

**Bracknell Forest Council  
Record of Decision**

<b>Work Programme Reference</b>	<b>1081949</b>
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1. **TITLE:** Proposal for an Integrated and Delegated Continuing Health Care Service Across East Berkshire

2. **SERVICE AREA:** People

3. **PURPOSE OF DECISION**

To endorse a proposal for the development and implementation of an integrated and delegated Continuing Health Care Service across East Berkshire in partnership with the East Berkshire CCG, Slough Borough Council and the Royal Borough of Windsor and Maidenhead

4. **IS KEY DECISION** Yes

5. **DECISION MADE BY:** Executive

6. **DECISION:**

- i. the proposal for an integrated and delegated continuing health care (CHC) service for East Berkshire is endorsed.
- ii. officers are instructed to proceed with the design and development of the trusted assessor operating model and implementation plans to pilot this from July 2019.

7. **REASON FOR DECISION**

- 1. There is substantial evidence that more personalised health and care for people with continuing health care needs delivers better outcomes, higher satisfaction levels and is often more cost effective.
- 2. The use of personal health budgets and direct payments puts patients directly in control of their care and potentially opens up a wider range of community delivered health and care options that can be purchased directly in the local care market. For example people can use their personal health budget to directly employ a health care assistant or to fund established care arrangements rather than have to give these up if they become eligible for NHS funded continuing health care
- 3. Bracknell Forest Council's Adult Social Care team already supports the CCG with CHC care management for people with learning disabilities, and led the development of a personal health budget (PHB) direct payment support service for the CCG in 2017.
- 4. Greater integration across health and social care is a strategic priority for the Council and NHS partners. Bracknell Forest Council and the other East Berkshire local authorities already have a strong track record of collaboration and integrated working which is reflected in the plans to develop the Frimley Health and Care Partnership

integrated care system.

5. A local authority hosted CHC assessment and care management service will create opportunities to pool resources, share the benefits of better managed continuing health care and minimise the risk of dispute.

8. **ALTERNATIVE OPTIONS CONSIDERED**

1. A range of alternative approaches have been considered including a do nothing option. This was discounted because there is agreement amongst CCG and local authority partners that the current CHC service has led to inconsistencies in assessment and care management practice, choice of provision, as well as disjointed pathways, duplication of resources and avoidable disputes.
2. The development of a joint enterprise would support the benefits of integration but it was felt that establishing new structures and organisations would involve TUPE, and the governance and transitional requirements and costs would be too complex and expensive.
3. The model outlined in the proposal, achieves the benefits of integrated commissioning and allows for a period to evaluate the impact without the need for creating new organisations and unnecessary costs.
4. The same principles will be applied to the development of an integrated assessment and care management model.

9. **PRINCIPAL GROUPS CONSULTED:** CMT  
Members  
Health and Wellbeing Board

10. **DOCUMENT CONSIDERED:** Report of the Executive Director: Delivery

11. **DECLARED CONFLICTS OF INTEREST:** None

Date Decision Made	Final Day of Call-in Period
12 March 2019	19 March 2019

**Bracknell Forest Council  
Record of Decision**

<b>Work Programme Reference</b>	<b>1080265</b>
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1. **TITLE:** Capital Programme 2019/2020 Integrated Transport

2. **SERVICE AREA:** Place, Planning & Regeneration

3. **PURPOSE OF DECISION**

To approve the Integrated Transport Capital Programme for 2019/2020

4. **IS KEY DECISION** Yes

5. **DECISION MADE BY:** Executive

6. **DECISION:**

That the Integrated Transport Capital Programme for 2019/20 is approved.

7. **REASON FOR DECISION**

To facilitate transport services in line with the Council's Local Transport Plan 3.

8. **ALTERNATIVE OPTIONS CONSIDERED**

Failure to approve the Integrated Transport Capital Programme would prevent the delivery of local transport services contrary to the requirements set out in the Council's adopted Transport Policy (LPT3).

9. **PRINCIPAL GROUPS CONSULTED:** None.

10. **DOCUMENT CONSIDERED:** Report of the Director: Place, Planning & Regeneration

11. **DECLARED CONFLICTS OF INTEREST:** None

<b>Date Decision Made</b>	<b>Final Day of Call-in Period</b>
12 March 2019	19 March 2019

**Bracknell Forest Council  
Record of Decision**

<b>Work Programme Reference</b>	<b>1074933</b>
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1. **TITLE:** Highway Maintenance Works Programme 2019-20

2. **SERVICE AREA:** Delivery

3. **PURPOSE OF DECISION**

The Council makes provision for highway maintenance schemes as part of its overall budget allocation. The funding is then targeted according to highway condition. In order to ensure most effective use of resource and the early booking of the plant and equipment, approval is sought annually to approve the targeting of funding to those roads identified on a rolling list as being in greatest need.

4. **IS KEY DECISION** Yes

5. **DECISION MADE BY:** Executive

6. **DECISION:**

The budget for 2019/20 be targeted at the four year indicative Highway Maintenance Works Programme as set out in Annex 1 of the Executive Director: Delivery's report, having due regard to the priority, availability of road space and available budget.

7. **REASON FOR DECISION**

The proposals in this report identify the priorities across the entire network. The schemes seek to ensure the Council maintains the highway in as good a condition as resources allow, having due regard to the Council's intervention policy based on condition as set out in the Local Transport Plan.

8. **ALTERNATIVE OPTIONS CONSIDERED**

The proposals prioritise works according to priority based on an assessment of condition that also reflects general safety. It is essential to have a large range of schemes in order to minimise delay and maximise operational efficiencies. Annex 1 represents a four year rolling programme that is updated annually. Given the current financial position the Council faces and the reducing spend on highway maintenance, it would not be appropriate to allocate resources to anything other than that identified through a methodical and objective needs assessment.

9. **PRINCIPAL GROUPS CONSULTED:** Not applicable

10. **DOCUMENT CONSIDERED:** Report of the Executive Director: Delivery

11. **DECLARED CONFLICTS OF INTEREST:** None

<b>Date Decision Made</b>	<b>Final Day of Call-in Period</b>
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12 March 2019	19 March 2019
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**Bracknell Forest Council  
Record of Decision**

<b>Work Programme Reference</b>	<b>1082501</b>
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1. **TITLE:** Public Health Arrangements

2. **SERVICE AREA:** People

3. **PURPOSE OF DECISION**

To seek approval for Bracknell Forest Council to re-join the pan-Berkshire shared arrangements for Public Health.

4 **IS KEY DECISION** No

5. **DECISION MADE BY:** Executive

6. **DECISION:**

- i. from 1 April 2019 to enter into an agreement with the Public Health Shared Team to share the services of the Strategic Director of Public Health (SDPH) and receive support from the Public Health Shared Team for health intelligence, health protection and strategic leadership for health and wellbeing.
- ii. a Consultant be recruited in the Public Health post to lead the Bracknell Local Public Health Team reporting to the Executive Director: People.
- iii. Bracknell Forest Council will continue to act as host for the Berkshire Shared Public Health Team and host the SDPH with all costs shared with the other five Berkshire Councils.

7. **REASON FOR DECISION**

1. There are a number of statutory duties and mandated functions that Local Authorities are required to deliver to achieve the aim of improving the healthy life expectancy of their residents and reducing inequalities in health between different groups in our community. In 2013, Berkshire developed a unique hub and spoke type model across the six unitary authorities locally.
2. All upper tier local authorities have a duty to appoint a Director of Public Health. There is some local flexibility in the way in which the post can be designed although in all cases the agreement of Public Health England (PHE) is required. Appointments of DPH's are joint appointments between the host Council and PHE. The proposals in this report have been discussed by the Chief Executive and the Regional Director of PHE and PHE support them and the appointment of the existing Berkshire DPH as the DPH for Bracknell Forest.
3. In 2013, the Berkshire Shared Public Health Agreement created a SDPH post covering all six unitary authorities supported by a Shared Public Health

Team. Each Authority employed a Consultant in Public Health to lead their Authorities work to improve the health of their residents. The Shared Public Health Team staff, including the Director, were hosted by Bracknell Forest Council.

4. In 2018, the decision was taken for Bracknell Forest to withdraw from the arrangements. The scope of Bracknell Forest's agreement with the Shared Public Health Team was reduced to continuing to use the Shared Team only for access to data and for health protection support<sup>1</sup>. A Bracknell Forest Director of Public Health was appointed with plans to support the post with a part time local Consultant in Public Health.
5. The Director of Public Health post holder has recently resigned and the post is currently vacant. The context for delivering improved health has also shifted with a supportive policy context and a new local set up. Interim arrangements have been made by the Chief Executive and Executive Director: People for the existing DPH for the other five Berkshire authorities to cover the Bracknell Forest role and this is working well. This presents an opportunity to forge a new partnership for public health across Berkshire with benefits to be gained for Bracknell Forest residents from a more networked approach.

8. **ALTERNATIVE OPTIONS CONSIDERED**

1. For Bracknell to retain its own Director of Public Health.
2. For the Shared Public Health Team to be hosted by a different authority.

9. **PRINCIPAL GROUPS CONSULTED:** N/A

10. **DOCUMENT CONSIDERED:** Report of the

11. **DECLARED CONFLICTS OF INTEREST:** None

Date Decision Made	Final Day of Call-in Period
12 March 2019	19 March 2019

**Bracknell Forest Council  
Record of Decision**

<b>Work Programme Reference</b>	<b>1078503</b>
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1. **TITLE:** Heathlands Redevelopment

2. **SERVICE AREA:** People

3. **PURPOSE OF DECISION**

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.

4. **IS KEY DECISION** Yes

5. **DECISION MADE BY:** Executive

6. **DECISION:**

- i. the Council continues to work in partnership with the East Berkshire Clinical Commissioning Group and Frimley Health NHS Foundation Trust to;
  - develop the detailed design, progress a Planning application and procure a contractor for a replacement Heathlands facility.
  - confirm Provider arrangements to enable a full assessment of risk/opportunity.
- ii. a further update on the proposal be received alongside its consideration of the proposed contractor appointment, including clarification of Provider arrangements, to ensure that the Council's overall level of risk exposure is fully evaluated.

7. **REASON FOR DECISION**

1. Council agreed at its meeting on 27 February 2019 to include a budget of £10.95m in the capital programme for redevelopment of the former Heathlands residential care home, subject to a business case being considered and approved by the Executive in March 2019.
2. The Business Case presented in this report includes the key strategic and financial considerations for the Council in developing such a facility to address the current shortfall in capacity for Elderly and Mentally Infirm (EMI) nursing and Health intermediate care beds on the site of the former Heathlands residential care home.

8. **ALTERNATIVE OPTIONS CONSIDERED**

1. The Council could decide to sell the Heathlands site and generate a capital receipt. However, there is a covenant on the site restricting its use to adult social care which means it has limited financial value.
2. Selling the site to a private care home provider could result in a care facility being



provided, however the Council would lose the ability to determine the nature of the facility, which client groups it would target and to place specific clients in it(particularly those with most complex care needs).

9. **PRINCIPAL GROUPS CONSULTED:** None.

10. **DOCUMENT CONSIDERED:** Report of the Executive Director: People

11. **DECLARED CONFLICTS OF INTEREST:** None

<b>Date Decision Made</b>	<b>Final Day of Call-in Period</b>
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