

**ADULT SOCIAL CARE AND HOUSING  
OVERVIEW & SCRUTINY PANEL  
12 SEPTEMBER 2017  
7.30 - 9.02 PM**



**Present:**

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

**Also Present:**

Neil Haddock, Chief Officer: Commissioning and Resources  
Dr Lisa McNally, Consultant in Public Health

**Apologies for absence were received from:**

Councillors Mrs McKenzie  
Gill Vickers, Director of Adult Social Care, Health & Housing

**62. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Panel held on 13 June 2017 be approved as a correct record and signed by the Chairman.

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

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

**64. Urgent Items of Business**

There were no items of urgent business.

**65. Public Participation**

No submissions had been made by members of the public under the Council's Public Participation Scheme for Overview and Scrutiny.

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

The Panel considered the latest trends, priorities and pressures in terms of departmental performance as reported in the QSR for the first quarter of 2017/18 (April to June 2017) relating to Adult Social Care and Housing. The Chief Officer: Commissioning and Resources introduced a presentation highlighting some key activities across the service, expanding upon some of the areas covered in the QSR.

In particular the Panel noted:

**Adult Social Care**

- The Heathlands Procurement Plan in respect of the joint development of a care home facility at the site had been agreed between the Council, the Royal Borough of Windsor and Maidenhead and the CCG and a Memorandum of

Understanding was in the process of being signed by the parties, and the next stage would be to work on a binding agreement between the parties.

- The new Domiciliary Care contract had gone live on 14 August 2017 and users of the service were in the process of being moved from their existing providers to new providers, or providing a direct payment. Recruitment of staff continued to be difficult for the new providers; it was thought that the necessity for staff to have a car/own transport was a possible barrier.
- Work was continuing, jointly with Bracknell and Ascot CCG on trialling personal health budgets for people with learning disabilities, autistic spectrum disorders or mental health conditions, to allow them to choose how to spend to support their condition.
- A shadow team were working to bring into use a Connection Hub which will be a resource for all operational practitioners to use when supporting individuals to improve their health and wellbeing by using the resources available within their local communities.
- The new Model of Intermediate Care was being implemented, with the Bridgewell Centre due to close at the end of November 2017, four care beds commissioned at Astbury Manor Residential Care Home to support reablement, and community based care and rehabilitation for individuals in their own homes.
- A programme had commenced to identify people who could be transferred to the 16 block commissioned long term residential beds at Astbury Manor, to reduce high cost placements, together with other improvements for care of people with long term conditions.

### **Housing**

- Forestcare had received a Good CQC rating, a real achievement for a new service. Forestcare would be taking on the out of hours Emergency Response service for Clement House which was more economic for the Council.
- BFC My Benefits was due to go live on 2 October – this would allow customers to apply for benefits online, advise changes in circumstances and track processing of claims. The telephone and face to face service would remain available for those customers who preferred it.

### **Public Health**

- Four very pleasing recent achievements were highlighted:
  - a decreased rate of 'inactive adults'
  - an increased rate of weight loss among obese adults
  - the lowest rate of teen conceptions in the country
  - reduced social isolation (as measured by the Adult Social Care survey)
- Public Health have been identifying and building relationships with over 200 local groups, many of them very small independent groups. Each group was being supported through help with promotion, training or advice.
- There was a continued good level of use/access to the Public Health portal. Facebook contacts continued to rise month by month.
- The Kooth online counselling service continued to be well used, with 245 young people logging in during the quarter. The Panel recognised the valuable contribution of this service providing accessibility, anonymity and timely support (waiting times were consistently under two hours).

Arising from questions and discussion, comments were made on the following:

- Although a significant risk had emerged following the recent court ruling about the payment of carers providing sleep-in cover at the national minimum wage,

it was difficult to quantify this; there were ongoing discussions at a national level regarding the impact on Councils and providers. The first signs of providers increasing their costs had already been noted.

- Indicator NI155 (number of affordable homes delivered) showed a total of 5 against a target of 5 for the current quarter, substantially below the 49 delivered in Q4 last year. Was this simply because of a low number of completions? Why was the target as low as 5? The Panel requested that an explanation be circulated.
- Indicator L178 (number of household nights in non-self-contained accommodation) showed a figure of 303 for the current quarter (rated red). The Panel requested that further detail and an explanation be circulated.
- Although the figure of 41 vacant posts in Adult Social Care (15.29%) looked high, it was noted that some posts had been held vacant pending changes in the organisation to avoid the possibility of redundancies arising.
- Concern was expressed about high levels of sickness amongst Adult Social Care staff. It was suggested that this may be a cultural problem which would need to be addressed.

**67. Annual Compliments and Complaints Report 2016-17 for Adult Social Care**

The Panel considered a report presenting the Annual Compliments and Complaints report 2016-17.

There were 19 complaints about Adult Social Care services in 2016/17 (the same number as 2015/16). Of these, one complaint was upheld, five were partially upheld, twelve were not upheld and one complaint was ongoing at present. An analysis showed how the complaints were distributed according to services, nature of complaint and by equality strand. The Panel noted that the highest number (eight) related to mental health services, an increase from the previous year but still relatively low. Learning from complaints was an important part of the process and the Panel was pleased to see examples of a number of changes to practice or procedures which had been made as a result.

The Panel recognised that the consideration of complaints was only one measure of the quality of a service. The recent customer survey of Adult Social Care services had indicated high satisfaction rates. The report also referred to a total of 90 compliments received for Adult Social Care in 2016/17, distributed across the services.

**68. Charging Options For Care and Support At Home**

The Panel considered a report presented to the Executive advising on the outcome of the consultation in respect of charging options for care and support at home.

The consultation had taken place over a three month period ending in April 2017. The major change proposed that the Council, when financially assessing someone in receipt of Adult Social Care, fully takes account of the income received by people receiving the higher rate of benefit from Attendance Allowance, Disability Living Allowance and Personal Independence Payments. The report summarised the comments from 77 people responding to the consultation together with a resume of the approach taken on this policy by other authorities around the country.

The Panel noted that eligibility for the higher rate of benefit was assessed by the DWP and most individuals assessed would have been adjudged to be in need of night time support and therefore eligible for the night time component of one of the benefits. However, the Council's assessment criteria were different. The proposals

were designed to encourage people to take responsibility for their own care and support, as their night time benefit income would be taken into account in assessing their affordability to contribute towards the cost of their support, and their contribution would be reduced if they were paying for the night time support offer eg. from Forestcare.

The Panel accepted that the provisions of the Care Act were somewhat anomalous in that whilst it envisaged that financial assessments should be reviewed, it also stipulated that no-one should be made worse off by the reforms. The Council's proposals, which had now been approved by the Executive, had been opposed by the majority of those responding to the consultation. It had also been agreed that a period of protection would apply for people impacted by the proposals to allow time for them to adapt to the changes. It was anticipated that the proposals would result in increased income of approximately £115,000 once all the protection periods had come to an end.

The Panel concluded by expressing some disquiet at the implementation of the new charging policy for care and support at home, noting that a number of individuals would be adversely financially affected.

#### **69. Transforming Care Programme**

The Panel received a briefing on the progress of the Berkshire wide Transforming Care Programme (TCP) relating to care for people with learning difficulties.

The main thrust of the programme was to ensure as far as possible that less people with learning disability and/or autism were treated in hospital and were given the opportunity to transfer to or remain in a community environment in their own area. A number of workstreams had commenced to deliver the various proposals; funding had been sought for an adaptation grant to bring forward six flatlets in a property and to support ten people to purchase their own properties through the Home Ownership for people with Long-Term Disability (HOLD) scheme.

Specifically in Bracknell, all individuals in an 'out of area' placement had been identified and were being reviewed with a view to move them back into the area. One individual had now become a home owner through the HOLD scheme. Work was also progressing on provision and services locally that prevent isolation and all children and young people living in 38 and 52 week placements had been identified to inform forward planning and ensure community provision was sufficiently robust to meet their needs when they reached adulthood.

The Panel noted the target to re-settle all those identified within the next few years.

#### **70. Merging of the Adult Social Care & Housing and the Health Overview and Scrutiny Panels**

The Panel considered a report inviting members to join a new Overview and Scrutiny (O&S) Working Group which has been established by the Health O&S Panel to consider the principle and logistics of fully or partially merging the two Panels in the interests of streamlining O&S work and avoiding duplication.

Councillors Finnie, Mrs McCracken, Peacey and Virgo had been nominated by the Health O&S Panel and the Panel agreed that Councillors Harrison and Mrs Temperton should join them on the Working Group (NB. Councillor Finnie was a member of both O&S Panels).

**71. Working Group Update Report**

The Panel received an update of the progress of its Working Group reviewing Housing Strategy and Supply and the joint Working Group reviewing the NHS Sustainability and Transformation Partnership (STP).

The Housing Strategy and Supply Working Group had met on five occasions over the last ten months, the last meeting taking the form of a very interesting presentation and discussion about affordable housing led by a planning QC. The next step would be to review and respond to the Council's draft Housing Strategy.

The Working Group set up to review the Frimley Health and Care NHS Trust STP had met twice, had revisited its original terms of reference so as not to duplicate work carried by a neighbouring STP in respect of a vision and programme for digital transformation, and was seeking a meeting with the STP Integration and Transformation Director as its next step.

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

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

**73. Other business – CQC Inspection**

Following the recent CQC Inspection of Adult Social Care services, for which a number of members had been interviewed, the Panel considered it would be appropriate to invite the CQC to a future meeting of the Panel in order that feedback could be given and received first hand by members.

**CHAIRMAN**