ADULT SOCIAL CARE, HEALTH AND HOUSING OVERVIEW AND SCRUTINY PANEL
24 JULY 2018
7.30 - 10.15 PM

Bracknell Forest Council

Present:
Councillors Harrison (Chairman), Mrs McCracken (Vice-Chairman), Allen, Mrs Angell, Dr Hill, Mrs Mattick, Ms Merry, Peacey, Thompson and Tullett

Apologies for absence were received from:
Councillor Mrs Temperton and Virgo
Dr David Norman, Co-opted Member

Observer:
Mark Sanders, Healthwatch, Bracknell Forest

Executive Members in attendance:
Councillors: D Birch

Also Present:

Nikki Edwards, Executive Director: People
Gill Vickers, Director of Adult Social Care, Health & Housing
Lisa McNally, Director: Public Health
Simon Hendey, Chief Officer: Early Help and Communities
Fiona Slevin-Brown, Director of Strategy & Operations for East Berkshire Clinical Commissioning Group
Jane Hogg, Integration and transformation Director: Frimley Health Foundation NHS Trust
Dr William Tong, Clinical Chair, East Berkshire Clinical Commissioning Group
Matthew Clift, Development Manager: Community Mental Health Teams for Adult and Older Adults

12. **Minutes and Matters Arising**

RESOLVED that the Minutes of the Adult Social Care, Health and Housing Overview and Scrutiny Panel held on 5 June 2018 be approved as a correct record, and signed by the Chairman.

Gill Vickers, Director: Adult Social Care, Health and Housing, presented a report on sickness absence rates in Bracknell Forest's Adult, Social Care, Health & Housing (ASCH&H) team following a request by members at the last Panel meeting to look into the high rate of absence presented in the Quarterly Service Report (QSR) fourth quarter. It was explained that:

- A detailed analysis of both long term and short term absences had been undertaken and there did not appear to be any patterns to be concerned about.
- Figures indicated the team's absence levels were below the national average and significantly lower than other authorities in the South East.
- Care workers and older women were more likely to be absent due to sickness.

- Coughs and colds were the most cited reason for sick leave.
- Three members of the team had sadly died whilst in service during the past year.
- The analysis particularly looked at sickness reporting where mental health factors were cited as the reason and found a combination of factors contributed to depression or stress, not work conditions alone.
- Sickness absence levels would continue to be monitored and absence recording should improve now managers were recording absence on iworks.

Members thanked the Director of Adult Social Care, Health and Housing for her in-depth report and the Chairman informed Members he had asked the Employment Committee to undertake a study into absence levels in the Council to triangulate information.

Members questioned the discrepancy between the average number of day's absence for an employee in this report (6 days) and the average number in the QSR data presented at the last meeting (15 days). The Director of Adult Social Care, Health and Housing explained that QSR data was not accurately collected and hence the move to Dashboards. Lisa McNally, Director: Public Health, confirmed licences for the new Dashboards had been obtained.

Members requested assurances about inputting of data, regardless of which system was used, if data inputting was the cause of the discrepancy. It was agreed there was a need to investigate the cause of the discrepancy between the data in this report and the data in the QSRs to ensure inputting was correct.

Members also queried if workload affected absence levels and were informed the data provided no evidence to suggest a correlation between higher workload leading to higher level of absence.

Actions:
Gill Vickers, Director: Adult Social Care, Health and Housing to investigate the cause of the discrepancy between the data in the report and QSR data for sickness absence.

13. **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.

14. **Urgent Items of Business**

There were no urgent items of business.

15. **Public Participation**

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

16. **Sustainability of GP Practices in Bracknell Forest**

Dr William Tong, Clinical Chair, East Berkshire Clinical Commissioning Group, (East Berks CCG) gave a presentation which highlighted the following points:

- There is an anticipated shortage in East Berkshire of 82 Full Time Equivalents (FTE) GPs and 70 FTE Nurses by 2020.
- The population of the area covered was 141,742.

- Two practices, Forest Health and Boundary House, had recently consulted about merging their practices in order to assist with sustainability.
- GPs had recorded a low diagnostic prevalence of mental health amongst the population but a high level of depression. This was most likely attributed to recording issues and the fact GPs in Bracknell and Ascot were better at diagnosing people with depression
- Dementia prevalence requires more attention.

Different options were being explored to address workforce and workload issues in General Practice which included:

- Making some services available online
- Improving training
- Working at scale
- Developing leaders and their quality improvement skills
- Integration of health and social care
- Consolidation of back office functions where possible
- Bidding for funding to improve premises through the Estates Transformation Technology Fund.

There was also a discussion about developing health teams within a GP surgery, such as paramedics or physiotherapists being onsite, in order to relieve the pressure on GPs although it was acknowledged this needed careful consideration in order not to adversely impact on other parts of the health service because manpower issues exist across all providers.

Members queried the online offer "e-Consult" and were told it was an off the shelf solution specifically for Primary Care and were satisfied it met needs.

Members asked when the interventions outlined in the report would have an impact and were informed some impact may be seen in 12 months but some interventions would take two/ three years before any benefit was seen.

Fiona Slevin-Brown, Director of Strategy and Operations for East Berkshire Clinical Commissioning group, (East Berks CCG) informed Members about the work East Berks CCG had done to retain staff and explained the figures above were based on losing the same number of staff at the current rate. Another way the health and social care community were being pro-active to address workforce issues included being part of a national recruitment drive to attract overseas GPs, care workers, etc.

Dr Tong, Clinical Chair East Berks CCG, also informed members that GPs were forming 'networks' (groups of GP practices who work together at scale to discuss solutions to common issues) or 'federations' (the same footprint as a network in Bracknell and Ascot but become a spokesperson appointed to act on behalf of all GP practices in the federation when dealing with provider organisations and in the Integrated Care System.) These networks were aimed at sharing best practice and looking at opportunities to share services/provision where appropriate.

17. **Public Conversations - Urgent Care**

Fiona Slevin-Brown, Director of Strategy and Operations East Berks CCG, gave Members an update on the work the CCG had recently undertaken to gain views from members of the public about urgent care provision throughout Bracknell and Ascot. It was stressed this was a conversation, not a consultation, although they would consult in the future if the outcome of the conversations led to a change in provision. In scope were the type and location of urgent care services and what type of models

would best serve the population in the future. Urgent care was defined as non-life threatening but required the patient to receive advice or treatment on the same day.

Members were informed that:

- £10 million would be spent on urgent care in the local area (not including South Central Ambulance Service or Accident and Emergency (A&E) departments) in 2018/19
- Conversations were about how to make best use of this funding.
- Conversations took place with a number of groups including over-represented/under-represented members of the community.
- A web-based questionnaire 'Big Conversations' had been set up and received 400 responses to date.

Members were asked to help raise awareness of the questionnaire and agreed to send the link out to Members following the meeting.

Early themes indicated:

- Members of the public often wanted to speak to their GP but could not get an appointment so used other urgent care services instead.
- Responses also showed people were willing to use technology for some services but they still wanted 'face to face' contact.
- Accessibility and location were also important, particularly for the less mobile or those who had to use public transport.
- People with mental health issues gave a varied response to current urgent care services although it was thought this had improved recently.

The first phase of conversations had been concluded and the survey, the second phase, was underway. Feedback would be collated at the end of August/early Autumn and options would be fed into a stakeholder group, which would include local authority partners, to agree criteria for prioritising the options. An options appraisal would then be sent to the governing body in October this year. Further consultation and engagement with providers would then take place to understand how changes could be implemented by April 2020.

Members asked how the above would work with GPs extending their opening times and were informed it was all part of the same urgent care system and GPs already offered urgent care, it was just hidden as the public did not necessarily think of GPs as urgent care.

Members asked why people chose a particular type of urgent care service and were informed people seemed confused by the range of options and this was something that needed to be made clearer – such as how to get a prescription when GP surgery is closed or why one location offers some services and others do not.

Actions:
Fiona Slevin-Brown, Director of Strategy and Operations East Berks CCG, to send the link for 'Big Conversations' questionnaire to all Members.

18. **Introduction to the Sustainability Transformation Partnership move to the Integrated Care System and the Governance Arrangements**

Jane Hogg, Integration and Transformation Director: Frimley Health Foundation NHS Trust introduced a video clip to Members illustrating the issues facing services to be reconfigured to ensure people receive the best outcomes with the envelope of funding available.

It was explained the Integrated Care System (ICS) was a national initiative and at a local level covered 800,000 people across five local authorities and three Clinical Commissioning Groups. It was noted the slow pace of change integrating departments at a national level was adversely affecting the pace of change at a local level but colleagues locally were keen to explore how to join up services as much as possible within the current legislation.

There was a discussion about how to regulate the system locally. A Health and Wellbeing Board Alliance had been set up which was comprised the five Health and Wellbeing Board Chairs across the five local authorities involved and Health and Wellbeing Board Vice Chairs or Co-Chairs; Non Executive members of provider Boards and Lay members of CCG Governing Bodies were also providing independent challenge but it was thought Scrutiny Panels could also provide a useful challenge to commissioners and providers of health and social care services.
A key challenge for those involved in ICS currently was how to work with care service providers as is it a vast sector and it was agreed with the Care Provider Forum that they identify representatives who could participate in the ICS transformation programmes.

Members were informed there were seven work streams which had been identified, some of which were more advanced than others.

An example of progress was that Bracknell Forest was one of the first to have a Care Quality Commission system review of how to transfer patients from urgent care.

Areas which had begun but required further work included the development of a crisis café for patients with a mental health problem as feedback from clients was they would prefer an informal setting and not to be sent out of the system if they required a residential placement.

Whilst benefits were already being realised, the Integrated Care System had a five year plan aimed at ensuring the system enabled people to work differently together and be more person centred. The Health and Wellbeing Alliance Board has developed key messages and identified benefits for their local residents.

Members queried how commissioners were tackling joining up health and social care finances and it was acknowledged this had been a challenge. A Finance Reference Group had been set up which included Finance Directors or Chief Finance Officers from health providers and commissioners, including local authorities and their focus was twofold. Firstly, transparency around budgets had led to the identification of a financial envelope of approximately £1.6 billion. The second was to do the right thing with the money and sort out any issues this created in organisations afterwards.

Members alluded to a theoretical system NHS England had produced which suggested at least one million people needed to be in the local area for ICS to work but Jane Hogg, Integration and Transformation Director: Frimley Health Foundation NHS Trust, said they had already explored a number of for working across bigger boundaries already where it made sense, such as on workforce issues and maternity capacity, and the system hoped to remain at its current size and configuration.

Members challenged how they intended to prevent silo working within and between organisations and were informed there was good joined up working at the top of the system and on the front-line, but more work needed to be done to ensure middle layers of organisations were on board. A leadership programme for middle leaders was already being explored.

Members asked if it was the intention to set up one organisation eventually and were informed judicial challenge around privatisation of the health system had already moved the debate away from the 'one organisation' approach and there were good examples of collaboration and alliances internationally. For example: Canterbury in New Zealand estimated they were 2,000 residential and care home places short in 2007 and were now oversubscribed by 1,000 as more people were cared for at home and the financial burden in the system had eased. The intention for ICS was to create one assessment of eligibility and for professional trust between organisations to ensure the client/patient received the right service, at the right time, regardless of where the funding came from.

Actions:

- **Members to feedback to Jane Hogg, Integration and Transformation Director: Frimley Health Foundation NHS Trust, how they could provide challenge to the Health and Wellbeing Board Alliance.**
- **Members to consider how they may help engage the public in this agenda.**
- **Members to consider how this fits into the identified priorities for the Panel Work Programme.**

19. **Community Network Approach**

Matthew Clift, Development Manager: Community Mental Health Teams for Adult and Older Adults, gave an overview about 'Bracknell Forest Community Network' which supported people aged 18+ experiencing stress, anxiety or low mood.

There had been a gap in service when 'Rethink' ended their provision in 2016.

When looking at potential types of service provision they worked in co-production with clients and reviewed the 'Recovery College Model' and the 'Network Model'. Both had pros and cons but they chose the 'Network Model' because it promoted self-reliance.

The service provision was wider than previously as they accommodated older adults, including those suffering with dementia and carers.
Over the coming year potential additions to the service would include:

- Working with Berkshire Healthcare Foundation Trust to re-establish a Mental Health Forum
- Setting up a peer to peer help scheme
- Cognitive Behaviour Therapy for carers to prevent them becoming ill.

Members asked how the 'Network Model' differed from the 'Recovery College Model'.

Matthew Clift, Development Manager: Community Mental Health Teams for Adult and Older Adults, explained it was similar but helped move people on to self-support afterwards.

Members also asked how the service helped people interact with the Police and other services and were informed the service has good connections with other service providers, including statutory partners, and they would support clients to access them.

20. **Healthwatch Bracknell Forest Annual Report 2017-2018**

Mark Sanders, Project Lead: Healthwatch, Bracknell Forest, attended to present the Healthwatch Annual Report 2018/19 and invited Members to ask questions about the Report which had been circulated in advance.

No questions were asked about the report.

He also explained that GDPR had affected the database and requested Members' help in raising awareness of the issue.

Actions:
Members to raise awareness amongst residents about the need to opt in to Healthwatch if they wished to continue receiving updates.

21. **Update on the Council's Response to the Homeless Reduction Act**

Simon Hendey, Chief Officer: Early Help and Communities, informed Members a recent report had established:

- There were approximately 200 households a year receiving support from the Council which included 87 households a year considered to be at risk of homelessness and 50 households who had received helped under the Relief Duty (contained in the 'Homelessness code of guidance for local authorities February 2018').
- A further 50 households had received accommodation for up to 60 days or longer under the Homelessness Duty.
- The team had worked with two Housing Associations to lease properties to ex-offenders and were looking at funding options with the Probation Service in order to provide 16 places of accommodation with floating support.
- Tenterden Lodge provided emergency accommodation and they had assessed whether they could change the structure at the back of the premises to create more accommodation but only one room is viable and would create three additional, single spaces. This would bring the total accommodation to 70 and need was currently at 87.

Members asked what evidence base had been used to understand the need. Simon Hendey, Chief Officer: Early Help and Communities, informed them they used the number of people requiring help under the Homelessness Relief Duty to project figures.

Members also asked if there was scope for numbers to fluctuate and it was noted current figures do not take into account the duty on local authorities to prevent homelessness but this could be added in to future projections.

Members were advised that future work included recruiting an Accommodation Officer to work with the private rented sector, the person seeking assistance and the finance team. They were also commissioning an organisation to work with buy to let landlords to allow the local authority to nominate to homes which they believed would bring forward approximately 30 properties a year.

Members thanked Simon Hendey, Chief Officer: Early Help and Communities, for all his work over the years as he would be leaving the Council shortly.

Actions:
Simon Hendey, Chief Officer: Early Help and Communities, to undertake some sensitivity analysis of the impact of changes in homeless demand and effective prevention activity.

22. **Executive Forward Plan**

Members asked if there was anything to be concerned about contained in the Adult Complaints Annual Report and Gill Vickers, Director: Adult Social Care, Health and Housing, said she was not aware of anything and any issues were being picked up by the working group on pathways.

23. **Date of Next Meeting**

The date of the next meeting will be 11 September 2018 at 19.30.

CHAIRMAN