



NOTICE OF MEETING

Health Overview and Scrutiny Panel

Thursday 29 June 2017, 7.30 pm

Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Health Overview and Scrutiny Panel

Councillors G Birch, Finnie, Hill, Mrs McCracken, 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 29 June 2017, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell

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

AGENDA

Page No

1. **Election of Chairman**

2. **Appointment of Vice Chairman**

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

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

4. **Minutes and Matters Arising**

To approve as a correct record the minutes of the meeting of the Health Overview and Scrutiny Panel held on 27 April 2017.

5 - 10

5. **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 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.

6. Urgent Items of Business

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

7. Public Participation

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

8. Royal Berkshire NHS Foundation Trust

To receive a presentation from the Royal Berkshire NHS Foundation Trust, to include the Trust's performance and role as landlord of the Bracknell Urgent Care Centre.

9. The Patients' Experience

To receive a presentation in respect of data relating to the patients' experience collected from various sources.

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 - 24

11. Joining Together the Health and Adult Social Care & Housing Overview & Scrutiny Panels

A proposal to be discussed by the Panel, with a view to working towards a way forward.

12. Departmental Performance

To consider the parts of the Quarter 4, 2016/17 (January to March 2017) Quarterly Service Report of the Adult Social Care, Health and Housing department relating to health.

25 - 46

13. Executive Key and Non Key Decisions

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

47 - 52

14. Working Group Update Report

To receive an update in respect of the Working Group of this Panel and the Adult Social Care and Housing Overview and Scrutiny Panel reviewing the Frimley Health and Care Sustainability and Transformation Plan.

53 - 54

15. Member Feedback

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

16. **Date of Next Meeting**

5 October 2017.

**HEALTH OVERVIEW AND SCRUTINY PANEL
27 APRIL 2017
7.30 - 10.10 PM**



Present:

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

Non-Voting Co-opted Member:

Dr David Norman, Co-opted Representative

Executive Member:

Councillor D. Birch

Observer:

Chris Taylor, Healthwatch

In Attendance:

Julian Emms, Berkshire Healthcare NHS Trust
Mark Gittins, Business Intelligence Manager
Lisa McNally, Consultant in Public Health
Patrick Rogan, East Berkshire Primary Care Out of Hours Services
Fiona Slevin-Brown, Federated Director Clinical Commissioning Groups
Dr William Tong, Bracknell & Ascot Clinical Commissioning Group

Apologies for absence were received from:

Councillors Hill and Thompson

97. Minutes and Matters Arising

RESOLVED that the minutes of the meeting of the Panel held on 12 January 2017 be approved as a correct record and signed by the Chairman.

98. Declarations of Interest and Party Whip

There were no declarations of interest or any indications that members would be participating while under the party whip.

99. Urgent Items of Business

There were no items of urgent business.

100. Public Participation

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

101. Berkshire Healthcare Trust

Julian Emms, Chief Executive of Berkshire Healthcare NHS Foundation Trust (BHFT) delivered a presentation and made the following points:

- BHFT was the main provider of community and mental health services to the population of Berkshire. BHFT also provided primary care services which in Berkshire included one practice and the Out of Hours GP service in the West of Berkshire.
- The Trust had an annual income of around £240m, employing approx. 4,400 staff and providing services from just over 100 sites.
- In March 2016 they were awarded a Care Quality Commission rating of good.
- The Trust maximised individuals independence and their quality of life. BHFT were the most integrated NHS organisation in the region in the pursuit of person centred co-ordinated care.
- Like trusts around the Country were facing increased demand as a result of population growth, supply was a concern as the Trust struggled with severe workforce shortages in terms of nurses, doctors and physios. In addition, they were facing the 6th year of austerity and a 20% reduction in income during this period.

In response to Members queries, the following points were made:

- The Panel were pleased that patients would be enabled to view their own medical records, this was empowering for patients and contributed to person centred care. Some concern was raised around this leading to self diagnosis but it was reported that pharmacists would play a role in tackling this wherever possible.
- Members expressed concern that triggers relating to safeguarding may be missed if face to face appointments are not undertaken. Julian Emms reported that online or telephone appointments would only be given to low risk patients.
- Julian Emms stated that there was still work to do between BHFT and the Council around what services should be offered where. There was still significant capacity at Brants Bridge that could be utilised.
- In terms of finances and capacity, the Trust would be considering carefully how best to spend the very tight funding as well as how best to remedy the severe staff shortages. In the long term, the Trust would be working with universities to source staff. In the short term, the Trust hoped to work collaboratively with partners to work towards improved role substitution such as pharmacists taking on other roles.

The Chairman thanked Julian Emms for a very useful and informative presentation.

102. **Health And Wellbeing Board**

The Executive Member for Adult Social Care, Health & Housing reported that the Health & Wellbeing Board (HWB) had participated in a peer review. The first session had been facilitated by Andrew Cozens, who had considerable experience in independent social care and health policy improvement.

He stated that the recommendations that had resulted from the peer review, were as follows:

- The role of the HWB should be to generate high level, system wide plans for addressing key priorities.
- It should bring together partners 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 were 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.

The Executive Member reported that the HWB had already made a number of changes including changes to its membership to incorporate providers. The Board was conscious of the need to maintain a lean profile to continue to be successful and to not be seen as a committee of the Council. The HWB had therefore taken the decision to take Board meetings on the road and have meetings at partner venues across the borough.

The last meeting of the HWB was held at The Priory, Ascot and had been successful. The HWB had also adopted a new format whereby once formal business was completed the Board would have a workshop discussion which focussed on a particular topic. The last meeting had focussed on the emotional health and wellbeing of the borough. This had been a successful session facilitated by Andy Bell from the Centre of Mental Health, with lots of ideas generated.

In response to members' queries, the following points were made:

- Members expressed concern that the HWB hadn't been fulfilling its role to date. The Executive Member reported that the HWB were conscious that they were not operating to their optimum level and as a result had requested this peer review. The recommendations that arose from the peer review were anticipated and allowed the Board to refocus its effort.
- The Consultant in Public Health reported that the HWB was made up of high performing agencies, however they weren't quite managing to become a sum of all parts and this was what the HWB would be focussing on as it moved forward.
- The HWB would also be moving away from outputs and outcomes and moving towards more genuine outcomes. For example, how did a person feel as a result of a particular healthcare intervention, therefore a move towards qualitative data and considering people's life stories and the changes in peoples lives as a result of any healthcare interventions.
- Members found the Brighter Berkshire event to be very informative and important in raising the profile of mental health.
- The Consultant in Public Health reported that social isolation was being tackled in a range of ways. The Community map was a useful tool for residents to find local groups and activities. There was also work taking place to inspire or enable residents to start up new groups. Social prescribing was also a resource used by GPs.

The Chairman thanked officers for the presentation and stated that she was pleased that the HWB would be taking a more holistic role.

The Panel noted the report.

103. **GP Out of Hours Service**

Patrick Rogan, Chief Executive of East Berkshire Primary Care Out of Hours Services attended and made the following points:

- He reported that five Care Quality Commission inspectors had carried out an inspection at Brants Bridge over the course of four days. They had reported a finding of 'requires improvement'.

- One of the main issues raised in the inspection was the control of drugs. As an organisation the Out of Hours Service was not registered to hold controlled drugs. He reported that he was currently in the process of registering the organisation. There were also some issues relating to equipment. A Nurse Medicine Manager had now been appointed to ensure all requirements in this area in future were met.
- Concerns were also raised around signage which had now been addressed. There were also concerns raised around the need for chaperones to ensure safeguarding procedures were followed. This had also been addressed and a number of staff had been required to undertake a training course relating to safeguarding.

In response to Members queries, Patrick Rogan stated that the Out of Hours had access to patient records as well as patient care plans.

The Chairman thanked Patrick Rogan for an informative presentation.

104. **The Patients' Experience**

Chris Taylor, Healthwatch attended the meeting and provided a summary of key points to arise from their work around patient's experience. He reported that there were five main areas highlighted by patients as follows:

- Staff Attitudes – 180 individual pieces of feedback had been collected by Healthwatch over the last year relating to staff attitudes. 160 of these comments were positive, the remainder negative. The majority of comments related to receptionist staff and the extent to which they were friendly, helpful or approachable.
- GP Appointments – 300 comments had been collected. Positive comments included that there were never issues getting appointments for children, the extended hours service was brilliant, urgent appointments were always available; booking appointments online was useful as well as telephone consultations. Negative comments included; difficulty getting appointments, phone lines always busy and numerous comments stating that more appointments needed to be available.
- Referral Pathways – Comments received suggested the need for clearer pathways. Comments related to the distance that needed to be travelled to services and ending up back at their GP when they should have been able to continue along the referral pathway.
- Dignity and Respect – Over 100 positive comments were received relating to this area and the general words being repeated were: Great, Helpful and Lovely. Positives outweighed the negatives but some of the negatives included, being overheard whilst speaking to receptionist staff and receptionist staff answering phone calls although people waiting to speak to them.
- Discharge – A report would be published in the next two weeks by Healthwatch on discharge, however some of the issues raised had including waiting for care packages to be put in place or being discharged without any support at home for them.

The Chairman thanked Chris Taylor for his informative presentation and commented that positive comments seemed to have dominated the patient feedback and that this perhaps reflected a cultural shift. Chris Taylor agreed that this could reflect a cultural shift and that social media certainly reported a great deal of positive comments for the NHS more generally.

105. **Quality Accounts 2016/17**

The Chairman reported that Richard Beaumont was undertaking work around Quality Accounts and that Members comments on the quality accounts for Berkshire Healthcare Trust, Royal Berkshire Healthcare Trust and Frimley Park Healthcare Trust had now all been submitted to each respective trust. Comments on the Ambulance Service Quality Accounts were due at the end of May 2017. Richard Beaumont would compile a report for the next Panel summarising all comments made and any responses received from the trusts.

106. **Departmental Performance**

The Consultant in Public Health reported on the performance of the Department over quarter 3, October to December 2016. She made the following points:

- Overall satisfaction with services was declining across the Country as was to be expected as local authorities and health agencies tackled austerity.
- Some of the highlights in departmental performance included the increasing number of people with learning disability in employment; this was life changing for these individuals. Work around personal health budgets was developing well and was key to giving people ownership of their healthcare package.
- Delayed transfers of care were being explored to see where the delays were occurring.
- Sustainability and Transformation Plans remained a key area of focus for the department and would provide a good barometer of how well the system was working together.
- The Community Map was relevant to all indicators; it was run by the Public Health team but was a resource for all of social care.

The Chairman asked officers to provide a breakdown of numbers for 'People live active and healthy lifestyles' on page 54 of the agenda papers.

It was reported that the departmental dashboard could provide this breakdown of numbers as well as a great deal of other holistic information. At present only the Adult Social Care, Health and Housing department was using the dashboard, but it had the potential to provide a Council wide solution that provided metrics and a more linked up story of information.

The dashboard itself was menu driven and provided a simple way of viewing all indicators and performance and cross referencing information.

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

The Panel received and noted the schedule of Executive key and non-key decisions relating to health.

108. **Member Feedback**

- Councillor G. Birch (specialist interests: cancer, rare diseases and Brexit) reported that new guidance/strategy had been published by NICE/NHS England around new drugs being released into the market for rare diseases and cancer. These drugs were expected to be released after the election and could have a huge impact.
- Brexit – the drug industry were keen to see plans revealed, there was some nervousness around the level of funding available for research.

- Councillor Mrs Mattick reported that she had attended a Council of governors Dementia group at Frimley Park Hospital which had been very interesting. She had also attended the Brighter Berkshire event and a six week pilot of chair yoga, which had been excellent.

CHAIRMAN

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
29 JUNE 2017**

**QUALITY ACCOUNTS 2016/17
Assistant Chief Executive**

1 PURPOSE OF REPORT

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

2 RECOMMENDATION

That the Health Overview and Scrutiny Panel:

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

3 SUPPORTING INFORMATION

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

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

Contact for further information

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QUALITY ACCOUNTS 2016-17: COMMENTS BY BRACKNELL FOREST COUNCIL'S HEALTH OVERVIEW & SCRUTINY PANEL

Royal Berkshire NHS Foundation Trust

General comments

1. We welcome the opportunity to comment on the Trust's Quality Accounts (QA) Report for 2016-17.
2. The Health Overview & Scrutiny Panel appreciates the continuing good dialogue with the Trust. This has included a regular meeting every two years with the Trust's Chief Executive, in public, to review the Royal Berkshire Hospital's performance and plans.
3. With the national focus on the adequacy of resourcing of the NHS, it would be helpful if the QA gave some indication of whether the Trust is adequately resourced going forward, and if not, what measures are to be taken.
4. The QA should mention the Sustainability and Transformation Plans affecting Berkshire, and the changes these will bring to the delivery of the Trust's services.
5. Throughout the QA, many targets are imprecise, for example to refer to 'a reduction' without quantifying it, is not very meaningful. It would also be helpful if the QA could:
 - Set alongside each all of the Key Quality Improvement Measures what the current performance is, so the reader can understand the targets better;
 - Give information on numbers of patients, etc, alongside targets expressed as percentages; and
 - Describe how the Trust will monitor the achievement of its targets and its commitments to improve (e.g. the various 'Sign Up to Safety' initiatives).
6. The accessibility of the document would be improved if less well-known acronyms were spelt out, for example 'IVIg' and 'HCV' (page 18) are not well known.
7. Residents of Bracknell Forest have made increasing use of the Royal Berkshire Bracknell Healthspace. We would encourage the Trust to refer to this valuable and relatively novel facility in the QA report.

Specific comments

8. We support the Trust's Quality Priorities for 2017-18 (page 6), but would like to see a much stronger emphasis on what has and is being done to address the criticisms raised by the Care Quality Commission (page 38).
9. We are concerned at the increased staff vacancy rate in the Trust, despite this having been a priority action in 2016-17 (pages 7 and 24), though we are encouraged by the initiatives being taken by the Trust on recruitment and retention. The use of agency staff is a widespread concern across the NHS. We suggest that the QA should include information on the current cost of agency staff (in contrast to the target of 3% of total staff costs), and the distinction between 'Bank' and external agency staff. In that regard, it would be helpful to show actual numbers of people as well as percentages. Looking further ahead, it would be interesting to know whether the Trust has formulated any plans to address the possible impact of BREXIT.

10. On recruitment (page 7), we suggest that the QA says something about the links with local universities on work placements and training. Also, the QA states that the Trust aims to recruit non-EU nurses. We therefore repeat the concern we raised last year, that if those staff are paid less than the Government's minimum income threshold, they will be required to leave the UK.
11. We commend the Trust's initiative to share learning, and would encourage the Trust to emphasise the 'duty of candour' in that regard (page 8). We would also welcome more detail on how the Trust will ensure that learning is truly embedded. We commend the initiative to report excellent practice, through the 'Above and Beyond' project, and the measures to listen to staff more on their ideas for improvement.
12. The section on the Patient Experience (pages 11-12) could usefully refer to the improved patient feedback on the quality of food provided at the Royal Berkshire hospital.
13. We suggest that more information is given on the current extent of delayed discharges (page 11) and the actions being taken to avoid re-admissions (see also page 47). We also suggest that the key quality improvement measure for bed days lost is quantified.
14. We suggest that the pressure on car parking might be eased by providing better signage to nearby public car parks (page 13).
15. On the issue of End of Life Care (page 15), we suggest the QA gives a timescale for the recruitment of an end of life care facilitator, which we see as being important.
16. We commend the Trust's innovative work during the year (page 16), specifically on paediatric transition (which we can see would be of great benefit to the children concerned) and improving mobilisation following hip surgery (which is of direct benefit to the patients and to the hospital's efficiency).
17. We were concerned to read that the Information Governance Assessment Report Score overall score for 2016-17 was 67% and was graded red. We would welcome some details of the practical effect of the low rating, and what the Trust is doing to improve its governance (page 20).
18. We congratulate the Trust on the rate of achievement of its quality priorities for 2016-17, which we agree were ambitious (page 23), particularly on cancer treatment waiting times which is hugely important to patients.
19. We would be interested to know whether the innovative solutions on dementia (page 23) also apply to other mental health conditions. In that regard, there have been media reports of inadequate follow-up of mental health patients' well-being after discharge from hospital. It would be helpful if the QA could comment on that, including whether it is the responsibility of the hospital or the Community Mental Health team, and what is being done to improve any inadequacies in the follow-up process.
20. On the cancer-related targets (page 28), it would be helpful to add details on the causes for delays and the under-achievement of the targets.
21. The Panel welcomes the Trust's priority attention to patients with dementia, given the prevalence of that condition (page 33).
22. It is good to see the reduction in the percentage of staff who report that they have been subjected to harassment, bullying or abuse from other staff, and that the Trust's position is better than the average for all NHS Trusts (page 37). Nevertheless, we regard the

23% rate to be unacceptably high in any organisation, and feel sure that this must be harming staff morale and performance. We suggest that the QA should describe how the Trust will bring the rate down. For example, do the whistleblowing and staff support arrangements need to be improved, and how often is the grievance procedure invoked and acted upon?

23. We do not believe that the QA gives sufficient prominence to the current assessment by the Care Quality Commission, that the Trust 'Requires Improvement' overall (page 38). We would particularly wish to see what improvements the Trust is making to address the weaker areas identified by the CQC of: Safety; Responsiveness; and Leadership.
24. We congratulate the Trust on their Accident and Emergency waiting time performance, achieved during a time of great and growing demands on the Emergency Department (page 39).
25. The Panel would welcome an assurance that the Mortality Review processes include recording and considering all relevant matters raised by Coroners (page 40).
26. Serious Untoward Incidents/ 'Never Events' are prime learning opportunities for any NHS Trust. We would welcome an assurance in the QA that the Trust approaches these with an open mind and candour, and is not over-defensive in looking for lessons to be learnt.

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

General comments

1. We welcome the opportunity to comment on the Trust's Quality Accounts (QA) Report for 2016-17. This shows that – despite various challenges and an increased workload - the Trust has been innovative, energetic and successful throughout the year, enabling it to sustain its outstanding performance record. We note particularly the exceptionally good feedback from patients on the quality of care they received (page 79). On behalf of the residents of Bracknell Forest, the Panel thanks the Trust for its very high quality services.
2. We appreciate that the production of the QA involves a lot of data collection and other work, to a demanding timescale. The early draft QA sent to us in April (in order that we could meet your response deadline) has numerous pieces of very important information yet to be inserted, particularly on the Trust's forward plans. Consequently, our comments are incomplete and provisional. We would ask for earlier availability of a complete QA, so that we can provide full comments before your deadline for Overview and Scrutiny comments.
3. The Health Overview & Scrutiny Panel appreciates the continuing good dialogue with the Trust. This has included a regular meeting at least every two years with the Trust's Chief Executive, in public, to review the Trust's performance and plans. Most recently, this has concentrated on the redevelopment of Heatherwood Hospital.
4. With the national focus on the adequacy of resourcing of the NHS, it would be helpful if the QA gave some indication of whether the Trust is adequately resourced going forward, and if not, what measures are to be taken. We note that on page 17 there is a statement that says that the overspend must be reduced and the books balanced, but the figure of the overspend is not given.
5. The Trust does seem to have lots of good initiatives to empower staff and also to commend them publicly. The Trust also recognises the importance of staff well-being and listens to its staff and welcomes their suggestions on improvements.

Specific comments

6. It is understandable that the Trust under-achieved the 95% target for timely treatment of people presenting at the Emergency Department, given the huge increase in demand. It would be helpful if the QA could expand on what a realistic target would be, alternatively how and when the 95% target will be met (pages 3 and 14).
7. The Panel congratulates the Trust on its awards and advances in the all-important aspect of patient safety (pages 5-7), and in embedding an improved culture across all the Trust's staff (pages 9-10).
8. It would be helpful if the report could state the consequences of (the significant number of) staff appraisals not having been completed. For example, good performance may not always be recognised, whereas under-performance may go unnoticed and uncorrected (page 10)?

9. The Trust compares favourably to the average NHS Trust concerning staff reporting that they have experienced harassment, bullying or abuse from other staff (page 11). Nevertheless, we regard the 21% rate to be unacceptably high in any organisation, and feel sure that this must be harming staff morale and performance. It would be helpful if the report stated what action the Trust will be taking on this. We suggest that the QA should describe how the Trust will bring the rate down. For example, do the whistleblowing and staff support arrangements need to be improved, and how often is the grievance procedure invoked and acted upon?
10. The substantial reduction in the staff vacancy rate (page 12) is commendable, given the difficulties in recruitment and retention experienced by the NHS - and hence the heavy reliance on agency staff - particularly in southern England.
11. We congratulate the Trust on its achievement of most of its quality priorities in 2016/17 (Section 2, page 21 onward), which had a strong bearing on patient care and on the efficient running of the three hospitals. We particularly commend the Trust's sensitive and valuable handling of end of life care (pages 35 - 38).
12. We commend the 11% increase reported on involving carers with discharge (page 33). The work to start progressing for discharge as soon as the patient enters the hospital is also to be commended.
13. We support the Trust's Quality Priorities for 2017-18 (page 39 onwards). We would welcome some more information in the QA on the partnership work with local authorities relating to patient discharge.
14. We commend the Trust's performance in reducing avoidable harm to patients (pages 54- 56), particularly the 'Sign up to Safety' campaign (page 58), and the minimisation of medication errors (page 69). Serious Untoward Incidents/ 'Never Events' are prime learning opportunities for any NHS Trust. We would welcome an assurance in the QA that the Trust approaches these with an open mind and candour, and is not over-defensive in looking for lessons to be learnt.
15. We are impressed by the very fast treatment on strokes (page 72) and Acute Myocardial Infarction (page 75), which must make the difference between life and death for some patients.
16. The Panel is concerned that only 41% of complaints were answered within the national target of 25 days (page 81), and consider that this requires some explanation and remediation. We also think it would be helpful if the report included details of how many complaints were made to the Health Service Ombudsman, and offer some examples of learning from complaints.
17. There have been media reports of inadequate follow-up of mental health patients' well-being after discharge from hospital. It would be helpful if the QA could comment on that, including whether it is the responsibility of the hospital or the Community Mental Health team, and what is being done to improve any inadequacies in the follow-up process.

Frimley Health NHS Foundation Trust responded on 26 April:

'Thank you for the comments from BFC Health Overview & Scrutiny Committee on the Trust Quality Report 2016/17.'

Your feedback is extremely useful and will be considered as we finalise the report.

Many thanks again

Candice Carstairs

Clinical Governance Facilitator'

Berkshire Healthcare NHS Foundation Trust

General comments

1. We welcome the opportunity to comment on the Trust's Quality Accounts (QA) for 2016-17. We also welcome the increased attention being given by the Government and NHS England to mental health issues.
2. The Health Overview & Scrutiny Panel appreciates the continuing good dialogue with the Trust. This included a meeting with the Trust's Chief Executive at our meeting in April 2017, when we reviewed the Trust's performance and plans.
3. With the national focus on the adequacy of resourcing of the NHS, it would be helpful if the QA gave some indication of whether the Trust is adequately resourced going forward, and if not, what measures are to be taken.
4. The QA should mention the Sustainability and Transformation Plans affecting Berkshire, and the changes these will bring to the delivery of the Trust's services.
5. Perhaps the QA could include a comment by the Trust on any implications from NHS England allowing NICE to speed up or delay the approval of new drugs?

Specific comments

6. We repeat our concern on last year's QA, about compliance with NICE guidelines (page 4). Specifically, it would be helpful if the QA could spell out the impact of 20% of NICE guidelines not being complied with, and the circumstances in which the Trust considers that non-compliance is the correct thing to do (Page 18).
7. We are pleased to see the improvement in Friends and Family (FFT) responses from mental health inpatients, but we are concerned about the marked decline in FFT response rates (page 7).
8. It is encouraging to see the sustained rise in the number of compliments received (page 11).
9. We are concerned at the continuing below-average response to the survey question on crisis care. We look forward to hearing the outcome of the 'deep dive' review of that service (page 11).
10. The performance against the patient safety priorities (pressure ulcers and falls prevention) is to be applauded. Both these are important aspects of patient care (pages 13-15).
11. We suggest that more information is given on the reasons for delayed discharges and the actions being taken/to be taken on it (page 17).
12. The use of agency staff is a widespread concern across the NHS. We suggest that the QA should include information on what the Trust sees as an acceptable level of agency staff usage, and the measures being taken to ensure that there is not excessive reliance on agency staff (page 17). Looking further ahead, it would be interesting to know whether the Trust has formulated any plans to address the possible impact of BREXIT.

13. It would be useful to include some description of the outcome of the whistle blowing concerns (page 17).
14. The Panel agrees with the focus on suicide prevention and we suggest that this section of the QA should include data on the number of suicides (by cross referencing to Figure 25 on page 41) and successful prevention cases (page 19).
15. We welcome the initiative to provide a psychological service for people who frequently attend hospital emergency departments. We consider there is a strong case to extend this service to people who frequently contact the ambulance service (page 27).
16. We strongly support the progress being made to improve Child and Adolescent Mental Health Services (CAMHS). This has been a constant concern of ours for many years, and the improvements being made to waiting times and other aspects are very welcome (pages 30-31).
17. We would welcome details of progress on medicines optimisation (page 31) following our comments last year on the QA.
18. We commend the proactive measures taken by the Trust on pharmacy safety improvements (page 31).
19. We are supportive of the Trust's priorities for improvement in 2017/18, and note that we responded separately earlier in 2017 to the Trust's on-line survey about its future priorities (page 32).
20. On last year's QA, following our comments, the medication errors section was expanded to show the ratio of harm to non-harm errors. We suggest this useful information should also be included in this year's QA (page 43).
21. Given that the number of patient to patient physical assaults is worse than the target level, it would be helpful if the QA could summarise what training and other action is being taken to bring down the number of assaults (page 44).

Berkshire Healthcare NHS Foundation Trust responded on 17 May:

'Many thanks for submitting your response to the Berkshire Healthcare NHS Foundation Trust Quality Account for 2016/17. We are grateful for both your feedback and for the suggestions made to improve our Quality Account this year.'

We have now considered the comments and questions raised, and enclose a document [below] detailing both your feedback and our response. Please note that this document will be included in the appendices of the final version of our Quality Account, to be published on NHS Choices in June 2017.'

*Best wishes
Jason Hibbitt
Clinical Effectiveness Facilitator- NICE
Clinical Audit Department
Berkshire Healthcare NHS Foundation Trust*

Berkshire Healthcare NHS Foundation Trust Response:

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

The balancing of the quality account is always a challenge to meet both our mandated requirements and to make the document meaningful without exceeding its current length. In relation to specific points made, the Trust responds as follows:

3. With regards to adequacy of resourcing, and where this impacts on the delivery of quality it is discussed within the quality concerns section of the quality account.
4. The Sustainability and Transformation Plans affecting Berkshire are not included currently, we will ensure that the impact of these plans will be considered in the development of future priorities and any impact they have on our current priorities will be included in future reports.
5. Any significant impact on our patients with regards to NICE approval of medicines would be included if it posed a significant risk to our patients.
6. We have listened to your comments and reviewed the section of the Quality Account on NICE, to explain the risk assessment process we conduct if we are not fully compliant on a piece of guidance, we are working to ensure that all non-compliant guidance has an action plan in place to enable compliance.
7. Response rates on the friends and family survey will be a specific area of focus this year with an aim to achieve a minimum of 15% response rate (in line with the national expectation)
11. Delayed discharges and the impact to provide beds for patients when required is a current focus and the chief operating officer is leading a piece of work specifically looking at this to improve.
12. The Trust has led a significant programme of work over the last year specifically on reducing the use of agency staff, to increase the use of bank staff where we have vacancies and to try and use the same bank staff for continuity of care.
13. Of the three whistle blowing cases reported two are currently still open and therefore it would not be appropriate to report outcomes, we will look to summarise any learning identified in future quality accounts.
14. We have added in some cross references to make this section clearer.
17. Following your comments last year we included a section on improvements in pharmacy and medicines optimisation this can be found in section 1.1.12
20. Thank you for your comments this has now been included within the quality account.
21. Thank you for your comments this has now been included within the quality account.

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

General comments

1. We welcome the opportunity to comment on the Trust's Quality Accounts (QA) Report for 2016-17.
2. The Health Overview & Scrutiny Panel appreciates the continuing good dialogue with the Trust. This has included a regular meeting every two years with the Trust's Chief Executive, in public, to review the Ambulance Service's performance and plans.
3. With the national focus on the adequacy of resourcing of the NHS, it would be helpful if the QA gave some indication of whether the Trust is adequately resourced going forward, and if not, what measures are to be taken.
4. We are impressed by the good innovations made by the Trust, for example piloting NHS 111 online, the use of Skype for high intensity care homes (page 38), and the management of high intensity users (page 57), and would like to know whether SCAS share these innovations with other Ambulance Trusts?

Specific comments

5. The Panel congratulates the Trust on its overall 'Good' rating from the Care Quality Commission (CQC), achieved during the year, which reflects much credit on the way the Trust is run for the benefit of patients. We particularly welcome the significant improvement in the Non-Emergency Patient Transport Service (previously identified as being weak) and the way that the Trust is responding to other opportunities for further improvement identified by the CQC (pages 3-4).
6. We support the Trust's strategic aims (page 18 onwards) and would welcome some more detail on these, for example on '*To transform our cost base*' some indication of how this will be done and the desired outcome; and '*winning viable contracts*' would presumably be confined to those which are consistent with the Trust's statutory duties as an Ambulance Service?
7. It would be interesting to know whether the new specialist paramedic role (page 20) is a national or local initiative, and how this will impact on staff retention in this vital area.
8. The statement '*SCAS will enable people to travel safely between home and health care settings*' should not be so broad, as many people visit health care settings (e.g. their GP surgery) with no involvement of SCAS.
9. Having a mental health nurse available in the Clinical Contact Centre seems to be a valuable innovation (page 21). It would be helpful to comment on whether this partnership endeavour is to be extended to the Berkshire Healthcare Trust.
10. The QA makes a brief mention of the Sustainability and Transformation Plans on page 22. It would be helpful to add whether (and if so, how) this major development will entail any changes to the delivery of the Trust's services. In that regard, it would be interesting to know the current position in relation to delayed transfers of patients from ambulances to hospitals' Emergency departments, which has continued to be reported in the national media.

11. The improved feedback from staff in the annual staff survey is to be commended (page 26).
12. The Panel is supportive of the Quality Priorities for 2017-18 (page 32), and we contributed our views on the draft priorities earlier in 2017.
13. Could the call abandonment rate be improved by publicising the number of unnecessary calls received, so as to discourage undue demands on the Trust's time (page 37)?
14. We could not see any reference to the staff vacancy rate in the Trust, despite this having been a priority action previously. We suggest the QA comments on this, particularly in relation to paramedics. Looking further ahead, it would be interesting to know whether the Trust has formulated any plans to address the possible impact of BREXIT.
15. The use of private ambulances is mentioned on page 45. It would be helpful to have a statement on the Trust's policy on using private ambulances, and the extent of their usage, particularly as they are seen to be more costly than the Trust's own ambulances.
16. We appreciate that meeting the national time targets to attend emergencies have become increasingly challenging due to growing demands on the Trust. Nevertheless, as the targets have been underachieved slightly, we suggest that the report states the targets (75% for Red calls, and 95% for 19 Minute calls) and comments on the reasons for the performance levels as well as any further actions (page 49).
17. The Panel commends the level of achievement of the Trust's quality priorities for 2016-17 (page 53).
18. We suggest that the report describes what is being done to speed up the response to complaints, to meet the 25 days target (page 59).
19. The Panel commends the leading work by the Trust in relation to Dementia awareness (page 62).
20. We suggest the QA includes more information on the effect on the Trust's work of falls by elderly people.

South Central Ambulance Service responded on 8 May:

'Thank you so much for your valuable input. I will work through it.

I will include it as stated/mandated by NHSi in our QA.

Very much appreciated.

Regards

Debbie Marrs

Assistant Director of Quality and Patient Care'

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QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q4 2016 - 17
January - March 2017

Executive Member:
Councillor Dale Birch

Director:
Gill Vickers






21 April 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

There was significant activity in the Department during Quarter 4 on a number of projects. The Department also received some important performance information recently published for the 2015-16 performance year concerning local authority rankings nationally.

In Adult Social Care, satisfaction with care and support, satisfaction of carers and helping people with a learning disability into work all scored excellently for Bracknell Forest Council. Satisfaction with care and support scored a percentage of 71.5% (compared to the England average of 64.4%) which meant that Bracknell Forest was the best performer of our comparator group (a group of councils who are most like us statistically and which includes West Berkshire, Windsor and Maidenhead and Reading councils. Bracknell Forest also ranked 5th in England for this indicator out of 159 local authorities.

Satisfaction of carers also scored very positively for Bracknell Forest, with a performance of 50.5% (compared to the England average of 41.2%) and also meant that Bracknell Forest was the best performer in our comparator group and the 12th highest performer in England.

Performance for people with a learning disability being helped into employment also delivered excellent performance with a score of 17.7% for Bracknell compared to the England average of 6.7% and the was the best performer of our comparator group.

In addition to this, the proportion of people who say it is easy to find out information about support was also a strong performer for Bracknell Forest, with a score of 80.2%, second best in our comparator group compared with an England average of 73.5%.

It is very encouraging to report on the recent progress in Personal Health Budgets. 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 Clinical Commissioning Group have commissioned the Learning Disability team for Bracknell to support individuals and 37 people now receive their care and support in this way.

In Housing, the 2015-16 year ended with one single person in Bed and Breakfast accommodation which is excellent performance. In other areas, the Council completed purchase of Amber and Regency house with back to back disposal of long lease to Thames valley housing association to provide 193 units of affordable housing.

A tender was offered to procure housing related support for young single homeless people and the outcome will be reported to June Executive. DHL has begun the purchase of residential property and will be aiming to complete on as many properties as possible in the first quarter of 2017/18.

In Public Health, the Year of Self Care 2017 began in Quarter 4 with promotional work on alcohol (January), mental health (February) and healthy ageing (March). This year, mental well-being is the 'golden thread' throughout all of the monthly campaigns. As part of this, we are participating in the 'Brighter Berkshire' programme, which is a year long community involvement initiative including monthly BBC Radio programmes on mental health.

In line with this, the Public Health team have pushed forward their "community development" programme. This is about working with small groups and clubs in our local area that are run by residents for residents. The Community Map has been enhanced recently by the direct involvement of Members who have helped identify new community assets in our area. This map is now forming the resource behind a new 'social prescribing' initiative with Primary Care as well as being a key resource for the Adult Social Care transformation programme. The number of enquiries we have had from other areas in the UK and Europe about our proactive community development work indicates that we are ahead of the game in this respect.

A key element of Public Health's community development work in Q4 has been the rapid expansion of its Facebook pages. Work to co-produce engaging content with residents (e.g.: videos promoting projects) has resulted in unprecedented engagement levels. This engagement is a crucial foundation for future community development work as we move more toward an asset-based way of working.

Highlights and remedial action

Good performance

Progress against actions and indicators within the Department finished the year extremely strong. At the end of quarter 4, of the 45 actions for the Department, 41 actions were on target or were completed on or ahead of schedule (B). 1 action was delayed (A) and 2 actions were non-applicable (NA).

Of the Departments 14 indicators, 12 were completed on target (G) which represents 85.7%.

Aside from the good news above, the Housing team has received some very positive feedback. Welfare and housing customer satisfaction with services was at 68% scoring 10/10, 24% scoring 9/10 and just 8% scoring 8 and below. These are provided face to face at reception in Time Square (March 2016 to date) and there were 215 surveys completed.


Within Forest care customer satisfaction, 100% satisfied with service, 92% thought it was value for money and 91% happy with response provided in an emergency. There was a response rate of 24%

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.


Areas for improvement

The delayed action was the implementation of savings as identified for 2016-17. The Department will show a year-end surplus, but this is due to one-off sources of funding. The recurring savings required from care costs to ensure the budget is balanced in future years have not yet been achieved. This is the aim of the Department's transformation plan.

Permanent admissions for people aged 65 and over continue to challenge the department. The latest data shows Bracknell's performance to be 611 per 100,000 of population. This compares to an England average of 628.2. This means that Bracknell is in the lowest quartile in our comparator group. Work continues to focus on keeping people independent for as long as possible.

Indicator L179, the percentage of homeless or potentially homeless customers who the council helped to keep their home was 4.5% behind target with a performance of 82% versus the target of 88% ()

Two challenges for housing are maintaining supply of accommodation for homeless households and maintaining service quality and continuous improvement via mystery shopping and Forest care CQC mock inspection.

Indicator L277, the number of people who received Falls Risks Assessments in the quarter was 12.5% behind target () at a performance of 35 people versus the target of 40 people. Demand for assessments has fallen in recent months while the "Well Balanced" physical activity sessions remain very popular. This trend will inform future provision.

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. Occupational Therapy and Physiotherapy staff remain 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.

At the beginning of quarter 2, the new FACE Resource Allocation System goes live in the LAS Community Care System for Adult Social Care. This is central to one of the Department's Transformation planks and therefore it is critical that this goes smoothly.

Early reporting will ensure that the new RAS is monitored closely and regular dialogue with social care teams will also be carried out.

Budget position

Revenue Budget

The final outturn is an underspend of £0.627 million. This includes one-off funding of £0.75 million secured from the Better Care Fund to protect social care services. It also includes £0.6 million of backdated Continuing Health Care funding which can also be considered one-off. This shows that although the department has ended the year with a surplus there is an underlying budget pressure.

There continues to be a particularly significant pressure in Adult Social Care from high cost residential and nursing placements, caused by reducing supply, rising demand and increased costs for care home providers. 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. The Disabled Facilities Grant team and capital budget have also transferred from ECC into Housing this quarter.

The Community Capacity Grant has been earmarked to fund the re-development of Stoney Lodge into shared accommodation for Learning Disability clients, which should result in significant revenue savings.

Section 2: Strategic Themes

Value for money






















1: Value for money			
Sub-Action	Due Date	Status	Comments
1.2 The cost, quality and delivery mechanism of all services will be reviewed by 2019			
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		The housing related support contract has been tendered. The new service will be in place for September 2017
1.3 We charge appropriately for services and seek opportunities to generate additional income			
1.3.02 Revise local council tax reduction scheme to be based on income bands	30/11/2016		Council adopted new Council Tax Discount scheme on 18/01/07
1.7 Spending is within budget			
1.7.01 Implement savings as identified for 2016-17	31/03/2017		The Department will show a year-end surplus, but this is due to one-off sources of funding. The recurring savings required for care costs to ensure the budget is balanced in future years have not yet been achieved. This is the aim of the Department's transformation plan
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
4.3 Comprehensive Public Health programmes aimed at adults and young people, including smoking cessation, weight management and sexual health in place			
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		All anti-stigma sessions delivered. Poetry and arts challenges completed and successful schools/pupils notified. Awaiting final evaluation of Soulscape work. 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 http://jsna.bracknell-forest.gov.uk/self-care-guide
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		Consultation with stakeholders and public completed. New 0-19 years specification and procurement plan developed and going through Council approval process. Exec member sign off scheduled for 9 May
4.4 Personal choices available to allow people to live at home are increased			
4.4.01 Review current provision and undertake tenders for the Advocacy service	31/10/2016		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		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		The intermediate care model has been reviewed, developed and has been approved by Commissioners. It now awaits approval by the Executive following which it is anticipated that it will be implemented
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 and will be monitored during 2017/18
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 have continued to promote their service across Berkshire. Forestcare have visited several doctors practices to promote new products and services
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		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
4.5 Preventative activities such as falls prevention are increased			
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
4.6 Integration of council and health services care pathways for long term conditions is increased			
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 36 people have now 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		All planned actions for the year have been completed. Going forward the work of the Prevention and Self Care Board will be integrated into Public Health work streams i.e. the Year of Self Care
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		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		Following the Winter Resilience plans BFC have been working with the A&E delivery Boards to deliver Easter preparedness and feed into the STP
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 Services is not in operation yet. However, we are reviewing our processes across the Adult Community team in line with the transformation programme in order to improve discharge to assess
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		The plans are in place
4.7 Accessibility and availability of mental health services for young people and adults is improved			
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 ahead of schedule. Staffing structure has been reviewed and changes implemented to mitigate against the single points of failure

4. People live active and healthy lifestyles					
Ind Ref	Short Description	Previous Figure Q3 2016/17	Current figure Q4 2016/17	Current Target	Current Status
OF1c.1a	Percentage of people using social care who receive self directed support (Quarterly)	100.0%	100.0%	98.0%	
OF1c.1b	Percentage of carers who receive self directed support (Quarterly)	100.0%	100.0%	98.0%	
OF1c.2a	Percentage of people using social care who receive direct payments (Quarterly)	22.8%	24.2%	No target	
OF1c.2b	Percentage of carers who receive direct payments (Quarterly)	41.7%	39.8%	No target	
L030	Number of lifelines installed in the quarter (Quarterly)	303	231	200	
L031	Percentage of lifeline calls handled in 60 seconds in the quarter (Quarterly)	95.70%	95.80%	97.50%	
L217	Percentage of people who engaged with the Stop Smoking Service in the quarter who quit smoking for at least 4 weeks (Quarterly)	89.0%	Not yet available	60.0%	
L218	Number of people in the quarter who started the specialist weight management treatment programme (Quarterly)	166	Not yet available	100	
L277	Number of people who received Falls Risks Assessments in the quarter (Quarterly)	108	35	40	
L278	Percentage of adult social care records in the Adult Social Care IT System that contain the person's NHS number (Quarterly)	97.7%	98.3%	98.0%	
L279	Number of young people who actively engage with KOOTH in the quarter (Quarterly)	420	183	115	
L280	Percentage of young people who engaged with KOOTH who received a response within 24 hours in the quarter (Quarterly)	100.0%	100.0%	95.0%	



A clean, green, growing and sustainable place

5: A clean, green, growing and sustainable place			
Sub-Action	Due Date	Status	Comments
5.2 The right levels and types of housing are both approved and delivered			
5.2.01 Procure 31 units of accommodation to provide homes for care leavers, homeless households and people with learning disabilities	31/03/2017		31 households have been accommodated in properties that have been procured during 2016/17
5.2.04 Establish Downshire Homes as a viable company providing homes for rent for homeless families	31/03/2017		Downshire Homes has been established as a company and has purchased 15 properties during 2016/17 to accommodate homeless households










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)	15	49	49	
NI181	Time taken in number of days to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	9.8	3.2	9.0	
L178	Number of household nights in non self contained accommodation (Quarterly)	397	183	793	
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	80.0%	82.0%	88.0%	




Strong, safe, supportive and self-reliant communities

6: Strong, safe, supportive and self-reliant communities			
Sub-Action	Due Date	Status	Comments
6.4 Safeguarding structures to safeguard children and vulnerable adults are well-established			
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 structures to safeguard adults at risk are being established, taking account of the board's statutory footing. The boards sub groups have established frameworks to monitor performance and to provide assurance, and to disseminate learning from adult reviews. Task and finish groups have developed strategies to improve communications and working with risk. The board strategic plan is being reviewed for on going development

Section 3: Operational Priorities

7: Operational			
Sub-Action	Due Date	Status	Comments
7.1 Adult Social Care, Health & Housing			
7.1.01 Embed the new structure of the Older People & Long Term Conditions service, following the Workforce Development project	31/03/2019		This action has been completed
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		Adult social care have maintained a programme of training linked to the national competency framework for safeguarding adults which has included induction, level 1 and levels 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		The service model has been agreed by Commissioners and we are now awaiting approval from the Executive
7.1.04 Implement Homeless Strategy Action Plan	31/03/2017		This is a 3 year action plan of which a number of actions were completed during 2016/17. In quarter 4, these include the piloting of a satisfaction survey during March 2017, and producing housing options information for care leavers as part of the My Advice self-assessment service
7.1.05 Enter into new partnership agreement with Department of Work & Pensions to support households moving onto Universal Credit	30/04/2016		The partnership agreement has been signed for 2016/17
7.1.06 Commission and maintain a triage of high value health improvement services	03/04/2019		Year of Self Care (YOSC) and all subsequent health improvement services are functional and delivering at or above expectations
7.1.07 Commission a range of effective health improvement services aimed at improving outcomes such as smoking, obesity and physical activity	03/04/2019		All commissioned health improvement services are currently active and performing at or above target. This includes but is not limited to; smoking cessation (smoking), Weight Management (Obesity) & Back to Fitness (Physical activity)
7.1.08 Recover overpayment of housing benefit for those people no longer in receipt of benefit, to be achieved via attachment of earnings	31/05/2017		Policy implemented to recover overpaid housing benefit via attachment of earnings
7.1.09 Develop the Electronic Time Monitoring System (ETMS) by introducing new modules that will allow family members to track home care visits in real time, and provide key quality information on providers' performance	31/03/2017		Completed ahead of schedule. The Family Portal is now live

7.1.10 Use monthly budget monitoring reports to identify and address any emerging overspends promptly	31/03/2019		Budget monitoring is on track
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Section 4: People

Staffing levels as at 31st March 2017

	Total Staff in Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
DMT / PAs	12	10	2	11	0	0
Adult Social Care	230	144	86	193.48	34	12.88
Commissioning & Resources	52	43	9	47.05	1	1.89
Housing	70	54	16	63.23	9	11.39
Public Health Shared	9	7	2	7.92	3	25
Public Health Local	5	5	0	5	0	0
Department Totals	378	263	115	327.69	47	11.06

Staff Turnover

For the quarter ending	31 March 2017	3.28%
For the last four quarters	1 April 2016 – 31 March 2017	8.20%

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

Comments:

HR continues to work with managers to ensure that change policies including redeployment are used as effectively as possible in light of pending changes. Q4 has seen a sharp increase in voluntary leavers, the impacts of which is reflected in the turnover rates shown above.

Staff sickness

Section	Total staff	Number of days sickness	Quarter 4 average per employee	2016/17 annual average per employee
DMT / PAs	12	29.5	2.46	3.42
Adult Social Care	230	887.5	3.86	10.5
Commissioning & Resources	52	76.5	1.47	4.80
Housing	70	241	3.44	11.66
Public Health Shared	9	22.5	2.5	5.44
Public Health Local	5	0	0.00	1.50
Department Totals (Q4)	378	1,257	3.33	
Totals (16/17)	378	3,579		9.47

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 eleven cases of Long Term Sickness during Q4. Out of these cases, three have returned to work and eight are current on long term sick. All cases have been reviewed by Occupational Health.

Commissioning and Resources:

There was one case of Long Term Sickness during Q4, who has since returned to work.

Housing:

There were three cases of Long Term Sickness during Q4, two have returned to work but there was unfortunately one death in service.

Section 5: Complaints

Compliments

A total of 49 compliments were received by the Department in quarter 4.

Adult Social Care compliments

28 compliments were received for adult social care in the quarter. 17 were for the Learning Disability and Autism teams and 11 were for the Adult Community team, of which 7 were for the Blue badge team

Corporate compliments

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

Complaints Received

3 complaints were received by the Department during the quarter, 1 by Housing and 2 by Adult Social Care. No complaints were received by Public Health.

Adult Social Care Statutory Complaints

Of the 2 complaints received in this quarter, 1 was dealt with using the statutory procedures. No complaints were dealt with using corporate procedures.

Stage	New complaints activity in Q3	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	1	19	11 complaints were not upheld, 5 complaints were partially upheld, 1 complaint was upheld and 2 complaints were ongoing
Corporate procedures	~	2	1 complaint was not upheld and 1 complaint was ongoing
Local Government Ombudsman	~	~	~

Nature of complaints, actions taken and lessons learnt:

The 2 complaints concerned, 1 was about the standard of care and support being provided to an elderly lady in her own home (the investigation is still ongoing) and 1 was concerning a claim by someone to receive social care funding whilst probable was in process. In this instance, the complaint was not upheld.

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 - MARCH 2017							
	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
Director	(338)	1,056	718	102%	729	11	12
	(338)	1,056	718		729	11	12
Adult Social Care							
Community Mental Health Team	1,974	(35)	1,939	102%	1,979	40	(27)
Community Mental Health Team for Older Adults	3,695	19	3,714	143%	5,309	1,595	(5)
Internal Services: Glenfield	201	21	222	124%	276	54	(3)
Community Team for People with Learning Disabilities	13,431	(622)	12,809	85%	10,927	(1,882)	(63)
Internal Services: Waymead	761	(15)	746	82%	615	(131)	2
Older People and Long Term Conditions	6,419	62	6,481	107%	6,967	486	26
Assistive Equipment and Technology	343	0	343	147%	503	160	30
Internal Services: Heathlands	636	(439)	197	70%	138	(59)	0
Community, Response & Reablement	1,778	(726)	1,052	100%	1,053	1	0
Emergency Duty Service	58	6	64	94%	60	(4)	(4)
Safeguarding	254	9	263	122%	322	59	24
	29,550	(1,720)	27,830		28,149	319	(20)
Housing							
Housing Options	170	63	233	65%	152	(81)	(76)
Housing Strategy	224	117	341	89%	303	(38)	11
Housing Management Services	(40)	(1)	(41)	171%	(70)	(29)	(10)
Supporting People	952	(83)	869	85%	741	(128)	0
Housing Benefits Administration	612	(111)	501	112%	559	58	(46)
Housing Benefits Payments	108	(102)	6	-3,017%	(181)	(187)	22
Other Housing	18	0	18	100%	18	0	0
Forestcare	31	67	98	39%	38	(60)	55
	2,075	(50)	2,025		1,560	(465)	(44)
Commissioning & Resources							
Drug & Alcohol Action Team	3	2	5	100%	5	0	0
Joint Commissioning	562	425	987	66%	653	(334)	1
Information Technology Team	279	5	284	82%	232	(52)	(33)
Property	73	(8)	65	98%	64	(1)	18
Performance & Complaints	183	(5)	178	82%	146	(32)	5
Finance & Appointeeships	562	(8)	554	85%	473	(81)	(5)
Human Resources Team	192	(1)	191	104%	199	8	0
	1,854	410	2,264		1,772	(492)	(14)
Public Health							
Bracknell Forest Local Team	(18)	(157)	(175)	100%	(175)	0	0
	(18)	(157)	(175)		(175)	0	0
TOTAL ASCHH	33,123	(461)	32,662		32,035	(627)	(66)
Memorandum item:							
Devolved Staffing Budget			14,846	100%	14,846	0	0
Non Cash Budgets							
Capital Charges	388	(44)	344	100%	368	0	0
IAS19 Adjustments	1,195	(548)	647	100%	1,194	0	0
Recharges	2,844	(73)	2,771	100%	2,865	0	0
	4,427	(665)	3,762		4,427	0	0

Capital Budget

Cost Centre Description	Budget £'000	Expenditure to Date £'000	Estimated Outturn £'000	Carry forward to 2017/18 £'000	(Under) / Over Spend £'000	Current Status
HOUSING						
Enabling more affordable housing	2,440.5	2,430.6	2,430.6	9.9	0.0	Purchased 9 properties in 2016/17.
Help to buy a home (cash incentive scheme)	140.0	0.0	0.0	140.0	0.0	
BFC My Home Buy	347.5	163.1	163.1	184.4	0.0	One properties has been completed, a second scheme has fallen through.
Amber House	6,147.9	6,147.9	6,147.9	0.0	0.0	Costs of Amber House, sold on to third party.
Waymead flats	580.0	0.0	0.0	0.0	580.0	Scheme is not proceeding so capital budget to be returned.
Downshire Homes	6,466.0	6,331.9	6,331.9	134.1	0.0	20 properties purchased.
Tenterton Guest House	65.0	20.2	20.2	44.8	0.0	
Disabled Facilities Grant	880.2	431.5	431.5	448.7	0.0	
TOTAL HOUSING	17,067.1	15,525.2	15,525.2	961.9	580.0	
Percentages		91.0%	91.0%		3.4%	
ADULT SOCIAL CARE						
Care housing grant	15.4	10.9	10.9	4.5	0.0	Professional fees for Heathlands Dementia Care Unit.
Community capacity grant	506.9	53.7	53.7	453.2	0.0	DMT has agreed to make available for the development of Stoney Lodge along with the 17/18 Community Capacity Grant (which is now part of Disabled Facilities Grant).
Improving information for social care	39.2	0.0	0.0	39.2	0.0	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	152.2	152.2	56.2	0.0	To be used for LAS upgrade. Timing is dependent on other factors including implementation of new RAS and so some budget is to be carried forward.
TOTAL ADULT SOCIAL CARE	769.9	216.8	216.8	553.1	0.0	
Percentages		28.2%	28.2%		0.0%	

Annex B: Annual indicators not reported this quarter

Council Plan indicators

Ind. Ref.	Short Description	Quarter due
	All Indicators are required to be reported on this quarter	

TO: HEALTH OVERVIEW AND SCRUTINY PANEL
29 JUNE 2017

**EXECUTIVE KEY AND NON-KEY DECISIONS RELATING TO
HEALTH ISSUES**
Assistant Chief Executive

1 PURPOSE OF REPORT

- 1.1 This report presents scheduled Executive Key and Non-Key Decisions relating to health issues for the Health Overview and Scrutiny (O&S) Panel's consideration.

2 RECOMMENDATION

- 2.1 **That the Health Overview and Scrutiny Panel considers the scheduled Executive Key and Non-Key Decisions relating to health issues appended to this report.**

3 REASONS FOR RECOMMENDATION

- 3.1 To invite the Panel to consider scheduled Executive Key and Non-Key Decisions.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 Consideration of Executive Key and Non-Key Decisions alerts the Panel to forthcoming Executive decisions and facilitates pre-decision scrutiny.
- 5.2 To achieve accountability and transparency of the decision making process, effective O&S is essential. O&S bodies are a key element of Executive arrangements and their roles include both developing and reviewing policy; and holding the Executive to account.
- 5.3 The power to hold the Executive to account is granted under Section 21 of the Local Government Act 2000 which states that Executive arrangements of a local authority must ensure that its Overview and Scrutiny bodies have power to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the Executive. This includes the 'call in' power to review or scrutinise a decision made but not implemented and to recommend that the decision be reconsidered by the body / person that made it. This power does not relate solely to scrutiny of decisions and should therefore also be utilised to undertake pre-decision scrutiny.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

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

7 CONSULTATION

None.

Background Papers

Local Government Act 2000

Contact for further information

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

REFERENCE:	I069700
TITLE:	Residential Care Service Contract Award
PURPOSE OF REPORT:	To approve the recommendation to award a number of block contracts for Residential Care Services following a competitive tender.
DECISION MAKER:	Executive
DECISION DATE:	12 Jul 2017
FINANCIAL IMPACT:	To be incorporated into the report.
CONSULTEES:	None.
CONSULTATION METHOD:	Not applicable.

REFERENCE:	I068024
TITLE:	Outcome of Charging Consultation
PURPOSE OF REPORT:	To determine any changes to Adult Social Care Charging Policy.
DECISION MAKER:	Executive
DECISION DATE:	18 Jul 2017
FINANCIAL IMPACT:	Revenue savings anticipated.
CONSULTEES:	Users of the service.
CONSULTATION METHOD:	This is the outcome of the consultation.

REFERENCE:	I067936
TITLE:	Online Mental Health Support and Counselling Service for Young People; approval to award contract
PURPOSE OF REPORT:	The contract for the provision of an online mental health support and counselling service for young people is to be awarded following a Request for Quotations, with the 'chosen' provider to be identified by 1 June 2017.
DECISION MAKER:	Director of Adult Social Care, Health & Housing
DECISION DATE:	19 Jul 2017
FINANCIAL IMPACT:	This service will be funded from within the Public Health grant.
CONSULTEES:	East Berkshire Clinical Commissioning Groups.
CONSULTATION METHOD:	Meetings with interested parties.

REFERENCE:	I067536
TITLE:	Procurement Plan for the Commissioning of EMI Residential Care Home
PURPOSE OF REPORT:	To approve the procurement Plan for the Commissioning of an EMI Residential Care Home.
DECISION MAKER:	Executive Member for Adult Services, Health and Housing
DECISION DATE:	31 Jul 2017
FINANCIAL IMPACT:	Significant capital expenditure and revenue savings anticipated
CONSULTEES:	None
CONSULTATION METHOD:	None

REFERENCE:	I069476
TITLE:	Safeguarding Adults Annual Report 2016/17
PURPOSE OF REPORT:	To endorse the Annual Report 2016/17 in relation to Safeguarding Adults within the Borough.
DECISION MAKER:	Executive
DECISION DATE:	26 Sep 2017
FINANCIAL IMPACT:	No financial implications
CONSULTEES:	Bracknell Forest Safeguarding Adults Partnership Board
CONSULTATION METHOD:	Meeting(s) with interested parties

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TO: HEALTH OVERVIEW AND SCRUTINY PANEL
29 JUNE 2017

WORKING GROUP UPDATE REPORT **Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report summarises the progress achieved to date by the joint Working Group of this and the Adult Social Care and Housing Overview and Scrutiny Panel to review the Frimley Health and Care NHS Trust Sustainability and Transformation Plan (STP).

2 RECOMMENDATION

- 2.1 **That the Panel notes the progress achieved to date by its Working Group reviewing the Frimley Health and Care NHS Trust STP.**

3 REASONS FOR RECOMMENDATION

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

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 A joint Working Group of this and the Adult Social Care and Housing Overview and Scrutiny Panel has been established to review the Frimley Health and Care NHS Trust STP. The membership of the Working Group comprises Councillors Tullett (Lead Member), Allen, Mrs Angell, Mrs Mattick, Mrs Temperton, Thompson and Virgo and Dr Norman. The first meeting of the Working Group took place on 22 May 2017 when Members appointed their Lead Member, received a briefing in respect of the STP from the Director of Adult Social Care, Health and Housing and agreed the scope of the review.
- 5.2 The Group have agreed to consider the work around Connected Care and in particular digital care records and the extent to which digital care records are improving outcomes for the residents of Bracknell Forest. Digital care records represent a microcosm of the STP and represent a basic but significant level of integration at a grassroots level.
- 5.3 The next meeting of the Working Group is scheduled for 26 June 2017 and future work will include reviewing key documents, meeting officers of the Council and the NHS and having discussions with representatives of patient forums.

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

6.1 Not applicable.

Background Papers

None.

Contact for further information

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