ADULT SOCIAL CARE, HEALTH AND HOUSING OVERVIEW AND SCRUTINY PANEL
5 JUNE 2018
7.30 - 9.15 PM

Bracknell Forest Council

Present:
Councillors Allen, Mrs Angell, Harrison, Dr Hill, Mrs Mattick, Mrs McCracken, Ms Merry, Peacey, Mrs Temperton, Tullett and Dr David Norman

Co-opted Members:
Dr David Norman

Observer
Chris Taylor, Healthwatch Bracknell

Executive Members:
Councillors D Birch

Apologies for absence were received from:
Councillors Thompson, Virgo and Finnie
Mark Sanders Healthwatch, Bracknell

In Attendance:
Mira Haynes, Chief Officer: Adult Social Care
Simon Hendey, Chief Officer: Housing
Lisa McNally, Director: Public Health
Kirsty Hunt, Governance and Scrutiny Manager
Kirstine Berry, Governance and Scrutiny Co-ordinator

1. **Election of Chairman**

   RESOLVED that Councillor Harrison be elected Chairman of the Panel for the Municipal year 2018/19.

2. **Appointment of Vice Chairman**

   RESOLVED that Councillor Mrs McCracken be appointed Vice-Chairman of the Panel for the Municipal year 2018/19.

3. **Minutes and Matters Arising**

   RESOLVED that the minutes of the Adult Social Care and Housing Overview and Scrutiny Panel meeting held on 27 March 2018 and the Health Overview and Scrutiny Panel held on 11 January 2018 be approved as a correct record, and signed by the Chairman.

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

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

5. **Urgent Items of Business**

There were no urgent items of business.

6. **Public Participation**

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

7. **Conversations Approach**

Mira Haynes, Chief Officer Adult Social Care, presented the meeting with an update on the Conversations Approach including a video featuring Melanie O'Rourke, Head of Adult Community Team which detailed the first, second and third conversation approach.

As a result of Members' comments and questions, the following points were made:

The Panel were advised that needs were identified at the assessment stage and the whole process including the third stage could be completed at the initial assessment within one or two hours, certainly the same day.

It was clarified that an external auditor would monitor the approach to measure its success. The numbers of people whose conversations had ended at each stage would be monitored in order to identify where the resources would be best placed.

The role of the conversations approach was to keep residents independent for as long as possible, to reduce attendance at Accident & Emergency. Outcomes would be measured, for example where people were 91 days after intermediate care intervention and the results of the audit would be available to the business information team during the next quarter.

The Panel were told that residents would be signposted to the most appropriate and best help that could be provided in the community. If they did not accept the offer of support and they were deemed to have capacity to make a decision, their choice would be respected.

The Panel were advised that training had been extensive and that all Adult Social Care and Housing practitioner staff had received training.

Concerns were raised that some disabled individuals had lost support thorough the process and it was explained that support would not be lost or reduced but would be delivered in a different way. It was acknowledged that this could lead to a perception of reduction. Councillors were asked to provide details to the Chief Officer of any specific cases outside the meeting for further investigation.

A quality panel of officers met to review support provision assessments to ensure that proposed support or changes were appropriate.

The Panel were advised that neighbouring authorities used a similar approach and that the conversations approach in Bracknell Forest was based on a nationally recognised programme.

It was explained that officers worked closely together to take a personalised approach and where the conversations approach extended to housing needs worked closely together to provide support.

Community Connectors support residents to navigate the social care system.

As previously raised, the Panel reiterated that Members should be offered the opportunity to be trained in these techniques to assist them when working with their residents. It was accepted that Members are not practitioners but that it was important for them to understand the approach rather than attempt to refer residents themselves. It was noted that motivational questioning techniques could be used by Members in their casework.

The Chairman requested that a briefing session be organised to refresh Members' knowledge on how to interact with the public on Adult Social Care changes and how to signpost them correctly.

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

The Panel noted the Quarterly Service Report (QSR) which covered the fourth quarter of the 2017-18 financial year (January – March).

The Chairman thanked Councillor Tullett for his comprehensive list of questions which had been submitted and answered before the meeting and requested that they were appended to the minutes (available at Annex A).

Mira Haynes, Chief Officer Adult Social Care highlighted that the first phase of the transformation has been successfully delivered despite some challenges such as an unexpected Care Quality Commission (CQC) Local Area Review in September 2017. She reported that there had been good performance across the indicators but some areas were still red. The headline from the current quarter was that consultation had been undertaken with staff to integrate the expanded Integrated Care System and Long term care teams. East Berkshire Clinical Commissioning Group (CCG) proposal to manage the continuing Healthcare function was still work in progress. The Council was advertising for Personal Assistant posts which could be paid for by residents through direct payments.

Simon Hendey, Chief Officer: Early Help & Communities advised that the Homeless Reduction Act was a major change at the end of April 2018 which introduced the duty to undertake homeless prevention for 56 days by creating a personalised homelessness prevention plan. He reported that to date:

- 76 households were in triage
- 35 households were under intervention which was the stage before prevention
- 24 households were in the prevention stage which meant that they had a personalised agreed plan
- 49 households were in the relief stages receiving support
- the Council had accepted the homeless duty on 13 households

The Welfare and Housing teams were now combined which gave more opportunity to support residents and additional government funding was supporting ongoing recruitment to increase the number of officers to keep pace with demand.

Lisa McNally, Director of Public Health updated the Panel on recent public health activities including that there were no red activities to comment on. She reported that Bracknell Forest had pioneered more community focused interventionist approach initiatives which were very popular. The approach had been to set up activities with people rather than to them such as the community map and physical activity groups. She reported that more traditional, structured treatment approach such as NHS Stop Smoking campaigns had struggled recently to achieve uptake and a less medicalised approach was more successful. She explained that the Community Map now had up

to 386 groups and thanked members of the Panel for their support populating it. Groups such as Junior Parkrun, Martial Arts sessions which were inclusive of all physical abilities, “Who let the Dad’s out” crèche, walking groups with 50+ members and Checkmates chess groups in libraries had all helped to boost inclusivity for groups who otherwise feel socially isolated.

She reported that, in a short time period of only two years, the data suggested that this activity has had a positive effect on reducing social isolation issues and high re-admission to hospital levels. The approach was attracting national attention such as The National Centre for Mental Health featuring it and councillors from Medway Council visiting the Council to see how it works. The Director advised the meeting that the community groups involved would come together to form a marketplace to showcase what works well rather than the visitors touring locations around the borough.

The Director updated the Panel on the changes in approach to health visiting and that child development data had seen high levels of child development across the four key areas at the age of two which meant that Bracknell Forest children were having the best start in life.

Arising from questions and discussion the following points were made:
There has been a 10% decrease in the number of clients (Jun 17 to Mar 18) from 1160 to 1040 and a gross care cost reduction of 5%, (£30.5 Million in Oct 17 down to £29m in March 18)shown on the care cost 12 month trend analysis. Although costs were complicated by complex care cases the reductions were linked to ways of working with people such as the conversations model which was helping identify appropriate support early on and new technology was also being used to support residents.

There was an increase in demand during the summer months. The approaching adulthood team work with children aged 14+ and there is a spike of demand when the school term ends and the team work closely with the Children Young People and Learning department.

It was explained that Adult Social Care had undertaken a procurement exercise for new domiciliary care providers. The previous level of 20 providers has been reduced to eight or nine and there were some transition and handover issues. During the process providers had stopped taking on packages of care but the new contracts were now in place and the Panel were assured that this situation had now been resolved.

The number of people needing double up calls (when more than one carer is required to attend a visit) over the last 18 months; had risen. When people are discharged from hospital they are medically fit, but this did not mean they are physically fit and they often needed more support until the care package could be reduced. More than one carer was required when someone needed support with a hoist or to be lifted.

It was observed that the success of getting people with complex needs out of hospital back into the community setting was costing the Council money but it was clarified that the intermediate care service was funded jointly with the CCG and the local authority. It was stated that the focus should be that hospital was not the right place for residents who were medically fit.

Members of the Panel requested further forecasting information on demand. Lisa McNally, Director of Public Health confirmed that this was possible using POPPI and housing data to produce a statistical model to show where costs and demand might

go to give an idea of trends. Mira Haynes, Chief Officer Adult Social Care also agreed to share data Adult Social Care are working on.

The Panel were advised that a public health reserve had been built up over the last 3 years. Public Health grant funding had already been used to invest in the Community Connectors service to reduce social isolation. In general, the intention is to shift budget to higher levels of need but that, before this could be done, it had to be demonstrated that savings were sustainable at lower levels of need first. More detail will be available. Any recurrent underspend must be seen in the context of the reducing level the Public Health Grant being received by the Council.
The Panel were advised that Public Health would bring future proposals to be considered by the Council in more detail for scrutiny.
Simon Hendey, Chief Officer Housing, clarified that the capital under spend in 2017/18 is carried forward. That capital has to be used to fund adult social care capital expenditure and as such could be used to fund accommodation for people with learning disabilities or to contribute towards the capital costs of the Heathlands project if that proceeds. The latter use would generate additional revenue savings for the Council as it would replace the need for the Council to enter into borrowing to fund the project equivalent to the capital contribution that is made available.

It was explained that there were two parts to the Heathlands development. A 44 bed unit for Elderly, Mentally, Infirm (EMI) and a 20 unit Learning Disability (LD) accommodation. The LD accommodation could not fit on the Heathlands site in planning terms. Thus a feasibility study has been commissioned on another Council owned site to assess whether the learning disability accommodation can be accommodated.

The Panel were advised that it was a long term conditions pilot had now become business as usual and the Council was working with three GP clusters – North, South and bordering with Ascot.

In response to a question regarding low targets it was confirmed that there was now zero risk that use of the website would exceed capacity. Targets had been set based on what could be achieved but that the level of online services demand had exceeded expectations.
Work still needed to be done to extend access and points of contact and the Director advised that Local Government Association (LGA) funding had been applied for to provide kiosks in shopping centres and community centres were being considered
A children's health and wellbeing website was currently in development.

The Director of Public Health agreed that the work of Public Health including strategic targets should be included in future drafts of the Council Plan and was interested to know what Members of the Panel wanted to see delivered.

Members reiterated concerns regarding the sickness statistics and queried whether an anonymous stress audit had been carried out and whether staff were taking sickness days instead of annual leave. The Panel were advised that there were incidences of long term sickness included in the figures and that these absences were not attributable to work related stress.

The Panel were advised that managers follow the managing health policy and look for trends and patterns in absences. They offer support where necessary and refer to occupational health if necessary. The Council was offering wellbeing courses, had created breakout spaces, counselling was offered for the Emergency Duty Team, agile working was offered and that there are professional support mechanisms in place to support staff members.

The Panel noted that the sickness levels were consistently elevated within the ASC team in every QSR and it was suggested that the data be further interrogated and those who are on long term sick be isolated from the numbers to give a truer picture of 'occasional' sickness patterns. This would potentially provide further insight and help to explain the skew.
The Panel also asked to see how the sickness levels compared regionally and nationally to other ASC teams. The Panel felt that further investigations and a proper analysis of the sickness levels were required.

The Chairman thanked everyone for their questions and answers.

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

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

Reference I072405 - Sensory Needs Contract Award
The Panel were advised that the Sensory Needs service had been brought in-house but that there was a need to contract out some services. This item related to the award of spot contracts for the Sensory Needs service following a competitive tender.

Reference I076397 - Safeguarding Adults Annual Report 2017/18
The Chairman observed that this was a routine report which would be considered in November.

10. **Development of Overview and Scrutiny Work Programme 2018-19**

Kirsty Hunt, Governance and Scrutiny Manager introduced the discussion on the consultative process which had been undertaken to develop the new Panel's work programme for 2018/19.

It was explained that Members and co-opted members of the previous two Panels, as well as officers and Executive members had been canvassed to suggest topics to be included. Members and co-opted members of the new Panel were asked to rank the collated topics in order of importance so that they could be prioritised.
It was acknowledged that more should have been done to expand on the detail behind the suggested topic areas to give Members greater context, but that this was an evolving process.

The process was not prescriptive and the aim of the process was to share suggestions, include annual budget scrutiny, support Transformation Gateway reviews and enable the Panel to respond to emerging national or local issues. The process also sought to link the work programme topics to the strategic themes of the Council Plan.

The report recommended that the current Working Groups (Task and Finish groups) should be reviewed and the Panel should agree their inclusion in the Work Programme if still relevant.

During the discussion the following points were made:

- There was a general consensus that the Integrated Care System would need to be a key feature in the Work Programme

- the work programme would need to be flexible to respond to the upcoming Social Care Green Paper, the integration of individual care budgets and the integration of social care and health items as they emerged
- The development of the Integrated Care System would require briefings as the situation develops to keep Panel Members updated
- a final report from the Housing Strategy and Supply Working Group could be expected in the autumn and that a visit to Guildford Borough Council was being planned for June 2018.
- It was clarified that the previously set up STP Working Group was no longer active.

It was agreed:

- That the current task and finish groups, The Primary Care Patient Experience Task and Finish Group and the Housing Strategy and Supply Task and Finish Group should be included in the next work programme
- To develop the work programme further at a facilitated workshop which should be organised before the next scheduled meeting of the Panel.
    - That the facilitated workshop would consider how to include the Integrated Care System in the work programme.
    - That the facilitated workshop should also consider what development requirements the Panel had.

The Chairman acknowledged that the consultation process to develop the work programme had been valuable but that the Integrated Care System (ICS) would be such a significant topic that its different elements should be investigated in more depth. The Chairman summarised for the Panel that the work programme would be developed at a facilitated workshop with the focus on the ICS.

11. **Date of Next Meeting**

The date of the next meeting will be 24 July 2018 at 19.30

Minute Annex

Questions and answers, submitted in advance of the meeting, in relation to Minute item 8 – Quarterly Service Report (QSR).

CHAIRMAN

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Annex A

Quarterly Service Report Questions

Q1. Could you clarify the "significantly increased demand", whereas the graph on P31 suggests a reduction in the number of clients from 1,160 to 1,040?

A. The demand is predominantly for complex care e.g double up care, the graph shows how the conversations approach and increased focus on earlier intervention and prevention should help reduce/delay demand for long term care

Q2. From the same graph, could you explain the significant rise in costs between June and September 2017?

A. 3 main drivers for the escalating demand spike over the period June to September 2017 were down to the following

- Pressures from Young People transitioning from CYPL to adult services.
- Summer vacation cover for young people in education placements.
- Dom care market pressures during the transition to the new framework.

Q3. What is the forecast public health reserve of £1.039m to be used for?

A. The PH service has reduced its spend by delivering more services via an asset based community development approach and by making more use of digital delivery. Aside from allowing the Council to accommodate the planned reductions in the PH Grant, the reduced spend allows more investment in preventative work at higher levels of need - where it will have a greater and more immediate impact. For example, PH funds will now be funding the Community Connectors Programme delivered by ASC, as well as providing an integrated prevention service into social care (including an expanded programme of strength and balance sessions).

Q4. What is the "large roll forward" of the capital budget likely to be used for, in relation to disabled facilities and / or is this likely to answer item 1.7.11?

A. The expectation is to use capital balances to fund the investment the infrastructure needed to support lower cost community support and respite options such as community hub schemes, extra care housing for LD and extra respite beds/capacity which is part of the overall transformation plan objective to relieve pressure in the local care market.

Q5. In relation to item 4.6.11, although this shows green, could you provide any information about the treatment at home / hospital avoidance schemes for those with LTCs, in the very top percentile (i.e. a previous CCG pilot)?

A. Discharge to assess beds in Nursing home and Residential Home alongside D2A community support in a person's own home provided by Community Intermediate Care Services
Weekend working to ensure we are able to avoid hospital admission

Assessment and Reablement Centre Brants Bridge delivered by Berkshire NHS Foundation Trust
Links with GP practice and Community health e.g. District Nursing
Respite provision
Links to CPN

Q6. Item L310 indicates a massive increase in persons accessing online PH services so, is the current target realistic, is the portal capable of handling the load and what are the services being accessed?

A. The number of people accessing the Public Health Portal has significantly exceeded expectations. We have taken care to ensure the capacity of platform is robust, and are now using a new content management system that gives the site greater stability. The risk that demand will exceed capacity of the site or even slow the website down is very low.

All services are receiving are attracting a high level of access - with the highest being the services for new parents (eg: Baby Buddy App). Other popular online services include Kooth and Safe Sex Berkshire (which can both be accessed via the portal). Each section also includes links to our PH Facebook page where residents regularly give us feedback and ideas.

Q7. Can you explain why section 6 (page 41) does not include any health actions, in relation to self-reliant communities, such as social isolation, partnership projects with residents and the mapping of community groups etc., concentrating instead on anti-social behaviour and crime / CSP issues, only?

A. Yes absolutely agree and this will be rectified in the Q1 to reflect the work being undertaken with warm welcome map, Connections Hub and social prescribing.

Q8. Can we have a brief update on the Integrated Care System (ICS), if it has not been discussed specifically at Agenda item 9 and the Intermediate Care Service (ICS) model?

A Workstreams are progressing and BFC have a rep on these.
Branding has been approved by the Health and Wellbeing Alliance Board
ICS has submitted its operating plan 2018/19
Community Intermediate Care is being expanded to included, 7 day working, and an enhanced team to include, Nursing,therapy and CPN. This will ensure increased capacity to reable and right size packages of care. Full consultation has been undertaken with staff on the new way of working.

Q9. Can we understand what sites are being discussed, in relation to the second location for an integrated health hub and have an update on the Heatherwood site?

A. At present the estates programme is considering hubs at both Brants Bridge and Heatherwood. These are subject to outline business case approval through the ICS estates group and if approved will form part of the Full Business Case development for submission early in 2019. The CCG continue to explore opportunities to develop the community and primary care offer within the Bracknell locality recognising the housing and population growth forecast for the coming years. There have been discussions with the Councils Estates and Planning team to look at options including TRL and the Blue Mountain development. The CCG have commissioned a strategic needs assessment for Primary care for those areas of

Bracknell where the largest pockets of housing development will be taking place in the next 5-20 years to ensure they are adequately planning primary and community integrated care models together to help meet those population needs.

Q10. Can you explain the continuing skew in the levels of staff sickness, particularly in the ASC section, which is averaging over three weeks, per employee, per annum and what is being done in relation to both sickness management and / or stress auditing, within that section, at least?

A. I am unable to explain the continuing skew in the levels of sickness however, We have a managing ill health policy which staff have been trained in and follow, we have had staff on long term sickness relating to serious medical conditions, three staff have been off with stress relating to family bereavements. Staff are referred to Occupational Health for advice and recommendations, and each staff member has a return to work interview. Staff who have been off with stress have a stress assessment undertaken. Staff are also offered confidential Counselling sessions and take these offer up with Harmony. Staff have been offered flu vaccines, are provided with protective clothing and antiseptic gel/wipes we have had some people absent with prolonged respiratory infections. Staff have been invited to wellbeing sessions and are now able to sit in the newly refurbishes atrium areas which have been designated break out areas.

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