

**ADULT SOCIAL CARE OVERVIEW AND  
SCRUTINY PANEL  
17 APRIL 2012  
7.30 - 9.20 PM**



**Present:**

Councillors Turrell (Chairman), Harrison (Vice-Chairman), Allen, Blatchford, Brossard, Virgo and Mrs McCracken (Substitute)

**Executive Member:**

Councillor Birch

**Also Present:**

Andrea Carr, Policy Officer (Overview and Scrutiny)  
Mira Haynes, Chief Officer: Older People & Long Term Conditions  
Simon Hendey, Chief Officer: Housing  
Zoë Johnstone, Chief Officer: Adults and Joint Commissioning  
Glyn Jones, Director of Adult Social Care, Health and Housing  
Amanda Roden, Democratic Services Officer

**Apologies for absence were received from:**

Councillors Baily, Mrs Temperton and Ms Wilson

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

The Panel noted the attendance of the following substitute member:

Councillor Mrs McCracken for Councillor Baily

**40. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel held on 17 January 2012 be approved as a correct record, and signed by the Chairman.

**41. 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.

**42. Urgent Items of Business**

There were no urgent items of business.

**43. Public Participation**

There were no submissions from members of the public in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

#### 44. **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 (QSR) for the third quarter of 2011/12 (October to December) relating to Adult Social Care.

Glyn Jones, Director of Adult Social Care, Health and Housing, gave a presentation in respect of the Adult Social Care, Health and Housing Department's QSR and Service Plan.

An update report on the re-provision of Ladybank would go to a meeting of the Executive in May 2012. The re-provision of in-house Home Care teams had also been undertaken. There had been consultation with providers of residential and nursing care to help establish future fee levels. It was reported that one company had decided to withdraw their business nationally from the domiciliary care market but the aim was to ensure minimum impact on clients.

On 1 April 2012 the Adult Social Care, Health and Housing department went live with PCT equipment, and the department was on target with Service Plan Actions. The consultation on Ladybank confirmed that the changes made were in line with what people wanted. There was an underspend of £1 million due to changes in people's circumstances such as young people reaching adulthood and not needing the same level of support.

The Drug and Alcohol Action Team Payment by Results system became operational on 1 April 2012 and Blue Badge Assessment Clinics were being established across the borough. Previously agreed strategies were being implemented and work was being undertaken on public health transition; a report on which would go to the Health Overview and Scrutiny Panel. Housing had been incorporated into the department to establish the Adult Social Care, Health and Housing Department. This was not reflected in this QSR or service plan and had an effect on the Environment, Culture and Communities Department.

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

- A point of accuracy on page 10 of the QSR was in relation to a post being deleted in December 2011 rather than December 2012.
- The irregularities in relation to waiting times were believed to be a recording issue where the wrong date was entered into the system in error. Work was being undertaken with team managers to clean up the data and the department was close to being on target at the quarter end. Analysis of demand was being undertaken and there were some trends such as increased numbers of people approaching the department for support.
- An irregularity had occurred in relation to direct payments for support and the process had been changed to mitigate the risk.
- There was an Emergency Duty Service (EDS) database for adults' and children's social care in each local authority. The EDS database was complex and the department were looking into how to work in the event of a system failure. A system failure of this magnitude had not occurred as yet and Berkshire was more complex than county authorities as it involved six local unitary authorities. The department would liaise with Corporate IT to find a solution.

#### 45. **Introduction to the Housing Service**

Simon Hendeby, Chief Officer: Housing, gave a presentation on the Housing Service. There were three main areas and challenges in the Housing Service: Housing Strategy, Housing Needs, and Housing and Council Tax Benefit. The Right to Buy Scheme had been revised and there had been a 280% increase in homeless acceptances. There was a need to increase the supply of temporary accommodation and to review the allocation policy in relation to affordable housing.

Fifty four new affordable homes were built during 2011/12, there were nine My Homebuy purchases, three Cash Incentive purchases, and seven Bracknell Forest Council (BFC) mortgages. Affordable housing was delivered as part of larger developments so there had been a decrease in the number of affordable housing units built. First time buyers who had difficulty in accessing mortgage finance may be eligible for a BFC mortgage as the Council offered mortgages at 95% for low cost home ownership initiatives.

Landlords in the private rented sector were seeking higher rent levels and this was causing an increase in the number of people finding themselves homeless as they were unable to afford the rent. The Housing Service was looking for alternative accommodation options for people in this situation but there was a shortage of private rented sector stock.

BFC My Choice was a choice based lettings scheme which advertised affordable housing every Friday via a bidding system. People were placed in housing bands A to E based on their housing circumstances, with A being the highest banding. There was a shortlist of bids on a weekly basis and in the last financial year approximately 50,000 bids had been made on 400 properties in Bracknell Forest. There were programmes with Bracknell Forest Homes to procure existing properties to use for affordable housing.

The government had revised the Right to Buy Scheme and there was now a maximum discount of up to £75,000. There was a new Supporting People strategy and eligibility criteria and many people had been moved into mainstream programmes for homelessness and older people. The Council was looking to buy properties to use as temporary accommodation as part of the Housing Capital Programme.

£37 million was paid out in Housing and Council Tax Benefit in Bracknell Forest during 2011/12 and a large proportion of benefit overpayments were recovered. Discretionary Housing Payments were paid out for people in hardship, and there were sanctions and prosecutions in relation to benefit fraud.

There were challenges in relation to the Welfare Reform Act which had Royal consent on 8 March 2012. Housing Benefit would be updated in line with the Consumer Price Index or reduction for under occupation of affordable housing for working age households. Local Housing Allowance was frozen at present but when it rose again it would not keep pace with the increase in market rents.

The localisation of Council Tax Support was being undertaken and there would no longer be a national scheme governing it. The new scheme could not affect pensioners and was applicable to people of working age, which equated to a 17.7% loss of council tax benefit. A default scheme would come into effect from the government if no local scheme was established by a certain date. Community Care

Grants and crisis loans would be devolved to the local authority to operate from April 2013. The local authority would implement this and modelling had been undertaken.

Housing Benefit was being reduced and the Department of Work and Pensions would write to households affected by this. Universal Credit, an all-in-one benefit, would be introduced, paid in arrears and in real time. Existing Housing Benefit was being phased out for the introduction of Universal Credit between October 2013 and October 2017.

A modest surplus had been generated in relation to Forestcare, a 365 day 24/7 phone monitoring and response service, and there had been assisted technology in relation to Telecare.

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

- The figures in the report in relation to new affordable homes in 2011/12 were regarding the first quarter only.
- The £31 million quoted in the report in relation to Housing and Council Tax Benefit paid in 2011/12 was an estimate, but £37 million was the actual amount paid.
- Cases where substantial amounts were owed to the local authority went through the Magistrates' Court and a 30% penalty was applied, so people had to pay, for example, the £1,000 they owed plus a 30% penalty of £300.
- The Housing Portfolio was new to the Adult Social Care Overview and Scrutiny Panel but the Environment, Culture and Communities Overview and Scrutiny Panel had been aware of the changes which would be made.
- My Homebuy properties were properties which were bought on the open market.
- Tenants of Bracknell Forest Homes when the housing stock transferred over from the local authority would usually have the Right to Buy but new tenants of Bracknell Forest Homes now would have the Right to Acquire.
- The Cash Incentive Scheme involved up to £38,000 and was repaid in proportion during the first five years after purchasing a property. People had to pay back 20%-30% of the discount if the property was sold within five years of purchase. The Housing Service took a cautious view on people's ability to pay back mortgage loans and BFC mortgages were not offered in conjunction with the Cash Incentive Scheme.
- In the Allocations Policy, households should be living in the area for one year before being considered for an affordable housing property by the local authority. There were 272 people in Band E who lived outside the borough with an additional housing need and the Executive had made the decision to remove Band E.
- The number of bids received against affordable housing properties in the borough related to multiple bids against properties by people rather than the number of people bidding.
- Legal action taken by the local authority was a cost to the local authority. There was a £10,000 budget for this but from next year this cost would be paid by the Department of Work and Pensions.
- There were two challenges at present: Local Housing Allowance had been reduced by approximately £10 per week but this had limited impact. Single people under the age of 25 years could only receive the shared room rate benefit and there were few opportunities to rent a room in Bracknell Forest.
- Applicants for affordable housing needed to have indefinite leave to remain in the UK to be allocated an affordable housing property but the European

Treaty allowed for EU residents to be considered for affordable housing in the UK and vice versa within European countries.

- The Executive report from 17 April 2012 on the Revised Allocation Policy for Affordable Housing would be circulated to Panel Members.
- A Member Briefing Seminar on Affordable Housing would be arranged.
- If applicants in Band E made themselves intentionally homeless, the Housing Service had no homeless duty towards them. The Housing Service would investigate to understand the reasons for homelessness and if it was concluded that applicants had deliberately made their housing situation worse, they would be placed at a Band lower than their housing situation presented as.
- There were two aspects to the Housing Capital Programme: size of property and demand.
- Benefit could be paid direct to Bracknell Forest Homes. There would be ongoing consultation with registered providers and a safeguarding policy for vulnerable adults.
- It was suggested that updates on the Housing Service between Panel meetings would be useful.

#### 46. **Adult Autism Joint Commissioning Strategy 2011**

Zoe Johnstone, Chief Officer: Adults and Joint Commissioning, presented a report on progress on the implementation of the Autism Commissioning Strategy, which was the Council's and Primary Care Trust's (PCT's) response to the national strategy 'Fulfilling and Rewarding Lives'.

The Strategy was approved by the Executive on 7 June 2011. Autistic Spectrum Disorder (ASD) included difficulty with relationships and communication and could lead to social isolation and other problems.

The number of people eligible for social care, whose primary needs arose from their ASD, had increased from four in December 2009 to forty one in April 2012, representing a tenfold increase. The personalisation approach was to provide support, arrangements to decrease isolation, to understand the condition and to help people with ASD to learn better social skills.

There was little specialist health care available for people with ASD unless they also had significant mental health problems or a learning disability. Work was being undertaken with the PCT in relation to commissioning services from providers.

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

- It was suggested that the educational method Kumon, named after the founder, could possibly help autistic children.
- Funding would be transferred to fund people with ASD but this demographic pressure would be monitored.
- Each year as part of the budget setting process budget pressures were addressed and service users progressing to adulthood who were in support as children were considered. The budget was demand led and some trends could be predicted but social care was managing within existing budget at present.
- The majority of people with autism had been supported within Learning Disability Services. Those with an IQ of 70 or above were not eligible for services and work was being undertaken with the PCT in relation to commissioning to address this gap.

47. **Long Term Conditions and Sensory Needs Strategy**

The Director of Adult Social Care, Health and Housing presented a report on the recommendations and action plan within the Long Term Conditions and Sensory Needs Strategy prior to their approval by the Executive.

A consultation had been undertaken to feed into the revised strategy and feedback from the consultation was included in the report to the Panel but the Strategy had not yet been written. Clear information had been received from staff regarding the impact of long term conditions on a person and an action plan was being developed.

A number of voluntary organisations were active locally supporting deaf, hard of hearing and blind people. The presenter at a Sensory Needs Workshop earlier in the day had presented in sign language with an interpreter speaking. Implementation of the Strategy could be of interest to the working group of the Panel monitoring work being undertaken in relation to the modernisation of older people's services. Changes to the number of people with long term conditions had been identified in the Joint Strategic Needs Analysis (JSNA).

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

- Next year responsibility for the public health function would transfer from the Primary Care Trust to the Borough Council.
- Obesity in adults and children was a particular public health concern, however, this was a matter of life style choice.
- A range of methods were used in the consultation such as the Council's website, Bracknell Forest Voluntary Action (BFVA) and a conference. Diabetes UK had a Bracknell Forest branch which was linked to BFVA. 81% of the respondents to the consultation were female and 19% were male.

48. **'Staying Safe' - Safeguarding Adults in the Context of Personalisation - Implementation Update**

The Director of Adult Social Care, Health and Housing gave an update on the implementation of the recommendations contained in the Overview and Scrutiny report 'Staying Safe', Safeguarding Adults in the Context of Personalisation. All recommendations had now been fully implemented.

An Overview and Scrutiny Working Group had considered safeguarding in the context of personalisation as there were safeguarding concerns associated with the modernised approach to support.

Implementation of recommendations since the last progress update in October 2011 featured development of an Empowerment Strategy with associated action plan, preparation of a feedback form to gather the views of individuals who had been through the safeguarding process to assist with improving performance, provision of safeguarding briefings and an e-learning training package for Members, preparation of a safeguarding toolkit in liaison with providers and development of a Self-Neglect Policy.

The Chairman thanked everyone involved for the progress which had been achieved since the review.

49. **Status of the Shadow Health and Wellbeing Board**

The Director of Adult Social Care, Health and Housing presented a report setting out the progress towards establishing a statutory Health and Wellbeing Board (HWBB) in Bracknell Forest.

The HWBB would need to follow the guidance in the Health and Social Care Act. Work would be undertaken on what the work programme would entail and developing a local Health Watch which would be different from the existing Local Involvement Network. The HWBB would be brought into the public domain in due course but work was being undertaken at present in relation to governance arrangements and the needs identified in the JSNA.

Changes were taking place in the NHS on a regular basis and Community Care Grants (CCGs) were an important part of the process. Doctors locally were keen to make a difference although new local control mechanisms were a slight concern.

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

- The health funding formula was based on populations and assurances had been made to the Health Authority and Strategic Commissioning Board in relation to the budget. Work would be undertaken with the two other clinical commissioning groups in relation to the social care handover. GPs did not work in isolation.
- The CCG should not impact on the completion of the Healthspace but the HWBB would possibly investigate further the potential effects of the CCG.
- The HWBB had a power to act if not satisfied with the GP Commissioning Strategy and could refer GPs to the National GP Board. This was a sanction which was hoped would be used a last resort.
- The JSNA data would be used to inform the provision of services.

50. **Working Group Update Report**

The Panel noted the update report in respect of the working groups of the Panel. In response to a query, the Panel was advised that any non-executive Member was eligible to be a member of an Overview and Scrutiny working group regardless of Panel or Commission membership.

51. **Overview and Scrutiny Progress Report**

The Panel noted the bi-annual Progress Report of the Assistant Chief Executive on Overview and Scrutiny activity over the period September 2011 to February 2012 and local and national developments in Overview and Scrutiny.

52. **Executive Forward Plan**

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

**CHAIRMAN**