

**ADULT SOCIAL CARE OVERVIEW AND  
SCRUTINY PANEL  
02 MARCH 2010  
7.30 - 9.10 PM**



**Present:**

Councillors Turrell (Chairman), Harrison (Vice-Chairman), Baily, Blatchford, Mrs Fleming, Leake, Phillips and Mrs Shillcock

**Also Present:**

Glyn Jones, Director of Adult Social Care and Health  
Zoë Johnstone, Chief Officer: Adults and Commissioning  
Andrea Carr, Policy Officer (Overview and Scrutiny)  
Kaylee Godfrey, Communications Officer  
Amanda Roden, Democratic Services Assistant

**7. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel held on 18 January 2010 be approved as a correct record, and signed by the Chairman, subject to the following amendment:

- Item 6: reference to capacity in Age Concern Bracknell for alternative day care services to Downside Resource Centre be removed.

**8. Declarations of Interest and Party Whip**

There were no declarations of interest relating to any items on the agenda, nor any indications that members would be participating whilst under the party whip.

**9. Urgent Items of Business**

There were no urgent items of business.

**10. Performance of Health and Social Care Public Bodies**

Tim Inkson, Care Quality Commission's (CQC's) local area manager was unable to be present at the meeting due to work commitments. The Chairman of the Health Overview and Scrutiny Panel and the Chairman of the Adult Social Care Overview and Scrutiny Panel would draft a letter to Mr Inkson regarding when he would be able to attend a meeting of one of these panels. The letter would be passed to the Director of Adult Social Care and Health for review and then signed by both Chairmen.

**11. Performance Monitoring Report (PMR)**

The Director of Adult Social Care and Health presented the Performance Monitoring Report (PMR) for the third quarter of 2009/10 (October to December) relating to Adult Social Care.

There was more detail on service elements than previously and the Personalisation Pilot was underway with targets set for 2010/11. A new IT system had been

implemented for Adult Social Care and went live on 1 March 2010. Adult Social Care and Health staff were heavily involved in testing the system. There was new Continuing Healthcare Guidance and a policy was near to being established for Berkshire East. There was positive feedback on the new Substance Misuse Contracts Award and a Member Briefing Seminar on the Drug and Alcohol Programme in Bracknell would take place on 31 March 2010.

Public sector Adult Social Care Services would be regulated under the new Regulatory Framework. Health sector facilities, such as the Trusts, would be looked at first. Requirements regarding the Corporate Strategy for Adult Social Care would be together in one place. The Service Development Plan included commitments, and the Workforce Strategy continued as part of the Berkshire pilot. The Personalisation Pilot would be evaluated and there had been a number of consultations.

Adult Social Care and Health had been successful in gaining funding for the accommodation and employment project for vulnerable groups, so this could now go ahead. The submission of the Substance Misuse Treatment Plan was a statutory requirement and would be undertaken. Some social care clients were now receiving self-directed support.

The performance position regarding Local Area Agreement (LAA) targets was overall positive and Service Plan objectives had been met. The criteria regarding judging performance was being discussed with the Government Office for the South East, in particular regarding LAA target NI 136 (people supported to live independently through social services) as it was unlikely that this target would be met and there was no ability to re-negotiate. A shadow target would possibly be created alongside NI 136 and the target for March 2011 would almost be met. The performance of the team had been ranked as 16<sup>th</sup> in the country.

Arising from Members' questions and comments the following points were noted:

- The Director of Adult Social Care and Health would investigate further the categories of long term sickness amongst staff, in particular in relation to stress related sickness.
- The Director of Adult Social Care and Health would provide an update briefing on the development of carers' services and the implementation of the 'Caring About Carers' Overview and Scrutiny report and the Carers' Strategy for a future Panel meeting.
- The Director of Adult Social Care and Health would provide a comparative figure of the staff turnover rate for 2009/10 as opposed to 2008/09. The staff turnover rate was less in Adult Social Care and Health than in the Council as a whole.
- Discussions were taking place with the Ombudsman regarding a complaint which had been submitted. Elements of the complaint had been upheld and the Ombudsman's decision was awaited. New regulations were in place this year which made the process of reaching the Ombudsman easier for complainants. As soon as a complaint had been investigated it could go straight to the Ombudsman.
- The Malnutrition Screening Tool would help to determine patient nutrition and good practice, and was mostly common sense. All Adult Social Care Providers would be encouraged to use the tool to help recognise when there were changes in patients' conditions. The use of the tool stemmed from some care homes not being facilitated for patients to eat properly and the need to recognise who would need support to eat. The tool may be used by dieticians or speech and language therapists for patients in their own homes but would

not expect to be used by social workers or occupational therapists for patients at home. The tool would be part of a needs assessment for patients, such as those discharged from hospital. A shopping and cleaning service was being developed through Bracknell Forest Voluntary Action who could potentially provide food but another service may be needed for the food to be cooked.

- Berkshire Healthcare NHS Foundation Trust had commenced a major project entitled New Generation Care, to determine the future configuration of mental health services in the light of the economic climate. There would possibly be a single site for in-patient care. The associated formal consultation was yet to take place and would involve different communication styles.
- The Panel indicated that it was content with the level of detail provided in this new PMR format.

## 12. **Progress on Personalisation**

The Chief Officer: Adults and Commissioning presented the progress report regarding the six month Personalisation pilot scheme which commenced on 1 August 2009. In September 2009, the Panel participated in a workshop which introduced the Personalisation agenda and a working group was established to examine the implications of this approach for Safeguarding Adults.

Personalisation involved a move from standardised care to a more individual tailored approach to take into account patients' needs and wishes and to give patients more control over how they received their care. The Personalisation pilot was completed at the end of January 2010 and the evaluation process was currently underway. Several factors would be considered, such as policy development, procedures, links with other organisations or professions, and the budget. Outcomes for this increased independent living included improvements in people's lives and a re-shaping of the marketplace.

There would be a wider roll-out towards the end of May 2010. Support plans were in place and those individuals participating were happy to share their experiences and tell their stories.

The 'Putting People First' milestones were on target and user led. There was a need to find natural leaders in the community. By March 2011 it was hoped that many more people would be receiving self-directed support.

Arising from the Members' questions and comments the following points were noted:

- Voluntary workers would be sought from across the borough to assist in creating capacity within the community. This was a considerable task and a complex area. There was a need to make sure that the voluntary workers were able to respond to people's needs. The budget would be used for additional core funding or grants for voluntary organisations to help start initiatives. The commissioning strategy would be re-visited but there was a concern that it would be easier to identify people's needs than to meet their needs in the community with the current lack of provision.
- Disability groups were found to want support to undertake ordinary everyday activities or hobbies which they had done throughout their lives but now

needed support to continue doing. It would be easier for these groups if they could employ their own support staff. It was queried whether existing Parish and Town Council facilities in the borough could be utilised.

- There was not one specific programme board to represent users and carers directly as it would be difficult for one organisation to represent all disability groups, but good and innovative ways of involving people did exist through boards for different disability groups. The possibility of working with colleagues across Berkshire was being investigated and the measure for Department of Health milestones would hopefully be changed to a practicable measure. Concern was expressed regarding having one specific board if having several boards worked well.
- Milestone 3: 'Prevention and cost effective services' was thought to be unlikely to be achieved in the given timescale. However, good work had been undertaken at pilot sites with efficiencies within Adult Social Care rather than with the use of health care funding.
- 90% of people going through Intermediate Care had no need for ongoing services and Adult Social Care's own strategies would produce cashable savings. Although it could be difficult to save for future needs.

### 13. **Review of Day Service Provision in Personalisation**

The Director of Adult Social Care and Health gave an update relating to the consultation on the future of Downside Resource Centre as a day centre for older people and those with long term conditions.

Work was being undertaken on proposals for the future and regular meetings were being held with staff. The decision had been taken to close the service at the Downside Resource Centre whilst works were being undertaken. A 'virtual' day centre had been created with daytime activities taking place at Heathlands, the Open Learning Centre and in other community establishments. The hot food provided was changed to a buffet style lunch as the users of the 'virtual' day centre did not find the food hot enough. A questionnaire would be circulated to the users and carers of this temporary service.

Meetings and one-to-one sessions had taken place in Bracknell, Crowthorne and Sandhurst, as there was a need to be mindful of those with respite needs who usually attended the Centre. In addition to a day care cost of £75,000, there was a transport related budget cost for the Centre. It was an uncertain time for staff. A more detailed report on the costing involved to re-open the Centre would go to a meeting of the Executive.

Arising from the Members' questions and comments the following points were noted:

- The majority of people attending the 'virtual' day centre services, whilst the Downside Resource Centre was under review, were satisfied. The options provided in these services were not the same as at the Centre but they did meet users needs. Support was provided for carers for extended periods of time. Prior to its closure, attendance at the Centre had reduced from 40-45

per day to 20-30 per day. Funding would be used in a different way to meet users' needs.

- It was being investigated to see if there was capacity in community centres to provide a lunch club type facility. The Open Learning Centre was not a long term solution as the building did not have a catering facility and therefore did not meet the satisfaction of users.
- The Director of Adult Social Care and Health would investigate the possibility of Members attending consultation meetings with users and carers as observers and would forward the dates of the meetings onto the Panel.
- Stimulation for users was important. Some care homes were good at providing activities but others were not, leaving residents in need of Council-funded day services and activities. Contact had been made with Bracknell Forest Homes in order to provide activities, but the sheltered schemes in the borough were people's homes so there had been some resistance to the idea. However, this would be considered if there was availability in the schemes. Commissioning care homes to provide services and activities internally was a possibility.
- Discussions were ongoing regarding improving the standard of care homes known to be of a lower standard and not providing activities. The Care Governance Board and Care Quality Commission inspections helped to monitor care home standards and applied star ratings accordingly. Bracknell Forest Council would use their commissioning power to have a positive impact on the quality of services and would not purchase services from 0 or 1 star graded care homes until they improved their services. It was not thought that this would increase the cost of the services as the Council had a rate for nursing and residential care and would resist upward pressure on costs.

#### **14. Fairer Contributions Consultation**

The Director of Adult Social Care and Health gave an update on the consultation in respect of calculating an individual's contribution to their personal care budget.

The changes were due to government guidance regarding Personalisation. It was proposed that a charge was made against the value of support rather than the way a user chose to receive their support. Financial means would continue to be looked at, as well as minimum payments for support.

Letters had been sent to all users of the services and consultation meetings arranged. Although the meetings had not been well attended, there had been queries. The results would be compiled at the end of the consultation.

#### **15. Working Group Update**

The Panel received an update in respect of the Working Group of the Panel reviewing safeguarding adults in the context of Personalisation.

A scoping meeting had been held in December 2009 and another meeting last was held in February 2010. At future meetings the Working Group would look at the safeguarding Personalisation pilot and meet the new Head of Adult Safeguarding, who would begin work with the Council the week commencing 8 March 2010.

16. **Indicative Overview and Scrutiny Work Programme 2010/11**

The Panel was invited to endorse its indicative Work Programme for 2010/11.

Reductions in officer support would affect capacity for overview and scrutiny working groups but queries could still be raised in panel meetings and the Director of Adult Social Care and Health offered to provide further information on specific items of interest to panel members on request.

**RESOLVED** that the Adult Social Care Overview and Scrutiny Panel's indicative work programme for the 2010/11 municipal year, set out in Appendix 1 to the report, be endorsed.

17. **Overview and Scrutiny Quarterly Progress Report**

The Panel noted the Quarterly Progress Report of the Assistant Chief Executive on Overview and Scrutiny activity over the period November 2009 to January 2010 and local and national developments in Overview and Scrutiny.

18. **Executive Forward Plan**

The Panel noted the forthcoming items relating to Adult Social Care on the Executive Forward Plan.

Item I021167: Health and Well Being in Bracknell Forest Consultation

Further to a query, the Panel was advised that no principal groups would be consulted in respect of this item as it was seeking the Executive Member's approval to consult on the revised document only.

**CHAIRMAN**