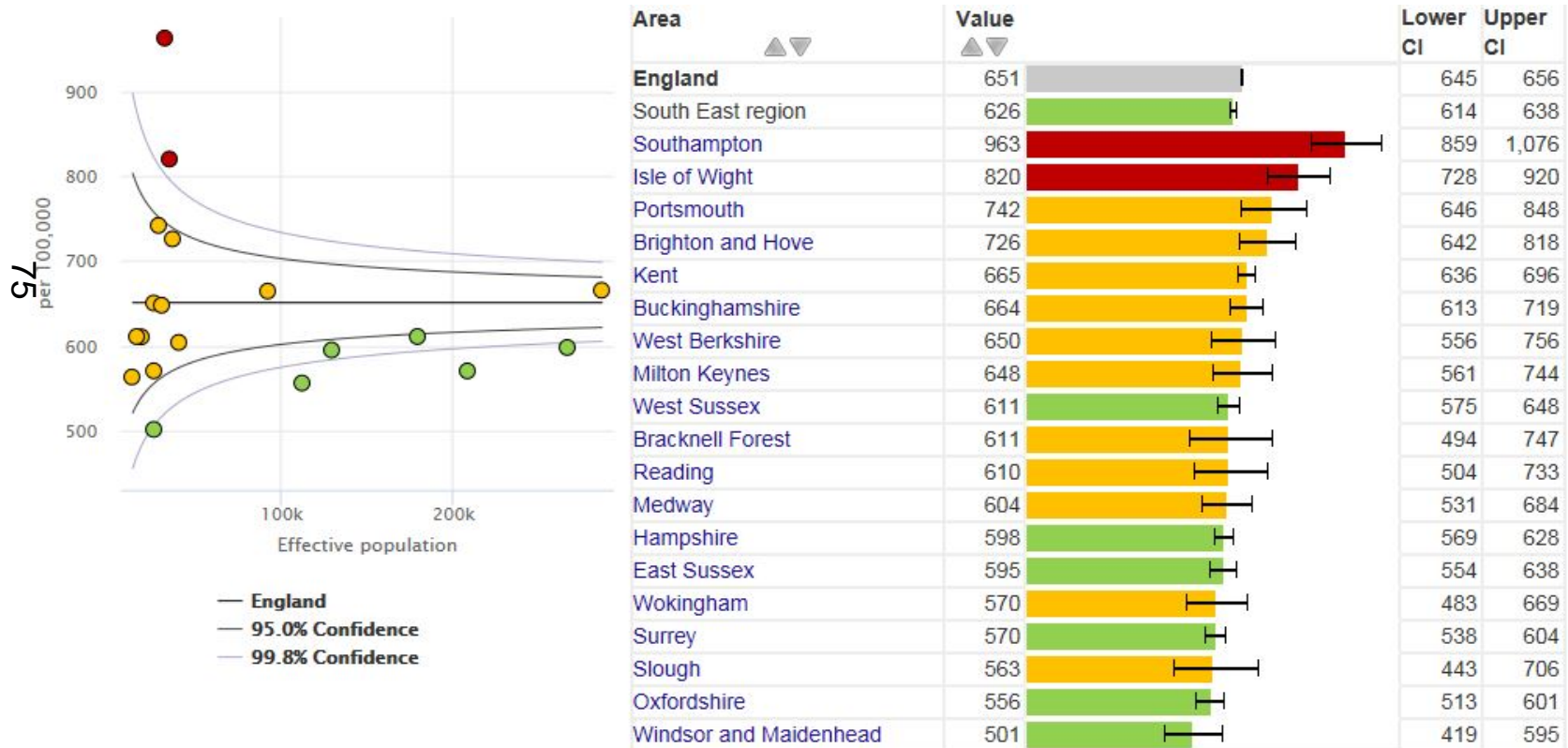
- *Welfare and housing customer satisfaction with services*  
68% scored 10/10, 24% scored 9/10 , 8% scored 8 and below. These are provided face to face at reception in Time Square (March 2016 to date). 215 surveys completed
- *Forest care customer satisfaction*  
100% satisfied with service, 92% thought it was value for money and 91% happy with response provided in an emergency
- *Since October 2016, Housing have been able to meet all emergency accommodation needs for homeless families within Bracknell Forest, avoiding the disruption and additional costs of placements outside the borough.*

# Adult Social Care challenges

- Permanent admissions to permanent care for people aged 65+
- Delayed transfers of care attributable to adult social care

# Permanent admission to residential and nursing homes 65+ (per 100,000 population)

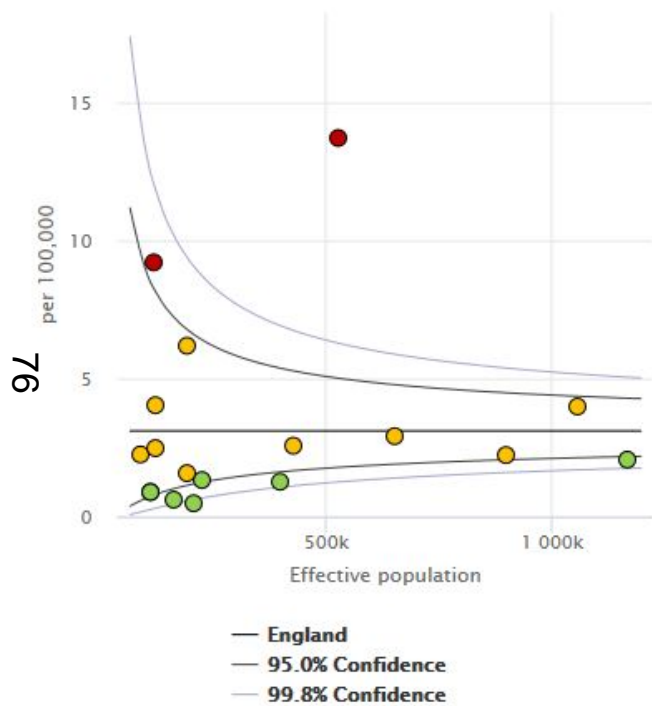
Adult Social Care Outcomes Framework (2015/16)



Source: Information Centre for Health and Social Care, NASCIS - ASC-CAR

# Delayed Transfers of Care attributable to adult social care

Adult Social Care Outcomes Framework (2015/16)



Area	Value	Lower CI	Upper CI
England	3.1	2.9	3.3
South East region	3.4	3.0	3.9
Oxfordshire	13.7	10.7	17.2
West Berkshire	9.2	4.6	16.4
Southampton	6.2	3.2	10.8
Reading	4.0	1.3	9.4
Hampshire	4.0	2.9	5.4
West Sussex	2.9	1.7	4.5
East Sussex	2.6	1.3	4.6
Wokingham	2.5	0.5	7.2
Bracknell Forest	2.2	0.3	8.1
Surrey	2.2	1.4	3.4
Kent	2.1	1.3	3.1
Milton Keynes	1.6	0.3	4.6
Brighton and Hove	1.3	0.3	3.9
Buckinghamshire	1.3	0.4	2.9
Isle of Wight	0.9	0.0	4.9
Windsor and Maidenhead	0.9	0.0	4.9
Portsmouth	0.6	0.0	3.4
Medway	0.5	0.0	2.7
Slough	*	-	-

Source: Department of Health

# Housing challenges

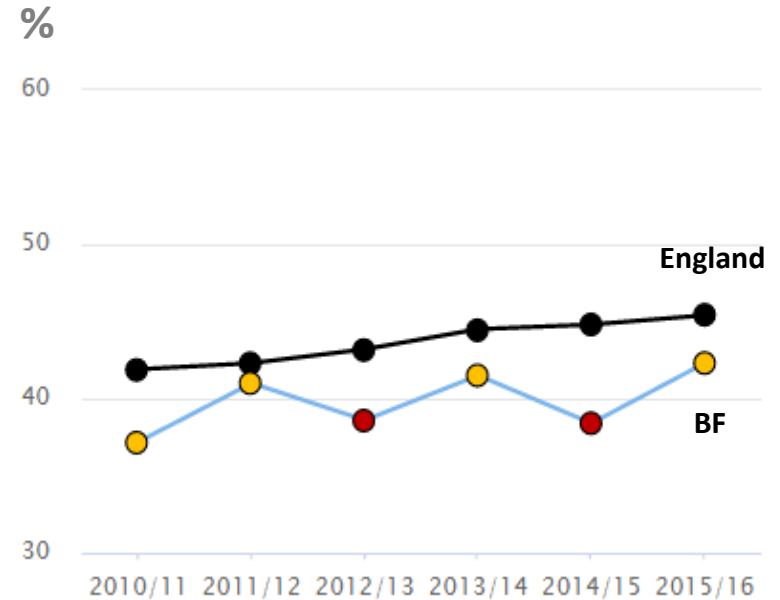
- Maintaining supply of accommodation for homeless households
- Maintaining service quality and continuous improvement via mystery shopping and Forest care CQC mock inspection

# People having as much social contact as they would like

Adult Social Care Survey (2015/16)

Area	Value
England	45.4
Swindon	48.7
Milton Keynes	48.3
Thurrock	47.9
Bath and North East Som...	47.4
South Gloucestershire	46.5
Solihull	46.3
West Berkshire	45.5
Central Bedfordshire	44.9
Windsor and Maidenhead	44.1
Reading	43.2
Bedford	42.4
Bracknell Forest	42.3
Wokingham	42.2
Warrington	41.3
Trafford	40.6
Stockport	39.9

Source: NHS digital, ASCOF



NB: CIPFA Comparator Group show above.

Some improvement but still a challenge that needs addressing as a priority...

## Focus on the community assets project – “Warm Welcome”

Public Health have been identifying and building relationships with over 70 local groups.


79 They are now on a new interactive map, with info and contact details ...

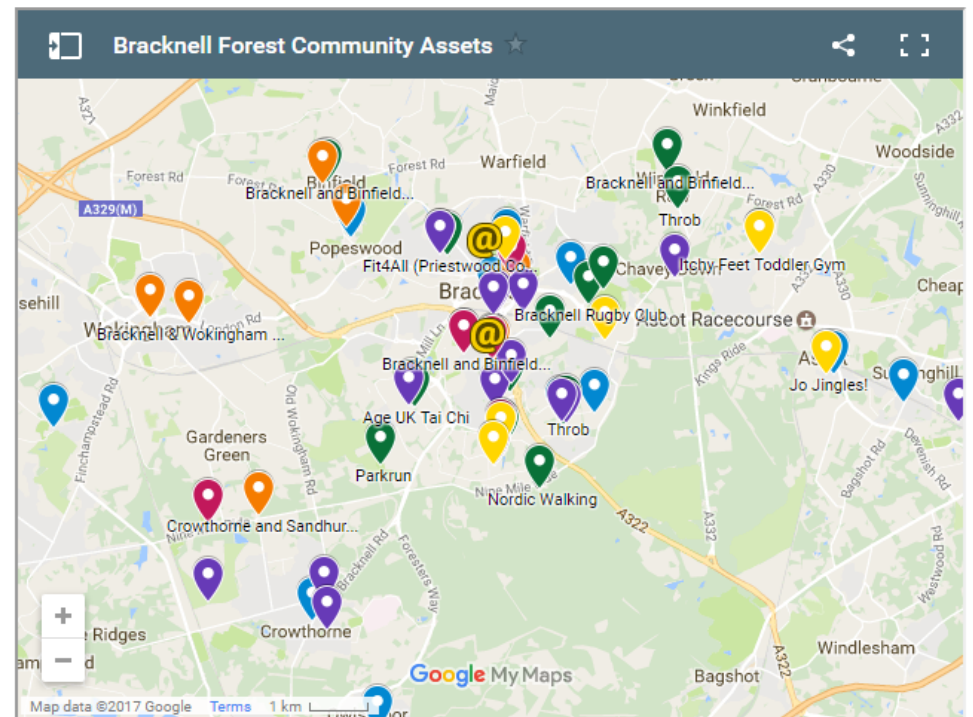
Each group is being supported through help with promotion, training or advice.

### Community Map

#### Find a 'Warm Welcome' in Bracknell Forest

This map shows community groups and services. They are run by local people for local people - and they all offer a warm welcome. You can scroll around the map and zoom into your local area. Click on a marker to get more details of each group.

TIP: The map is best viewed in 'expanded' mode. Click  to expand...



-  Get Active
-  Get Creative
-  Get Help
-  Get Connected
-  Get Learning
-  Get Ideas for Kids

**We will move away from services that focus on moving large numbers of people through a system....**

**... and more on locally focused services based on two key methods:**

- Co-production with residents**
- Digital delivery**

**We'll have new indicators on our work with community groups and our online engagement with residents.**



**HEALTH OVERVIEW & SCRUTINY PANEL**

**EXECUTIVE WORK PROGRAMME**

<b>REFERENCE:</b>	I067936
<b>TITLE:</b>	Online Mental Health Support and Counselling Service for Young People; approval to award contract
<b>PURPOSE OF REPORT:</b>	The contract for the provision of an online mental health support and counselling service for young people is to be awarded following a Request for Quotations, with the 'chosen' provider to be identified by 1 June 2017.
<b>DECISION MAKER:</b>	Director of Adult Social Care, Health & Housing
<b>DECISION DATE:</b>	12 Jul 2017
<b>FINANCIAL IMPACT:</b>	This service will be funded from within the Public Health grant.
<b>CONSULTEES:</b>	East Berkshire Clinical Commissioning Groups.
<b>CONSULTATION METHOD:</b>	Meetings with interested parties.

<b>REFERENCE:</b>	I063292
<b>TITLE:</b>	Provision of Community Based Intermediate Care Service
<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>	9 May 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>	I066605
<b>TITLE:</b>	Public Health Nursing Services
<b>PURPOSE OF REPORT:</b>	To review the options and recommendations for the future commissioning of 0–19 Public Health Nursing Services (Health Visiting and School Nursing) from April 2018.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	9 May 2017
<b>FINANCIAL IMPACT:</b>	Revenue savings anticipated
<b>CONSULTEES:</b>	<p>Chairman of the Governing Body, BACCG            Associate Director: Safeguarding, Designated nurse for safeguarding adults and children, East Berkshire CCGs            Director of Finance &amp; Performance, Berkshire Healthcare NHS Foundation Trust (provider)            Locality Director, BHFT            Head of Integrated CYPF, Universal Children's Services, BHFT            Bracknell Forest LSCB Chair            Bracknell Forest LSCB            Director of Children Young People &amp; Learning            Children &amp; Young People's Partnership Board            Children's Social Care Management Team            Head of Early Help            Strategy &amp; Development Manager Over 5s            Strategy &amp; Development Manager Under 5s            Children's Centres staff            2nd stage – wider public consultation</p>
<b>CONSULTATION METHOD:</b>	<p>Meetings with interested parties            Online public consultation</p>

Unrestricted

<b>REFERENCE:</b>	I067536
<b>TITLE:</b>	Procurement Plan for the Commissioning of EMI Residential Care Home
<b>PURPOSE OF REPORT:</b>	To approve the procurement Plan for the Commissioning of an EMI Residential Care Home.
<b>DECISION MAKER:</b>	Executive Member for Adult Services, Health and Housing
<b>DECISION DATE:</b>	15 Jun 2017
<b>FINANCIAL IMPACT:</b>	Significant capital expenditure and revenue savings anticipated
<b>CONSULTEES:</b>	None
<b>CONSULTATION METHOD:</b>	None

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