



## **NOTICE OF MEETING**

**Adult Social Care, Health and Housing Overview and Scrutiny Panel  
Tuesday 11 September 2018, 7.30 pm  
Council Chamber - Time Square, Market Street, Bracknell,  
RG12 1JD**

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

Councillor Harrison (Chairman), Councillor Mrs McCracken (Vice-Chairman), Councillors Allen, Mrs Angell, Dr Hill, Mrs Mattick, 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

Nikki Edwards  
Executive Director: People

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Published: 3 September 2018



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Overview and Scrutiny Panel  
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**AGENDA**

Page No

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

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

**2. Minutes and Matters Arising**

To approve as a correct record the minutes of the meeting of the Adult Social Care, Health and Housing Overview and Scrutiny Panel meeting held on 24 July 2018.

5 - 24

To review the Actions Log arising from the Minutes, to include an update on the Task & Finish Groups' progress and to provide an update on any issues arising since the last meeting.

To note 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.

**3. 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.

4. **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.

5. **Public Participation**

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

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

Sir Andrew Morris OBE Hon FRCP, Lead for the Frimley ICS to update the Panel on the progress of the Frimley Sustainability Transformation Partnership (STP) move to the Integrated Care System (ICS).

7. **The Help Yourself Portal**

Rohan Wardena, Transformation Programme Lead: Adult Social Care, Health and Housing to demonstrate the 'Help Yourself' portal and to speak about the protection available for buying services outside of BFC monitored and quality assured services.

8. **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 first quarter of 2018/19 (April to June) relating to Adult Social Care, Health and Housing. An overview of the key issues relating to the first quarter will be provided.

25 - 46

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

9. **Executive Forward Plan**

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

47 - 48

10. **Date of Next Meeting**

The next meeting of the Adult Social Care, Health and Housing Panel has been scheduled for 6 November 2018.

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**ADULT SOCIAL CARE, HEALTH AND  
HOUSING OVERVIEW AND SCRUTINY  
PANEL**

**24 JULY 2018**

**7.30 - 10.15 PM**



**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 help 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**



# Actions Log

## Adult Social Care, Health & Housing Overview and Scrutiny Panel From Minutes of Meetings of 5 June and 24 July 2018

Action/Information Request	Response
<p><b>Action 1 (Carried forwards from 5 June) Item 7. Conversations Approach.</b>            Arising from Minute 7 relating to the Conversations Approach, the meeting was advised that the role of the Conversations Approach was to keep residents independent for as long as possible, to reduce attendance at Accident and Emergency. Outcomes would be measured, for example where people were 91 days after immediate care intervention and the results of the audit would be available to the business information team during the next quarter.</p>	<p>On 11 July 2018 Melanie O'Rourke, Head of Adult Community Team advised that the 2017-18 outturn for Adult Social Care Outcome Framework (ASCOF) 2B, the percentage of older people at home 91 days after discharge from hospital into re-ablement/rehabilitation services was 87.0%</p> <p>Rohan Wardena, Transformation Programme Manager advised that reporting to track the new conversations approach was only implemented from April 2018. The data that tracks key performance indicators (KPIs) is currently not available. As soon as the data becomes available it will be provided to the Panel.</p> <p>Action awaiting an update.</p>
<p><b>ACTION 3 (Carried forwards from 5 June) Item 7. Conversations Approach.</b>            Arising from Minute 7 relating to the Conversations Approach, the Chairman requested that a briefing session be organised to refresh Members' knowledge on how to interact with the public on Adult Social Care changes and how to signpost them correctly.</p>	<p>Mira Haynes, Chief Officer: Adult Social Care suggested that this action is synergistic with action 4 and should be included in the Member training being organised by Kirsty Hunt, Governance and Scrutiny Manager.</p> <p>Since the last meeting, Kirsty Hunt, Governance and Scrutiny Manager has been in discussions with officers from Adult Social Care, Health and Housing (ASCH&amp;H) on developing a session for Members to combine elements of the conversations approach and motivational questioning - this is not yet resolved but it is intended to be delivered in Autumn 2018.</p> <p>In the meantime, Rohan Wardena, Transformation Programme Manager provided briefing notes</p>

Action/Information Request	Response
	<p>and a presentation which Kirstine Berry, Governance and Scrutiny Co-ordinator circulated to Members and Substitute members of the Panel on 13 July. Members were asked if any additional training requirements identified after reading the briefing notes and PowerPoint presentation, could be fed back to Kirsty Hunt for inclusion in the Member training in the autumn.</p> <p>On 15 August Kirsty Hunt, Governance and Scrutiny Manager, advised that there have been no requests for additional training requirements from Members.</p> <p>Action complete.</p>
<p><b>ACTION 4</b>  <b>Carried Forward from the Minutes of 27 March 2018 and 5 June</b>  <b>Item 92. Conversations approach.</b>            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 12 July Kirsty Hunt, Governance and Scrutiny Manager advised that she has been in discussions with officers from Adult Social Care, Health and Housing (ASCH&amp;H) on developing a session for Members to combine elements of the conversations approach and motivational questioning - this is not yet resolved but it is intended to be delivered in Autumn 2018.</p> <p>On 15 August Kirsty Hunt, Governance and Scrutiny Manager, advised that there is no update to this action.</p>
<p><b>ACTION 5 (Carried forwards from 5 June)</b>  <b>Item 8. Quarterly Service Report (QSR)</b>            During the Director of Public Health's update it was observed that the success of getting people with complex needs out of hospital back into the community setting was costing the Council money but it was clarified that the intermediate care service was funded jointly with the CCG and the local authority. It was stated that the focus should be that hospital was not</p>	<p>On 30 August Lisa McNally, Strategic Director of Public Health advised that she has worked with the Business Information team to update the longer term projections of Older Adult Social Care Demand in Bracknell Forest and produced demand forecasts.</p> <p>On 3 September Kirstine Berry, Governance and Scrutiny Co-ordinator circulated the forecasts via email to Members, Substitute Members, Co-opted members and Colleagues of the Adult Social Care, Health and Housing Overview and Scrutiny Panel.</p> <p>Action complete.</p>

Action/Information Request	Response
<p>the right place for residents who were medically fit.</p> <p>Members of the panel requested further forecasting information on demand. Lisa McNally Director of Public Health, confirmed that this was possible using POPPI and housing data to produce a statistical model to show where costs and demand might go to give an idea of trends.</p>	
<p><b>Action 6 (Carried forwards from 5 June)</b>  <b>Item 8. Quarterly Service Report (QSR)</b>  <b>Following on from the action point above.....</b></p> <p>Mira Haynes, Chief Officer Adult Social Care also agreed to share data Adult Social Care are working on.</p>	<p>On 11 July 2018 Melanie O'Rourke, Head of Adult Community Team advised that the Joint Strategic Needs Assessment (JSNA) is the key source of data used by the Adult Social Care team to source demographic and profiling information. As part of the Adult Social Care, Health and Housing (ASCH&amp;H) 2018-19 Transformation Programme, the team will be looking at demand planning and forecasting and are currently validating the data on a case by case basis.</p> <p>Action awaiting an update.</p>
<p><b>Action 7 (Carried forwards from 5 June)</b>  <b>Item 8. Quarterly Service Report (QSR)</b></p> <p>Work still needed to be done to extend access and points of contact and the Director advised that Local Government Association (LGA) funding had been applied for to provide kiosks in shopping centres and community centres were being considered and a children's health and wellbeing website was currently in development.</p> <p>The director of Public Health agreed the work of Public Health including strategic targets should be included in future drafts of the Council Plan and was interested to know what Members wanted to see</p>	<p>Action awaiting an update.</p>

Action/Information Request	Response
delivered.	
<p><b>Action 9 (Carried forwards from 5 June)</b>  <b>Item 10. Development of Overview and Scrutiny Work programme.</b>            It was agreed that the current task and finish groups, The Primary Care Patient Experience Task and Finish Group and the Housing Strategy and Supply Task and Finish Group should be included in the next work programme.</p>	<ul style="list-style-type: none"> <li>• Kirstine Berry, Governance and Scrutiny Co-ordinator and the Housing Strategy and Supply Task and Finish group lead Member are working closely to review the group's output and focus objectives.</li> <li>• The Primary Care Patient Experience Task and Finish Group are carrying out face-to-face visits to surgeries to collect best practice data. The next meeting of the group is on 6 Sept to feedback results and collate responses to date.</li> </ul>
<p><b>Action 10 (Carried forwards from 5 June)</b>  <b>Item 10. Development of Overview and Scrutiny Work programme.</b>            To develop the work programme further at a facilitated workshop which should be organised before the next scheduled meeting of the Panel.</p> <ul style="list-style-type: none"> <li>○ That the facilitated workshop would consider how to include the Integrated Care System in the work programme.</li> <li>○ That the facilitated workshop should also consider what development requirements the Panel had.</li> </ul>	<p>Kirstine Berry, Governance and Scrutiny Co-ordinator consulted Members, Substitute Members, Co-opted Members and Colleagues and the facilitated workshop was held on 23 July at 7.30pm.</p> <p>Work is being done to clarify what information can be provided to Members.</p>
<p><b>Action 11 (from 24 July meeting)</b>  <b>Item 12. Minutes and Matters Arising</b>            Gill Vickers, Director: Adult Social Care, Health and Housing to investigate the</p>	<p>On 30 August 2018 Gill Vickers, Director: Adult Social Care Health and Housing advised that work is continuing between Human Resources (HR) and Adult Social care (ASC) to ensure accuracy of sickness absence recording on the new iWorks system which has been implemented in Q2.</p>



Action/Information Request	Response
<p>cause of the discrepancy between the data in the report and QSR data for sickness absence.</p>	<p>Action complete.</p>
<p><b>Action 12 (from 24 July meeting)</b>  <b>Item 17. Public Conversations – Urgent Care</b>            Fiona Slevin-Brown, Director of Strategy and Operations East Berks CCG, to send the link for 'Big Conversations' questionnaire to all Members.</p>	<p>On 3 August 2018, on behalf of Fiona Slevin-Brown, Director of Strategy and Operations East Berks CCG, Kirstine Berry, Governance and Scrutiny Co-ordinator, circulated the link for the 'Big Conversations' online survey to Members, Substitute Members and colleagues of the Panel.</p> <p>Action complete.</p>
<p><b>Action 13. (from 24 July meeting)</b>  <b>Item 18. Introduction to the Sustainability Transformation Partnership move to the Integrated Care System and the Governance Arrangements</b>            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</p> <p>Members to consider how they may help engage the public in this agenda.</p> <p>Members to consider how this fits into the identified priorities for the Panel Work Programme.</p>	<p>On 6 August Jane Hogg, Integration and Transformation Director: Frimley Health Foundation NHS Trust, advised that challenge to the Health and Wellbeing Board Alliance should be fed in through the Chairman of the Bracknell Forest Health and Wellbeing Board, Councillor Dale Birch.</p> <p>On 15 August Kirstine Berry, Governance and Scrutiny Co-ordinator, emailed Members, Substitute members and Co-opted Members of the Adult Social Care, Health and Housing Panel to advise them.</p> <p>Action complete.</p>
<p><b>Action 14. (from 24 July meeting)</b>  <b>Item 20. Healthwatch Bracknell Forest</b></p>	

Action/Information Request	Response
<p><b>Annual Report 2017-2018</b> Members to raise awareness amongst residents about the need to opt in to Healthwatch if they wished to continue receiving updates.</p>	<p>Action awaiting an update.</p>
<p><b>Action 15. (from 24 July meeting)</b> <b>Item 21. Update on the Council's Response to the Homeless Reduction Act</b> 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.</p>	<p>On 28 August Ellie Eghtedar, Interim Head of Housing provided the Homeless Reduction Act – Sensitivity Analysis Report for the Panel to note at the 11 September meeting.</p> <p>Action complete.</p>

## Issues Arising Since the Last Meeting on 24 July 2018

Issue Arising	Action taken
<p><b>“The Big Conversation”</b> A third Bulletin supplied by the East Berkshire CCG</p>	<p>The third Bulletin was circulated to Members, Substitute Members and Colleagues of the Adult Social Care Health and Housing Overview and Scrutiny Panel on 25 July 2018 by Kirstine Berry, Governance and Scrutiny Co-ordinator.</p> <p>The bulletin is the third in a series about conversations the East Berkshire Clinical Commissioning Group (CCG) is 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 third Bulletin is an update to the conversations NHS East Berkshire Clinical Commissioning Group (CCG) is having with local people, providers of urgent care and wider stakeholders.</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  
11 SEPTEMBER 2018**

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**HOMELESS REDUCTION ACT  
(Director of Adult Social Care, Health and Housing)**

**1 Purpose Of Report**

- 1.1 Further to actions arising from the report presented on 24 July 2018 to the Adult Social Care, Health and Housing Overview and Scrutiny Panel, the purpose of this report is to advise the panel on the outcome of the sensitivity analysis of the impact of changes in homeless demand and effective prevention activity.

**2 Recommendations**

**The Adult Social Care, Health and Housing Overview and Scrutiny Panel are asked to:**

- 2.1 Note the impact of changes in homeless demand since the Homeless Reduction Act 2017.**
- 2.2 Note the number of cases owed a prevention duty since 3 April 2018 and number of unsuccessful preventions since then which may then progress to relief duty. This will help to forecast fluctuations to numbers provided in the report provided on 24 July 2018.**
- 2.3 Note the effective prevention activity since 3 April 2018.**

**3 Reasons For Recommendations**

- 3.1 On 3 April 2018 the provisions of the Homeless Reduction Act 2017 came into force. This brought new obligations for the Council in terms of homeless prevention and relief. There has been additional funding available to assist Councils in meeting these new obligations.

**4 Alternative Options Considered**

Not applicable.

**5. Supporting Information**

- 5.1 The Homeless Reduction Act 2017 introduced two new elements for Councils to provide in relation to homelessness. Firstly, if a household is threatened with homelessness within 56 days the Council is obliged to help them prevent becoming homeless regardless of whether they have a local connection with Bracknell Forest or whether they are in priority need. The Council will work to develop a personal housing plan with the household with a set of actions that are agreed with the household to help them avoid becoming homeless.
- 5.2 If it has not been possible to prevent homelessness and the household is homeless as a result, the Council has a duty to relieve homelessness for 56 days (Relief Duty.) Under this duty, local authorities must take 'reasonable steps with reference to the applicant's assessment to help all homeless eligible applicants to secure

accommodation for at least six months unless the applicant is referred to another local authority due to having no local connection to the authority they have applied to. Once triggered, the relief duty would continue for 56 days unless it is brought to an end via one of the prescribed conditions. If there is reason to believe that the household is in priority need (has dependent children as part of the household or vulnerable) then the Council is required to provide temporary accommodation at the relief stage. If the household has a local connection to another local authority area then a referral to that local authority can be made at the relief stage. At the end of the 56 days, if it has not been possible to relieve homelessness then the homeless duty must be met and the Local Authority must determine what duty if any is owed to the client. If the household is eligible (immigration status), homeless, has a local connection, unintentionally homeless and has a priority need, the Council will provide temporary accommodation pending the offer of a suitable home in the private rented sector or a housing association property.

### **The Bracknell Homeless Demand Context**

- 5.3 Over the last 5 years we have seen a gradual decrease in the number of homeless applications to Bracknell Forest as demonstrated in Table 1 below. These figures do not include those clients who were given advice and assistance only as this did not constitute a homeless application under the old legislation.
- 5.4 Since the introduction of the Homelessness Reduction Act and the additional duties e.g. extension of the definition of the period when a person is threatened with homelessness from 28 days to 56 days, prevention and relief duties and the Act being prescriptive that the prevention duty also applies at the time of a valid notice to quit (Section 21 notice) for those households in private rented accommodation, this has resulted in a dramatic increase in the first quarter of 2018.

Table 1:

	<b>April 17- March 18</b>	<b>April 16- March 17</b>	<b>April 15- March 16</b>	<b>April 14- March 15</b>
<b>Homeless Demand</b>	<b>133</b>	<b>152</b>	<b>204</b>	<b>218</b>

- 5.5 Based on the approaches in April and May 2018, a total number of 29 single/adult couple households were owed a relief duty. This could be equivalent to 174 cases under relief duty in the financial year of 2018/19. It is estimated that the council could owe an accommodation duty to 50% of the total number of cases owed a relief duty as it may have reason to believe they are in priority need. Thus there could be a requirement to provide accommodation for 87 additional households compared to those the Council accommodated in previous years.
- 5.6 From April 2018 until July 2018 a total number of 58 households started under the prevention duty status. 12 of these households then progressed to the relief duty due to unsuccessful attempts to prevent their homelessness. Therefore if patterns continue in this way, the numbers provided under paragraph 5.3 may fluctuate and increase by 36-40 households per year who may progress from prevention to relief stage.

5.7 With current measures in place, the council has been able to prevent homelessness in 11 instances from April 2018 to July 2018. There are a high number of cases which are still open to the service as there are circumstances where due to ongoing prevention work, officers are required to continue to work with households and cannot close down applications. Therefore the proposals of measures to be put in place by using the Flexible Homeless Support Grant will seek to address the gaps in service so that the council can provide assistance to more households to prevent or relieve their homelessness.

5.8 Therefore the current impact of the Homelessness Reduction Act is that there has been a significant increase in number of approaches to our service since 3 April 2018 compared to previous years. The panel is asked to note that the projected numbers provided above are based on the service demand in the last 5 months and may change dramatically as the real impact of the legislation is not yet known due to the short time lapse since enactment.

## **6 Borough Solicitor's Comments**

6.1 Not applicable.

## **7 Borough Treasurer's Comments**

7.1 Nothing to add.

## **8 Other Officer's Comments**

8.1 Nothing to add.

## **9 Equalities Impact Assessment**

9.1 Not applicable.

## **10 Consultation**

10.1 Not applicable

## **11 Background Papers**

11.1 None

## **12 Contact for further information**

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# QUARTERLY SERVICE REPORT

## ADULT SOCIAL CARE, HEALTH & HOUSING

Q1 2018 - 19  
April - June 2018

**Executive Member:**  
Councillor Dale Birch

**Director:**  
Gill Vickers






15<sup>th</sup> August 2018 V6

## Contents




Section 1: Where we are now .....	3
Section 2: Strategic Themes .....	5
Value for money .....	5
People live active & healthy lifestyles .....	6
A clean, green, growing and sustainable place .....	11
Strong, safe, supportive and self-reliant communities.....	12
Section 3: Operational Priorities .....	15
Annex A: Financial information .....	19
Annex B: Annual indicators not reported this quarter.....	22

## 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

During this quarter we have continued to see further reductions in the number of people needing long-term care and have delivered a £356k contribution towards our full year savings target. However, we have also had a stark reminder of how sensitive care costs are to the combined pressures created from new demand, changes in needs, market conditions and changes in the profile of the numbers of people we are supporting. Following a sustained 7 month run of reducing care costs, we have seen a sudden sharp overall increase in June, resulting in a £478 forecast overspend. A large proportion of the overspend is due to the cost of care packages for just 4 clients. We are looking at options to minimise the risk of any further overspend and to manage this down over subsequent months. However this will become more challenging as we start to feel the effect of seasonal pressures across the health and care system in quarters 2 and 3.

While the situation is worrying, this confirms that our transformation programme is tackling the right things such as: greater investment in early help and prevention services to enable vulnerable people of all ages to remain safe and as independent as possible; developing alternative support options in the local care market and improving the join-up between Council services, partners and across the wider health and care system.

### Highlights and remedial action

#### Good performance

Public Health indicators including the number of community groups worked with by Public Health to develop their support to local residents; the number of people accessing online Public Health and the number of people actively engaged with Public Health social media channels have all exceeded targets and are performing well.

LGA Digital Innovation Programme –Bracknell Forest Council was one of a handful of successful bids to be awarded funding from the LGA Digital Innovation Programme. This is a high profile national programme which is providing seed funding for local authorities to conduct initial research to identify innovative solutions to increase the use of digital technology in adult social care

#### Areas for improvement

L030 Number of lifelines installed in the quarter - Forestcare have had an installer vacancy for the past few months following the promotion of one of the installers. We have also mobilised 2 large contracts which our remaining installers have been supporting on. We have now recruited another installer who will work to increase the target overall next quarter

4.6.01 Review the model of providing DAAT services and implement any improvement identified – We are currently undertaking a review of the group programme working with our service user forum. Any changes will be implemented during quarters 2 & 3.

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 - Only 3 cards have been activated so far this year as we ran out of stock and had to wait for new supplies to be sent through.

7.1.11 Whole life disabilities service design proposal and options produced - This has been reprioritised to reflect the dependency on the agreed timescales to design and implement the new People Directorate.

7.1.20 Develop and implement a shared lives scheme - A strategic meeting of the Adult Transformation Team, Commissioning and Operational Leadership for learning disabilities took place to consider the business case for shared lives and plan next steps. The meeting concluded that further consideration is needed before a plan for the service can be effectively planned. Further work on the specification for the scheme is required before the plans for this can be agreed

### **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 one forecast for the department overall is an overspend of £0.371 million. The largest area of expenditure is purchased social care and this is currently showing an overspend of £0.478 million. The transformation programme contains a number of initiatives designed to close this gap but the forecast is based on current costs (i.e. future savings are not included until they have been realised).

Provider uplifts for sleep-ins and other community services outside the framework contract are still being negotiated although the risk around this has reduced due to the recent Court of Appeal outcome on 13<sup>th</sup> July 2018 (overturning the court ruling last year that care workers should be paid the national minimum wage for every hour of a sleep-in-shift). Whilst the risk may have reduced an estimate of this cost has been included in the forecast and it remains a risk to the budget position. In addition, two key care home providers have been red-flagged due to safeguarding concerns. This will reduce capacity in the local market and is likely to increase the cost of new placements.

#### *Capital Budget*

The largest capital budget relates to the loan to Downshire Homes for the purchase of property. It is expected that at least a further 20 properties will be purchased in the financial year.

An initial budget for project costs in relation to the redevelopment of Heathlands into a 64 bed care home is also included in this year's budget. This is a joint scheme with the CCG and if it proceeds this will be a significant scheme with a value of approximately £10 million.

### **Adult social care sickness absence**

Work is continuing between HR and ASC to ensure accuracy of sickness absence recording on the new iWorks system which has been implemented in Q2.

## Section 2: Strategic Themes






### Value for money







Action	Due Date	Status	Comments
<b>1.2 The cost, quality and delivery mechanism of all services will be reviewed by 2019</b>			
1.2.19 Design and implement a People Directorate that brings Adult Social Care, Health & Housing and Children, Young People & Learning services into a single directorate structure (T)	31/03/2019		Directorate designate has been appointed to lead the work to align Adult Social Care, Health & Housing and Children, Young People & Learning services into a single directorate structure. Work is in progress to recruit to the new tier 2 assistant director level senior management structure.
1.2.20 Joint commercial development and early help function (T)	31/03/2019		Plans are on track to design and implement the joint commercial development and early help function.
1.2.21 Joint commissioning and transformation function (T)	31/03/2019		Plans are on track to design and implement the joint commissioning and transformation function. The Assistant Director for Joint Commissioning and Transform has initiated a strategic review of the current commissioning functions as part of the 'analyse' phase of the organisation and service redesign work.
<b>1.7 Spending is within budget</b>			
1.7.22 Adult Social Care 2018-19 transformation savings commitments delivered (T)	31/03/2019		The ASCH&H Transformation programme has delivered a £356k (full year equivalent) reduction in long-term provided care costs during the first quarter which is ahead of profile. The risk of planned savings being severely impacted by demand pressures has increased in M3 following the first increase in provided care costs for 7 months. Contingency arrangements are in place to manage down the risk of a continued over-spend.

## People live active & healthy lifestyles



Action	Due Date	Status	Comments
<b>4.3 Comprehensive public health programmes aimed at adults and young people, including smoking cessation, weight management and sexual health are in place</b>			
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 (E)	31/03/2019		The uptake of online counselling continues to grow and the waiting times remain consistently lower than 2 hours.
4.3.06 Continue to develop and deliver the offer of support to resident run community groups with the aim of building community resilience	31/03/2019		The number of community groups being supported by Public Health has exceeded targets. The social prescribing service has been launched.
4.3.07 Ensure a range of effective health improvement services are available, including support for weight management, physical activity and a refocused programme aimed at reducing smoking	31/03/2019		There are now seven accessible physical activity sessions available each week. Health improvement services are now fully integrated with health social prescribing in order to provide a more holistic service.
4.3.08 Develop a strong range of digital services aimed at supporting healthy and active lives, with a particular emphasis on social media based innovation	31/03/2019		Access to the Public Health Portal and Public Health Facebook community is exceeding targets.
4.3.09 Enhance the emotional health and wellbeing of children and young people through the commissioning of online counselling as well as projects aimed at reducing stigma and increasing emotional literacy	31/03/2019		As well as the success of online counselling Public Health have delivered a number of mental health focused session in school and with youth organisations.
<b>4.4 Personal choices available to allow people to live at home are increased</b>			
4.4.12 Develop personal housing plans for customers who face homelessness	31/04/2018		This was completed as part of the Homeless Reduction Act 2017 that came into force on 3rd April 2018.
4.4.13 Provide capital funding to the Holly House scheme to secure accommodation for young single homeless people	31/03/2019		Funding provision is complete and the refurbishment of the accommodation is well on the way and timelines on target for completion
4.4.14 Increase the accommodation available for people with learning disabilities (E)	31/03/2019		Ongoing
4.4.15 Implement new overpayment recovery contract to minimise impact on individual's financial position	31/03/2019		Contract awarded for 2 years to Reigate and Banstead








4.4.16 Further developments towards personalised health and care (T)	31/07/2018		Bracknell Forest Council has been provided with a mandate by the CCG and Integrated Care System Leaders to develop an integrated operating model for the CCG continuing health care function. The scope includes the development of a local authority led trusted assessor and care management function for the East Berkshire CCG footprint. This will provide a strategic enabler to increase the number of people that are receiving a personal health budget and direct payment. This will enable people to have far greater choice and control over how their continuing health care needs are met.
4.4.17 Develop new housing options for older people	31/03/2019		As part of the Integrated Care System, the council and partners commissioned Housing LIN to undertake a research into Housing with Care for vulnerable adults including adults with disabilities and older people. The first draft of this review is due to be shared with the ICS Care & Support Market Steering Group during July. Initial meetings with ICS partners will then take place, followed by considerations within Bracknell Forest about how to take proposals forward.
4.4.18 Develop new housing options for people with learning disabilities	31/03/2019		As part of the Integrated Care System, the council and partners commissioned Housing LIN to undertake a research into Housing with Care. The first draft of this review is due to be shared with the ICS Care & Support Market Steering Group during July. Initial meetings with ICS partners will then take place, followed by considerations within Bracknell Forest about how to take proposals forward.

<b>4.6 Integration of council health services care pathways for long term conditions is increased</b>			
4.6.01 Review the model of providing DAAT services and implement any improvement identified	31/03/2019		We are currently undertaking a review of the group programme working with our service user forum. Any changes will be implemented during quarters 2 & 3.
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	31/03/2019		Only 3 cards have been activated so far this year. However we ran out of stock and had to wait for new supplies to be sent through. Since the service was commissioned there has been a steady increase in the number of cards activated each year as follows: 2015/16 = 15 2016/17 = 23 2017/18 = 37
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 (E)	31/03/2019		We are now delivering a substance support group on a monthly basis at a supported accommodation project. We are currently developing a 6 week abstinence based programme which will be delivered from a community venue.
4.6.11 Support the delivery of services which promote independence, reduce delayed transfers of care and develop hospital avoidance schemes	31/03/2019		Bracknell has a home first policy which is supported by Discharge to assess beds, Hospital to Home services, and the connections hub, further work will continue through the various Frimley ICS working Groups.
4.6.12 Integrated health and care workforce development plans produced and approved by all partner organisations (STP) (T)	31/03/2019		Workforce development plans are in the process of being developed and work continues across Frimley STP footprint to develop health and social care roles fit for the future.
4.6.13 Integrated models of care delivery hubs (STP) (T)	31/03/2019		A local strategy and operational group has been established locally to drive the delivery of local Integrated care delivery services. This is linked to the enhanced Intermediate care services which will go live in August 2018.
<b>4.7 Accessibility and availability of mental health services for young people and adults is improved</b>			



<p>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)</p>	<p>31/03/2019</p>		<p>The next Network Group Meeting will take place at the Open Learning Centre on Friday, 6th July 2018</p> <p>The Project Board is now providing seed funding to the local organisations most accessed by the Network for the benefit of improving what the Network can offer supported individuals and their carers in the community to achieve their recovery goals. Sport in Mind have received £5,000 to guarantee five additional sports sessions a week for one year in Bracknell Forest as of the beginning of the 2018/19 financial year. The main focus of Network's development during Q1 has been around the drafting and approval of the executive summary document detailing the 2nd tranche of Network development. Areas of Network expansion covered in the document include Adult psycho-education sessions, Older Adults maintenance groups for Cognitive Stimulation Therapy (CST), Minor Cognitive Impairment (MCI), Cognitive Behavioural Therapy for Carers (CBT), Individual Placement and Support (IPS) scheme, Network Peer-to-Peer scheme, further integration of the BFCN into the CMHTs and the Bracknell Forest Mental Health Forum. All of these will be co-produced with supported individuals and their carers as well as practitioners from the Bracknell Forest Community Mental Health Teams. All of the activities mentioned above are have an effect in reducing likelihood of supported individuals needing future secondary mental health intervention and bed-based provision, as seen from the</p>
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			reduced waiting list for CMHT Care Co-ordination.
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Ind Ref	Short Description	Previous Figure	Current figure	Current Target	Current Status
OF1c2a	Percentage of people using social care who receive direct payments (Quarterly)	44.3%	45.3%	37.8%	
L278	Percentage of adult social care records in the Adult Social Care IT System that contain the person's NHS number (Quarterly)	98.5%	98.6%	98%	
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)	2,361	2,612	2,150	
L280	The % of young people who receive a response from KOOTH (the online counselling service for young people) within 2 hours (Quarterly)	100%	100%	100%	
L309	Number of community groups worked with by Public Health to develop their support to local residents (Quarterly)	77	87	73	
L310	Number of people accessing online Public Health services via the Public Health portal (Quarterly)	8,234	2,359	800	
L311	Number of people actively engaged with Public Health social media channels (Quarterly)	2,423	2,542	2,400	



## A clean, green, growing and sustainable place




Ind Ref	Short Description	Previous Figure	Current figure	Current Target	Current Status
NI181	Time taken in number of days to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	4 days (5.82 days ytd)	7 days	8 days	
L178	Number of household nights in B&B accommodation (Quarterly)	583	607	754 per quarter	
L312	Number of families that have been in non self contained accommodation for over 6 weeks at quarter end (Bed & Breakfast) (Quarterly)	0	Not able to report*	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	Not able to report*	14	-




\*Due to a change in the IT module (required as change in legislation, Homeless Reduction Act 3<sup>rd</sup> April 2018) that we use to record homeless and temporary accommodation data, we are unable to report this indicator in Q1.

## Strong, safe, supportive and self-reliant communities















Action	Due Date	Status	Comments
<b>6.6 Prevention of harm, reduce crime and disorder and make the town centre safe</b>			
6.6.02 Prevent harm to victims, offer support to children and manage perpetrators by holding monthly multi-agency meetings to co-ordinate the support and response for repeat and/or standard/medium/high risk cases of Domestic Abuse	31/03/2019		These meetings take place each month and referrals are routinely referred in by police.
6.6.03 Work with our partners to respond to problem locations where crime and disorder are causing disruption to residents, businesses and our community while also ensuring that support is offered to residents who are at risk of exploitation	31/03/2019		These meetings take place monthly and referrals are received in from all partners who have challenging cases that need a multi-agency approach. The team's data analyst also routinely analyses the data to identify any problem locations that need a response.
6.6.07 Ensure that support is offered to residents who are at risk of exploitation	31/03/2019		There are a number of multi-agency groups that respond to child victims who are at risk of the different types of exploitation and ensure that the support is matched to the level of risk. There is also a strategic group which covers all exploitation to children that steers the programme of work and ensures that we are using best practice and maximising safeguarding. A new strategic programme of work supporting victims of Modern Slavery and Exploitation has begun and 180 frontline BFC and partner staff were trained in June on how to identify, refer and support victims. Additional training for more staff as well as Councillors is planned. Support to any victims identified will be given by Thames Valley Partnership who have recently been commissioned by the Police and Crime Commissioner. The Strategic Group will ensure that the CSP develops a robust response to modern slavery including

			support and disruption.
6.6.04 Support regular multi-agency offender management meetings to prioritise intervention with offenders who commit the most crime and cause most harm to the community	31/03/2019		The IOM multi-agency meeting continues to operate successfully, Coordinated and lead by Laura Wright TVP & Justin Whitlock BFC. Panel meeting are held monthly, leads and practitioners liaise daily to deliver a robust service to this identified prolific cohort, targeting intervention to the 'Seven Pathway' approach to reducing recidivism. These pathways are 1. Case Management & Transition 2. Accommodation 3. ETE 4. Health 5. Substance Misuse 6. Families 7. Finance, Benefits & debt.
6.6.05 Lead on Prevent, having strategic oversight of the action plan, co-ordinating referrals to the Channel Panel and supporting workforce training	31/03/2019		Prevent Steering Group meets three time a year and is attended by the Head of Counter Terrorism Policing South East. Channel Panels are scheduled monthly to co-ordinate interventions and safeguarding to any potential referrals. However, if a referral doesn't meet Channel threshold, good practice is employed and a safeguarding review is carried out to identify other existing vulnerabilities and appropriate referrals are made. Work has begun on developing the next Prevent Plan and Strategy (2019 - 2122) for BFC in line with the new Counter Terrorism Bill and Contest Strategy.
6.6.06 Work with the Lexicon, tenants and partners to ensure that the town centre is a safe place to be enjoyed by all	31/03/2019		Monthly meetings take place to address any problem issues in the town centre. These are attended by police, some tenants, BFC and the Lexicon. It is a very pro-active group which has achieved good results. Public order, criminal damage and violence are routinely monitored through the Community Safety Partnership each quarter



Ind Ref	Short Description	Previous Figure	Current figure	Current Target	Current Status
L030	Number of lifelines installed in the quarter (Quarterly)	246	186	230 per quarter	
L031	Percentage of lifeline calls handled in 60 seconds in the quarter (Quarterly)	97.7%	97.73%	97.5% per quarter	
L185	Overall crime (Quarterly)	4,969	1,595	Reduction on 2017/18 in line with CSP	-
L316	Forestcare - % of Lifeline demos within 7 days of customer request (Quarterly)	100%	98%	95% per quarter	


## Section 3: Operational Priorities


Action	Due Date	Status	Comments
<b>Adult Social Care Health &amp; Housing</b>			
7.1.10 Use monthly budget monitoring reports to identify and address any emerging overspends promptly	31/03/2019		Systems and processes are in place to review the monthly budget monitoring report to identify and track emerging issues and recovery actions.
7.1.11 Whole life disabilities service design proposal and options produced (T)	30/09/2018		This has been reprioritised to reflect the dependency on the agreed timescales to design and implement the new People Directorate. A revised timescale for this action needs to be agreed as part of the People Directorate work programme. The scope of the new Learning Disabilities Approaching Adulthood team has been extended to include all customer groups transitioning from Childrens Service to Adults
7.1.12 Implementation of social prescribing operating model (T)	30/09/2018		Service now in place.
7.1.13 Working with the Clinical Commissioning Group to further develop an Integrated Care approach (T)	31/03/2019		Partnerships are in place to deliver Integrated Decisions Making Services which will eventually support Local integrated Decision Making Hubs. Multi agency meetings take place on a bi monthly basis The Enhanced Intermediate Care Service which is going live in August is based on the principals of integration.
7.1.14 Review and evaluate effectiveness of the care practice quality assurance panels (T)	30/06/2018		Senior managers review all care plans to ensure there is oversight and equity of service delivery
7.1.15 Review and evaluate the impact of the conversations approach to care management practice and ensure it is delivering the expected benefits (T)	30/06/2018		Audit now completed recommendations have been incorporated into an action plan which will be implemented during the next quarter.
7.1.16 Review and evaluate the new connections support function and	31/05/2018		Review and evaluation completed and outcomes

community connector role to determine development requirements (T)			will feed into the future developments toward the people directorate.
7.1.17 To reduce delayed transfers of care and hospital admissions, deliver an enhanced intermediate Care Service 7 days per week. (T)	31/03/2019		7 day service in place.
7.1.18 Enhanced community intermediate care service model implementation completed (T)	30/09/2018		Go live date agreed 01.08.2018
7.1.19 Develop business case to support redevelopment of Heathlands to provide at least 44 bed space EMI scheme and 20 bed Discharge to Assess (D2A)	30/09/2019		Joint business case for the CCG capital contribution has been produced and submitted to NHSE in June 2018. An Executive decision report is on track to be produced for September 2018 to obtain sign-off to start the next stage of the programme.
7.1.20 Develop and implement a shared lives scheme (T)	31/12/2018		A strategic meeting of the Adult Transformation Team, Commissioning and Operational Leadership for learning disabilities took place to consider the business case for shared lives and plan next steps. The meeting concluded that further consideration is needed before a plan for the service can be effectively planned. This includes an assessment of the feasibility of delivering a service that is able to overcome the challenges that existing external services have had in identifying placements for adults with complex needs.
7.1.21 Development and implementation of plan for the Personal Assistant (PA) market (T)	31/03/2019		A project has been initiated to develop the local Personal Assistant (PA) market, in order to offer people in receipt of Direct Payments from the Department, greater choice about how they arrange their own care and support. The existing Personal Assistant market in Bracknell Forest is relatively immature, so over the last quarter, work has been undertaken to



			<p>analyse and understand the local market and to work with existing and potential new organisations to develop a more comprehensive offer for both Directly employed and Self-employed PAs. This work will be continuing over the next quarter. In tandem with this, work is continuing within the department, to ensure that practitioners are cognisant of the support options available in the PA market when developing care plans with individuals. Work is also being undertaken to review the different ways that a managed (Directly employed) PA service could be developed – in house and / or through a commissioned organisation.</p>
7.1.22 Review of the Domiciliary Care Gainshare Model (T)	30/10/2018		<p>A narrative review of the Community Based Support framework has taken place in Q1. This has involved meeting with all providers and a number of stakeholders to consider the implementation of the framework and consider opportunities for improvements. A meeting with providers will take place in July to share the findings of this review and plan activity. At the same time a project team has been put in place within the council to review internal processes and lead on making agreed changes.</p>
7.1.23 Develop a new Market Position Statement and work with voluntary sector to identify gaps (T)	31/12/2018		<p>The aim of the Market Position Statement is to signal the council's business intentions and form the basis for discussions between the local authority and the local market (including voluntary and community sector) to respond to the</p>

			changing needs of the local population. The new Market Position Statement is in the process of development with the next steps to include engaging with local providers through a series of workshops. These workshops will aim to full understand the pressures within the market, implications of policy changes, resource pressures, and potentials opportunities available to work collaboratively. Intelligence gathered through this process will be used as a foundation to formulate a document to support future commissioning arrangements.
7.1.24 Strategic partner identified to collaborate on the development of a strategic solution that meets Council's ambition for a digital care and wellbeing marketplace (T)	30/06/2018		A strategic partner has been identified that has the capability to meet the Council's requirements. This cannot be progressed at this stage because of dependencies on defining future marketplace requirements to support the personal health budgets. There is also a dependency on strategic priorities to align Childrens and Adults online offer as part of the work programme to create a new People Directorate. The current Bracknell Help Yourself digital platform has seen steady growth in usage with an average of 450 unique hits per week

Ind Ref	Short Description	Previous Figure	Current figure	Current Target	Current Status
L033	The % of customers receiving the correct amount to benefit (Quarterly)	-	96.7%	98%	

## Section 4: Staff Sickness

Section	Total staff	Number of days sickness	Quarter 1 average per employee	2018/19 Projected annual average per employee
DMT	5	17.5	3.50	14.00
Adult Social Care	213	643	3.02	12.08
Commissioning & Resources	28	41	1.46	5.86
Housing	80	108.5	1.36	5.43
Public Health	25	10.5	0.42	1.68
<b>Department Totals (Q1)</b>	<b>351</b>	<b>820.5</b>	<b>2.34</b>	
<b>Totals (18/19)</b>	<b>351</b>	<b>820.5</b>		<b>9.35</b>

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 17/18	7.03 days
Public Sector employers 2017	8.50 days

Source CIPD: Health & Wellbeing Survey May 2018

## Annex A: Financial information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - MAY 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 month
	£000	£000	£000	%	£000	£000	£000
<b>Director</b>	(326)	57	(269)	213%	(94)	175	175
<b>Commissioning</b>	745	(73)	672	15%	619	(53)	(53)
<b>Adult Social Care</b>							
<i>Purchased Adult Social Care</i>							
Adult Community Team (ACT)	5,060	0	5,060	20%	5,632	572	572
Community Team for Mental Health (CMHT)	1,220	0	1,220	5%	1,130	(90)	(90)
Community Team for Mental Health Older Adults (CMHTOA)	4,916	(25)	4,891	14%	4,721	(170)	(170)
Community Team for People with Learning Disabilities (CTPLD)	9,786	0	9,786	3%	9,902	116	116
<i>Directly provided Adult Social Care</i>							
Equipment	119	0	119	72%	2	(117)	(117)
Intermediate Care	1,264	(269)	995	30%	1,007	12	12
Community Network	181	1	182	12%	130	(52)	(52)
Glenfield	290	1	291	17%	278	(13)	(13)
Waymead	730	2	732	15%	716	(16)	(16)
Breakthrough	166	1	167	13%	143	(24)	(24)
Emergency Duty Service	59	4	63	520%	60	(3)	(3)
<i>Care Management and Operational</i>							
ACT	1,201	280	1,481	17%	1,481	0	0
CMHT	767	2	769	15%	854	85	85
CMHTOA	594	2	596	20%	825	229	229
CTPLD	1,069	4	1,073	21%	1,070	(3)	(3)
Connections Hub	251	(73)	178	16%	195	17	17
Safeguarding	266	100	366	19%	332	(34)	(34)
Chief Officer budgets	404	0	404	0%	329	(75)	(75)
	<b>28,343</b>	<b>30</b>	<b>28,373</b>		<b>28,807</b>	<b>434</b>	<b>434</b>
<b>Early Help &amp; Communities</b>							
Housing Strategy	560	3	563	7%	468	(95)	(95)
Housing Options	418	(64)	354	-25%	241	(113)	(113)
Supporting People	559	66	625	15%	618	(7)	(7)
Housing Benefits Administration	415	3	418	-54%	393	(25)	(25)
Housing Benefit Payments	(55)	0	(55)	-2,816%	(63)	(8)	(8)
Community Safety	216	1	217	-22%	217	0	0
Drugs and Alcohol Advice Team	0	0	0	0%	0	0	0
Forestcare	18	5	23	227%	96	73	73
	<b>2,131</b>	<b>14</b>	<b>2,145</b>		<b>1,970</b>	<b>(175)</b>	<b>(175)</b>
<b>Public Health</b>							
Public Health	3,965	0	3,965	11%	4,007	42	42
Grant Funding	(4,050)	0	(4,050)	25%	(4,050)	0	0
Business Intelligence	173	283	456	-9%	446	(10)	(10)
	<b>88</b>	<b>283</b>	<b>371</b>		<b>403</b>	<b>32</b>	<b>32</b>
<b>TOTAL ASCHH</b>	<b>30,981</b>	<b>311</b>	<b>31,292</b>		<b>31,705</b>	<b>413</b>	<b>413</b>
<b>Adjustment for Public Health ring-fence</b>						<b>(42)</b>	
<b>TOTAL ASCHH EXCLUDING PUBLIC HEALTH</b>						<b>371</b>	
<b>Memorandum item:</b>							
Devolved Staffing Budget			15,543	15%	15,954	411	411
<b>Non Cash Budgets</b>							
Capital Charges	404	0	404		404	0	0
IAS19 Adjustments	2,304	0	2,304		2,304	0	0
Recharges	2,934	0	2,934		2,934	0	0
	<b>5,642</b>	<b>0</b>	<b>5,642</b>		<b>5,642</b>	<b>0</b>	<b>0</b>

## 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
<b>HOUSING</b>						
Help to Buy	240.0	0.0	240.0	0.0	0.0	
BFC My homebuy	166.4	-2.0	166.4	0.0	0.0	
Heathlands	500.0	0.0	500.0	0.0	0.0	
Downshire Homes	9,254.7	343.0	9,254.7	0.0	0.0	One property purchased
Edenfield - Stonewater Housing Development	233.0	0.0	233.0	0.0	0.0	
Holly House	450.0	0.0	450.0	0.0	0.0	
Disabled Facilities Grant	1,510.7	55.2	865.0	645.7	0.0	
<b>TOTAL HOUSING</b>	<b>12,354.8</b>	<b>396.3</b>	<b>11,709.1</b>	<b>645.7</b>	<b>0.0</b>	

Percentages 3.2% 94.8% 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	0.0	4.5	0.0	
Community capacity grant	451.3	225.3	50.0	401.3	0.0	£45k earmarked for Waterside Park.
IT replacement	79.6	0.0	0.0	79.6	0.0	To be used for LAS enhancement
<b>TOTAL ADULT SOCIAL CARE</b>	<b>535.4</b>	<b>225.3</b>	<b>50.0</b>	<b>485.4</b>	<b>0.0</b>	

Percentages 42.1% 9.3% 0.0%

TOTAL CAPITAL PROGRAMME	12,890.2	621.5	11,759.1	1,131.1	0.0	
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Percentages 4.8% 91.2% 0.0%

## Annex B: Annual indicators not reported this quarter

### Council Plan indicators

Ind. Ref.	Short Description	Quarter due
<b>4. People live active and healthy lifestyles</b>		
OF1f	The number of adults with a mental health problem in paid employment a % of adults in contact with secondary mental health services	Q2
NI155	Affordable Housing supply (Annually)	Q4

## ADULT SOCIAL CARE HEALTH & HOUSING OVERVIEW & SCRUTINY PANEL

### EXECUTIVE WORK PROGRAMME

<b>REFERENCE:</b>	I078503
<b>TITLE:</b>	Redevelopment of Heathlands site
<b>PURPOSE OF REPORT:</b>	The Executive is asked to consider the redevelopment of the Heathlands site to provide a 64 bed elderly and mentally infirmed nursing home in partnership with the CCG based on a business plan for the future operation of services on site.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	13 Nov 2018
<b>FINANCIAL IMPACT:</b>	To be outlined in the Director's report.
<b>CONSULTEES:</b>	None.
<b>CONSULTATION METHOD:</b>	Not applicable.

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

<b>REFERENCE:</b>	I078324
<b>TITLE:</b>	Community Centre and Health Care Hub at Blue Mountain
<b>PURPOSE OF REPORT:</b>	To seek approval for the delivery strategy for the co-located community centre and health care hub for the site at Blue Mountain.
<b>DECISION MAKER:</b>	Executive
<b>DECISION DATE:</b>	25 Sep 2018
<b>FINANCIAL IMPACT:</b>	Land for the hub is available as part of the agreement with the land owner/developer of the residential site. The proposal requires capital funding (c. £9m) for the proposed new facilities including contribution from the NHS. The report also sets out the principles of the ongoing maintenance/service charge.
<b>CONSULTEES:</b>	Binfield Parish Council, Binfield Surgery, East Berkshire CCG and Corporate Management Team.
<b>CONSULTATION METHOD:</b>	Meetings and email consultation with key partners and Corporate Management Team