ADULT SOCIAL CARE, HEALTH AND HOUSING OVERVIEW AND SCRUTINY PANEL
11 SEPTEMBER 2018
7.30 - 10.00 PM

Bracknell Forest Council

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

Apologies for absence were received from:
Councillors Mrs Angell, Dr Hill, Mrs Temperton, Thompson and Virgo
Dr David Norman, Co-opted Representative

Observer:
Mark Sanders Healthwatch Bracknell Forest

Executive Member:
Councillor D Birch

Also Present:
Nikki Edwards, Executive Director: People
Dr Lisa McNally, Strategic Director of Public Health
Mira Haynes, Chief Officer: Adult Social Care
Sir Andrew Morris OBE Hon FRCP, Lead for the Frimley ICS, Frimley Health NHS Foundation Trust
Rohan Wardena, Transformation Programme Lead: Adult Social Care, Health and Housing

24. **Minutes and Matters Arising**

RESOLVED that the Minutes of the Adult Social Care, Health and Housing Overview and Scrutiny Panel held on 24 July 2018 be approved as a correct record, and signed by the Chairman.

Arising from the Actions Log, Action 1, Rohan Wardena, Transformation Programme Lead: Adult Social Care, Health and Housing provided the Panel with an update.

The Panel were provided with a data set that illustrated the level of detail that could be provided and the key performance indicators (KPIs) being used to track the effect of the conversations approach. The Panel were reminded that this reporting system had only been in place since April 2018 following a systems upgrade and that this level of detail was not necessarily available prior to this date. The primary indicator being used was the number of new client contacts per month and the data represented an overall view of the effect of the conversations approach. The Panel were advised that the data indicated that the conversations approach was making it easier for people to contact the Adult Social Care team and more people were being connected to support earlier with fewer clients going on to require long term care.

The Panel acknowledged that the conversations approach was widely welcomed and that the effects of the conversations approach were being monitored.

Rohan Wardena, Transformation Programme Lead: Adult Social Care, Health and Housing further described how across the country demand for health and social care was spiralling due to a growing and aging population and more complex needs, and this was putting the entire health and care system under pressure. However, through the transformation work, Bracknell Forest appeared to be bucking the national trend and demand for adult social care had gradually been reducing over the last 7 months although there had been a spike in June 2018. This was mainly due to the seasonal increase in demand from clients transitioning from Children's Services to Adult Social Services. There had also not been the usual spiral in demand during the peak winter pressure period leading up to January 2018 that had been seen in previous years. The changes that had been delivered in Adult Social Care over the last 12 months had appeared to have been received positively and the risk of an increase in customer complaints had not materialised.

As a result of questions from the Members, Rohan Wardena, Transformation Programme Lead: Adult Social Care, Health and Housing explained:

- Spikes in demand could now be broadly anticipated because the management information system that had been developed was extremely powerful with a high level of granularity which enabled data to be tracked and analysed at customer level and included indicators to help identify individuals that might be at higher risk of crisis and would benefit from early intervention. Not actively managing demand or focusing on prevention could result in a potential demand pressure £1.5m costs by year end.
- Social care is not free at the point of delivery and a person's financial situation is taken into account as part of the care assessment process. 20% of the overall total cost that was included in the illustration was made up of contributions from clients. Funded nursing care was part of this percentage. This proportion had not been benchmarked against neighbouring authorities. However, in a lot of instances the Council will contribute towards the majority of a person's care costs.
- During June 2018 total care costs had spiked but now demand was heading downwards for long term care clients and £155K of short term interventions had been made so far this year. The effect of the conversations approach was that potential long term care services clients were being supported prior to requiring long term care.
- Breaking down the data to show what the level of financial contribution from clients was and what the level of cost to the council was as separate elements of the costs of care; was currently not available, as the new system had only been in place since January 2018.

Arising from the Actions Log, Action 10, Development of Overview and Scrutiny Work Programme 2018-19, the Chairman delayed discussion of this item until later in the meeting.

Arising from the Actions Log, Action 11, Nikki Edwards, Executive Director: People provided an update for the Panel explaining the cause in the discrepancy between the data in the report and QSR data.

- There had been a discrepancy in the data used to compile the sickness absence records previously reported in the Quarterly Service Report (QSR). One reporting period used had been an annual benchmark and one was a quarterly figure. The data had now been aligned and sickness levels would now be reported quarterly.
- The Adult Social Care Team had taken on board the Panel's concerns about sickness levels and managers and the Human Resources team were implementing a training programme for absence logging with staff.

- Managers' ability to manage staff absence was being addressed and the absence trend was now downwards.
- Wellbeing reinforcement was taking place and Public Health were providing support.
- People on multiple contracts had now had their contracts aligned and only one contract would show for sickness logging purposes.
- Sickness data had not been input to the systems correctly and the readjusted data should demonstrate a reduction in the reported sickness levels.
- The core data that was recorded was not inaccurate. The recording periods were the cause of the discrepancy. The data reported in the QSR was accurate for the quarter in which it was reported. The other sickness level data reported was for a period of a year. For the next quarter's report, the reporting issues had been addressed and the sickness levels were down. Even though the sickness levels reported in the current QSR were still high, it was stressed that the discrepancy in reporting periods was the cause.
- All anomalies and cases of inaccuracy had been audited and the sickness figures were now coming down and the reporting problems had been addressed.
- Small numbers of staff sickness could skew the results.

RESOLVED that the recommendations in the report from the Director of Adult Social Care, Health and Housing which advises the panel on the outcome of the sensitivity analysis of the impact of changes in homeless demand and effective prevention activity be noted.

25. **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.

26. **Urgent Items of Business**

There were no urgent items of business.

27. **Public Participation**

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

28. **Sustainability Transformation Partnership (STP) to Integrated Care System (ICS) Update**

The Chairman welcomed Sir Andrew Morris OBE Hon FRCP, Lead for the Frimley ICS who provided an update to the Panel on the progress of the Frimley Sustainability Transformation Partnership (STP) move to the Integrated Care System (ICS) and the progress over the last couple of months.

The Panel were provided with the Frimley Health and Care System Plan On A Page and an update on the highlights of the transformation initiatives:

It was explained that the ICS isn't an organisation. It is a collection of partners who buy into what and how we want health and social care services delivered, glued together by a memorandum of understanding.
Bracknell was within Frimley's ICS which was one of the most advanced in the country and had leading edge care.

Prevention and Self Care:

- Bracknell provided residents with a roadmap to help themselves.
- Work was pushing ahead on the transition from the Sustainability Transformation Partnership (STP) to the Integrated Care System (ICS)
- Health services only had a 20% to 25% impact on health. Housing and education have the biggest impact.
- The Frimley ICS was working with West Berkshire and Heartlands ICS's to pull together a series of data down to ward level on the health of the population, which could be scaled up and down. This would help decision making. Hot spots could be identified in localities to give a granular make-up of the population and how best to meet their needs. For example: Slough might come out as the worst performer for health outcomes if compared to Surrey Heath, and the challenge would be to identify how to get Slough to meet the Surrey Heath standards of life expectancy. John Lyle, Joint SRO A&E Delivery Board was leading this work on a 2 day a week basis with help from NHS Digital and NHS England.
- Thought needed to be given to how we want people in their 80s and 90s to live.
- Generally men die before women. Consideration should be given to how we want lone elderly females to live.
- Local authorities could play a big part in the provision of lifestyle for older adults. For example: Windsor wanted to map what sort of capacity would be required if older people wanted to sell their homes and move into accommodation that would be suitable for the elderly. Currently their options would be limited. Mapping would provide the information necessary for planning for this scenario.
- At this stage, options for Local Authorities were often limited but they would need to link health with housing and education to decide and influence investment for the future.

Integrated Care Decision Making

- Progress was being made on the integrated care team. It was hoped it would be rolled over to East Berkshire to provide more care in people's homes. It would require investment but the principle of keeping people out of hospital was agreed.

GP Transformation

- The intention to provide an 8 to 8 service was moving on to Saturdays and Sundays as an alternative to using urgent care at hospital.
- GPs were under great pressure trying to put more resources in to practices such as physios, pharmacy and paramedics. Around 30% of all GP consultations were not necessary and contact with another professional would be appropriate.
- E-consult pilots were in process. These gave patients the opportunity to describe what was wrong within a fixed number of characters which was submitted to the GP. The GP responded within 24 hours and signposted the patient to a GP appointment slot or the most appropriate practitioner.
- Where E-consult had been rolled out the GPs could use their time better.
- E-consult was being trialed in East Berkshire.
- In East London E-consult had released more time for GPs to focus on those patients who were more in need to support them better.

Supporting the Workforce:

- Workforce redesign. Apprenticeships were still not being levered on the scale that they needed to be. There were not enough doctors, nurses or

paramedics coming through. Discussions with universities had taken place to formalise the Health and Social Care Programmes on a contract where the employer supported their employment to make them a registered practitioner.
- The ICS was keen on developing the 'passport' which allowed workers to move around the system. If this was not developed there would not be enough people.

Care and Support
- Lots of progress had been made on social prescribing and this has had a positive impact in Bracknell.
- The Heathlands project was within the Bracknell Forest 'patch' and would make a big difference for people with dementia and provide more capacity.
- £31m capital was being invested into ICS capital schemes of which Heathlands was one.

Reducing Clinical Variation
- £7.5m was being invested to connect systems across Oxford, Frimley and Heartlands to share patient records. This was the third geography to be funded and all health databases would be brought together as one and everyone in health and social care would be able to view interconnected patient records. This would reduce duplication of effort and generate efficiencies. It was an ambitious project but the technology existed to make it happen.

In Addition:
- Decisions needed to be taken on the location of hubs. There was an engagement exercise with the public on urgent care in order to establish where the capacity should be.
- The ICS was going for Self Assurance which is a 'badge' from the NHS and the application for this was being progressed.
- The summer had generated more demands on health services due to it being unusually hot. With winter approaching it was implementation that would be important and that was the challenge.

Following questions and discussion by Members of the Panel, it was explained:
- Silo working, engagement and buy-in to the ICS and resistance to change across all teams was an issue that was constantly being worked on. The ICS was a coalition of the willing and some resistance to the process was inevitable but was being tackled. In order to overcome scepticism, evidence of real change was used to demonstrate the effects of the new approach. Work would continue to 'get people on side.'
- In order to have GPs only see those patients who need to see them, the challenge was to change the behaviour of the public. Generally, the public only know GPs and Accident & Emergency (A&E). If teams were integrated, public thought needs to be changed with the provision of good, clear information and proof of things working. Surrey Heath patient feedback had been good with patients being able to stay at home and have visits and avoid having to go to A&E. Once this type of good news story gets round behaviour would change.
- Frimley ICS was one of the 10 leading ICSs in the UK.
- This year, Frimley were working to a financial bottom line. If Frimley Health Trust overspent, another health organisation had to underspend as they are working to the control total. Some ICSs have refused to progress because of the control total issue. All partners in an ICS get money, all have to work to an aggregate position. Frimley Heath Trust was struggling to make its

savings plan and someone else would have to offset this spend of underachievement. No one could be compelled to generate savings to offset an over-spend somewhere else in the footprint though.

- Last year, Surrey Clinical Commissioning Group (CCG) overcommitted by £2m or £3m which had to be offset by other CCGs. So far, the situation was OK in the Frimley ICS.
- Patients were directed to the correct point of care by the GP who made one call to a multidisciplinary team. These multidisciplinary teams met once a week to talk and take over people's care. This process made it attractive to GPs who only had to make one call and had been in place for a couple of years now in Bracknell.
- Long stay patients, (those who are in hospital for 21 days or more) often with mental health and addiction issues were being targeted. It was hoped to reduce them by 50% with all parties working to produce a reduction. There were genuine issues around the capacity for mental health patients and appropriateness of placements was an issue, but this was unlikely to change in the near future. Most patients came back out into community, a few moved on to specialist care, but this was only a handful of people every 2 to 3 months.

ACTION: Sir Andrew to raise the issue of patient stays at 120 days in Frimley as reported by one Member with Fiona Slevin-Brown, Chief Executive of Frimley Healthcare Trust and discuss they cycle of mental health and addiction issues and their implications for long tem hospital stays.

- The £7.5m investment in shared patient records included the Royal Berkshire Hospital.
- There are 500 GPs across the Frimley ICS footprint. Shared records would contribute to patients only having to tell their story once.
- All health and social care in Berkshire bought into the Berkshire interoperability project 2or 3 years ago to share care records. It now included patients who go outside of the Berkshire borders, spreading outwards so that patient records could be accessed by neighbouring service providers. The initial project was to localise records and then grow outwards. Information governance was still an issue and needed to be worked through.
- Patients already thought their records were shared.
- Technology had moved on in the last 15 years since the last failed attempt at records sharing, and now existed to make it possible.
- The Health and Wellbeing Board Alliance (HWBA) is made up of the Chairs of the Health and Wellbeing Boards (HWB). The HWBA met monthly and had good input from local authorities and wanted to do the right thing by the people they serve. Local authorities brought a healthy perspective, could bring people together and improve the quality of life for all the residents they serve. The HWB chairs held the ICS to account and there was not a problem responding to any issues anyone had.
- Councillors have reach and access into localities where they could challenge inequality. Areas of deprivation for example, should be challenged with the ICS.
- Poor quality housing, quality of the estate, homelessness and socioeconomic factors affected health and wealth and affected people's quality of life. Nice environments promoted health and wellbeing. Local Authorities had it in their gift to facilitate positive living environments such as the new Town Centre in Bracknell.
- The mapping exercise would help to overlay housing and education data across all of East Berkshire. The granular population health management

programme would contribute to the work being done by John Lyle, Joint SRO A&E Delivery Board.

- The CQC was looking at inspecting systems. Integrating care was hugely important and challenging but politicians wouldn't do anything with health to push something through without a healthy majority in Parliament. Until then the health service would continue to work on a system basis. Legislation was possible to overcome some of the integration challenges but not until 2022. It would be down to local ICSs to work together. This was an opportunity to shape the changes. Heathlands was a good example of health and social care coming together to solve a problem, and there was lots of potential for further work together.
- Care in the NHS is free at the point of delivery but is means tested in social care. It was unlikely the green paper would change this as this issue was difficult to resolve. This issue would come back to the ICS on how they work together.
- Bracknell had some unique contextual demographic issues around housing which were hidden. Affordability causing homelessness was hidden. Child and Adult social care service were joined and aligned. We could be leaders in the system as we look at all residents. Population health management were deeply evolved, but work on the ICS children's work was not as well developed.
- The funding arena for local authorities for the next 2 to 3 years looked challenging and there was a question over where the balance in funding would come from. Local authorities faced a big social challenge, the nation had to face Brexit challenges which may affect the economy and if the economy struggled this would affect the public sector.

The Chairman observed that new legislation is not necessarily required, just the will to accomplish things and honest discussion.

The Chairman thanked Sir Andrew for attending the meeting and his valuable contribution.

29. **The Help Yourself Portal**

Rohan Wardena, Transformation Programme Lead: Adult Social Care, Health and Housing presented information and gave a live demonstration of the Help Yourself digital marketplace portal to the Panel. He spoke about the protection available for buying services outside of Bracknell Forest monitored and quality assured services. Members were given the opportunity to view the portal on the screens in the Council Chamber or to interact with the portal using their own laptops and were guided to the landing page by typing "Bracknell Forest Help Yourself" into the Google search bar.

Alternatively the URL is www.helpyourself.bracknell-forest.gov.uk

Rohan Wardena, Transformation Programme Lead: Adult Social Care, Health and Housing provided the Panel with some background information to the Help Yourself Portal.
The vision had been to set up a digital platform that would:

- Help connect people to their communities.
- Enable people to stay healthy for longer.
- Enable people to be well informed and feel supported to stay independent.
- Be a useful resource for everyone to use.

It was explained that the portal helped to connect people to a wider range of care and support options, giving them more:

- Choice and control over their care.
- Supporting greater independence.

Focussing on people helped them makes the best use of collective assets.
Specifically within Bracknell, it was explained that the care market was fragile with fewer providers than in other areas and less provision to meet demand. Bracknell does not enjoy the same level of price competition and full employment making it difficult to attract people into the care sector which was a factor in driving up the cost of care. These factors forced the Adult Social Care team to consider a wider range of options through the use of personal care budget direct payments rather than traditionally commissioned services.
There had been an increase in the number of people taking up the direct payment option from 29% now to 47% which equated to 333 people, over a short period of time.
The digital market place was not a completely new idea. Previously there was i-Hub but this hadn't been used.
The main objectives for the Help Yourself Portal were that it should be:

- A replacement for i-Hub
- An easy to use single source of information for everyone
- A marketplace platform to connect people to a wider range of support options
- A free resource for local organisations to promote what they do
- A resource for staff and partners to use to help connect people to activities, services and useful information
- Provide online tools to help people plan and make positive changes to their lives
- Provide information to help make informed choices and stay safe
- Organisations should own their own content

The Help Yourself Portal had been operational since Nov 2017.
When it was launched it had limited promotion and was to support the new conversations approach.
The portal had developed over time as a result of agile working.
On average now for 6 months there were:

- 600 visits a week of which 400+ were unique visitors.
- 33% came back within a week.
- 94% of users were external (not Council) users.
- Requests for support could be drop-boxed and there were a couple of requests per week.
- The portal was getting used, and it is valued.

Members were then given a live demonstration overview of the main features of the portal:
For clients, the use of the portal was the start of a journey.
The Help Yourself Portal was deliberately not branded Bracknell Forest Council . It was a community resource and as such did not need to be overtly Council branded.
The main features were designed to help people to find what they need. There is (a):

- Create an account function.
- Range of tools to guide people to information.
- Range of information and advice, helping people to connect.
- Wellbeing planning tool to make changes to their lives.
- Search function.
- Print function.

- Location map display where clients could find things near to them.
- Shortlists could be created.
- The portal featured products and equipment.
- Clients could connect to organisations that can provide equipment to buy.
- Practitioners working and supporting people could identify a range of options. create a brochure, email it and print it off.
- Information on providers where clients could see the latest CQC ratings.
- Price information for comparative shopping.
- Clients could register a personal assistant to support them.
- The portal provided information that could be used to provide bulletins to feedback to providers with information that could be used to add to their services.
- Filters to tailor content delivered.
- Keyword search.
- Postcode search.
- Community maps.
- Client type support for a condition or disability.
- It pulls in public health work and initiatives such as get active, get learning.
- SMS text facility which sends the chosen organisation's contact card.
- Email and print off information.

Going forwards, the ambitions for the portal feature developments are that it could:

- Become a marketplace that supports end to end transactions
- Host jobs.
- Host volunteer networks.
- Enable people to book and pay for activities.
- Provide information and advice.
- There was a suite of 'Tips' guides being built.
- There was potential for this to be a product in its own right in other organisations

In order for people to stay safe online using this site, the 'staying safe online' prompt always appeared on the main landing page.

The Wellbeing planner tool was being used. There was a steady stream of use. The voluntary sector organisations liked this light touch tool to guide people to content however, it was not just adult social care that was covered. All of the determinants mentioned by Sir Andrew Morris were covered such as housing, transport, leisure, learning, work, training and volunteering, money and benefits and more.

Following Members' questions, Rohan Wardena, Transformation Programme Lead: Adult Social Care, Health and Housing clarified:

- Anyone could log on to the portal. Organisations could post a local service by setting up an account.
- The portal was not a curated site and was not stringently managed but there was a watching brief on this position
- The portal was the first generation iteration of this platform and would continue to be developed to account for people with sight issues. The portal was not intended to be a sole source of support to people with additional needs and people requiring additional support would be assisted by community connectors and social prescribers working with them, connecting them to the things that would enable them to be more independent and get on with their lives. The portal was not intended to replace face to face or telephone connections.

- If there was a problem with content on the site, it could be taken down from public view although there wasn't a heavy handed process.
- There was a reference group set up to monitor the site. This group should determine how problems are handled, but it was not intended to be too prescriptive.

It was observed that there was no information about the community connectors on the portal. Rohan Wardena, Transformation Programme Lead: Adult Social Care, Health and Housing agreed that this should be included.

The Chairman acknowledged that the portal was a fantastic resource and an interactive support that enabled people to use technology such as tablets in a collaborative way.

Members commented that it was a very valuable resource that made provision for a wider range of activities for disabled children etc.

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

The Chairman highlighted an error in the Quarterly Service Report (QSR) for Quarter One 2018/19 for Adult Social Care, Health and Housing on page three of the report (page 27 of the agenda.) First paragraph, seventh line down, the figure quoted is £478 overspend. This should be £478K overspend.

Nikki Edwards, Executive Director: People confirmed that no questions about the QSR had been submitted in advance of the meeting and provided some further information relating to the QSR.

- The overspend of 478K was down to 4 clients who required complex packages however the trend over time was downwards in the right direction.
- The area of good performance was highlighted relating to the public health indicators and the successful bid to the LGA Digital Innovation Programme.
- Sickness levels had already been clarified during the meeting.

A recent transformation programme update showed current RAG ratings.

In response to questions from the Panel, Nikki Edwards, Executive Director: People advised that she could provide a detailed picture of trend over time when the savings plans had been revisited.
Demand led services could be skewed by small numbers of people, the new data would provide a better indicator.

Nikki Edwards, Executive Director: People suggested that she could bring the tool to demonstrate at the next meeting and confirmed that the new dashboard approach work was under way.

31. **Executive Forward Plan**

Members were advised by Councillor Dale Birch, Executive Member: Adult Social Care, Health and Housing that

- A new Chairman of the Joint Safeguarding Panel was appointed last week and the Joint Safeguarding Adults Board was developing from there.
- The Community Centre and Health Care Hub at Blue Mountain had been through the Portfolio review Group (PRG)

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

Arising from the Actions Log, Action 10, Development of Overview and Scrutiny Work, the Panel discussed the Development of the Overview and Scrutiny Work Programme 2018/19:

The Chairman referred to the legal advice from Simon Bull, Assistant Borough Solicitor, which was circulated by email on 4 September 2018 to Members, Substitute Members, and Co-opted Members of the Adult Social Care, Health and Housing Overview and Scrutiny Panel by Kirstine Berry, Governance and Scrutiny Co-ordinator, providing clarification about what information can be accessed by Councillors.

Three Members of the panel planned to attend the Centre for Public Scrutiny "National Health Scrutiny and Assurance Conference" on Friday 14 September. It was recognised that Frimley ICS was one of the leading ICS's at the moment and so was still developing. Benchmarking what other local authorities do to scrutinise health may not be beneficial as Frimley ICS was leading the way and breaking new ground. It was hoped that some insights for scrutiny could be taken from the conference.

Other suggestions were made to develop the work programme:

- Interface with Bracknell Forest Healthwatch to obtain the facts and figures for scrutiny. Healthwatch could provide guidance on what to look for from health providers.
- Interrogate the ICS when things go wrong to establish why things had failed and to call in parts of the system.
- Maintaining a focus was recommended. Identification of a single issue to be investigated. There are only 5 or 6 months left until Borough Councillor elections to realistically achieve anything for the work programme. The work should have a strong focus, be undertaken quickly and effectively and make strong recommendations.
- Mental Health could be scrutinised.

Nikki Edwards Executive Director: People clarified a suggestion that bespoke QSR's and KPIs could be created. It was explained that the contents of the QSRs were scorecards that were directed by the requirement to provide statutory information to be reported against to Government. If new KPIs and QSRs were created, officer time capacity would be required to support and maintain them.

It was suggested that members could use the unique positions they were in as Councillors to identify and focus on the issues that were troubling residents for scrutiny.

Members agreed that "GP surgeries" was the issue that residents routinely highlight and the inability to get appointments. There was discussion about the work that had been done previously and the impact of the report on GP capacity in 2016.

It was observed that there are parts of the system that have not improved in the last few years and were persistently getting worse in relation to GP capacity.
It was clarified that the current task and finish group working with GP surgeries was working to establish best practice data and capacity issues were not within its scope.

It was suggested that, as a number of panel members had provided apologies for the meeting, that making a decision on the work programme was probably not appropriate and that the subject should be revisited again after the CfPS conference

on 14 September where what was learnt could be consolidated and interpreted for any possible insights.

The Chairman gave thanks to Mira Haynes, Chief Officer: Adult Social Care for her excellent support as an officer over the years and wished her all of the very best for the future.

33. **Date of Next Meeting**

The date of the next meeting will be 6 November 2018 at 19.30

CHAIRMAN