



NOTICE OF MEETING

Health Overview and Scrutiny Panel

Thursday 5 October 2017, 7.30 pm

Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Health Overview and Scrutiny Panel

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

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 Resources

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Published: 27 September 2017



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Thursday 5 October 2017, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell

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

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

AGENDA

Page No

1. Apologies for Absence/Substitute Members

To receive apologies for absence and to note the attendance of any Substitute Members.

2. Minutes and Matters Arising

To approve as a correct record the minutes of the meeting of the Health Overview and Scrutiny Panel held on 29 June 2017.

5 - 10

3. Declarations of Interest and Party Whip

Members are asked to declare any disclosable pecuniary or affected interests and the nature of that interest, including the existence and nature of the party whip, in respect of any matter to be considered at this meeting.

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

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

4. Urgent Items of Business

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

5. **Public Participation**

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

6. **Sustainability and Transformation Partnership - Update**

To receive an update presentation from Sir Andrew Morris, Chief Executive of the Frimley Health and Care Sustainability and Transformation Partnership.

7. **Adult Social Care, Health and Housing Transformation Programme**

To consider the Adult Social Care, Health & Housing Transformation Programme approach and review early stages of plan delivery.

8. **Healthwatch Bracknell Forest Annual Report 2016/17**

To give Members the opportunity to consider and raise questions on the 2016/17 Annual Report of Healthwatch Bracknell Forest.

11 - 36

9. **Departmental Performance**

To consider the parts of the Quarter 1 2017/18 (April to June 2017) Quarterly Service Report of the Adult Social Care, Health and Housing department relating to health.

37 - 60

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

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

61 - 64

11. **Member Feedback**

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

12. **Date of Next Meeting**

The next meeting of the Health Overview and Scrutiny Panel has been arranged for 11 January 2018, with a pre-meeting for Members at 7:00 pm.

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**HEALTH OVERVIEW AND SCRUTINY PANEL
29 JUNE 2017
7.30 - 9.55 PM**



Present:

Councillors Mrs McCracken (Chairman), Virgo (Vice-Chairman), G Birch, Finnie, Dr Hill, Mrs Mattick, Thompson and Peacey (Substitute)

Non-Voting Co-opted Member:

Dr David Norman, Co-opted Representative

Observer:

Mark Sanders, Healthwatch

In Attendance:

Mark Gittins, Business Intelligence Manager
Steve McManus, CEO Royal Berkshire NHS Foundation Trust
Lisa McNally, Consultant in Public Health
Mark Robson, Director of Operations, Royal Berkshire NHS Foundation Trust
Gill Vickers, Director of Adult Services, Health & Housing

Apologies for absence were received from:

Councillors Mrs Temperton and Tullett

1. Election of Chairman

Councillor Mrs McCracken was elected as the Chairman of the Health O&S Panel for the 2017/18 Municipal Year.

2. Appointment of Vice Chairman

Councillor Virgo was appointed as the Vice-Chairman of the Health O&S Panel for the 2017/18 Municipal Year.

3. Minutes and Matters Arising

RESOLVED that the minutes of the meeting of the Panel held on 27 April 2017 be approved as a correct record and signed by the Chairman.

4. Declarations of Interest and Party Whip

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

5. Urgent Items of Business

There were no items of urgent business.

6. **Public Participation**

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

7. **Royal Berkshire NHS Foundation Trust**

Mr Steve McManus, the Chief Executive Officer of the Trust alongside Mr Mark Robson, Director of Operations for Network Care attended the meeting and delivered a presentation and made the following points:

- In terms of headline performance, the Trust reported the following: Referral to Treatment (RTT) 92% standard: The new year had started positively as the Trust continued to maintain an RTT waiting list above 92% and the Trust were keen to work on new processes to help navigate patients through treatment pathways.
- A&E 95% standard: The Trust remained one of the top performing Trusts in the region however the Trust continued to experience sustained pressure at the front door and onward flow through their beds.
- Cancer targets: Best cancer performance for a number of years and recognised by Rt. Hon Jeremy Hunt MP, Secretary of State for Health for exceptional improvement, described as the best improvement across the whole of England.
- Trust's inpatient survey, and friends and family test: The Trust continued to receive good feedback from patients with the majority of people rating the Trust as 'Excellent' or 'Very Good'.
- The CEO outlined the new outpatient clinics that were due to be at the Healthspace:
 - Lung function
 - Minor operations sessionsHe reported that the Trust was keen to work with local partners to consider how the Brants Bridge site could be further utilised and the possibilities of there being community and/or local authority provision being delivered from this site. This work tied in well with the work underway around One Public Estate and sharing assets.

In response to the Panel's queries, the CEO made the following points:

- The work around GP streaming involved having GP colleagues based on the Royal Berkshire site in Reading and these GPs would see to patients following triage where appropriate, offering a co-located service. This effectively reduced pressure on A&E services. The CEO stated that this work was being delivered in a way that would not place any pressure on GP practices of those GPs involved.
- It was reported that there was a relatively flat RTT for Musculoskeletal services but that a number of services were seeing a rise in referral rates.
- It was reported that work was underway to pick up late presentation of cancers, there was a national drive for this as well as locally as it was proven that early diagnosis was critical. There was a drive for promoting early detection and early intervention for diagnosed cancers. In particular, testicular cancer had seen an increased referral rate which was positive. Performance was very high for breast cancer, however some other cancer areas such as lung cancer, remained a difficult area. Diagnostics for cancers generally were completed in four weeks and it was clear to see that the health system was working across pathways much more effectively.

- It was reported that existing research and research initiated by the Trust continued to be utilised to ensure the best cancer therapies were offered to the local population.
- It was reported that the Trust were continually refining their business model to ensure that they were lean and providing the most efficient service possible. This included a Patient Flow project and Skype clinics and much more. The Trust were looking at pathways and if these could be changed, particularly in terms of the services delivered by doctors and nurses.
- The Trust were looking to develop a publicity improvement process which would involve all Trust staff.
- The Trust was currently working towards digital care records, this would allow prescribing to be undertaken in an electronic format. This would allow records to be shared across primary and secondary care. Cyber security would be an important element to this work. It was reported that West Berkshire had made significant progress in this area with their Connecting Care portal. The digital transformation over the next 2-3 years would be significant.
- The Trust was linked with Oxford University and Reading University, to support a number of healthcare disciplines and to create different levels of capacity. The first cohort of students would be graduating this summer. The Trust were also working with the University of West London, this included training for a nurses cohort.
- The Trust also worked with the commercial sector to ensure patients could be treated as quickly as possible in the most convenient location.
- It was reported that the Trust had been affected by recent IT viruses, there had been a chronic lack of investment in IT over recent years. The Trust would be investing significantly in IT over the next few years, particularly to support the shared records work.
- The CEO reported that he had two roles, the first as the accountable officer for the Trust and secondly as a system leader. He was working closely with Andrew Morris to ensure that the population on the boundaries of STPs were served, to avoid duplication of services and to avoid competing against each other. With finite resources it was key to work in collaboration rather than to compete against one another.
- It was reported that work was underway as to what services should be delivered from the Heatherwood site moving forward and how these services could complement the services being offered from the Brants Bridge site.
- It was reported that midwifery vacancies remained challenging to fill. The Trust would be recruiting from overseas, in particular from the Philippines. There had also been a positive response from social media to midwifery vacancies recently. The Trust currently had a total of 39 nationalities in their employment, who were greatly valued. It was important for all employees to have a good grasp of the English language in order to work effectively and the Trust ensured that this was tested.

The Chairman stated that she was pleased to see the collaboration of work between trusts and services and thanked the CEO and the Director for attending and presenting to the Panel.

8. The Patients' Experience

The Consultant in Public Health reported that to date the Panel had received NHS Choices data under this item, which was not always representative. Her proposal was to use GP Patient Survey information. Given that secondary care colleagues were often invited to speak to the Panel, this would allow the Panel to consider local information relating to primary care more fully. Primary care often influenced individual's experience of other healthcare. She made the following points:

- The GP Patient Survey was run by Mori and incorporated almost one million people which ensured a representative sample was being used. The data was robust and very localised and included 44 questions and covered 13 GP practices locally.
- It was proposed that the Panel could consider a number of themes in the data at each meeting. The information could be used to identify an emerging issue which could then be followed up or investigated further with patient groups.

The Panel agreed that this provided a more representative data set and it was agreed that the Chairman and Vice Chairman meet with the Consultant in Public Health to consider this further and agree a way forward.

The Consultant in Public Health stated that she would see if sample sizes by CCG could be used.

9. **Quality Accounts 2016/17**

The Panel noted the good response from the four NHS Trusts providing health services to Bracknell Forest residents.

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

The Director of Adult Services, Health & Housing reported that having been with the local authority for 18 months and experienced the work of the Adult Social Care O&S Panel and the work of the Health O&S Panel, she could see that Adult Social Care needed to be considered within the context of health and that there needed to be a one system approach.

The Panel agreed that a working group be set up to consider how the joining together of the two O&S panels might be taken forward. Councillors Peacey, Finnie, Virgo and Mrs McCracken agreed to be members of this working group.

11. **Departmental Performance**

The Director of Adult Services, Health & Housing delivered a presentation on the department's performance and reported that the department had achieved good performance and outcomes for quarter 4 (January to March 2017).

The Consultant in Public Health reported that there had been a growth in community development work as well as new work with conservation volunteers, youth disability groups, kid's football and carers groups. The Public Health Team had been involved in community mapping work, which had involved identifying community groups and activity and supporting them to develop and paving the way for vulnerable people to join some of this activity.

She reported good progress in digital delivery plans: Increased engagement with the service portal and media campaigns which had been very cost effective. Other areas across the Sustainability & Transformation Plan (STP) were keen to follow this approach.

It was reported that 10 October was World Mental Health day and to mark it the Public Health team would be working towards breaking a world record.

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

The Panel noted scheduled Executive Key and Non-Key Decisions relating to health.

13. **Working Group Update Report**

Councillor Thompson reported on the progress of the STP Working Group. He reported that the Working Group had met earlier in the week and had agreed to consider Connected Care and Digital Care Records. However it had become clear that a great deal of work had already been undertaken on this area by the Buckinghamshire, Oxfordshire and Berkshire West STP footprint and as a result the working group questioned the value of undertaking this work, when much headway had been made by a neighbouring STP. The Working Group had decided to meet with Frimley Health colleagues at their next meeting to learn more about digital care records before making any decisions as to how to progress.

14. **Member Feedback**

- **Councillor Dr Hill** reported on his specialist interests as follows:
 - GP Services: Nationally, a record number of GPs surgeries closed (114% increase in 2016 compared to 2014), leaving 265,000 patients having to change their practice as a result.
- Health and Wellbeing Board: The last meeting was cancelled (June).
- CCG: From April 2017, the three east Berkshire CCGs, Slough CCG, Windsor, Ascot and Maidenhead CCG and Bracknell and Ascot CCG, will operate a single Governing Body in Common.
- NHS England: The NHS England Board met on 30 March. The Board discussed General Practice, the current pressures, relative under-funding, and the need to support the service to transform.
- Nationally, there have been further increases in delayed transfers of care due to reducing A&E performance and continued pressure on access to services. 197,000 bed days were lost in January (a 17.1% increase in the number of beds lost due to NHS delays, with a 39% increase in the number of beds lost due to social care delays).
- It was noted that although the NHS was facing significant operational and financial challenges, they did expect to deliver a “balanced position”.
- Councillor Dr Hill was invited to speak at a panel discussion at King’s College London on 23 June discussing “Brexit: One year on”, hosted by a think tank called Parliament Street. The main conclusions from the discussion were that we expect the UK to end up with EFTA (or EFTA-esque membership, meaning that free movement would be maintained. This is important for the NHS’ continued access to skilled labour. The General Election result had also reduced the UK’s negotiating power meaning the UK is unlikely to get a bi-lateral free trade agreement.
- **Councillor Mrs Mattick** reported that she had attended a training event delivered by Berkshire Health Foundation Trust around governors accountability. This had incorporated governors from the Royal Berkshire Trust as well as from Frimley Health.
- She had also attended a presentation on Self Care, titled ‘taking care of your birthday suit’.
- **Councillor Peacey** reported that Frimley Health governors had been invited to a briefing session on the STP in the upcoming week.

- The Healthwatch representative reported that Healthwatch would soon be publishing their annual report. He raised concerns that patients and the public were becoming restless and suspicious of the STP due to the lack of patient participation. He stated that there needed to be better publicity of changes and urged partners to use the services of Healthwatch as they had local intelligence in a range of areas.

15. **Date of Next Meeting**

5 October 2017.

CHAIRMAN

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
5 OCTOBER 2017**

**HEALTHWATCH BRACKNELL FOREST ANNUAL REPORT 2016 / 2017
Director of Adult Social Care, Health and Housing**

1 PURPOSE OF REPORT

- 1.1 This report presents the Healthwatch Bracknell Forest Annual Report 2016 / 2017 for the Panel's consideration and questions.

2 RECOMMENDATION

- 2.1 **That the Health Overview and Scrutiny Panel considers the Healthwatch Bracknell Forest Annual Report 2016 / 2017.**

3 REASONS FOR RECOMMENDATION

- 3.1 To enable the Panel to consider the Healthwatch Bracknell Forest Annual Report 2016 / 2017 and ask any related questions.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

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

- 5.1 Not applicable.

Background Papers

None.

Contact for further information

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e-mail: andrea.carr@bracknell-forest.gov.uk

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Healthwatch Bracknell Forest Annual Report 2016 / 2017

easy read



This report is about the work of Healthwatch Bracknell Forest



This report is about the work we have done from April 2016 to March 2017



This report will tell you about what we will be doing next year



This report is for people that live in, use, or provide health and care services in Bracknell Forest

Contents

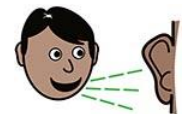
Page 3 Message from the Operational Lead



Pages 4 - 6 Who we are

healthwatch
Bracknell Forest

Page 7 Listening to people who use health and care services



Pages 8 - 9 Giving people advice and information



Pages 10 - 13 How we have made a difference



Pages 14 - 16 Our work in focus



Page 17 Our plans for next year



Pages 18 - 19 Our people



Page 20 Our finances



Page 21 Final thought



Page 22 Contact us



Message from the Operational Lead

Welcome to our annual report for 2016/2017.

This year there have been some changes especially with the formation of STPs (Sustainability and Transformation Partnerships). All health and social care organisations are working to make sure all local services are joined up and working together.

One of the main ways we can influence services is by attending meetings as a public and patient representative - using your feedback. This year alone we have attended 199 as well as other community events.

We are the first healthwatch in the country to start working in a secure hospital (Broadmoor) and over the coming year we will be publishing reports on our progress.

The staff and volunteers have all been really busy again meeting and talking to local people and gathering their views - in the real world and increasingly online. I thank them all for their time and hard work.

Next year will be challenging as we will be receiving 35% less funding from the local authority. Other cuts and changes in funding in the community and voluntary sector have meant we have lost consortium partners and we must recruit new organisations to ensure we are representative of all in our local community.

I hope you find the report interesting.



Mark Sanders



Who we are

Every local authority in England has a local healthwatch. In Bracknell Forest your healthwatch is made up of local groups and members of the public - a consortium.

Groups in the consortium during the year:



These 3 organisations have left during the year - due to the loss of contracts/funding to support people in the area.

3 members of the public were also members of the board in 2016/17:



Louise Kirkham



Susan O'Sullivan



Mike Butcher

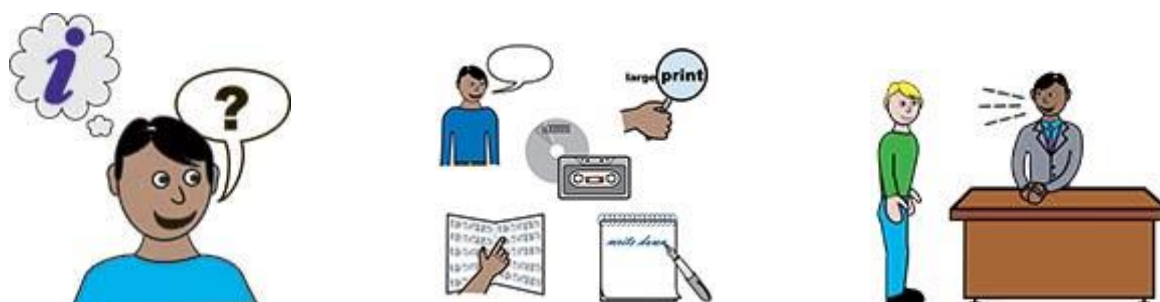
Our purpose

To make health and social care services work for the people who use them.

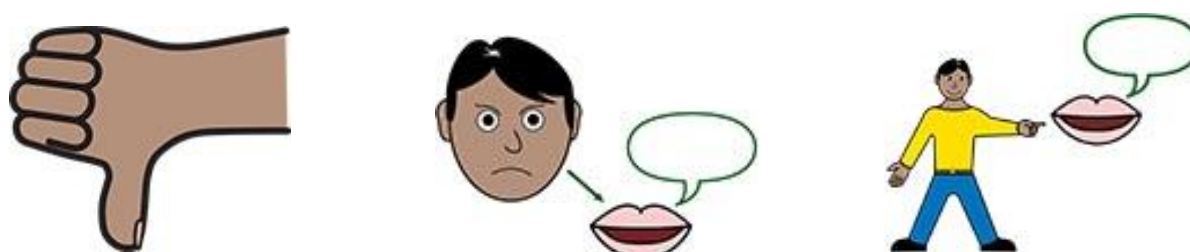
How we do it



We listen to people who use health and social care services, we tell the organisations that provide these services what people are saying and we represent the public at meetings about health and social care services.



We provide information and advice about local health and social care services to the public.



When things go wrong we can tell you how to make a complaint and, if you want or need support, refer you to local advocacy services.



We can ask for information from providers of health and social care services.



We can visit health and social care services. This is called an **Enter and View** visit.

Our vision



Every voice counts, everyone matters

Our priorities in 2016/2017 included:

- 1 Improving access to Primary Care services. Primary Care services include GPs and dentists.
- 2 Working with the patients at Broadmoor Hospital. This is a residential, high secure hospital for people with mental illness.
- 3 Working with our neighbouring healthwatch services on discharge from hospital.
- 4 Care Act advocacy services
- 5 Improving access to and collecting patients' experiences of local mental health services.

Listening to people who use health and care services

We talk to local people and organisations on social media



We have visited 12 local services and spoken to people



We have met lots of people at 27 community events



We have received 912 pieces of feedback about services



Giving people advice and information



You can ask us for information and advice by:

- Visiting the office
- Talking to us at an event
- Telephone
- Email
- Visiting the website
- Letter
- Social media

During the year **386** people asked us for information and advice.

Email bulletin



We sent people on our email mailing list health and social care information.

At the start of the year we had **1,180** people on our email mailing list. By the end of the year we had **1,283**.

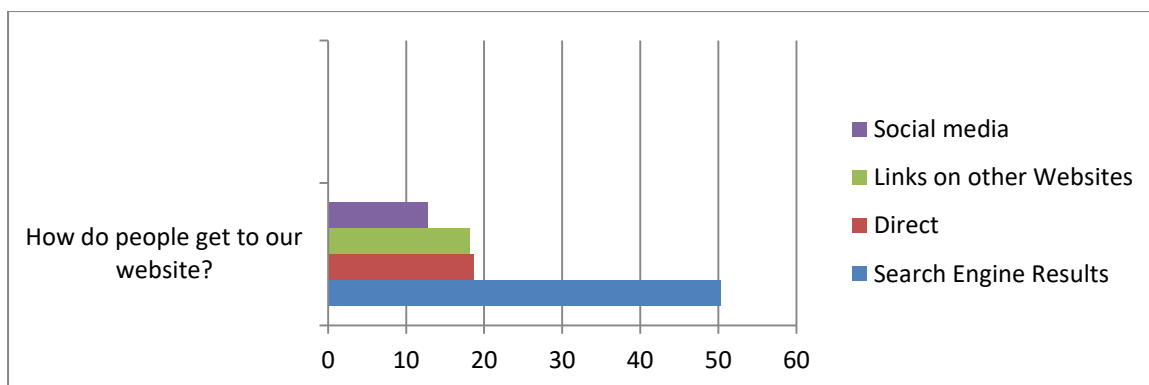
Website

Our website has lots of information about us. It also has information about local health and social care services.

We post news from other organisations such as Public Health.



5,088 people looked at our website during the year. They looked at **15,538** web pages of information.



Social Media

We 'tweeted' and 'posted' 615 times in the year

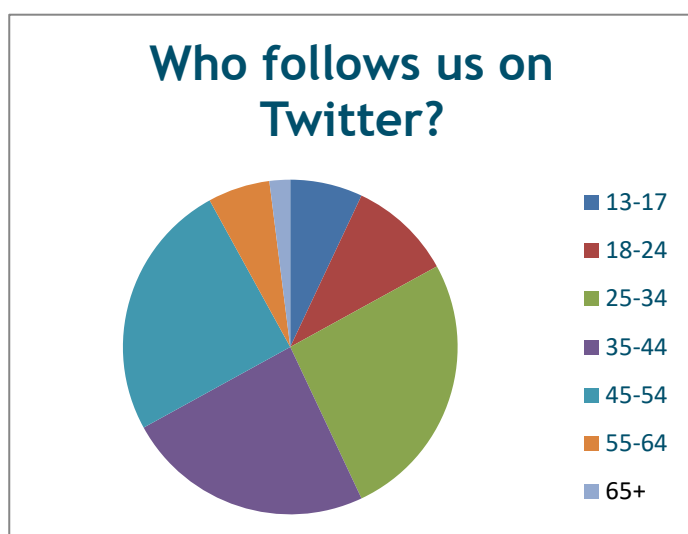
We reached 116,385 people

Reached means the amount of people who saw our posts.



Thank you to those that retweeted our messages which increases the number of people who see our posts.

During the year, the most popular messages that were viewed, retweeted and interacted with related to Self Care (Twitter) and local community groups and services (Facebook).



At the start of the year we had 285 followers on twitter. By the end of the year we had 1,591.

By the end of the year 195 people had liked our page on Facebook.

How we have made a difference

Our reports, recommendations and meetings attended



After we have done an ‘Enter and View’ visit or other types of research and surveys, we write a report. This tells people about what we saw and what patients or people using the service have told us. We make recommendations (ideas) about how the **provider** of the service could make changes to make the service better for the people who use it.

Providers are the people or organisations responsible for the service. This could be a GP Practice, an NHS Trust, a company running a care home or the local authority.

We have written/co-produced **9** reports and recommendations.



We also attend lots of meetings with **providers** and are able to give our recommendations to improve their services. This is why it is important for you to tell us about your experiences of health and social care services, good and bad.

Some of the meetings we attend representing the public are:

Frimley Health NHS Foundation Trust

Frimley Health runs three hospitals - Wexham Park, Heatherwood and Frimley Park. The majority of people in Bracknell (70%) use Frimley Park. Our Operational Lead, Mark Sanders, meets every month with Claire Marshall, Head of Patient Experience for Frimley Health.

At the monthly meetings we can tell Frimley Health what people have been saying about the hospitals and their experiences of being a patient or as a friend/relative of a patient.

Healthwatch Bracknell Forest have been key in providing further feedback and acting as the link for other local healthwatch groups in projects such as understanding our patients' experience of discharge.

Claire Marshall

Better Futures for All (Now called Primary Care Strategy Delivery)

People from hospitals, the local authority, GPs, the Clinical Commissioning Group (who pay for local health services), Healthwatch Bracknell Forest and patient representatives meet every month to talk about plans for new local services and how well other services are doing.

129 **199 meetings attended this year!**

Working with other organisations

Bracknell and Ascot Clinical Commissioning Group (BACCG)

As well as going to meetings where we represent the voice of the public, we are also paid extra money to help the Bracknell and Ascot Patient Assembly. We arrange their meetings, take their minutes and help them plan events.

Healthwatch Bracknell Forest actively participate in key strategic planning, monitoring and action groups within the CCG bringing the concerns and issues of local people to influence key pieces of work.

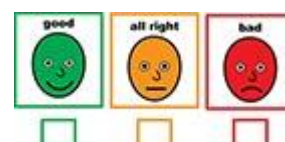
The CCG contracted Healthwatch Bracknell Forest to chair and run its patient assembly; helping it to evolve, develop and mature.

Sarah Bellars, Director of Nursing & Quality (East Berkshire CCGs)

Health Trusts

We work with Frimley Health NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and West London Mental Health NHS Trust. As well as meetings we also read and comment on their **Quality Accounts** every year based on what the public has told us.

A **Quality Account** is a report about the quality of services by an NHS healthcare provider.





Local Authority

We give the local authority the public's feedback on the social care services they provide and we also send out messages on behalf of the Public Health team. We are a voting member of the Health and Wellbeing Board.

Learning Disability Partnership Board

One of the Healthwatch consortium partners, Wokingham, Bracknell and Districts Mencap, are a member of this Board. They meet every 3 months and work with the local council and other local groups to make services and activities for people with learning disabilities in Bracknell Forest better.

Other local healthwatch and Healthwatch England

There are local healthwatch organisations all over England. We share information and work together and form a **network**.



We work very closely with our neighbouring healthwatch organisations and meet regularly. Berkshire has 6 healthwatch organisations, so we share some of the work. Healthwatch Bracknell Forest leads on the work with Frimley Health NHS Foundation Trust; other healthwatch pass on any patient feedback to us. Healthwatch Reading takes the leading role on work with Royal Berkshire NHS Foundation Trust.

We all share information with Healthwatch England so they can report on health and social care services for the whole country. Healthwatch England also provides us with help and support.

Care Quality Commission (CQC)

The CQC is an independent organisation that checks people get good, safe health and social care and it meets the rules set by Government. If a provider is not meeting the rules the CQC can take action against them to make them improve or, if necessary, close the service to keep people safe.

We provide the CQC with the feedback we have about services before they go and check them.



SEAP

This organisation provides the NHS Complaints Advocacy Service and during 2016/2017 were awarded the contract to provide Care Act advocacy too. We share information with each other to highlight problems with local services.



SIGNAL Carers support service

SIGNAL provides information, advice and support to unpaid carers in Bracknell Forest. It is run by The Ark Trust Ltd (who also lead and host Healthwatch Bracknell Forest) Carers provide valuable feedback on services to SIGNAL - who share the trends with Healthwatch Bracknell Forest.



Bracknell Forest Safeguarding Adults Partnership Board

Safeguarding is everyone's business. As a member of the board we can alert our partners of potential problems in the community. We helped develop the Community & Voluntary sector Safeguarding Audit tool and raised the issue of safer recruitment within the social care sector. All staff and volunteers of Healthwatch Bracknell Forest have to undergo Safeguarding Adults training.

Our work in focus

Berkshire Healthcare NHS Foundation Trust Patient Experience and Engagement Group (PEEG)

Heads of Service (community services, mental health, district nursing) meet with Healthwatch Bracknell Forest and other patient representatives to talk about what has been working well for patients and to try to make things better when it has not worked so well. It meets every 3 months.



These are some of the **outcomes** (results) of these meetings:

- Improved cleanliness and maintenance in buildings and GP surgeries managed by the trust.
- Healthwatch Bracknell Forest became a member of the Mental Health Partnership Board. This is very important due to Rethink no longer delivering activities or services in Bracknell Forest and the board are looking at new ways to provide services.
- The trust agreed to cover the costs of a venue for a new independent Mental Health Forum. This will launch in 2017/18.

Working with GP Surgeries

One of our priorities for 2016/2017 was:

Improving access to Primary Care services. Primary Care services include GPs and dentists.

This is a priority because of the amount of feedback we have had from the public.

In the year we visited 9 of the 19 surgeries in our area.



Berkshire Primary Care Ltd (BPC) is the local GP Federation for Bracknell and Ascot Practices and were commissioned to set up and run a new Extended Hours GP service for the local population; ideally targeted at carers and working age people who struggle to access primary care within usual GP hours.

Healthwatch Bracknell Forest were instrumental in the setting up of the new service, providing guidance and valuable feedback and helping to make sure the design and delivery of the new service was appropriate and fit for purpose. We continue to work closely with Healthwatch Bracknell Forest which enables us to hear the local voices of the local population who use the service.

Helen Snowden, Business Manager & Director of Operations, BPC

The top 3 topics about GP primary care we received feedback about, good and bad were:

Appointments

368 pieces of feedback

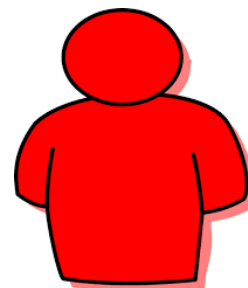


Easy to get appointments
for children

Phone up on the day -
easy to get an appointment

Phone consultations are good

Online booking is good



Wait too long for appointments

Can't get an appointment

System makes it hard

Improve information when
running late

Told I would be called back -
didn't happen

Staff Attitudes

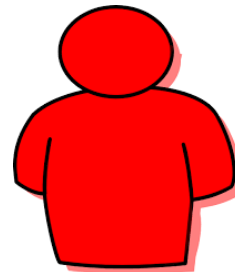
180 pieces of feedback



GPs: patient with us, good, fantastic, good bedside manner

Nurses: lovely, helpful, concise, top notch, good manners

Receptionists: try their best, good, very friendly, very busy but still helpful



Receptionists are grumpy

GP Practices need to be more welcoming

GP attitude is rude

Staff don't look at you

I have to argue with reception to get an appointment

Dignity and Respect

108 pieces of feedback



People generally felt they were listened to and their views were respected

Only 10 comments were negative and were mainly about privacy in the waiting area / reception



Our plans for next year

Our priorities for 2017/2018

- 1 Mental Health services
- 2 Dental care
- 3 An adaptable, flexible work plan that can focus on priorities influenced by feedback from the public and the local health and social care economy
- 4 Internal development

Internal development

Reviewing the membership of the **Project Management Board** and recruiting new consortium partners and public members.

Reviewing our **Communications and Engagement Plan**. That looks at how we let people in the community know about Healthwatch Bracknell Forest and how we talk to them.

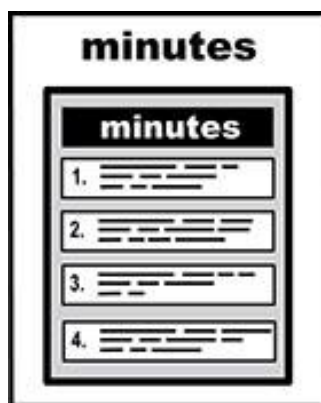
Reviewing our **Volunteer Recruitment** policy.

From 1st April 2017 The Ark Trust Ltd has also been the lead and host organisation for Healthwatch WAM. We need to review our **operational plan** to ensure each local healthwatch retains its own unique identity whilst operating efficiently in the challenging economic climate.

Our people

Decision making

Every month* members of the consortium, public members and Healthwatch staff meet. This is called the Project Management Board.



They talk about what the staff and groups have done, what feedback has been received from the public and members of their groups.

They make decisions about the work Healthwatch Bracknell Forest will do.

Members of the public can come to listen to the meeting and can read the minutes (notes) of the meeting on our website.

* Every 2 months in 2017/2018

Our priorities are based on what YOU say.

Volunteers

At the end of the year we had 20 volunteers.

There are lots of ways that people can volunteer for Healthwatch Bracknell Forest:



Put your name forward to become a Public Board member.



Become an Enter and View representative.



Become a Community Champion and help us tell people about Healthwatch Bracknell Forest.



All of our volunteers receive training. This training is done in a way that suits you and is accessible.

Contact us if you would like more information about becoming a member of the Healthwatch Bracknell Forest Team.



Our finances

| | |
|--|----------------|
| Income | £ |
| Funding from Bracknell Forest Council to deliver local healthwatch | 100,122 |
| Additional income from BACCG | 15,211 |
| Balance brought forward | 370 |
| Total income | 115,703 |
| Expenditure | |
| Operational / office costs | 30,867 |
| Staffing costs (including training) | 59,394 |
| 2016/17 expenditure committed to: Payment falls in 2017/2018 | 10,000 |
| BACCG project costs | 15,211 |
| Total expenditure | 115,472 |
| Balance brought forward | 231 |

Income is the money that we received to fund our work

Expenditure is the money we spent doing our work

Balance brought forward is money we can spend next year

Final thought

If we could only make one recommendation this year to all services it would be.....



COMMUNICATION!

Staff → Staff

Service → Service

Service → Patient

Contact us



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This annual report is available on our website and has been sent to Healthwatch England, CQC, NHS England, BACCG and Bracknell Forest Council.

We confirm that we use the Healthwatch Trademark (which covers the logo and Healthwatch brand) when carrying out our work as covered by the licence agreement.

If you require this report in a different format please contact us.

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QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q1 2017 - 18
April - June 2017

Executive Member:
Councillor Dale Birch

Director:
Gill Vickers






Date completed

Contents




| | |
|---|----|
| Section 1: Where we are now | 3 |
| Section 2: Strategic Themes | 7 |
| Value for money | 7 |
| People live active & healthy lifestyles | 10 |
| A clean, green, growing and sustainable place | 13 |
| Strong, safe, supportive and self-reliant communities | 14 |
| Section 3: Operational Priorities | 15 |
| Section 4: People | 18 |
| Section 5: Complaints | 20 |
| Annex A: Financial information | 21 |
| Annex B: Annual indicators not reported this quarter | 24 |

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 in quarter 1.

The Integrated Care team now have the green light to go ahead and provide Enhanced Intermediate Care. This will provide 8 am to 8 pm response during the week and also weekend working. It will include enhanced nursing input to the service and there will be a more intense program of interventions and therapy to not only enhance recovery but also reduce length of stay in the service and thereby increase capacity. Implementation is expected to be by December 2017/January 2018.

There is a new operational database in place in Adult Social Care which tracks all delayed transfers in place s in one place. The database tracks people from the start to the end of their delay and collects dates, the team assigned to the delay, the hospital and packages of care being awaited. The database frees up care workers time and provides instant valuable stats on cumulative and individual delays. The database is also used to ensure that delays reported on national stats are monitored.

Automatic dashboard screens provide realtime up to date accurate stats. Care workers have reported that it provides really valuable data – “it gives me the really important and accurate stats straight away”.

In other areas of Adult Social Care, we now have a digital marketplace agreed, and will be working on implementation of this.

Bracknell Forest Council have adopted the Motor Neurone Disease (MND) charter. Residential and Nursing prices continue to increase; we are looking into the possibility of entering a block contract which would offer lower prices.

A Memorandum of Understanding has been agreed between the Council, the Royal Borough of Windsor and Maidenhead and the CCG in respect of joint development of a care home facility at the former Heathlands site, and is now ready for sign off. The initial drafting of the procurement strategy for the construction works will be completed by the end of June, ready for Exec Member and Director sign off.

Options are being explored regarding the future use of Bridgewell as potential Step Up/Step Down/Discharge to assess beds.

Both Bracknell Forest and Windsor and Maidenhead Safeguarding Adult Boards have endorsed the proposal to create a joint board. Membership of the new board has been established and an independent chair appointed. Work is now progressing to establish a new strategic plan for the board, determine the priorities from analysis of data and trends in the two areas and to set up the structure of sub groups. A local safeguarding group will be established in Bracknell Forest to ensure local issues continue to be addressed within the new arrangements.

In Housing, 8 people with learning disabilities in supported living houses purchased via Downshire homes. DHL purchases for 2017/18 are well underway with 4 completions, 11 properties offer accepted.

An order has been placed to procure an online system for customers to make E-benefit claims and tell us about change of circumstances. Go live is expected in early September and all welfare and housing customers will be able to access services digitally. The Homeless Reduction Act is expected to come into force in April 2018 and work has begun to prepare for this. There will be a new duty for Council to provide homeless prevention for 56 days for all households and new burdens funding is expected.

In Public Health, there has been significant growth in community development work. This has included new work with conservation volunteers, youth disability groups, children's football and carers groups.

There has been good progress in digital delivery plans with increased engagement with both the service portal and media campaigns. This has been found to be very cost effective. Other areas across Sustainability and Transformation Programme are keen to follow Bracknell's approach.

Highlights and remedial action

Good performance

Performance in Q1 was reasonably strong with 55 of the 69 actions either Completed or On Target. 10 actions were potentially delayed and 4 were delayed.

In Adult Social Care, the new Outcome Based Domiciliary Care contracts have been awarded, and work is now underway for implementation

The new Resource Allocation system is in and operational, we are closely reviewing its impact.

The recent development of a package of police-specific autism awareness training is now being rolled out.

In Public Health, implementation of the Bracknell Forest Community Network has now taken place.

Use of the Public health portal has grown from 885 users last quarter to 947 users this quarter (a rise of 7%) and the number of sessions has risen from 407 last quarter to 1,224 this quarter (an increase of 66%).

Social media reach is crucial for driving uptake of services and promotion of behaviour change. It also allows us to engage with residents, gauging their views and preferences. So far in 2017, there have been 41,035 views of the Bracknell Forest Public Health video and this has reached a total of 165,709 people overall.

Areas for improvement

There were 4 actions which are delayed, shown below:

1.2.19 Provide 24 hour emergency personal care response service to Clement House via Forestcare service.

Residents have been through consultation which has been led by Adult Social Care. Forestcare are equipped to provide this service from September 2017.

7.1.13 Control Your Care direct payment promotion plans and toolkit produced and implemented

This action has been deferred until further work on the 3 conversations model in Adult Social Care has been completed and greater clarity can therefore be gained on the optimal content of the resource.

7.1.19 Operational and pathway alignment opportunities with Childrens Services defined

Meeting is planned for 10th August for initial discussions on partnership opportunities.

7.1.20 Whole life disabilities service design proposal and options produced

The initial paper completed had some advice from legal services which meant examination and exploration of a number of different issues. A working party has been formed between Adult Social Care and Children Young People & Learning to explore a range of options and models.

Audits and Risks

A risk has emerged concerning HMRC's position on sleep-in payments. A court ruling has indicated that carers providing sleep-in cover should be paid the national minimum wage for the period of that cover. This is significantly different to current practice whereby a flat rate is paid which often equates to less than minimum wage. A recent appeal against the ruling by Mencap has been lost, and this month we have started to see increased costs in some Learning Disability client packages. There is a significant risk that costs could further increase over the coming months as providers consider the impact of the ruling.

In addition to the budget pressures going forward, HMRC are pursuing cases against providers for back pay for several years to be paid to staff. This puts the financial viability of most providers at major risk, and the impact on the Council, its finances, and the people we support could be catastrophic. Whilst the Government has put HMRC's action on hold, this must be considered a major risk.

Budget position

Revenue Budget

The quarter one forecast is an overspend of £1.8 million. This overspend relates to Adult Social Care and reflects the excess of care package costs over available budget. No assumptions have been made in the forecast for savings from the transformation programme which are yet to materialise.

There are some significant sources of one-off funding which may improve the financial position this year (though it needs to be noted they do not address the underlying budget deficit). The Better Care Fund (BCF) contains additional adult social care money of £929k, though with the CQC review it is possible some of this funding could be placed at risk. There are other potential sources of funding in the BCF, but due to delays in planning guidance the plan is not due to be finalised until September. The more certain funding streams within the BCF have been assumed, but money in relation to Care Act and Carers has not pending confirmation of the budget (£300k received in 16/17). In previous years the Council has received further support from the NHS for Winter Pressures (£235k in 16/17), though the likelihood is that this funding will be more difficult to access this year. None of these potential sources of funding are included in the forecast as there is uncertainty over their availability.

Capital Budget











The most significant capital budget in the department relates to loans to Downshire Homes, the Council owned housing company. At the time of writing 12 property purchases had been completed. The Council is on target to purchase 21 properties in 2017/18, which will give Downshire Homes a total housing stock of 41 properties.





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 | | | |
| 1.2.17 New resource allocation system (RAS) needs assessment and care and support planning tools launched | 30/04/2017 | | The new resource allocation system is up and running, and staff are trained in the use of the form. Further training is required to ensure consistency of practice across the social care work force, and the development gap is being analysed. Some minor adjustments have been made to the allocation configuration. |
| 1.2.18 Implement the new contract arrangements for the Clement House support service | 31/08/2017 | | Start of the 6 week consultation with residents was delayed from end of May to 19th June 2017 due to Purdah. Originally contract was due to end mid August but the current provider has agreed to extend their contract until Mid September, enabling sufficient time for the consultation and implementation of the new service. |
| 1.2.19 Provide 24 hour emergency personal care response service to Clement House via Forestcare service | 30/06/2017 | | Residents have been through consultation which has been led by Adult Social Care. Forestcare are equipped to provide this service from September 2017 |
| 1.2.20 Procure housing related support for vulnerable single young people including care leavers | 30/09/2017 | | A new contract has been awarded to Look Ahead Housing to provide housing related support for single vulnerable people including care leavers. |
| 1.2.21 Subject to the procurement of housing related support to provide capital funding to secure accommodation for young single homeless people | 30/09/2017 | | The Council's Executive has approved £450,000 capital funding to secure accommodation for young single homeless people. |
| 1.2.23 Undertake mock CQC inspection of Forestcare responder service | 30/04/2017 | | Forestcare had their mock inspection. We have developed an action plan to support with the CQC inspection |
| 1.3 We charge appropriately for services and seek opportunities to generate additional income | | | |
| 1.3.02 Review local council tax reduction scheme | 30/11/2016 | | The Local council tax reduction scheme will be reviewed so that if there is a need to revise the scheme it will be reported to October Executive thus allowing sufficient time for consultation before consideration in Jan 2018. |
| 1.7 Spending is within budget | | | |
| 1.7.01 Implement savings as identified for 2017-18 (T) | 31/03/2018 | | The key to achieving a balanced budget is to reduce the cost of adult social care packages. A transformation plan is in place and involves a number of initiatives to try and achieve this, but their impact has yet to be seen. |








| | | | |
|--|------------|---|---|
| 1.7.07 Operational improvement plans delivered (T) | 30/11/2017 |  | Quick wins have been identified and implemented within the Conversations Transformation Project. This includes access to an early help fund to prevent greater need and reduce dependence on the local authority. As well as the rationalisation of a process for issuing 'ferrules', which has improved the customer experience and efficiency for staff. |
| 1.7.08 Mobile and flexible working operating model and equipment requirements defined (T) | 31/05/2017 |  | Staff have trialled equipment and have been consulted on their equipment of choice. This project is on target and will be in place to support new ways of working. |
| 1.7.09 Digital operating model and flexible working implemented (T) | 30/05/2017 |  | Demonstration of equipment completed. Equipment being ordered with view to equipment being built by the beginning of August. Plan for training throughout August On target mobile working implementation by 1st September. |
| 1.7.10 Joint EMI development procurement and contractor appointed (T) | 30/09/2017 |  | The procurement plan has been produced for a decision by the Director and Exec Member on the 21 July which will allow for going out to tender. The procurement plan date has slipped, but this does not affect the overall timetable. |
| 1.7.11 Joint EMI site development planning consents granted (T) | 30/04/2018 |  | The procurement plan has been produced for a decision by the Director and Exec Member on the 21 July which will allow for going out to tender. The procurement plan date has slipped, but this does not affect the overall timetable, including the obtaining of planning consents. |
| 1.7.12 Placed based asset development plan produced (T) | 30/06/2017 |  | Action completed and plan implemented. |
| 1.7.13 Integrated health and social care living well centre site development plans produced (T) | 30/09/2017 |  | There are two potential sites that have been identified as integrated health and social care hubs. |
| 1.7.14 Direct payment marketplace development plan and position statement produced (T) | 30/09/2017 |  | The direct payment marketplace development plan is to be incorporated into the wider Marketplace Position Statement. This is currently being drafted and is on track to be completed by the end of the second quarter |
| 1.7.15 Continuing Health Care (CHC) process review complete (T) | 31/07/2017 |  | Practitioners were carrying out the admin and applications within their teams. LD supported several people to obtain backdated CHC funding which has been paid back to the LA. There is now a CHC Business Co-ordinator in post and an advert for CHC Lead Practitioners is being advertised. All practitioners have received in-house training on CHC. There are process maps in place which need to form part of the practice guidance. |
| 1.7.16 Integrated models of care and future organisation structure options appraisal completed (T) | 30/12/2017 |  | This needs amending to a smarter target as integration with Health is subject to the speed of working with partners in the Sustainability and Transformation Plans and Children Young People and Learning will be a phased integration. |

| | | | |
|---|------------|---|--|
| 1.7.17 Integrated health and care workforce development plan produced and approved by all partner organisations (T) | 31/12/2017 |  | The integrated workforce planning is part of the Sustainability and Transformation Plan (STP) workstream and officers are contributing to this process by attending the regular STP monthly meetings. |
| 1.7.18 East Berkshire CCGs personal health budget direct payment transaction services service agreement approved by partner organisations (T) | 30/06/2017 |  | On track to deliver a pilot Personal Health Budget service on behalf of the Clinical Commissioning Group during Quarters 2 & 3. |
| 1.7.19 East Berkshire CCGs personal health budget (PHB) direct payment transaction services operational (T) | 31/07/2017 |  | Soft launch end of July, CCG and BFC need to agree first people to take part in the pilot, will be a manual process while going through the six month pilot |
| 1.7.20 Adult Social Care 2017-18 transformation savings commitments delivered (T) | 31/03/2018 |  | Culture change through the conversations model is at the pilot stage and a full evaluation will be presented at the next Transformation Delivery Board. The culture change is aimed at delivering efficiencies within Adult Social Care. |




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 | 31/03/2018 | | Primary Schools' arts challenge completed (part of our C&YP Emotional Wellbeing Programme). 150+ entries received and evaluated. Winners and runners-up presented with certificates in school assemblies. Extensive promotion across social media with nearly 9000 people reached. |
| 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 | 31/03/2018 | | New 0-19 public health nursing specification and contract went out to advert on 21 June. Closing date 21 July. Social media campaigns this quarter include child safety; sun safety; childhood immunisations; promotion of wellbeing opportunities in the community for children with additional needs; |
| 4.3.07 Maintain a range of accessible health improvement services including options for online access | 31/03/2018 | | Action completed. Public Health Portal implemented and usage monitored as a performance indicator. |
| 4.4 Personal choices available to allow people to live at home are increased | | | |
| 4.4.13 Procure 20 units of accommodation to provide homes for vulnerable households including homeless households and people with learning disabilities | 31/03/2018 | | 4 properties have been purchased and a further 16 properties are in the pipeline. |
| 4.4.14 Develop new housing options for older people | 31/03/2018 | | New housing options for older people will be developed as part of the Housing Strategy. |
| 4.4.15 Deliver housing strategy | 30/09/2017 | | Consultation is underway on strategy priorities. It is intended to report to October Executive. |
| 4.4.16 Work with providers to ensure that they add value by partnering with the voluntary sector to encourage the use of community based support to tackle issues such as social isolation | 31/03/2018 | | Voluntary sector workshop held in partnership with Involve to communicate the ASCHH Transformation Plan and to outline opportunities for the voluntary sector by developing offers for people with a direct payment. |

| | | | |
|--|------------|---|---|
| 4.4.17 Work with care providers and stake holders to develop the new domiciliary care framework | 31/03/2018 |  | The framework contract has been awarded with 5 providers. People receiving support have been given the option of transferring to the new providers or taking a direct payment. The contract will commence on 14th August. |
| 4.4.18 Develop closer links with the acute hospitals to support people with dementia and their carers with planned admissions to and discharges from hospital enabling them to feel safe and supported | 31/03/2018 |  | The hospital discharge co-ordinator is linking up with hospital. CMHTOA will need to have more discussions with home to hospital project to gain understanding how the project can fit for CMHTOA clients. |
| 4.5 Preventative activities such as falls prevention are increased | | | |
| 4.5.03 Provide a falls risk assessment service as part of Forest care responder service | 30/09/2017 |  | Forestcare have the equipment to do this. We are in the process of developing a new model to support further with falls assessments. |
| 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 | 31/03/2018 |  | The review of the group programme and opening hours has been completed and a new programme has been rolled out |
| 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 | 31/03/2018 |  | A total of 12 people registered for Breaking Free Online in quarter 1 compared to 5 in the same period in 2016/17. Since Breaking Free Online was implemented in May 2015 51 people have accessed the online support and 94.1% have completed an extended brief intervention. |
| 4.6.10 Identify suitable venues across Bracknell Forest in community services such as GP surgeries and libraries in order to make substance misuse services more accessible | 31/03/2018 |  | We currently have one satellite service being delivered in Ascot. In quarter two we will be approaching community services with a view to extending this. A number of home assessments have been undertaken in the quarter in respect of people who have difficulty in accessing the service. |
| 4.6.11 Support the delivery of services which promote independence reduce delayed transfers of care and develop hospital avoidance schemes | 31/03/2018 |  | Delayed transfers of care increased significantly February and March 2017 as a result of difficulties sourcing POC. This correlates with the timing of start of the tendering process for the new Domiciliary Care Contract.. This spike fell in April 2017 and we are continuing to monitor. Attended the workshop for the community nursing review with view to developing more integrated services. Piloting discharge to assess and earned autonomy models with social workers who work in the hospital team. Developing a more integrated model within Intermediate Care. Difficulties keeping costs of setting up step up/step down facilities within the budget limitations. |

4.7 Accessibility and availability of mental health services for young people and adults is improved

| | | | |
|---|------------|---|--|
| 4.7.06 Develop and deliver a new community network to support individuals with Mental Health needs gain independence through engaging with community assets and resources (E) | 31/03/2018 |  | The Community Network Project has now been established and is working with individuals to access resources in the Community and aid their recovery. The project is due to commence a pilot with a local GP surgery so that people not previously in contact with Mental Health Services can access the support of the network. |
|---|------------|---|--|

4. People live active and healthy lifestyles

| Ind Ref | Short Description | Previous Figure Q4 2016/17 | Current figure Q1 2017/18 | Current Target | Current Status |
|---------|--|----------------------------|---------------------------|----------------|---|
| OF1c.2a | Percentage of people using social care who receive direct payments (Quarterly) | 24.2% | 27.3% | 25.0% |  |
| | | | | | |
| | | | | | |
| L277 | Number of people who received Falls Risks Assessments in the quarter (Quarterly) | 35 | 23 | 36 |  |
| L278 | Percentage of adult social care records in the Adult Social Care IT System that contain the person's NHS number (Quarterly) | 98.3% | 98.6% | 98.0% |  |
| L279 | The number of young people who are newly engaging with KOOTH (the online counselling service for young people) (cumulative - new plus existing registrations by end of year) (Quarterly) | 603 | 1,755 | 500 |  |
| L280 | The % of young people who receive a response from KOOTH (the online counselling service for young people) within 2 hours (Quarterly) | 100.0% | 100.0% | 95.0% |  |
| L309 | Number of community groups worked with by Public Health to develop their support to local residents (Quarterly) | N/A | 59 | 62 |  |
| L310 | Number of people accessing online Public Health services via the Public Health portal (Quarterly) | N/A | 1,251 | 800 |  |
| L311 | Number of people actively engaged with Public Health social media channels (Quarterly) | N/A | 1,870 | 1,800 |  |



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 | | | |
| 5.2.06 To procure bespoke accommodation for people with learning disabilities | 31/03/2018 | | A specialist provider has agreed to work in partnership with us to provide accommodation for people with a learning disability. A partnership agreement is currently being drafted. |

| 5. A clean, green, growing and sustainable place | | | | | |
|--|---|----------------------------|---------------------------|----------------|----------------|
| Ind Ref | Short Description | Previous Figure Q4 2016/17 | Current figure Q1 2017/18 | Current Target | Current Status |
| NI155 | Number of affordable homes delivered (gross) (Quarterly) | 49 | 5 | 5 | |
| NI181 | Time taken in number of days to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly) | 3.2 | 5.4 | 8.0 | |
| L178 | Number of household nights in non self contained accommodation (Quarterly) | 183 | 303 | 274 | |
| L179 | The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly) | 82.00% | 84.00% | 80.00% | |
| L312 | Number of families that have been in non self contained accommodation for over 6 weeks at quarter end (Bed & Breakfast) (Quarterly) | N/A | 0 | 0 | |
| L313 | Number of families that have been in non self contained accommodation for over 6 weeks at quarter end (Non Bed & Breakfast) (Quarterly) | N/A | 12 | 15 | |



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 | 31/03/2018 | | All the Board's strategic plan actions were reported to the final meeting Safeguarding Partnership Board meeting as all being on schedule. The Board also approved the new strategic plan priorities which were developed as an outcome of the Board's development day in June. |













6. Strong, safe, supportive and self-reliant communities


| Ind Ref | Short Description | Previous Figure Q4 2016/17 | Current figure Q1 2017/18 | Current Target | Current Status |
|---------|--|----------------------------|---------------------------|----------------|----------------|
| L030 | Number of lifelines installed in the quarter (Quarterly) | 231 | 231 | 200 | |
| L031 | Percentage of lifeline calls handled in 60 seconds in the quarter (Quarterly) | 95.80% | 96.70% | 97.50% | |
| L316 | Forestcare - % of Lifeline demos within 7 days of customer request (Quarterly) | N/A | Not available | 90% | N/A |

Section 3: Operational Priorities

| 7: Operational | | | |
|--|------------|--------|--|
| Sub-Action | Due Date | Status | Comments |
| 7.1 Adult Social Care Health & Housing | | | |
| 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 | | The new independent chair for the new joint Bracknell Forest and Windsor & Maidenhead Joint Board has been appointed from 14 June 2017. A Memorandum of Understanding setting out how the two areas work together to form the joint board is in place from June 2017. |
| 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 programmes are on target |
| 7.1.10 Use monthly budget monitoring reports to identify and address any emerging overspends promptly | 31/03/2019 | | Monthly budget monitoring reports are run every quarter. |
| 7.1.11 Digital marketplace platform set-up and launched | 31/05/2017 | | The project has been delayed due to the withdrawal from the market of our preferred supplier. An alternative supplier and product has been sourced, and we are working with the provider to ensure the product is refined to meet our requirements. This is expected to go live in Quarter 3 |
| 7.1.12 Direct payments established as the first choice care and support offer | 30/04/2017 | | Training given to all care staff. LAS updated and therefore action has been completed |
| 7.1.13 Control Your Care direct payment promotion plans and toolkit produced and implemented | 30/06/2017 | | This action has been deferred until further work on the 3 conversations model in Adult Social Care has been completed and greater clarity can therefore be gained on the optimal content of the resource. |
| 7.1.14 Care management system (LAS) upgrade and relaunch | 30/09/2017 | | The relaunch is set to go live in October. The project is currently on plan. There are risks with key staff leaving the Council, or moving post within the Council, and mitigation is in place that is expected to address this and keep the project on track. |
| 7.1.15 Adult social care digital strategy plan produced | 30/09/2017 | | We have invested in Rally Round which is up and running, and we are working in partnership with Open Objects. The conversations model of care promotes the use of digital platforms and self promotion and wellbeing. |
| 7.1.16 Transformed person centred care practice model design defined | 30/04/2017 | | The Conversations project has now been defined for Adult Social Care as the Conversations approach. This has been processed mapped into the upgrade of the LAS IT system. The pilot has now been concluded and is due to be evaluated and a schedule of training developed. |

| | | | |
|---|------------|---|---|
| 7.1.17 Direct payments and brokerage function review complete | 30/04/2017 |  | A proposal paper is being drawn up with an interim solution for the hub to go live in Sept 17. The paper includes the current requirements and vacancies within the model and will also include the ongoing structure and any HR/recruitment issues. It will be submitted this month for sign off. |
| 7.1.18 Transformed care practice and brokerage operating model implemented | 30/06/2017 |  | The recruitment process where required may delay some of the functions being available. |
| 7.1.19 Operational and pathway alignment opportunities with Children's Services defined | 30/06/2017 |  | Meeting is planned for 10th August for initial discussions on partnership opportunities. |
| 7.1.20 Whole life disabilities service design proposal and options produced | 31/12/2017 |  | The initial paper completed had some advice from legal services which meant examination and exploration of a number of different issues. A working party has been formed between Adult Social Care and Children Young People & Learning to explore a range of options and models. |
| 7.1.21 Joint Elderly Mental Impairment (EMI - dementia care) and learning disabilities and respite residential care facilities development proposals. | 30/04/2017 |  | The procurement plan for the construction works was signed off by the Director and the Executive Member on 21st July, clearing the way for the procurement stage to commence. The MoU regarding Heathlands between the CCG, Bracknell Forest, and the Royal Borough of Windsor and Maidenhead is due to be signed off imminently. |
| 7.1.22 Bridgewell residential and intermediate care facility refit complete | 30/09/2017 | Not required (see update) | A decision has been taken to close the intermediate care facility at Bridgewell and move to the new intermediate care model. This is currently subject to staff consultation. At this stage therefore there are no plans to refit Bridgewell, however as this is out to consultation this may change. |
| 7.1.23 Community Asset Welcome Map produced and operational | 30/04/2017 |  | Map online and already being regularly utilised by residents and other stakeholders. |
| 7.1.24 Community organisation support service set-up and operational | 30/04/2017 |  | Support service fully operational and initial outcomes to be reported in quarter 2. |
| 7.1.25 New intermediate care service model operational | 30/09/2017 |  | Future of Bridgewell now agreed - process for releasing funding can now proceed and staff consultations can start. Draft SLA and service specs completed for comment. Contract arrangements with Health provider element being agreed. Staff consultation with Bridgewell staff to commence this week. Staff consultation with practitioners - start date not yet agreed. |
| 7.1.26 Additional local supported living provision commissioned and operational | 31/12/2017 |  | 5 properties have recently been brought for people with LD, this has housed several people. During this quarter 5 more properties will be purchased for people with LD. Work has been started to build relationships with Housing Providers to purchase properties and have separate support arrangements commissioned |

| | | | |
|--|------------|---|--|
| 7.1.27 Forestcare Responder Service capacity increased and fully operational | 30/06/2017 |  | Forestcare is now fully operational with its responder service. we are continuing to develop the service. |
| 7.1.28 New outcomes focused domiciliary care framework contract in operation | 31/07/2017 |  | The contract has been awarded to five providers and will commence on 14th August 2017. |
| 7.1.29 Bracknell & Ascot CCG personal health budget direct payment transaction services operational | 30/04/2017 |  | Pathways and processes have been agreed with the CCG with a go live date of 24/7/17, this will be a pilot to evaluate and understand the service needs of Personal Health Budgets. |
| 7.1.30 Integrated health and social care living well hubs locations agreed. | 31/03/2018 |  | Work is ongoing with CCG to identify suitable locations |
| 7.1.31 Service specifications for joint EMI and intermediate care services and community pathways produced commissioned and contracted | 30/09/2017 |  | The specification for Intermediate Care Services is completed and the go live is being planned. |
| 7.1.32 Connected care - Implement shared care record between health and social care professionals (T) | 31/03/2018 |  | |
| 7.1.33 Implement new overpayment recovery contract | 31/03/2018 |  | Bracknell have entered into a 12 month contract for collection of overpaid Housing Benefit with Reigate & Banstead Council. |
| 7.1.34 Implement e-benefits/digital solution for welfare services | 31/03/2018 |  | E-benefits self-serve solution has been procured through G-cloud 9 Framework. Agreement dated June 2017. |
| 7.1.35 Develop personal housing plans | 31/03/2018 |  | Personal Housing Plans will be introduced as part of the Homeless Reduction Act 2017 implementation. Draft plans will be in place by December 2017. |
| 7.1.36 Review welfare and housing service against service purpose and operating principles | 31/03/2018 |  | The Welfare and Housing Service is moving towards an appointments based system with emergencies only being seen on the day or within 24 hours. |
| 7.1.37 Undertake peer review of homelessness services | 31/03/2018 |  | A peer review speaker will be invited to address the Homeless Forum in September 2017 |
| 7.1.38 Review BFC Mychoice to extend digital operation | 31/03/2018 |  | We are reviewing options to enable customers to scan documents directly to their applications. |

| Ind Ref | Short Description | Previous Figure Q4 2016/17 | Current figure Q1 2017/18 | Current Target | Current Status |
|---------|--|----------------------------|---------------------------|----------------|---|
| L033 | Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly) | 98.0% | 99.0% | 98.0% |  |

Section 4: People

Staffing levels

| | Establishment Posts | Staffing Full Time | Staffing Part Time | Total Posts FTE | Vacant Posts | Vacancy Rate |
|-------------------------------|---------------------|--------------------|--------------------|-----------------|--------------|--------------|
| DMT | 12 | 9 | 3 | 10.60 | 0 | 0 |
| Adult Social Care | 227 | 147 | 80 | 192.26 | 41 | 15.29 |
| Commissioning & Resources | 52 | 41 | 11 | 45.73 | 5 | 8.77 |
| Housing | 69 | 53 | 16 | 62.23 | 9 | 11.53 |
| Public Health Shared | 9 | 5 | 4 | 7.19 | 1 | 10 |
| Public Health Local | 5 | 5 | 0 | 5 | 0 | 0 |
| Department Totals (Q4) | 374 | 260 | 114 | 323.01 | 56 | 13.02 |

Staff Turnover

| | | |
|----------------------------|----------------------------|-------|
| For the quarter ending | 30 June 2017 | 3.74% |
| For the last four quarters | 1 July 2016 – 30 June 2017 | 9.89% |

| Comparator data | |
|---|-------|
| Total voluntary turnover for BFC, 2016/17: | 13.8% |
| Average voluntary turnover rate UK public sector 2015: | 15.4% |
| Average Local Government England voluntary turnover 2015: | 13.5% |

Source: XPerthHR Staff Turnover Rates and Cost Survey 2014 and LGA Workforce Survey 2013/14

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. Turnover is monitored and exit interviews are encouraged to establish the reasons for people leaving.

Staff sickness

| Section | Total staff | Number of days sickness | Quarter 1 average per employee | 2017/18 annual average per employee |
|--------------------------------------|-------------|-------------------------|--------------------------------|-------------------------------------|
| DMT | 12 | 72 | 6.55 | 24.00 |
| Adult Social Care | 227 | 820 | 3.61 | 14.45 |
| Commissioning & Resources | 52 | 56.5 | 1.09 | 4.35 |
| Housing | 69 | 118.5 | 1.72 | 6.87 |
| Public Health: Shared | 9 | 19 | 2.11 | 8.44 |
| Public Health: Local | 5 | 0 | 0.00 | 0.00 |
| Department Totals (Q4) | 374 | 1086 | 2.90 | |
| Projected Totals (17/18) | 374 | 4169 | | 11.61 |

| Comparator data | All employees, average days sickness absence per employee |
|-------------------------------------|---|
| Bracknell Forest Council 16/17 | 6.0 days |
| All local government employers 2015 | 10.5 days |

Source: Chartered Institute of Personnel and Development Absence Management survey 2016

Comments:

Sickness has increased slightly due to viruses within the Care teams. This prevents them working with vulnerable people within the community. It is hoped that with the summer months the average will decrease across the year into the next quarter and beyond.

Section 5: Complaints

Compliments

A total of 29 compliments were received by the Department in quarter 4. 14 were for Adult Social Care and 15 were for Housing.

Adult Social Care compliments

14 compliments were received for adult social care in the quarter. 8 were for the Learning Disability and Autism teams and 6 were for the Adult Community team, of which 4 were for the Blue Badge team

Corporate compliments

15 compliments were received by Housing Service. 7 were for Forestcare and 8 were for Welfare & Housing Service.

Complaints Received

8 complaints were received by the Department during the quarter, 4 by Housing and 4 by Adult Social Care. No complaints were received by Public Health.

Adult Social Care Statutory Complaints

All 4 were dealt with using the statutory procedures. No complaints were dealt with using corporate procedures.

| Stage | New complaints activity in Q1 | Complaints activity year to date | Outcome of total complaints activity year to date |
|----------------------------|-------------------------------|----------------------------------|---|
| Statutory Procedure | 4 | 4 | 3 complaints were not upheld, and 1 was ongoing |
| Local Government Ombudsman | ~ | ~ | ~ |

Nature of complaints, actions taken and lessons learnt:

A complaint was received by a person who was not satisfied with the level of service that his sister was receiving. Continual efforts were made by the service to meet with the person to engage with him and gain more information from him in order to resolve his complaint. However, he did not wish to meet and with no further information forthcoming from the complainant, it was not possible to uphold the complaint.

A complaint was received concerning calls by the finance team to request a financial assessment. The complaint was not upheld since the person had received chargeable services and therefore the council had a duty to carry out a financial assessment.

Corporate complaints - Housing

4 complaints were 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 | 2 | 2 | These complaints were not upheld. |
| Stage 3 | 1 | 1 | 1 not upheld. |
| Local Government Ombudsman | 1 | 1 | 1 determined premature. |

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 complaints concerned the way a housing register application had been dealt with and the advice that had been given to a customer who had been served with a notice to quit.

Annex A: Financial information

| ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - JUNE 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 | 557 | 36 | 593 | 21% | 649 | 56 | 56 |
| | 557 | 36 | 593 | | 649 | 56 | 56 |
| Adult Social Care | | | | | | | |
| Community Mental Health Team | 2,012 | 24 | 2,036 | 11% | 1,811 | (225) | (225) |
| Community Mental Health Team for Older Adults | 4,712 | 106 | 4,818 | 26% | 5,314 | 496 | 496 |
| Internal Services: Glenfield | 281 | 4 | 285 | 25% | 300 | 15 | 15 |
| Community Team for People with Learning Disabilities | 10,856 | 172 | 11,028 | 12% | 11,712 | 684 | 684 |
| Internal Services: Waymead | 751 | 1 | 752 | 25% | 716 | (36) | (36) |
| Older People and Long Term Conditions | 6,587 | (270) | 6,317 | 28% | 7,446 | 1,129 | 1,129 |
| Assistive Equipment and Technology | 358 | 0 | 358 | 21% | 451 | 93 | 93 |
| Community, Response & Reablement | 987 | 35 | 1,022 | 48% | 1,022 | 0 | 0 |
| Emergency Duty Service | 65 | 22 | 87 | 29% | 83 | (4) | (4) |
| Safeguarding | 380 | 7 | 387 | 20% | 468 | 81 | 81 |
| | 26,989 | 101 | 27,090 | | 29,323 | 2,233 | 2,233 |
| Housing | | | | | | | |
| Housing Options | 391 | 77 | 468 | 13% | 257 | (211) | (211) |
| Housing Strategy | 412 | 139 | 551 | 20% | 499 | (52) | (52) |
| Housing Management Services | (40) | 0 | (40) | 22% | (70) | (30) | (30) |
| Supporting People | 729 | (70) | 659 | 25% | 658 | (1) | (1) |
| Housing Benefits Administration | 390 | 7 | 397 | 30% | 427 | 30 | 30 |
| Housing Benefits Payments | 6 | 0 | 6 | 21% | (161) | (167) | (167) |
| Other Housing | 18 | 0 | 18 | 38% | 18 | 0 | 0 |
| Forestcare | 24 | 12 | 36 | 31% | 142 | 106 | 106 |
| | 1,930 | 165 | 2,095 | | 1,770 | (325) | (325) |
| Commissioning & Resources | | | | | | | |
| Drug & Alcohol Action Team | 0 | 2 | 2 | 23% | 3 | 1 | 1 |
| Joint Commissioning | 914 | 4 | 918 | 24% | 868 | (50) | (50) |
| Information Technology Team | 324 | (12) | 312 | 42% | 305 | (7) | (7) |
| Property | 66 | 0 | 66 | 19% | 66 | 0 | 0 |
| Performance & Complaints | 182 | (3) | 179 | 22% | 169 | (10) | (10) |
| Finance & Appointeeships | 539 | 5 | 544 | 26% | 477 | (67) | (67) |
| Human Resources Team | 197 | 1 | 198 | 47% | 198 | 0 | 0 |
| | 2,222 | (3) | 2,219 | | 2,086 | (133) | (133) |
| Public Health | | | | | | | |
| Bracknell Forest Local Team | (25) | 11 | (14) | 25% | (14) | 0 | 0 |
| | (25) | 11 | (14) | | (14) | 0 | 0 |
| TOTAL ASCHH | 31,673 | 310 | 31,983 | | 33,814 | 1,831 | 1,831 |
| Memorandum item: | | | | | | | |
| Devolved Staffing Budget | | | 14,469 | 29% | 14,469 | 0 | 0 |
| Non Cash Budgets | | | | | | | |
| Capital Charges | 423 | 0 | 423 | | 423 | 0 | 0 |
| IAS19 Adjustments | 979 | 0 | 979 | | 979 | 0 | 0 |
| Recharges | 2,800 | 0 | 2,800 | | 2,800 | 0 | 0 |
| | 4,202 | 0 | 4,202 | | 4,202 | 0 | 0 |

Capital Budget

| Cost Centre Description | Budget £'000 | Expenditure to Date £'000 | Estimated Outturn £'000 | Carry forward to 2018/19 £'000 | (Under) / Over Spend £'000 | Current Status |
|--|-----------------|---------------------------------|-------------------------------|---|----------------------------------|---|
| HOUSING | | | | | | |
| Enabling more affordable housing | 9.9 | 14.4 | 9.9 | 0.0 | 0.0 | DH costs miscoded here. |
| Help to buy a home (cash incentive scheme) | 140.0 | -0.2 | 140.0 | 0.0 | 0.0 | |
| BFC My Home Buy | 184.4 | -2.0 | 184.4 | 0.0 | 0.0 | |
| Downshire Homes | 7,136.1 | 2,125.9 | 7,136.1 | 0.0 | 0.0 | |
| Tenterton Guest House | 44.8 | 71.8 | 44.8 | 0.0 | 0.0 | Clarification to be sought on overspend. |
| Holly House | 450.0 | 0.0 | 450.0 | 0.0 | 0.0 | |
| Disabled Facilities Grant | 973.5 | 113.6 | 973.5 | 0.0 | 0.0 | £10k to be paid to the STP for adaptations work. |
| TOTAL HOUSING | 8,938.7 | 2,323.5 | 8,938.7 | 0.0 | 0.0 | |
| Percentages | | 26.0% | 100.0% | | 0.0% | |
| ADULT SOCIAL CARE | | | | | | |
| Care housing grant | 4.5 | 0.0 | 4.5 | 0.0 | 0.0 | |
| Community capacity grant | 653.2 | 0.0 | 653.2 | 0.0 | 0.0 | Earmarked for Stoney Lodge. |
| Improving information for social care | 39.2 | 0.0 | 39.2 | 0.0 | 0.0 | To be used for LAS upgrade. |
| IT systems replacement | 56.2 | 13.8 | 56.2 | 0.0 | 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 | 753.1 | 13.8 | 753.1 | 0.0 | 0.0 | |
| Percentages | | 1.8% | 100.0% | | 0.0% | |
| TOTAL CAPITAL PROGRAMME | 9,691.8 | 2,337.3 | 9,691.8 | 0.0 | 0.0 | |
| Percentages | | 24.1% | 100.0% | | 0.0% | |

Annex B: Annual indicators not reported this quarter

Council Plan indicators

| Ind. Ref. | Short Description | Quarter due |
|---|--|-------------|
| 4. People live active and healthy lifestyles | | |
| OF1e | The number of adults with learning disabilities in paid employment as a % of adults with learning disabilities | End of year |

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
5 OCTOBER 2017**

**EXECUTIVE KEY AND NON-KEY DECISIONS RELATING TO HEALTH ISSUES
Director of Resources – Democratic & Registration Services**

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: | I070607 |
| TITLE: | Adult Social Care, Health & Housing (ASCH&H) Transformation Programme |
| PURPOSE OF REPORT: | To endorse the Adult Social Care, Health & Housing programme approach and review early stages of plan delivery. |
| DECISION MAKER: | Executive |
| DECISION DATE: | 21 Nov 2017 |
| FINANCIAL IMPACT: | Revenue savings anticipated. |
| CONSULTEES: | Corporate Management Team Transformation Board Elected Members Service users Partnership Boards and representative groups Clinical Commissioning Group and Health partners Voluntary Sector organisations Council managers and staff |
| CONSULTATION METHOD: | Meeting(s) with interested parties Presentation |

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