

Older People's Partnership
Wednesday 11 September 2013
10.00 am - 12.00 pm
Time Square, 2nd Floor North, Meeting Room 1



AGENDA

Item	Description	Page	By	Outcome
1.	Election of Chairman		Mira Haynes	
2.	Apologies for Absence		Amanda Roden	
3.	Minutes and Action Points from 5 June 2013	1 - 4	Mira Haynes	
4.	Older People's Strategy Action Plan	5 - 42	Kieth Naylor	
5.	New Evidence of Need Relating to Older People	43 - 52	Kieth Naylor	
	Equalities Act 2010 and Equality Screening Record			
6.	The Impact of Drug and Alcohol Abuse on Older People	(to follow)	Jillian Hunt	
7.	Bus Strategy Consultation	53 - 60	Danny Lamb	
8.	Members Updates			
9.	Future Meetings			

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Agenda Item 3

Older People's Partnership

5 June 2013

3.00 - 4.50 pm

Boardroom, BFVA, Amber House, Market Street,
Bracknell



Present: Chris Cowap, BFVA
Madeline Diver, CAB
Naoma Dobson, Bracknell Forest Council
Martin Gilman, BFVA (Chairman)
Peter Smith, Bracknell Chamber of Commerce
Jayne Streak, Lifelong Learning Team
Councillor Clifton Thompson

In attendance: Kieth Naylor, Bracknell Forest Council

Apologies: Rev Michael Bentley
Mira Haynes, Bracknell Forest Council
Tracey Hedgecox, Age Concern Bracknell
Simon Hendey, Bracknell Forest Council
Terry Pearce, Bracknell Forest Over Fifty Forum
Chris Vaal, leisure Development Manager
Amanda Waters, Senior Lifelong Learning Officer
Linda Wells, Bracknell Forest Homes

Action Points

Minute	Item
1	<p>Minutes and Action Points from 20 March 2013</p> <p>The minutes of the meeting held on 20 March 2013 were agreed as a correct record.</p> <p><u>Matters Arising</u></p> <p>The Activities for the Over 50's booklet would be forwarded to the Partnership Board; outstanding action. (Action: Chris Cowap/Amanda Roden)</p> <p>Chris Cowap advised that the Business Community event was held on 26 April 2013 and was very successful. There were 54 delegates, and 15 companies would be taking this forward and getting involved. If Board Members had any projects that were ongoing, please could they let Martin Gilman know so that his list could be updated and the companies involved could see this. (Action: All)</p> <p>Any further agenda items for the September meeting should be forwarded to Amanda Roden. (Action: All)</p>

2	<p>CAB: Tackling Health Inequalities and Improving Public Health</p> <p>Madeline Diver requested for it to be noted at the meeting that an individual had phoned the Citizen’s Advice Bureau (CAB) concerned with a large bill from Bracknell Forest Homes. An advisor from Bracknell Forest Homes had visited the individual, a benefits assessment was undertaken and everything was resolved. Madeline advised that it was a job well done and wished to thank Bracknell Forest Homes for their assistance.</p> <p>Madeline led a discussion on a CAB document ‘Overview of possible links between advice and health’ (March 2012) and highlighted some of the key points. An electronic copy of this document would be forwarded to the group for information.</p> <p style="text-align: right;">(Action: Amanda Roden)</p> <p>Madeline would investigate the possibility of funding from public health to form a pilot programme.</p> <p style="text-align: right;">(Action: Madeline Diver)</p>
3	<p>Experience Exchange Presentation</p> <p>Peter Smith discussed the Experience Exchange Service, including how people could register online to their database and offer their expertise or a service. It was an automatic matching system rather than manual and BFVA could have an overview.</p> <p>Martin Gilman advised that he had two issues with this:-</p> <ul style="list-style-type: none"> • Was the person CRB Checked, • Quality Control if the person’s services were not up to standard.
4	<p>Older People's Strategy Action Plan</p> <p>The Board received the Older People’s Strategy Report and Action Plan.</p> <p>The large number of possible actions was noted and it was agreed that where actions were already being delivered in other plans or strategies, these should be highlighted or listed separately.</p> <p>The format and structure of the plan were agreed subject to the inclusion of new columns to address starting point and future targets and a revised draft would be circulated electronically so that Board members could:</p> <ul style="list-style-type: none"> • Consider “connectivity” and populate the “Potential Integration” column by highlighting any activities they might be undertaking separately that could be connected to the actions listed in the plan; • in considering connections activities it was strongly suggested that any

	<p>activity be accompanied by a clear “measure”;</p> <ul style="list-style-type: none"> • identify “resources” (in the widest sense) that there were or could be tapped into; • indicate which actions they might like to “Lead”. <p>Members should forward their comments to Kieth by 1 July 2013 for him to prepare a second working draft. This was a change from the agreed 26 June 2013 date.</p> <p style="text-align: right;">(Action: All)</p> <p>To further explore “connectivity”, the Board agreed to set up a Working Group which would look at the actions to whittle them down into something more manageable and deliverable. This would be done over two meetings and the dates agreed at the Board were 23 July and 20 August at 10am, Board Room, Amber House. At these meetings members would finalise a shorter, working action plan of key priorities for consideration by the Board at the meeting in September.</p> <p>Martin Gilman invited members to indicate their interest on whether they would like to be on the working groups. Cllr Thompson and Madeline Diver expressed an interest and Martin Gilman and/ or Chris Cowap would also be on the working group. Anyone else who would like to be on the group should let Martin Gilman know.</p> <p style="text-align: right;">(Action: All)</p> <p>It was suggested that the Board needed a representative from the voluntary sector on the Health and Wellbeing Board. Martin asked if the Board would have any objections to him putting himself forward. The group had no objections to this so it was agreed that Martin would send a proposal to Cllr Birch and Glyn Jones, Director of Adult Social Care, Health and Housing about representation on the Board.</p> <p style="text-align: right;">(Action: Martin Gilman)</p> <p>The Board noted the new information highlighted in the report. Jillian Hunt would gather research on drug and alcohol abuse and the impact on Older People and produce a report on this for the Board meeting in September.</p> <p style="text-align: right;">(Action: Jillian Hunt)</p>
5	<p>Bracknell Forest Partnership Event - Theme Partner Group Update</p> <p>Martin Gilman circulated a hard copy of the template which needed to be updated ready for 11 July 2013 Bracknell Forest Partnership Event.</p> <p>Martin would complete the event template and circulate it electronically to the group for additional comments. The document needed to be completed and returned to Katharine Simpson by 28 June 2013.</p> <p style="text-align: right;">(Action: All)</p>

6	<p>Members Updates</p> <p>Madeline Diver advised that the DLA (for 16-64 years old) becomes PIP on 10 June 2013. There were some real concerns about visually and hearing impaired people with regard to the assessment criteria as they did not appear to fit the criteria.</p> <p>Local Patients Forum had an AGM on 4 July 2013, 7pm at the Bracknell Forest Homes office in Western Road. At the meeting they would elect a Committee.</p> <p>Chris Cowap advised that the new DBS system and procedures would be coming in the next couple of weeks and it would cost an individual £13.00 to get their CRB updated on the system. They would be holding an event on 10 July 2013 at the Open Learning Centre and Alex Bayliss would be attending to answer any questions on the DBS.</p> <p>Cllr Thompson mentioned that the Ascot Retirement Fair was being held soon. The Access Advisory Panel was having a conference on 19 July 2013 at Easthampstead Baptist Church. There would be a town centre regeneration discussion so that disabled people can put their ideas forward to shop owners around accessibility and other matters.</p> <p>Naoma Dobson commented that the small grants had been announced and there was still a reasonable amount of money available in public health.</p> <p>Kieth Naylor would find out if there was template or application form available for people to complete if they wished to apply for a grant. (Action: Kieth Naylor)</p> <p>Naoma Dobson commented that it could be a small sum as long as it could benefit or have a positive impact on older people to improve their health and well being. Naoma would email the link to Martin for him to access this information. (Action: Naoma Dobson)</p>
7	<p>Future Meetings</p> <p>Future meetings of the Older People's Partnership would be held at 10am in the Boardroom at Amber House.</p> <p>Wednesday 11 September 2013 (Cllr Thompson gave his apologies for this meeting)</p> <p>Wednesday 11 December 2013</p> <p>Wednesday 19 March 2014</p>

**TO: OLDER PEOPLE'S PARTNERSHIP BOARD
11 SEPTEMBER 2013**

OLDER PEOPLE'S STRATEGY – ACTION PLAN Chairman of Board

1 PURPOSE OF REPORT

- 1.1 To present the action plan developed by the Task and Finish Group (Appendix A).

2 RECOMMENDATION

- 2.1 **That the Board notes the content of the report and approves the action plan recommendations.**

3 REASONS FOR RECOMMENDATION

- 3.1 The action plan is the result of a comprehensive examination of existing activity in the Borough. This has established 31 actions which are specific, measurable, acceptable to the Board, relevant to the strategic outcomes and achievable within the 2013-2016 timeframe.
- 3.2 The mix of actions has been determined to be deliverable, and able to achieve as much as possible for as many older people as possible over the lifespan of the strategy, within the resources and capacities available to the Board and its constituent members.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 A draft action plan was presented to the Board on 5 June 2013. The analysis of the strategy and equalities screening record gave rise to an ambitious number of possible actions - 57 in total - grouped under the 9 strategic priorities. The Board considered this number too great and too broad for partners to achieve within capacity and the lifespan of the Strategy.
- 5.2 The Board agreed to establish a Task and Finish Group that would deliver a rationalised action plan with a smaller, feasible number of actions under each priority and which would balance and respect the priorities, ambitions and competencies of the constituent members of the Board.
- 5.3 The group sat twice, on 23 July and 20 August. The group undertook a process to assess the draft action plan for:
- a. **Duplication** – actions which were relevant to the outcomes of the Older People's Strategy but which were already being delivered through other mechanisms so that these could be removed to free up capacity and resources for other actions.

Unrestricted

These are highlighted in the action plan under the headings “What the Board has observed”.

- b. **Synergy** – actions being delivered separately but with the same or similar outcomes that could be joined up or aligned to better use existing resources.
- c. **Gaps** – areas where specific or additional action is needed to deliver better outcomes.

Synergies and Gaps are highlighted in the action plan under the headings “Where the Board sees Gaps” with references to correction action in the action plan.

- 5.4 The group has determined concerted, joined up action is needed in three wider areas and the group recommends to the Board the establishment of three Task and Finish Groups (and nominations for lead and membership) to promote:
 - i) Assistive Technology and Housing Adaptation (action 4.1)
 - ii) Planning for later life (action 4.4)
 - iii) Direct and indirect access to the internet and online information (priority 5)
- 5.5 The group has identified a number of outcomes and outputs along with measures. Whilst the group sought to identify leads and timescales, it felt that discussion should be had at Board to ensure ownership of the action plan by the wider membership. A summary Forward Plan is also included in the body of the action plan for the Board to populate.

Background Papers

Appendix A – Action Plan v.2.3.1

Contact for further information

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An Action Plan for Older People in Bracknell Forest 2013-2016

Bracknell Forest
Older People's Partnership Board

Version: Older People Action Plan V2.3.1.Doc

August 2013

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Introduction

The Bracknell Forest Council Older People's Strategy Action Plan details undertakings which are to be implemented and monitored by the Older People's Partnership Board between 2013 and 2016. Actions which will be implemented take account of the strategic direction outlined in the Bracknell Forest Older People's Strategy which reflects the needs of older people locally.

Priorities for Action

The consultation of older people and strategic review in Bracknell Forest identified several key priorities for provision taking account of Government policy, relevant research and local need.

1. **Effective prevention in supportive communities** which promote good health, wellbeing, involvement and combat isolation in personally managed ways
2. **Community health and care services working together** to aid recovery and provide ongoing support to reduce the need for acute care
3. **A range of different types of housing** which allows people to remain at home as long as they wish
4. **Good quality information and advice** and straightforward access to health, care and support services
5. **Access to the Internet** and the skills to use it
6. **Better recognition and support for carers**, particularly older carers
7. **Improve community awareness of the needs of older people** and promote volunteering and befriending services
8. **Real choice and control over services** which are fairly priced and affordable and promote self management
9. **Services which are effective, efficient, accessible and of good quality** when and where needed

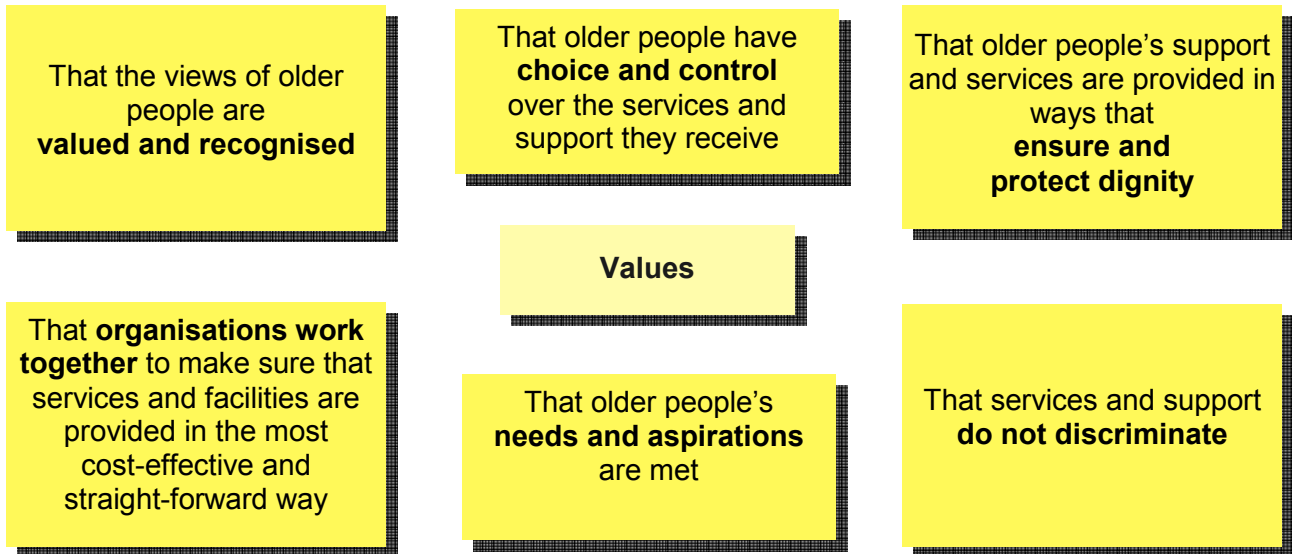
The main focus of strategic approach will be to promote people's wellbeing and independence and to do everything possible to help older people in a preventative sense, before their needs become acute.

National Definition of Integrated Care

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me"

Source: National Voices, "Integrated Care and Support: Our Shared Commitment", National Collaboration for Integrated Care and Support, May 2013

Values & Principles



A further value is proposed that **older people in Bracknell Forest are safeguarded** with appropriate policies and procedures to protect their welfare. Bracknell Forest Council has robust safeguarding procedures and a Safeguarding Strategy.

Integrated delivery

Members of the Older People's Partnership Board will be equally committed to:

- work alongside other local Partnership Boards
- pick up actions which affect Older People from other strategies in Bracknell Forest
- engage with the community of support available in Bracknell Forest to oversee the successful implementation of the action plan. Community support will come from, but not be limited to:
 - Members of the Older People's Partnership Board
 - Relevant local authority functions
 - Relevant voluntary and community sector organisations and groups
 - Relevant service and support providers

Monitoring success

The actions will be embedded in and assessed against:

- Government criteria for the assessment of local people's health and wellbeing known as Outcome Frameworks and summaries
- Plans and strategies for other relevant partnerships, local authority functions, relevant VCS organisations and groups and relevant service and support providers (and built into agreements and contracts accordingly)

The Action plan – what the headings mean

Priorities

The Priorities are the same as the 9 priorities set out in the strategy.

Outcomes	What have older people said is important? This section links the action plan to the strategy. The strategy is based on evidence from national policy, local policy and consultation and input from the members of the older people's partnership board.
Actions	What will the Partnership do to achieve the outcomes? This sets out the actions that the Older People's Partnership needs to undertake to achieve the outcomes. This section might set out the gap to be overcome from how things are now to how things need to be.
Lead	Which member of the Partnership will take responsibility for delivering this action? Which individual or organisation is best placed to make change happen?
Timescale	When will the action take place? This may be expressed as a start date, and end date or a deadline.
Measures	What will happen as a result? What measures will be used to reflect the extent or pace of change? If an organisation has a measure against it, they have a vested interest in making sure things improve.

Glossary

ACBF	Age Concern Bracknell Forest
1ASCHH	Adult Social Care, Health and Housing Department (BFC)
BFC	Bracknell Forest Council
BFH	Bracknell Forest Homes
BFVA	Bracknell Forest Voluntary Action
BHFT	Berkshire Healthcare Foundation Trust
CCG	Clinical Commissioning Group
CR&R	Community Response and Reablement Team
OPLTC	Older People and Long-term Conditions Team
PH	Public Health
U3A	University of the Third Age
VCS	Voluntary and community sector (groups and organisations)

Priority 1: Effective prevention in supportive communities which promote good health, wellbeing, involvement and combat isolation in personally managed ways

Expected outcomes from work in this area

- Older people will report greater connection to their community and be able to access services
- Trusted community resources will support older people to live and remain independent and safe in the home (p.15)
- Older people will be able to report they can live the life they want and have healthier and fulfilled lives (p11)

What the Board has observed	Where the Board sees gaps
<p>With regard to a register of accessible venues to facilitate and enable community / social events, the Board noted that such a register already existed and the Board would seek to work with the Bracknell Forest Access Group as a matter of course to promote the Disabled Go service</p>	<p>The Board observed that Transport remains an issue preventing people from connecting with their community, despite evidence of a wide range of organisations, schemes and possibilities in the Borough See actions 1.1 and 1.2</p>
<p>The iHub directory was already in place to meet the need for individuals and organisations for relevant and up-to-date information to make choices, manage conditions and plan support and activities (p.15)</p>	<p>The Board will undertake work to ensure that relevant and up-to-date information on the iHub for older people is as comprehensive as possible and will take action under Priority 9</p>
<p>A wide range of evidence of programmes and activities in the community run by groups, organisations, the Council and health services to keep older people keeping fit and well (p.8),</p>	<p>The Board was keen to promote and extend adult learning (p.14), but felt it did not understand the full extent of opportunities for older people in the Borough and needs to find out more See action 1.3</p>
	<p>The Board was keen to improve information and promote regular preventative health checks (p.8, p11), but felt it did not understand the full extent of opportunities for older people in the Borough See action 1.4</p>
	<p>As a result of emerging Census 2011 data, additional research into the Borough's service men and women to determine the extent of needs and issues See action 1.5</p>

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
<p>1.1 So that information is held in one place and accessible to individuals, providers and professionals the Board will seek to encourage transport providers & schemes, particularly for people with disabilities (p11 & 14, EIA) to register on iHub</p>	<p>Phil Ellis-Martin and Dave Rossiter (iHub leads), BFC, Joint Commissioning Team Who else needs to be involved All partners</p>	<p>Board decision</p>	<ul style="list-style-type: none"> • A single repository will be created using the iHub which will be a resource for individuals and organisations Borough-wide • Organisations will become responsible for keeping their own data up to date • Develop key messages for a promotional campaign • Increase the number of transport schemes registered on iHub • More people will report greater awareness of transport options in the Borough • More people will report use of transport provision • More people will report satisfaction with transport provision
<p>1.2 The Board will promote the Bus Strategy and partners will submit individual responses (http://consult.bracknell-forest.gov.uk/portal/transport/bus_strategy)</p>	<p>Individuals members</p>	<p>15 October 2013</p>	<ul style="list-style-type: none"> • Each Board member will have responded giving their perspective as a representative of the views and experiences of older people

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
1.3 To ensure opportunities for mental and social stimulation, the Board will invite organisations involved in adult learning to assess the extent to which older people are catered for	The Chairman of the Board will issue invitations	Board decision	<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people • Key messages and promotion through Board membership • Increased take up of courses by people aged 50+
1.4 To support the improvement of information about and better promote regular preventative health checks (p.8, p11) to older people, the Board will invite the Bracknell Forest public health team to present information about preventative health checks	The Chairman of the Board will invite a member of the Bracknell Forest Public Health team	As appropriate to forward plan and diaries	<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people • Key messages and promotion through Board membership • Increased take up of regular preventative health checks by people aged 50+
1.5 To research issues relating to ex-servicemen and women in the Borough and to determine the scope and extent of any needs			<ul style="list-style-type: none"> • The Board will identify and examine new evidence relating to this group • The Board will have the opportunity to comment on the potential impact on this group • The Board will consider future actions to take forward as part of the strategy action plan

Priority 2: Community health and care services working together to aid recovery and provide ongoing support to reduce the need for acute care

Expected outcomes from work in this area

- Older people will report better management of long-term conditions
- Care plans are known in advance and older people only have to tell their story once
- Older people will receive services and support early to prevent and avoid the need for acute care

What the Board has observed	Where the Board sees gaps
Bracknell Forest and Ascot Clinical Commissioning Group and Bracknell Healthcare Foundation Trust are already working in partnership to integrate care pathway planning between CCG and BHFT	To make sure that the views of older people are sought and captured through Board networks, the Board would like to be kept informed of: <ul style="list-style-type: none"> • work around integrated care pathway planning • Government policy in this area See actions 2.1, 2.2 and 2.5
Work is underway to improve hospital discharge for older people with dementia and stroke through joint work between health and social care services	<ul style="list-style-type: none"> • work relating to hospital discharge See actions 2.3 and 2.4
Action being taken by health and social care services to deliver end of life care to ensure high standards (p.15)	<ul style="list-style-type: none"> • end of life care policies and programmes See action 2.6

What will be done	Who will take responsibility	When will this happen	What will happen as a result
2.1 To support work to integrate care pathway planning between BFC, the CCG and BHFT which set out past, present and future care needs and who will be responsible for them (p.14), the Board will invite the partners to present information about these proposals to make sure that the views of older people are sought and captured	The Chairman of the Board will issue invitations		<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people • Care plans will be known in advance and older people only have to tell their story once • More older people will report greater satisfaction with their care

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
2.2 To better understand the policy behind the integration of care and how a multi-skilled workforce (p.5) will be achieved, the Board will invite the Council to present information about the Government's policy to integrate health and social care by 2018	The Chairman of the Board will issue an invitation to Mira Haynes	Board decision	<ul style="list-style-type: none"> The Board will have opportunity to comment on the potential impact on older people
2.3 To better understand issues relating to hospital discharge for older people diagnosed with stroke, the Board will invite presentations from the Integrated Care Partnership Board	The Chairman of the Board will issue an invitation to the Integrated Care Partnership Board	Board decision	<ul style="list-style-type: none"> The Board will have received presentations or policy updates on this programme The Board will learn about the proposals and have opportunity to comment on the potential impact on older people and determine how services could be joined up
2.4 To better understand issues relating to hospital discharge for older people diagnosed with dementia, the Board will invite presentations from the Dementia Partnership Board	The Chairman of the Board will issue an invitation to the Dementia Partnership Board	Board decision	<ul style="list-style-type: none"> The Board will have received presentations or policy updates on this programme The Board will learn about the proposals and have opportunity to comment on the potential impact on older people and determine how services could be joined up
2.5 The Board will provide a individual responses to the Department of Health Improving Care Survey to respond to issues relating to coordinated care planning (http://consult.bracknell-forest.gov.uk/public/ascteam/dhics/dhics)	All members of the Board	27 September 2013	<ul style="list-style-type: none"> Board members will be able to summarise the key issues they raised for consideration by the wider Board Board members will have considered the wider Council response to determine impact on this work plan

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
2.6 To better understand issues relating to end of life care, the Board will invite the Integrated Care Partnership Board to present practice and proposals in this area	The Chairman of the Board will issue an invitation to Dr Shashnar	Board decision	<ul style="list-style-type: none"> • The Board will have received presentations or policy updates on this programme • The Board will learn about the proposals and have opportunity to comment on the potential impact on older people

Priority 3: A range of different types of housing which allows people to remain at home as long as they wish

Note from the Board

The Board considers a wide range of different types of housing appropriate to needs will give people choice and will secure safety and independence in the home, however, the Board also believes that this priority should also encompass housing adaptation and assistive technology which are invaluable to quality of life and helping people to live independently for longer in their existing homes.

Expected outcomes from work in this area

- Older people will report that their housing is appropriate to their needs

What the Board has observed	Where the Board sees gaps
The Board is assured that a considerable amount of work is already being undertaken to help older people secure independence, confidence and safety in the home (p15) through assistive technology and housing adaptation	Older people have identified that they need more information about assistive technology, housing adaptation and support to move homes and downsizing. The Board believes that creating awareness about and promoting assistive technology as a means to help support older people to live and remain independent and safe in the home (p.15) is needed as well as See action 3.1
The Board is aware that Bracknell Forest Council is already taking steps to improve advice and information to older people about finance and housing options as a result of welfare reform	Triggered by welfare reforms, a significant number of older people wanted information, advice and support relating to options around moving home and downsizing See action 3.2
The Council planning department has already approved the extra care scheme on the Garth Hill Site which will provide an holistic approach to care for older people in a community setting	The Board would like to receive regular updates on extra care provision, monitor take up and satisfaction and if and how the planning provisions are being rolled out elsewhere in the Borough See action 3.3
	The Board is aware of a range of support being offered to older people as a result of welfare changes and would like to determine how it can support the promotion of such support for the benefit of as many older people as may need such advice See action 3.4

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
<p>3.1 To promote Assistive Technology and the Sensory Needs Clinic at Bridgewell to support older people to achieve independence and quality of life, the Board will establish a joined up programme of communications</p>	<p>Naoma Dobson, Bracknell Forest Council</p>		<ul style="list-style-type: none"> • The Board will have visited the Sensory Needs Clinic to explore the options available to older people • Key messages and promotional activity will be developed and distributed to the media • Promotional material will be developed and distributed through Board members and their networks • Increased take up of Assistive Technology solutions and housing adaptations • Older people will report that their housing is appropriate to their needs
<p>3.2 To support those households who need or want to move home, the Board will invite the Bracknell Forest Council Housing section to outline the home share scheme and the freespace relocation service (p10) with a view to promoting the scheme through Board member networks</p>	<p>The Chairman of the Board will issue an invitation to Bracknell Forest Council Housing section</p>	<p>June 2014</p>	<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people • Greater promotion and awareness of the schemes • Increased take up of home share scheme and freespace relocation service by people aged 50+
<p>3.3 The Board will invite the BFH and the Housing section to give an update on the Garth Hill extra care housing scheme to explore how the benefits might be incorporated into future housing developments</p>	<p>The Chairman of the Board will issue an invitation to the Housing section and Bracknell Forest Homes</p>	<p>Board decision</p>	<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
<p>3.4 To better understand how older people are having their advice and information needs met in relation to welfare reform, the Board will invite advice and signposting organisations to outline their work with a view to promoting the scheme through Board member networks</p>	<p>The Chairman of the Board will issue invitations to relevant organisations identified by the members of the Board</p>	<p>Board decision</p>	<ul style="list-style-type: none"> • The Board will learn about diverse advice and information services and have opportunity to comment on how these are promoted widely and consistently to older people • The Board will assess the type of need and demand and distribute (or create as necessary) promotional material for distribution through Board members and their networks • Increased take up of advice and information services

Priority 4: Good quality information and advice and straightforward access to health, care and support services

Expected outcomes from work in this area

- Older people will be enabled to maximise their income and financial wellbeing (p.12)
- Older people will be able to plan for a time when they cannot make decisions for themselves (principle to ensure and protect dignity)
- People who fund their own support have access to information, advice and support according to their needs

What the Board has observed	Where the Board sees gaps
<p>Work is already underway by the Bracknell Forest Council benefits team and also assessment processes when accessing social care to ensure individuals access financial support which they need and are entitled to</p>	<p>The Board would like to assurance that people that fund their own support have access to relevant and appropriate information following new provisions in the Care Bill See action 4.1</p>
<p>Bracknell Forest Council Housing team is implementing the local council tax benefit scheme to provide information to older people about council tax</p>	<p>As a result of the Health and Social care Act, the Board would like to know more about the information and signposting role of the new Local Healthwatch organisation and how, as the champion of patients and users of social care services, the views of a wide range of older people will be sought and captured. See action 4.2b</p>
<p>Information about support and services was raised as an issue in the strategy (p.15), however, the Board is aware that the Care Bill is putting in place provisions to extend the scope and responsibilities of local authorities in this regard and that Bracknell Forest Council is already researching and developing a response to these provisions.</p>	<p>The Board would like to be kept informed of pilot models to deliver CAB services in health and social care settings, how successful the pilots have been and what organisations can learned from reaching older people in this way See action 4.2a</p>
	<p>Specific mention was made in the strategy about access to services from minority ethnic communities. The largest, long-term resident community in Bracknell Forest is the Nepali community and the Board will need more information to determine specific actions to support this community. See action 4.3</p>
	<p>Nearly 100% of respondents to the older people's strategy consultation (and also at the older people's conference) stated they wanted more information and support to prepare and plan for later life. See action 4.4</p>

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
<p>4.1 The Board will invite Bracknell Forest Adult Social Care teams to outline how the information needs of older people supported by social services and people who fund their own support is to be met under the requirements of the Care Bill</p>	<p>Board decision Who else needs to be involved</p>		<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people • Satisfaction with information provided to people who fund their own care and support
<p>4.2 The Board will explore the role of information and signposting providers (such as CAB and Local Healthwatch Bracknell Forest) (p.12)</p>			
<p>4.2.a Bracknell Forest Homes and Citizens Advice Bureau to outline the findings of their pilot programme to provide financial advice and information to people impacted by welfare changes in health and care settings</p>	<p>The Chairman of the Board will invite Rhiannon Stocking-Williams</p>		<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people • The Board will consider the findings, issues facing older people in health and care settings and how learning can be communicated more widely
<p>4.2.b Invite Local Healthwatch Bracknell Forest to assure the Board that the information and signposting needs of older people are being met in the design and delivery of this new service</p>	<p>Board decision</p>		<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people • Key messages and promotion of Local Healthwatch service through Board networks • The Board will consider the findings, issues facing older people in health and care settings and how learning can be communicated more widely

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
<p>4.3 The Board will source local equalities data indicating issues for the Nepali and other migrant communities around social isolation, awareness and access to services and specific health conditions</p>	<p>Naoma Dobson, Bracknell Forest Council</p>		<ul style="list-style-type: none"> • The Board will source the evidence and update the Equality Screening record for the Older People's Strategy • Consideration of evidence and actions to address specific issues will be determined taking into account cultural and linguistic barriers • Consideration of Board network response to needs of vulnerable groups • Members of the Nepali community and other migrant communities will report improved connectedness to the community, better access to services and support for specific health conditions
<p>4.4 To promote planning in later life, the Board will assess information relating to such things as advance directive, lasting power of attorney, etc. (p12) and determine a way of communicating this information to older people</p>	<p>Board decision</p>		<ul style="list-style-type: none"> • The Board will take an asset based approach and research support available in the community and set up a Task and Finish group involving members of the Community and community law firms • Key messages and promotional activity will be developed and distributed to the media • Promotional material will be developed and distributed through Board members and their networks • Older people will report that improved satisfaction that their information needs have been met

Priority 5: Access to the Internet and the skills to use it

Expected outcomes from work in this area

- Older people will have access to electronic information according to their needs and preferences (p11)
- Older people will have access to support and learning opportunities, relevant to the ways in which they wish and need to access online information

What the Board has observed	Where the Board sees gaps
<p>The Board is aware that much work is being undertaken by a range of organisations to increase access to the Internet although this work, and advances in this area, appears to be disjointed.</p>	<p>The Board would like to see the development of a more co-ordinated approach and better support for people to access information on the internet directly or through enabling mechanisms.</p> <p>This will help people who cannot or do not want to access the internet but who nevertheless need online information to make decisions about their health and social care.</p> <p>The Board would like to learn more about what technologies are more or less acceptable to older audiences so that approached to reaching older people and empowering them with new technologies can be learned.</p>

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
5.1	To develop, support and promote the use of the Internet that matches needs and demand (p11) the Board will take an asset based approach and set up a Task and Finish group involving members of the community and Board members who will:		
5.1.a	the Lifelong Learning Service (Adult Learning) to find out more about IT courses and to determine how the needs of older learners are considered and met in the development and design of courses with a view to promoting courses more widely	The Chairman of the Board will issue and invitation to the Bracknell Forest Lifelong Learning Service (Adult Learning) team	<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people • The needs of older people and usage of internet technology by older people in Bracknell Forest will be clearer • The Board will have visited the Lifelong Learning Service (Adult Learning) courses for older people • Key messages and promotional activity will be developed and distributed to the media • Promotional material will be developed and distributed through Board members and their networks • Increased number of people 50+ attending free IT courses • Increased number of people reached through outreach / digital inclusion
5.1.b	Explore how information and signposting organisations are enabling access to online information for people who cannot or do not wish to access the internet so that practice examples can be promoted	The Chairman of the Board will issue and invitation to Bobby Mulheir, Bracknell Forest Council who is leading on this area Who else needs to be involved BFH Age Concern	<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people • Case studies and examples of good practice (e.g. Age Concern pilots and programmes) can be developed for distribution to other organisations • The Board will develop an understanding of the IT that is acceptable to and is likely to be used by older people • Organisations will report increased use of diverse technologies to search information online, in particular from the iHub • IT use will increase in day centres • Trainers and volunteers better

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
			<p>trained to help older people access internet technologies to provide information</p> <ul style="list-style-type: none"> • Information will be developed about “Apps” of benefit to older people • Increased use of IT by people 50+ in communal areas, e.g. libraries, sheltered schemes

Priority 6: Better recognition and support for carers, particularly older carers

Expected outcomes from work in this area

- Older carers will report greater support in their caring role
- Carers will know how much money they are entitled to for care and support needs
- Carers will report their needs have been recognised and appropriate support and information has been offered

What the Board has observed	Where the Board sees gaps
<p>A Borough-wide Carers' strategy is in place and the issues raised in the Older People's Strategy are covered in that document.</p> <p>In particular, the Board is assured that there is provision for respite in the Borough, support for ex-carers through the ex-carers programme and support to maximise income for carers to support financial needs and social independence</p>	<p>The Board believed that it would be helpful to be kept informed of the progress to deliver the Carers strategy to ensure that the views and experiences of older carers continue to be taken into account and that new provisions relating to carers set out in the Care Bill are considered from an older carer's perspective.</p>

What will be done	Who will take responsibility	When will this happen	What will happen as a result
<p>6.1 To understand how older carers' needs are being met, the Board will seek a progress report on the Borough Carers strategy with a view to presenting new evidence, identifying gaps or supporting the delivery of the strategy outcomes</p>	<p>A person nominated by the Board Who else needs to be involved</p>	<p>Board decision</p>	<ul style="list-style-type: none"> • The Board will consider the progress and how issues facing older carers are being addressed • Members of the Board will promote support more widely through their networks • Members will consider what resources they can bring to bear to ensure greater outcomes can be achieved for more people • Satisfaction of carers in relation to their understanding of new provisions in Care Bill affecting them • Satisfaction of carers about the level of inclusion in discussions relating to decisions that impact on them

Priority 7: Improve community awareness of the needs of older people, and promote volunteering and befriending services

Expected outcomes from work in this area

- Older people will report they feel valued with opportunity to contribute meaningfully with their community
- Older people will feel visible, listened to and heard and perceptions of old age and older people will change (pp.5 & 7)
- Older people will report improved understanding of the issues affecting older people by service providers and the wider community
- Older people will report feeling valued (principle of strategy)

What the Board has observed	Where the Board sees gaps
<p>The Board is aware of many examples of volunteering in the community such as befriending, neighbourhood action, natural networks (to name but a few)</p>	<p>The Board recognises how valuable time giving schemes are and would like to see these opportunities for older people extended and increased as the value in terms of mental and social wellbeing are well documented. See actions 7.1a and 7.1b</p>
<p>To ensure that individuals and organisations are suitably trained to consider the needs of and to communicate effectively with older people so that older people may connect confidently with the wider community, the Board has already fed into the work of the Access Group to promote the needs of older people, people with long-term conditions and people with disabilities.</p>	<p>The Board would like to be kept up to date with the work of the Access Group and to ensure that Bracknell Forest is a community that is respectful of older people. See actions 7.2 and 7.3</p>
	<p>The Board will make a commitment to responding to consultations as knowledge and capacity will allow to ensure the views and voice of older people are heard in national and local decision making See action 7.4</p>

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
<p>7.1 To promote volunteering (p.14, EIA) and befriending to improve social connectedness, the Board will:</p>	<p>Board decision Who else needs to be involved</p>	<p>Board decision</p>	<ul style="list-style-type: none"> • Increase in the number of volunteers aged 50+ above currently reported figure of 65% • Increase in the number of hours volunteered by people aged 50+ • Older people aged 50% taking part in more diverse volunteering opportunities • Increase number of bids or funds drawn down to support volunteering / mentoring schemes • As a result of volunteering, more older people reporting: <ul style="list-style-type: none"> • less risk aversion • feeling empowered to take part in community events and development and activities in the community • improved mental wellbeing • improved social wellbeing
<p>7.1.a Review befriending schemes in the Borough and specifically, ask BFVA and Bracknell Forest Homes to report progress on findings of their befriending programmes in residential care settings</p>	<p>The Chairman of the Board will issue and invitation to BFVA and BFH</p>	<p>Board decision</p>	<ul style="list-style-type: none"> • The Board will consider the findings, and how learning can be used to promote volunteering and befriending opportunities

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
<p>7.1.b Ask the Local Economic Partnership to present its proposals for providing older people with opportunities to use their life skills, knowledge and experience in meaningful and productive ways to maintain mental, social and economic wellbeing of older people</p>	<p>The Chairman of the Board will issue and invitation to Peter Smith, LEP</p>	<p>Board decision</p>	<ul style="list-style-type: none"> • The views of older people will have been considered in the development of action plans and programmes to deliver the Local Economic Partnership Strategy • The Board will have played an active part in the development of schemes such as skills, knowledge and time banking • Older people will report satisfaction with opportunities to maintain or improve mental, social and economic wellbeing
<p>7.2 The Board will receive regular status reports on the work of the Access Group in order to promote the views of older people</p>	<p>The Chairman of the Board will issue and invitation to Cllr Cliff Thomson</p>	<p>Board decision</p>	<ul style="list-style-type: none"> • The views of older people will be heard in the development of programmes and projects set up by the Access Group • Older people will report satisfaction that their views have been heard and taken into account when developing services for older people
<p>7.3 The Board will establish a dignity code to promote understanding of the basic expectations of older people when interacting with services</p>	<p>Board decision Who else needs to be involved</p>	<p>Board decision</p>	<ul style="list-style-type: none"> • A dignity code will be produced and promoted • A commitment to adoption will be sought from the Borough Council with a view to promoting the wider adoption by other community organisations • Monitoring against the standard will be reported through engagement and consultation with the public • Older people will report satisfactory experiences when interacting with organisations and individuals who have been suitably trained in the needs and communications needs of older people

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
7.4 The Board will seek to provide a partnership response to future consultations to ensure the views of older people in Bracknell Forest are heard in developing policies, plans and strategies nationally and locally	The Chairman of the Board will identify a lead member as appropriate	As appropriate to individual consultations	<ul style="list-style-type: none"> Information will be gathered from the Board network and a response will be submitted by the required deadline

Priority 8: Real choice and control over services which are fairly priced and affordable and promote self management

Expected outcomes from work in this area

- Older people will be able to express their needs and be confident that their views have been taken into account when determining their support options

What the Board has observed	Where the Board sees gaps
Adult social care processes for assessing financial need in care assessments, reviews and support planning are in place and are robust	The Board would like to seek assurance that new provisions in the Care Bill around funding of care and local implementation take into account the needs of older people.

What will be done	Who will take responsibility	When will this happen	What will happen as a result
8.1 To understand the financial implications of the Care Bill on older people in the Borough for impact on care planning, personalisation, personal budgets, enabling direct payments, the Board will invite Bracknell Forest adult social care teams to outline the policy and local response	The Chairman of the Board will issue and invitation to Neil Haddock, Bracknell Forest Council		<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people
8.2 The Board will explore creative uses of personal budgets (including the use of E+ cards) to allow people flexibility & freedom of choice as to how personal budgets are used to improve quality of life	Naoma Dobson, Bracknell Forest Council		<ul style="list-style-type: none"> • The Board will develop key messages for a promotional campaign • More people will become aware of, demonstrate interest in, and exhibit the innovative use of personal budgets to support quality of life choices

Priority 9: Services which are effective, efficient, accessible and of good quality when and where needed

Expected outcomes from work in this area

- Older people will have relevant and up-to-date information they need to make choices, manage their conditions and plan their support and activities (p.15)
- The views of older people are sought and valued in the commissioning process

What the Board has observed	Where the Board sees gaps
<p>To improve awareness of support in the community, the Borough already maintains an iHub – an online directory of services which can be accessed by the individuals, providers and professionals. Because it is web enabled, it can be accessed practically anywhere and information can be printed by individuals who have online access or distributed to individuals who do not. This project is already being taken forward by the Borough Council.</p>	<p>Older people have indicated that they would like information about services relevant to them in one place, the Board will explore use of the iHub to make this an accessible resource regardless of online status or abilities See action 9.1</p>
	<p>As a result of the Health and Social care Act, Local Healthwatch organisation are intended to seek out, capture and represent the view of patients and users of social care services, in the commissioning of services. The Board would like to find out more about the statutory mechanisms for doing so and to ensure the voice of older people is heard. See action 9.2a</p>
	<p>GP surgeries are often the first point of contact with health services, the Board would like to understand how Patient Reference Groups will ensure the views of older people are heard and actioned in the commissioning of GP services in communities See action 9.2b</p>
	<p>As a result of the Health and Social Care Act and proposals in the Care Bill, there are many changes to the health and social care services. The Board would like to analyse the public response to determine how continuous improvement in services can be achieved for people over 50. See action 9.3</p>

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
<p>9.1 With a view to developing a directory of community support and services (EIA) (p10) relevant to older people, the Board will undertake a census of activities targeted at or of benefit to older people from across the Partnership and encourage organisations, schemes and projects to register on the iHub</p>	<p>Board decision Who else needs to be involved Phil Ellis-Martin and Dave Rossiter (iHub leads)</p>		<ul style="list-style-type: none"> • The Board will support any promotional programme, and inform it of the views and needs of older people to ensure campaigns are successful • The Board will encourage members to sign up to and maintain information on the iHub and to promote the iHub through member networks • Increase the number of schemes registered on iHub which are relevant to older people • More people will report greater awareness of support and services available to them in the Borough
<p>9.2 To ensure the views of older people are sought and valued, the Board will:</p>			
<p>9.2.a Invite Local Healthwatch Bracknell Forest to outline how Enter and View powers might be delivered and how records of issues reported to Local Healthwatch (e.g. comments and complaints) might be acted upon for the continuous improvement of health and social care services for older people</p>	<p>The Chairman of the Board will issue an invitation to Local Healthwatch</p>		<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people • The Board will review the LHW annual report to take a view on how older people's issues have been identified, assessed and to determine what support LHW might need to progress issues relating to older people
<p>9.2.b Invite the lay-person for Patient and Public Involvement for the CCG to outline how the views of older people are captured and taken into account for the improvement of services in GP services (p11)</p>	<p>The Chairman of the Board will issue an invitation to Karen Maskell, Lay Person CCG</p>		<ul style="list-style-type: none"> • The Board will have opportunity to comment on the potential impact on older people • The Board will review the LHW annual report to take a view on how older people's issues have been identified, assessed and to determine what support LHW might need to progress issues relating to older people

Bracknell Forest Council Older People's Strategy Action Plan 2013-2016

What will be done	Who will take responsibility	When will this happen	What will happen as a result
<p>9.3 The Board will review, annual reports, quality accounts, local accounts, comments and complaints data, and any other mechanisms for recording or reporting the experience of users of health and social care services aged 50+ to assess issues of concern to older people</p>	<p>The Chairman of the Board will invite reports from: LHW annual report FT PALS mechanisms Adults Complaints Manager ASCHH Performance Team Naoma Dobson in relation to feedback on assessments Local account</p>	<p>“Feedback from older people on interactions with social care report” October 2013 April 2014</p>	<ul style="list-style-type: none"> • The Board will identify mechanisms in the local community that are relevant to achieving the action • The Board will analyse comments, complaints and concerns • The Board will provide comment on the potential impact on older people and suggest corrective action • Older people will report future satisfaction with services they have received

DRAFT Forward Plan 2013-2016

Key:

Discussion To seek recommendations from the Board to inform policy and practice

Decision To seek a decision from the Board in relation to the stated outcomes

Information To inform the Board of matters of relevance to the members

Topic	Outcome and impact on action planning for Older People	Action Plan Reference	Meeting Date	Year
Consideration of revised equalities screening as a result of Census 2011 and other research	Decision	Relates to all priorities	Sept	2013
Response to consultations	Decision	Where relevant	Where applicable	
Census of transport schemes and iHub registration	Decision	1.1		
Bus strategy response	Discussion	1.2		
Adult Learning opportunities in the Borough	Discussion	1.3		
Preventative Health Checks	Discussion	1.4		
Integrated care pathways	Discussion	2.1		
DH policy on integrated care by 2018	Discussion	2.2		
Hospital discharge for people with Stroke	Discussion	2.3		
Hospital discharge for people with Dementia	Discussion	2.4		
Department of Health Improving Care Survey	Discussion	2.5		
End of life care	Discussion	2.6		
Sensory Needs Clinic	Decision	3.1		
Freespace allocation scheme	Discussion	3.2		
Extra Care Housing	Discussion	3.3		
Welfare reform and information	Decision	3.4		

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provision				
Care Bill – people who fund their own care	Discussion	4.1		
Advice services in health settings	Discussion	4.2a		
LHW design and delivery	Decision	4.2b		
Needs of Nepali and other migrant communities	Decision	4.3		
Planning in later life	Decision	4.4		
Lifelong Learning IT education provision	Decision	5.1a		
Using IT to access information for older people	Decision	5.1b		
Report on progress of Carers Strategy implementation	Discussion	6.1		
Review of befriending services	Discussion	7.1a		
Mobilising knowledge assets of older people	Discussion	7.1b		
Report on progress of Access Group	Discussion	7.2		
Proposals for a Dignity Code for Bracknell Forest	Decisions	7.3		
Provisions of Care Bill	Discussion	8.1		
Innovation in use of personal budgets	Decision	8.2		
Directory of services on iHub	Decision	9.1		
Local Healthwatch and improving the experience of older people	Discussion	9.2a		
Patient Reference groups and improving the experience of older people	Discussion	9.2b		
Review of comments and complaints systems	Decision	9.3		

Version Control

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Activity	Version	Owner	Date
Amendments to the Plan following the second meeting of the Task and Finish Group (20 August 2013) Draft forward plan added to give an at-a-glance indication of the Board work programme	2.3 2.3.1 (includes all track changes)	Kiethna	20/08/2013
Amendments to the Plan following first meeting of the Task and Finish Group (July 2013)	2.2	Kiethna	9/8/2013
Comments incorporated from: <ul style="list-style-type: none"> • Amanda Waters, Bracknell Forest Lifelong Learning Service (Adult Learning) and Mark Sanders, BFC ASCHH Development Manager • Madeline Diver, representing Citizen's Advice Bureau Bracknell and District • Maggie Gibbons, BF Community Engagement and Equalities team • Simon Hendy, Chief Officer: Housing • Bob Pennell and Tracey Hedgecox, Age Concern Bracknell Forest • Bracknell Forest Homes, Housing & Community Services Director via Karen Lugg • PH references approved by Lisa McNally via email 	2.1	Kiethna	5 July 2013
Comments from June OPP Board incorporated: <ul style="list-style-type: none"> • Add columns for target and progress against measures • Identification of actions already being undertaken in other BFC plans and strategies, marked and separated 	2.0	Kiethna	11/6/2013
Comments added from BFC ASCHH, Joint Commissioners and Community Response and Reablement Team Manager, Head of Long-term Community Support and Continuing Health Care	1.1	Kiethna	24/5/2013
Document created for presentation to OPP Board 5 June 2013	1.0	Kiethna	8/5/2013

**TO: OLDER PEOPLE'S PARTNERSHIP BOARD
11 SEPTEMBER 2013**

**NEW EVIDENCE OF NEED RELATING TO OLDER PEOPLE
Chief Officer: Older People and Long-term Conditions**

1 PURPOSE OF REPORT

- 1.1 To ensure an inclusive approach is maintained throughout the life of the Strategy, this report sets out new evidence relating to protected characteristics set out in the Equality Act 2010 which has emerged since the preparation of the original Equalities Screening in 2012.

2 RECOMMENDATIONS

2.1 That the Board:

- **Notes the evidence as incorporated into the revised Equality Screening Record (Appendix A)**
- **Considers actions in the Action plan that may be relevant to Equality Act 2010 ("the Act") protected characteristics and other communities**

3 REASONS FOR RECOMMENDATIONS

- 3.1 As a Partnership Board created by the Borough Council, the Public Sector Equality Duty 2011 applies.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 Not to consider impact on protected characteristic groups would be a breach of the Act.

5 SUPPORTING INFORMATION

- 5.1 Since the publication of Census 2011 data, a raft of data, information and evidence is beginning to emerge. Examples of new evidence were highlighted at the Board meeting in July and it was agreed that it be presented to the Board for consideration in September.
- 5.2 The Board is asked to note that it would not be feasible to research and analyse all evidence emerging all the time, however, as the action planning process begins, this is a pertinent time to assess new information in areas that were lacking evidence in the original equality screening record.
- 5.3 The evidence is documented in a revised Equality Screening Record set out in Appendix A. Track changes have been used to highlight where changes have been made.

- 5.4 The source document outlines a You Gov survey of over 2,000 people aged over 55. Whilst commissioned by Stonewall, the report highlights useful information beyond sexual orientation alone, covering marriage and issues relating to carer status and income which has been extrapolated over Borough profile data. This can only give an indication of impact and not an exact assessment without further exploration. The information should therefore be viewed in this light.
- 5.5 The findings are also generally in line with the Relate report, "Who will love me, when I'm 64?" (Harris and Las Casas, June 2013). The report cites good couple, family and social relationships as integral to quality of life. Social and emotional isolation are significant issues for older people, particularly older carers, as relationships are more fluid with long-term cohabitation and less formal relationships which bring familial and financial security. Positive couple (regardless of sexuality), family and social relationships have been repeatedly shown to protect against illness, impact on the progression of illness and reduce the time of recovery from illness. They have a positive role to play in preventative life choices, such as taking more exercise, eating healthily, reducing smoking, drinking less, adhering to medical routines and coping with stress, anxiety and having better mental health. This research has been subsequently underlined by observations from the Retirement Fair 2013 when people aged 50+ were asked about coping with the life change brought about by retirement with large numbers indicating social networks in particular as important when families live away or partners have died. The relate report recommends the embedding of relationship support in local service landscape, and considering the strength of couple, family and social relationships at touch points with health and social services when determining care and support for older people.

Next Steps

- 5.6 The Board is asked to consider the evidence and whether the Strategy or the Action plan needs to address any issues arising from the evidence.

Background Papers

Appendix A – Revised Equality Screening Record

Contact for further information

Mira Haynes, Adult Social Care, Health and Housing – 01344 351599

Mira.Haynes@bracknell-forest.gov.uk

Kieth Naylor, Adult Social Care, Health and Housing – 01344 351587

Kieth.naylor@bracknell-forest.gov.uk

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Equalities Screening Record Form

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Date of original Screening: <u>February 2013</u>	Directorate: <u>Adult Social Care, Health and Housing</u>	Older People's Partnership Board	←
Date of revised Screening: <u>August 2013</u>	Development of a Strategy for Older People in Bracknell Forest		
1. Activity to be assessed	<input checked="" type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change		
2. What is the activity?	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing		
3. Is it a new or existing activity?	Andy Kimber, Joint Commissioning Officer <u>Revised and updated by Kieth Naylor, Joint Commissioning Officer</u>		
4. Officer responsible for the screening	Mira Haynes, Chief Officer: Older People and Long Term Conditions Lynne Lidster, Head of Joint Commissioning Andy Kimber, Joint Commissioning Officer Bob Pennel, Chairman, Age Concern Bracknell Madeline Diver, CAB Clr. Cliff Thompson, <u>Bracknell Forest Council, Older People's Champion</u>		
5. Who are the members of the EIA team?	The Strategy provides a strategic direction to the Older People's Partnership Board on the identified needs of Older People locally and current local and national policy to inform the future actions of the board.		
6. What is the purpose of the activity?	People over 50 years of age and their carers		
7. Who is the activity designed to benefit/target?	Protected Characteristics	Please tick yes or no	Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.
8. Disability Equality		Y	What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data Borough profile <u>2001 Institute of Public Care data (POPII) projected estimates for 2012, indicate the number of people aged over 65 with a physical disability as 6,563, comprising 2,900 aged 65-74, 2,509 aged 75-84 and 1,154 aged 85+. Prevalence data from the 2001 Health Survey data indicate the number of people aged 55-64 with a moderate or severe disability to be 2,649.</u> Social care profile <u>Of the total number of older people (50+) known to social services 1857, (number) are classified as having a disability.</u> <u>Of the older disabled people known to social services:</u> <ul style="list-style-type: none"> • <u>127 have a learning disability</u>
		N	

<ul style="list-style-type: none"> 1396 have a physical disability, of which 13 have a dual sensory loss, 21 have a hearing impairment and 53 have a visual impairment 333 have a mental health issue of which [number] have depression, of which 144 have dementia 1 has autism <p>Consultation with older people locally identified a variety of needs relating to disability resulting from old age. The strategy identifies priorities which include the promotion of assistive technology in the home, choice in providers of help and support to those who have a disability, specialist transportation, and befriending and volunteering services for those in need. 37% of older people worry about their mental health. 33% of women and 17% of men have been diagnosed with depression. 26% of women and 13% of men have been diagnosed with anxiety.</p>			
<p>Borough profile</p> <p>From Census population estimates (2009), the Borough population is relatively homogeneous with 89.7% of the population in all White categories and 10.3% in BME categories. Of the 34 238 older people in the Borough, census data by age group (60+(women) and 65+(men)) gives figures of 15 500 White British people, 500 White Other, 300 White Irish, 200 Asian Indian, and 100 people in each of the Asian Pakistani, Black Caribbean and Chinese classifications.</p> <p>The Borough has a significant Nepali population, clustered in the South of the Borough and local evidence indicates social isolation, specific health needs (particularly for women) and lack of awareness and take up to health and social care services.</p> <p>According to Census Data (Table QS204EW), the number of Nepali speakers aged 3 years and above is 975 (0.9% of the Borough population) and the number of Polish speakers is 758 (0.7%). Some research into the proficiency of older people to access and understand information targeted at them needs to be undertaken.</p> <p>Social care profile</p> <p>Of the total number of older people known to social services:</p> <ul style="list-style-type: none"> 1738 have declared they are White British, 46 have declared they are White Other, 22 have declared they are White Irish 9 have declared they are Asian Indian, 3 have declared they are Asian Pakistani, 5 have declared they are Asian Other 5 have declared they are Black Caribbean 5 have declared they are Chinese 1 has declared they are Nepali 4 have declared they are Any Other Ethnicity 1 have declared they are Mixed Other 1 had declared they are Gypsy/Roma <p>Consultation with Older People locally and experience of members of the Older People's Partnership Board identified the needs of Older People from minority communities. These needs included translated resources for those who are unable to access services because of language barriers and the need for affordable meeting places for people from particular minority groups.</p>	<p>There will be a positive impact for people from Ethnic Minority Communities in Bracknell Forest.</p>	<p>N</p>	<p>Y ✓</p>

			<p>The strategy proposes actions to provide translated resources (in line with the updated Council policy guidance) to those groups who require it and to facilitate the use of community centres for those groups who wish to meet together.</p>
10. Gender equality	Y ✓	N	<p>Borough profile Of the 113,700 people in Bracknell Forest, 30% (or 34,238) people are aged 50+. The 2011 Census indicates that 16,399 (14.4% of total population) are men aged 50-64 and 17,839 (15.7%) are women. Of the 7,520 (6.6%) aged 65-74, 3,556 (3.1%) are men and 3,964 (3.5%) are women. Of the 4,724 (4.2%) aged 75-84, 2,072 (1.8%) are men and 2,670 (2.3%) are women. Of the 1,885 (1.7%) aged 85+, 604 (0.5%) are men and 1,281 (1.1%) are women.</p> <p>Social care profile Of the total number of older people known to social services:</p> <ul style="list-style-type: none"> • 652 are men • 1,205 are women <p>Of the older people known to social services aged 50-64, 170 are men and 161 are women; aged 65-74, 116 are men and 155 are women; aged 75-84, 184 are men and 334 are women; aged 85+, 182 are men and 555 are women</p> <p>Local consultation identified some differing needs of men and women, for example that consultation responses were more likely to be completed by women on behalf of a couple, and proposals are made to engage with both genders based on this finding. Life expectancy is greater for women, and therefore the needs of widowed and single older women are identified to be addressed in the action plan.</p> <p>Women are more likely to say that a partner will be important to future income (42%) and as older people become more vulnerable with age, the impact may be higher for women, particularly older single women and for LGB people.</p> <p>The results of the Bracknell Forest New Entrant Health Assessment Service which ran from June – August 2011 for Nepali females demonstrates:-</p> <ul style="list-style-type: none"> • Almost 70% had a BMI of 30+; • Almost 50% were diagnosed with UTIs and prescribed antibiotics; • 40-50% assessed as potential diabetics but only 3 people were on medication; • 1/3rd had no cervical screening since arriving in the UK; • More than 50% over the age of 50 had no breast screening since arriving in the UK; • 30% were assessed with having hypertension; • There was no awareness of osteoporosis or HRT; • Almost all patients were found to have dental problems.
11. Sexual orientation equality	Y ✓	N	<p>Borough profile Of the 113,700 people in Bracknell Forest and at national prevalence of 1.6%, the disclosed lesbian and gay population in Bracknell Forest 1,819 people. Of the 34,238 people aged 50+, prevalence is equivalent to 548 older people. Note that this</p>

Deleted: A directory of local groups, including those which cater for women and men's needs is identified as a need.

		<p>data only counts disclosed sexuality and does not include bisexual, transgender or those of uncertain or undisclosed sexual identity from the same household survey and therefore the figures are likely to be higher. There are generational issues here, with older older people less likely to disclose sexual identity than younger older people.</p> <p>Social care profile</p> <p>The number of older people aged 50+ who have disclosed sexuality is extremely low, to the point where only 92 have disclosed they are heterosexual, and none have disclosed any other sexuality. There are a number of reasons for this information not being gathered, and it is essential to explore why this figure is so low to ensure that it is not a matter of prejudice. Older LGB people suffer the same concerns as heterosexual people about care, independence, mobility, health, housing and mental health (ranked list). There is a statistically significant difference between the number of older LGB people with depression compared to heterosexual people, with 49% (c. 269) expressing concern about mental health, 43% (c. 236) feel that services do not understand their needs (cf 33%) and 61% (c. 334) feel social services do not understand their needs (cf 51%), 50% (c. 779) not confident of being out in care home settings, 33% (c. 514) in hospital settings and 19% (c. 296) in front of GP.</p> <p>Smaller friendship and family circles necessitate a reliance on social care, health and charitable service, however, the fear of a homophobic response is widespread across health, social care, private providers, housing providers and from care homes. As a result, 37% of older disabled LGB people do not access services to which they are entitled (compared to 28% of the heterosexual population) comprising 19% do not access social care and 23% who do not access MH services. 37% (c. 576) of older LGB people worry about their mental health, 40% of women and 34% of men have been diagnosed with depression, 33% of women and 29% of men have been diagnosed with anxiety.</p> <p>As older LGB people are more likely to live alone (41% (c. 638 people) compared to heterosexual peers at 28%), and less likely to engage with community groups (25%) than their heterosexual peers, LGB older people are more socially isolated, relying heavily on the care of partners in older age.</p> <p>LGB people are more active, 13% (c. 202) take no exercise and 35% (c. 545) take exercise at least 5 days a week.</p>	<p>Deleted: There will be a positive impact for those who have undergone gender re-assignment.¶</p>
		<p>Borough profile</p> <p>People who have undergone gender reassignment also tend to define themselves by gender alone and do not disclose re-assignment status. This makes it difficult to obtain a real figure and impact. Therefore, the extrapolated prevalence of transgender people who experience some degree of gender variance in Bracknell Forest is estimated at 542 (GIRES figures). Proportionate to the number of older people in the Borough (34,238), this equates to 164 people aged 50+.</p> <p>As no information is gathered on this equalities strand, there is no evidence at this time to suggest an adverse or positive impact on health and social care improvement or reducing inequalities is experienced on the basis of gender re-assignment alone and further evidence may arise over the lifetime of this strategy.¶</p>	<p>Deleted: he need for a directory of local support groups is identified. It is intended that this will include local support for people who have undergone gender reassignment.</p>
12. Gender re-assignment	Y	N	Neutral
13. Age equality	Y ✓	N	There will be a positive impact for those people over 50 years of age, their carers,
			<p>Borough profile</p> <p>Of the 113,700 people in Bracknell Forest, 30% or 34,238 people are aged 50+ (17.7%</p>

			relatives and friends. There will be no adverse impact on other age groups.	of total population) are aged 50-64. 7,520 (6.6%) are aged 65-74, 4,724 (4.2%) aged 75-84 and 1,885 (1.7%) aged 85+. Over the life of the strategy, the 45-49 age group will move into the 50+ category adding a 9,181 (or 8.1%) to the numbers. Social care profile Of the 1857 older people aged 50+ known to social services, 331 (17.8%) are aged 50-64, 271 (14.6%) are aged 65-74, 518 (27.9%) are aged 75-84, and 737 (39.7%) are aged 85+. As would be expected, the number of older population aged 65+ known to social services increases with age compared to the Borough profile. The need to engage all age groups in the support of older people is identified in the strategy. The strategy also identifies the wide variety of needs of people of different ages from 50 years upwards. The focus on the over 50's cohort is intended to provide equality generally by identifying and meeting the specific needs of this age group which do not apply to those people who are younger. 28% of older people take no exercise and 28% take exercise at least 5 days a week.			
14. Religion and belief equality	Y	N	Neutral	Borough profile Extrapolating census data on religion for Bracknell Forest, of the 34,238 people aged 50+, 22,186 (64.8%) would be Christian, 274 (0.8%) Buddhist, 582 (1.7%) Hindu, 68 (0.2%) Jewish, 411 (1.2%) Muslim, 137 (0.4%) Sikh, 171 (0.5%) Other religion and 10,408 (30.4%) indicate no religion. Social care profile Of the 1857 older people aged 50+ known to social services: 601 (32.4%) have declared they are Christian (all denominations) 0 have declared they are Buddhist 1 (0.1%) have declared they are Hindu 3 (0.2%) have declared they are Jewish 3 (0.2%) have declared they are Muslim 1 (0.1%) have declared they are Sikh 9 (0.5%) have declared they are Other 44 have declared they are of no religion The figures indicate that only 662 people known to social services have declared their religion (only 35.6%) and it is essential to explore why this figure is so low to ensure that no prejudice can be evidenced in services or practices on the basis of religion or belief. As it stands, the strategy includes all older people, from all regions and beliefs. There is no evidence at this time to suggest an adverse or positive impact is experienced on the basis of religion alone and further evidence may arise over the lifetime of this strategy.	Deleted: There will be a positive impact for those of all religions and beliefs. Deleted: ✓		
15. Pregnancy and maternity equality	Y	N	There is no impact.	Pregnancy and Maternity issues will not apply strategically to the over 50's cohort.			
16. Marriage and civil partnership equality	Y	N	There will be a positive impact for those who are married or in civil	Borough profile The You Gov survey indicates 15% of men and 26% of women over 55 are single, with 54%	Deleted: The strategy includes all older people.		

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		<p>partnerships</p>	<p>cohabiting and 3% in a non-cohabiting relationship. This compares to LGB people over 55 where 40% of men and 30% of women are single, 44% cohabiting and 9% in a non-cohabiting relationship. Relationship status has a significant impact on smoking prevalence, with single people more likely to smoke and take drugs than couples. Daily or five or six days a week alcohol consumption is higher in people in relationships than single people. Single people are more likely to consider their mental health as poor (13%) compared to 4% in a relationship. Women are more likely to say that a partner will be important to future income (42%), such high prevalence has a potentially negative impact on older single women and for LGB people who may not be in a civil partnership. Relationships in later life are the focus of research by <i>relate</i> which indicates that there are significant relationship issues (couple, family and social) affecting baby boomers born between 1940 and 1960's, who are the largest wave of people in history to enter old age in the UK. Social and emotional isolation are significant issues for this group, particularly older carers, as relationships are more fluid with long-term cohabitation having an impact of familial and financial security. Positive couple, family and social relationships have been repeatedly shown to protect against illness, impact on the progression of illness and reduce the time of recovery from illness. They have a positive role to play in preventative life choices, such as taking more exercise, eating healthily, reducing smoking, drinking less, adhering to medical routines and coping with stress, anxiety and having better mental health. This research has been underlined by observations from the Retirement Fair 2013 when people aged 50+ were asked about coping with the life change brought about by retirement with large numbers indicating social networks in particular as important when families live away or partners have died. The relate report recommends the embedding of relationship support in local service landscape, and considering the strength of couple, family and social relationships at touch points with health and social services when determining care and support for older people, particularly as rates of divorce are increasing in this age group.</p>
<p>17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carer's/ex-offenders) and on promoting good community relations.</p>		<p>The strategy identifies and proposes to meet the differing needs of those on lower incomes, and those who are supported by the Adult Social Care, Health and Housing department. The needs of Carers are also identified, particularly in line with the 2012 Draft Care and Support Bill which for the first time offers equal rights for support to carers.</p> <p>Carers LGB people are more likely to rely on partners in older age for their caring needs due to mistrust of social, health, personal and community services and fear of being misunderstood or discriminated against on the basis of sexual orientation. There is also fear within family networks with 44% of lesbian or bisexual women and 32% of gay or bisexual men reporting hostility or poor treatment from family members due to sexual orientation. LGB people are also more likely to be excluded from communication and decisions relating to a partner's health or care (14% compared to 6% of heterosexual couples).</p> <p>Borough profile Social care profile Of the 898 carers known to social services, 754 carers are aged 50 years or over, of which 265 are men and 489 are women. In terms of age, 314 are aged 50-64, 197 are aged 65-74, 171 are aged 75-84, and 72 are aged 85+.</p>	

	<p>Lower socio-economic factors</p> <p>12% of people aged 55 and over are daily smokers. Figures are higher in social groups C2DE (14%) than ABC1 (6%). Only 4% of people aged over 70 are daily smokers. Smoking is more prevalent in single people than people in relationships. Drug use in the last year is 2% across all social categories. In terms of alcohol consumption, 25% of men and 15% of women drink every day or at least five or six days a week, figures are higher in ABC1 (27%) compared to C2DE (15%).</p> <p>80% of people aged over 55 in social categories ABC1 planned for their financial future compared to only 58% of people in categories C2DE at only 58%. And 39% of people aged over 55 are concerned about future housing arrangements, with 80% in social categories ABC1 and 59% in C2DE relying on their home as their major asset.</p> <p>Although more likely to exercise than heterosexual people in the same age category, older LGB people, particularly in social categories C2DE are more likely to smoke, misuse drugs and alcohol compared to heterosexual people and to suffer from the inherent illnesses. 12% of LGB people aged 55 and over are daily smokers. Figures are higher in social groups C2DE (20%) than ABC1 (9%). Only 4% of people aged over 70 are daily smokers. Smoking is more prevalent in single people than people in relationships. Drug use in the last year is 14% in C2DE categories and 7% in the ABC1 group. In terms of alcohol consumption, 35% of men and 19% of women drink every day or at least five or six days a week, figures are higher in ABC1 (33%) compared to C2DE (22%). LGB people are more active, 13% take no exercise and 35% take exercise at least 5 days a week.</p> <p>Older LGB people are less likely to receive financial support from children or family members as a source of future income or support compared to heterosexual people. More older LGB people work for longer than their heterosexual counterparts with 15% LGB people still in work aged 70 compared to 6% of heterosexual people, despite reporting higher levels of discrimination at work (35%).</p> <p>Older LGB people were better prepared for with 90% in categories ABC1 and 66% in C2DE respectively having made financial provisions for the future. However, 50% of LGB people aged over 55 are concerned about future housing arrangements, with 74% in social categories ABC1 and 51% in C2DE relying on their home as their major asset.</p> <p>LGB people in social categories C2DE are less likely to access services than heterosexual people: health services 25% less likely compared to 15%; mental health services 14% compared to 4% and social services, 11% compared to 6%.</p>	
<p>18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?</p>	<p>No adverse or negative impacts are identified.</p> <p>However, should adverse or negative impact be identified in the life of the strategy, organisations responsible for planning, commissioning or delivering health or social care services may only differentiate by age in the treatment of service users if this can be objectively justified, e.g. pensioners rates, flu jabs for over 65, etc.</p>	
<p>19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?</p>	<p>There is a positive difference in the impact for people over 50 years of age, but the difference is not significant in respect of equalities. There is no statistically significant impact on maternity and pregnancy equality for women over 50.</p>	
<p>20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?</p>	<p>Y</p>	<p>N ✓</p>
<p>21. What further information or data is required to better understand the impact? Where and how can that</p>	<p>None</p>	

information be obtained?			
22. On the basis of sections 7 – 17 above is a full impact assessment required?	Y	N	✓
23. If a full impact assessment is not required, what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.			
Action	Timescale	Person Responsible	Milestone/Success Criteria
24. Which service, business or work plan will these actions be included in?			
25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	Please list		
26. Chief Officers signature.	Signature:	Date:	

When complete please send to abby.thomas@bracknell-forest.gov.uk for publication on the Council's website.



Draft Bus Strategy

July 2013

1 Overview

- 1.1 The purpose of this Bus Strategy is to set out what is needed in Bracknell Forest over the next five years to ensure that high quality bus services address the needs of both current and potential passengers and deliver the local and national transport objectives, particularly the Council's Local Transport Plan. It is a five year plan to guide bus provision in the Borough.
- 1.2 The principles of the Draft Bus Strategy will help to determine an Action Plan that will direct the Council's future investment in supporting bus services. The initial Action Plan will identify a specific network and a series of contracts for the provision of bus services that will be agreed when the strategy is adopted.
- 1.3 The Bus Strategy will determine the overall priorities, vision and principles, but it is expected that the Action Plan may change over time. These changes may be required to enable the Council's supported bus services to respond to future changes, such as the redevelopment of Bracknell Town centre or increased financial budget pressures on the Council.
- 1.4 The Bus Strategy has been prepared for consultation with a wide range of stakeholders including residents, users, other local authorities, bus operators, other interest groups and potential partners.
- 1.5 This strategy deals specifically with the contribution bus services make in providing an effective overall transport network. A key focus of this Strategy is on the

requirements for bus services which the Council supports with a financial subsidy that will allow delivery of the Council's **priorities**:

- A Town Centre fit for the 21st Century;
- Protecting and enhancing our environment;
- Promoting health and achievement;
- Create a Borough where people are, and feel, safe;
- Sustain economic prosperity; and
- Provide value for money.

2. The Council's Statutory Duty

- 2.1 The Council is required under the 1985 Transport Act to *"...secure the provision of such public passenger transport services as the council consider it appropriate to secure to meet any public transport requirements within the county which would not in their view be met apart from any action taken by them for that purpose", and "...to formulate from time to time general policies as to the descriptions of service"*.

3 National Context

- 3.1 Buses are the most used mode of public transport in the UK. Around 5 billion journeys are made in the UK on buses each year. Nationally, concessionary passes are now used on 30% of all bus journeys (44.7% in Bracknell Forest).
- 3.2 Bus services are provided either on a commercial basis by private operators or through the provision of financial subsidy from Councils where a service is not a commercially viable proposition for an operator to run. For commercial services, bus operators choose the route and timetable whereas for supported services the Council decides the routes and timetables on the basis of 'social need' and then seeks tenders from operators for the right to receive the subsidy and run that route.

4 Bus Operations in Bracknell Forest

- 4.1 Commercial bus services form the core of the Bracknell Forest bus network. The commercial routes provide for approximately 70% of all bus passenger journeys. To ensure that bus services are provided to other parts of the Council's area and to important destinations outside the Borough not served by the commercial bus network, the Council procures additional bus services through competitive tenders.

The supported bus services account for the remaining 30% of bus passenger journeys.

- 4.2 The current level of bus use is affected by the range of destinations served, the quality of the bus services on offer and high car usage. For example, only 7% of work journeys in Bracknell Forest are made by bus, compared with 80% by car.
- 4.3 An improved bus network will be essential if the objectives of the Bus Strategy to enable people without access to a car to easily reach a wide range of education, training, employment, shopping and leisure opportunities and to reduce congestion are to be achieved. In considering the need for a better bus network, it is important to identify the challenges that will need to be addressed and the opportunities that will create increased demand for bus travel:

5 Challenges

- The adverse impact of road congestion on bus service reliability, passengers views of bus travel and operators' costs;
- The bus network in the Borough, in terms of coverage, frequency, journey times and hours of operation, is not closely matched with existing and potential future demand for travel by bus;
- The bus network is not always effective in meeting the existing and future needs of dispersed and hard-to-reach groups and communities;
- Whilst the need for small scale revisions to services to react to changes in demand is appreciated, at a strategic level the bus network is not sufficiently stable for people to make longer term 'life-style' decisions - such as where to live and where to work;
- The bus network does not respond to new sources of potential demand sufficiently early to influence travel patterns;
- Bus services are often expected to meet conflicting travel demands which can lead to a view that services are unsatisfactory;
- Lack of integration between bus and rail services and lack of effective multi-operator and multi-mode through ticketing;
- Lack of awareness of benefits of using public transport or motivation to use bus services where they exist as a real alternative to car journeys amongst some members of the public;

- Lack of knowledge of local bus services amongst some members of the public; and,
- Impact of reducing council budgets on the ability to subsidise large parts of the networks.

6 Opportunities

- The redevelopment of the town centre represents a major opportunity to generate increased demand from workers and shoppers for bus services and to shift socially supported services to becoming commercially viable routes;
- New residential developments will generate increased demand for bus services and short term funding support; and
- The use of 'smartcards' and other modern technology can remove barriers to using public transport.

7 Vision

- 7.1 To guide the Bus Strategy and Action Plan, a **vision** for the Strategy has been developed:

To establish and support an affordable, accessible, safe, convenient, environmentally friendly and integrated network of supported bus services, capable of attracting an increasing commercial market share for buses thereby contributing to the achievement of the objectives in the Local Transport Plan 2011 and the re-development of Bracknell town centre'.

- 7.2 The **vision** will be achieved through the following **objectives**:

- Offer accessibility and availability to the widest cross section of the population, particularly for the young and old, to increase bus use;
- Give people more travel choices to access work, services and leisure activities;
- Offer and promote affordable fares to passengers;
- Provide passenger satisfaction with an attractive, reliable and sustainable travel alternative;
- Support vibrant and successful town centres; and
- Encourage integration with other modes of transport.

8 Principles

8.1 The following key principles have been developed which will link the Action Plan developed to implement the Bus Strategy, with the objectives above:

Principle 1 – Partnership

8.2 The Council recognises that it cannot fully meet its obligations without closely working with local residents, businesses and stakeholders including operators of all services.

8.3 Consultation among bus users and interested groups in 2012 identified that the supported bus service network is highly valued by users with the current bus services in Bracknell Forest being well used and relied upon in the community. Many of the consultation respondents stated that the Council's supported bus services are essential to their daily mobility, quality of life and health and wellbeing.

8.4 An understanding on what constitutes a realistic and affordable supported bus network that meets stakeholder aspirations is a fundamental basis for this strategy.

8.5 The Council will also look to enlist support for provision from other public sectors including Health and Education.

Principle 2 – Quality Supported Network

8.6 For the supported bus network to be successful in promoting the wider objectives of the Borough such as redeveloping the town centre, attracting new business investment and providing a stable environment for service provision in the Borough the Council will aim through this strategy to facilitate/commission a network that is:

- **Affordable** – the cost of travel should be comparable to commercial bus services and where possible seek to at least match the whole cost of an equivalent car journey. The supported network will accept all concessions required and will participate in any Council led schemes that may be introduced to widen the scope of the current arrangements
- **Acceptable** – the supported services should deliver a quality of service at least comparable with commercial network in the Borough. National targets for punctuality should be achieved and the vehicles used meet the relevant

emissions and safety standards. The Council will encourage the use of CCTV and real-time information systems to vehicles operating supported services. Passenger satisfaction will form a key element of the monitoring process.

- **Accessible** – the supported network should be operated where possible by easy access vehicles that meet the relevant accessibility standards e.g. bus stops may have raised kerbs and information provision for passengers.
- **Available** – the times of operation should provide for needs of the whole community in accessing work, leisure and services (within and near to Bracknell Forest). A key target will be to increase evening and weekend services where demand warrants such provision.

Principle 3 – Response to commercial bus service changes and tendering

8.7 The Council's criteria for the provision of financial support for bus services will seek to ensure that minimum levels of service for essential transport links can be achieved within the budget available.

8.8 For people without access to a car, the lack of appropriate transport links restricts the possibilities of benefiting from a wide range of facilities, including work, education and training, healthcare, shopping, social activities and leisure. The key features behind the criteria are:

- A minimum level of accessibility should be provided for all the residents of Bracknell Forest. The criteria does not seek to constrain higher service levels, but establishes the provision of the minimum level of bus service for all as a first priority; where this is provided commercially by bus operators the Council will generally encourage use of the bus as preferred method of travel and where supported the Council will seek to ensure that service coverage is appropriate to the demographics and needs of each area in the Borough.
- Accessibility levels will consider levels of transport need at a local level.

8.9 The Council will frequently review the wider bus network and plan its network of supported services according to the general criteria set out above. Services that provide this level of accessibility will generally be procured by open tender among bus operators on the Council's Framework list; however, where short term changes in services need to be addressed the Council may seek to provide a service by 'emergency contracts' or through direct agreement with a specific operator which are

subject to strict controls on value (“de-minimis” contracts). While the Council’s general requirement is to secure the best value for money, it will also consider the potential of social value when supporting passenger transport services i.e. the opportunity for supported bus services to improve accessibility for people in the more deprived areas, or to particular groups (e.g. youth).

Principle 4 – Serving new developments

- 8.10 In Bracknell Forest a number of developments are expected to occur within the lifetime of this strategy including new housing provision and the redevelopment of the town centre.
- 8.11 Where possible the Council will expect bus operators to respond to new development with new commercial services or changes to existing services. Where this is not possible the Council will review the options available and where appropriate and affordable, procure revised or additional services. The Council will seek to secure, where appropriate, funding from developers towards the costs of providing appropriate bus services to serve the development. However, it will need to be demonstrated that such subsidy will most likely lead to commercial services being declined after the subsidy runs out and not just add burden on our existing subsidised network.

Principle 5 – Supporting Young and Older Populations

- 8.12 The Council is committed to providing a robust transport network within our financial limitations, which serves all parts of our community. However, there will be particular focus given to support young and older age groups and we will work with the operators, community partners and these groups to ensure access for them is improved.

Principle 6 – Monitoring and performance of the tendered network

- 8.13 The supported bus network represents a significant investment by the Council in terms of money and resources. It is therefore necessary for the Council to ensure the network performs well and continues to represent good value for money. As such, a thorough and effective use of smartcard technology or other systems will ensure that we can accurately monitor and measure performance on our network rather than just relying on bus company data and spot surveys. A robust monitoring process is needed to ensure standards are maintained and the services deliver what is

expected. The monitoring process should include regular punctuality and passenger satisfaction surveys.

- 8.14 Nationally, central government require the Council to indicate the number of people using buses in its area each year. The Traffic Commissioner who regulates bus operators require that 95% of all buses arrive within a window of 1 minute and 5 minutes late at key locations on each route (“timing points”). Central government also require the Council to assess the general punctuality of the bus network each year. These indicators form part of the Local Transport Plan’s annual report on the transport system in Bracknell Forest.
- 8.15 In addition to these national requirements, the Council have the right to carry out spot checks and surveys on supported bus services to allow monitoring of standards. The operators of Council supported services may also make their own checks; where problems are found the Council requires that these are declared.

9 The Action Plan

- 9.1 The Action Plan will be completed when the Bus Strategy is adopted. The role of the Action Plan is to identify specific contracts to provide Council supported bus services from April 2014.
- 9.2 It is expected that the majority of the bus network in Bracknell Forest will continue to be commercial. The Action Plan contracts will specify the supported bus services, including:
- Route details;
 - Places to be served; and
 - Bus frequency
- 9.3 It is intended that the Action Plan will bring about a simpler and easier to understand bus network and be in line with the approved Bus Strategy.
- 9.4 While the Bus Strategy will determine the overall priorities, vision and principles, it is expected that the Action Plan contracts may change over time. These changes may be required to enable the Council’s supported bus services to respond to future changes, such as the redevelopment of Bracknell Town centre.