

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

**15 JANUARY 2019**

**7.30 - 9.20 PM**



**Present:**

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

**Observer:**

**Executive Members:**

Councillor D Birch

**Also Present:**

Nikki Edwards, Executive Director: People

Melanie O'Rourke, Assistant Director: Adult Social Care Operations

Hannah Doherty, Interim Joint Assistant Director: Early Help & Communities

Tony Dwyer, Locality Manager, Community Mental Health Team (CMHT)

Julian McGowan, Business Partner: Finance

**Apologies for absence were received from:**

Councillor Peacey

Dr David Norman, Co-opted Representative

Mark Sanders, Healthwatch Bracknell Forest

Rachel Morgan, Assistant Director: Education and Learning Bracknell Forest Council

Thom Wilson, Assistant Director: Commissioning Bracknell Forest Council

Sonia Johnson, Interim Assistant Director: Children's Social Care

**34. Minutes and Matters Arising**

**RESOLVED** that the Minutes of the Adult Social Care, Health and Housing Overview and Scrutiny Panel held on 11 September 2018 be approved as a correct record, and signed by the Chairman.

Arising from the Actions Log, Action 14 (from the 24 July meeting) Item 20 Healthwatch, Bracknell Forest Annual Report 2017-2018, Members confirmed that they had raised awareness amongst residents about the need to opt in to Healthwatch if they wished to continue receiving updates.

Referring to Matters Arising Since the Last Meeting, the sixth Bulletin supplied by the East Berkshire CCG about "The Big Conversation", Members asked what impact the "Feeling Unwell?" communications piece which signposts people to the correct service, had been.

Janette Fullwood, Head of Children, Young People's and Families: East Berkshire Clinical Commissioning Group (CCG) advised that the impact of the signposting communications piece was currently unknown.

Melanie O'Rourke, Assistant Director: Adult Social Care Operations advised that anecdotal evidence showed there had been lighter winter pressures on the NHS over Christmas. Cold weather and snow would usually drive up hospital admissions but the weather had not been severe and admissions numbers had not been high. Hospitals were accepting admissions within normal expected ranges and some even at lower levels and the current situation was looking positive.

**ACTION: Janette Fullwood, Head of Children, Young People's and Families: East Berkshire Clinical Commissioning Group (CCG) confirmed she would look at the specific impact of the communications piece and advise the Panel.**

**35. 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.

**36. Urgent Items of Business**

There were no urgent items of business.

**37. Public Participation**

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

**38. Introduction from Nikki Edwards, Executive Director: People**

Nikki Edwards, Executive Director: People gave an introduction, shared her vision on her role as Executive Director for People's Directorate and introduced the leadership team.

The People Directorate structure was outlined:

- Nikki Edwards Executive Director: People
- Tony Dwyer, currently the Locality Manager for Mental Health Services in Bracknell but his post will become Interim Assistant Director for Mental Health and Out of Hours Services.
- Melanie O'Rourke, Assistant Director: Adult Social Care Operations. Manages learning disabilities, mental health, older people, long term conditions, and integrated services.
- Hannah Doherty, currently Interim Joint Assistant Director Early Help and Communities but from March 2019 will be Head of Learning Disabilities and Autistic Spectrum Disorder.

Other members of the directorate working in children's and adult's services were unable to be at the Panel meeting as they were working on a time bound Joint Targeted Area Inspection (JTAI). Those colleagues were:

- Rachel Morgan, Assistant Director: Education and Learning
- Thom Wilson Joint Assistant Director: Commissioning

- Sonia Johnson Assistant Director: Children's Social Care Operations.

Nikki Edwards, Executive Director: People outlined the process of how the Directorate had come together and explained:

- The People directorate brought together Adult and Children's services.
- The implementation date was 01 September 2018.
- The new team had looked at synergies where the two services worked together.
- They had held on to social care specialists, with Tony Dwyer, Locality Manager looking at emergency mental health services and out of hours.
- Gill Vickers, Executive Director: Delivery retained some services in the Delivery Directorate such as the emergency duty service, Forest Care and the Heathlands development.

There were 2 vision statements, that had to be blended and a draft vision for the new Directorate was now produced.

It was explained that people were at the heart of their services and there was a total commitment to the residents of the Borough.

The new vision matched the Council's plan and priorities.

Nikki Edwards, Executive Director: People described the draft vision statement was in two parts. The first part explained to service users why they were there, to:

- Protect you from harm if you need us
- Help you to get support so that you can be physically and emotionally healthy
- Work with you and your community to help you to be independent and resilient

Nikki Edwards, Executive Director People, explained that her team:

- Prided themselves in good, strong and effective services and wanted outstanding service across the whole People Directorate by focussing on quality.
- Wanted to integrate services with partners and work closely with those partners to make services seamless.
- Would enhance and continue daily working with partners.
- Wanted to provide information and choice and focus on what is important.

The second part of the vision explained how they would do it by:

- Focusing on quality practice
- Integrating services with partners
- Providing information & choice
- Focusing on what is most important

The draft vision had been stated, shared and was being worked to,

The next steps for the development of the Directorate were outlined.

- Of note, the JTAI inspection was delaying progress for at least 3 weeks.
- The heads of services sitting beneath the Children's Services Assistant Directors were at risk under a restructure.
- The adults' side, heads of service will be looked at to ensure alignment between the two.
- After that, the next step would be to look at the team that sits underneath the heads of services.
- The focus was on early help and prevention which were key.

- There was an opportunity to look at housing and benefits and to look at the Children's element. Family hubs had been launched based around children's centres which could be enhanced and adult's services added within a locality.

Nikki Edwards, Executive Director: People stated that she was really privileged to be part of the team. She explained that the portfolio covered 2/3 of the Council and that quality, consistency and opportunity were key elements of the future development of the directorate.

**ACTION: Kirstine Berry, Governance and Scrutiny Co-ordinator to provide the draft Vision Statement and key points of contact and Directorate structure to the Panel.**

Nikki Edwards, Executive Director; People thanked the Chairman for the opportunity to introduce her team and to speak about the new People Directorate to the Panel.

Arising from questions from Members it was explained that:

- A workforce plan was key to the People Directorate. The Directorate was people related and the workforce was a priority.
- The Human Resources (HR) business partner was Paul Young. He worked with the team on workforce planning which covered social work right through to mental health services.
- The skill set within the workforce was broad.
- Recruitment and retention was particularly important in children's social work.
- It was noted that Children's Overview and Scrutiny had been really helpful in recruiting quality professionals.
- There were still recruitment areas that provided challenge such as recruiting mental health professionals where it was important not to lose the balance between local knowledge and professional experience.
- A successful children's inspection had caused a spike in vacancy rates as staff had moved to other local authorities to become the next leaders and this made continual vacancy levels challenging.
- Bracknell Forest was considered a good place to work and there were high levels of interest in job vacancies.
- The leadership and management had been targeted and more training had been provided
- Recruitment of mental health professionals nationally was a problem with many current professionals retiring, but Bracknell Forest had recruited young, inspiring social workers and was looking at different professions to undertake the role too such as nursing and occupational therapy.
- It was stated that Bracknell Forest Council is a positive place to work with motivated staff. Ideas from staff were capitalised on to improve.
- Using the Council's values and behaviours framework should be used to attract people to the organisation, and working on those behaviours was key.
- The Family Hub launched on 1 December 2018. Initially staff required reassurance but only 2 months later, the hubs can support the whole family in the community and are integrated with housing and welfare. The Council's values and behaviours are being demonstrated.
- Any further detail about recruitment and retention could be provided by Paul Young, the HR business Partner if the Panel required.

The Chairman gave thanks to the People Directorate team for attending the Panel.

39. **Local Transformation Plan (LTP) Children and Young People's Mental Health and Wellbeing- East Berkshire Update**

Janette Fullwood, Head of Children, Young People's and Families: East Berkshire Clinical Commissioning Group (East Berks CCG) provided an update on the refreshed multi-stakeholder Local Transformation Plan (LTP) for children and young people's mental health and wellbeing and the new governance arrangements for the delivery of the plan and new outcomes.

Janette Fullwood, Head of Children, Young People's and Families: East Berkshire Clinical Commissioning Group (East Berks CCG) Introduced herself to the Panel and explained that:

- Mental health for children and young people was a significant and growing issue.
- 1 in 8 children had a diagnosable mental health condition whereas previously it had been 1 in 10.
- Locally the Child and Adolescent Mental Health Services (CAMHS) were seeing more complex cases and raised numbers of cases.
- There was some good news nationally following the Green Paper and the Government had committed to invest in new mental health teams locally.
- Since last February 2018 when she had started her role, the system was now working in an integrated way, with budgets and resources working together.

Background was provided to the LTP. It was explained that:

- The LTP was not new and had originally been part of a document called "Future in Mind" produced in 2015 which had set out how, as a system, local services could would work together to deal with mental health and emotional wellbeing.
- East Berkshire's first LTP had 9 strategic priorities. This plan had now been refreshed in a multi agency way.
- The new LTP was 80 pages long.

**ACTION: Janette Fullwood Head of Children, Young People's and Families: East Berkshire Clinical Commissioning Group (East Berks CCG) to provide the link to the full LTP to the Panel**

- The refreshed LTP had been signed by all directors of children's services.
- The CCG lead the plan but the whole system now worked together.

There were some highlights of the new approach:

- Additional services, including online support and community counselling across the patch had been commissioned (KOOOTH).
- Psychological Perspectives in Education and Primary Care (Ppep Care) training had been delivered to professionals including GPs and teachers, upskilling the workforce.
- An eating disorder and rapid response service for those presenting in crisis was now in place.
- The increase in tier 4 admissions, for those who were most unwell and needed inpatient admission, had slowed and the average length of stay was reduced.

The current challenges with the LTP were described:

- There was a fragmented offer for children and young people who didn't always know where to go for help resulting in extra pressures for specialist CAMHS.

- Approximately 50% of the referrals were inappropriate referrals, because of fragmented services.
- More work needed to be done with parents and carers to develop their participation. Co-production with these groups was necessary. The Special Educational Needs Service (SEN) was much more advanced in this area.
- The previous plan had looked at what needed to be commissioned not at how the system was working.
- This year there was just over £1m allocated to this work. The focus was not just about spending money but working better to achieve better results.
- The previous LTP had 9 strategic performance indicators.
- The current LTP had been stripped back to 4 key priority outcomes and enablers, and there were now deliverables and measures.
- The new LTP was aligned to partners' priorities and strengthened the multi agency arrangements.
- Conversations had begun about the amount of funding and what others would potentially match, using existing funding not additional money.
- The 4 new outcomes were high level statements. Behind each were deliverables and measurements.
- Of note, the early intervention offer needed to be developed.

The governance arrangements for the LTP were outlined:

- The governance arrangements had been a significant development.
- Previously the LTP was not multiagency and the new governance arrangements now lead to the right people to make decisions, reporting to the Joint Commissioning Board Children and Young people (CYP) Health and Wellbeing East Berkshire.
- Young Health Champions were being proposed.

The next steps for the LTP were described:

- The new multi stakeholder LTP group was now set up.
- Thom Wilson, Assistant Director: Commissioning was the local representative.
- Together with Chris Stannard, Public Health Programme Manager, Thom Wilson and Chris Stannard were the links and would provide feed back.
- Monthly meetings would take place to progress work at pace.
- Each meeting would have a theme. The January meeting would be to progress conversation about developing an early intervention model of support, putting the local authority in control of co-design for what an early intervention model would look like.
- Going forwards for phase 2, the LTP would be looking at supplying mental health support teams.
- Currently a date cannot be given to when Phase 2 will be activated but the system is ready to apply for it.

Arising from Member questions, Janette Fullwood, Head of Children, Young People's and Families: East Berkshire Clinical Commissioning Group (East Berks CCG) explained:

- Specialist CAMHS provided a whole spectrum of specialist services but approximately 50% of the East Berkshire children and young people referrals, had been referred to this service inappropriately.
- if a young person didn't meet the referral threshold for CAMHS, East Berkshire Healthcare didn't just send their referral back, they were good at signposting to appropriate services such as KOOTH and Youthline.
- The common point of entry (CPE) for the initial referrals needed to be understood better and this was a priority area.

- There had been a big increase in anxiety amongst children and young people.
- The eating disorder service had been commissioned for 100 referrals per year but was over that number already. Those individuals were also complex, really unwell people.
- Work needed to be done on other parts of the system to pick up the indicators of eating disorders and the system needed to work together better.
- Very little quality quantitative data existed on eating disorders. The commissioning of the service for 100 people was taken from those who were children and young people already in specialist services, and projections were made.
- As the service became known, there was a spike in demand.
- The CCG was now looking at future service provision for eating disorders and there was a section in the NHS 10 year plan that deals with eating disorders.
- The previous service was commissioned based on limited available data.
- The CCG was now doing a wider, whole system piece of work now to look at early intervention and prevention.
- Quarterly performance meetings were held jointly with the CCG and Public Health to monitor the effectiveness of KOOTH
- The CCG part funded KOOTH across East Berkshire, but Public Health provided a larger amount of funding to KOOTH in Bracknell Forest.
- Data from KOOTH was some of the best quality data the CCG had.
- Chris Stannard, Public Health Programme Manager provided a quarterly update on KOOTH.
- KOOTH had taken off in Bracknell Forest more significantly than in the other two areas because Public Health had communicated and backed it in schools within the Borough.
- Consistent and continuous communications about KOOTH were a big issue and essential for its continued success.
- Focus groups from young people, mentioned peer communication as being a key influencer.
- Educating young people about KOOTH and spreading the word could be done by young health champions and training for Year 12 children would take place to set up wellbeing groups in schools to help spread the word.

Nikki Edwards, Executive Director: People added some further detail relating to KOOTH:

Innovative ways to engage with young people, across things such as social media were being looked at.

- 167 young people logged on to KOOTH in Q2 2018-19.
- 2700 young people had logged on to KOOTH since April 2015.
- 86% of people made a return visit to the KOOTH website.
- 35% of young people went on to be registered for formal counselling.
- Family hubs had targeted youth workers who worked within schools and who did one to ones.
- KOOTH was an online emotional help information service. It had forums, messaging capability, instant help, articles to read, and an online counselling service.
- It provided a choice and opportunity for lots of young people to raise mental health issues.
- People logging on to KOOTH were using the system.
- There were rising numbers of people with mental health needs and KOOTH provided 24/7 access without a wait.
- KOOTH was a national organisation. Young people could log on to KOOTH by Googling the search term 'KOOTH' and registering.

- KOOTH could be accessed by care leavers, up to the age of 25.
- Young People trusted KOOTH. It was a safe online environment.

Janette Fullwood, Head of Children, Young People's and Families: East Berkshire Clinical Commissioning Group (East Berks CCG) took further Members' questions and explained:

- There were not too many agencies trying to work together. The challenge was how to get all of the agencies to work together effectively.
- Having a single point of access for people was the issue. For parents, children and young people and GPs the system didn't work together well enough and needed to work in a more integrated way.
- The early intervention model was key.
- Things needed to be better joined up and more integrated with shared responsibility in the system.
- KOOTH results were measured by performance reports, measured by reach, evidence based outcomes in terms of counselling, feedback and the friends and family test.
- The effectiveness of KOOTH on individuals was measured by goal based movement, how a person felt at the start of their contact with KOOTH versus how they felt at the end of the process.

**ACTION: Janette Fullwood, Head of Children, Young People's and Families: East Berkshire Clinical Commissioning Group (East Berks CCG) in consultation with Chris Stannard, Public Health programme Manager to provide a synopsis of performance monitoring data on KOOTH to circulate to Panel members.**

**ACTION: Members to log on to KOOTH and have a look at [www.kooth.com](http://www.kooth.com)**

- The Integrated Care System (ICS) had a Children, and Young People work stream.
- Under this work stream there were 3 specific areas:
  - Autism
  - Urgent Care
  - Prevention
- The LTP was linked to that agenda.
- East Berkshire had historically looked to West Berkshire but was now starting to look to the ICS colleagues for cooperation and development. With eating disorders, for example, East Berkshire were looking towards their colleagues in Surrey and trying to learn from them. They were looking towards their colleagues in Hampshire to learn about autism support.
- The ICS had created opportunities, but local authorities were very different.
- Locality bases needed to be right across East Berkshire.
- The fragments in the system had been examined and the CCG had identified shared synergies and gaps in each locality.
- Led by the CCG, Bracknell Forest was a key voice around the table to fill the gaps and the achievements in the last 6 months had been impressive.

Tony Dwyer, Locality Manager advised that:

- All services (such as the police) were working closer with South Central Ambulance Service (SCAS).
- Street triage workers worked with police on response calls to help deal with mental health issues.
- In terms of children and young people rapid response, the majority were presenting at A&E and that needed to be examined.

- A rapid response service had been commissioned but was it right? The challenge was how the whole service spectrum was achieved.
- Strong arrangements were in place for to comply with Data Protection legislation.

The Chairman thanked all those who had contributed for being frank about the challenges they faced and asked Janette Fullwood, Head of Children, Young People's and Families: East Berkshire Clinical Commissioning Group (East Berks CCG) what other good news would she anticipate in the next year.

In response, Janette Fullwood, Head of Children, Young People's and Families: East Berkshire Clinical Commissioning Group (East Berks CCG) advised the panel that she hoped to:

- Create a legacy.
- Create a strong early intervention offer within East Berkshire with one point of access, but that might be a hope too far as there were 3 very different local authorities.
- Provide the knowledge to young people so that they knew where to go immediately when they were dealing with mental health needs rather than having to wait a number of months, as this had a significant impact.
- Move away from a medical model.
- Listen and act upon what children and young people saying based on feedback from them.
- Continue to give young people a voice in the system. Peer referrals and safe self referral was a really good thing.

The Chairman thanked Janette Fullwood Head of Children, Young People's and Families: East Berkshire Clinical Commissioning Group (East Berks CCG) for her update and for attending the Panel .

#### 40. **Draft Budget 2019/20 Consultation**

The Panel considered and commented on the key themes and priorities for Adult Social Care, Health and Housing as outlined in the Council's Draft Budget Proposals for 2019/20.

Panel members were asked to give advance notice to the Chairman of any questions relating to the Draft Budget Consultation in advance of the meeting.

Julian McGowan, Business Partner: Finance, introduced the draft Budget proposals that related to Adult Social Care, Health and Housing.

He advised the Panel that:

- The report summarised the proposed 2019/20 budget and provided details on savings, pressures and fees & charges relevant to the Adult Social Care, Health and Housing Overview and Scrutiny Panel (ASCH&H O&S Panel).
- The overall budget had been set at £79m which resulted in a gap of £2.5m from known funding sources.
- Members would be able to close this gap by
  - Raising Council Tax
  - Using general reserves
  - Requesting further savings to those already detailed in the paper are identified. The annexes detailed the commitment budget and identified pressures and savings.
- The commitment budget included a target of £616k efficiencies from Adult Social Care transformation.

- Pressures had been estimated at £850k for Adult Social Care, offset by savings across Adult Social Care and Housing of £567k.
- The Capital budget for Adult Social Care contained just one project, the redevelopment of the Heathlands site into a new care home.
- The total value of this scheme was £10m, funded £7m by the Council and £3m from the CCG.

Within Adult Social Care related savings, Members asked what the Mental Health Community Network budget was to provide and why it hadn't been used.

In response to the Member questions, Julian McGowan, Business Partner: Finance advised that:

- The money was used for Community Connectors and recovery services. There was unspent money because the service had been delivered in a smaller envelope than had been anticipated.

Within Adult Social Care related savings, clarity was sought to explain the statement "Additional income from increased activity in the deputyship team"

In response to the Member question, Melanie O'Rourke, Assistant Director Adult Social Care Operations advised that:

- The Ministry of Justice had made some changes to guidance on charges that could be made and an increase in income had resulted from those charges. For example, charges could now be applied for completion of court reports, travel into individual's homes and applied to people who own their own homes.

#### 41. **Health and Wellbeing Board Alliance Update**

Councillor Dale Birch, Executive Member for Adult Services, Health and Housing updated the Panel on the Integrated Care System (ICS) Health and Wellbeing Board Alliance.

He advised the Panel that:

- When the Sustainability and Transformation Plan (STP) was established, the way they were established excluded elected Members from being involved.
- The STP, now Integrated Care System (ICS) were approached to get proper elected Member representation on the Frimley ICS.
- The Health and Wellbeing Board Alliance was established and made up of Members who were all either chairmen of Health and Wellbeing Boards (HWB) boards or vice chairs or lead Members, in all the local authorities that made up the Frimley ICS footprint.
- The Terms of Reference were to ensure that elected Members across the ICS footprint had a voice in the development in the large and complex plan for the future of all resident's health, care and wellbeing.
- The Health and Wellbeing Board Alliance had been chaired by Sir Andrew Morris, who had recently moved on in the system to NHS Improvement and the new lead is for the HWB Alliance was Fiona Edwards, Chief Executive of Surrey and Borders Partnership NHS Foundation Trust, who had 18 years in NHS senior management and was experienced in areas of mental health and learning disabilities. Fiona Edwards was very keen on the use of new technology, timeliness and cleanliness of data within the system.
- The HWB Alliance Board had met 8 times,
- They had reviewed the in year current ICS plan and were now working on 5 and 10 year forward view plans, looking at communications and engagement with residents.

- Nationally, the Frimley ICS was one of the most integrated and advanced in the country and were seen as an exemplar in the process. Colleagues in the Frimley ICS were held in high regard nationally, for their work on connected care and prevention.
- The HWB Alliance Board had looked at things and had assisted in communications and engagement and marketing the complexities of the system.
- The HWB Alliance Board had agreed the Frimley Health and Care logo which was amended from the initially suggested NHS logo.
- The HWB Alliance Board had also had input into the Creating Healthier Communities Plan and contributed to changes that were made to that plan.
- Local authorities, and local health organisations were working together as Frimley Health and Care system to provide joint healthcare providing you and your family with the right care, at the right time and in the right place.
- The effects of the HWB Alliance Board had been noticeable. One of the key outputs was a glossary. There were 9 or 10 different organisations using specific language, organisation specific terms and using their own governance arrangements. The glossary identifies and collates all of the terminology used across a number of organisations into an understandable reference document.
- The HWB Alliance Board was also looking to bust the myths about what was happening in the health service such as the noise about the STP being Health service privatisation. The HWB Alliance Board's role, was to make sure facts were in the public domain and could be accessed in plain language by the public.
- Each HWB Alliance Board took away high level statements and enacted and implemented them locally.
- Messages were being brought out of 'NHS speak' and the local Health and Wellbeing Alliance Boards were working with the Clinical Commissioning Group (CCG) to provide information to the public in a meaningful way.

In response to Member questions, it was explained:

- The HWB Alliance Board were not scrutiny as such.
- The HWB Alliance Board received the plan from the ICS main board. Before the main board acted on anything in the plan, the HWB Alliance Board could pass judgement on it to say, "If you're going to do it, is it the right time?", to comment on the management of timing, get key milestone plans, examine how they are going to message it to the public.
- The HWB Alliance Board feedback on the communications elements to announce or assist in the numerous consultations, to ensure they are as reasonable as they can be. The HWB Alliance Board assisted the board to get the messaging of what they had agreed to local residents.
- Obvious errors were flagged up immediately.
- Informal meetings outside of the HWB Alliance Board setting, were used to discuss and influence outcomes and provide feedback to the chairman of the main ICS board.

The Chairman thanked the Executive Member for Adult Services, Health and Housing for the update.

#### 42. **Quarter 2 Quarterly Service Report (QSR)**

The Panel considered the latest trends, priorities and pressures in terms of departmental performance as reported in the Quarterly Service Report for the second quarter of 2018/19 (July 2018 to September 2018) relating to Adult Social Care,

Health and Housing. A current comment and an overview of the key issues (risk rated red items) relating to the second quarter was provided.

Nikki Edwards, Executive Director: People introduced the QSR and acknowledged it was out of date as the Panel had not met since 11 September 2018 and the QSR for Q2 2018/19 had not been available on the date of that Panel meeting. The Panel were advised that the dashboard for QSR monitoring was not ready yet and commentary was provided (by exception) for items risk rated red.

#### 1.7.22

Melanie O'Rourke, Assistant Director: Adult Social Care Operations advised the Panel that:

- She was proud of the achievements to create savings with no direct effect on individuals and no increase in complaints.
- Transformation plans had been refreshed.
- Future prioritisation was on programme priorities in such a way as to keep delivering.

#### L178

The current figure of 838 household nights in B&B accommodation (quarterly) was questioned by Members.

Hannah Doherty, Interim Joint Assistant Director: Early Help and Communities, explained:

- Tenterden Lodge had been closed for major works and needed to be revamped. Alternative accommodation had needed to be found for those who needed it and this had resulted in higher numbers in B&B accommodation in Q2 but those numbers were now back below the target figure in Q3.

The Executive Member for Adult Social Care further advised that:

- There were a couple of places held and kept available at Tenterden Lodge for homeless people in cold periods so a quick response could be provided.
- A Severe Weather Emergency Protocol (SWEP) update would be provided to Councillors in the next few days.
- Extensive work was being done to avoid homelessness.
- Housing had been asked to indicate the success of our programmes to avoid homelessness in the first place.

#### 4.6.01

Members asked for details of the new Drug, Alcohol and Addiction Therapy (DAAT) programme that had commenced on 6 November 2018.

Melanie O'Rourke, Assistant Director: Adult Social Care Operations advised:

- The new Drug, Alcohol and Addiction Therapy (DAAT) programme had been implemented, and positive feedback had been received.
- The group programme which had been 4 days per week for 8 weeks had changed to 3 days per week for 10 weeks. The content of the programme had been refreshed and the programme met the needs of the people taking part.
- Feedback indicated that the programme was working.

Budget Position.

Revenue Budget.

Members asked how much of the additional funding of £240m for winter pressures in social care nationally Bracknell Forest would receive and whether there any conditions attached.

Melanie O'Rourke Assistant Director: Adult Social Care Operations advised that:

£364K has been allocated to Bracknell Forest Council, with the condition that this will address Delayed Transfers of Care making sure across the Integrated Care System (ICS) they are aligned to support that.

Further questions were asked by the Panel Members.

In response to these questions Panel Members were advised that:

- 151 individuals and families had been prevented from homelessness since April 2018.
- The team had been working closely with early help colleagues in a joined up approach and were achieving successful outcomes.
- Bracknell Forest was gathering data but has not seen a high impact or rise in homelessness because they worked hard to prevent it.
- Intervention was earlier and it did prevent homelessness earlier.
- Families were most important to provide whole family support. Early intervention prevented knock on mental health and other family issues.
- All the teams sat in one Directorate now and that joined up working was having a big impact.

It was observed that there was an underspend on the Public Health Grant (Page 79) and that nationally there were on average 180 operations per day performed in hospital to extract teeth from young children and teenagers. (unreferenced)  
A question from a Member asked how many multiple extractions were performed on children and teenagers within Bracknell Forest and whether Bracknell Forest had a prevention programme.

**ACTION: Nikki Edwards, Executive Director: People to reply to these two questions and advise the Panel.**

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

There were no items on the Executive Forward Plan relating to Adult Social Care, Health and Housing.

44. **Date of Next Meeting**

The next meeting of the Adult Social Care, Health and Housing Panel has been scheduled for 4 February 2019.

**CHAIRMAN**