

## **NOTICE OF MEETING**

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

**Thursday 26 April 2018, 7.30 pm**

**Council Chamber, Fourth Floor, Easthampstead House, Town Square, Bracknell - Easthampstead House, Town Square, Bracknell, RG12 1AQ**

### **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

### **EMERGENCY EVACUATION INSTRUCTIONS**

- 1 If you hear the alarm, leave the building immediately.
- 2 Follow the green signs.
- 3 Use the stairs not the lifts.
- 4 Do not re-enter the building until told to do so.

If you require further information, please contact: Kirsty Hunt  
Telephone: 01344 353108  
Email: [Kirsty.hunt@bracknell-forest.gov.uk](mailto:Kirsty.hunt@bracknell-forest.gov.uk)  
Published: 17 April 2018



**Health Overview and Scrutiny Panel**  
**Thursday 26 April 2018, 7.30 pm**  
**Council Chamber, Fourth Floor, Easthampstead House, Town Square, Bracknell - Easthampstead House, Town Square, Bracknell, RG12 1AQ**

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

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

**AGENDA**

Page No

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

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

**2. Minutes and Matters Arising**

To approve as a correct record the minutes of the meeting of the Health Overview and Scrutiny Panel held on 16 January 2018.

5 - 10

**3. 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.

**4. 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. 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.

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. **Presentation from CCG on GP Sustainability**

Presentation from Fiona Slevin-Brown and Dr William Tong

7. **Working Group Updates**

To receive updates on the progress of the following working groups of this Panel:

- Primary Care Patient Experience working group

8. **Executive Forward Plan**

To consider scheduled Executive key and non-key decisions relating to Health.

11 - 12

9. **Integrated Care System (ICS) Engagement Update**

To receive an update on the Integrated Care System Engagement process.

13 - 14

10. **Workshop on Conversations approach**

The 3 Conversations model has been adopted across Adult Social Care and is the way that we support people. Our aim is to help people regain independence and control following illness or when the person has a Long Term Condition.

In essence, the model is a move away from unnecessarily protracted processes and questioning to one that is proportionate and driven by the person.

The previous approach involved formal assessment of individuals' presenting to Adult social care to ensure they met eligibility criteria. This has been replaced with a more natural conversation to drill down on the presenting issues, problem solving together to find sustainable solutions. The model can only work when we build on what is already working for the individual (their strengths). Not only to find out what things the person has around them to help, but also to help the individual reflect and recognise the things they are succeeding with. The approach focuses on applying a "Common Approach to Common Sense" enabling practitioners to be more creative and responsive using a three stage approach.

The 3 stages are briefly illustrated below:

- A 1st Conversation is aimed at helping people whether or not they are eligible under the Care Act. The focus is on short term, quality interactions as early help or to prevent / delay need.

- A 2nd Conversation focuses on Short Term Interventions to help the person to resolve an immediate need or crisis. The aim of a 2nd Conversation is for the person to regain control and independence.
- The 3rd Conversation is the point at which long term support is established under our statutory processes and duties (these will be people who meet our statutory eligibility criteria)

### **Date of Next Meeting**

As agreed at the Overview and Scrutiny Commission on 29 March 2018, the Health Overview and Scrutiny Panel will merge with Adult Social Care and Housing Overview and Scrutiny Panel effective from Annual Council on 23 May 2018.

The future dates for this Panel are as follows:

5 June 2018

24 July 2018

11 September 2018

6 November 2018

15 January 2019

26 March 2019

**HEALTH OVERVIEW AND SCRUTINY PANEL  
11 JANUARY 2018  
7.30 - 9.02 PM**



**Present:**

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

**Co-opted Members:**

Dr David Norman, Co-opted Representative

**Executive Members:**

Councillor D Birch

**Also Present:**

Councillors McCracken and Peacey  
Daniel Green, Public Health Programme Officer  
Mira Haynes, Chief Officer: Adult Social Care  
Dr Lisa McNally, Consultant in Public Health

**27. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Panel held on 5 October 2017 be approved as a correct record and signed by the Chairman.

In answer to a question regarding the difficulties faced by the Council in the recruitment of carers compares to the Frimley Health and Care NHS Trust, it was noted that carers normally found that working in a hospital setting with less travelling and a more established career path was a more attractive job package than that offered by the Council. However, it was noted that changes flowing from the Transformation Programme and the new integrated community care service would help to address a number of these issues and assist in the recruitment of carers for the Care Providers working with the Council.

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

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

**29. Urgent Items of Business**

There were no items of urgent business.

**30. Public Participation**

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

**31. 2018/19 Draft Budget Proposals**

The Panel noted that the Executive had agreed the Council's draft budget proposals for 2018/19 as the basis for consultation with the O&S Commission, O&S Panels and other interested parties. The detailed figures were of little relevance to the Panel as the Public Health grant was almost entirely funded from ring-fenced specific grant.

The Borough Treasurer's report indicated that the Public Health Grant in 2017/18 was £4,157,000 and the Panel was informed that although the allocation for 2018/19 was likely to be around 2.5% lower, it would be possible for the Council to work within a slightly lower Public Health budget. The Panel noted the report and reserved comment in the absence of any further detail on the 2018/19 budget.

**32. Primary Care Survey Results**

The Panel received a presentation on the preliminary results of a recent survey of primary care. An independent survey, conducted by Ipsos MORI, was carried out across the country, usually in January each year and results from the 2017 survey in respect of Bracknell Forest GP Surgeries had been made available from July 2017.

The data had been assembled from 50 questions in the survey and it was proposed to analyse this across eight subject areas:

- Quality expected of GP surgeries
- Access to GP services
- Making an appointment
- Waiting times at GP surgeries
- Perceptions of care at last GP appointment
- Perceptions of care at last Nurse appointment
- Satisfaction with practice opening hours
- Out of hours service

The aim was to look closely at those surgeries that were achieving the highest satisfaction levels in each of the areas, talk to GPs and staff, and to share good practice across all surgeries in the Borough, highlighting the areas that patients had indicated did most to make their experience better/easier.

This work was to be taken forward by the Working Group of the Panel established to review the Primary Care Patient Experience and Councillor G Birch as Lead Member outlined his hopes regarding this opportunity to understand and share what drives good GP practice.

The Panel recognised this as a valuable exercise which should provide a powerful tool for surgeries to use.

**33. Bracknell Forest Council Investment in the Berkshire Shared Public Health Team**

The Panel considered a report of the Chief Executive, due to be considered by the Executive on 23 January 2018, proposing changes to the relationship between the Council and the Berkshire Shared Public Health Team and to establish a dedicated Director of Public Health post for Bracknell Forest.

A Strategic Director of Public Health covering all six unitary authorities supported by a shared core team had been set up to ensure a 'safe landing' for each Council's new Public Health responsibilities when they were transferred to local government in

2013. The pan Berkshire Director of Public Health and shared team have been hosted by Bracknell Forest since 2013. The arrangements worked well initially but increasingly individual local authorities have pulled back from areas of shared responsibility as budgets have come under pressure.

The local Bracknell Forest Council Public Health Team has enjoyed significant success in delivering its Public Health responsibilities, winning national awards for its work and being cited by the LGA as a national example of good practice for its public health communications and self-care initiatives. The Consultant in Public Health reminded the Panel of the different approach taken to a number of public health issues in Bracknell and referred to the range of skills and expertise within the Team that meant that there were fewer services that needed to be bought in from the Berkshire shared team.

It was therefore proposed that Bracknell Forest should withdraw from some of the Berkshire Shared Public Health Agreement functions from April 2018 and, specifically, cease investment in the Strategic Director function, the data analytical / informatics functions and (with some exceptions) the contracting support function. Instead it was proposed that a Director of Public Health (DPH) for Bracknell Forest post be created to lead the local Public Health function, reporting to the Director of Adult Social Care, Health and Housing. The new DPH would be supported by a part-time, local Public Health Consultant for Bracknell Forest, with specific duties around collaborative work with local and regional healthcare partners. Overall, it had been calculated that the proposals would deliver savings against current costs of £35k in 2018/19, and rising in future years based on the estimated costs of the new shared arrangements. All financial implications would be absorbed within the ring-fenced Public Health grant.

The Panel endorsed the proposals in the report for consideration by the Executive, recognising the opportunity for the Council to play a prime role in setting the agenda for Public Health within the Borough.

**34. Working Group Update Report**

The Panel received a report of the initial meeting of the Working Group established to review the Primary Care Patient Experience in the Borough. Further meetings were planned to analyse data gathered via the GP Patient Survey (as reported above) and other sources of evidence available locally.

**35. 2018/19 Overview and Scrutiny Work Programme**

The Panel received a report about the Overview and Scrutiny Work Programme for 2018/19, including three suggestions for possible future reviews. Given that it was unlikely that resourcing to carry further reviews would be available until 2018/19 or later, it was agreed to defer consideration of the item until the next meeting of the Panel in April.

**36. Departmental Performance**

The Panel considered the Quarter 2 (July to September 2017) Quarterly Service Report of the Adult Social Care, Health and Housing report relating to health.

The Consultant in Public health made a presentation highlighting recent and current activity:

- The conversations model had been bedded into practice, early data had been gathered and was being analysed to help shape Adult Social Care operational delivery in the years ahead.
- Although "conversations" was being introduced, people who met the eligibility criteria for a service would continue to receive one.
- The two Community Connectors have made a good start introducing themselves to the community and have received referrals from Learning Disability and Adult Community teams.
- The Out of hours Multi-Agency Adults Safeguarding Hub (MASH) was being set up having regard to the needs of each unitary Authority and buy-in from the Strategic Partnership was now sought to ensure a successful and timely operational delivery.
- Forestcare had been successful in winning two external monitoring contracts.
- Town Centre Community Safety had improved with a 32% reduction in shoplifting and a 27% reduction in criminal damage compared to same quarter last year.
- BFC My Benefits had gone live from mid November 2017. In the first month 1,392 customers had opened an account and of these, 734 went on to open access to and progress their claim.
- Work has begun on preparation for the Homeless Reduction Act, using new funding to help meet the expected increased demand for services.
- The Council entered into a contract with Places for People to develop the Council owned site the Lodge for people with learning disabilities.
- Self Care Week had been most successful and the biggest ever, comprising 42 events, with 17 student volunteers, 95,000 people reached on social media, 16,000 video views, 12,500 community map visits, and the largest walking group session organised.
- Public Health ran their largest ever mental health event for children and young people which took place at the Madejski Stadium.
- Preparation for a range of new health improvement programmes have been put in place, all of which were partnership projects with residents.
- On-line health improvement programmes with residents continued to extend their reach with a steady increase in the size of the Facebook Community and the number of Portal views each quarter.

Arising from questions and discussion, the Panel noted:

- The reported reduction in social isolation was as measured by the national annual survey carried out. The range of social and community initiatives run by the Council was clearly having a beneficial effect.
- Continuing low rates of teenage conception were testimony to the ongoing work of Youth Services, Public Health video films, work in schools etc.
- The mental health of children and young people was a priority and focus of the Health and Wellbeing Board, and the ongoing support of the KOOTH online service was a key element of this.
- The first week of January had shown a sharp increase in the number of seasonal flu cases reported, including some hospital admissions. It was important to continue to seek a high level of coverage of flu vaccinations for priority groups and those over 65. (Should the risk be pandemic flu, it was noted that there were specific plans in place to deal with it).
- As regards flu immunisation of children, targets had been hit but it was important to maintain this. For the MMR immunisation programme, Bracknell had the highest return (in Berkshire) of 90% for the second dose but a higher number was desirable.



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

The Panel noted that there were currently no scheduled Executive Key and Non-Key decisions relating to health.

**38. Member Feedback**

Members reported that:

- Some recent performance figures for the treatment of patients by the Frimley Health and Care NHS Trust were reported. For Accident & Emergency, while some targets had not quite been met, they remained above the national average for England.
- Chief Executive of the Trust, Sir Andrew Morris was due to retire in six weeks time. He was to be replaced by Neil Dardis, currently Chief Executive of the Buckinghamshire Healthcare NHS Trust.
- Sustainability and Transformation Plans were moving forward towards the introduction of new Accountable Care Systems which would draw together the different funding streams to deliver all health care interventions. The Accountable Care Partnerships which would come into place would need to be carefully positioned in order to ensure that they were fully accountable and subject to proper and appropriate scrutiny.

**CHAIRMAN**

This page is intentionally left blank

## HEALTH OVERVIEW & SCRUTINY PANEL

### EXECUTIVE WORK PROGRAMME

<b>REFERENCE:</b>	I073523
<b>TITLE:</b>	Heathlands Nursing Care Provision Contract Award
<b>PURPOSE OF REPORT:</b>	To approve the recommendation to award a contract/s for Residential Nursing Care with Extra Care Housing.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	17 Jul 2018
<b>FINANCIAL IMPACT:</b>	To be incorporated into the report.
<b>CONSULTEES:</b>	None
<b>CONSULTATION METHOD:</b>	None

This page is intentionally left blank

### **Involving residents in the transformation of primary care and community services – Briefing note on engagement**

Patients, the public, staff and other stakeholders have already told us about what they are looking for from certain services - general practice and NHS 111 – and our New Vision of Care which was co-produced with local residents and stakeholders. We have shared the vision for the Sustainability and Transformation Partnership (now Integrated Care System) widely and now moving into a period of turning these words into action.

The CCGs (East Berkshire CCG from 1 April 2018) are committed to working with local residents to shape services for the future. We now want to have local conversations with residents to understand what is already working well and the concerns, issues and perceptions residents hold locally. It is intended to start these discussions from 10 May.

These conversations will need to take place in the context of our commitment to delivering safe, high quality care and the challenges we face and

- Increased demand and pressure on services
- Managing this increased pressure within finite resources e.g. funding, trained workforce, organisational capacity
- Workforce constraints
- Complex and often fragmented services that are difficult for patients to navigate.
- Community estate which does not support the delivery of modern services and is costly to operate and maintain
- The way residents access health services and advice and the expectations of the NHS has changed

During these conversations we are seeking to engage in a dialogue with those we most need to hear from and those who are seldom heard.

Our aim will be to discuss with residents what is important to them using the following headings:

- How information and support about their health and wellbeing should be accessed
- How and when they access health and care services
- What is important to them about the range of care provided in community settings
- How the experience and satisfaction of care could be improved
- What we should take into account about their local area when transforming services

We also need to acknowledge that there are some things that are arranged at a national level. These include policies such as the core components of urgent treatment centres, the total amount of money available in the system and some aspects of primary care that are set out in core contracts.

The overall approach we intend to take is as follows:

- Have conversations with local communities relating to their local circumstances. We would plan to hold events in Ascot, Bracknell, Maidenhead, Sandhurst, Slough and Windsor
- Frequent briefings to locally elected members, member GP practices and those with an interest in the issues
- Work with Health and Wellbeing Boards, the Community Partnership Forum , Patient Partners and a Patient Panel (to be appointed) to shape the process and decision making criteria
- Appoint clinical leads to support the process
- Seek support from local residents, staff and other organisations with an interest in health and care, to enter into and support discussions
- Be clear about what local residents can influence and where there is no scope for influence due to e.g. national requirements
- Identify seldom heard groups and proactively approach them
- Utilise other communication channels such as social media
- Clearly evidence our activities and communicate the reasoning behind decisions
- Commission independent reporting and dissemination of the outputs from the engagement
- Decision making in public

We would appreciate a discussion on:

- Suggestions about how we can reach as many different sections of our population as possible, (different geographical areas, residents from different backgrounds and with different needs)
- Highlight information that would help inform the conversations.