

**ADULT SOCIAL CARE OVERVIEW AND  
SCRUTINY PANEL  
8 JUNE 2010  
7.30 - 9.30 PM**



**Present:**

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

**Apologies for absence were received from:**

Councillors Birch and Leake

**Also Present:**

Councillors Brossard, Thompson and Virgo  
Andrea Carr, Policy Officer (Overview and Scrutiny)  
Mark Gittins, Head of Performance and Information  
Mira Haynes, Chief Officer: Older People & Long Term Conditions  
Zoë Johnstone, Chief Officer: Adults and Commissioning  
Glyn Jones, Director of Adult Social Care and Health  
Amanda Roden, Democratic Services Assistant

**1. Election of Chairman**

**RESOLVED** that Councillor Turrell be elected Chairman of the Adult Social Care Overview and Scrutiny Panel for the municipal year 2010/11.

**COUNCILLOR TURRELL IN THE CHAIR**

**2. Appointment of Vice-Chairman**

**RESOLVED** that Councillor Harrison be appointed Vice-Chairman of the Adult Social Care Overview and Scrutiny Panel for the municipal year 2010/11.

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

The Panel noted the attendance of the following substitute member:

Councillor Mrs Angell for Councillor Leake

**4. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel held on 2 March 2010 be approved as a correct record, and signed by the Chairman.

**5. 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.

## 6. Urgent Items of Business

There were no urgent items of business.

## 7. Performance of Health and Social Care Public Bodies

Tim Inkson of the Care Quality Commission (CQC), accompanied by Sue Sheath, the new local area manager covering Bracknell Forest, gave a presentation on the new CQC system for local authorities to input their views on the performance of health and social care public bodies.

The CQC assessed health and social care services by monitoring services and gaining the views and experiences of service users. All providers of health and adult social care were required to register with the CQC to show they met essential standards of quality and safety. Information regarding dental services in the community and independent ambulance services was being sought by the CQC before the end of December 2010 to assist in judging if the services met the standards for registration. Information could be forwarded to the CQC via forms on their website [www.cqc.org.uk](http://www.cqc.org.uk). Any urgent concerns should be raised with the CQC immediately.

The CQC was restructured from 17 May 2010 and a new regulatory framework was now in operation. There were now thirteen compliance managers instead of six area managers. Sue Sheath covered the areas of Bracknell Forest, Wokingham and Northamptonshire NHS Trusts and Adult Services and managed a team of inspectors. She expressed an interest in gathering people's views on Heatherwood and Wexham Park NHS Hospital Trust.

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

- A quality and risk profile was used to capture information regarding new providers. If there were no concerns an inspection may not be undertaken initially. A provider would be reviewed a minimum of every two years and if any problems arose then inspections would be undertaken more frequently. Possible actions following an inspection included fines and warnings. There would be considerable implications to closing a hospital and any decision of this nature would be carefully considered. The CQC now had greater powers over the NHS than before.
- The compliance managers at the CQC were working across boundaries with Primary Care Trusts as it had been a challenge to change the boundaries from six to thirteen to cover the new number of managers. For example, one compliance manager covered Oxfordshire, Reading and West Berkshire. Annual performance assessments were undertaken by the performance and assessment team, and the compliance managers all worked closely internally.
- If there was a specific complaint which an overview and scrutiny committee was unable to progress, then the CQC could be contacted for advice.
- Inspections regarding domiciliary care would be spot checks and more risk based in future. The intention was still to ensure that standards were met by working closely with local authorities and imposing sanctions or refusing to register care providers if necessary. The CQC reported into the Department of Health.
- The minimum requirement of reviewing services was within the two year framework. Any spot checks undertaken would be unannounced. Responsive care was based on the information the CQC received regarding services. There would not necessarily be an inspection visit every two years, but the

CQC worked closely with the Audit Commission and many different stakeholders.

- Inspection visits were currently unannounced but sometimes there was a need to inform a service of a visit, for example, in case they had arranged to be offsite on a day trip with the service users. Follow up visits were risk based. Night time visits were undertaken if warranted but not undertaken routinely due to, for example, the disruption to service users. Most information needed could be obtained during day visits under the new approach.
- Sue Sheath was the contact for concerns or comments regarding Heatherwood and Wexham Park NHS Hospital Trust. Information received could be passed internally to colleagues if needed.
- Initially concerns should be raised with the NHS Trust and their complaints procedure used. The CQC could be informed of any concerns or comments but the NHS Trust complaints procedure should be exhausted as well.
- The CQC may register some NHS Trusts with conditions and to date twenty two NHS Trusts had been registered with conditions. The intention was to publish reports and consult with providers on the Quality Assurance process.
- The CQC's monitor responsibilities were not previously very wide ranging but the CQC would be working with Milton Keynes to ensure that NHS Trusts delivered satisfactorily in the future.
- There would be new arrangements with the coalition government and many changes in the coming months as a result.
- Performance issues would be escalated to management if needed. The CQC had powers under the Health and Social Care Act 2008 and would take action on NHS Trusts or care homes not performing to required standards. If the closure of a care home was needed then strategy meetings would be undertaken and urgent closure could be a possibility after liaison with the local council regarding the re-housing of service users. A decision of this nature would need to be evidence based and be able to proceed through the legal process, as a care home would have the right of appeal.

#### 8. **Adult Social Care Annual Complaints Report April 2009 - March 2010**

The Panel noted the 2009/10 Annual Report of the Complaints Manager for Adult Social Care. This was a statutory and public report required by the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The first year of new NHS arrangements in Adult Social Care was in 2009. There was a greater integration with health and the removal of three separate stages, for example, the complaints panel had now been disbanded. The previous year's complaints report would be circulated to Panel members for comparison to facilitate the identification of any trends.

It was noted that enquiries from Members of Parliament were usually separated out from complaints as they tended to be requests for information, as opposed to complaints which were a process. There was no formal process for capturing councillor enquiries at present. Currently, only one complaint had been brought to the attention of the Ombudsman which was considered to be good.

### **COUNCILLOR HARRISON IN THE CHAIR**

#### 9. **Departmental Performance and Annual Service Plan**

The Director of Adult Social Care and Health gave an update in respect of the Care Quality Commission (CQC) self assessment process and national performance

indicator outturns as a precursor to receipt of the Adult Social Care and Health Departmental Annual Service Plan.

The CQC's judgement was that the new Adult Social Care and Health Department was performing well. The Department had tendered for a new ICT system for case recording and was leading in commissioning substance misuse services.

There was a difference between community and residential based services. Information on the types of services provided had been given to the CQC. There were four national indicators in the Local Area Agreement (LAA) relating to adult social care. National Indicator (NI) 130: Social care clients receiving self-directed support per 100,000 population, showed the percentage of those eligible to receive this support. There had been a considerable difference in the NI 136 target: People supported to live independently through social services (all adults). It had not been possible to meet this target because it had been changed.

The performance for NI 146: Adults with learning disabilities in employment was felt to be reasonable at 17.9%, considering it was difficult to find employment opportunities for adults with such a wide spectrum of learning disabilities. This figure did not include voluntary work and was a percentage of the total number of adults with learning disabilities supported by adult social care.

For NI 125: Achieving independence for older people through rehabilitation/ intermediate care, service users were contacted ninety days after their last intervention. NI 135, regarding delayed transfers of care, related to service users being discharged from hospital. The performance for NI 132: Timeliness of social care assessment (all adults) and NI 133: Timeliness of social care packages following assessment, was slightly down compared to the previous year. NI 145: Adults with learning disabilities in settled accommodation did not relate to residential accommodation. NI 149: Mental health (settled accommodation) showed a strong performance.

New agendas were expected from the new government. It had been a significant year for Personalisation, which was not about supporting a large number of people but was focused on quality of support and capturing the difference made.

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

- The Adult Social Care and Health Department was looking for ways to engage carers and make sure they had access to information regarding support services but there was the possibility that carers may not want support.
- On page 48 of the agenda papers, the reference to a duty to those under 18 in full-time education being referred to CAMHS would be altered to reflect that the Health Overview and Scrutiny Panel had engaged Berkshire Healthcare Trust regarding this.
- The Urgent Care Centre would be the first part of the service plan to be implemented at Wexham Park Hospital. The Centre would aim to help alleviate the numbers of people who attended Accident & Emergency (A&E) when they did not need to and would hopefully lower the number of overnight stays for assessment from A&E. Some high numbers of people not registered with GPs, for example in Slough, would attend A&E with minor ailments to receive a medical assessment more quickly. The Centre would have a much broader range of diagnostic tools for conditions.
- As part of the delivery plan for 2010-11, the Housing Strategy aimed to make sure that suitable housing was available for older people in the borough.

Bracknell Forest Homes had been in the process of reviewing their sheltered housing stock and this would hopefully take pressure off the Disabled Facilities Grant. Specialist accommodation needed modernising and new accommodation was needed. The first meeting of the Accommodation Strategy Group had taken place the previous week. The Accommodation Strategy was due to be in place by the end of March 2011 but any building work would likely take place after this date.

- Work would be undertaken with all three NHS Hospital Trusts which residents in the borough would use. The Director of Adult Social Care and Health would meet the new Director of Transformation at Frimley Park Hospital, Paula Head, the following week.
- Two outcomes were performing excellently at present with regard to the Comprehensive Area Assessment (CAA), although three outcomes were expected to perform well and possibly four outcomes next year. However, the new coalition government had cancelled CAA and the CQC were undecided at present how they would grade Adult Social Care.

## 10. **Carers' Services**

The Panel received an update briefing report concerning the development of carers' services and the implementation of the 'Caring About Carers' Overview and Scrutiny Report and the Carers' Strategy.

Themed carers' lunches had been held at Easthampstead Baptist Church in Bracknell. The carers set their own agendas for the meetings and attendance had increased from approximately 35 to 90. The emergency respite scheme had been successfully launched and 125 people had registered with the scheme. Bracknell Forest Voluntary Action (BFVA) had been trying to identify hard to reach carers. The number of people registering as carers was increasing. The Carers' Forum had been reviewed and would now be incorporated into the themed carers' lunches. The Forum would meet at the end of the lunches to ensure that a higher volume of carers could participate.

There was a need to review and refresh the Carers' Strategy and information pack for carers. There would be a consultation on how this would look in the future and work would be undertaken with GP surgeries regarding displaying information on boards at the surgeries. Work was being undertaken at present on an information pack for carers to be made available at GP surgeries.

The Council were working with the voluntary sector and NHS Berkshire East to create a common carer's assessment document to ensure that wherever carers sought support they would only need to complete the assessment once, and with the carer's permission the information could be shared across agencies.

The Transport Partnership Group would be made aware of the health care needs regarding transport to hospital and appointments.

The Director of Adult Social Care and Health would write to the chairman of the Patient Participation Group regarding the development of carers' services and the implementation of the Carers' Strategy.

The Panel noted the developments and outcomes achieved during the last year.

## 11. **Progress on Personalisation**

The Panel received an update report in respect of its Working Group reviewing safeguarding adults in the context of Personalisation, together with a progress presentation regarding the outcome of the Personalisation pilot and the way forward from the Chief Officer: Adults and Commissioning.

A meeting of the Personalisation – Safeguarding Adults Working Group had been undertaken with Simon Broad, the new Head of Adult Safeguarding, on 24 May 2010. Further information on the Personalisation pilot would be included in a report for the next meeting of the Panel on 12 October 2010. The majority of feedback received was positive, except for the time taken for direct payments to be processed for service users. Of the 59 people the team were working with, 31 service users had their plans improved and people were much more in control of their care as a result. Personalisation was a holistic approach and it had been a valuable experience learning of carers' views.

It was a challenge for providers to think differently. Local providers had been more open to change than larger ones and this had been reflected nationally.

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

- General opinion was that Personalisation was working well. There had been an increase in compliments from service users, which were unconnected to surveys undertaken by Adult Social Care.
- The Chief Officer: Adults and Commissioning would feedback to the Personalisation – Safeguarding Adults Working Group regarding compliments received from users of Adult Social Care Services.
- There was no specific time frame for implementing Personalisation. Re-enablement took place first and Personalisation was dependent on individual circumstances. It could possibly take some time if a hospital stay was involved. A plan was being developed to move people onto Personalisation and there would be an annual review in October 2010.
- It was felt that the officers involved had acted very sensitively in the way they had handled the various situations arising from this work.

The Panel noted the Personalisation presentation and the update report.

## 12. **Executive Forward Plan**

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

### Item I022863: Eligibility Policy for Adult Social Care Responding to New Guidance from The Department of Health

This policy was issued by the previous Department of Health before the change over of government. It was unknown whether the policy would be used by the new government. The policy would need to be approved by the Executive Member for Adult Services, Health and Housing, and the procedures updated if needed.

### Item I021173: Health and Well Being in Bracknell Forest

The Adult Social Care and Health Department were liaising with the Executive Member for Adult Services, Health and Housing regarding the changing status of the

Primary Care Trust. The Health and Well Being in Bracknell Forest Strategy was almost ready to be refreshed but would be put on hold for a few months following the change over of government. The Director of Adult Social Care and Health would provide an update on the strategy for the next Panel meeting.

The Director of Adult Social Care and Health would advise members of the Adult Social Care and Health Overview and Scrutiny Panels of details of the Berkshire Health Care Trust seminar on 3 September 2010 to encourage Councillor attendance.

**CHAIRMAN**

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