



NOTICE OF MEETING

**Adult Social Care, Health and Housing Overview and Scrutiny Panel
Tuesday 5 June 2018, 7.30 pm
Council Chamber - Time Square, Market Street, Bracknell,
RG12 1JD**

**To: The Adult Social Care, Health and Housing Overview and
Scrutiny Panel**

Councillors Allen, Mrs Angell, Harrison, Dr Hill, Mrs Mattick, Mrs McCracken, Ms Merry,
Peacey, Mrs Temperton, Thompson, Tullett, and Virgo

cc: Substitute Members of the Panel

Councillors G Birch and Finnie

Observer:

Mark Sanders, Healthwatch Bracknell Forest

Non-Voting Co-opted Member:

Dr David Norman, Co-opted Representative

ALISON SANDERS
Director of Resources

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Published: 24 May 2018



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Overview and Scrutiny Panel
Tuesday 5 June 2018, 7.30 pm
Council Chamber - Time Square, Market Street, Bracknell,
RG12 1JD**

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.

AGENDA

Page No

1. **Election of Chairman**

2. **Appointment of Vice Chairman**

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

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

4. **Minutes and Matters Arising**

To approve as a correct record the minutes of the meetings of the Adult Social Care and Housing Overview and Scrutiny Panel meeting held on 27 March 2018 and the Health Overview and Scrutiny Panel meeting held on 11 January 2018.

5 - 22

To include a review of the Action/Information Requests arising from both Minutes and to update on any issues arising since the last meetings.

5. **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.

6. Urgent Items of Business

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

7. Public Participation

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

8. Conversations Approach

Melanie O'Rourke, Head of Adult Community Team, to attend the meeting to present an update on the Conversations Approach e.g. where we are now and what outcomes have been achieved.

9. Development of Overview and Scrutiny Work Programme 2018-19

To agree the Development of Overview and Scrutiny Work Programme 2018-19. 23 - 28

10. Quarterly Service Report (QSR)

To consider the latest trends, priorities and pressures in terms of departmental performance as reported in the Quarterly Service Report for the fourth quarter of 2017/18 (January to March) relating to Adult Social Care, Health and Housing. An overview of the key issues relating to the first quarter will be provided. 29 - 50

Panel members are asked to give advance notice to the Governance and Scrutiny Team of any questions relating to the Quarterly Service Report where possible.

11. Executive Key and Non-Key Decisions

To consider scheduled Executive Key and Non-Key Decisions relating to Adult Social Care, Health and Housing. 51 - 52

12. Date of Next Meeting

The next meeting of the Adult Social Care, Health and Housing Panel has been scheduled for 24th July 2018

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**ADULT SOCIAL CARE AND HOUSING
OVERVIEW & SCRUTINY PANEL
27 MARCH 2018
7.30 - 9.30 PM**



Present:

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

Executive Members:

Councillor D Birch

In Attendance:

Mira Haynes, Chief Officer: Adult Social Care
Simon Hendeby, Chief Officer: Housing
Gill Vickers, Director of Adult Social Care, Health & Housing
Melanie O'Rourke, Head of Adult Community Team

86. Minutes and Matters Arising

RESOLVED that the minutes of the meeting of the Panel held on 16 January 2018 be approved as a correct record, and signed by the Chairman.

Arising from minute 79 relating to the Safe Places Scheme, the meeting was advised that no further information was available from the investigation into why premises had not signed up for the scheme but that this would be followed up after the meeting.

87. Urgent Items of Business

There were no items of urgent business.

88. 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.

89. Public Participation

In accordance with the Council's Public Participation Scheme for Overview and Scrutiny Mr Pickersgill of Wildridings & Central Ward submitted two questions to be considered by the meeting:

- *What is being done to change the former care model which is now financially unsustainable especially with many of the care homes in financial crisis themselves (including Four Seasons)?*
- *Is Bracknell having to use its reserves?*

The Chairman thanked Mr Pickersgill for his well informed questions and the Director of Adult Social Care, Health and Housing, Gill Vickers responded that for the previous year the directorate had been implementing a transformation programme intended to

improve customer experience and reduce the risks in the market. The programme was aimed at supporting people in their homes and communities through initiatives such as:

- Early intervention (without assessing for eligibility) when individuals contact us for the first time
- Taking a 'strength based approach' helping individuals to problem solve and identifying support networks in the community and voluntary sector
- A new approach to ensuring the voluntary sector organisations are sustainable (providing a digital platform to enable them to market their services, for individual's with Personal Budgets to buy their services online, removing the need for expensive and time consuming individual invoicing. Also identifying unmet needs and posting information on this for the voluntary and private organisations for development opportunities
- The Director explained that integrated intermediate care was available seven days a week until 8pm in the evening. The Council was working with health providers in nursing and residential homes to support people and prevent them going into hospital and providing care when they are discharged.
- It was explained that the Council was also using technology to support people such as sensors for people getting out of bed.
- Following the Care Act the Council's early intervention work considered how to problem solve the issues such as signposting towards organisations or provision of money to support people (up to £500). A map of community groups had been built upon those that would welcome people referred to them. The Council was working with the voluntary sector to support groups to be sustainable even with reduced grants. People had individual budgets and used prepaid cards to pay for participation. The community hub and community connectors can help residents find the community groups, organisations and services available in Bracknell Forest..
- The meeting was advised that if in hospital a patient was assessed on their way out which was termed 'support discharge to assess' in order to take the time to see what the individual needed. It was recognised that people do not function well in hospital . This could be provided over a period of up to six weeks to help determine whether they should return home or required residential care.
- The Director moved onto the second part of Mr Pickersgill's question by confirming that the council was using reserves but in a planned way. £2.5m of reserves had been identified to support the 18/19 budget but this was in line with the council's medium term financial plan which was approved in 2016, therefore it is not a last minute reaction to balance.

In response to questions by the members of the Panel:

- The meeting was advised that there were currently 20 Bracknell Forest residents in Astbury Manor, the Council had a contract with the residential home
- If a resident was unhappy about the level of care being provided they could complain via the PALS service if this was whilst in hospital or the Council's complaint number and someone would discuss their concerns

In conclusion the Chairman thanked Mr Pickersgill for his topical question and noted that the Council was addressing the issues he had raised through its transformation programme to ensure that the Council has a sustainable service.

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

The Panel considered the latest trends, priorities and pressures in terms of

departmental performance as reported in the QSR for the third quarter of 2017/18 (October to December 2017) relating to Adult Social Care, Health and Housing.

The Director of Adult Social Care, Health and Housing made a presentation highlighting recent and current activity:

- Forestcare have won two external monitoring contracts with a total annual contract value of nearly £100,000.
- Self Care week had been successful with a range of different activities including the biggest walking group session organised so far with 42 people taking part.
- The Council was sponsoring Dogs for Good project which had enabled two dogs to work with up to three people per day. One of the residents who had benefited from the scheme had attended the main arena at Crufts to help demonstrate the project. Despite the event being very busy he was relatively calm and was well supported throughout.
- The percentage of people receiving social care who receive direct payments has risen to 43.5% against a target of 31.4%, which is very good performance.
- In relation to performance measure L178 regarding Household nights in bed and breakfast this had increased to 908. It was clarified that this related to single people due to issues such as arrears or convictions which meant that they spent up to a week in a bed and breakfast accommodation. Previously these figures did not relate to families but as of the night before the meeting a family was being accommodated in bed and breakfast but the team were working to help them move on.

Arising from questions and discussion, the Panel noted:

- Early stage plans were in place to look at council sites for shared accommodation in the borough to support people on probation and another plan was to work with Probation to look at a large housing association to address this issue of accommodation
- Revenue budget was forecasting an overspend but that was no longer the case in quarter four. A £1.1million saving was proposed and £1.8million had been achieved due to improving services rather than cutting them and was a credit to the staff team who had embraced the changes.
- Direct payment RAG rating was red in quarter three but had since been updated to green.
- 4.4.14 Additional build on Healthlands was the joint EMI project whose RAG rating was red as the delivery had slipped by three months. It was due to open in December 2020 but this was now March 2021 due to working with multiple partners.
- 7.1.20 the transitions model is now working effectively so RAG rating altered to Amber
- 7.1.25 New intermediate care service model operational was showing in quarter three as red but was currently green as the project was back on track.
- Suggestion to consider Hope into Action project in which churches bought properties in shared ownership, one individual looked after 4/5 people in the heart of the community to support people past the vulnerable stage. The Director welcomed all suggestions and agreed to look into this.
- Two people were working full time as Community Connectors to link individuals with care providers. Concerns regarding these roles potentially taking funding away from the voluntary sector were noted. The pilot was working to demonstrate that the principle works with the intention that this would be delivered by the voluntary sector in the long term but the service was currently not mature enough to be run by others. It was agreed that

supporting 15 people was low but this was due to increase. There had been a soft launch of the digital platform to be tested and refine in response to comments received before it was promoted to encourage self referral to the service.

- My BFC Benefits length of time to process claim was initially high due to the introduction of the scheme but as of 19 March this was down to 5.74 days so were now below target. It was easier, more flexible and ability to message caseworker. It was noted that not everyone was using the scheme yet.
- If individuals fail to tell the Council about a change in their circumstances that leads to an overpayment then the Council recovers this by reducing future payments or invoicing individuals. If these methods are not successful then the Council uses a debt collection company to collect on our behalf. However the 300 families approach means that the Council considers write off debt that will cause homelessness for example as this is more cost effective for the local authority. Only when all options have been exhausted does the Borough Treasurer agree to debts being written off.
- 7.1.25 Noted that the wording and performance was the same as per quarter 2 and it was explained that some Bridgewell staff were intermediary, some went to work in other local homes and some staff choose to retire.
- It was agreed that the initial impact of the Lexicon's opening on care company recruitment had been underestimated but this had settled. It was reported that a recent recruitment had received 15 applications.
- The delay to development at Heathlands was due to the CCG changing the specification and the requirement to demonstrate delivery of appropriate returns. This was due to be considered by the Executive. It was clarified that the Royal Borough of Windsor and Maidenhead were very interested but wanted to invest capital, it may be possible to sell surplus beds or voids to them.
- In relation to single young homeless people – there was no specific age banding but currently they were all in their early twenties.

The Chairman concluded that it was excellent to see these projects getting back on course.

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

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

92. **Conversations approach**

Head of Adult Community Team, Melanie O'Rourke provided the meeting with a conversation awareness session explaining the case for change, how the conversations approach worked, how this was being implanted in Bracknell and the difference it was making, Using case studies she demonstrated how this was changing the Council's relationship with the people it supports.

The session challenged members present to consider two questions e.g. what it would take to contact social services and a risk that they would take that would cause concern to a Social Worker visiting them. These questions were discussed in small groups and then fed back to the meeting to consider how the new approach responded to these concerns.

Arising from questions raised during the discussion:

- Positive feedback from the new approach would be circulated to members
- The Council monitored and checked the needs of residents to make sure that they were safe. Personal Assistants were recruited through direct payments or residents could choose someone they know. Advice was provided to explain how they could protect themselves such as requesting DBS as well as using a prepaid card with the Personal Assistant having a separate card. There are also multiple methods of flagging concerns but it was recognised that this was a difficult conversation so this was addressed early on with residents so they were prepared.
- Carers assessment were done separately to the person being cared for but the focus was on what they were struggling with and what support they needed. It was clarified that it was an ongoing process and that if a resident's reassessment impacted upon their carer then the carer could request to be reassessed themselves to help them continue to provide support.

The Chairman thanked the Head of Adult Community Team for providing the briefing and concluded this was a positive approach to treat residents like adults, with both dignity and respect. It was noted that early intervention was key and the Council was working with the voluntary sector to help identify people requiring support.

Councillor Mrs Temperton suggested including information this approach in community newsletters such as Great Hollands Matters. Officers offered to also visit groups of residents to talk about this new approach if requested. It was also suggested that motivational questioning, the technique behind the conversations approach, could be offered to all members as part of the member development programme to support their work with residents.

CHAIRMAN

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**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

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**Actions Arising from Adult Social Care & Housing Overview and Scrutiny
Panel Minutes.
Meeting 27th March 2018**

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Action/Information Request	Response
<p>86. Minutes and Matters Arising. Arising from Minute 79 relating to the Safe Places Scheme, the meeting was advised that no further information was available from the investigation into why premises had not signed up for the scheme but that this would be followed up after the meeting.</p>	<p>Cllr Peacey queried why stores in the Lexicon had not signed up to the Safe Places Scheme.</p> <p>On 16 May 2018 Phil Jarvis, Development Worker, responded to this query and advised that the situation regarding the Safe Places Scheme is much improved since the Panel meeting in March.</p> <p>He advised that in September 2017, after a short presentation, over 100 Introduction Packs were given out to vendors at a Lexicon New Vendors' meeting. No responses or enquiries were received.</p> <p>However, recent visits to individual premises had been more successful. Some shops had been happy to join the scheme immediately and put the sticker in the window straightaway. Some said that, whilst they would be very keen to join, they would have to get permission from their Head Office.</p> <p>So far over 40 premises have been visited and nearly 30 of them now show the sticker in their front window. The number of town centre / Lexicon premises currently showing a window sticker is greater than the number of town centre premises that were part of the scheme before the Lexicon was developed. It is expected that the current figure will increase over the next few weeks as more premises are visited and permission is granted from the various Head Offices.</p> <p>All nine of the Bracknell libraries are part of the scheme and numerous premises in the residential</p>

Action/Information Request	Response
	<p>areas outside the town centre (Binfield, Easthampstead etc.) are also members. Phil Jarvis, advised that he has given presentations about the scheme at various meetings (Bracknell Forest Council Access Group, Dementia Action Alliance, Alzheimer's Group etc.) and the responses had been very positive.</p> <p>On 16 May 2018 Kirstine Berry, Governance and Scrutiny Co-ordinator, updated the members of the Adult Social Care and Housing Overview and Scrutiny panel on the progress via email.</p>
<p>90. Quarterly Service report (QSR) Arising from questions and discussions, the panel noted: Suggestion to consider Hope into Action Project in which churches bought properties in shared ownership, one individual looked after 4/5 people in the heart of the community to support people past the vulnerable stage. The director welcomed all suggestions and agreed to look into this.</p>	<p>On 21 May 2018 Simon Hendey, Chief Officer: Early Help and Communities updated and advised that it was not possible to suggest to the Belief and Faith forum that they consider Hope in Action as it could be construed as an endorsement. However, Simon Hendey has sent the Belief and Faith forum a link to the Hope in Action website detailing their project.</p>
<p>90. Quarterly Service report (QSR) Arising from questions and discussions, the panel noted: The delay to development at Heathlands was due to the CCG changing the specification and the requirement to demonstrate delivery of appropriate returns. This was due to be considered by the Executive.</p>	<p>On 23 May 2018 Amy Ma, PA to Director of Adult Social Care, Health and Housing, advised that Heathlands will go to the Executive in September, but has yet to be put onto the forward plan.</p>

Action/Information Request	Response
<p>92. Conversations approach. Arising from questions raised during the discussion: Positive feedback from the new approach would be circulated to members</p>	<p>Melanie O'Rourke, Head of Adult Community Team, provided some quotes from people who experienced the conversations approach. These comments were circulated by Kirstine Berry, Governance and Scrutiny Co-ordinator, to members of the Adult Social Care and Housing Overview and Scrutiny Panel.</p>
<p>92. Conversations approach. Final Paragraph. Councillor Mrs Mary Temperton suggested including information about this approach in community newsletters such as Great Hollands Matters.</p>	<p>Melanie O'Rourke, Head of Adult Community Team, produced a suggested text which Kirstine Berry, Governance and Scrutiny Co-ordinator, circulated to the Members of the Adult Social Care and Housing Overview and Scrutiny Panel via Email on 10 May 2018. The text covered the conversations approach and could be used by Members to update people in their own wards on the conversations approach. For Example, the text could be used in Newsletters such as 'Great Hollands Matters'.</p>
<p>It was also suggested that motivational questioning, the technique behind the conversations approach, could be offered to all members as part of the member development programme to support their work with residents.</p>	<p>On 21 May 18 Kirsty Hunt, Governance and Scrutiny Manager, advised that this is provisionally part of the member development programme for 2018/19 and could also become part of the induction programme for 2019. Organisational Development have been contacted to provide trainer contact details to begin the process of setting up a motivational questioning training session or sessions for members. No timeframe has yet been set for when this will be delivered.</p>

Actions Arising from Health Overview and Scrutiny Panel Minutes Meeting 11th January 2018

Action/Information Request	Response
<p>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 and other sources of evidence available locally</p>	<p>On 14th May 2018 Kirstine Berry, Governance and Scrutiny Co-ordinator, completed the mail out to GP surgeries of an Email plus questionnaire. Hard copy letters were also sent to the GP surgeries. The next task and finish group meeting is planned for 24th May 2018 at 7.00pm.</p>
<p>35. 2018/2019 Overview and Scrutiny Work Programme The Panel received a report about the Overview and Scrutiny Work Programme for 2018/19, including 3 suggestions for possible future reviews. Given that it was unlikely that resourcing to carry out 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</p>	<p>This item will be addressed in the Work Programme 2018.19 Agenda item 9 at the Adult Social Care, Health and Housing Overview and Scrutiny Panel meeting on 5th June 2018</p>

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Issues Arising Since the Last Meetings

Issue Arising	Action taken
<p>“The Big Conversation” A Bulletin supplied by the East Berkshire CCG</p>	<p>The Bulletin was circulated to Members, Substitute Members and Colleagues of the Adult Social Care Health and Housing Overview and Scrutiny Panel on 22 May 2018 by Kirstine Berry, Governance and Scrutiny Co-ordinator.</p> <p>The bulletin is the first in a series about conversations the East Berkshire Clinical Commissioning Group (CCG) will be having with local people, providers of urgent care and stakeholders about what matters to people if they have an urgent health need or concern. There is an exciting opportunity to re-design the way urgent care services are delivered with the input of local people. There are new national urgent care standards which local services will have to meet and the CCG contracts for urgent care services all need to be re-procured in the near future.</p> <p>The aim of the CCG is to work with local people to design changes that make sense for patients, communities and the tax payer. As part of the conversations the CCG is having it is seeking to understand why people choose particular urgent care services, what is important to them about who they see and the location of services. The CCG also wants to understand what they can learn from what is already provided and how things could be done differently in the future.</p>

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**TO: ADULT SOCIAL CARE, HEALTH AND HOUSING
OVERVIEW AND SCRUTINY PANEL
5 JUNE 2018**

**Development of Overview and Scrutiny Work Programme 2018-19
(Director of Resources – Democratic & Registration Services)**

1 PURPOSE OF REPORT

- 1.1 This report seeks agreement of the topics for inclusion in the Panel's work programme for 2018/19.

2 RECOMMENDATIONS

- 2.1 **That the pre-existing Task and Finish Groups be reviewed for inclusion in the 2018-19 work programme if relevant;**
- 2.2 **That topics be agreed from the proposed list of topics which have been prioritised by members of the Panel as set out in paragraph 5.4; and**
- 2.3 **That membership for proposed Task and Finish Groups is agreed.**

3 REASONS FOR RECOMMENDATIONS

- 3.1 The Commission and its Panels have previously developed a work programme to respond and support the Council's strategic plans in order to focus on what matters for Bracknell Forest and carry out its five broad functions:
- Holding the Council's Executive and its statutory partners to account in the public interest.
 - Supporting the development of effective policies and initiatives which have a beneficial impact on the community through policy review and development.
 - Contributing to continuous improvement in services through performance monitoring.
 - Having a positive impact on the work and outcomes of external agencies and providers of public services.
 - Aiding Councillors in engaging with their communities and playing their role of community representatives and leaders.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 The Commission and its Panels could decide not to develop a work programme which could lead to unfocused activity and make planning support for the Commission and its Panels challenging.

5 SUPPORTING INFORMATION

5.1 During 2017-18 the Overview and Scrutiny support team underwent a series of significant changes and a new Governance and Scrutiny team is now in place. The 2017-18 Overview and Scrutiny Chairmen and Vice-Chairmen met with the new team to discuss the focus for the final year of the current administration before the 2019 elections. They agreed the following parameters for the 2018-19 work programme:

- Budget scrutiny to be included in each Panel’s programme
- All Task and Finish Groups to be concluded by the beginning of February 2019 to enable recommendations to be referred to the Executive as required before the run up to the election
- All Task and Finish Groups since 2015 to be reviewed to evaluate their impact, assess whether recommendations were implemented and follow up investigations as appropriate















5.2 As part of the discussions it was agreed that the Governance and Scrutiny team should review the scoping process for Task and Finish Groups and where appropriate trial alternative approaches to undertaking them. Single workshops, public consultation, collaborating with other local authorities or partners would be considered alongside the existing longer research based approach.

5.3 The Chairmen and Vice-Chairmen also agreed the process for finalising the Overview and Scrutiny work programme which would enable each Panel to develop its own programme following a consultation process. Members, substitutes, co-opted members, relevant Director and relevant Executive Members were asked to propose two topics for inclusion on the programme. These were collated and the 2018/19 Members, substitutes and co-opted members of each Panel were asked to prioritise the topics: within the parameters set out above whilst also considering which of the Council’s strategic themes were supported.

The strategic themes are:

	Value for money		People live active and healthy lives		Strong, safe, supportive and self-reliant communities
	People have the life skills and education opportunities they need to thrive		A strong and resilient economy		A clean, green, growing and sustainable place

5.4 The results of the consultation for the Panel are set out below:

Topic	Strategic theme	Consultation response (lowest score was prioritised highest)
Adult Social Care transformation as it relates to Integrated Care System	 	15
Effects of Social Media on Children and Young People's Health	 	26
How Doctors, Nurses and other Healthcare Professionals are recruited and trained	 	30
Integrated Care System and in particular how it inter-relates with the relevant Council services, and its governance	 	18
Mental Health including Child and Adolescent Mental Health Services (CAMHS) and as it relates to Integrated Care System	 	18
Reviewing performance in Clinical Commissioning Group on their assurance on local performance		24
Obesity		29
Work on the governance and decision making of the Integrated Care System to inform a fuller understanding		26
Workforce challenges in Health and Adult Social Care		22

5.5 In addition the Overview and Scrutiny Panel Merger Working Group considered that it would be important to undertake an induction process to support the new Adult Social Care, Health and Housing Overview and Scrutiny Panel members to become effective. The Overview and Scrutiny Commission agreed that the new panel's operation was reviewed after a year so it will be prudent to capture members' feedback throughout the year to support this future activity.

5.6 The work programme will continue to support the Transformation Programme and members of Overview and Scrutiny will be encouraged to participate in the Gateway Review process. There will continue to be scope to respond to emerging issues both locally and nationally as well as respond to consultations as appropriate.

- 5.7 At the start of this municipal year there were two Task and Finish Groups which had been initiated but remained incomplete. The new team has been working with lead members to understand the scope of work remaining and the panel should review the topic for inclusion in the work programme if still relevant.

Task and Finish Group	Lead Member	Current Status
Primary Care Patient Experience	Councillor G Birch	Following up the GP survey the Working Group have sent out questionnaires to nominated surgeries and are in the process of collating the qualitative responses to identify good practice.
Housing Strategy and Supply	Councillor Peacey	The Housing Strategy was approved by the Executive on 13 March 2018. The Working Group plans to visit other local authorities to feed into the next review of the strategy.

6. Borough Solicitor's comments

No specific legal implications arising from the recommendations in this report.

7. Borough Treasurer's comments

Any proposals would need to be delivered within existing budgets.

8. Equalities Impact Assessment

None.

9. Strategic Risk Management Issues

The Overview and Scrutiny work programme should be set against the Council's strategic objectives in order to effectively deliver the five key priorities of Overview and Scrutiny.

10. Principal Groups Consulted

The 2017-18 Overview and Scrutiny Commission and Panel Chairmen and Vice-Chairmen. The 2018-19 Commission and Panel Members, Co-Opted Members, Executive Members and Directors.

11. Method of Consultation

Through emails and discussions with individuals.

13. Representations Received

Integrated into the report.

14. Background Papers

None.

15. Contact for further information

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QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q4 2017 - 18
January - March 2018

Executive Member:
Councillor Dale Birch

Director:
Gill Vickers






8th May 2018 Final

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

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Key

Actions

	Action is on schedule		Action has been completed
	Action may fall behind schedule		Action is no longer applicable
	Action is behind schedule	-	Not yet updated

Performance indicators

	On, above or within 5% of target
	Between 5% and 10% of target
	More than 10% from target

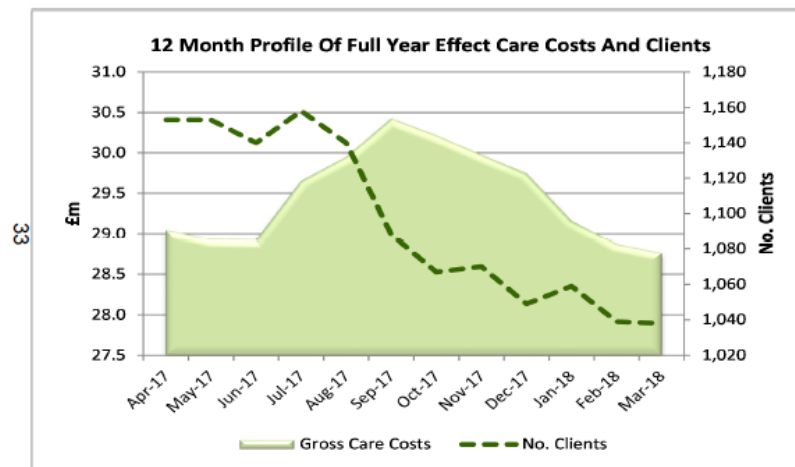
Section 1: Where we are now

Director's overview

I am pleased to be able to report that at the end of this financial year, we have successfully delivered our first phase of transformation and achieved our target savings of £1.1m (£1.8m full year effect) for the year. This has been despite numerous challenges for the directorate which included but were not limited to: significantly increased demand, CQC Local Area Review (where we recognised as delivering good practice), changes in benefits legislation and homelessness duties, adverse weather and difficulty for domiciliary care providers in recruiting due to the new Lexicon.

CARE COST 12 MONTH TREND ANALYSIS

Gross Care Costs Including Client Contributions



The 12 month trend of total provided care costs shows that since September 2017 overall costs have been consistently reducing. This coincides with the completion of a number of the transformation projects and when benefits were expected to start. In the current month we have seen a sustained reduction in pressures. Costs are now at the lowest level since December 2016

Of equal importance is that we have achieved our savings whilst improving the experience for the people we support and improving our performance in a number of areas. To name a few: the increase in people accessing our Drug and Alcohol services and reduction in their use of alcohol; no families in B&B for over six weeks throughout the year; an increase of people taking up direct payments (now 44% which exceeds our target).

However, we are not complacent as we have an even more challenging year ahead with a savings target of £2m and the majority of our transformation for this year focused externally. We will be further developing the care market (including the voluntary sector and community), implementing locally the Integrated Care System (ICS) priorities and working with Children's Services to deliver an integrated People Directorate.

You will see below the areas we have identified for improvement and we will continue to work within the Council and with our communities and strategic partners to further improve outcomes for vulnerable people.

Highlights and remedial action

Good performance

1.7.20 Adult Social Care 2017/18 transformation savings commitments delivered - Conversations model audited findings ensure baseline by which the service will be monitored to ensure efficiency targets are delivered.

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 – 61% increase in the number of people accessing this service compared to previous year. All completed an extended brief intervention and 59.1% reported a measureable reduction in their use of alcohol.

L312 - Number of families that have been in non self contained accommodation for over 6 weeks (B&B) – No families throughout 2017/18.

7.1.07 Commission a range of effective health improvement services aimed at improving outcomes such as smoking, obesity and physical activities – all services performing well and preparation for new stop smoking support service nearing completion.

7.1.35 Develop personal housing plans – Completed on Abirtas implementing Homeless Reduction Act 2017 duties.

Areas for improvement

1.7.11 Joint EMI site development planning consents granted – pre-application suggests that Learning Disability accommodation on the site would not be viable so review of options will be required.

4.4.14 Develop new housing options for older people – Lawrence Court extra care housing scheme developed by Bracknell Forest Homes 'let' in the fourth Quarter.

L178 - The number of household nights in non self contained accommodation - The target has been exceeded due to a number of single people where a homeless duty has been accepted but due to their history it has been very difficult to secure suitable self contained accommodation.

7.1.20 Whole life disabilities service design proposal and options produced – Workshop book 6th April in partnership with Children's Social Care about aligning services.

7.1.21 Joint Elderly Mental Impairment (EMI - dementia care) and learning disabilities and respite residential care facilities development proposals – Progress for the development of new EMI home continues positively however process is taking longer than initially anticipated.

7.1.25 New intermediate care service model operational – Outcome of consultation will be delivered to staff in April 2018 and it is anticipated that recruitment will be able to start from May 2018. Intention is to make incremental changes to our services from 1st May 2018 to help ensure the service is able to function 7 days per week and offer a discharge to assess element to the service.

7.1.30 Work with CCG to identify suitable locations for integrate health hubs – Brants Bridge has been identified as one hub for Bracknell and work is continuing with the CCG to identify a second location for a hub.

7.1.37 Undertake peer review of homelessness service – Intention is now to seek review of whole homelessness service in second quarter of 2018/19.

Audits and Risks

No audits were identified this quarter.

There were no significant changes to the risk register this quarter.

Budget position

Revenue Budget

The quarter four forecast for the department overall is an overspend of £0.250 million. This is an improvement of £0.141 million on the prior quarter primarily due to savings from the Adult Social Care transformation programme. The annual gross cost of Adult Social Care packages was £29.050 million at 1 April 2017, rose to a peak of £30.222 million in October 2017, but has steadily decreased to £28.762 million at March 2018. The transformation programme has ensured that costs are lower at the end of the year than at the start, despite the well-documented pressures facing Adult Social Care.

Public Health is reported to budget as the grant funding is ring fenced and not part of the Council's general fund. However, there is currently a forecast underspend of £0.485 million which would result in a year end public health reserve of £1.039 million.

Capital Budget

The most significant capital budget in the department relates to loans to Downshire Homes, the Council owned housing company. The majority of properties have now been purchased for this financial year, and loans drawn down by the company.














The government also announced additional Disabled Facilities Grant as part of the autumn budget, of which Bracknell received £0.075 million making a total budget of £1.049 million. There is likely to be a large roll forward of this capital budget into next year as expenditure is well below the budget.

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		Action completed
1.2.18 Implement the new contract arrangements for the Clement House support service	31/08/2017		Action completed
1.2.19 Provide 24 hour emergency personal care response service to Clement House via Forestcare service	30/06/2017		Action completed
1.2.20 Procure housing related support for vulnerable single young people including care leavers	30/09/2017		Action completed
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		Action completed
1.2.23 Undertake mock CQC inspection of Forestcare responder service	30/04/2017		Action completed
1.3 We charge appropriately for services and seek opportunities to generate additional income			
1.3.02 Review local council tax reduction scheme	31/12/2017		Review complete
1.7 Spending is within budget			
1.7.01 Implement savings as identified for 2017-18 (T)	31/03/2018		Significant savings have been achieved and Adult Social Care costs have consistently reduced in the final 6 months of the financial year. However, there is likely to be a small overspend against budget at the end of the financial year due to pressures.
1.7.07 Operational improvement plans delivered (T)	30/11/2017		Action completed. Transformation projects implemented. There will be ongoing training and development for continuous improvement and embedding of culture change.

1.7.08 Mobile and flexible working operating model and equipment requirements defined (T)	31/05/2017		Action completed
1.7.09 Digital operating model and flexible working implemented (T)	30/05/2017		Action completed
1.7.10 Joint EMI development procurement and contractor appointed (T)	30/09/2017		Action completed
1.7.11 Joint EMI site development planning consents granted (T)	30/04/2018		Pre-application suggests that Learning Disability accommodation on the site would not be viable so review of options will be required. Clinical Commissioning Group (CCG) to submit business case for £3m funding by end of June. Outline business case for running new scheme agreed.
1.7.12 Placed based asset development plan produced (T)	30/06/2017		Action completed
1.7.13 Integrated health and social care living well centre site identified (T)	30/09/2017		Action completed.
1.7.14 Direct payment marketplace development plan and position statement produced (T)	30/09/2017		The direct payment marketplace development plan and position statement was produced and work to implement it started in Q4 2017/18 and will be concluded in 2018/19 as part of the second phase of the ASCHH transformation work programme.
1.7.15 Continuing Health Care (CHC) process review complete (T)	31/07/2017		Action completed.
1.7.16 Integrated models of care and future organisation structure options appraisal completed (T)	30/12/2017		Action completed.
1.7.17 Integrated health and care workforce development plan produced and approved by all partner organisations (T)	31/12/2017		Both the workforce plan and integrated models of care are ongoing work with the numerous partners within the Integrated Care System (previously known as the STP). I would anticipate that this work will continue for at least another year
1.7.18 East Berkshire CCGs personal health budget direct payment transaction services service agreement approved by partner organisations (T)	30/06/2017		Action completed
1.7.19 East Berkshire CCGs personal health budget (PHB) direct payment transaction services operational (T)	31/07/2017		Action completed
1.7.20 Adult Social Care 2017-18 transformation savings commitments delivered (T)	31/03/2018		The conversations model has recently been audited the findings will ensure there is a baseline by which the service will be monitored going forward to ensure efficiency targets are delivered.

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		Emotional literacy sessions in primary schools anticipated to start in May/June. FB promotion of Soulscape project with secondary schools.
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 PH Nursing service in mobilisation period with staff training and office moves underway to bring health visitors and schools nurses into Childrens Centres. Social media work this quarter has promoted community groups providing activities for parents and children.
4.3.07 Maintain a range of accessible health improvement services including options for online access	31/03/2018		Action completed
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		Action completed. We have procured 20 units of accommodation to provide homes for vulnerable households including homeless households and people with a learning disability, so now complete.
4.4.14 Develop new housing options for older people	31/03/2018		Lawrence Court extra care housing scheme developed by Bracknell Forest Homes let in the fourth Quarter. Provision of extra care housing at Heathlands site not viable.
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		Further voluntary sector and domiciliary care provider event held 27th March 2018 which ASCHH Director attended.
4.4.17 Work with care providers and stake holders to develop the new domiciliary care framework	31/03/2018		Action completed
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		· BFC has a Dedicated Dementia Hospital Discharge Worker – this provides a 'named contact' for carers, hospital staff and L/A to ensure a smoother transition from hospital to community on discharge. · BFC 'Dementia Service Development Coordinator' sits on Frimley Health NHS Foundation Trust Dementia Partnership Board – this enables a closer working relation and


			<p>better communication between services to ensure improvements and developments are well coordinated between Health and Social Care.</p> <ul style="list-style-type: none"> · Hospital Dementia Lead on BFC Dementia Partnership Board – this enables better communication and more joined up working · Information on community support for people with dementia via BFC Dementia Directory is available at local acute hospitals · Good communication with Alzheimer's Society Hospital Dementia Worker ensures people are directed/signposted to BFC Dementia Adviser or other appropriate support as appropriate · Our Community Mental Health Team for Older Adults encourage people with dementia and their carers to complete information about themselves to assist when considering possible hospital admission, including: Planning for Future Care Document and 'This is Me' document from Alzheimer's Society. · Our Community Mental Health Team for Older Adults regularly liaise with hospital staff to offer advice/support with planned admissions as well as discharges to ensure people feel safe and supported. This includes our Social Workers, Community Psychiatric Nurses and Dementia Advisers.
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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		Action completed.
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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		Action completed.
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 37 people have accessed Breaking Free Online this year compared to 19 in year 1 and 23 in year 2. 46.6% of the people who accessed the service were aged 35 - 44 and 36.7% were females. All of the people who accessed the service completed an extended brief intervention and 59.1% reported a measurable reduction in their use of alcohol. 56.7% of people accessed the service outside of the normal operating hours of the community service.
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		A total of 6 outreach venues have now been identified including one in Sandhurst. A substance support group has been established at one venue with 4 people regularly attending.
4.6.11 Support the delivery of services which promote independence reduce delayed	31/03/2018		<ul style="list-style-type: none"> • Discharge to assess(D2A) has now been used 15 times • D2A beds in nursing home have now been

transfers of care and develop hospital avoidance schemes			procured for a 3 month period. • Further recruitment to ICS is due to commence to ensure that we are continually keeping vacancies at a low number • Continuation of weekend working to ensure that we are able to avoid admissions where possible.
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		<ul style="list-style-type: none"> · The Bracknell Forest Community Network supports people with Mental Health needs and their carers to access community assets and resources. The network works closely with our Community Mental Health Teams to ensure people are well supported. · The Bracknell Forest Community Network is well promoted within Community Mental Health Teams, GP surgeries and other community groups. · To further raise awareness of the Bracknell Forest Community Network, a 'Dementia Forum' market place event is taking place in May 2018. People with dementia, carers, as well as health and social care practitioners will be invited to the event where numerous community groups will be promoting their groups/activities/support.

4. People live active and healthy lifestyles					
Ind Ref	Short Description	Previous Figure Q3 2017/18	Current figure Q4 2017/18	Current Target	Current Status
OF1e	The number of adults with learning disabilities in paid employment as a % of adults with learning disabilities who receive a long-term service (Annually)	15.3% (16/17)	13.8% (17/18)	15.2%	
OF1c.2a	Percentage of people using social care who receive direct payments (Quarterly)	43.5%	44.3%	34.6%	
L030	Number of lifelines installed in the quarter (Quarterly)	233	246	200	
L031	Percentage of lifeline calls handled in 60 seconds in the quarter (Quarterly)	97.4%	97.7%	97.5%	
L278	Percentage of adult social care records in the Adult Social Care IT System that contain the person's NHS number (Quarterly)	97.1%	98.5%	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)	2,140	2,361	2,000	
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%	95.0%	
L309	Number of community groups worked with by Public Health to develop their support to local residents (Quarterly)	68	77	64	
L310	Number of people accessing online Public Health services via the Public Health portal (Quarterly)	5,597	8,234	1,600	
L311	Number of people actively engaged with Public Health social media channels (Quarterly)	2,354	2,423	1,860	



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		We have procured 20 units of accommodation to provide homes for vulnerable households including homeless households and people with a learning disability,


5. A clean, green, growing and sustainable place					
Ind Ref	Short Description	Previous Figure Q3 2017/18	Current figure Q4 2017/18	Current Target	Current Status
NI155	Number of affordable homes delivered (gross) (Annually)	73 (16/17)	97 (17/18)	98	
NI181	Time taken in number of days to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	9.3 (ytd 6.91 days)	4.0 (ytd 5.82 days)	8.0	
L178	Number of household nights in non self contained accommodation (Quarterly)	908	583	274	
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly) NB: Annual actual figure 80% against target of 80%.	82.0%	71.0%	80.0%	
L312	Number of families that have been in non self contained accommodation for over 6 weeks at quarter end (Bed & Breakfast) (Quarterly)	0	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)	11	11	15	

Strong, safe, supportive and self-reliant communities


























6: Strong, safe, supportive and self-reliant communities			
Sub-Action	Due Date	Status	Comments
6.1 Levels of volunteering and community action in the borough are increased			
6.1.01 Increase community involvement in Anti Social Behaviour problem solving through a process of engagement with the local community	31/03/2019		The Community Safety Team attends and supports the Thames Valley Police Local Community Forum's held for each Neighbourhood.
6.2 High levels of community cohesion are maintained			
6.2.01 Ensure local work on the Prevent agenda addresses issues of community cohesion through the implementation of the Prevent Steering Group strategy (E)	31/03/2019		Awareness raising workshops within education, faith and community groups continues as required. Prevent Steering Group meets to discuss current issues, intervention development and support good practice and Channel Panel meetings are still provisionally scheduled monthly but will only occur if an appropriate referral is made.
6.3 There are low levels of crime and anti-social behaviour throughout the borough			
6.3.02 Ensure anti social behaviour is considered as part of the town centre regeneration plans through a programme of joint working with partners	31/03/2018		Regular data feeds from The Lexicon and TVP are analysed to inform the agenda for the monthly BBAC and TC PPSG Meeting and multi-agency work continues to focus on the top locations and offenders to make the Town Centre a place where everyone can enjoy.
6.3.03 Implement a coordinated programme of action to address anti social behaviour	31/03/2019		Work continues closely with partner agencies and police colleagues to identify and address ASB at an early stage.












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		Action completed.
6.6 Joint planning between Thames Valley Police and Bracknell Forest Council is carried out on local activities			
6.6.01 Work through the Partnership Problem Solving process with the Police to ensure a coordinated response to local activities	31/03/2019		The Partnership Problem Solving Group have adopted the Police Problem Solving Model, SARA; Scanning, Analysis, Response (SARA). This model is used by Thames Valley Police and other agencies to identify and solve repeat crime and community problems.


6. Strong, safe, supportive and self-reliant communities					
Ind Ref	Short Description	Previous Figure Q3 2017/18	Current figure Q4 2017/18	Current Target	Current Status
L185	Overall crime (Quarterly)	3,788	4,969	N/A	N/A
L316	Forestcare - % of Lifeline demos within 7 days of customer request (Quarterly)	98.0%	100.0%	90.0%	

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		Action completed.
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 services are performing well. Preparation for start of new stop smoking support service nearing completion.
7.1.10 Use monthly budget monitoring reports to identify and address any emerging overspends promptly	31/03/2019		Action completed
7.1.11 Digital marketplace platform set-up and launched	31/05/2017		Action completed.
7.1.12 Direct payments established as the first choice care and support offer	30/04/2017		Action 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		Action completed.
7.1.15 Adult social care digital strategy plan produced	30/09/2017		Action completed.
7.1.16 Transformed person centred care practice model design defined	30/04/2017		Action completed.
7.1.17 Direct payments and brokerage function review complete	30/04/2017		Paper prepared with recommendations for the future of the Connections Hub and will be presented at Adult Leadership Team in April 18. Functions within the Connections Hub are working well and feedback from practitioners is positive.
7.1.18 Transformed care practice and brokerage operating model implemented	30/06/2017		Ongoing reviews of systems and its functions. Problem solving still positive
7.1.19 Operational and pathway alignment opportunities with Childrens Services defined	30/06/2017		Action completed

7.1.20 Whole life disabilities service design proposal and options produced	31/12/2017		Workshop booked 6th April 18 in partnership with Children's Social Care about aligning services. Examples of positive practice obtained from other areas where services have been aligned and proposals being developed.
7.1.21 Joint Elderly Mental Impairment (EMI - dementia care) and learning disabilities and respite residential care facilities development proposals.	30/04/2017		Progress for development of the new EMI home continues positively, though complications related to partnership working have meant that the process is taking longer than initially anticipated. The current intention is to discuss full details of the proposals for the build and the service at Council Executive in July of 2018. The proposals continue to represent an exciting joint venture between the council and health services within the Frimley Sustainability & Transformation Partnership. Options for a residential service for people with learning disabilities on the same site are being developed in place of extra care housing for older people. Subject to being able to demonstrate a viable business plan for both elements the report in July to seek consideration of procuring development and establishing the model for service provision.
7.1.22 Bridgewell residential and intermediate care facility refit complete	30/09/2017		A decision has been taken to close the intermediate care facility at Bridgewell and move to the new intermediate care model.
7.1.23 Community Asset Welcome Map produced and operational	30/04/2017		Action completed
7.1.24 Community organisation support service set-up and operational	30/04/2017		Action completed
7.1.25 New intermediate care service model operational	30/09/2017		Intermediate Care Service / Adult Community Team consultation created some delays and outcome will be delivered to staff on 18.04.18. It is anticipated that recruitment will be able to start from May 2018. Despite this delay we intend to make incremental changes to our services from 1st May 2018. This will ensure that the service is able to function 7 days per week and offer a discharge to assess element to the service.
7.1.26 Additional local supported living provision commissioned and operational	31/12/2017		Action completed
7.1.27 Forestcare Responder Service capacity increased and fully operational	30/06/2017		Action completed
7.1.28 New outcomes focused domiciliary care framework contract in operation	31/07/2017		Action completed
7.1.29 Bracknell & Ascot CCG personal health budget direct payment transaction services operational	30/04/2017		Action completed.
7.1.30 Work with CCG to identify suitable locations for integrated	31/03/2018		Brants Bridge has been identified as one hub for Bracknell and work is continuing with the

health hubs			CCG to identify a second location for a hub.
7.1.31 Service specifications for joint EMI and intermediate care services and community pathways produced commissioned and contracted	30/09/2017		Action completed.
7.1.32 Connected care - Implement shared care record between health and social care professionals (T)	31/03/2018		Action completed
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		Action completed.
7.1.35 Develop personal housing plans	31/03/2018		Completed on Abirtas implementing Homeless Reduction Act 2017 duties.
7.1.36 Review welfare and housing service against service purpose and operating principles	31/03/2018		There is ongoing work with welfare and housing teams to assess casework and identify how the service purpose can be better delivered. The service has purchased on line entitled too software to be able to better advise customers on income and budgeting
7.1.37 Undertake peer review of homelessness services	31/03/2018		Training on the new Homeless Reduction Act has been provided by the National Practitioner support service (NPSS). The requirements of the new act come into force 03/04/2018. The intention is to seek a review of the whole homelessness service by NPSS in the second quarter of 2018/19.
7.1.38 Review BFC Mychoice to extend digital operation	31/03/2018		Reviewed the options and hopefully will go-live during Qtr2 18/19.
7.3.10 Coordinate the work of the Community Safety Partnership (CSP) to implement the CSP Plan priorities	31/03/2019		The Community Safety Team has carried out consultation with partner agencies and BFC departments to formulate a revised CSP Plan for 2018/19 supporting a more focussed approach to safeguarding in line with the Police and Crime Commissioner (PCC) Plan.
7.3.11 Prevent a rise in levels of Serious Acquisitive Crime (Burglary Dwelling and Non Dwelling Motor Vehicle Crime and Robbery) through targeted action with prolific offenders	31/03/2019		Offenders of Serious Acquisitive Crime are identified through the Monthly Integrated Offender Manager (IOM) Panel Meetings and the Tactical Tasking and Coordination Group (TTCG) Meetings attended by the Community Safety Team. A strategy is identified and agreed to engage and work with those offenders to prevent a rise in acquisitive crime.
7.3.14 Work with perpetrators of domestic abuse to reduce levels of repeat victimisation.(E)	31/03/2019		The Domestic Abuse Service Coordination Group continues identifying new cases of domestic abuse. These cases are recognised quicker through the Police Domestic Abuse Toolkit and this allows for focussed and targeted work to take place with perpetrators of domestic abuse at an earlier stage with the IOM Caseworker and other partners, reducing the risk and level of repeat incidents.

7.3.15 Hold monthly multi-agency meetings to coordinate the support and response for repeat and/or high risk victims of domestic abuse (E)	31/03/2019		The police have introduced a new Safeguarding Team which will work closely with Domestic Abuse Service Coordination Team to identify cases for the agenda to support early intervention strategies.
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Section 4: Staff Sickness

Section	Total staff	Number of days sickness	Quarter 4 average per employee	2017/18 annual average per employee
DMT	3	0	0	0
Adult Social Care	206	865	4.20	15.73
Commissioning & Resources	33	33	1.00	6.78
Housing	82	143	1.74	7.23
Public Health: Shared	8	1	0.13	0.39
Public Health: Local	9	1	0.11	4.38
Department Totals (Q4)	351	999	2.87	
Totals (17/18)				12.00

Annex A: Financial information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - FEBRUARY 2018							
	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	(820)	(263)	106%	(73)	190	30
	557	(820)	(263)		(73)	190	30
Adult Social Care							
Community Mental Health Team	2,012	153	2,165	75%	1,925	(240)	12
Community Mental Health Team for Older Adults	4,712	456	5,168	114%	5,865	697	4
Internal Services: Glenfield	281	4	285	96%	295	10	(1)
Community Team for People with Learning Disabilities	10,856	422	11,278	83%	11,557	279	(123)
Internal Services: Waymead	751	0	751	85%	678	(73)	(6)
Older People and Long Term Conditions	6,587	(172)	6,415	132%	6,963	548	(109)
Assistive Equipment and Technology	358	0	358	96%	49	(309)	16
Community, Response & Reablement	987	33	1,020	187%	1,020	0	(1)
Emergency Duty Service	65	22	87	91%	79	(8)	2
Safeguarding	380	7	387	96%	324	(63)	40
	26,989	925	27,914		28,755	841	(166)
Housing							
Housing Options	391	77	468	4%	213	(255)	(34)
Housing Strategy	412	167	579	85%	517	(62)	6
Housing Management Services	(40)	(1)	(41)	216%	(83)	(42)	(1)
Supporting People	729	(70)	659	86%	658	(1)	0
Housing Benefits Administration	390	7	397	103%	475	78	(39)
Housing Benefits Payments	6	0	6	83%	(162)	(168)	54
Community Safety	0	143	143	69%	137	(6)	2
Other Housing	18	0	18	60%	18	0	0
Forestcare	24	12	36	115%	186	150	64
	1,930	335	2,265		1,959	(306)	52
Commissioning & Resources							
Drug & Alcohol Action Team	0	2	2	81%	2	0	0
Joint Commissioning	914	4	918	79%	612	(306)	(55)
Information Technology Team	324	(183)	141	78%	109	(32)	(1)
Property	66	0	66	55%	41	(25)	(9)
Performance & Complaints	182	(3)	179	73%	141	(38)	1
Finance & Appointeeships	539	(181)	358	78%	294	(64)	5
Human Resources Team	197	(95)	102	110%	92	(10)	2
	2,222	(456)	1,766		1,291	(475)	(57)
Public Health							
Bracknell Forest Local Team	(25)	11	(14)		(14)	0	0
	(25)	11	(14)		(14)	0	0
TOTAL ASCHH	31,673	(5)	31,668		31,918	250	(141)
Memorandum item:							
Devolved Staffing Budget			14,469	94%	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	0.0	0.0	0.0	-9.9	
Help to buy a home (cash incentive scheme)	140.0	116.7	167.9	0.0	27.9	
BFC My Home Buy	184.4	-2.0	-2.0	168.4	-18.0	
Downshire Homes	7,136.1	6,104.1	6,407.1	729.0	0.0	One more property to finalise in March 2018.
Tenterton Guest House	44.8	44.8	44.8	0.0	0.0	
Holly House	450.0	0.0	450.0	0.0	0.0	
Disabled Facilities Grant	1,052.9	297.0	377.8	675.1	0.0	Includes additional £79k following Autumn budget.
TOTAL HOUSING	9,018.1	6,560.6	7,445.6	1,572.5	0.0	

Percentages 72.7% 82.6% 0.0%

ADULT SOCIAL CARE	Budget £'000	Expenditure to Date £'000	Estimated Outturn £'000	Carry forward to 2018/19 £'000	(Under)/ Over Spend £'000	Current Status
Care housing grant	4.5	0.0	4.5	0.0	0.0	
Community capacity grant	653.2	186.0	253.2	400.0	0.0	Most funding to be rolled forward, Heathlands redevelopment costs and digital marketplace met from here.
Improving information for social care	39.2	0.0	0.0	39.2	0.0	
IT systems replacement	56.2	14.6	0.0	56.2	0.0	
TOTAL ADULT SOCIAL CARE	753.1	200.6	257.7	495.4	0.0	

Percentages 26.6% 34.2% 0.0%

TOTAL CAPITAL PROGRAMME	9,771.2	6,761.2	7,703.3	2,067.9	0.0	
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Percentages 69.2% 78.8% 0.0%

Annex B: Annual indicators not reported this quarter

Council Plan indicators

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

ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY PANEL

EXECUTIVE WORK PROGRAMME

REFERENCE:	I072405
TITLE:	Sensory Needs Contract Award
PURPOSE OF REPORT:	To approve the recommendation to award spot contracts for the Sensory Needs service following a competitive tender.
DECISION MAKER:	Chief Officer: Adult Social Care
DECISION DATE:	14 Jun 2018
FINANCIAL IMPACT:	To be incorporated into the report
CONSULTEES:	Internal teams within Adult Social Care, and people using the current service
CONSULTATION METHOD:	Meeting(s) with staff and people supported by the service

REFERENCE:	I076397
TITLE:	Safeguarding Adults Annual Report 2017/18
PURPOSE OF REPORT:	To endorse the Annual Report in relation to Safeguarding Adults within the Borough.
DECISION MAKER:	Executive
DECISION DATE:	13 Nov 2018
FINANCIAL IMPACT:	No financial implications
CONSULTEES:	Bracknell Forest and Windsor & Maidenhead Safeguarding Adults Board
CONSULTATION METHOD:	Meeting(s) with interested parties

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