

NOTICE OF MEETING

Adult Social Care Overview and Scrutiny Panel

Tuesday 2 March 2010, 7.30 pm

**Council Chamber, Easthampstead House, Town Square, Bracknell,
RG12 1AQ**

To: ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

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

cc: Substitute Members of the Panel

Councillors Mrs Angell, Beadsley, Mrs Beadsley, Brossard, Finch and Mrs McCracken

ALISON SANDERS
Director of Corporate Services

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**Adult Social Care Overview and Scrutiny Panel
Tuesday 2 March 2010, 7.30 pm
Council Chamber, Easthampstead House, Town Square,
Bracknell, RG12 1AQ**

AGENDA

Page No

1. APOLOGIES FOR ABSENCE/SUBSTITUTE MEMBERS

To receive apologies for absence and to note the attendance of any substitute members.

2. MINUTES AND MATTERS ARISING

To approve as a correct record the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel meeting held on 18 January 2010.

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3. DECLARATIONS OF INTEREST AND PARTY WHIP

Members are asked to declare any personal or prejudicial interest 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.

4. URGENT ITEMS OF BUSINESS

Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent.

PERFORMANCE MONITORING

5. PERFORMANCE OF HEALTH AND SOCIAL CARE PUBLIC BODIES

The Care Quality Commission's (CQC's) local area manager for Berkshire, Tim Inkson, will explain the new CQC system for local authorities to input their views on the performance of health and social care public bodies. Related guidance recently issued by the CQC and third party commentaries are attached.

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6. PERFORMANCE MONITORING REPORT (PMR)

To consider the latest trends, priorities and pressures in terms of departmental performance as reported in the PMR for the third quarter of 2009/10 (October to December) relating to Adult Social Care.

Please bring the Performance Monitoring Report to the meeting (circulated separately).

OVERVIEW AND POLICY DEVELOPMENT

7. PROGRESS ON PERSONALISATION

To receive the attached progress update report regarding the six month Personalisation pilot scheme commenced on 1 August 2009 and indication of the way forward. 35 - 130

8. REVIEW OF DAY SERVICE PROVISION IN PERSONALISATION

To receive an oral update relating to the consultation on the future of Downside Resource Centre as a day centre for older people and those with long term conditions.

9. FAIRER CONTRIBUTIONS CONSULTATION

An oral update on the consultation in respect of calculating an individual's contribution to their personal care budget will be provided. The related consultation pack is attached. 131 - 140

10. WORKING GROUP UPDATE

To receive an update in respect of the Working Group of the Panel reviewing safeguarding adults in the context of Personalisation. 141 - 142

11. INDICATIVE OVERVIEW AND SCRUTINY WORK PROGRAMME 2010/11

The Panel is invited to endorse its indicative Work Programme for 2010/11 which is appended to the attached report. 143 - 144

12. OVERVIEW AND SCRUTINY QUARTERLY PROGRESS REPORT

To note the Quarterly Progress Report of the Assistant Chief Executive. 145 - 156

HOLDING THE EXECUTIVE TO ACCOUNT

13. EXECUTIVE FORWARD PLAN

To consider forthcoming items on the Executive Forward Plan relating to Adult Social Care. 157 - 162

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**ADULT SOCIAL CARE OVERVIEW AND
SCRUTINY PANEL
18 JANUARY 2010
7.30 - 8.20 PM**



Present:

Councillors Turrell (Chairman), Harrison (Vice-Chairman), Baily, Mrs Fleming, Phillips, Mrs Shillcock and Brossard (Substitute)

Executive Member:

Councillor Birch

Apologies for absence were received from:

Councillors Blatchford and Leake

Also Present:

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

1. Apologies for Absence/Substitute Members

The Panel noted the attendance of the following substitute member:

Councillor Brossard for Councillor Blatchford.

2. Minutes and Matters Arising

The Chairman thanked the Director of Adult Social Care and Health and his team for the services provided during the severe winter weather.

There were no matters arising from the minutes.

RESOLVED that the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel held on 1 December 2009 be approved as a correct record and signed by the Chairman.

3. Declarations of Interest and Party Whip

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

4. Urgent Items of Business

There were no urgent items of business.

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

The Panel noted that Tim Inkson, local area manager for the Care Quality Commission in Berkshire, was not able to attend this meeting but would attend the next meeting of the Adult Social Care Overview and Scrutiny Panel on 2 March 2010.

6. **2010/11 Draft Budget Proposals**

The Director of Adult Social Care and Health gave a presentation in respect of the Council's Draft Budget Proposals for 2010/11.

In year savings had been achieved via reductions in staff related expenditure, such as delaying a month or more before recruiting to a vacant post. The Primary Care Trust had assumed responsibility for the cost of some continuing health care which had benefitted the Council's financial position.

The Commitment Budget included a 60% saving through modernising Home Care, Learning Disability Initiatives and an Area Based Grant increase of £18,000. There had been a reduction on most grants but the Carers and Mental Health grants had seen increases.

Demographic pressures in the Borough included an increase in the number of older people, and the number of young people previously supported by the Children, Young People and Learning Department turning 18 years old and moving onto the Adult Social Care and Health Department for support. Demographic pressures also included people who encountered injury or illness and needed support such as those with dementia.

Draft budget proposal savings included Better Commissioning, The Look In, and Day Care. Better commissioning for domiciliary care for older people would be sought. A consolidated hourly rate of £14.40 had been set and letters sent to agencies offering this rate. An estimated £110,000 could be saved with no reduction in service.

The Look In received an annual income of £70,000, however the cost of food was £24,000, equipment rental was approximately £24,000 and staff salaries cost £83,000. Subsequently there was a subsidy of £60,000. Costs had increased by 15% in two years and the subsidy had been reduced slightly. Charities had been approached regarding the possibility of running The Look In under the Council's terms and conditions and possibly with rate relief from the Council. There was potential for The Look In to be run in a different way with a paid co-ordinator and volunteers.

It was noted that a paper on modernising day care would go to the Executive on 19 January to launch a 13 week consultation to look at future options. The proposal was to provide support in a more cost effective way and to look at alternatives such as voluntary sector service options. The Downside Resource Centre had been closed for some time due to issues with the water system but interim measures would remain in place until after the consultation in case an alternative option for the centre was found.

In the Capital Programme £40,000 had been committed for Adult Social Care computer software which was due to be implemented next month. There was £335,000 in the Capital Programme for the Carers Accommodation Strategy and the suitability of the Eastern Road day services building would be investigated. One possibility would be to move the community team currently based at Waymead to an

alternative Town Centre location and to use Waymead Short Term Care Unit for a support related function. There was also £155,000 of smaller grants from central government in the Capital Programme for use in the areas of Mental Health, Social Care, and Adult Social Care IT Infrastructure.

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

- Legal advice had been sought regarding the proposal for better commissioning. There was no need to go to tender and purchasing would be suspended from any agencies providing below a 2-3 star standard of care. Care would continue to be provided in the same way unless a provider decided against the rate offered.
- Funding in the Supporting People budget was declining. Guidance was in place to find alternative sources of funding and the aim was to keep the same level of service but at a reduced unit cost.
- There was capacity in the Borough for alternative day care services to Downside Resource Centre, such as Ascot Alzheimers, Age Concern Bracknell, and Sandhurst Day Centre. Personalisation and personal budgets would be used to fund other options. Some community centres in the Borough were under used at certain times of the day.
- The report going to the Executive regarding modernising day care was commended and Members were advised to read the report.
- The lease for Eastern Road day services could not be altered but alternative uses for the building were being investigated.
- There was concern that the voluntary sector would become under pressure if requested to take on additional services. There was the possibility that some trained and experienced staff could be employed in an effort to deliver services in a different way.
- Service users' budgets would cease when they no longer needed support. Budget monitoring reports showed when clients left services for different reasons.
- The approach to dealing with pressures within Adult Social Care at the Council was positive.
- The rate of £14.40 per hour for agencies was designed to cut the expense of using high cost providers and would not result in any reduction in service quality. It was expected that the majority of providers would continue to provide services for the Council. The rate was set at the right level for Bracknell Forest and was governed by national regulations.
- Inflation assumptions were queried. The Chairman was advised to contact Chris Herbert, Borough Treasurer, directly for further clarification if needed.

CHAIRMAN

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Voices into action

Your part in our assessment
of health and adult social care
in 2009/10



A guide for local involvement networks (LINKs), overview and scrutiny committees, local safeguarding children boards, foundation trusts' boards of governors, learning disability partnership boards, local voluntary organisations and representative groups

November 2009

It is important for us to hear what people who use services have to say about their experiences. We are therefore grateful to those groups who work hard to gather comments from local people. You can now send us information when you want to about the health and adult social care issues that matter to you. This guide will explain how you can do this.

Key messages

You do not need to write a commentary this year about your NHS trust's declaration for the NHS performance ratings in 2009/10.

To help us judge how well NHS providers meet essential standards, please send us information about any NHS provider by the **end of January 2010**.

To help us judge how well social care providers and independent healthcare providers meet essential standards, please send us information about them by the **end of March 2010**.

You can also send us information at any time of the year. We will use your information whenever you send it, as part of our ongoing checks on services.

You can now tell us about any health or adult social care service provider. You can also tell us about primary care trusts and local councils that commission services to make sure the right services are provided in your area.

You can send us information, including your own reports, using a new form on our website from 1 December. You can also share it with our local area managers.

We also encourage you to share any information with local services to help improvement.

We do not have powers to deal with individual complaints.

What is the Care Quality Commission?

The Care Quality Commission (CQC) is the new independent regulator of all health and adult social care in England. We inspect all health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

We promote the rights and interests of people who use services and we have a wide range of enforcement powers to take action on their behalf if services are unacceptably poor.

People who use health and social care services are at the heart of our work, so we want to make sure that their voices are heard.

You can learn more about CQC on our website, by reading *About the Care Quality Commission* at

www.cqc.org.uk/publications.cfm?fde_id=10979 and more about how we plan to involve people by reading *Voices into Action* – our ‘statement of involvement’ www.cqc.org.uk/_db/_documents/A4_Report_2009_01.pdf

Which services and organisations do we check on?

We check on all health and social care services **provided** by the NHS, local authorities, voluntary organisations or private companies. These include acute and community hospitals, ambulance services, foundation trusts, services for people with mental health or learning disabilities, community nursing services, hospices, care homes, supported living services, transport by an NHS provider and substance misuse rehabilitation services. For a full list of services regulated by the Care Quality Commission go to our website: www.cqc.org.uk/aboutcqc/whatwedo/activitiesweregulate.cfm

We also check on primary care trusts and local councils that **commission** health and social care services. Commission means that they arrange the local services that people need in their area.

Who can send us information about health and social care services?

We want to make it as easy as possible for you to tell us about local people’s views of both health and adult social care services, and to do this at any time of the year. Anyone can send us information about their experiences of using these services. This includes representatives of people who use services, their carers and families, representatives of the public, as well as individuals themselves. We will try to use as much information as we can when we assess services.

In our first year, we are building relationships with local groups that represent people who use services. The main groups we are working with at the moment are local involvement networks (LINKs), overview and scrutiny committees and foundation trusts’ boards of governors.

We are also inviting learning disability partnership boards and local safeguarding children's boards to send information to us, building on their involvement in the NHS performance ratings in 2008/09 (known before as the annual health check).

From 2010, we will be inviting a much wider range of representative groups to contribute their views and experiences of services into our assessments. We will also be finding out the best ways to bring more individual voices and experiences into our assessments. We will tell you more about this in 2010.

How can you send information to us?

You can tell us your views and experiences by talking to your local area manager at CQC (contact details from our National Contact Centre – see back page) and sharing reports with them, or sending your information through our website at www.cqc.org.uk/localvoices from 1st December 2009. There is a form on the website to help you structure your information, or you can directly send us reports and surveys.

You can share information with your local area manager in whatever way suits you best. They may ask you some questions to make sure they know how many people the information covers, or whether it has been discussed with other organisations.

You do not need to show the information you send us to any health and social care services. However, we hope that you will use it as part of your discussions with local services about making care better.

What can you send us information about?

We are interested in any information that will help us check up on health and adult social care services. You can give us your views and experiences of any of the services and organisations we regulate, or tell us about how they work together in your area.

You can tell us where you think a service is providing good care, as well as examples where care is poor. We are especially interested in the views and experiences of care of those people who have not been listened to, or have not received acceptable standards of care in the past.

Do you have a complaint or concern about health or adult social care services?

The Care Quality Commission does not deal with individual complaints about services. If you have a complaint about a particular service, you should first contact the provider. For more information, go to the complaints page on our website.

If you have urgent concerns about the wellbeing of a child or vulnerable adult, which may or may not be related to the quality or safety in a particular service, you should contact your local authority children's or adult social care department. For more information, go to the safeguarding page on our website.

Telling us about health and adult social care service providers

From April 2010, all organisations that provide health and adult social care services in England will be required to register with us to be able to operate. To do this they will have to meet essential standards of safety and quality. You can give us your views and experiences about any of these standards.

Standards for health and adult social care service providers

Involvement and information

We are looking at how people are involved in their care

- How do people understand about the care they are getting?
- How do people receive the information they need about their care?
- How do people give their informed consent to treatment and care?
- How are people supported to say what they think about their care?

Personalised care, treatment and support

We are looking at how people are given the individual care and welfare they need

- How do people receive the food and nutrition they need?
- How do service providers cooperate with other services to meet people's needs?

Safeguarding and safety

We are looking at how vulnerable people who use services are looked after safely

- How are medicines given at the right time and in the right way?
- How are medical devices used and managed properly?
- How suitable and safe are premises?
- How safe do people feel?
- How available, safe and suitable is equipment for individuals' needs?

Standards for health and adult social care service providers (contd)

Suitability of staffing

We are looking at how people get the right care from the right staff

- How do services choose staff with the skills to match people's needs?
- How do services make sure that there are enough staff to do the work?
- How do services make sure staff are properly trained?

Quality and management

We are looking at how people know they are getting the best and safest services

- How are services being made better?
- How are people supported to say how they feel?
- How are checks done to make sure that staff do their job properly?

Suitability of management

We are looking at how people's care and treatment are being met

- Are staff registered with their professional bodies if they need to be?
- Are staff supported to do their job well?
- How do staff use what they are told to make services better?

Telling us about primary care trusts and local councils

You can tell us what you think about primary care trusts and local councils that commission or arrange the local services in your area. These are some of the areas of performance we are looking at:

- Do they put people first, to ensure they get the care they need?
- Do they make sure that their services are safe and of a good quality?
- Are they spending their budgets sensibly, to get the best services they can for people with the money available to them?
- Do they lead the services in their area well?

Telling us about how well services work together

You can tell us whether services work well together in your area:

- How well people are cared for when they move between services such as hospitals or care homes and community services.
- How well information about people's care or treatment is shared between different services.
- How well people's care is planned across different services.

Giving us information for our national reviews and studies

You can also tell us about services that we are looking at in our national reviews and studies, such as our review of health and social care for families with disabled children and young people. We will let you know if there are opportunities for you to support local improvement work in services as part of these studies.

Top tips for sending us your views and experiences

- ✓ Tell us what matters most to your group and the people in your community. What are the most important points you want to get across?
- ✓ Think about examples of good practice, as well as problems or areas that you think should be improved.
- ✓ Read about the new essential standards for quality and safety that we expect all health and social care services to meet. Try to match these standards (on pages 4 and 5 of this guide) with the information you want to give us.
- ✓ We are interested in recent experiences of care. It will help if you can give us information you have gathered since 1 April 2009.
- ✓ Try to find facts and examples to back up your information. These may include notes from a meeting or visit to a service, the results of a local survey, or a set of personal stories from individuals with dates and supporting documents.
- ✓ Please note that your information must not include any confidential or personal information, such as the names of individual patients or staff, or their contact details.
- ✓ You do not need to send us all the supporting information you have, but we may ask you to show us this to help us use your information.
- ✓ It will help us to know whether the views or experiences you tell us about are common among the people in your group or community.

Our local area managers can offer advice on putting together your information and evidence.

What we will do with the information you send us?

Your information will become part of our profiles of health and adult social care organisations. This is where we keep all the information we have about each organisation. We will use your information:

- To help us spot problems or concerns in local services that we need to act upon.
- In our assessments and reviews of different types of organisations.
- To look at how well a service provider meets essential standards of quality and safety. This will help us decide if the service provider can register with us and be allowed to provide its services to local people.
- To help us decide if we need to ask a service provider to make improvements in some areas of its care, to show us that it will meet all these standards in future.

We may also use your information:

- To look at how commissioners of services (like primary care trusts) find out what services people need, and if money is being spent wisely to provide services in the local area.
- To help us check what local councils tell us about their own performance in their self-assessments in 2010.

Over the next few months, we will be giving you more information about how we are going to assess commissioners and how we would like to involve you in this.

How will we give you feedback?

If you send us information through our website, we will send you an email to tell you that we have received it. We will also publish a report every year that says what we have done with the views and experiences of services that people have sent us. You will also get feedback from your discussions with local area managers about how we are using what you have told us.

How else can people get involved in the work of CQC?

Giving us advice

We have set up an advisory group and sounding board for LINKs, overview and scrutiny committees and other representative bodies to advise us on what we do and how we do it. For information about this, please contact **Clare.Delap@cqc.org.uk** or **Lucy.Hamer@cqc.org.uk** in the involvement team.

Responding to consultations

Please see **www.cqc.org.uk/getinvolved/consultations.cfm** for more details of our latest consultations.

Further information

To send us information about local views and experiences of health and social care, please visit our web page **www.cqc.org.uk/localvoices** from 1 December 2009.

For more information, please visit our website **www.cqc.org.uk**.

You can also subscribe to our monthly newsletter by visiting our website at **www.cqc.org.uk/newsandevents/newsletter.cfm** or by ringing our National Contact Centre on 03000 616161.

We hope you find this information useful. If you have any other issues you want to discuss with us, please contact your local area manager or email **enquiries@cqc.org.uk** or ring our National Contact Centre on **03000 616161**.

08/09 AHC Third party commentary examples – Overview and Scrutiny Committees

This document provides examples of two high data quality commentaries and one low data quality commentary provided by overview and scrutiny committees for the 2008/09 annual health check.

Overview and scrutiny committee/Low data quality

Example 1 Low data quality

Following the meeting of the Health Scrutiny and Performance Panel held on 28th April 2009, the following comments have been made with regards to xx Health Check.

The Panel support the xx trusts' declaration of full compliance, and believe that the public perception of the service supports this, as their clients seem to be complimentary and satisfied with the service. The "can do" culture is applauded.

The panel highlighted the potential of investigating the use of the remote control light system to improve response times in the future.

Example 1 was given a low data quality rating because:

- There is insufficient detail provided to support coding decisions by analysts against core standards.
- The source of the information provided is not revealed i.e. regarding public perception of the service and client satisfaction, so the statement is vague and difficult to weigh in terms of data quality.
- Some of the language used is not easily understandable within the context of assessment of trust performance against core standards i.e. the 'can-do' culture is applauded.

Overview and scrutiny committee/High data quality

Example 2 High data quality

xx Council Health Improvement Committee
Healthcare Commission - Annual Health Check 08/09
Commentary on Competences
District Care Trust

Core Standard C6

Health care organisations co-operate with each other and social care organisations to ensure patients' individual needs are properly managed and met. The Committee endorsed the commentary made by the Department for Adult

Services that the level of cooperation between health care organisations and the local authority has been very positive overall, and has usually been approached from the standpoint of ensuring that the person's individual needs are properly managed and met. The commitment to work together has been evident at both senior executive and front-line worker levels.

The Health Improvement Committee heard evidence in July, September and October 2008 and February 2009 on the Strategic Review of Adult Mental Health Services, which is being implemented by the tPCT, but involves the Care Trust as a provider.

The Social Care Improvement Committee presented written evidence of good cooperation between health and social care organisations this year. In July 2008 they received a report on the Strategic Review of Services for Older People with Mental Health Difficulties which was jointly commissioned by the local authority and xx teaching PCT and was undertaken in partnership with xx District Care Trust, the voluntary and community sector and the independent sector.

This work is currently being supported by the Committee's own scrutiny of service issues relating to dementia which is being undertaken with full co-operation from both social care and health care organisations, including the xx District Care Trust.

Following the strategic review of Learning Disability Services, a formally constituted Programme is taking forward all aspects of learning disability service development in the xx district. It has been agreed to complete a self assessment report in April 2009 which will gauge how much improvement has taken place since this was first undertaken last year.

The review of Adult Mental Health and the review of mental health services for Older People represent a significant package of change, with important implications for partnership working between Adult Services and the Care Trust, and in the future for the different ways in which patients' and service users' needs will be met.

The Council and the Care Trust are revising their Section 75 agreement. The Council and BDCT have engaged legal teams to negotiate and formulate a new partnership agreement. (Section 75 of the National Health Service Act 2006 replaces section 31 of the Health Act 1999, which concerned partnership working and 'Health Act Flexibilities'). This work also relates to Standard 7a) Healthcare organisations apply the principles of sound clinical and corporate governance.

Core Standard C7

Health care organisations (a) apply the principles of sound clinical and corporate governance, b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources, c) undertake systematic risk assessment and risk management.

The Committee had received presentations in October 2008 and February 2009 on the Trust's application for Foundation Trust status. The committee supported their application to become a Foundation Trust but requested that a member from

xx be included on the Trust's Council of Governors.

Core Standard C11b

Health care organisations ensure that staff concerned with all aspects of the provision of health care

b) participate in mandatory training programmes

The Trust has indicated that it is likely to be non-compliant with this standard as not enough existing staff had attended certain mandatory courses and there was insufficient follow-up of non-attendance. The Committee questioned them on the reasons for this and were assured that crucial training on child safety and health and safety was being adequately progressed and that steps were being taken to address the problem, for example by delivering training on the wards.

Core Standard C22

Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities, (part a. in particular - co-operating with each other and local authorities and other organisations).

The committee welcomes the engagement with all NHS organisations in the district in improving health and addressing health inequalities through partnership working.

During the period the LSP arrangements for the district have been re-shaped, and joint working between the NHS and the Council at a strategic level has been facilitated by the formation of the Health and Well-being Partnership. The Older People's Partnership and the Strategic Disability Partnership are important joint groups that support the development of more joined up services.

An example of co-operative work addressing health inequalities in the district was the Scrutiny of Alcohol as a Health Issue. The committee appreciates the co-operation of the Care Trust to this scrutiny. The committee made a series of recommendations to the Council and its partners, including:

??? that they work ???to ensure that clear information is provided to the public on the potential harmful effects of alcohol???

??? the creation of a web and telephone based xx Alcohol Information Service

??? that all doctors and dentists receive training in 'brief interventions'

??? that service commissioners ensure that appropriate and adequate provision is available.

Example 2 was given a high data quality rating because:

- It was well structured and written, in clear, unambiguous language.
- A strong evidence base was used in support of the commentary.
- The timescales mentioned align with the 08/09 AHC assessment year.

Example 3 **High data quality**

By:xx Overview and Scrutiny Committee for Public Health

The xx Overview and Scrutiny Committee for Public Health is pleased to offer comments on the performance of the xx Hospitals Trust within the above process. Commentary is limited to the core standards where the OSC believes it has supporting evidence as a result of contact with the trust and work undertaken during the past year.

The following comments are now offered:-

First Domain Safety.

Standard C1 a) Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents and make improvements in practice based on local and national experience and information derived from the analysis of incidents.

A priority for the OSC when meeting in public with the hospitals trust is to ensure a detailed overview of the management of healthcare acquired infection is provided at regular intervals. Members of the committee have been very impressed with the stringent plans and precautions that have been put in place by the trust to ensure patients' safety is uppermost across the organisation. The OSC has been provided with substantial supporting evidence indicating that the incidence of both MRSA and C Diff has reduced and that when outbreaks do occur there are robust plans in place to address the situation.

The OSC was also interested to hear that the hospitals trust has visited other trusts in both the UK and also Europe to understand best practice and to determine if learning from other organisations is transferable to the local situation.

Standard C4 a) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA.

The OSC was encouraged by the transparency of information relating to hygiene standards and Healthcare Acquired Infection, presented by the trust and the acknowledgement that there are some areas needing improvement. One of these was highlighted in the hand hygiene survey that is undertaken with staff across the organisation. Generally the results were good, but the survey identified junior doctors as falling significantly short of the standard. There is a high turnover of doctors and this presents an ongoing issue for the trust who are determined to drive up the hand hygiene standards. The OSC will at its next meeting be keen to understand how this section of the workforce has been encouraged to improve hygiene standards

Standard C4d) Healthcare organisations keep patients staff and visitors safe by having systems to ensure that medicines are handled safely and securely

In a visit to the pharmacy at xx hospital members learned that an antibiotic flashcard had been developed for doctors to carry in their pocket. This is part of the hospital process to keep hospital acquired infection under control and has been a great success, with similar ones are being used in other hospitals. The flashcard is updated twice a year to cater for the use of new drugs. Audits are carried out to check that the flashcard is being used properly. Part of the success of managing when antibiotics should not be used, is the use of pharmacy teams, who physically remove all antibiotic medication on any ward so that doctors are forced to use the alternative medications.

Second Domain Clinical and Cost Effectiveness

Standard C 6 Healthcare organisations co-operate with each other and social care to ensure that patients' individual needs are properly managed and met

The issue of the management of Delayed Transfers of Care was raised with the OSC and a joint working group with the Adult Service OSC was established in 2008 to investigate the reasons behind the fact that partner organisations were falling behind in achieving their targets in this area.

At the time of writing this is an ongoing review, but members have seen positive moves by the PCT, acute trust, mental health and social care towards working more closely to reduce delays. The committee has been impressed with the level of management expertise that contributing to the partnership working groups at both strategic and operational levels to address the key issues. It is not clear however that patient's needs are as yet being met, as there are concerns around carer provision across the county and differing approaches in the management of delayed transfers between the xx and xx sites.

Third Domain - Governance

Standard C7(d) Healthcare organisations ensure financial management achieves economy, effectiveness, probity and accountability in the use of resources

In 2008 the xx hospitals trust presented the OSC with its proposals to become a Foundation Trust. Part of the criteria for achieving this status is to prove robust financial management systems are in place and that the organisation delivers a profit that can be re-invested in the business. The OSC has heard that the trust is able to demonstrate financial balance but understands the current challenges in the health economy that might have implications for the hospitals trust dependent on the financial situation of the PCT.

At a public meeting in 2008 the OSC were informed by the trust that the Midwifery Led Unit (MLU) based at the xx hospital continued to underperform and had not succeeded in encouraging sufficient women to attend the unit to give birth. The OSC has been told that the trust planned to actively promote the MLU to GPs and other groups in order to attract mothers who were not having their first baby. As it was agreed in the Shaping Health Services

consultation that the MLU would be self funding, the OSC has not to date been presented with evidence to indicate this is the case and will pursue this at its future meetings with the trust.

Fifth Domain - Accessible and responsive care

Standard C17 The views of patients, their carers and others are sought and taken into account in designing planning and delivering and improving healthcare services.

During 2008 the trust has spent a great deal of time and effort in engaging the public with their Foundation Trust proposals. This has been evidenced at public meetings, literature displayed in public places and via the website. The OSC was pleased to be included in this process and has formally responded to this consultation. The OSC understands that if Foundation Trust status is achieved that the membership and board of governors will provide a significant public representation but would like to hear evidence of this.

The OSC was also pleased that the trust has been proactive in engaging both the county and district councils in their plans for the future. The trust has attended full council meetings in order to do this and the OSC encourages this approach as a positive move.

Standard C18 - Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably

Last year the OSC commented in the annual health check that access to acute hospital services continues to cause concern to patients and public. The Access to Health Strategic Partnership is chaired by a PCT board director and was established as a result of OSC concerns about the lack of partnership working to improve accessibility to services for the public. The group appears to have lost its momentum The OSC does not believe that any significant progress has been made in this area.

The OSC is not aware of any recent meetings and has not been informed about any outcomes from the work streams identified by the group.

As accessibility is an issue that the committee encounters repeatedly, it was encouraging to note that at a recent meeting of County Council Cabinet members and the PCT board, the issue was flagged up as a priority, with a view towards working more closely to assess how all partners can group existing resource to improve accessibility. The OSC would particularly like to understand how partners might make best use of excess vehicle capacity across organisations to achieve improved patient transport services.

The issues of car parking facilities at both xx and xx has been raised on many occasions with the trust at both public and private working meetings. The OSC has been informed that the trust does not intend to abolish car parking charges but has not been kept up to date or included with current thinking on future plans. The OSC is mindful of the groundswell of public opinion that

opposes the current system and believes the trust should work up and communicate a clear statement to the public about this issue.

Standard 19 - Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales and all patients are able to access services within national expectations on access to services.

In public meetings, the PCT has informed the OSC of its close working with the acute trust focusing on both appropriate admissions, timely discharges and the necessity to reduce attendance at A&E. The committee understands that this is work in progress that is critical to achieving efficiencies in the health economy and the most appropriate care for patients. At its last meeting with the trust, unprecedented levels of trauma and emergency admissions were reported, reflecting the national trend. This has resulted in slight underperformance of the 4 hour A&E target. The committee is hopeful that the work alongside the PCT and GPs in reducing inappropriate referrals will in the longer term help to reduce the pressure on the system at times of high demand.

On a visit to the cardiac day unit at XX hospital members of the committee were impressed by the speed and efficiency of treatment. In the cardiac catheterisation lab members were shown the example of a patient admitted to A&E with severe chest pains who was admitted to the unit within 5- 10 minutes. A stent was successfully inserted after a further 5 minutes and the patient taken to the recovery unit and then discharged. Members were informed that previously this procedure could take up to 5 days and did not have such positive results.

In addition to these specific comments, I would like to add that I and my colleagues on the OSC have welcomed the inclusive approach the hospitals trust has continued to take towards the OSC, specifically with the invitation to the OSC Chairman to sit on the board and contribute to the meetings. I believe this is a valuable way building good working relationships and is a useful way to provide feedback on a variety of issues to members of the committee.

Example 3 was given a high data quality rating because:

- It is well structured.
- A strong evidence base is provided to support the OSC comments on trust performance against each of the core standards identified.
- The commentary is detailed, and very informative with all information of direct relevance to trust performance.
- The commentary is authoritative, and has a definite effect (positive or negative).
- Timescales are aligned with AHC year.

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Standards based assessment Feedback for Bracknell Forest OSC

Thank you for your commentary on your trust's core standards declaration. We invited third parties – local involvement networks, overview and scrutiny committees, foundation trusts' boards of governors, local safeguarding children's boards and learning disability partnership boards to comment and they responded well. We really appreciate the hard work that went into providing commentaries that produced so much useful intelligence. This report is in response to requests from the third parties for individual feedback.

How we used the commentaries

In 2009, we received 2881 comments from third parties.

Data quality

We make a general assessment of the evidence found in the whole commentary/declaration. Most commentaries will be given a medium score for data quality. The table below outlines the 'criteria' we use to award a higher or lower data quality score. The higher the data quality score applied to a commentary the more impact it will have, however commentaries given a low data quality score will also contribute to the overall risk assessment profile of a trust. **NB If the commentary merely states that the 3rd party has no comment to make on any of the standards, it will not be given a data quality score.**

A whole commentary is likely to be given a high, or low score if:	
High data quality	<ul style="list-style-type: none"> • It relates to the timescale of the Annual Health Check • Shows regular involvement of the forum (visits or inspections) • Contains detailed information such as dates and outcomes • Makes reference to evidence to substantiate comments that can be produced if requested
Low data quality	<ul style="list-style-type: none"> • Outside of the Annual Health Check timescale • Evidence is unavailable or incomplete • Contains incomplete measures of outcomes • Suggests that the information on the trust performance is not based on concrete facts

In 2009, across all the 3rd parties, 8% of commentaries were given a high data quality rating, 37% a medium rating, 37% a low rating and 18% fell into the 'no comment' category.

What we did with the intelligence we extracted

In 2009 8949 items of intelligence were extracted and used because they related to one or more of the standards. These might be a single sentence or several paragraphs. **NB Not all information from the commentaries will be used; if it cannot be applied to a standard(s) or relates to a period of time outside the annual health check timescale, it will not be analysed as above.** Each item was then defined as either positive or negative intelligence in relation to the trust's compliance with the Standard. In 2009 75% of the items of intelligence were positive about a trust's compliance with a standard.

Care Quality Commission annual health check – Third party feedback

Weighting the intelligence

Analysts then apply weighting scores to each item of intelligence according to the strength of relationship that the item has with a particular core standard, its coverage of the trust (whole/service) and how well it was supported with evidence. Again the default position is to award a medium weighting. The table below sets out the 'criteria' used to award a higher or lower weighting.

The higher the weighting score applied to an item of intelligence the more impact that item will have, however items of intelligence given a low weighting score will also contribute to the overall risk assessment profile of a trust.

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High weighting	<ul style="list-style-type: none"> • It makes specific reference to compliance or non compliance of the trust to a particular standard and has a clear evidence base for this opinion • The statement/intelligence covers the entire scope of the referenced standard • The statement is representative of the whole trust
Low weighting	<ul style="list-style-type: none"> • The statement confirms compliance or non compliance with the standard, but there is an absence of supporting evidence • It covers a small aspect of the standard • The statement is not representative of the whole trust • It merely quotes the standard

In 2009, across all the 3rd parties, 256 (3%) of the items were given a 'high' weighting, 5534 (62%) a 'low' weighting and 3159 (35%) a 'medium' weighting.

Nuggets are comments that would have a significant impact on likelihood of compliance/non-compliance with a standard. In 2009 there were 20 nuggets - 10 from local children's safeguarding boards, 3 from LINK commentaries and 7 from overview and scrutiny committee commentaries. NB There were some commentaries where we were unable to extract any comments – this could be because the commentary states that the 3rd party has no comment to make, or the commentary could not be applied to any of the standards.

Summary of the intelligence extracted from your commentary

Trust	RD7 Heatherwood And Wexham Park Hospitals NHS Foundation Trust Provider			
Care Quality Commission area	South East			
Data quality rating	1			
Number of items of information extracted	8			
Number of items of information strength of relationship to core standard	High: 0	Medium: 5	Low: 3	Nugget: 0
Core standards commented on	C04a, C13a, C13b, C15a, C18 (Access to services), C18 (Infrastructure accessibility), C21			

Bracknell Forest's Health Overview and Scrutiny Panel have the following comments to make in respect of the Heatherwood and Wexham Park Hospital Trust's Annual Health Check Declaration to the Healthcare Commission for 2008/2009. Due to the wide range of health services delivered by the Trust, limitations on Councillors' time, and the number of organisations within the Committee's purview, we have necessarily confined our comments to a small number of discrete issues. We are also conscious of the fact that during the course of the year reviewed some changes may have occurred in respect of the issues we mention. However, those matters to which we refer have been of concern during part or the whole of the period under review. The Panel will monitor those areas during the coming year.

General Observations. The Panel are pleased and congratulate the Trust on their general cooperation and openness during the past year. They have been regular attendees at meetings and have made positive and helpful contributions. Queries and requests for reports have been met promptly and openly discussed. The Panel however has had some concerns and these are noted as follows:-

Domain 1, Safety, C4: a) The Panel is concerned about the Trust's interpretation of acceptable levels of Clostridium Difficile (C. Diff). While, in our view, it is unacceptable to have any cases of C. Diff, we believe that the Trust should set its targets to a lower and realistically achievable minimum. Meeting national targets is simply not good enough as these are likely to be set to achieve a government inspired target on which 'reductions' can be claimed. The aim should be zero, or as close to that as humanly possible. Although it is acknowledged that national targets have been set for the reduction of C. Diff cases, the Panel is firmly of the opinion that those national targets do not go far enough and therefore the Trust should be setting its own locally set 'Gold Targets'. The Panel acknowledge that eradicating C. Diff is a major challenge for the Trust, and expect to see much more solid progress on the control of C Diff infections in 2009/10.

Domain 4, Patient Focus: a) C13 - The Panel is concerned that facilities for visitors are not always as good as they should be. From direct experience it was noted that parents of a young person going into Heatherwood Hospital for an operation under general anaesthetic were told that there were no facilities for them to be present in the ward outside normal visiting hours. b) C13 - The Panel is not satisfied with the accessibility of car parking at Heatherwood Hospital. The lack of car parking space and cost of parking has led to patients having to park on the road outside the hospital. In one case, a Member receiving physiotherapy had to arrive at least half an hour before each appointment began in order to wait for a car parking space to become available. The Panel has expressed a clear view that car parking, at least for

patients, should be free. The Panel is also concerned at the level of total income (some -800,000 annually) and the extent of payments to the contractor, on which we are seeking further information. c) C15 - The Panel has had some concerns about the standard of food provided to patients at Heatherwood Hospital. Anecdotal personal evidence showed a low level of patient satisfaction with the meals provided and concerns were raised about the long distance from which the meals were sourced and delivered. Patients were told that meals are transported from Wales. It is noted that new contractual arrangements are said to have been put in place and the Trust has expressed the view that there has been an improvement. Domain 5, Accessible and responsive care C18: a) The Panel are concerned about the shortage of special care baby beds at Heatherwood and Wexham Park Hospitals. The Panel is aware that, due to lack of available facilities, some premature babies are being hospitalised up to 2 hours from where they live. Domain 6, Care environment and amenities: a) C21 - From direct personal experience of in-patient service at Heatherwood Hospital the Panel are concerned that the arrangements to facilitate and encourage personal hygiene were lacking, for example a Member was asked to provide their own soap and towels and had to share one working shower between a women's orthopaedic ward of some 15-20 patients. b) C21 - The Panel is concerned about the investment of people and other resources in Heatherwood Hospital, both in absolute terms and relative to the investment at the Trust's other hospital at Wexham Park. It seems to the Panel that in all important decisions on the relative disposition of resources between the two sites, Wexham Park Hospital is favoured over Heatherwood Hospital. From direct observation this is apparent in the poorer physical condition of the buildings and facilities, the investment in staff and the standard of equipment. While the Panel is aware of the problems and age of the buildings at the Heatherwood site, we are of the view that clear vision of the development of the site, within an acceptable timescale should now be available. The approach taken by the Trust to the Heatherwood Hospital maternity unit, whilst bolstering the Wexham Park maternity operation further demonstrates the Panel's concerns about the imbalance in investment between the two sites. Furthermore, the Panel were concerned that the conversion to a midwife-led unit at Heatherwood might mean that some expectant mothers feel "pressured" to go to Wexham Park hospital instead. We note that in the Heatherwood and Wexham Park hospitals "health matters" news letter it is stated that the Trust "believe that to build on the success we have already achieved, major investments in new buildings and refurbishments are required at both Heatherwood and Wexham Park". Members expect to see that investments are proportionally distributed between the two

sites, and that Heatherwood Hospital is properly resourced to provide the services expected of it in a sustainable way. Specifically, we would like to see clearer and more precise investment plans for Heatherwood Hospital, to demonstrate that it has an assured role in providing important health services into the future.

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What we did with the intelligence we extracted

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Care Quality Commission annual health check – Third party feedback

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Summary of the intelligence extracted from your commentary

Trust	RWX Berkshire Healthcare NHS Foundation Trust Provider			
Care Quality Commission area	South East			
Data quality rating	1			
Number of items of information extracted	1			
Number of items of information strength of relationship to core standard	High: 0	Medium: 0	Low: 1	Nugget: 0
Core standards commented on	C17			

Healthcare Commission's Annual Health Check 2008-2009
Berkshire Healthcare NHS Foundation Trust The Joint East
Berkshire Health Overview and Scrutiny Committee have no
specific comments to make in relation to the Berkshire
Healthcare NHS Foundation Trust Annual Health Check
Declaration to the Healthcare Commission for 2008/09. The
Joint Committee are pleased and congratulate the Trust on
their general cooperation and openness during the past year.
The Trust have been regular attendees at meetings and have
made positive and helpful contributions. Queries and
requests for reports have been met promptly and openly
discussed. With kind regards, Cllr. Simon
Meadowcroft Chairman of the Joint East Berkshire Health
Overview and Scrutiny Committee

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Care Quality Commission annual health check – Third party feedback

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Nuggets are comments that would have a significant impact on likelihood of compliance/non-compliance with a standard. In 2009 there were 20 nuggets - 10 from local children's safeguarding boards, 3 from LINK commentaries and 7 from overview and scrutiny committee commentaries.

We really appreciate the time an effort that goes into providing commentaries.

If we were able to extract information from your commentary for this years' annual health check, then the details will be set out in a table below.

If we have not included a table it will be because we have not been able to extract information this time.

This is likely to be either because the 3rd party stated that it had no comment to make on any of the standards, or for one or both of the reasons stated below:

- The commentary could not be applied to any of the standards
- The commentary relates to a period of time outside the annual health check timescale

Bracknell Forest Council's Health Overview and Scrutiny Panel has decided not to make any comments on SCAS's year end Healthcare Commission Declaration.
Richard Beaumont

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ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 2 MARCH 2010

PROGRESS ON PERSONALISATION (Director of Adult Social Care and Health)

1. INTRODUCTION

- 1.1. In September 2009, the Panel participated in a workshop which introduced the Personalisation agenda (formerly referred to as TASC – Transforming Adult Social Care). A working group was established to examine the implications of this approach for Safeguarding Adults.
- 1.2. This report informs the Panel of the progress the Council has made to date in implementing this approach.

2. SUPPORTING INFORMATION

Background

- 2.1. The Putting People First Concordat, and subsequent directions from the Department of Health require Councils to introduce an approach to supporting individuals that puts them in control of how they are supported, and that each individual knows how much money they are entitled to in order to pay for their chosen arrangements. The money may be from a range of sources, such as Independent Living Fund (which is not a Council administrated fund), Supporting People and Adult Social Care.
- 2.2. Commencing in April 2008, the Government has allocated the Social Care Reform grant to assist with this implementation: for Bracknell Forest the amounts were:-
 - 2008/09 – £119k
 - 2009/10 – £279k
 - 2010/11 – £346k

3. OVERVIEW OF PROGRESS

- 3.1 The pilot commenced in July 2009, with the appointment of the Personalisation Team, followed by a month of intensive training before the team members started working with individuals.
- 3.2 The team have worked, or are currently working with the following profile of individuals, which exceeds the minimum requirements of the Pilot.

	OPLTC	LTC	OPMH	MH	LD
Target	25	7	3	5	0
Referred	30	24	4	6	0
Active	27	18	3	5	16

- 3.3 To date (12th February), 21 plans have been approved, with other approval dates planned. A summary of a range of outcomes to date is attached as Annex 1, along with 3 anonymised support plans are included as Annex 2A, 2B & 2C. One of the plans presented relates to an individual who funds her own support, and is included to demonstrate the approach we take to supporting people who fund their own support.
- 3.4 The initial six month came to an end at the end of January, and whilst work will still continue through this team, the three month evaluation and planning period has commenced which will then determine how this approach is “rolled out” with all people using adult social care services.
- 3.5 A report detailing progress for 2008/09 was prepared for the Executive and is attached as Annex 3A & 3B along with our self assessment against the Milestones as Annex 4.
- 3.6 The action plan developed following the annual assessment of performance included a target of 150 people who would be in receipt of self-directed support by end March 2010. The current position is 103, with at least 80 currently planning with their individual budget (including people with learning disabilities not included as part of the pilot). There is a delay for some individuals associated with the de-registration of the properties they are currently accommodated in, and in which they have chosen to stay. This may delay the achievement of the target into the early part of 2010/11.
- 3.7 However, in Bracknell Forest, we have taken a holistic “Think Family” approach, reflecting the fact that in circumstances where an individual lives within a family, support arrangements must take account of the needs and wishes of every individual concerned. In accordance with this the self assessment takes account of the needs of family carers to enable them to maintain their caring role, and this is therefore reflected in the budget allocation. As such, the support plans that have been agreed through the pilot, and others through the In Control approach to self directed support for people with learning disabilities mean that 63 families/carers are currently benefitting from this approach, in addition to the 40 people who do not live with family carers.
- 3.8 Team targets for 2010/11 have been set to support the work towards the Government target of 30%. They are attached as Annex 5.
- 3.9 Whilst we are taking a prudent approach to publicising this approach, in order to ensure that we do not raise expectations to the point where demand exceeds our capacity to respond, we have been working proactively with community groups, and have presented at Bracknell Forest Voluntary Sector Forum and various support groups. A presentation at the LINKs meeting in December highlighted the work to be undertaken in developing people’s understanding of self directed support and the benefits to individuals of this approach.
- 3.10 The Communications Strategy is key, as individual stories are the most powerful medium for convincing people of the benefits, and many of the individuals and families who are part of the pilot have agreed to participate in this in a number of ways. As can be seen from the information provided, many of the arrangements are of mutual benefit to the individuals and to their families, reinforcing the appropriateness of our holistic approach to resource allocations and support planning.

3.11 Attached as Annex 6 is a high level timeline for future implementation, extracted from the Project Initiation Document for the programme of work.

Background Papers

Putting People First
Transforming Adult Social Care – Project Initiation Document

Contact for further information

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Personalisation Programme Manager
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Glyn Jones
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Doc. Ref

ASCO&P Personalisation Update 2 March

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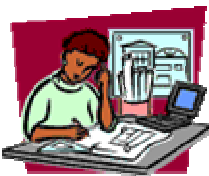
Personalisation Individuals' Stories



Mr W

This gentleman has advanced Alzheimer's and is also a stroke survivor. He is 90 years old and widowed. He lives with his daughter and her husband.

His daughter has supported him continually since March 2009, only getting a break when other family members could support her father. Mr W and his family did not want him to be supported by someone he doesn't know as this is very distressing for him.



After a couple of meetings of working together and finding out their needs, a plan was devised to help support the individual and his daughter.

Mr W's support plan included employing his granddaughter as his PA to support him for 29 hours per week. For Mr W, this meant that he is supported for by somebody he knows and gets on well with. This arrangement has had a positive impact on Mr W and his family. His daughter has spoken to everyone she knows through the Alzheimer's Café.

Mrs G

This lady is 43 years old, and lives with her husband and two teenage children. She was diagnosed with fibromyalgia 16 years ago, and apart from a small remission a few years ago, her condition has been getting progressively worse. Her condition means that she suffers from chronic pain in her shoulders, back and legs, her mobility is reduced and she requires support from crutches for short distances and a wheelchair for longer ones. She also suffers from sporadic movements in her extremities, exhaustion and constant fatigue, and eye sensitivity to light and skin sensitivity to touch. In addition to the physical symptoms, the condition manifests itself cognitively as she struggles to retain new information and finds it difficult to concentrate for long periods of time. She also suffers from depression and has on occasion demonstrated aggressive behaviour (born out of her depression and frustration of her current set-up).

The level of support provided prior to the personalisation team's involvement was a one hour call at lunch time during the weekdays to support with housework and meal preparation. Mrs G struggled with the many different carers who provided support for this call, and a suspected theft took place which left the family distrustful of the care agency.

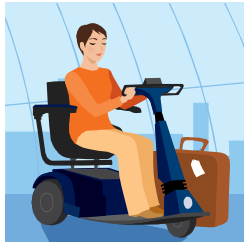


The level of support was not assisting her with any other aspects of her life and this was leaving her husband with a large caring role and left her feeling isolated and housebound. Her husband's health was also deteriorating and the stress of his caring role was affecting both his memory and the quality and balance in their relationship.

Personalisation Individuals' Stories

As part of the support planning process the outcomes for all the family were considered. Long term goals were considered (such as learning British Sign Language) as well as simpler wishes such as support to cook the evening meal for her family (rather than having her husband or a carer doing this task for her).

The personal budget was used for items such as heat pads (to ease the pain, boost mobility and mood), a mobility scooter (to allow her independence during the day), support from a personal assistant to not only help with the housework, but to take her shopping and do the laundry. The flexibility of the budget allowed the hours of support to be tailored to her needs, for example in winter her condition is worse and more support is required. Building on the support she received from her friends already was a priority and support to make the time with them more regularly and sustainable was included in the support plan to assist both the individual and her husband in his caring role.



The outcomes of the support planning process were based around supporting the individual to complete the tasks herself as much as possible, whilst still supporting her with the tasks she is unable to do independently. The support plan also was focussed on supporting the carer and trying to prevent any further deterioration of his own health and reduce the risk of a relationship breakdown caused by his caring role.

Mrs S

This individual was diagnosed with symphysis pubis dysfunction during her second pregnancy and this did not subside and she now has chronic pain in her lower back and struggles to stand for prolonged periods.

One of the biggest things the individual wanted from the support plan was to be more independent in her home in terms of bathing and housework. She also wanted to take the pressure off her family and she wanted to have a contingency in place when things got bad.

The individual had already had a care plan written from the traditional model which wouldn't have worked for her as it was based on having someone coming into her home to carry out task based duties. Neither she nor her husband wanted a stranger coming into the home and the individual has a really good support network she can utilise.



As part of the support planning process the main thing has been to get a new bathroom fitted to enable her to be independent in the bath so she can physically get in and out of a lower level bath without her husband having to help her do this everyday.

The individual uses a friend to get her ironing done and pays for this by paying for her friend and her to go out for a meal together. The individual has support from her friends to get the kids to school and so on.



Personalisation Individuals' Stories



Personalisation has helped make it possible to get things like a lightweight vacuum cleaner so on the days when she is able she can do some housework. She has had help from an Occupational Therapist to get the right equipment into the kitchen that will make it easier for her to use.

Another strand was support from other people in similar situation to her and we identified a hydrotherapy session locally, online forums and the expert patient programme.

For the carer's the support plan should take some of the strain off the family and help the individual make a contribution. We identified a young carer's youth group to provide support for her eldest daughter and applied for a carer's grant so the family could have support for a break.

Mrs B

This lady lives in Bracknell with her husband and four of her seven children. She has had multiple sclerosis for 7 years. The main effect this has on her life is lack of energy and issues with mobility.

Before deciding to be part of the personalisation pilot Mrs B was not having any support. In the past she had had a direct payment to employ domestic support from BFVA and support from the in house home care service to take her children to school. This ceased when the home care service stopped and her direct payment stopped due to financial assessment.



Mrs B became eligible for support again due to changes in financial circumstances in May 2009. Mrs B joined the personalisation pilot in September 2009.

The strain on the whole family was apparent as Mr B had to reduce his hours at work to do more at home. Mrs B's support plan focussed on trying to give her energy back so she can have a better quality of life with her family.

In order to do this we spent time discussing the times that support could help and the types of support options.

Mrs B felt that having support in the morning to help get her three younger children ready for school and get to school would save her a large amount of energy. Support with daily domestic chores was also important to her. Mrs B is currently recruiting a personal assistant to provide this support.



Mrs B finds the support and therapy provided by the MS centre in Reading very valuable. She is using some of her budget to help with travel costs as it is too far for her to drive.

Personalisation Individuals' Stories



As Mrs B will also be using her personal assistant for a couple of hours of support to look after her children once a month so that she and her husband can spend some time together to go to the cinema or out to lunch.

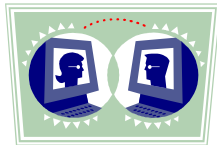
Mr O

This gentleman has progressive multiple sclerosis, he was diagnosed with MS fourteen years ago, he is now 33 years of age. He only has partial use of his right hand and that is deteriorating. He can speak, but his voice is weak and he talks very slowly.

After a couple of meetings with Mr O it was clear that he was very isolated and he wanted the opportunity to learn again.

Mr O's care needs are very complex. He lives with a live in carer in a bungalow which has been adapted for his needs. The self assessed questionnaire met his care needs with a small amount of money remaining.

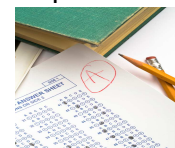
Mr O's main stimulation is via his television we managed to get him sky television which meant he had many more channels to select from.



Mr O needed social stimulation, he wanted to learn, he wanted to be able to speak and see his brothers who live abroad by using skype. To help him achieve this he needed his computer adapted for his use. He needed a home tutor, support from a local school or college and a befriender to give him some social stimulation. To fulfil his aspirations there was not enough money remaining after his care plan was paid for, so funding letters were written and sent out to appropriate charities and organisations.

In return Mr O received three donations, totalling to £740 combined with the remaining money from the self assessed questionnaire.

This means he can afford to have computer adaptations. He can hire a personal home tutor to help him with his Chemistry GCSE & Biology A Level.



Mr O is also having two visits per week from a volunteer befriender agency. He is in contact with his brothers and he is preparing to start studying for his exams in the New Year. With the adaptations and donations it has made a big difference to his life.

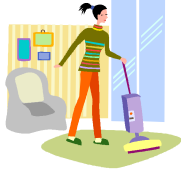
Mr E

This gentleman is a stroke survivor, he has arthritis and he has just been diagnosed with vascular dementia. His wife currently looks after him 24/7 with a little bit of help from their daughters.

Personalisation Individuals' Stories

His wife is exhausted from looking after her husband and has no time to herself and because of her exhaustive state she is unable to give her husband any quality time.

After completing a self assessed questionnaire there are funds available to help Mr E and his wife to make a big difference to their lives.



They both wanted to employ someone to help with looking after Mr E and help his wife with her house work. Mr E and his wife decided to employ a friend who they had known for many years she was employed for 15 hours a week and is now looking after Mr E and doing some domestic work for his wife.

This has meant that Mr E is cared for and taken out to places. The friend is going to take him fishing which he used to love and make models with him which he also liked, but generally just take him out to places and support groups for advice and social contact.

This means that his wife can do as she pleases during these times and in particular continue with her gardening or have some rest.



In addition a raised flower bed is being looked into for Mr E to enable to him join his wife in the garden. Also his wife is looking to join the BFVA for support and advice.

Mr N

This gentleman suffers with Aspergillosis and is 90 years of age and is quite frail. His wife looks after him all of the time with little help from family or friends. He feels very guilty about his wife looking after him and worries a lot about her health probably more than his own.



He would like some visitors, he feels quite isolated and he would like more channel options on his TV, he is quite happy sitting at home everyday, but wants his wife looked after.

They have both agreed that they could do with some domestic support and a sit in carer twice a week. The domestic support will take care of the laundry, hoovering, ironing and making the beds.

A sit in carer will allow his wife to go out at least twice a week to do some shopping and to see family and friends in return this will make Mr N feel happier. Mr N will have a befriender to visit him once a week and the sit in carer will keep him company during the sit in occasions.



This is a big decision for this couple they are a proud couple and don't want to bother anyone but they have accepted they need some support to improve and maintain their health. They are happy to have support that is flexible, that means they are in charge.

Personalisation Individuals' Stories

Mrs R

This lady has Progressive Supranuclear Palsy, she was in a care home and desperately wanted to go home. In order for her to return home she needed to have a live in carer.



Working with her and her daughter & son the personalisation team looked into care agencies to ensure the right one was hired.

During the support planning process Mrs R's support became 100% funded by the PCT through continuing healthcare.

Bracknell Forest Council and Berkshire East PCT have an agreement in place to allow the individual to continue receiving personalised support even though they are health funded. In this instance Mrs R and her family were happy about keeping them in control, informed and maintaining a familiar contact and PCT continue paying for the care.



Mrs R returned home two days before Christmas. She is quite content and is steadily building a good relationship with her live in carer. Mrs R's children are happy and reassured that their mum is happy and being cared for whilst at home.

Miss J

This lady already had an individual budget. She moved into shared accommodation in July. This was the first time she had lived away from family.

Miss J has a learning disability and needs emotional support and support to live independently.

The personalisation team started working together with Miss J in September 2009. We reviewed her current support plan and Miss J was able to identify areas where she felt she needed support and we worked together to update her support plan.



Miss J wanted to get a job and find other things to do during the week.

Miss J is now about to start a voluntary job once a week. She is supported through Breakthrough Employment service.

Miss J has found the move from her family home into independent living difficult emotionally. This led to her having a short stay at the Little House.

Since returning home we have reviewed the level of support she needed and wanted and she has decided to change her support provider.

Miss J is now working with staff from a new support provider to find things to do during the week.

Personalisation Individuals' Stories

Mr D

This gentleman has a learning disability and lives with his Mum and family in Bracknell.

He would like one day to have his own place and live away from his family. He identified that he needed to learn many skills before he could have his own place.



We worked together to identify areas that he needed support with. Mr D decided he wanted a support worker from a provider agency as he did not want to be an employer. We put together an advert which we sent to local agencies. Mr D interviewed and chose someone he wanted to support him.



As well as learning skills for independent living Mr D will spend some time with his support worker to look at leisure activities and to increase his social network.

Mr D uses some of his budget to purchase support from Breakthrough Employment service to help him look for employment opportunities. Mr D did have a part time job for many years which he has recently left and is now looking for future employment.

Miss W

This lady has a learning disability, she also suffers with anxiety around changes in routine and with accessing new activities, and if she is not supported appropriately it can result as it has in the past, with complete withdrawal from anything outside of the home.

She lived with her family and attended day services prior to the personalisation team's involvement.



Miss W was supported to identify activities through the planning process she would like to try in the community and slowly began to attend these with support whilst continuing to access day services.

The parents of Miss W looked into housing options for their daughter and were provided with support to identify the options available.

They decided that they would purchase a property for their daughter that she could live in for however long she wanted to, the parents were also of the opinion that they were not getting any younger and wanted to see their daughter settled. They were to act as the landlords for the property.



Personalisation Individuals' Stories



During this time Miss W was supported by her parents to choose a property that would meet her needs and supported to understand the different types of property available and finally the house that she was going to live in.

Miss W and the family were presented with options for how Miss W could be supported once she lived independently and chose an agency to provide the support. The support staff were gradually introduced to Miss W supporting her to access community activities whilst gradually reducing her time spent at day services, this was facilitated via the personalisation team.

Miss W decided that she would like to share the house with someone to provide company and share the associated living costs. Miss W was supported to identify this person.



The personalisation team provided support to the family to complete all the necessary housing applications, either sign posting the family to appropriate services or direct support to complete.

Through planning with Miss W outcomes were set that would continue to promote her independent skills and a programme was introduced to support this.

The planning also identified how the support was to be managed and measure's to ensure that Miss W continued to be happy with the arrangements in place.

Miss W moved into her new home with her housemate, supported by people who understand her needs and promote her independence.

The family are pleased to see their daughter settled and accessing new activities that previously she had refused to try.

Mrs W

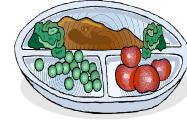
This lady is 75 years old and suffers from spinal decompression. She had just had her second operation to try and relieve the pain when she was referred to the personalisation pilot. She is fiercely independent and wanted to remain so, but she was keen to go out more. She lives in quite an isolated location and relied on family coming to her, rather than her going out. The year prior to our involvement, she had also lost both her husband and her dog, which left her low in mood and added to her feelings of isolation and loneliness. This lady is self-funding, as she declined a financial assessment as she felt her savings would result in her contributing fully. Due to this lady's savings she is self-funding her support but felt that she would benefit from having a support plan to enable her to assess her options.

She is well supported by her family, and due to her wanting to maintain her independence she mainly wanted contingency plans in place and contact details should more support be required. A major hurdle for this lady was transport, so the involvement of Dial-a-ride meant that she could do more meaningful activities with her sister who lives locally, and meant that they can visit garden centres, visit the day centre where her neighbours, and get to Bracknell town centre.



Personalisation Individuals' Stories

A lot of contingency and preventative measures were put into place to ensure that the caring role fulfilled by her daughter remained sustainable, such as the Carers Emergency respite scheme, information on age concern handyman scheme, frozen food providers with delivery, domestic support agencies as well as social services details should she decide that additional support is needed in the future.



Other ideas such as hydrotherapy to aid her pain, a trip to see Holiday on Ice, attending a gardening club and bereavement counselling were also discussed for possible future take-up.

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Mr W's Support Plan

“The Perfect Answer”

Who is Mr W?

- Mr W is 90 years old. He has had Alzheimer's for approximately 2 Years, he also had a stroke in 1992.
- He was born in Wath-On-Dearne in Yorkshire.
- He joined the Army in 1940 and was in the Royal Engineers he served for 6 Years.
- After he left the army he worked in a bottle factory and trained at night school to become an engineer, he then taught teenage children engineering at the Atomic Research Establishment
- He has three Children
- When he was a young man he liked to dance particularly Latin American, he was pretty good and won trophies.

How Alzheimer's & The Stroke Affects Mr W

Physical Difficulties

- Difficulty walking he uses a stick
- His hands shake, he finds it difficult to drink and eat without help
- He finds it difficult to get in and out of a chair and struggles up and down the stairs

Cognitive Difficulties

- He does not always know who his family are
- He becomes forgetful and confused easily
- He can become aggressive to people he does not know who are in the house
- He is forgetful and easily confused
- He is not left on his own for very long as he tries to get out of the house and could put himself in danger.
- He is quite deaf

Mood

- He is very moody, which fluctuates quickly all the time.

Who is in his life now?

- Mr W lives with his daughter and her husband, they have lived together for 6 months
- Rosie is Mr W's dog
- Mr W's other children live in Woodley and Cornwall
- One of Mr W's grand daughters and 2 great grand daughters live locally and see him a lot.
- Mr W has other grandchildren and great grandchildren but rarely sees them



Current Routine

Mr W normally gets up at about 5am, he also gets up throughout the night. His daughter gets up and tells him it's still early in the morning so he goes back to bed for a while.

If he is having a good day, he sometimes gets himself dressed although not always in the right order, he can make his own breakfast with cereal. His daughter makes him a coffee and gives him his medication.

His daughter takes him out to the park in his wheelchair or to the shops, then has lunch.

In the afternoon Mr W will normally have a sleep. He sometimes helps with making the dinner, he then watches TV for a while before he has supper, then more medication then off to bed.

The Current Situation

- His daughter currently takes care of all her dad's needs, including personal care, food preparation and assisting him to eat, getting him dressed and taking him out to the shops and park.
- His daughter also gives him his Medication

What's Not Working

- His daughter undertakes all her dad's needs and supports him everyday for 24 hours a day
- Her Husband and herself are not having or are unable to have a "normal" married relationship
- Because of Mr W's condition any strangers in the house he can become aggressive and verbally abusive towards them. His daughter has arranged for external carers before and he became confused, frightened and abusive

Identified Needs

- Mr W needs somebody other than his daughter to look after him, to undertake his care and support, to include, personal care, washing, shaving, laundry, preparation of meals.
- Better access into the back garden, by installing a step.
- Mr W on a regular basis has accidents with his food, also he has accidents in his bed so in order to keep him clean, comfortable and looking smart, a bigger washing machine in order to fit Mr W's bed clothes and to ensure they can be cleaned regularly and as when they are soiled.
- Heating to run at a temperature of 25c during Autumn, Winter and Spring.
- A bigger fridge freezer in order for meals can be prepared in advance and frozen
- Domestic support with the ironing allowing Mr W to be smart and improving his daughters support
- His daughter and her husband need some time together and to take the strain from them.

The Answer

- Mr W's grand daughter who lives locally is a qualified carer, NVQ level 2 In Direct Care will care and support for Mr W. He will be very happy about this, they have a good relationship. It means he will get to see her regularly and get the chance to see his great grandchildren more often than he used to.
- His daughter will work 29 hours a week, there are no set hours it will be a flexible arrangement depending on Mr W's and the family's needs.
- His daughter will arrange the payment details of Mr W's grand daughter and the legal aspects by discussing them the with Mr W and by using Pay Packet as a payroll agency.
- His grand daughter will be paid £12 per hour.
- His grand daughter will be responsible for personal care, dressing, eating, drinking, general domestic duties around the house. She will also take Mr W out shopping and to the park to walk the dog and anywhere else he would like to go.
- His grand daughter will try to do some new sessions locally with Mr W, which are singing for the brain and a tea dance, if he wants to.
- His daughter and her husband continue to go to the Alzheimer's support group weekly at Coopers Hill.

Hoped-for routine

- Mr W's routine will continue keeping the structure that his daughter has helped with.
- Although his daughter and family have considered going to some clubs or support groups, Mr W is happy at home with people that are familiar to him, which makes him feel safe and secure.
- His daughter and her husband will be less busy with Mr W and will have some time to themselves. But will be able to give Mr W even better care due to the help they are receiving.

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Managing Mr W's Support

- Money – his daughter will manage Mr W's money with the assistance of Pay Packet
- Staff - His daughter will manage his grand daughter with the assistance of BFC

On Going use of budget

Item	Per Week	Per 28 days	Per year	Need	Outcome
Carer 29 hours per week at £12.00 per hour	£348	£1,395.75	£18,144.72	To sustain Mr W's care and support for rest of family	Good relationship between carer (his grand daughter) & daughter. His daughter and husband will get some rest and will have time to themselves and in return will be benefit Mr W.
Domestic Help Ironing	£18.00	£72.19	£938.52	Mr W goes through several clothes a day	More time to care for Mr W
Pay Packet		£7.75	£100.75	Payment for care – To ensure legal requirements are met	
Help with Heating bills		£20.77	30% of heating bill approximately £270per year	Mr W feels the cold and needs the heating up to approximately 25c, this is even when Mr W is wearing 3 or 4 layers of clothes.	Mr W is warm and does not need to wear his coat or lots of layers of clothes in his own home.
Total		£1,488.71	£19,453.99		

One off Payments

Item	Cost	Need/Outcome
Washing Machine	£450	Mr W soils his clothes 2/3 times a day and his bed sheets. Therefore a good size/efficient washing machine, will ensure Mr W's clothes and bed sheets are available all of the time keeping him clean and comfortable
Fridge Freezer	£550	His daughter prepares meals for Mr W in advance this for when he is being looked after by another person and it makes it a lot easier if the meal needs just warming up. At the moment Mr W has a small fridge with a freezer compartment.
*Back Door Step <small>This could be funded by the British Legion still waiting to find out.</small>	£330	This will aid Mr W to be able to get into the garden safely and on his own.
Contingency	£1,200	Contingency money available for respite, additional hours required of carer, agency care or anything else which would meet Mr W's needs.
One off payments Total On Going Payments Total Grand Total Allocated Budget Allocated Budget Not Used	£2,530 £19,453.99 £21,983.99 £22,909.00 £925.01	

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A's Support Plan

September 2009

Life History

- I've been with my husband since I was 18. We met on New Year's Eve in Old Windsor and been together for 18 years.
- We moved in together when we were 20 and lived in a flat in Iveagh Court.
- At 23 I was pregnant with A, she arrived when I was 24.
- When she was 8 months old we moved here to Ascot.
- When she was 2 a friend of mine was on a computer course and told me about it and I got onto the course and A went to nursery. I passed all that and got my City and Guilds.
- I started working full time when she was 3 at GMAC in customer services and part time when A was at school.
- I married my husband 6 years ago in a beautiful setting in Lake Garda, Italy. A was my bridesmaid.
- I fell pregnant with B when I was 32 and within months of becoming pregnant I was on crutches and had SPD.
- I was offered painkillers by my consultant but didn't want to take them as they posed a risk to my baby. I was told the pain would be better when she was born, however the pain led to nerve damage
- I'm now getting an MRI scan to see if it shows up what may be causing the pain.
- Even with all the pain I have, I would still not be without my second daughter B

Dreams

- To be pain free, thin and be able to enjoy my children and have a normal happy healthy life with my family.
- Being pain free would change my life so much – I'd have the freedom to go out to work, to enjoy life more and enjoy my children.
- I'd like to be working again and having no debts and no worries.
- I'd like not to have to rely on anyone else to help me.
- I don't want to be a burden to anyone – my husband, my family.
- A nice day would be to grab a takeaway and DVD.

Who is in A's Life

Family

M – Husband

A – Daughter

B – Daughter

Mum – Isles of Scilly

Aunty I in Woodley

Friends

J and A

L

J

K

S

J and daughter L

S

D, A and K

W

Concerns

- Living with so much pain, constantly taking my painkillers.
- Not being able to play and do rough and tumble with the kids.
- I take a lot of morphine and continually upping dose for it to kick in and it makes me like a zombie.
- I can't take drugs until I know my husband is on his way home as it makes me really sleepy.
- It affects my sleeping and I have anxiety about how I'm going to be the next day – whether I'll be well enough to do the kids and there is a vicious circle of money worries, my weight, the bills and everything mounts up.
- I can't do things like the ironing and the housework – if I do my ironing it knocks me out for days.
- I hate the constant mess.
- I can't help with gardening
- It's embarrassing – he's my husband and it's demeaning (that he has to help me wash) – I wish I could do it myself and not have to worry and have some dignity back.
- The strain on my husband and kids.
- I don't want to have strangers coming into my home

Who is A?

- Caring
 - A good friend
 - Bubbly
 - Bright
 - A good laugh
 - Tells it as it is.
 - Can be different on different days – sometimes fed up, sometimes zombified.
 - A's quote – mummy is very supportive and if I'm feeling worried or anxious about something I remember her words and it puts me up on a cloud.
- A good listener
Likes to have a good natter
Very talented and helpful
Very supportive
A good cuddler
Good at playing cards

What A needs to change and how it will improve my life.

- I need to be able to use my bathroom – to be able to have a wash and shower independently and give me my dignity back.
- I need help with my ironing
- When things are bad – I need to be able to do a swap with the kids and have a friend take the kids to school
- I would like to make food preparation easier
- I want to learn some new things that may be helpful such as Sign Language, Spanish, Reflexology
- I would like to be able to do some hoovering to help M out with the housework
- I'd like to give my family a break
- I'd like to see my mum, friends and family more
- I'd like some support in dealing with and living with the pain

Improving My Life

- Bathroom - A wants to use some of the allocation to get her Bathroom suite fitted in the house. She has already purchased a bath which has a low level door entry to make access easier. This also has a shower overhead and just needs fitting. This will enable her to have a shower on her own and will happen as soon as it can be arranged, once the funds are released. A has a friend who is a fitter and will get him to do this work, he estimates this will be no more than £1200.
- Bath Inflatable Lifts – Cara has made a referral OT for this and for correctly fitting walking aids and A will be trialling some equipment soon. This will enable her to get into and out of the bath and be able to have a bath independently.

Improving My Life

- Ironing - J will do this for me, at her home in Reading. I need my ironing doing weekly as I struggle standing for the time it takes to do it and it gets me down when I see the piles of clothes building up. It will be dropped off to J and picked up a few days later or get M to pick it up after work. I can try and drop it off on a Tuesday which is my main day for leaving the house and going to see my Aunty in Woodley, if I feel well enough. As a payment I'll take J out, go out to the precinct or have lunch and buy her cinema tickets. Equivalent of £20-25 per week for 2-3 hours a week. This will enable me to get my ironing done and have some social time with J.
- Getting the children to school/nursery – K (my neighbour) will help pick the kids up from my home and take them to school and bring the kids home. I'm so stiff in the mornings and it's hard sometimes to drive and walk and it will make life easier to know I have a back up plan in place. This will be as and when necessary to take kids to school/nursery. I will pay for her petrol and make arrangements to take her kids to McDonalds and do some activities together with mine. She has a little boy the same age as A. K's also willing to take B and her son B to the Lookout. Equivalent of £10 per week. If K is not available J T can help.

Improving My Life

- Toddler Group – For myself and B to attend, it's at King Edwards Road, Ascot. Every Monday and Wednesday in the morning from 10-11.30. It will get B out and gets me out of the house to meet other mums and we have a coffee together and the kids get to play. £3 a week and I'll drive up there as its just down the end of the road from home.
- Lunch Club – South Ascot Village Nursery £7.50 per week, which is for everyday in the week for B to be able to stay at nursery for the extra hour through lunchtime. They get extra staff in to cover the lunch time so the morning and afternoon nursery sessions can be joined up. This will give A an extra hour at home without having to worry about picking her up and take her back and it gives B extra time to play with her friends. A supplies the lunch.
- Toddler Group and Nursery – Term time only – during school holidays I will use the money for activities with the kids that we can do as a family.

Improving My Life

- Cooking Meals – Usually, on at least 4 days out of the week, M will help out at home with cooking and A helps out as and when A needs. A has difficulty standing or bending in the kitchen and as she suffers with carpal tunnel syndrome it affects her hands and until she has the operation and recovered, will need support. On a weekend A and M work together in the kitchen or get a takeaway. She will use some of the budget to take her family out for a meal to give M a break from this from time to time and as a thank you. Cara has made a referral to OT for help with kitchen equipment and some has been ordered for A to trial.
- Housework - A will purchase this, probably from Argos. A can't use her cylinder Hoover, as she can't bend down to use it and it's heavy to manoeuvre and it tires me out to use and it causes me pain afterwards. A lightweight Hoover will help me to be able to do some housework and help my husband.-This will be purchased as soon as the money comes though and the model in mind is a Lightweight Dyson DC24 Ball which costs around £198.

Improving My Life

- Learning – I've seen some courses at Bracknell College that I'd like to do, these are 1 day Saturday courses in Relaxation, Indian Head Massage and Reflexology and Sign Language. As I am on ESA benefit I will get concessions and if I decided to do the BSL Course next year it will only cost me £10 for the administration set up. I need to fill out the application form and get a copy of my benefits letter. It's something that's always interested me and I may not want to go back into customer services when I go back to work so it's trying something else that I've always wanted to do.
- Introduction to Sign Language Course on the 14th November 09, this costs £16 with a view to doing the evening course next year. Reflexology - £19 ESA on the 7th November 2009 for the day at Sandy Lane School, Relaxation with Meditation - £19 on the 21st November 2009 for the day at Sandy Lane School and Indian Head Massage on the 20th March 2010, again costing £19 for the day at Sandy Lane School.

Improving My Life

- Expert Patient Programme – 6 week free course including transport if needed. Aims to help you take control of your health by learning new skills to manage your condition on a daily basis. Tutors live with a long term condition themselves.
- Hydrotherapy – Tuesday evenings at Pulse8, Wokingham with Back Care next 6 week block starts 3rd November 2009 <http://www.backcare.org.uk/>
- Pain Concern Online Forum and Listening Helpline – chance to talk to other pain sufferers and a Quarterly Magazine ‘Pain Matters’ £7 per year magazine. <http://www.painconcern.org.uk>
- British Pain Society - Suggested Reading List and Patient Publication List with free downloads <http://www.britishtainsociety.org>

Improving My Life

Support and Respite

- Music Gigs/Cinema – Carers go free – Friends will take me and I will get their ticket . It will give me chance to get out and give my family a break.
- BFVA Young Carers Project – Youth Club and Activities for young carers and a break away once a year and day trips in the school holidays. A needs to self refer to BFVA and they will come and visit.
- Exercise – I’m going to try and use my Wii Fit Board and get the Wii Yoga Game to improve my fitness. This is approximately £30.
- Shopping - M can do the shopping when I’m not well enough or I can do it online and get it delivered.

How the plan will improve my life

- Give me more Independence – being able to shower on my own.
- Take away the worry of arrangements for the kids – knowing they can be picked up by a friend.
- Give me more time to rest – with having B at the lunch club
- A sense of achievement and contribution to the house – knowing the ironing will get done and I can help with hoovering.
- Less strain on family life and on relationship with husband – as he is doing all this on top of his full time job.
- Improve my confidence and start planning for employment – from the courses at Bracknell.
- Getting out of the house with friends and as a family
- I'm hoping the hydrotherapy will ease the pain and the support will help me live with it better.

Budget

- £4513 Allocation
- Release of funds £1574 for Bathroom, Hoover, Courses up front.
- Release remaining money £244.88 every four weeks – x Bank, Bracknell XX – xx-xx-xx, xxxxxxxx.
- I will manage the money myself.

Costing

Up Front Costs	Per Annum
Bathroom	£1200
Courses	£83
Dyson	£200
Pain Concern Subscription	£7
Hydrotherapy	£54
Wii Yoga Game	£30
Total	£1574

Costing

	per week	per month	annual
Ironing	£25.00	£108.63	£1,303.50
Kids to School	£10.00	£43.45	£521.40
Toddler Group	£3.00	£13.04	£156.42
Lunch Club	£7.50	£32.59	£391.05
Respite/Social	£10.86	£47.19	£566.24
Totals	£56.36	£244.88	£2,938.61

X's Support Plan





About X

X's background

X is 75years old and grew up in the Bracknell area. X's husband was a bricklayer and her last job was working in the catering department of the golf club. X is now widowed but is well supported by her family who live near and offer regular support. X lost her cocker spaniel, Sophie, a few months prior to her recent admission to hospital and she misses both her and her husband.

X's Interests:

X is a keen gardener.

X used to love to dance

One of her long-term goals is to go to see Holiday On Ice

X would also like to see Andy Williams in concert

X's condition

- X had spinal decompression surgery in May 2009, which was the second operation to assist with relieving the pressure on her spinal cords and nerves.
- X can suffer from high pain
- X can sometimes be low in mood following the loss of her husband and cocker spaniel dog
- X suffers from high blood pressure

X's Reablement

Following X's operation, her mobility was affected and she struggled to stand for long periods of time, and required assistance with meal preparation and personal care.

After a successful period with intermediate care, she became independent with the preparation of snack meals, and using the microwave and is independent with her personal care.



Current routine

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		X's sister gets a taxi from Wokingham and visits for the day			X's daughter and son-in-law assist with the housework, laundry, shopping and take X out for the day	X goes to her daughter and sons house for the day
		X's daughter assists X with a bath on Wednesday evening				



Who else is involved

X is well supported by her family and friends:

- **J (daughter) and J (son-in-law)**
(J John assist X with her bath, shopping, social stimulation and housework)
- **T (son in Somerset) and S (daughter-in-law)**
(T is disabled and therefore his house is well adapted for X's visits)
- **M (neighbour)**
(Assisting with feeding the fish, social stimulation and ad hoc support).
- **D (sister)**
(D used to visit B at the house, however they now go out for trips together).
- **C (nephew)**
(C supports with the gardening).



Things that could be better

- If I had more time to do thing outside of the my house, or with other people I might be happier.
- I would want to do more with my sister, rather than her just coming to see me at my house.
- Getting to and from town if difficult, and I rely on my daughter or other family members to help me to get to and from places.
- I want to go into my garden and support to feed the fish

Things that could be better continued

- Support to improve access to and from my house – I need a ramp rather than steps
- I want to do some day trips with my sister in the summertime, I love the seaside.
- I have a long-term goal to see Holiday on Ice
- A wheelchair would help me when I am outside the house



New options

- Carer's Emergency Respite Scheme is in place
- Trips to Charten House with sister on Thursdays
- Registered with Dial a Ride - Transport assistance to get to town or to have a day trip with her sister
- When the weather is better, X and her sister hope to use dial-a-ride for trips to the garden centre together
- Information provided for support with meals or housework should J be unable to support
- Informed of the new Age Concern Handyman scheme
- Wheelchair provided by the wheelchair assessment centre



Possibilities for the future

- X has declined a financial assessment and is therefore funding her own support plan.
- X and her family are happy with the current set-up, and X is determined to remain as independent as possible without the support of carers. Front desk duties number has been provided should she feel that additional support is required in the future or if her daughter would benefit from some help with her caring role.
- At present, J (X's daughter) assists with the shopping. X has previously had Meals On Wheels but did not like it. Options such as Wiltshire Farm Food and Oakhouse have been discussed with X and she has their brochures should she wish to use them in the future. X has also declined the support of someone taking her shopping at present.

Possibilities for the future - continued



- Graham Smith (from Bracknell Forest's environment department) has discussed the option of a DFG. However as X has declined a financial assessment, Graham was only able to offer advice on the work required and discuss options such as Anchor Homes. X felt that the cost of Anchor was too high, and her son-in-law is considering completing the work himself.
- Options such as Bracknell Forest Council's domestic support (for £9 per hour) were discussed, but at present X's daughter feels able to continue with her caring role. Contact details have been provided should this change in the future.
- At present X does not want any support for her low mood, she feels that bereavement counselling would not be beneficial and does not want to discuss with her GP (or for me to do this on her behalf).

Possibilities for the future - continued

- There are no gardening clubs nearby which meet during the day, should one start X may be interested in attending. Sarah to contact the Disabled Gardening Association to discuss whether they could assist with raised flower beds.
- Sarah to look into the Silver song club as an option for X
- Depending on the prices, X may be interested in attending hydrotherapy sessions or enjoying time in a spa (prices and times discussed with X). X will decide on this on her return in January.
- X is also thinking about purchasing some heat pads to help reduce her pain.

Finances

- X has sent off her lower rate Attendance Allowance application, which will contribute £47.10 per week.
- X declined a financial assessment as she felt she would have to contribute fully due to her savings.



Outcomes

- More time outside of the house to boost X's mood and provide more social stimulation
- Having contingencies in place should X's daughter be unable to assist with her caring role
- Having more opportunities to get to and from places, so she can have more choice over how she spends her time
- Have contact details to hand should more support be required.

Contact Details



Name: **Bracknell Forest Council – Front desk**

Number: 01344 351500

Can help with: If you feel you need anymore support or if J would benefit from some help with her caring role.

Name: **Emergency Duty Team**

Number: 01344 786543

Can help with: If you need urgent social care help out of office hours

Contact Details continued



Name: **Bracknell Forest Voluntary Action – Domestic Support**

Number: 01344 383516 (Diane Benford)

Can help with: If J is unable to assist with the housework or shopping, they will be able to assist with this for £9 per hour.

Name: **Dial – A – Ride / Keep Mobile**

Number: 08453 456696 (booking line) / 01189 793778(enquiries)

Can help with: Reduced price transport and day trips

Name: **Bracknell Forest Council's – Carers Emergency Respite Scheme co-ordinator**

Number: 01344 351263

Can help with: If any changes to your emergency respite scheme are required.



Contact Details continued

Name: **Oakhouse**

Number: 0845 643 2009

Can help with: Delivery of frozen meals

Name: **Age Concern Handyman scheme**

Number: 01344 428074

Can help with: Assist with small jobs, security and safety around the home

Name: **Charter's House Day Centre**

Number: 01753 833371

Name: **Wiltshire Farm Foods (local outlet – Newbury)**

Number: 01635 298044

Can help with: Delivery of frozen meals

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**TO: EXECUTIVE
19 JANUARY 2010**

**PERSONALISATION UPDATE
(Director – Adult Social Care and Health)**

1. PURPOSE OF DECISION

- 1.1 To note the work undertaken to ensure the Council meets its responsibilities in response to the Putting People First Agenda (Personalisation), and to note the outline plans to meet the milestones to March 2011.

2. RECOMMENDATION(S)

That the Executive notes:

- 2.1 **The progress reports on meeting the milestones and plans for meeting future milestones (Annex A).**
- 2.2 **The Personalisation Update report (Annex B).**

3. REASONS FOR RECOMMENDATIONS

- 3.1 The “Putting People First” Concordat set out the shared agreement between Government, Local Government and their partners for how people with additional support needs should be supported. It clearly sets the agenda for change in a number of key areas:
- Choice and control for adults with support needs
 - Information and advice for people with support needs, regardless of who pays for the support
 - Support that promotes independence
 - Universal services
 - All stakeholders working together to shape communities
 - Cost effective, quality, outcome focused support
- 3.2 The Local Authority Circular DH 2008(1), Transforming Adult Social Care (TASC), demands that people be supported to understand the money and community resources available to them and will be encouraged to use these imaginatively to meet their needs. Councils need also to ensure that the supply and type of support that people need and want to buy. Creating capacity in the community and enabling natural support networks are integral planks to this agenda. Bracknell Forest Council approved an approach to personalisation and the associated programme of work including the pilot in summer 2008 which is being funded through a specific grant from the Department of Health.

4. ALTERNATIVE OPTIONS CONSIDERED

4.1 None

5. SUPPORTING INFORMATION

Personalisation Pilot

5.1 In July 2009, Bracknell Forest Council began a seven month pilot study to test self-directed support for adults who meet the social care eligibility criteria and who would currently receive either services or a direct payment. Self-directed support will enable people and their family or informal support networks to have greater control over the type of support that is provided and the way in which it is delivered.

5.2 Self-directed support and personal budgets are already in place for adults with a learning disability. Although this will not be a new way of working to people who are supporting people with a learning disability, some aspects of the pilot such as testing the new Resource Allocation System will still apply.

5.3 The pilot study is to test an approach to implementing self-directed support in Bracknell Forest.

- Individuals who are eligible for social care support complete a supported self-assessment questionnaire. The completed questionnaire is scored and weighted and the result determines the personal budget amount that the individual is entitled to pay for their support.
- Individuals receive a financial assessment and their contribution to their support costs (if they can afford it) is calculated.
- The individual develops a support plan, with help if needed, which will be agreed by the Council.
- The individual then chooses how they want to manage their budget – this could be via a direct payment to themselves or a third party (i.e. to a trust or a broker), through the personal facilitator working for the Council or a combination of those options.

The Council retains the duty to ensure that people's support plans are keeping them safe and their support needs are being met.

People taking part in the pilot still have access to specialist assessments, advocacy and a social worker if they need them.

5.4 The pilot study aims to test the following areas:

- Experiences and outcomes for people and carers taking part in the pilot, and their carers – in comparison with the traditional approach
- Testing of the personalisation procedures – including self-assessment and the Supported Self-Assessment Questionnaire, the Resource Allocation System, support planning, accessing support and information and review.

- Implications for other services/functions – including social work, occupational therapy, links with health, providers and community and voluntary groups
- Flexibility of support options and capacity within the community - what choices are people making and what supports and activities need to be developed further
- Implications for Council support services – including finance, legal, safeguarding, brokerage and commissioning
- Cost-effectiveness in comparison with standard approaches – need to record costs and estimate traditional cost for comparison

5.5 An evaluation tool for the pilot has been developed. The aim of the evaluation is to identify challenges and improvements associated with implementing the personalisation agenda. The evaluation covers both the developing processes and outcomes of personalisation by identifying key lines of inquiry as follows:

- Experiences and outcomes for people taking part in the pilot, and their carers
- Testing of the personalisation procedures
- Flexibility of support options and capacity within the community
- Implications for Council and other services
- Cost-effectiveness in comparison with standard approaches

The evaluation period is during February to March 2010 with the report available in April 2010.

5.6 The pilot is being carried out by a team of Personal Facilitators that was recruited for the purpose and is being managed by a Personalisation Development Manager.

5.7 The aim is to support a minimum of 40 individuals through the pilot split between care groups as follows:

- 3 older people with Mental Health problems
- 7 people with Long Term Conditions
- 5 people with Mental Health problems
- 25 older people

People selected will include -

- a representative sample of people in terms of the Bracknell Forest demographic, including both new and re-referrals, with varying support needs;
- at least a representative sample of people from BME groups

All people approached to take part in the study will be informed that it is a pilot and they are asked to agree to take part in it..

5.8 The pilot has been accepting referrals for almost 6 months and is currently working with 50 individuals on the pilot and an additional 16 people with a learning disability. 9 individuals have presented their support plans to a panel and have had their budget and plans approved.

Department of Health Transforming Adult Social Care Milestones

- 5.9 In September 2009 the Department of Health and its partners published milestones with targets for Councils for the implementation of the TASC circular. Appended to this report is the completed milestones document for Bracknell Forest. The milestones will be monitored locally through the Personalisation Programme Board and externally through the regional Transformation Groups.
- 5.10 The Personalisation Communication Strategy and the Corporate Engagement Strategy have action plans to address the milestones to ensure that all stakeholders are informed of the council's progress and have opportunities to contribute to strategic planning. By December 2010 every Local Authority area should have at least one user-led organisation. We are working with local groups to identify options and accessing support from the regional personalisation support team.
- 5.11 The Council has a mechanism (Supported Self-Assessment Questionnaire and Resource Allocation System) to allocate personal budgets. This is in operation for people with a learning disability and is being piloted for people in all other care groups. The evaluation of the pilot will inform the rollout plans and the workforce strategy to ensure that we meet the NI 130 target by March 2011 (that 30% of the people we support have a personal budget and/or a direct payment). This is a challenging target for the Council as a significant proportion of individuals supported do not go on to receive ongoing support from the Council following reablement. Team targets for the numbers of people receiving self-directed support are being set.
- 5.12 The Council have a service, funded by a pooled budget with the PCT, to provide reablement services in order to prevent people, where possible needing ongoing support from the Council. There is a joint board to monitor the impact of the service. Monitoring the impact of preventative services to determine cashable savings is complicated and guidance from Department of Health is awaited.
- 5.13 An Information and Advice strategy for Adult Social Care is in development to ensure that individuals have universal access to information and advice. The front desk system, already in operation, provides a first point of contact for information and advice for all new calls to adult social care. An IT system to host information is currently being investigated.
- 5.14 The Council have commissioning strategies in place for all care groups which are due to be refreshed in the light of personalisation. The strategies are informed by the Joint Strategic Needs Assessment which is refreshed annually. A workshop was held in April to educate providers, from all sectors, about the personalisation agenda and the Council's programme for implementation. A further workshop is planned, in partnership with BFVA, following the pilot. The Community Capacity Building work stream and the internal Development Liaison Group are working to identify needs in the community and to co-ordinate future development work. A workshop will be held in May 2010 to understand the future commissioning requirements based on the aggregated needs of individuals.

6. ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 6.1 The relevant legal provisions are contained within the report.

Borough Treasurer

- 6.2 The Borough Treasurer is satisfied that no significant financial implications arise at this time. However, the wider introduction of personalisation could have significant financial implications for individuals and the Council. For example, the introduction of the Resource Allocation System, and the potential redistribution of funding presents a financial risk. The completion of the pilot programme will help to undertake a detailed evaluation and to establish more clearly the financial implications and the potential impact on the budget.

Impact Assessment

- 6.3 The Personalisation agenda aims to make support flexible and responsive to meet the diverse needs of the community and to ensure that universal services are accessible.

Strategic Risk Management Issues

- 6.4 There is a Risk Log for the programme which is updated and considered at every Programme Board meeting.

Other Officers

- 6.5 N/A

7 CONSULTATION

Principal Groups Consulted

Personalisation Implementation Team
Personalisation Programme Board
Departmental Management Team

Method of Consultation

- 7.1 Meetings

Representations Received

- 7.3 All recommendations have been incorporated within this version of the report

Background Papers

Putting People First, December 2007
LAC 2008 (1) DH Transforming Adult Social Care

Contact for further information

Lynne Lidster
Personalisation Programme Manager
Time Square
01344 351610

Zoë Johnstone
Chief Officer: Adults and Commissioning
Time Square
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Doc. Ref

Personalisation Update Report December 2009 & Milestones



PERSONALISATION UPDATE REPORT

Version 2 January 2010

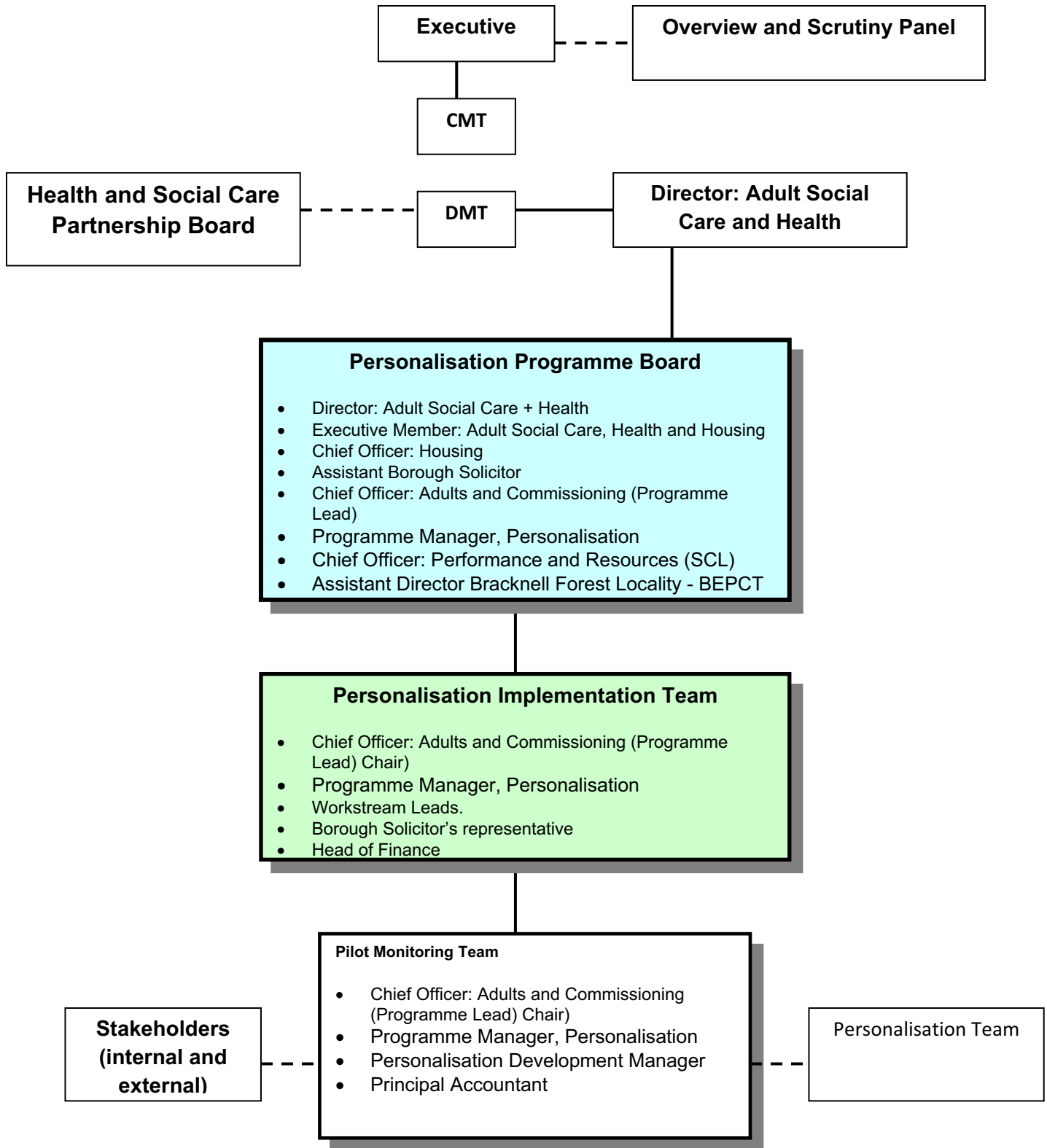
1. Introduction

- 1.1 This programme of work in Bracknell Forest is the Council's response to the personalisation agenda, set out in "Putting People First", the multi-agency concordat launched in December 2007, which sets out a vision for adult social care for the next decade and beyond. Personalisation is the term that is increasingly used as it reflects the need for change in the wider community, rather than just within Adult Social Care.

2. Background

- 2.1 The "Putting People First" Concordat set out the shared agreement between Government, Local Government and their partners for how people with additional support needs should be supported. It clearly sets the agenda for change in a number of key areas:
- Choice and control for adults with support needs
 - Information and advice for people with support needs, regardless of who pays for the support
 - Support that promotes independence
 - Universal services
 - All stakeholders working together to shape communities
 - Cost effective, quality, outcome focused support
- 2.2 The Local Authority Circular DH 2008(1), Transforming Adult Social Care, demands that people be supported to understand the money and community resources available to them and will be encouraged to use these imaginatively to meet their needs. Councils need also to ensure that the supply and type of support that people need and want to buy. Creating capacity in the community and enabling natural support networks are integral planks to this agenda.
- 2.3 Bracknell Forest Council approved an approach to personalisation and the associated programme of work including the pilot in summer 2008. This report is a progress update on that report and a look forward to future developments.
- 2.4 According to DH, in the first year of the social care reform grant significant progress has been made by some Councils. The expectation is that progress will accelerate significantly during 2009/10. The 2011 target for self-directed support, National Indicator 130, is that 30% of individuals who are being supported will be taking advantage of self-directed support.

3. Programme Governance



————— Accountability

- - - - - Information and Consultation

4. Bracknell Forest Personalisation Pilot

4.1 Bracknell Forest Council has committed to run a pilot study to test a personalised approach for a specified number of adults who meet the social care eligibility criteria and who would currently receive either services or a direct payment. A personalised approach will enable people and their family or informal support networks to have greater control over the type of support that is provided and the way in which it is delivered. The pilot began in July 2009 and will run until the end of February 2010. The project will be evaluated; lessons learned will inform the full implementation of the personalisation programme of work.

4.2 The pilot aims to support a minimum of 40 individuals through the pilot split between care groups as follows:

- 3 older people with Mental Health problems
- 7 people with Long Term Conditions
- 5 people with Mental Health problems
- 25 older people

*Self-directed support is already in place for people with a learning disability

4.3 The pilot has been accepting referrals for almost 6 months and is currently working with 50 individuals on the pilot and an additional 16 people with a learning disability. 9 individuals have presented their support plans to a panel and have had their budget and plans approved. The split by care group is as follows:

- 3 older people with Mental Health problems
- 17 people with Long Term Conditions
- 5 people with Mental Health problems
- 25 older people

4.4 An evaluation model has been developed; it outlines the methodology for gathering information and conducting the evaluation of the pilot. The evaluation is due to be completed in April 2010.

5. Transforming the workforce

- 5.1 A new Personalisation Team has been created to take forward the development of self-directed support. The Personalisation Development Manager, who took up post on The 1st June, leads the team. In addition to managing the team this role will also work to develop capacity in the community for the benefit of all care groups.
- 5.2 The Department of Health published a workforce strategy document in April 2009, "Working to Put People First: The Strategy for the Adult Social Care Workforce in England". One of the key themes to this strategy is workforce remodelling to respond to the personalisation agenda - ensuring the right workforce with the right skills to meet individuals' needs. Together with workforce partners, the current workforce strategy will be reviewed by May 2010.
- 5.3 Adult Social Care are undertaking a project in partnership with Skills for Care to understand the skills needed by the workforce to deliver the personalisation agenda. The project will particularly focus on the skills needed by people other than social workers. In order to deliver this project the Council have been awarded £70,000 by Skills for Care.

6. Policies and Procedures

- 6.1 The following are currently being developed:
- The pathways and interface between Intermediate Care and longer term self-directed support – to be undertaken during the pilot
 - A process for validating supported self-assessments which needs to be light touch to reflect the spirit of personalisation
 - The links with Community Care Assessments and Single Assessment Process
 - The process within self-directed support to clarify the relationship of the Supported Self-Assessment and professional assessments
 - Working with other fund holders to develop approaches to self-directed support
 - Developing an appeals process in relation to the self-assessment and Resource Allocation System
 - Developing an approach to Person Centred Planning and to embed them in practice
 - The Council is currently consulting on a draft Fairer Contributions Policy – the policy is due to be presented to the Council's Executive in April.

7. Communicating the Programme

- 7.1 The Communications Strategy for the programme was approved by the Board in June 2009. The strategy highlights key messages, audiences and risk for the programme.
- 7.2 To date the following communications have been undertaken
- Staff workshops
 - Provider workshop
 - Staff newsletter
 - BORIS web page
 - Information on Council website
 - Presentations to other departments
 - A Champions group for staff has been developed
 - A stand at a PCT consultation event
 - A promotional DVD
 - Voluntary Sector Forum AGM
 - Presentation at LINKs meeting
- 7.3 Feedback from stakeholders has been mainly positive however some members of the public are wary and concerned about how people, especially the elderly, will cope with the change and stay safe. These views were voiced particularly strongly at a recent meeting of the Local Involvement Network. The Communication Strategy for the programme addresses these difficulties and individual stories with positive outcomes emerge from the pilot we will communicate these to stakeholders. A follow up presentation is planned for a future LINKs meeting to present stories – individuals who have a personal budget and a support plan will be invited to tell their stories.
- 7.4 Future communication plans include
- Launch of the DVD
 - Further staff briefings
 - Workshop for staff champions
 - Provider workshop in partnership with BFVA
 - Article in Town and Country in March
 - Voluntary Sector event in January
 - Event for individuals and carers

8. Commissioning

8.1 A workshop was held with providers in April at the Grange Hotel in Bracknell; over 100 providers attended it from all sectors. The purpose of the event was to raise awareness of:

- Personalisation agenda nationally and in Bracknell Forest
- Self-directed support and personal budgets
- The impact of personalisation on providers
- What providers might need to change to market themselves to individuals
- National best practice examples from other providers

The event was chaired by Research in Practice for Adults; speakers at the event included national providers, officers from BFC and the DH regional transformation team. A conference report is available including feedback from participants.

8.2 Further developments include:

- To further develop approaches to Person Centred Planning, and embed them in practice across the sector.
- To clarify the roles of independent advocacy
- To explore and develop options for independent brokerage
- To work with providers to develop a range of affordable and flexible support options

9. Modernising In-house services

9.1 The business case to redevelop the Carers' Service (overnight breaks and daytime respite) for people with a learning disability on the Waymead site has been completed. Capital money is being put aside for this though clarity on how and when this will move forward is still to be determined.

9.2 Work is underway at looking at ways in which Breakthrough the Supported Employment service could be further developed to support more people into employment as well as volunteering opportunities.

9.3 Work has progressed on the re-provision of the homes commissioned through Section 28a funding. Several homes will deregister imminently. This will mean that people will have tenancies with individual support packages.

9.4 The modernisation of In House Home Support has seen the creation of a Long Term Conditions specialist team, now due for evaluation, an increase in

community-based support for people with dementia and an increase in reablement. The teams continue to focus on developing services that promote reablement, independence and community care and support.

- 9.5 Consultation and discussion around the modernisation of services for older people continue. A Service Manager has been appointed to lead the developments and will take up post in July.
- 9.6 The Mental Health service now has a completed community support service framework. There are opportunities to work with commissioners to develop provision which is strengths focused and delivered in a personalised way. Further work is underway to raise awareness with stakeholders.

10. Managing and reporting performance

- 10.1 Under the new definition, Bracknell Forest reported an 2008/9 outturn of 8.15% for NI 130 (people self-directing their support), the indicator which measures self directed support and direct payments. This places us 33rd out of a list of 136 council's who reported 2008/9 data on this indicator, which is better than the draft England average of 6.5% and South East average of 5.7%
- 10.2 The target for all councils is 30% of all people receiving community-based support to be achieved by March 2011. Based on the numbers of people receiving community based support in 2008/9, this equates to 1,215 people in Bracknell Forest by March 2011, an increase of 869 people.

11. IT

- 11.1 The first phase of the procurement of the Adult Social Care IT systems Replacement Project was completed with preferred supplier, LiquidLogic, appointed April 2009. The solution is a flexible user friendly system with staff using web forms and on / off line access to information for staff to enable mobile working to and to support the shift to reducing office space. It also provides easier and faster access to information through more structured forms and to management information for staff at the point of entry. The second phase of the project will be completed with "go live" due for February.

12. Resource Allocation System and Supported Self Assessment Questionnaire

- 12.1 The “In Control” model for the development of the Resource Allocation System (RAS) was reviewed and adapted use by BFC. Specific service and support budgets to be allocated through the RAS have been determined, which subject to review during the pilot.
- 12.2 The supported self-assessment questionnaire (SSAQ) has been developed and has been tested using a desk-top exercise which involved staff completing SSAQs using information about 189 people who are currently supported by Adult Social Care. It captures information about carers about the support needs of carers to enable them to remain in their caring role. The questions have been weighted to enable the calculation of the RAS allocation. An easy read explanation of the RAS and SSAQ has been developed.
- 12.3 Following evaluation of the personalisation pilot the following tasks will be undertaken:
- Review and finalise total service and support budgets to be included in RAS
 - Review and finalise SSAQ and RAS score weighting
 - Consider whether transitional budget protection arrangements are required to protect individuals whose RAS allocation is significantly lower than the cost of the support they are Integrate RAS /SSAQ into ASC IT systems
 - Develop appropriate financial management and accounting arrangements for Personal budgets
 - Produce detailed manual and associated documentation for RAS
 - Costs for in-house services and supports

13. Creating Capacity within the Community

- 13.1 A Reference and Information Sharing group to take forward community capacity building is well established. The group has terms of reference, a council-wide membership plus partners from other sectors. It has been agreed that these meetings will be used to focus the priorities of the group and to plan and discuss ideas that can facilitate community capacity growth and links. One area of discussion will be an information day / workshop for local businesses and providers etc. To help take this agenda forward the newly appointed Development Manager will play a role in undertaking the work to build capacity within the community. An internal group has been formed of officers in the Council who undertake development work as part of their role. This group will co-ordinate and undertakes the actions for this workstream.

13.2 The CSIP project to engage people from BME groups in the development of the personalisation agenda locally has been completed and evaluated by CSIP. Isabel Fernandez-Grandon, Community Mental Health Team, led “It’s Up To You” - the project for Bracknell Forest. The project focussed on people from the traveller community with Mental Health problems – giving individuals a “test” individual budget. One individual, also caring for a relative with a long-term condition, purchased a washing machine with her budget – this has had a positive impact on the family, especially the mental health of the individual due to greater ease of her caring role. A more detailed evaluation looking at outcomes for the individuals is being prepared locally. The Council match-funding to the bid is to be used to support the development of a community group – a need that has been identified by the individuals participating in the project and other members of the community. The objective of the group will be to enable individuals to get easier access to support and information and also to participate in the wider Bracknell Forest community.

13.3 The priorities for the workstream are to:

- Co-ordinate and communicate the work that is currently taking place to create capacity in the community.
- Gather information about the resources that are available to people in the community - not just for people who are eligible for support from Adult Social Care but also as preventative activities or support and for individuals who fund their own support.
- (With the Commissioning workstream) to engage with providers to create flexible support options for people to access.
- Develop a mechanism for finding out what support options and activities are not currently available in the community that need to be developed.

14. Budget

	Social Care Reform Grant	Actual/Projected Spend
Year 1 2008/9	119,000	73,000 (46,000 agreed carry forward)
Year 2 2009/10	279,000 + 46,000 carried forward = 325,000	317,000 (8,000 to be carried forward)
Year 3 2010/11	346,000 + 8,000 carried forward = 354,000	354,000

In addition to the Social Care Reform Grant the Council have been successful in bids with Skills For Care (£70,000) and Improvement and Efficiency South East (£15,000) to develop a Timebank.

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Progress with Putting People First milestones

Council: Bracknell Forest Council

Underpinning Requirements

Are all stakeholders fully engaged and supportive of local planning for “Putting People First”	Red	Amber/ Red	Amber / Green	Green
The full engagement of all service users.			√	
The full engagement of all staff working to support the delivery of care, which includes people working in the provider services and third sector organisations.			√	
The full engagement of Primary Care Trusts and the wider health community.				√
The full engagement of local politicians				√
The full engagement of all parts of local councils and of other key strategic partners.				√
The support of regional and national programmes.				√
Are the following Key Arrangements resolved and in place	Red	Amber/ Red	Amber/ Green	Green
A system is in place, which manages the risks associated with the transformation that includes both the risks for individuals and financial and other risks				√
Clarity of the business models that will need to be adapted to support the transformation			√	
Financial systems, which support the delivery of personal budgets.				√
A local project plan for the delivery of the transformation with clear projections and targets to reach locally identified milestones				√
Business cases, which track the new investments, and disinvestments that will be required to support the change.			√	
A workforce strategy that supports the transformation			√	

Milestone 1:	Effective partnerships with People using services, carers and other local citizens					
Description:	<p>Successful delivery of Putting People First will depend on citizens, people accessing care and support and carers working in a co-productive relationship with Local Authorities and their partners at all levels in the design, planning and delivery of new personalised systems and services.</p> <p>Formal and informal structures should be in place to allow citizens and the full spectrum of user and carer representatives to contribute to the local design and delivery of social care transformation. This should go well beyond traditional “consultation”</p> <p>User-led organisations can provide expertise (such as service user experience) that is not always available within local authorities and this expertise should be harnessed to co-produce the transformation of social</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	<p>That a communication has been made to the public including all current service users and to all local stakeholders about the transformation agenda and its benefits for them.</p> <p>That the move to personal budgets is well understood and that local service users are contributing to the development of local practice. [By Dec 2009]</p> <p>That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.</p>		<p>That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.</p>		<p>That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. (By December 2010)</p>	
How likely are we to achieve this milestone by this date?	Very likely	√	Very likely	√	Very likely	
	Fairly likely		Fairly likely		Fairly likely	√
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

Milestone 1:	Effective partnerships with People using services, carers and other local citizens	
Key Questions:	<ul style="list-style-type: none"> Does our Authority have plans in place to meet the DH target of a User Led Organisation (ULO) in place by the end of 2010? 	Y
	<ul style="list-style-type: none"> Is there a programme board for the delivery of PPF that has direct representation of users/carers? 	N
	<ul style="list-style-type: none"> Does our Authority have a range of means at all levels to effectively co-produce transformation with people who use care and support? 	<p>A Corporate Engagement Strategy has been developed to ensure individuals and carers make a contribution to local developments. An implementation plan, which will address the personalisation programme of work, has been developed. The In Control approach for people with a learning disability is embedded – this was developed in partnership with individuals and families. Individuals from the traveller community were involved in shaping the development of local practice in the “Its up to you” project in partnership with CSIP.</p>

Milestone 1:	Effective partnerships with People using services, carers and other local citizens	
	<ul style="list-style-type: none"> • What are we planning to do next? 	<ul style="list-style-type: none"> ➤ Local people are contributing to the development of our approach through the pilot and the evaluation process. ➤ Local voluntary groups are being engaged as are people through the care group strategy boards. ➤ Representatives from carers groups to attend workshops and conferences with staff ➤ Work with other councils in East Berkshire to develop jointly a ULO ➤ By April 2010 to complete the evaluation of the pilot and to determine the roll out of personalisation and the involvement of individuals and other stakeholders. ➤ By May 2010 to develop a joint approach with BFVA to engaging providers and local groups
	<ul style="list-style-type: none"> • What could prevent us from achieving this milestone? 	Lack of a local organisation willing to work with the Local Authorities.
	<ul style="list-style-type: none"> • What external support would help? 	Additional funding as outlined in the application.
Key Risks and Mitigating Actions:	Lack of local organisation being willing to develop into a User Led Organisation	Collaborate with the other East Berkshire Authorities.
Useful Information:	<p>The DoH document “User-led organisations project policy” sets specific criteria for ULOs:</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078804</p>	

Milestone 2:	Self-directed support and personal budgets					
Description:	<p>Success on this milestone would mean systems are in place to allow citizens who require social care support to easily find and choose quality support, and control when and where services are provided, and by whom.</p> <p>For those citizens eligible for council funding, the amount available to those individuals should be known prior to starting person centred support planning.</p> <p>People should have the ability to spend part or all of their money in a way that they choose; including being able to mix directly purchased and council provided services.</p> <p>Extra help should be available to any citizen that needs help with information and advice or to negotiate their support.</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	That every council has introduced personal budgets, which are being used by existing or new service users/ carers.		<p>That all new service users / carers (with assessed need for ongoing support) are offered a personal budget.</p> <p>That all service users whose care plans are subject to review are offered a personal budget.</p>		That at least 30% of eligible service users/carers have a personal budget.	
How likely are we to achieve this milestone by this date?	Very likely	√	Very likely	√	Very likely	
	Fairly likely		Fairly likely		Fairly likely	√
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	
Key Questions:	<ul style="list-style-type: none"> Have we started to issue personal budgets? 		Y			
	If No to the above					
	<ul style="list-style-type: none"> On what date are we planning to start issuing personal budgets? 					
	<ul style="list-style-type: none"> Is this a pilot or mainstream activity for all new customers? 		Personal budgets are available now for people with a learning disability and in a pilot phase for			

Milestone 2:	Self-directed support and personal budgets	
		people in other care groups.
	<ul style="list-style-type: none"> • What are we planning to do next? 	<ul style="list-style-type: none"> ➤ By April 2010 – to complete the evaluation of the pilot and to plan the rollout of personalisation across Adult Social Care. ➤ By May 2010 to develop a workforce strategy to ensure that the workforce can support the rollout of personal budgets.
	<ul style="list-style-type: none"> • What could prevent us from achieving this milestone? 	Including people who are supported by the reablement service who don't have ongoing support needs in the calculation of the indicator.
	<ul style="list-style-type: none"> • What external support would help? 	Information sharing across authorities & learning from the national Resource Allocation Framework.
Key Risks and Mitigating Actions:	<p>Finalising and obtaining approval for Resource Allocation System and Contributions Policy</p> <p>Delay in development of the Fairer Contributions Policy</p>	<p>Revisit weightings during pilot and following evaluation if needed.</p> <p>Learn from national developments</p> <p>Timeline for development of policy to be agreed by the Board</p> <p>The consultation period is planned for December - February</p>
Useful Information:	Upcoming SDS restatement / Legal advice / Operating Model document	

Milestone 3:	Prevention and cost effective services					
Description:	<p>This milestone looks at a whole system approach to prevention, intervention and cost effective services.</p> <p>This includes the support available that will help any citizen requiring help to stay independent for as long as possible. A key part of this is ensuring council-wide and partnership approaches to universal services e.g. leisure, adult education, transport, employment, healthy living and health improvement (backed by targeted intervention), along with housing and supported living options.</p> <p>Examples of intervention include reablement type services that help people regain independence to live in their own home. It also helps people to avoid becoming dependent on council provided services with national studies demonstrating many people finish reablement services with either a reduced need for care, or no ongoing requirement at all.</p> <p>It is important that the council and the NHS are jointly investing in early intervention and prevention and monitoring the effectiveness of services together eg. Joint interventions at best include telecare, case finding/case co-ordination and joint teams for complex and end of life care.</p> <p>Being able to evidence these types of savings is crucial, and reablement type services should form an intrinsic part of any Putting People First operating model.</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	That every council has a clear strategy, jointly with health, for how it will shift some investment from reactive provision towards preventative and enabling/rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'.		That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.		That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'.	
How likely are we to achieve this milestone by this date?	Very likely	√	Very likely		Very likely	
	Fairly likely		Fairly likely	√	Fairly likely	
	Fairly unlikely		Fairly unlikely		Fairly unlikely	√
	Very unlikely		Very unlikely		Very unlikely	

Milestone 3:	Prevention and cost effective services	
Key Questions:	<ul style="list-style-type: none"> Do we have a strategy and/or an investment programme for Prevention and Early Intervention? 	<p>A reablement service, joint with health and with a pooled budget, is in place.</p> <p>Joint community teams have been established to support people with a learning disability and for working age and older adults with a mental health problem. These teams have a focus on prevention and early intervention and advice and information for individuals and carers.</p> <p>Bracknell Forest has been selected as a demonstrator site for a new Dementia Adviser post. The Stroke Grant is being used to re-able individuals who have had a stroke and to fund groups in the community.</p>
	<ul style="list-style-type: none"> Are health partners involved in this strategy? 	<p style="text-align: center;">Y</p>
	<ul style="list-style-type: none"> What are we planning to do next? 	<ul style="list-style-type: none"> ➤ By January 2010 supported access to the existing Local Exchange Trading Scheme will be established. The LETS scheme enables people in the community to trade skills with each other using a currency determined by the scheme other than money. ➤ Await research from DH re assessing the impact of preventative services. ➤ By April 2010 to complete the evaluation of the pilot. ➤ By July 2010 to complete the evaluation of the Timebanking project ➤ Monitor National Indicator 125 – Achieving Independence for Older People through Rehabilitation/Intermediate Care ➤ Ongoing work with PCT

Milestone 3:	Prevention and cost effective services	
		looking at whole system access and availability. ➤ Participation in transforming Community Services Programme Board.
	<ul style="list-style-type: none"> • What could prevent us from achieving this milestone? 	
	<ul style="list-style-type: none"> • What external support would help? 	
Key Risks and Mitigating Actions:		
Useful Information:		

Milestone 4:	Information and advice					
Description:	All citizens should be able to easily find locally relevant quality information and advice about their care and support needs in order to enable control and inform choice. Information should be available in a range of formats and through channels to make it accessible to all groups. Provision of information, advice and guidance should move from being largely developed from separate initiatives to a single coherent service strategy.					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	That every council has a strategy in place to create universal information and advice services.		That the council has put in place arrangements for universal access to information and advice.		That the public are informed about where they can go to get the best information and advice about their care and support needs.	
How likely are we to achieve this milestone by this date?	Very likely	√	Very likely	√	Very likely	√
	Fairly likely		Fairly likely		Fairly likely	
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	
Key Questions:	<ul style="list-style-type: none"> Do we have a strategy for universal access to information, support and guidance for adult social care? 		N			
	<ul style="list-style-type: none"> Are self-funders (i.e. all citizens) included in this strategy so they can make use of both universal and paid for services to stay independent? 		n/a			
	<ul style="list-style-type: none"> On what date is it expected this strategy will be delivered? 		March 2010			
	<ul style="list-style-type: none"> Is the council helping voluntary organisations and other partners provide universal information and advice to a wide range of the population 		Y			
	<ul style="list-style-type: none"> What are we planning to do next? 		<ul style="list-style-type: none"> ➤ By March 2010 to develop and information and advice strategy. ➤ By October 2010 to 			

Milestone 4:	Information and advice	
		<p>implement the Open Objects IT solution - a web-based directory of support and activities</p> <p>➤ By April 2010 to incorporate actions to publicise information and advice into the communications strategy</p>
	<ul style="list-style-type: none"> • What could prevent us from achieving this milestone? 	
	<ul style="list-style-type: none"> • What external support would help? 	
Key Risks and Mitigating Actions:		
Useful Information:		

Milestone 5:	Local commissioning					
Description:	<p>Councils need to ensure the development of a diverse and high quality market in care and support services to offer real choice and control to service users and their carers.</p> <p>Commissioning strategies based on the local JSNA, and in partnership with other local commissioners, providers and consumers of services should incentivise development of diverse and high quality services, and balance investment in prevention, early intervention/reablement with provision of care and support for those with high-level complex needs.</p> <p>User-led initiatives and a much wider range and scale of services to address local need should emerge, in a market that is increasingly populated by individual purchasers.</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	<p>That councils and PCTs have commissioning strategies that address the future needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas.</p> <p>These commissioning strategies take account of the priorities identified through their JSNAs.</p>		<p>That providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets.</p> <p>An increase in the range of service choice is evident.</p> <p>That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.</p>		<p>That stakeholders are clear on the impact that purchasing by individuals, both publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.</p>	
How likely are we to achieve this milestone by this date?	Very likely	√	Very likely		Very likely	
	Fairly likely		Fairly likely	√	Fairly likely	√
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

Milestone 5:	Local commissioning	
Key Questions:	<ul style="list-style-type: none"> Are we working with providers so they understand how we want them to develop and how they can develop flexible support arrangements? 	Y
	<ul style="list-style-type: none"> Have we clear links between adults social care transformation and the NHS local services commissioning? 	Y
	<ul style="list-style-type: none"> How have commissioning and contracting arrangements been changed to enable providers to offer choice and flexibility 	Yes – there are few block contracts in place. The majority of contracts are through framework agreements or spot contracts.
	<ul style="list-style-type: none"> How are we shaping the market in order to develop a supply of services that will meet the needs of all citizens that require social care? 	We are working with providers through the established forums and working individually with providers. A provider event was held in April 2009 and another event is planned in May 2010.
	<ul style="list-style-type: none"> To what extent are users, carers, providers and third sectors been involved in developing the commissioning strategy? 	A wide range of stakeholders were engaged in the development of the strategies.
	<ul style="list-style-type: none"> What are we planning to do next? 	<ul style="list-style-type: none"> January 2010: Review the Older People’s Strategy in the light of the personalisation agenda Programme to be developed to refresh other care group strategies JSNA is reviewed annually in partnership with the PCT to coincide with planning table By May 2010 to implement guidance - Working Together for Change : Using person centred information for commissioning Reporting from pilot is planned for April 2010.
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	

Milestone 5:	Local commissioning	
	<ul style="list-style-type: none"> • What external support would help? 	
Key Risks and Mitigating Actions:	Lack of provider flexibility	Hold provider workshop with RiPfA 24th April (Completed) Ongoing dialogue with providers Host workshop run by Voice Marketing Joint provider workshop with BFVA Presentation at VCS event
Useful Information:		

TEAM TARGETS SET FOR 2010/11: PERSONALISATION

	Annual Target	Monthly Target
<u>Older People and Long Term Conditions</u>		
18-64's Physical disability	46	4
65+'s Physical disability	204	17
<u>Community Response and Reablement</u>		
18-64's Physical disability	94	8
65+'s Physical disability	409	34
<u>Community Mental Health Team</u>		
18-64's Mental health	237	20
65+'s Mental health	0	0
<u>Community Mental Health Team (Older Adults)</u>		
65+'s Mental health	0	0
<u>Community Team People with Learning Disability</u>		
18-64's Learning disability	56	5
65+'s Learning disability	7	1

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ID	Task Name	January	February	March	April	May	June	July	August	September	October	November	December
1	Pilot	[Task]											
2	Evaluation	[Task]											
3	Implementation planning				[Task]								
4	Roll out							◆ 01/07					
5	Workforce strategy	[Task]											
6	Communications strategy	[Task]											
7	ULO development	[Task]											
8	Fairer charging policy	[Task]											
9	Revision of commission strategies	[Task]											
10	Timebanking pilot	[Task]											
11	Info and advice strategy	[Task]											
12	Implement information hub	[Task]											

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Project: Highlevel Pilot Programme - 1 Date: Fri 15/01/10	Task		Milestone	◆	External Tasks	
	Split		Summary		External Milestone	◆
	Progress		Project Summary		Deadline	↓

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Fairer Contributions Consultation

4th January 2010 –
26th March 2010

Introduction

This consultation document explains how Bracknell Forest Council is planning to change the way an individual's contribution towards their support is calculated. The current policy is called the "Fairer Charging Policy". The new policy will be called the "Fairer Contributions Policy".

We would like to give individuals, carers, staff and our partners the opportunity to comment on these proposed changes. Your views are important, as the policy will affect different people in different ways.

Currently, some services which support people are charged while others are not. Everyone is assessed if they are currently receiving a service that is chargeable. The proposed policy would require most people, who receive support paid for by the Council, to be assessed so that people contribute what they can afford. The Council wants to ensure that future arrangements are fair to everybody.

The changes will not affect people living in long-term residential or nursing care or those receiving after-care services under Section 117 of the Mental Health Act 1983.

The consultation will run for 12 weeks from 4th January 2010 until 5pm on Friday 26th March 2010.

If you would like to comment on the changes proposed in this document, please fill in the Consultation Feedback Form and return to the Council before 5pm on Friday 26th March 2010.

If you would like further information or clarification or a copy of the full proposed policy please call Customer Services, on 01344 352000 or email personalisation.team@bracknell-forest.gov.uk . The full version of the policy, along with all the consultation documents is available at the main Council offices and libraries. They are also on the council website www.bracknell-forest.gov.uk and can be found in the "Living" section under Adult Social Care.

We will use your feedback to help us draw up the final version of the policy, which will be considered by the Executive later in 2010.

Thank you

Why does the Council need to change the policy?

Adult Social Care is changing. The Council is committed to giving individuals more choice and control over how their social care needs are met through the introduction of personal budgets. In order for this to happen there are changes the Council needs to make to its current arrangements for calculating contributions to non residential social care support.

The Government has told us that we need to update our Policy to ensure it reflects the introduction of personal budgets and that it remains transparent, fair and equitable for all individuals who receive money from the Council to pay for support to meet their social care needs.

What do you need to know about the proposed policy?

- Contributions will be fair, and calculated with input of the individual through an individual financial assessment
- The process of carrying out a financial assessment is not changing.
- Financial assessments will ensure that individuals only contribute what they can reasonably afford to.
- People will contribute the lower amount of what they have been assessed as being able to or the cost of the support they receive/the amount of their personal budget.
- The policy is changing so that people who have a personal budget know how much they have to spend before they start to plan the support they need to live their life.
- Reviews of an individual's assessed contribution can be requested at any time, and the Council has a robust Review, Appeals and Complaints process which individuals can be assisted to access, if they would like a review or would like to lodge and appeal or complaint.
- Any contributions that are paid to the Council will be spent on paying for the support that the individual receives.
- Benefits advice will be available to individuals and carers through the assessment process and will ensure that they have access to their full benefits and entitlements.

What are the proposed changes to the policy?

1. In addition to contributing toward the cost of their home support and if they can afford to, people will be asked to make a contribution to the following Community Care Services (included those funded by a Direct Payment) provided by Adult Social Care and Health:
 - Home Care and Community Support;
 - Direct Payments,
 - Meals at Home,
 - Day Care and support,
 - Transport,
 - Employment Support

This list does not include all services that require a contribution. There are other services that will require an assessed contribution including all those funded from a personal budget which are not the 'non traditional' community care services listed above (except where there is statutory guidance or a Council policy on contributions for such services already in place).

2. People who receive traditional services will be told how much their support costs.
3. There will no longer be a "maximum amount" that people are asked to contribute. People will be asked to contribute the lower amount of what they can afford or the cost of the services they receive or the amount of their personal budget.
4. People will be asked to make their assessed contribution from the day they start receiving support arranged by the Council or the day they receive their personal budget.
5. Where support was supplied or was available but the individual does not receive it because they are absent – for example they are away from their home at the time they are due to receive home care, a contribution will still be required unless the Council has been told (at least 24 hours in advance to the Council) or is due to the individual going into hospital as an emergency.
6. An individual will not get a Direct Payment until a financial assessment being completed and the person's contribution has been calculated. The Council will deduct the amount of the individual's contribution before it pays the Direct Payment to the person.
7. There will be an expectation that people will claim money from the Independent Living Fund if they are eligible. If people then choose not to apply, their contribution will be calculated as if they are receiving it.

8. For a period of one year from the date of introduction of this policy a transition period will exist if, in exceptional circumstances, the increase in an individual's contribution will cause significant financial hardship. Entitlement to a transitional arrangement will be considered on an individual basis.
9. Where an individual is clearly entitled to an additional benefit, but despite advice from the Financial Assessment Team refuses to claim the benefit in a reasonable timescale, the assessed contribution may be calculated as if the individual was in receipt of that benefit.
10. Where assistance is provided in applying for a benefit, an additional assessment will be completed based on the anticipated result of the benefit application. The individual will be notified of the effect of the new benefit on their assessed contribution which will be backdated to the date of award.
11. When an individual moves out of a property that they own into alternative accommodation, the owned property will no longer be deemed their main home and will be regarded as capital for the purposes of the contribution assessment. If an individual knowingly reduces their capital in order to reduce their contribution (for example by excessive spending or gifting), this will be taken into account in the assessment and the contribution may be calculated as if that person still holds the capital that has been disposed of.
12. For other components of the financial assessment, such as occupational pensions, disability related expenditure, rent and Council tax, a percentage increase linked to Retail Price Index (RPI) will be applied unless another amount is specified in the Councils annual budget setting process.

What will stay the same?

1. Some services – such as supported self assessment, needs assessment, support planning and care management, will be not be charged for.
2. The Council will not require any contribution towards community equipment services costing less than £1,000, as defined in the Community Care (Delayed Discharges etc.) Act 2003.
3. Where Intermediate Care services are provided these will be free. If they are in addition to ongoing (albeit in some cases interrupted) support arrangements, contributions will continue against those arrangements. The individual's assessment will identify those services provided under Intermediate Care arrangements.
4. The way that the Council assesses what you can afford to pay is not changing. You can find out about Financial Assessments on the Council's website <http://www.bracknell-forest.gov.uk/living/liv-community-care/liv-charging-for-social-services.htm> or by calling the Council.

5. The Council provides a number of other services which are not community care services – for example it provides catering at day centres and other establishments and support for certain leisure activities. Where payment is required for these services these will be made outside of the Fairer Contribution guidance.
6. Charges for the issue of Blue Badges will be in accordance with the current Department of Health guidance and will be agreed each year as part of the budget setting process.

Some questions answered

1. What is a contribution?

A 'contribution' is the money paid by a person who uses social services, towards the cost of the support they need to live their lives.

2. What is a 'Contributions Policy'?

If you are eligible to receive social care support, the proposed Contributions Policy is the way we work out if you should contribute towards the cost of the support and how much you can afford to contribute.

3. What is the current policy?

The current policy is called the Fairer Charging Policy. It says that:

- A person who receives homecare services must be financially assessed to determine if they can afford to contribute towards the cost of their service, and how much they can afford to contribute
- People who attend a day service do not have to pay to attend that service but they will have to pay a flat rate* for their meal if they receive one at the day service
- A person receiving a meals on wheels service will pay a flat rate* contribution

*A flat rate charge is when everybody pays the same amount for the service, irrespective of how much money they have, including income and savings.

4. What is Personalisation?

Personalisation is the term that is being used in Bracknell Forest to describe the process of getting a personal budget and planning your support. It will put you more in control of your social care support and more information is available in the enclosed leaflet.

Personalisation will mean that we can work with you to identify a Personal Budget to meet your social care needs, and help you plan how to use it to meet your needs and keep you safe.

5. What is a 'Personal Budget'?

A Personal Budget is the amount of social care funding allocated to you to meet your social care needs. You will receive a Personal Budget if you are eligible for social care assistance and you will be asked to contribute towards this budget if you have the means to do so. Your Personal Budget can be managed by you or on your behalf by the Council or by someone you nominate to represent you.

You may be able to have your Personal Budget paid directly into your bank account. This is known as a Direct Payment. Alternatively you may ask the Council to manage your Personal Budget for you and buy services on your behalf. You can ask the Council to manage some of your Personal Budget and receive some as a Direct Payment.

With a Personal Budget you can choose the support you feel best meets your needs. You do not have to use a particular service if you do not want to but you can choose to buy your care from a range of organisations and care providers.

6. Can I have a 'Personal Budget'?

If you would like to talk about having a Personal Budget please call your named contact in Adult Social Care at the Council.

7. What is the Independent Living Fund?

The Independent Living Fund (ILF) is a national resource dedicated to the financial support of disabled people to enable them to choose to live in the community. This financial support is available to those who meet certain eligibility criteria, including being in receipt of support funded by Adult Social Care and Health of more than £320 per week (excluding any contributions from individuals), aged between 16 and 65 and in receipt of the higher rate care allowance of the Disability Living Allowance.

8. Will I be affected?

The changes will affect most people who receive Adult Care Services, but the extent to which you may be affected will depend on your personal circumstances.

The new policy will not affect you if you are living in a residential or nursing home or if you receive after-care services under Section 117 of the Mental Health Act 1983.

It will also not affect you if you receive intermediate care services (e.g. services provided by Community Response and Reablement Team and intervals of care provided for less than six weeks to avoid admission to hospital or assist in hospital discharge).

9. What will Bracknell Forest Council do with the contributions?

All of your contribution will go towards helping the Council fund your social care support.

10. When will these changes start?

The results of this consultation will help us draw up the final version of the new policy, which will go to the Council's Executive for approval later in 2010.

When it has been approved by the Executive, everybody assessed as being in need of and eligible for social care will be financially assessed under the new policy.

We welcome your views on the proposed changes. Please fill in the feedback form included.

The Fairer Charging Guidance published by the Government in July 2009 can be read by clicking on the following link

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102450

Accessibility

This document can be made available in large print, Braille, audio or in electronic format.

Copies in alternative languages may also be obtained.

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ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 2 MARCH 2010

PERSONALISATION - SAFEGUARDING ADULTS WORKING GROUP UPDATE REPORT (Lead Working Group Member)

1 INTRODUCTION

- 1.1 This report sets out the progress achieved to date by the Working Group of the Adult Social Care Overview and Scrutiny Panel reviewing safeguarding adults in the context of personalisation (transforming adult social care).

2 SUGGESTED ACTION

- 2.1 That this update report be noted.

3 SUPPORTING INFORMATION

- 3.1 The Working Group reviewing safeguarding adults has met on two occasions to date. At its first meeting the Working Group received a briefing in respect of safeguarding adults as part of the transforming adult social care process, known as 'personalisation', from the Chief Officer: Adults and Commissioning. The briefing included the showing of a short video in respect of safeguarding which was aimed at those who might be at risk. With the benefit of this information the Working Group drafted its review scoping document. The Working Group agreed the scoping document at its second meeting when it received a presentation from the Head of Learning Disability Services in respect of the 'In Control' project which had piloted personalising Adult Social Care services, including Direct Payments, to people with Learning Disabilities.
- 3.2 Future review work will include meetings with the new Head of Safeguarding Adults when the post has been taken up in March 2010 and with officers leading on the Personalisation Pilot to learn about the pilot and its progress against the pilot evaluation criteria.

Background Papers

None.

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ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 2 MARCH 2010

INDICATIVE WORK PROGRAMME 2010/11 (Assistant Chief Executive)

1 INTRODUCTION

- 1.1 This report seeks agreement to the Adult Social Care Overview and Scrutiny Panel's indicative work programme for 2010/11.

2 SUGGESTED ACTION

- 2.1 **That the Adult Social Care Overview and Scrutiny Panel endorses its draft indicative work programme for the 2010/11 municipal year set out in Appendix 1.**

3 SUPPORTING INFORMATION

- 3.1 An extract from the indicative Overview and Scrutiny (O&S) Work Programme for 2010/11 relating to the Adult Social Care Overview and Scrutiny Panel is attached at Appendix 1. The programme is aimed at maintaining a strategic and coordinated work programme based on major areas of Council and partner organisations' activity. The selection of review topics takes account of what is of direct and significant interest to residents, and what would be timely, relevant, and likely to add value. The programme incorporates the routine, on-going work of O&S and the completion of reviews currently underway. The overall programme is smaller than in recent years owing to the reduction in officer support for O&S, arising from the financial pressures facing the Council.
- 3.2 The indicative work programme will be considered by the Overview and Scrutiny Commission on 25 March 2010 and is due to be included in the Annual Report of O&S, for presentation by the Chairman of the Commission to Council on 21 April. The Work Programme will necessarily be subject to continual refinement and updating.

Background Papers

None.

Contact for further information

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EXTRACT FROM THE OVERVIEW AND SCRUTINY WORK PROGRAMME 2010/11

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL	
1.	Monitoring the performance of the Adult Social Care and Health Department To include on-going review of the Performance Monitoring Reports, receiving statutory plans and reports (such as the annual reports on complaints received) and monitoring the action taken by the Executive to earlier reports by the Panel.
2.	Exercising pre-decision scrutiny by reference to the Executive Forward Plan
3.	2011/12 Budget Scrutiny To review the Council's Adult Social Care and Health budget proposals for 2011/12, and future plans.
4.	Personalisation – Safeguarding Adults To complete the work of the working group undertaking a review of safeguarding of adults in the context of the Personalisation agenda.

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 2 MARCH 2010

OVERVIEW AND SCRUTINY – QUARTERLY PROGRESS REPORT Assistant Chief Executive

1 INTRODUCTION

- 1 This report sets out the Overview and Scrutiny (O&S) activity over the period November 2009 to January 2010, also the national and local developments in O&S.

2 SUGGESTED ACTION

- 2.1 **That the Adult Social Care Overview and Scrutiny Panel notes the Overview and Scrutiny activity over the period November 2009 to January 2010, set out in section 3 and Appendices 1 and 2.**
- 2.2 **That the Adult Social Care Overview and Scrutiny Panel notes the developments in Overview & Scrutiny set out in section 4.**

3 SUPPORTING INFORMATION

(i) Overview and Scrutiny Activity

Overview and Scrutiny Working Groups

- 3.1 The table at Appendix 1 sets out the current status of the O&S Working Groups, along with the list of completed reviews.

Partnership Scrutiny

- 3.2 Good progress has been made with implementing the agreed approach to partnership scrutiny. Responses have been received to most of the questionnaires previously sent to the ten Theme Partnerships. The Partnership Overview and Scrutiny Group held its second meeting on 15 January 2010.
- 3.3 The Audit Commission has announced that they propose to update the corporate governance methodology and introduce partnership governance inspection. Representatives of the Audit Commission met the Chairman of the O&S Commission and the Head of O&S on 3 February to enquire about O&S of the Bracknell Forest Partnership, as part of the Comprehensive Area Assessment process.

Overview and Scrutiny Commission

- 3.4 The O&S Commission continues to meet on a two-monthly cycle. At its meeting on 19 November, the main items considered were: appointing Overview and Scrutiny panel members to fill the vacant positions on the Health and Adult Social Care O&S Panels (these were filled by Councillors Burrows and Phillips respectively); considering the response by the Executive Member to the Overview and Scrutiny

report on the Review of Waste and Recycling; receiving the monitoring report on the implementation of the Council's 'All of Us' Community Cohesion Strategy and the race, gender and Disability Equality Schemes; and reviewing the CPOR for quarter one (April to June) of the 2009/10 financial year. The Commission established a Working Group to provide an input to the Council's Key Objectives, and has written to the Chief Executive and the Leader with comments on those objectives. The Commission met on 28 January, where the main items were meeting the Chairman and Lead Officer of the BFP Board; concluding the scrutiny of the 2010-11 budget; considering changes to the frequency of O&S meetings and the O&S work programme; and adopting the reports of the O&S reviews of the 14-19 Education Entitlement and the Bracknell Healthspace.

Environment, Culture and Communities O&S Panel

- 3.5 The Panel has continued to meet on a three-monthly cycle. It met on 8 December, and the main items included: considering the Department's Performance Monitoring Report for quarter 2; reviewing the Climate Change Partnership and meeting the Chairman and Lead Officer; receiving an update in respect of the Playbuilder Project; considering the Executive's responses to the 'Waste Not Want Not' review of waste and recycling and the review of the implementation of the Housing and Council Tax Benefits Improvement Plan; and receiving updates from the Panel's Working Groups, also the quarterly O&S progress report. The Panel met on 12 January, the main items being a meeting with the Chairman and Lead Officer of the BFP Strategic Housing Partnership, and the scrutiny of the 2010-11 budget.

Health O&S Panel

- 3.6 The Panel has continued to meet on a three-monthly cycle. At its meeting on 3 December, the Panel: met representatives from South Central Ambulance NHS Trust, receiving a presentation on the Trust's performance and priorities; met the Director of Corporate Affairs and the Director of Nursing from Heatherwood and Wexham Park Hospitals Trust, who provided an update on the financial position of the Trust; and met the Director of Finance and Performance, NHS Berkshire East, noting the current budgetary situation with particular reference to planning for reductions. The Panel were also appraised of progress on the three working groups on: Preparedness for Public Health Emergencies, the Bracknell Healthspace, and the NHS Core Standards. The Panel considered the quarterly O&S progress report; and noted the draft minutes for the Joint East Berkshire Health Overview and Scrutiny Committee meeting on 14 September 2009. The Health O&S Panel's next meeting is on 4 March.

Children's Services and Learning O&S Panel

- 3.7 The Panel is continuing a three-monthly meeting cycle. At its meeting on 16 December the main items considered by the Panel included: the department's 2009/10 Performance Monitoring Report for the second quarter; considering the annual report of the Local Safeguarding Children Board; considering the draft report of the 14-19 Education Provision O&S Working group; receiving a written update on the English as an Additional Language O&S Working Group; and noting the quarterly O&S progress report. The main items at the Panel's meeting on 20 January 2010 were a meeting with the Chairman and Lead Officer of the Early Years, Child Care and Play Theme Partnership, and the scrutiny of the 2010-11 budget.

Adult Social Care O&S Panel

- 3.8 The Panel continues to meet on a three-monthly cycle. At its meeting on 1 December, the main items considered by the Panel included: reviewing the department's Performance Monitoring Report for the second quarter of 2009/10; a discussion with the Chairman and Lead Officer of the Health and Social Care Partnership; receiving the Joint Strategic Needs Assessment 2009, also a progress update on the Transforming Adult Social Care pilot; and receiving the outcome of the inspection of Adult Social Care services by the Care Quality Commission. The Panel met on 18 January to consider the 2010-11 budget.

Joint East Berkshire Health O&S Committee

- 3.9 This Committee continues to meet broadly on a three-monthly cycle, rotating between the three Councils' venues. The last Committee meeting was on 10 December in Maidenhead, when the Committee: received an update on the Working Group reviewing car parking charges at NHS Establishments; received a presentation from the Director of Corporate Affairs for the South Central Ambulance Trust on the Trust's performance; received an update on the budgetary position of Heatherwood and Wexham Park Hospitals Trust from senior staff; and were provided with an update on the Care Quality Commission's Annual Performance Assessment of NHS Berkshire East Trust for 2008/2009. The Committee's next meeting is on 30 March 2010 in Bracknell. Bracknell Forest Council is due to assume Chairmanship and officer support for this Committee for the 2010/11 municipal year.

Overview and Scrutiny Officer Resources

- 3.10 The proposed 2010-11 budget approved by the Executive for consultation contains a number of cost reductions, including a reduction in the current O&S officer team from three to two Full Time Equivalents. This will require a commensurate reduction in the O&S work requiring officer support. The O&S Chairmen met on 15 December 2009 to consider how this might best be addressed, CMT considered the issue on 13 January, and the O&S Commission made decisions on changes to the frequency of meetings, also reductions in the O&S Work programme, at its meeting on 28 January. The changes are now being implemented.

Other Overview and Scrutiny Issues

- 3.11 Responses to the feedback questionnaires on the quality of O&S reviews are summarised in Appendix 2.
- 3.12 Quarterly review meetings between O&S Chairmen, Vice Chairmen, Executive Members and Directors are taking place regularly for the Commission and the Panels. Agenda-setting meetings continue to be held, usually in combination with the review meetings.
- 3.13 External networking on O&S in the last quarter has included Members attending the South Central Health O&S Committees meeting on 10 November in Wokingham. Reading BC have launched an O&S review of the Re3 Waste project, and have invited O&S representatives from Wokingham BC and Bracknell Forest BC to participate in this.
- 3.14 Councillor Mark Phillips has been given a one to one induction on O&S and has been appointed onto the Adult Social Care Overview and Scrutiny Panel.

- 3.15 Efforts were made to recruit a new Parent Governor in November, without success. The vacancy will be re-advertised in six months time.
- 3.16 An externally-delivered budget scrutiny training session took place on 2 November, and feedback from Members was positive.
- 3.17 The O&S Annual Report is soon to be drafted, for submission to Council in April.

4 (ii) Developments in O&S

- 4.1 The Local Democracy, Economic Development and Construction Bill received Royal Assent on 13 November 2009. As advised in the last quarterly report, the main clauses relating to Overview and Scrutiny relate to the handling of petitions and a requirement for a statutory officer designation for O&S. The Commencement Order on the statutory O&S officer issue has been made and takes effect from 1 April 2010, and the necessary action is in hand. The Commencement Order on the petitions issue is awaited.
- 4.2 The regulations and guidance for the O&S provisions in the Local Government and Public Involvement in Health Act 2007 are still awaited, despite the Act having commenced on 1 April 2009. CLG is continuing to work with the Centre for Public Scrutiny to develop these.
- 4.3 We await the outcome of the Government's consultation entitled 'Strengthening Local Democracy', which the Council responded to. There has been broad support for the expansion of O&S to Utility companies, etc, and common themes in the responses covered resources, training and local discretion. The Government's response to the consultation outcome is due to be issued in the 'winter of 2009'.

Background Papers

Minutes and papers of meetings of the Overview and Scrutiny Commission and Panels.

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Doc. Ref

Alluse/Overview and Scrutiny/2009/10/CMT 10.2.10 O&S Progress Report

OVERVIEW AND SCRUTINY WORKING GROUPS – 2009/10

Position at 3 February 2010

Overview and Scrutiny Commission								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Medium Term Objectives 2010/11	Edger, Finnie, Leake, Parent Governor representative Dr Patrick Joseph-Franks	Victor Nicholls	Richard Beaumont	N/A	√	√		A letter was sent to the Leader and the Chief Executive on 22 January

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Adult Social Care Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Personalisation - Safeguarding Adults	Turrell (Lead Member), Mrs Fleming, Leake, Edger and Mrs Shillcock	Zoe Johnstone	Andrea Carr	In draft				The next meeting is arranged for 11 February.

Environment, Culture and Communities Overview and Scrutiny Panel

WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Supporting People (SP)	Mrs Shillcock (Lead) & Mrs Fleming	Simon Hendeley / Clare Dorning	Andrea Carr	√	07/08 √ (Annual monitoring)	07/08 √ (Annual monitoring)	N/A	The Working Group met on 30 September and will meet again on 22 February to monitor progress.
Review of Highway Maintenance [On hold]	Mclean (Lead) Beadsley, Brossard, Leake and Parish and Town Councillors: Edwards (Binfield) Kensall (Bracknell) Withers (Crowthorne) Mrs Cupper (Sandhurst)	Steve Loudoun	Richard Beaumont (Victoria Bale to support)	√	The Commission decided on 28 January to suspend this review until other O&S reviews have been completed and resources become available			The Group has now met three times. The scoping document has been agreed, also a report to the Panel on the highways maintenance budget reduction.

Health Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Preparedness for Public Health Emergencies	Burrows (Lead), Mrs Angell, Thompson. Mrs Mattick	David Steeds	Andrea Carr	√				The Group has held a number of meetings. The next meeting will be with Tim Pettis from the Health Protection Agency, the date to be arranged.
Bracknell Health Space	Virgo (lead) Mrs Angell, Baily, Leake, Mrs Shillcock	Glyn Jones/ Mary Purnell	Richard Beaumont	√	√	√		Report adopted by O&S Commission on 28 January

Joint East Berkshire Health Overview and Scrutiny Committee								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Hospital Car Park Charges	Plimmer (Slough, Lead member),	TBC	Sunita Sharma (Slough	√				Fieldwork is underway

	Virgo, Endacott (RB W&M) Jacky Flynn (LINK)		BC)					
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Children's Services and Learning Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
14-19 Years Education Provision	Mrs Birch (Lead) Dr Josephs-Franks, Kensall, Mrs McCracken, Mrs Ryder	Martin Surrell	Andrea Carr (Victoria Bale to support)	√	√	√		Report adopted by O&S Commission on 28 January

Completed Reviews

Publication Date	Title
December 2003	South Bracknell Schools Review
January 2004	Review of Adult Day Care Services in Bracknell Forest (Johnstone Court Day Centre & Downside Resource Centre)
May 2004	Review of Community & Voluntary Sector Grants
July 2004	Review of Community Transport Provision
April 2005	Review of Members' Information Needs
November 2005	The Management of Coronary Heart Disease
February 2006	Review of School Transfers and Performance
March 2006	Review of School Exclusions and Pupil Behaviour Policy
August 2006	Report of Tree Policy Review Group
November 2006	Anti-Social Behaviour (ASB) – Review of the ASB Strategy Implementation
January 2007	Review of Youth Provision
February 2007	Overview and Scrutiny Annual Report 2006
February 2007	Review of Library Provision
July 2007	Review of Healthcare Funding
November 2007	Review of the Council's Health and Wellbeing Strategy

Publication Date	Title
December 2007	Review of the Council's Medium Term Objectives
March 2008	2007 Annual Health Check Response to the Healthcare Commission
April 2008	Overview and Scrutiny Annual Report 2007/08
May 2008	Road Traffic Casualties
August 2008	Caring for Carers
September 2008	Scrutiny of Local Area Agreement
October 2008	Street Cleaning
October 2008	English as an Additional Language in Bracknell Forest Schools
April 2009	Overview and Scrutiny Annual Report 2008/09
April 2009	Healthcare Commission's Annual Health Check 2008/09 (letters submitted)
April 2009	Children's Centres and Extended Services in and Around Schools in Bracknell Forest
April 2009	Older People's Strategy
April 2009	Services for People with Learning Disabilities
May 2009	Housing Strategy
July 2009	Review of Waste and Recycling
July 2009	Review of Housing and Council Tax Benefits Improvement Plan

Publication Date	Title
December 2009	NHS Core Standards

Appendix 2

Results of Feedback Questionnaires on Overview and Scrutiny Reports

Note – Departmental Link officers on each review were asked to score the key aspects of each O&S review on a scale of 0 (Unsatisfactory) to 3 (Excellent)

	Average score for previous 10 Reviews ¹
PLANNING Were you given sufficient notice of the review?	2.8
Were your comments invited on the scope of the review, and was the purpose of the review explained to you?	2.9
CONDUCT OF REVIEW Was the review carried out in a professional and objective manner with minimum disruption?	2.7
Was there adequate communication between O&S and the department throughout?	2.7
Did the review get to the heart of the issue?	2.6
REPORTING Did you have an opportunity to comment on the draft report?	2.9
Did the report give a clear and fair presentation of the facts?	2.5
Were the recommendations relevant and practical?	2.5
How useful was this review in terms of improving the Council's performance?	2.6

¹ Road Traffic Casualties, Review of the Local Area Agreement, Support for Carers, Street Cleaning, Services for Adults with Learning Disabilities, English as an Additional Language in Schools, Children's Centres and Extended Services, Waste and Recycling, Older People's Strategy, and Review of Housing and Council Tax Benefits Improvement Plan.

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 2 MARCH 2010

EXECUTIVE FORWARD PLAN ITEMS RELATING TO ADULT SOCIAL CARE Assistant Chief Executive

1 INTRODUCTION

This report presents current Executive Forward Plan items relating to Adult Social Care for the Panel's consideration.

2 SUGGESTED ACTION

- 2.1 **That the Adult Social Care Overview and Scrutiny Panel considers the current Executive Forward Plan items relating to Adult Social Care appended to this report.**

3 SUPPORTING INFORMATION

- 3.1 Consideration of items on the Executive Forward Plan alerts the Panel to forthcoming Executive decisions and facilitates pre-decision scrutiny.
- 3.2 To achieve accountability and transparency of the decision making process, effective Overview and Scrutiny is essential. Overview and Scrutiny bodies are a key element of Executive arrangements and their roles include both developing and reviewing policy; and holding the Executive to account.
- 3.3 The power to hold the Executive to account is granted under Section 21 of the Local Government Act 2000 which states that Executive arrangements of a local authority must ensure that its Overview and Scrutiny bodies have power to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the Executive. This includes the 'call in' power to review or scrutinise a decision made but not implemented and to recommend that the decision be reconsidered by the body / person that made it. This power does not relate solely to scrutiny of decisions and should therefore also be utilised to undertake pre-decision scrutiny.

Background Papers

Local Government Act 2000

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ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

EXECUTIVE WORK PROGRAMME

REFERENCE	1021167
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TITLE: Health and Well Being in Bracknell Forest Consultation

PURPOSE OF DECISION: The Health and Well Being Strategy is due to be refreshed and will be replaced by a document entitled Health and Well Being in Bracknell Forest. This report seeks the Executive Member's permission to consult on the revised document.

FINANCIAL IMPACT: No financial implications

WHO WILL TAKE DECISION: Executive Member for Adult Services, Health and Housing

PRINCIPAL GROUPS TO BE CONSULTED: N/A

METHOD OF CONSULTATION: To be determined as a consequence of approval

DATE OF DECISION: 15 Mar 2010

REFERENCE	1020903
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TITLE: Nominations Agreement with Windsor Housing Association Ltd: Housing for Adults with Learning Disabilities

PURPOSE OF DECISION: The purpose of this report is to agree a framework for nominations with Windsor Housing Association in respect of deregistered services for people with a Learning Disability.

FINANCIAL IMPACT: Within existing budget

WHO WILL TAKE DECISION: Executive

PRINCIPAL GROUPS TO BE CONSULTED: N/A

METHOD OF CONSULTATION: None

DATE OF DECISION: 16 Mar 2010

REFERENCE	I021169
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TITLE: Contribution Policy Results of Consultation

PURPOSE OF DECISION: The new proposed contributions policy has been the subject of consultation. This report details the results of the consultation and proposes a new policy in respect of contributions for Executive approval.

FINANCIAL IMPACT: No financial implications.

WHO WILL TAKE DECISION: Executive

PRINCIPAL GROUPS TO BE CONSULTED: All those currently receiving support and their carers.

METHOD OF CONSULTATION: By letter, meetings with interested parties and public meeting.

DATE OF DECISION: 20 Apr 2010

REFERENCE	I021171
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TITLE: Downside Consultation Results

PURPOSE OF DECISION: This report considers the recent consultation on the future provision at Downside and proposes recommendations for future provision.

FINANCIAL IMPACT: Revenue savings anticipated.

WHO WILL TAKE DECISION: Executive

PRINCIPAL GROUPS TO BE CONSULTED: Staff and people who use the Centre, Trade Unions, Voluntary Sector Organisations.

METHOD OF CONSULTATION: By letter, meeting(s) with interested parties, presentation and public meeting

DATE OF DECISION: 15 Jun 2010

REFERENCE	I021173
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TITLE: Heath and Well Being in Bracknell Forest

PURPOSE OF DECISION: This report details the results of the consultation on the document and proposes for Executive approval a new document entitled Health and Well being in Bracknell Forest.

FINANCIAL IMPACT: No financial implications.

WHO WILL TAKE DECISION: Executive

PRINCIPAL GROUPS TO BE CONSULTED: N/A

METHOD OF CONSULTATION: Already been consulted on.

DATE OF DECISION: 13 Jul 2010

REFERENCE	I021175
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TITLE: Meals Service Tender Results

PURPOSE OF DECISION: Following a formal tender exercise, to agree to the awarding of framework agreement/s for the Meals Service.

FINANCIAL IMPACT: Within existing budget.

WHO WILL TAKE DECISION: Executive Member for Adult Services, Health and Housing

PRINCIPAL GROUPS TO BE CONSULTED: N/A

METHOD OF CONSULTATION: None

DATE OF DECISION: 23 Aug 2010

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