

Notice of Meeting

Adult Social Care, Health and Housing Overview and Scrutiny Panel

Councillors Tullett (Chairman), Mrs Mattick (Vice-Chairman), Allen, Atkinson, Bhandari, Brossard, Finch, Mrs L Gibson, MJ Gibson, McLean, Skinner and Temperton



Co-opted Representative:

Dr David Norman

Also Invited:

Mark Sanders, Healthwatch Bracknell Forest Observer

Tuesday 16 July 2019, 7.30 - 9.30 pm

**Council Chamber - Time Square, Market Street, Bracknell,
RG12 1JD**

**A pre-meeting for Panel members will be held at 7pm in Time
Square, Ground Floor, Room 8**

Agenda

Item	Description	Page
1.	Apologies for Absence/Substitute Members	
	To receive apologies for absence and to note the attendance of any substitute Members. Reporting: Chairman	
2.	Minutes and Matters Arising	5 - 16
	To approve as a correct record the minutes of the meeting of the Adult Social Care, Health and Housing Overview and Scrutiny Panel meeting held on 4 June 2019. To review the Actions Log arising from the Minutes and to provide an update on any issues arising since the last meeting. Reporting: Chairman	
3.	Declarations of Interest and Party Whip	
	Members are asked to declare any disclosable pecuniary or affected interests and the nature of that interest, including the existence and nature of the party whip, in respect of any matter to be considered at this meeting. Any Member with a Disclosable Pecuniary Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.	

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	<p>Any Member with an Affected Interest in a matter must disclose the interest to the meeting. There is no requirement to withdraw from the meeting when the interest is only an affected interest, but the Monitoring Officer should be notified of the interest, if not previously notified of it, within 28 days of the meeting.</p> <p>Reporting: All</p>	
4.	<p>Urgent Items of Business</p>	
	<p>Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent.</p> <p>Reporting: Chairman</p>	
5.	<p>Public Participation</p>	
	<p>To receive submissions from members of the public which have been submitted in advance in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.</p> <p>Reporting: Chairman</p>	
6.	<p>Executive Forward Plan</p>	17 - 18
	<p>To consider scheduled Executive Key and Non-Key Decisions relating to Adult Social Care, Health and Housing.</p> <p>Reporting: Chairman</p>	
7.	<p>Workshop to develop proposals for the Overview and Scrutiny Work programme</p>	19 - 22
	<p>A workshop for Members to discuss proposed key workstreams including:</p> <ol style="list-style-type: none"> 1. Integrated Care System (ICS) 2. Bracknell Forest Council Housing Strategy Development <p>Members are asked to consider the following questions specifically in relation to development of the Housing Strategy Development:</p> <ul style="list-style-type: none"> - What is your vision for housing in Bracknell Forest? - What top three things should the revised Housing Strategy focus upon? - What are the key challenges for housing in Bracknell Forest? <p>The outputs from which will inform the development of the Overview and Scrutiny work programme.</p> <p>Reporting: Melanie O'Rourke, Assistant Director: Adult Social Care Sarah Gee, Assistant Director: Early Help and Communiites</p>	
8.	<p>Date of Next Meeting</p>	
	<p>The next meeting of the Adult Social Care, Health and Housing Panel has been scheduled for 05 September 2019.</p>	

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	Reporting:	
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Sound recording, photographing, filming and use of social media is permitted. Please contact Kirstine Berry, 01344 354068, kirstine.berry@bracknell-forest.gov.uk, so that any special arrangements can be made.

Published: 8 July 2019

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**ADULT SOCIAL CARE, HEALTH AND
HOUSING OVERVIEW AND SCRUTINY
PANEL**

4 JUNE 2019

7.30 - 10.00 PM



Present:

Councillors Tullett (Chairman), Mrs Mattick (Vice-Chairman), Allen, Atkinson, Bhandari, Brossard, Finch, Mrs L Gibson, MJ Gibson, McLean, Skinner and Temperton

Apologies for absence were received from:

No Apologies were received

Observers Present:

Mark Sanders, Healthwatch Bracknell Forest Observer

Executive Members Present:

Councillor D Birch

Also Present:

Fiona Edwards, Leader: Frimley Integrated Care System (ICS)

Nikki Edwards, Executive Director: People

Tony Dwyer, Interim Assistant Director: Mental Health and Out of Hours

Sarah Gee, Assistant Director: Early Help and Communities

Melanie O'Rourke, Assistant Director: Adult Social Care Operations

Thom Wilson, Assistant Director: Commissioning

1. Election of Chairman

RESOLVED that Councillor Tullett be elected Chairman of the Panel for the Municipal year 2019/20.

2. Appointment of Vice Chairman

RESOLVED that Councillor Mrs Mattick be appointed Vice-Chairman of the Panel for the Municipal year 2019/20.

3. Chairman's Opening Remarks

The Chairman welcomed everyone to the meeting. He observed that there were no press or public present at the meeting and outlined to the Panel that he would like to foster a more open environment at the meetings and his desire was to see more public engagement during his term of office.

4. Minutes and Matters Arising

RESOLVED: that the Minutes of the Adult Social Care, Health and Housing Overview and Scrutiny Panel held on 26 March 2019 be approved as a correct record, and signed by the Chairman.

Primary Care Patient Experience Working Group

The introduction of primary care networks and the passage of time had negated the possible recommendations that the Primary Care Patient Experience working group might have made.

It was agreed by the Panel that this working group should now be closed.

5. Declarations of Interest and Party Whip

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

6. Urgent Items of Business

There were no urgent items of business.

7. Public Participation

No submissions had been made by members of the public under the Council's Public Participation Scheme for Overview and Scrutiny.

8. Introduction from Fiona Edwards, Frimley Integrated Care System (ICS) Leader

Fiona Edwards, Leader: Frimley Integrated Care System (ICS) attended to introduce herself to the Panel and provide a brief overview of the vision for the Frimley ICS and how it integrated with the NHS Long Term Plan.

The Chairman welcomed Fiona Edwards, Leader: Frimley (ICS) to the meeting.

Fiona Edwards, Leader: Frimley ICS thanked the Panel for their invitation and confirmed that she had received a number of questions from Members of the Panel in advance of the meeting that she would seek to address.

Fiona Edwards, Leader: Frimley ICS introduced herself to the Panel and outlined how she:

- Was the Chief Executive of the Surrey and Borders Partnership NHS Foundation Trust and had responsibility for the provision of health and social care services for people of all ages with mental health, learning disabilities and drug and alcohol services in Surrey, North East Hampshire and Farnham.
- Had been a member of the Frimley ICS since its inception
- Was a resident within the Frimley ICS patch and had been for over 20 years
- Had been a public servant and Chief Executive for over 20 years.
- Had experienced the ICS first hand last year and attributed her recovery and rehabilitation to a working integrated health and social care model.
- Felt her personal case was a good example of a well functioning emergency system.
- Felt very proud of the successful integrated care system in practice that demonstrated her vision of the ICS, but also acknowledged that this was not everyone's experience.

She outlined some further details about the Frimley ICS and explained that it:

- Worked on behalf of residents serving about 800,000 people across East Berkshire, Surrey Heath Clinical Commissioning Group (CCG) and North East Hampshire and Farnham CCGs.
- Was formed around the population and catchment area of Frimley hospitals as a health led establishment but had recently begun to shift to a place based approach.
- The financial flow for the population of about 800,000 was £1.3 billion.

- Local Government and the wider determinants of health were now being worked on and Councillor Dale Birch, Executive Member for Adult Service, Health and Housing was closely associated with this in his role as Chairman of the Health and Wellbeing Board.
- Residents expected the integrated care system (ICS) to work in an integrated way.
- Her vision for the Frimley ICS was to help the system work much better for residents when they needed help, supporting the wider determinants of health such as supporting healthy communities and the role the environment, housing and transport played.
- The ICS was in the process of refreshing their strategy to support the NHS Long Term Plan which would take a population based approach looking at health data and residents' health.

She explained that the issues and challenges of how best to work across the large footprint of the Frimley ICS to support close, joined up working were:

- The definition of place was increasingly the local authority (LA) boundary.
- Primary care networks were now becoming part of the system. This aligned better with LA boundaries.
- The ICS was not a statutory body, rather a coalition of willing partners working to benefit residents working in an interconnected style rather than separate organisations.
- Over the next 3 months the ICS would be working to reduce clinical variation, looking at GP transformation, care and support, wider residential care, workforce deployment and digital to join up systems across the health service.

Arising from questions from Members at the Panel, Fiona Edwards, Leader: Frimley ICS explained that:

- As part of the NHS Long Term Plan, timescales had moved quickly to match funding deployment.
- The ICS was seen as the delivery vehicle under the National Policy Framework.
- Frimley ICS was the only health organisation that served people from Buckinghamshire and co-terminosity was not concrete.
- There were 76 GP practices in 14 primary care networks (PCN) in the Frimley ICS geography.
- All bar one GP practice had aligned to a PCN and that one was not in the Frimley ICS patch and would be supported through the CCG framework.
- The establishment of PCNs in the timescales had been a major achievement.
- GPs had been keen to join PCNs.
- Bracknell had 2 PCNs and their boundaries were co-terminus with the Bracknell Boundary.
- Ascot would be aligned with Windsor and Maidenhead.
- The lead GP, Dr Andy Brooks had done well.
- There was tolerance for GPs not to join a PCN, there was some pressure to join, but support was provided if a GP practice chose not to.
- The Frimley ICS footprint was not small. It was in the bottom half of ICSs size wise, but this meant that they were small enough to have conversations with GPs at this stage and they continued to argue that the Frimley way of working, from the bottom up, was the best way of working.
- Frimley ICS was considered to be one of the two best ICSs in the country next to Surrey Heartlands.
- The Frimley ICS was listened to and had a voice because it was doing well.

- She had herself experienced unconnected healthcare in respect of patient record keeping.
- The ICS had worked around the Connected Care Programme.
- She was working locally within the Frimley footprint to enable the exchange of data to benefit patient care. This was running quite well in some of East Berkshire but needed to extend across the whole area and played into the wider programme of work with the Thames Valley and Surrey local record programme which was a platform to connect across the health system in Bucks, Berks, Oxfordshire and Surrey which could be replicated nationally. This was a good example of how such an approach could be scaled up. There was a key partner on board and headway should be made in the next 12 months with residents noticing a difference in 2 to 3 years.

Councillor Dale Birch, Executive Member for Adult Services, Health and Housing outlined how Bracknell Forest had been key in supporting the development of digital records, were a lead LA and were still engaged from pilot stage to live stage, now.

Arising from further questions from Members at the Panel, Fiona Edwards, Leader: Frimley ICS explained that:

- A key job of the ICS was to oversee the PCNs.
- PCN proposals and development had to be supported by the ICS as a body which was part of the mandate going through the population based refresh and had been a challenge with the swiftness of the timescales.
- The PCNs built on the Federations and Fiona had good relationships with the 5 network leads that sat around on the ICS board with her.
- GP livelihoods were totally wrapped up in the networks and the 8 senior GPs were willing to work for a more accountable and corralled approach, the progress of which she was optimistic about.
- Some GPs had stepped up to be clinical leads to demonstrate the population gain to residents and address the bridging work that needed to be done.
- Population analysis needed to be at the front of their dialogue.
- PCN guidance had workforce investment and expanded roles in it but that had to be done in the context of system priorities over a period of investment of 5 years, so recruitment would take time.
- The first challenge that they were beginning to address was whether or not there was enough GPs which was a national issue. Frimley ICS was beginning to turn this tide with their investment in people development, being innovative, making the ICS an attractive place to work and working differently.
- The first year of integrated care teams had worked well in East Berkshire where primary care, community services and mental health service staff had been colocated and created different ways of working, reducing the need for residents to go into hospital and providing more responsive services locally.
- The re-design of what the ICS already had, and recruitment would take 3 to 5 years.
- The next phase of development would be how the ICS connected and managed in local authority areas. Co-designing health commissioning, to design a response that worked for local residents.
- 80% of residents' health was not determined by health intervention, rather by the wider determinants of health which required a move towards a prevention model.
- Transport should be integrated into the co-design thinking.
- Now PCNs were defined, they would be looking at the population data to see if they were organised to do the necessary work well.
- The ICS was in the process of reviewing commissioning arrangements and the structure to ensure a better alignment and to ensure local arrangements

were clear. There was a discrepancy in approach currently, but it was hoped this would get better.

- Bracknell was a success story and it was clear how health and care were organised. Local arrangements were embedded in the local authority arrangements and residents could see and feel more seamless working.

Councillor Dale Birch, Executive Member for Adult Services, Health and Housing outlined that the Bridgewell Centre and intermediate care was an example where there had been lots of integrated work for about 7 years where Bracknell had been one of the leaders in closer working. Heathlands was the next iteration of this. He outlined that:

- NHS Digital (NHSD) and local government needed to work out how to commission and contract together where the contracts hold sufficient value for the providers and also sufficient performance management for all partners.
- Data sharing had been an issue.
- Government was aware that delivering the Long Term Plan was going to require legislative change.
- There was a consultation that the Local Government Association under Health and Wellbeing had responded to on 12 April which Members could read.
- Members would be pleased to see the extent that local government and the NHS were coming together.

In response to additional questions from Members, Fiona Edwards, Leader: Frimley ICS advised that:

- Moving to any new legislative frameworks would not be too difficult as they were likely to take 18 months to 2 years to develop.
- Berkshire Health Foundation Trust were a member of the Frimley ICS and work had been ongoing to develop a provider coalition as part of the ICS.
- She met regularly with neighbouring systems and her role was to make sure they kept in step and understood the impact of their decisions on the organisations within the ICS.
- The ICS needed to refresh its understanding of people's understanding of the changes that were happening.
- There were key anchor institutions that residents connected with at different times in their lives and the ICS must be led by where the residents wanted to go. The challenge was how the ICS resourced and supported that.
- Residents' experience of the ICS should be clear, simple and responsive and that was the ambition.
- Legislative change would take about 2 years to come into effect and it would take this length of time for residents to feel that things were better joined up.

Councillor Dale Birch, Executive Member for Adult Services, Health and Housing outlined how, in his role as Chairman of the Health and Wellbeing Board, (HWB) he wanted to refashion the HWB to be the stronger conduit to get communications into the language of residents and to completely rethink the way the HWB challenged its partners.

In response to additional questions from Members, Fiona Edwards, Leader: Frimley ICS advised that:

- The plan was to build on existing examples of social prescribing, building and developing them, not redesigning them.
- The refresh of the plan for the ICS needed to focus on children and families.
- The leadership role of the LA on children and families was more connected.
- There were quite small pockets of inequality in services.

- The refresh would play a bigger role in supporting those communities to close the gaps.
- The workstream for Bracknell had to be developed in Bracknell.
- ICS data has process measures rather than outcome measures. They needed to talk more widely about health and wellbeing outcomes. There would be some variations but also common themes.
- The Bracknell community support dog Lexi was a good example of an outcome that was not measurable on a spreadsheet but had immeasurable personal impact.
- Intergenerational contacts for GPs were a good indicator for GPs to undertake prevention work. The GPs that sit on the ICS board are all supporters of GPs maintaining this kind of relationship with their patients.
- 2019 was about design, development and delivery of the PCN setup.

It was agreed that Fiona Edward, Leader Frimley ICS should be invited back to the Panel in April 2020 to update the Panel on the tangible and demonstrable results and effects of the ICS on local residents.

The Chairman gave thanks to Fiona Edwards, Leader Frimley ICS for her attendance at the Panel.

9. **Councillor Training**

Nikki Edwards Executive Director: People and her team provided the Panel with an overview of the event horizon for Adult Social Care Health and Housing (ASCH&H) and provided guidance how Overview and Scrutiny could help.

Nikki Edwards, Executive Director: People introduced herself to the Panel and outlined that this was an opportunity for her and her team to share their vision for their respective service areas. She explained that:

- Only part of her team were at the Panel, the Children's team were not in attendance.
- The People Directorate held two thirds of the council spend and two thirds of the workforce and so formed the bulk of service delivery and also a lot of the risk.

In addition to the presentation that had been supplied to Members of the Panel with the agenda, Nikki Edwards, Executive Director; People advised that:

- When service users fed back, signposting was really important to them. Her team was trying to be that voice.

The People Directorate Structure Chart had been updated to include:

- Tessa Lindfield, Director of Public Health
- Cynthia Folarin, Public Health Consultant, Bracknell

Melanie O'Rourke, Assistant Director: Adult Social Care Operations introduced herself. In addition to the presentation that had been supplied to Members of the Panel with the agenda she explained that:

- Challenges were around recruitment for Occupational Therapists (OTs) and Physiotherapists and Mental health practitioners.

Tony Dwyer, Assistant Director: Mental Health and Out of Hours introduced himself. In addition to the presentation that had been supplied to Members of the Panel with the agenda he explained that:

- The Emergency Duty Service (EDS) was 128 hours per week
- Forestcare was a 365 days a year service

- Child and Adolescent Mental Health Service (CAMHS) covered children

Councillor Dale Birch, Executive Member for Adult Services, Health and Housing suggested to Members that a visit to the EDS would be a good idea to see the front line reality of the service.

Sarah Gee, Assistant Director: Early Help & Communities introduced herself. In addition to the presentation that had been supplied to Members of the Panel with the agenda she explained that:

- The early help element of her responsibility was not covered by the slides as this largely was relevant to the Children, Young People and Learning Panel but she does have a remit to support integration and early intervention across all age groups.
- She was responsible for welfare and housing.
- Housing was about providing housing advice, to prevent homelessness and intervening as early as possible to alleviate it and to develop housing options when residents were in need.
- Bracknell Forest Council owned and managed some temporary accommodation.
- Downshire Homes had some accommodation they used for homeless households whilst they were being assessed to fulfil the Council's duty.
- Her team managed the MyChoice register.
- Bracknell Forest had no permanent housing stock and social and affordable housing was provided by housing associations.

In response to questions from Members, Sarah Gee, Assistant Director: Early Help & Communities advised that:

- She was working with Melanie O'Rourke, Assistant Director; Adult Social Care Operations to establish how the Disabled Facilities Grant can be best used to maximise people's ability to live independently at home.
- Ellie Eghtedar, Interim Head of Housing or Sharon Warner, Head of Welfare and Housing manage the allocations policy and can advise of specific allocation criteria for disabled residents.
- Officers plan to respond to the Government consultation on domestic abuse. The consultation closes on 2 August. The government is seeking views on their proposals for a new approach to support victims of domestic abuse and their children in accommodation-based services in England.
- Community Safety will come into her portfolio.
- An extra £360,000 has been secured from the government's Rough Sleeper Initiative Unit (Ministry for Housing, Communities and Local Government) for the next 12 months to fund a new team to prevent and address rough sleeping in the town as part of a national commitment to eradicating rough sleeping.
- A key priority for the service is to make homelessness prevention 'everyone's business' so that risks are identified as early as possible.
- Scrutiny input into the housing strategy to both inform and be part of it at an early stage would be welcomed.

Thom Wilson, Assistant Director: Commissioning introduced himself. In addition to the presentation that had been supplied to Members of the Panel with the agenda he explained that:

- The vision of the directorate underpinned everything he did.
- The focus was to make the best use of the market locally making sure the best quality support was available at affordable prices.
- On the horizon, the focus was to look at embedding changes and to make sure new ways of working did what they were intended to do.
- In terms of support from the panel, he asked that scrutiny would keep them on their toes and scrutinise performance, how changes were being received in the community and help set the direction and challenge on the strategy.

Nikki Edwards, Executive Director: People advised the Panel that the Public Health function fell within the People Directorate and outlined the role of Public Health in the local council:

- **3 Public Health Domains: Health Protection, Health Improvement, and Healthcare Public Health advice to NHS commissioners** (this was about preventing illness, supporting people to live healthier lives and ensuring health and care services were based on good evidence that met the needs of the population)
- **Ensure delivery of Prescribed Public Health Services** – Sexual Health, Weighing and measuring of children; NHS Health Check; Public health advice service to the NHS alongside internal to council; Protecting the health of the local population
- **Ensure delivery of Non-Prescribed Public Health Services** - Tobacco control and smoking cessation services; Alcohol and drug misuse services; Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) Interventions to tackle obesity such as community; initiatives on nutrition; Initiatives to Increase levels of physical activity in the local population; initiatives on workplace health and DAAT service
- **Health and Wellbeing Board** support
- **Public health work was underpinned by** focus on prevention; collaborative system leadership; a population approach; developing outcomes; and evidence base

There was an interim Public Health Consultant called Cynthia Folarin in the Public Health Team.

In terms of what was on the horizon, the Panel were advised that:

- The DAAT service had recently been inspected by the Care Quality Commission (CQC)
- Bracknell Forest has its own in house DAAT team based locally at New Hope
- 48% of current new users of the DAAT service were working people so this area for vulnerable people needed exploring and preconceived ideas about who is vulnerable needed challenging.
- Each day, in every class of 30 children, statistics indicated that one child had experienced domestic violence that day.
- Housing was a vital element that underpinned all other services and the wider system needed to be considered.

Councillor Dale Birch, Executive Member for Adult Services Health and Housing suggested that Panel Members might like to visit New Hope where Jillian Hunt, Head of Drug and Alcohol Service could explain the services offered and is a great evangelist for her role.

In response to questions from Members, Nikki Edwards, Executive Director: People explained that:

- Transition sits within the People Directorate as it has the statutory director of children and adults role and is an area she is constantly looking at. Budgets for both sit within her team
- Transition would be a good area for scrutiny to look at.
- The most recent CQC inspection of DAAT would be a useful document for scrutiny to review.
- Demand on services nationally was rising but which services would see a rise in demand was not a question that could be answered easily.
- The Conversations model was working and had reduced the legal proceedings to take children into care.
- Each member of her team was servicing about 40 different boards and groups and had to focus efforts on key areas.
- 12 or 13 families/people could equate to many thousands of pounds worth of care costs with complex needs and high end costs.
- Her team were working hard to better understand and predict demand. This was possibly an area for scrutiny to become involved.
- If Members required training, her team would be happy to support that need

The Chairman advised Panel Members that the Quarterly Service Reports would be available in the form of a dashboard, hopefully in quarter 3 of 2019/20 which would assist Members in identifying more up to date performance measure information. He highlighted the need to look more at strategic themes rather than tactical day to day activity when scrutinising issues and the importance of teamwork and team focus.

Councillor Dale Birch, Executive Member for Adult Services, Health and Housing reminded Members that Councillors could get involved to a certain level but could not go down to reviewing files of individual cases. Scrutiny was not to be used to take up individual casework.

Consideration should be given to the capacity of officers to respond to scrutiny approaches and any approach must be through the Chairman and follow the right route.

In response to questions from Members, Thom Wilson, Assistant Director: Commissioning advised that:

- People who were in existing accommodation were being looked at to assess if their needs would be met in a number of years if they were in long term care.
- This work had shown a significant need for learning disability accommodation which would now be considered now vacant posts had been filled.

The Chairman agreed with a suggestion from Members that the Panel should look to plan for its activity over the longer term of four years rather than just an annual cycle to enable the panel to demonstrate how they had affected and effected change over that cycle.

He also asked Members to suggest and supply him any subjects they considered required scrutinising which would/could be added to the forward planning cycle.

The Chairman gave thanks to Nikki Edwards, Executive Director: People and her team for attending the meeting and their valuable input.

10. **Westminster Social Policy Forum: Next Steps for reducing Homelessness Seminar Update**

The Panel agreed to defer this item was deferred due to lack of time for proper consideration.

11. **Quarterly Service Report (QSR)**

The Panel considered the latest trends, priorities and pressures in terms of departmental performance as reported in the Quarterly Service Reports for the People Directorate for the fourth quarter of 2018/19 (January to March 2019) relating to Adult Social Care, Health and Housing.

There were no questions from Members.

12. **Executive Forward Plan**

There were no items on the Executive Forward Plan relating to Adult Social Care, Health and Housing.

The Chairman asked Councillor Dale Birch, Executive Member for Adult Services, Health and Housing to provide a verbal update for the Panel as to what he was working on.

Councillor Dale Birch, Executive Member for Adult Services, Health and Housing advised the Panel that his key focus areas were:

- Forestcare and the Emergency Duty Team (EDT)
- The next phases of Heathlands to make sure the business case got fully and properly ratified.
- Making input into the PCN conversations
- Ellie Eghtedar, Interim Director: Housing had obtained resources to deliver a plan to ensure the homeless count in November should be considerably less than 19 and that, if it wasn't, everyone had a plan.
- How could a demand led service predict, not just forecast, but PREDICT levels of demand.
- The Dashboard was hoped to be able to provide trended data to better inform decisions.
- He was keen that commissioning and the way contracting with providers was done and the way the market was created and managed; would be a key focus.
- On health, what integration really meant needed to be understood. It meant so much to so many people,
- As a service provider, the Council had lots of partners and, as elected members they would be required to jointly commission things that might not be as strong and deep to scrutinise as if it was solely Bracknell Forest's own.
- The right protocols and the right ways to work with partners would be crucial.
- There was consultation on legislation for delivery of the ICS. The question was how you integrated a service based on assessed need and a service that is free at the point of delivery.
- He was keen to understand how and what the changing legal environment was, and what Bracknell Forest would have the legal right and responsibility to deliver, (alone) and what we would have the right and responsibility to jointly deliver.
- He asked for Members' input into the Bracknell Forest housing strategy at an early stage so that Members could be involved and contribute throughout the process.
- The annual report for Downshire Homes was required to go to the O&S Commission for scrutiny and was presented by the Chief Executive of Downshire Homes.

The Chairman gave thanks to Councillor Dale Birch, all officers and all Panel Members for their attendance and valuable contributions at the meeting and advised

Members that there was an open communication line to him to feed ideas and suggestions.

13. **Date of Next Meeting**

CHAIRMAN

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ADULT SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY PANEL

EXECUTIVE WORK PROGRAMME

REFERENCE:	I084567
TITLE:	Safeguarding Partnership Arrangements
PURPOSE OF REPORT:	For the Executive to agree the Safeguarding Partnership arrangements for Bracknell Forest
DECISION MAKER:	Executive
DECISION DATE:	23 Jul 2019
FINANCIAL IMPACT:	Within existing budget
CONSULTEES:	Partner agencies such as Health, Police, Social Care
CONSULTATION METHOD:	Workshops and meetings with partner agencies.

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HOUSING ROLES AND RESPONSIBILITIES IN BRACKNELL

ROLES	MEETING HOUSING NEED (new supply)	EXISTING HOUSING	INCLUSION AND SUPPORT
Bracknell Forest Council	<p>The Council has a range of responsibilities in supporting the delivery of new housing.</p> <p>Planning Authority –</p> <ul style="list-style-type: none"> - assess the minimum number of homes needed having regard to economic trends/market signals and undertake a local housing needs assessment; - ensure that the size, type and tenure of housing needed for different groups in the community (including affordable housing) reflects identifies local need; - ensure, through the preparation of the local plan, a sufficient amount and variety of land is allocated to meet local need; - identify and update annually a supply of specific deliverable sites sufficient to provide a minimum of five years' worth of housing against their housing requirement; - offer pre-application advice and considers Planning applications re new housing developments <p>Housing -</p> <p>Advise and negotiate on the levels, types/tenure mix of affordable homes on new developments</p> <p>The Council has established a housing company, Downshire Homes Ltd which has acquired a portfolio of property which is let to homeless households at an affordable rent level.</p>	<p>Planning Authority – protect existing housing stock and land; determine planning applications for extensions /material alterations to existing housing and changes of use.</p> <p>Building Control – regulations cover the construction <u>and</u> extension/alteration of existing buildings - any local authority/building control department or Approved Inspector can take applications for building regulations approval.</p> <p>Housing</p> <ul style="list-style-type: none"> - Allocation of social rented housing; allocation scheme determines priorities. - Energy efficiency: advice and improvement schemes; Flexible Home Improvement Loans; support to tackle empty homes <p>PPP - Regulation of properties in the Private Rented Sector including licensing HMOs/enforcing management standards; leading on campaigns and tackling rogue landlords.</p>	<p>Housing</p> <ul style="list-style-type: none"> - Statutory homelessness duties to assess an applicant's needs and to prevent and relieve homelessness. - Rough sleeping strategy and provision of services: new team to offer street outreach, support to access accommodation and tenancy sustainment - Disabled Facilities Grants fund property adaptations to support independent living - Direct provision of temporary accommodation for homeless households pending assessment of their housing need/whilst securing permanent housing - Funds refuge provision for those fleeing domestic abuse - Funds supported housing provision for young people and young mothers in specialist housing schemes <p>Adult Social Care - help people with additional support needs to access appropriate accommodation; provides telecare; commissioning specialist housing including extra care housing and supported living (with Housing)</p> <p>Housing Benefit - helps those on low income pay their rents.</p>
Social housing providers	<p>Many Registered Providers directly develop new housing (mixed tenure to support delivery of affordable homes) as well as acquiring S106 affordable housing on new developments.</p>	<p>Bracknell Forest Council transferred its Council Housing and this is now held by Silva Homes. All social or affordable housing in the borough is owned by Registered Providers (also known as Housing Associations). RPs should ensure that all new homes meet minimum standards, and develop an Asset Management Strategy for the sustainability and improvement of the properties and neighbourhoods that they manage.</p>	<p>Many RPs/Has work together with tenants and residents to invest in and improve estates, engage residents and build communities. They have a duty to encourage tenant involvement in a range of ways.</p>
Private sector landlords	<p>Build to Rent - emerging sub-market in private rented residential stock, designed specifically for renting rather than for sale, typically owned by institutional investors and managed with a high service-led culture by specialist operators.</p>	<p>Landlords have responsibility for maintaining and ensuring the safety of their homes in line with relevant legislation.</p>	<p>New build plus vacancies arising in existing social housing is insufficient to meet the need for affordable homes and increasingly Bracknell Council supports those in Housing need to access rented accommodation in the private sector. The Council may offer rent or deposit guarantees or 'bonds' to secure property.</p>
Developers	<p>Property development is different from construction although many developers also manage the construction process. Developers buy land, finance, build or have builders build projects and orchestrate the process of development from beginning to end.</p>	<p>Developers have a role, alongside local authorities and registered providers in redeveloping existing housing and estate regeneration – to make the best use of land, increasing density; to improve/replace por housing; to improve neighbourhood sustainability.</p>	<p>Developers can contribute to inclusion in a variety of ways including offering local training and apprenticeship opportunities on larger developments.</p>

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HOUSING STRATEGY OVERVIEW

Why have a housing strategy? Housing is about more than bricks and mortar. Housing helps to define neighbourhoods, supports stable and successful communities, is essential to the health and wellbeing of residents, and provides a foundation for individuals and families to achieve a high quality of life. A Housing Strategy sets out the vision, priorities and plan for the area to meet future housing needs – including support for those who need this.

TYPICAL HOUSING STRATEGIC PRIORITIES

EXAMPLE CONTENT	Priority	Supply/meeting future needs	Making best use of existing stock	Inclusion and support
Foreward Vision Executive summary National and regional context The Council's role Local context Strategic priorities - Where are we now? (key achievements) - What are the challenges? - What will we do? - How will we measure success? Appendices - Evidence base - Consultation - Glossary	What does this cover?	<ul style="list-style-type: none"> Delivering new affordable housing 	<ul style="list-style-type: none"> Tackling empty homes and under-occupancy Stock condition and safety Energy efficiency/sustainability Decent neighbourhoods 	<ul style="list-style-type: none"> Specialist housing, support and advice Preventing and reducing homelessness Specialist housing provision
	Why is this important?	The town needs a range of housing types and sizes to meet the changing needs of our population and to support and sustain a vibrant local economy, including meeting the needs of those on low incomes.	Poor quality housing has a significant impact on residents' health and wellbeing and is linked to children's quality of life and educational attainment. To minimise our impact on the environment by reducing carbon emissions and reducing fuel poverty.	We want to support more people to live independently for longer by offering the right housing options to meet their needs, as well as high quality information and advice to help residents to make informed housing decisions. This improves outcomes for communities and reduces cost to the public purse.
	Evidence base (examples)	<ul style="list-style-type: none"> Strategic Needs Assessment Demographic projections Housing register analysis House prices/rent levels Income data/affordability analysis Benefits data Current affordable housing stock and turnover 	<ul style="list-style-type: none"> Private sector stock condition survey – unfit homes, fuel poverty etc HMO data - licensing Empty homes, Council Tax info Census data 	<ul style="list-style-type: none"> LA Homelessness data Rough sleeper headcount Commissioning strategies and needs assessments Health needs data

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