



## NOTICE OF MEETING

### Adult Social Care Overview and Scrutiny Panel

Tuesday 8 June 2010, 7.30 pm

Council Chamber, Fourth Floor, Easthampstead House, Bracknell

### 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, Bowers, Brossard, Finch and Mrs McCracken

ALISON SANDERS  
Director of Corporate Services

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If you require further information, please contact: Amanda Roden  
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**Adult Social Care Overview and Scrutiny Panel  
Tuesday 8 June 2010, 7.30 pm  
Council Chamber, Fourth Floor, Easthampstead House,  
Bracknell**

**AGENDA**

Page No

1. **ELECTION OF CHAIRMAN**
  2. **APPOINTMENT OF VICE-CHAIRMAN**
  3. **APOLOGIES FOR ABSENCE/SUBSTITUTE MEMBERS**  
To receive apologies for absence and to note the attendance of any substitute members.
  4. **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 2 March 2010. 1 - 6
  5. **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.
  6. **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**
7. **PERFORMANCE OF HEALTH AND SOCIAL CARE PUBLIC BODIES**  
Tim Inkson of the Care Quality Commission (CQC), possibly accompanied by Sue Sheath, the new local area manager covering Bracknell Forest, will explain the new CQC system for local authorities to input their views on the performance of health and social care public bodies. Mr Inkson's presentation slides are attached. 7 - 24
  8. **ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT APRIL 2009 - MARCH 2010**  
The 2009/10 Annual Report of the Complaints Manager for Adults Social Care is attached for the Panel's consideration. 25 - 38

## OVERVIEW AND POLICY DEVELOPMENT

### 9. DEPARTMENTAL PERFORMANCE AND ANNUAL SERVICE PLAN

To receive an update in respect of the CQC self assessment process and national performance indicator outturns as a precursor to receipt of the attached Adult Social Care and Health Departmental Annual Service Plan. 39 - 82

### 10. CARERS' SERVICES

To receive an update briefing report concerning the development of carers' services and the implementation of the 'Caring About Carers' Overview and Scrutiny Report and the Carers' Strategy. 83 - 94

### 11. PROGRESS ON PERSONALISATION

To receive a progress presentation regarding the outcome of the Personalisation pilot and the way forward together with an update in respect of the Working Group of the Panel reviewing safeguarding adults in the context of Personalisation. 95 - 96

## HOLDING THE EXECUTIVE TO ACCOUNT

### 12. EXECUTIVE FORWARD PLAN

To consider forthcoming items on the Executive Forward Plan relating to Adult Social Care. 97 - 100

## DATE OF NEXT MEETING AND FUTURE AGENDA ITEMS

The next scheduled meeting of the Adult Social Care Overview and Scrutiny Panel will be held on 12 October 2010. It is anticipated that future agenda items will include the following:

- Safeguarding Adults Annual Report
- Voluntary Sector Links to Personalisation

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**ADULT SOCIAL CARE OVERVIEW AND  
SCRUTINY PANEL  
02 MARCH 2010  
7.30 - 9.10 PM**



**Present:**

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

**Also Present:**

Glyn Jones, Director of Adult Social Care and Health  
Zoë Johnstone, Chief Officer: Adults and Commissioning  
Andrea Carr, Policy Officer (Overview and Scrutiny)  
Kaylee Godfrey, Communications Officer  
Amanda Roden, Democratic Services Assistant

**7. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel held on 18 January 2010 be approved as a correct record, and signed by the Chairman, subject to the following amendment:

- Item 6: reference to capacity in Age Concern Bracknell for alternative day care services to Downside Resource Centre be removed.

**8. 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.

**9. Urgent Items of Business**

There were no urgent items of business.

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

Tim Inkson, Care Quality Commission's (CQC's) local area manager was unable to be present at the meeting due to work commitments. The Chairman of the Health Overview and Scrutiny Panel and the Chairman of the Adult Social Care Overview and Scrutiny Panel would draft a letter to Mr Inkson regarding when he would be able to attend a meeting of one of these panels. The letter would be passed to the Director of Adult Social Care and Health for review and then signed by both Chairmen.

**11. Performance Monitoring Report (PMR)**

The Director of Adult Social Care and Health presented the Performance Monitoring Report (PMR) for the third quarter of 2009/10 (October to December) relating to Adult Social Care.

There was more detail on service elements than previously and the Personalisation Pilot was underway with targets set for 2010/11. A new IT system had been

implemented for Adult Social Care and went live on 1 March 2010. Adult Social Care and Health staff were heavily involved in testing the system. There was new Continuing Healthcare Guidance and a policy was near to being established for Berkshire East. There was positive feedback on the new Substance Misuse Contracts Award and a Member Briefing Seminar on the Drug and Alcohol Programme in Bracknell would take place on 31 March 2010.

Public sector Adult Social Care Services would be regulated under the new Regulatory Framework. Health sector facilities, such as the Trusts, would be looked at first. Requirements regarding the Corporate Strategy for Adult Social Care would be together in one place. The Service Development Plan included commitments, and the Workforce Strategy continued as part of the Berkshire pilot. The Personalisation Pilot would be evaluated and there had been a number of consultations.

Adult Social Care and Health had been successful in gaining funding for the accommodation and employment project for vulnerable groups, so this could now go ahead. The submission of the Substance Misuse Treatment Plan was a statutory requirement and would be undertaken. Some social care clients were now receiving self-directed support.

The performance position regarding Local Area Agreement (LAA) targets was overall positive and Service Plan objectives had been met. The criteria regarding judging performance was being discussed with the Government Office for the South East, in particular regarding LAA target NI 136 (people supported to live independently through social services) as it was unlikely that this target would be met and there was no ability to re-negotiate. A shadow target would possibly be created alongside NI 136 and the target for March 2011 would almost be met. The performance of the team had been ranked as 16<sup>th</sup> in the country.

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

- The Director of Adult Social Care and Health would investigate further the categories of long term sickness amongst staff, in particular in relation to stress related sickness.
- The Director of Adult Social Care and Health would provide an update briefing on the development of carers' services and the implementation of the 'Caring About Carers' Overview and Scrutiny report and the Carers' Strategy for a future Panel meeting.
- The Director of Adult Social Care and Health would provide a comparative figure of the staff turnover rate for 2009/10 as opposed to 2008/09. The staff turnover rate was less in Adult Social Care and Health than in the Council as a whole.
- Discussions were taking place with the Ombudsman regarding a complaint which had been submitted. Elements of the complaint had been upheld and the Ombudsman's decision was awaited. New regulations were in place this year which made the process of reaching the Ombudsman easier for complainants. As soon as a complaint had been investigated it could go straight to the Ombudsman.
- The Malnutrition Screening Tool would help to determine patient nutrition and good practice, and was mostly common sense. All Adult Social Care Providers would be encouraged to use the tool to help recognise when there were changes in patients' conditions. The use of the tool stemmed from some care homes not being facilitated for patients to eat properly and the need to recognise who would need support to eat. The tool may be used by dieticians or speech and language therapists for patients in their own homes but would

not expect to be used by social workers or occupational therapists for patients at home. The tool would be part of a needs assessment for patients, such as those discharged from hospital. A shopping and cleaning service was being developed through Bracknell Forest Voluntary Action who could potentially provide food but another service may be needed for the food to be cooked.

- Berkshire Healthcare NHS Foundation Trust had commenced a major project entitled New Generation Care, to determine the future configuration of mental health services in the light of the economic climate. There would possibly be a single site for in-patient care. The associated formal consultation was yet to take place and would involve different communication styles.
- The Panel indicated that it was content with the level of detail provided in this new PMR format.

## 12. **Progress on Personalisation**

The Chief Officer: Adults and Commissioning presented the progress report regarding the six month Personalisation pilot scheme which commenced on 1 August 2009. In September 2009, the Panel participated in a workshop which introduced the Personalisation agenda and a working group was established to examine the implications of this approach for Safeguarding Adults.

Personalisation involved a move from standardised care to a more individual tailored approach to take into account patients' needs and wishes and to give patients more control over how they received their care. The Personalisation pilot was completed at the end of January 2010 and the evaluation process was currently underway. Several factors would be considered, such as policy development, procedures, links with other organisations or professions, and the budget. Outcomes for this increased independent living included improvements in people's lives and a re-shaping of the marketplace.

There would be a wider roll-out towards the end of May 2010. Support plans were in place and those individuals participating were happy to share their experiences and tell their stories.

The 'Putting People First' milestones were on target and user led. There was a need to find natural leaders in the community. By March 2011 it was hoped that many more people would be receiving self-directed support.

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

- Voluntary workers would be sought from across the borough to assist in creating capacity within the community. This was a considerable task and a complex area. There was a need to make sure that the voluntary workers were able to respond to people's needs. The budget would be used for additional core funding or grants for voluntary organisations to help start initiatives. The commissioning strategy would be re-visited but there was a concern that it would be easier to identify people's needs than to meet their needs in the community with the current lack of provision.
- Disability groups were found to want support to undertake ordinary everyday activities or hobbies which they had done throughout their lives but now

needed support to continue doing. It would be easier for these groups if they could employ their own support staff. It was queried whether existing Parish and Town Council facilities in the borough could be utilised.

- There was not one specific programme board to represent users and carers directly as it would be difficult for one organisation to represent all disability groups, but good and innovative ways of involving people did exist through boards for different disability groups. The possibility of working with colleagues across Berkshire was being investigated and the measure for Department of Health milestones would hopefully be changed to a practicable measure. Concern was expressed regarding having one specific board if having several boards worked well.
- Milestone 3: 'Prevention and cost effective services' was thought to be unlikely to be achieved in the given timescale. However, good work had been undertaken at pilot sites with efficiencies within Adult Social Care rather than with the use of health care funding.
- 90% of people going through Intermediate Care had no need for ongoing services and Adult Social Care's own strategies would produce cashable savings. Although it could be difficult to save for future needs.

### 13. **Review of Day Service Provision in Personalisation**

The Director of Adult Social Care and Health gave an 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.

Work was being undertaken on proposals for the future and regular meetings were being held with staff. The decision had been taken to close the service at the Downside Resource Centre whilst works were being undertaken. A 'virtual' day centre had been created with daytime activities taking place at Heathlands, the Open Learning Centre and in other community establishments. The hot food provided was changed to a buffet style lunch as the users of the 'virtual' day centre did not find the food hot enough. A questionnaire would be circulated to the users and carers of this temporary service.

Meetings and one-to-one sessions had taken place in Bracknell, Crowthorne and Sandhurst, as there was a need to be mindful of those with respite needs who usually attended the Centre. In addition to a day care cost of £75,000, there was a transport related budget cost for the Centre. It was an uncertain time for staff. A more detailed report on the costing involved to re-open the Centre would go to a meeting of the Executive.

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

- The majority of people attending the 'virtual' day centre services, whilst the Downside Resource Centre was under review, were satisfied. The options provided in these services were not the same as at the Centre but they did meet users needs. Support was provided for carers for extended periods of time. Prior to its closure, attendance at the Centre had reduced from 40-45



per day to 20-30 per day. Funding would be used in a different way to meet users' needs.

- It was being investigated to see if there was capacity in community centres to provide a lunch club type facility. The Open Learning Centre was not a long term solution as the building did not have a catering facility and therefore did not meet the satisfaction of users.
- The Director of Adult Social Care and Health would investigate the possibility of Members attending consultation meetings with users and carers as observers and would forward the dates of the meetings onto the Panel.
- Stimulation for users was important. Some care homes were good at providing activities but others were not, leaving residents in need of Council-funded day services and activities. Contact had been made with Bracknell Forest Homes in order to provide activities, but the sheltered schemes in the borough were people's homes so there had been some resistance to the idea. However, this would be considered if there was availability in the schemes. Commissioning care homes to provide services and activities internally was a possibility.
- Discussions were ongoing regarding improving the standard of care homes known to be of a lower standard and not providing activities. The Care Governance Board and Care Quality Commission inspections helped to monitor care home standards and applied star ratings accordingly. Bracknell Forest Council would use their commissioning power to have a positive impact on the quality of services and would not purchase services from 0 or 1 star graded care homes until they improved their services. It was not thought that this would increase the cost of the services as the Council had a rate for nursing and residential care and would resist upward pressure on costs.

#### **14. Fairer Contributions Consultation**

The Director of Adult Social Care and Health gave an update on the consultation in respect of calculating an individual's contribution to their personal care budget.

The changes were due to government guidance regarding Personalisation. It was proposed that a charge was made against the value of support rather than the way a user chose to receive their support. Financial means would continue to be looked at, as well as minimum payments for support.

Letters had been sent to all users of the services and consultation meetings arranged. Although the meetings had not been well attended, there had been queries. The results would be compiled at the end of the consultation.

#### **15. Working Group Update**

The Panel received an update in respect of the Working Group of the Panel reviewing safeguarding adults in the context of Personalisation.

A scoping meeting had been held in December 2009 and another meeting last was held in February 2010. At future meetings the Working Group would look at the safeguarding Personalisation pilot and meet the new Head of Adult Safeguarding, who would begin work with the Council the week commencing 8 March 2010.

16. **Indicative Overview and Scrutiny Work Programme 2010/11**

The Panel was invited to endorse its indicative Work Programme for 2010/11.

Reductions in officer support would affect capacity for overview and scrutiny working groups but queries could still be raised in panel meetings and the Director of Adult Social Care and Health offered to provide further information on specific items of interest to panel members on request.

**RESOLVED** that the Adult Social Care Overview and Scrutiny Panel's indicative work programme for the 2010/11 municipal year, set out in Appendix 1 to the report, be endorsed.

17. **Overview and Scrutiny Quarterly Progress Report**

The Panel noted the Quarterly Progress Report of the Assistant Chief Executive on Overview and Scrutiny activity over the period November 2009 to January 2010 and local and national developments in Overview and Scrutiny.

18. **Executive Forward Plan**

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

Item I021167: Health and Well Being in Bracknell Forest Consultation

Further to a query, the Panel was advised that no principal groups would be consulted in respect of this item as it was seeking the Executive Member's approval to consult on the revised document only.

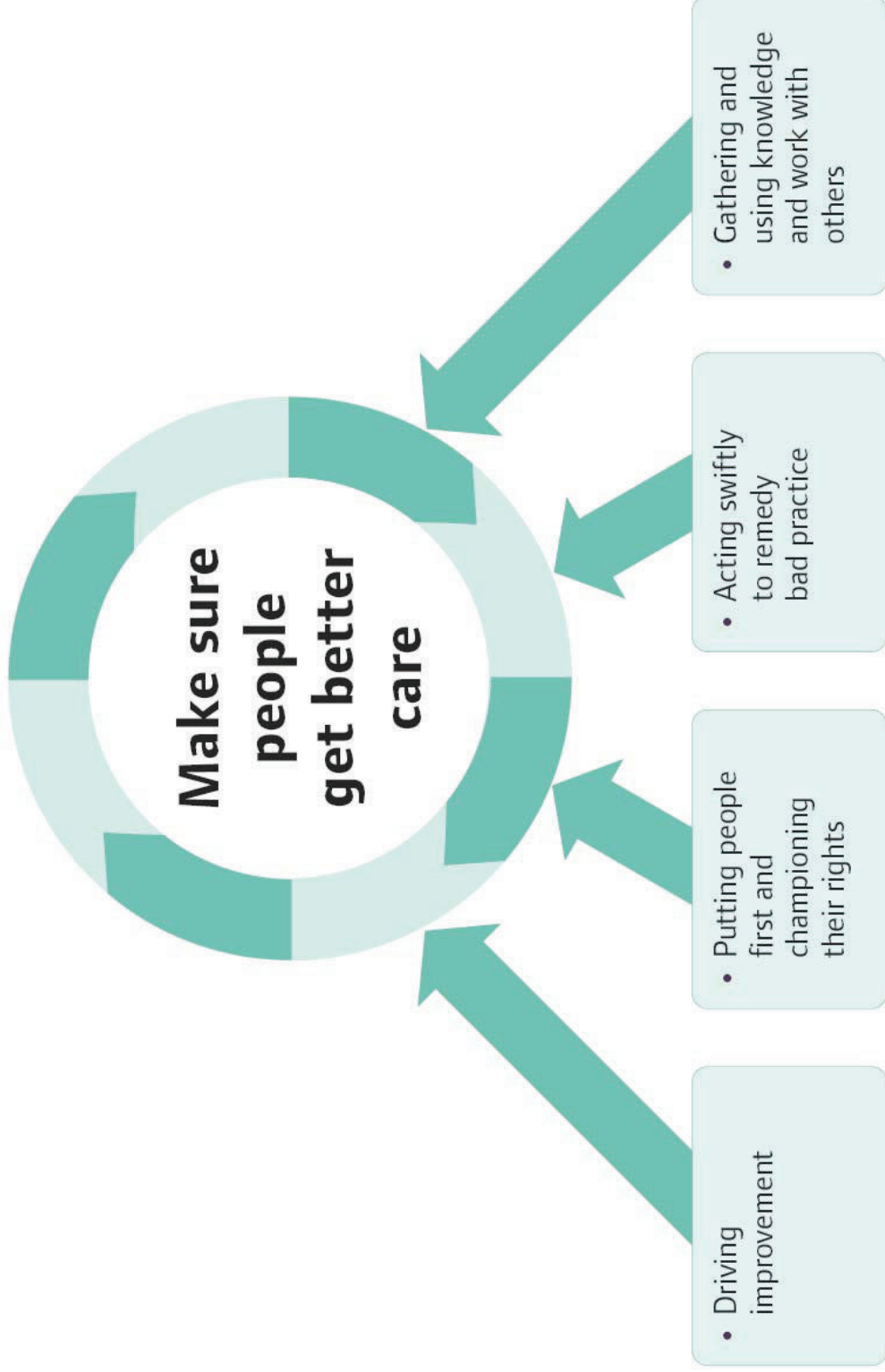
**CHAIRMAN**



**Working together:  
Care Quality  
Commission and  
OSCs**

Today we will:

- Share our ideas for working together
- Learn about how CQC is assessing health and social care services
- Discuss how you would like to give us your views and experiences of services



## We have been given some new powers



All providers of health and adult social care are required to register with us to show they meet essential standards of quality and safety:

- NHS providers registered from April 2010
- Adult social care and independent healthcare from October 2010
- Dental services and independent ambulance providers from 2011
- Primary medical services including GP practices from 2012

We will also drive improvements



**Quality assessments** of the performance of organisations that commission and provide care, and making sure they work together better (this includes primary care trusts and councils)

**Special reviews** of particular services or pathways of care or themes. For example, care for families with disabled children

**Comprehensive Area Assessment** – contributing information about care services to overall assessments of the quality of all local services in an area

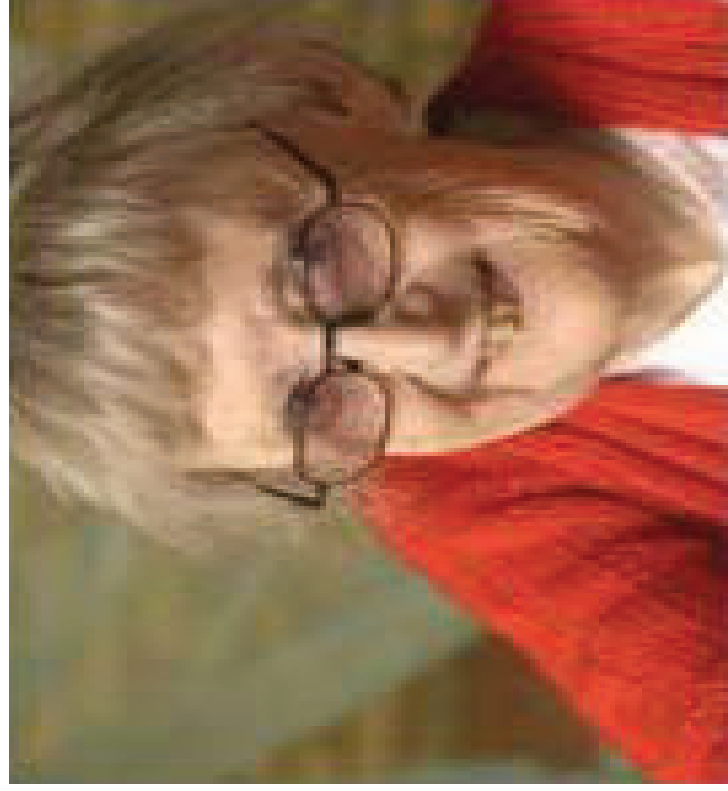
# Voices into Action



*Voices into Action* is our commitment to working with you. We will involve you in our work, and invite you to tell us your views and experiences about health and social care.



We will act on behalf of local people



We are:

Making better use of peoples views and experiences of care in our assessments

Checking whether people are involved in decisions about their own care

Finding new ways of involving people in our work, including governance and inspection

We are involving people.....



### **In all our activities**

- In our decision making
- In our assessments of services
- In our reviews and studies

### **In lots of ways**

- Directly as experts by experience and as advisers
- Through surveys and consultations
- Through voluntary bodies, including Overview and Scrutiny Committees and LINKs

## We want Overview and Scrutiny Committees to:



- know who we are and what we do
- help us develop how we regulate health and social care services
- have contact with local Care Quality Commission staff to share information
- tell us peoples' views and experiences of health and care services at any time in the year
- know what we have done with any information they give us
- Work with us more closely as we monitor services.

We both want **better care for local people**



Your information has already made a difference:

- Some OSCs have joined our national advisory group
- Many OSCs have now shared information about their work with us in local meetings with CQC
- OSCs are sending information through our website, commenting on our consultations and contributing to other work in CQC

## Using your knowledge



The information you have is important to us. We need to know:

- What local people tell you about particular services and their care
- What you find out about joined up care
- The recommendations from your reports and ‘enter and view’ visits
- The common issues and concerns you hear from different groups, especially people in vulnerable circumstances

Essential standards for health and social care providers cover:

- How people are involved in their care and the information they receive
- How people get the individual care and welfare they need, including food and nutrition
- How people are looked after safely (medicines, premises, equipment)
- How people get the right care from the right staff
- Whether services are well managed

Telling us what you know



You can:

- Share information with us at any time during the year
- Meet with local CQC staff to discuss plans and tell them about issues
- Send information to us through our website. Fill in a form and attach reports at [www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices).

Telling us what you know



You can now give us information about *dental services in your community* and *independent ambulance services*.

It will be helpful to have this by the end of December 2010 to help us judge if they meet essential standards of quality and safety to register with us.

We also hope you will raise any urgent concerns with us straight away if local solutions are not being found.



## Using your information



If you send us information through our website at [www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices) you will receive an email confirming we have received your information.

*It will be analysed and passed to our local staff who monitor the performance of the services. They will take it into account when they make decisions.*

If you pass the information directly to a local team they will record it and use it in the same way.

The local team may follow up to find out more about the issues you have raised.

*Your local CQC contact can let you know how your information has been used in the meetings you have with them.*

**OVER TO YOU!**



**What else would you like to know?**

**How do you want to work with the  
Care Quality Commission?**

**How would you like to share your  
information with us?**

## More information



Go to our website:

[www.cqc.org.uk](http://www.cqc.org.uk)

Send information to us about what local people think:

[www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices)

Sign up for our newsletter:

[www.cqc.org.uk/newsandevents](http://www.cqc.org.uk/newsandevents)

Talk to your local CQC contact:

03000 616161

or [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

Get involved in our work nationally:

[Lucy.Hamer@cqc.org.uk](mailto:Lucy.Hamer@cqc.org.uk) or [Clare.Delap@cqc.org.uk](mailto:Clare.Delap@cqc.org.uk)

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## ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL 08 JUNE 2010

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### **COMPLAINTS MANAGER FOR ADULT SOCIAL CARE: ANNUAL REPORT (Director of Adult Social Care & Health)**

#### **1 PURPOSE OF DECISION**

- 1.1 The purpose of this report is to present the annual report of the statutory Complaints function for Adult Social Care and Health Department for 2009/10 – attached as Annex 1, following approval by the Executive Member for Adult Social Care, Health & Housing.

#### **2 RECOMMENDATION(S)**

- 2.1 **That the Adult Social Care Overview & Scrutiny Panel note the Annual Report.**

#### **3 REASONS FOR RECOMMENDATION(S)**

- 3.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 state that Complaints Services should produce an annual report for consideration.

The Complaints Service performs an important statutory role in assuring the quality of response to adults who make complaints. The annual report, which is also a statutory requirement, supports the continuing development and review of the service and learning from complaints. The following is also required:

- 3.2 The Annual Report has been endorsed by the Executive Member and consideration is now reported to the next meeting of the Adult Social Care Overview & Scrutiny Panel.

#### **4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 None considered

#### **5 SUPPORTING INFORMATION**

- 5.1 The report sets out the number and nature of complaints received by the department. The learning from those complaints is also taken forward to improve practice where appropriate.

- 5.2 Overall, there were 15 complaints received within Adult Social Care and Health during the period. Of these, three were in respect of financial matters, four were in respect of services provided by the Community Response and Re-ablement Team, three for Older People & Long Term conditions, two were in respect of services received from Learning Disability Team, two were in respect of Occupational Therapy matters and one was for services received via the Brokerage Team.

- 5.3 A total of 177 compliments were received by the department in the same period.
- 5.4 On the subject of the nature of complaints, two were in respect of access to services, four were in respect of communications with the service user and nine were in respect of standard of service.

## **6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

- 6.1 The relevant legal provisions are set out within the main body of the report.

### Borough Treasurer

- 6.2 The Borough Treasurer is satisfied that there are no significant financial implications arising from this report.

### Equalities Impact Assessment

- 6.3 Available upon request

### Strategic Risk Management Issues

- 6.4 None identified

### Other Officers

- 6.5 None identified

## **7 CONSULTATION**

### Principal Groups Consulted

- 7.1 None

### Method of Consultation

- 7.2 Not applicable

### Representations Received

- 7.3 Not applicable

### Background Papers

Listening, Responding, Improving – A guide to Better Customer Care (2009)  
Adult Social Care Policy – Procedure in making a Complaint (2009)  
Principles of Good Complaint Handling 2009  
Principles of Good Administration (2009)  
Principles of Remedy (2009)  
The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

Contact for further information

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Doc Ref

Adult Social Care and Health  
Concerns, Compliments and Complaints Annual Report 2009 - 2010

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Adult Social Care

Concerns, Compliments and Complaints

Annual Report

2009 – 2010

## **1. Introduction**

This is the Complaints Manager's annual report for adult social care. It is a statutory requirement to produce an annual report about the complaints activity within adult social care and this is a public document.

The purpose of the report is to provide an overview of this work and to summarise the issues that have arisen from 1<sup>st</sup> April 2009 through to 31<sup>st</sup> March 2010.

This report will firstly go to the Executive Member for Adult Social Care, Health & Housing for approval and subsequently onto Bracknell Forest Adult Social Care Overview & Scrutiny Panel on 8<sup>th</sup> June 2010.

## **2. Context**

### **2.1 Legislation**

The legislation requires local authorities to appoint a Complaints Manager with the remit of:

- Managing, developing and administering the complaints procedure
- Providing assistance and advice to those who wish to complain
- Overseeing the investigation of complaints that cannot be managed at source
- Supporting and training staff
- Monitoring and reporting on complaints activity

#### **2.1.1 New Procedure**

New regulations and guidance on the joint social care and health complaints procedure were published in February 2009 and came into force on 1<sup>st</sup> April 2009. It is called 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

This procedure is based on the Department of Health's guidance, 'Listening, Responding and Improving' which supports the statutory requirements for the handling and consideration of complaints. Its intention is to allow us more flexibility to respond to complaints and to encourage a culture that uses people's experiences of care to improve the service we provide. To achieve this we aim to look at people's needs rather than the process of dealing with the complaint.

At present, complaints from self-funded users of independent services have no redress for anything that has gone wrong, except by using their provider's own complaints procedure.

With effect from October 2010 adults who fund their own social care will have access to an independent complaints review service provided by the Local Government Ombudsman. This information will be distributed to all staff who have direct contact in dealing with members of the public.

### **2.2 Who May Complain?**

Section 5 of the Regulation (2009) requires local authorities to consider complaints made by someone who:

- Is receiving or had received services from the authority.
- Is affected, or likely to be affected, by the action, omission or decision of the authority.

- A complaint may be made by a representative, acting on behalf of a person who, has died, or is unable to make the complaint themselves because of:
  - (i) physical incapacity, or
  - (ii) lack of capacity within the meaning of the Mental Capacity Act 2005, or
  - (iii) has requested that a representative act on their behalf (proof must be provided in this instance)

A complaint by a representative will not be considered if the authority is satisfied that the representative is not acting in the best interests of the person on whose behalf the complaint is being made. If this occurs, the authority will inform the representative of the reason for this decision in writing.

If it is considered that the complaint is outside of these regulations, the complainant will be notified in writing of this, outlining how this decision was reached.

### **2.3 The Statutory Complaints Procedure in Bracknell Forest**

Responsibility for statutory complaints rests with the Director of Adult Social Care and Health.

In order to provide independence from the line management of cases and the allocation of resources, this post is managed by the Performance Manager within the Performance & Resources Branch.

### **2.4 The Statutory Procedure**

A single approach to dealing with complaints for both Adult Social Care and the National Health Service was introduced on 1<sup>st</sup> April 2009. The single approach will give organisations greater flexibility to respond and encourage a culture that seeks and then uses people's experiences of care to improve quality. The three stage process has ended and a single level process is now in use.

In managing the procedure the Complaints Manager is required to ensure that:

- The complaint investigation considers the matters raised comprehensively and objectively
- The reply of the local authority addresses all matters arising in the complaint and the investigation is pro-active in resolving the complaint wherever possible.

In complex matters, it is important to be able to demonstrate that a fair process has been followed. The use of external Investigators assists in the resolution of these complaints. However, complaints are not automatically referred to an external Investigator, as Bracknell Forest has its own experienced managers who may be in a position to undertake an investigation.

The complaints procedure aims to be as accessible as possible. All information regarding the new policy and procedure is available on the Bracknell Forest public website.

## 2.5 The Local Authority Procedure

Complaints not covered by the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 may be dealt with under the local authority procedures.

## 2.6 Timescales for the Resolution of Complaints

Staff will always try to resolve problems or concerns before they escalate into complaints and this ensures that, wherever possible, complaints are kept to a minimum.

Since the introduction of the new regulations the only mandatory timescale is that the complainant receives an acknowledgement within 3 working days. The new legislation allows for a more flexible approach, but we aim for a formal investigation to be completed in 3 months and the overall life of a complaint to be within 6 months. If these timescales are not met, a new plan of action must be agreed/negotiated with the complainant.

There is a time limit of 12 months from when the matter being complained about occurred, to when a complaint may be made. After this time, a complaint will not normally be considered.

However, the 12 month time limit does not apply where the local authority is satisfied that the complainant had good reasons for not making the complaint within that time and where it is still possible to investigate the complaint effectively and fairly.

## 2.7 Timescale agreed with complainant for completion of complaints

New guidelines for 2009/10 incorporate working with complainants at the outset to agree on a timescale for responding to the complaint. Our aim is always to resolve complaints within the individual timescale that has been negotiated with the complainant. In some instances, particularly where unforeseen circumstances arise, it is necessary to re-negotiate this timescale. Out of the 15 cases investigated, the agreed timescale was exceeded in seven instances. As this is the first year timescales for responding have been negotiated in this way, it is anticipated that there may be learning from this in our approach for 2010/11.

Number of Cases	Was Deadline Met - Not Met?
7	- 4 Cases were very complex and required in-depth investigations and therefore did not meet the initial negotiated deadlines  - 3 Deadlines were not met as this was during the period of recruitment for the new Complaints Manager
5	Were resolved within negotiated timescale
3	Cases still within investigation stage

### 3. Overview of the Work

#### 3.1 Number of Complaint Investigations

There are approximately 4,000 people in receipt of support through adult social care during this period.

A total of 15 complaints have been received using the Statutory Complaints procedure for the period of 2009-10 in comparison with:

*A total of 18 complaints received for the period of 2008-09*

*A total of 22 complaints received for the period of 2007-08*

This shows a slight drop in complaints over the past 2 years, however as the cohort is relatively small this may not be significant.

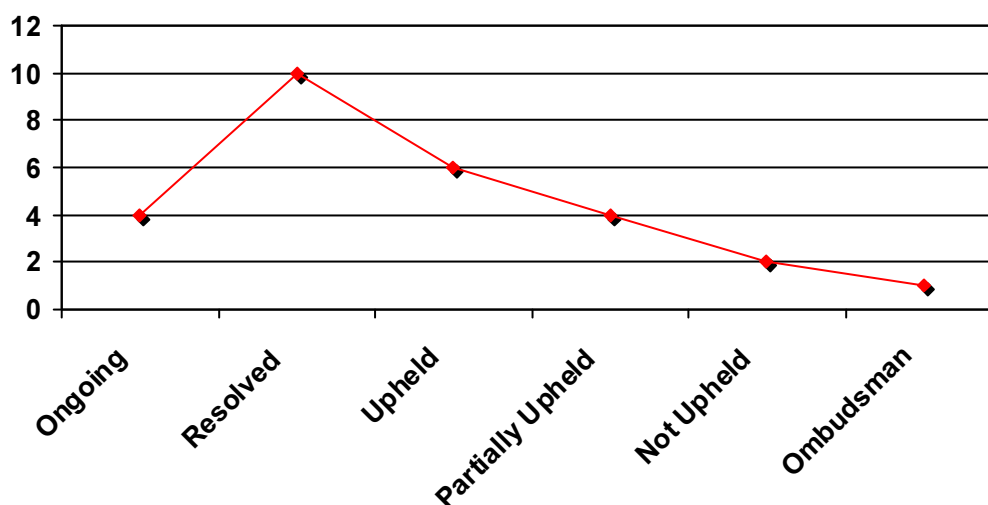
1 Complaint was referred to the Local Government Ombudsman

2 Complaints have used the Protocol – Joint working on complaints

The complaints dealt with under the complaints procedure do not, for example always include complaints about the care provided by independent agencies. This is due to those agencies having their own complaints procedure. Also people who are in receipt of direct payments have limited access to the local authority complaints procedure. This is because those in receipt of direct payments are effectively employing their carers and this is not covered by the statutory complaints system. However, advice around these issues can be obtained via the Direct Payments Team.

Clients who self fund their services also do not have access to the statutory complaints procedure - although with effect from October 2010 they will be able to direct their concerns onto an independent complaints review service provided by the Local Government Ombudsman.

#### 3.2 Findings from Complaints



As shown in the previous table of the 15 complaints that were investigated, 6 were upheld, some were partially upheld, which sometimes happens within the more complex cases when there are many factors involved and areas of concerns that need investigating.

These investigations provide an insight into services and indicate to us where there are opportunities for us to improve and to use these experiences to make appropriate changes where required as highlighted in 6.2.

### 3.3 Complaints by Areas of Service Provision

Bracknell Forest receives in the region of 1,500 contacts for new clients per annum. Complaints broken down into Service Provision are shown as follows:

3 - were in respect of financial matters / the finance team
7 – were in respect of services provided by the Community Response & Reablement Team
2 - were in respect of services received from Learning Disability Team
2 – were in respect of Occupational Therapy matters
1 – were in respect of services received via Brokerage Team

#### At Local Government Ombudsman Stage:

1 - an ongoing investigation
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### 3.4 Nature of Complaints Received

Access to Services	2
Communication with Service User	4
Standard of Service	9

### 3.5 Cost of Complaint Investigations for 2009-10

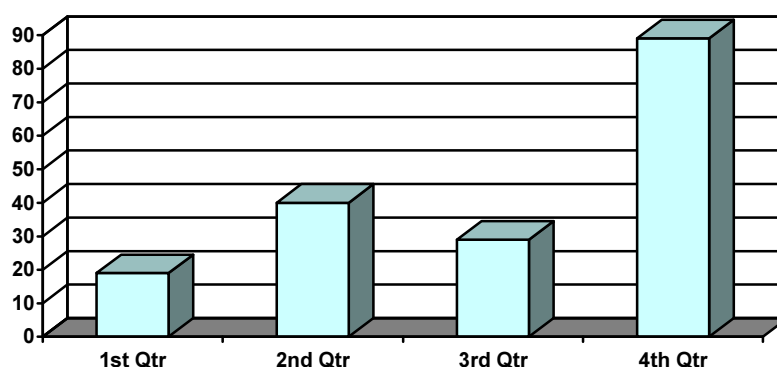
The cost of independent investigations for this period was £3,986.94p  
 There were also some extra costs incurred for publicity materials, such as leaflets, totalling £404.00, giving an overall total cost of £4,390.94.

### 3.6 Reporting to Senior Managers in Adult Social Care

The Complaints Manager meets with Chief Officers on a monthly basis.  
 The purpose of the meeting is to learn from the outcomes of complaints and to use that to improve on service delivery.

## 4. Representations in Adults Social Care 2009-10

### Compliments



<p><b>Compliments</b> given to the Complaints Manager</p> <p>Examples of comments were:                      'Would like to thank the department for the help to pack up the kitchen to make way for a new one to be fitted'.                      'Grateful for the support received, especially through the long winter months when the meals on wheels were always there'.                      'For the help and support that is provided to my daughter who has Learning Difficulties'.                      'The equipment and expertise has been invaluable since my hip replacement'.                      'Thank you for the extremely efficient processing of the Blue Badge application'.</p>	<p>177 in total</p>
<p><b>MP enquiries.</b></p>	<p>15 in total</p>

<p><b>Concerns</b> The Complaints Manager is often contacted about matters that are problems and worries rather than complaints, the majority of these are dealt with at service delivery level. These are generally recorded as a 'concern'.</p>	<p>14 in total</p>
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## 5. Development of Policies and Procedures

Since the introduction of the new legislation (April 2009), Bracknell Forest Council has issued a new complaints policy implementing new procedures. These are in line with 'A Guide to Better Customer Care' published by the Department of Health.

Dealing with a complaint is usually a straightforward process. However, in a small number of cases, people pursue their cases in ways that create excessive demands on staff and resources. This can happen while the complaint is being investigated and/or after the authority has concluded its investigations. In line with this, we have issued a Policy entitled 'Unreasonably Persistent Complainants and Unreasonable Complainant Behaviour Policy'

### 5.1 Development of Complaint Management Expertise

The Complaints Manager has attended several team meetings to provide an update on complaints management and the new procedures introduced.

The South Regional Complaints Manager's Group also aims to meet quarterly. It is well attended and provides a network for support and information sharing. The network aims to raise standards for Complaints Management across the region to promote consistency of practice and to provide a source of mutual support.

For the period 2009-10 the key work of the group has been to consider the introduction of the new legislation for Adult Social Care and to discuss/share alternative techniques in resolving formal complaints.

## 6. Commentary on Complaints received in 2009-10

Cases unresolved – these are in the final stages and response letters have gone to the complainants. We are awaiting their decision as to whether the findings in the conclusion are acceptable. For one in particular a face to face meeting may be required.

### 6.1 Comments on the Local Government Ombudsman Complaint

One complaint has been brought to the attention of the Ombudsman. At the time of writing this report, it continues to be an ongoing investigation.



## **Learning from Complaints**

Six areas of improvement were highlighted during this period as a result of complaints received and investigated:

- Criteria for the admission into Bridgewell have been strengthened necessitating changes to protocols
- The distribution of invoices regarding charges for residential care is being reviewed.
- Relevant staff in the Financial Assessment team to receive formal training on customer care.
- It was identified that some continuity of care management is required in relation to supporting people under the MH Act
- Some channels of communication need to be clearer between service users and service providers.
- Ongoing, close supervision to ensure individuals are supported and arrangements are made that is most conducive to their needs

## **7. Issues about the Complaint Procedure from the Complaints received**

### **7.1 The Parameters of the Complaints Process**

In accordance with the guidance the Complaints Manager has a responsibility to put in place a process which is transparent and set apart from operational management of the care service.

It is also their responsibility to work with the Chief Officer's to decide whether any carer who may be raising a complaint is doing so in the interests of the person receiving a service. If there are no mental health issues, and the person is able to make their own decisions, we must have their permission to proceed with the investigation.

The new legislation promotes a more flexible approach, for example, negotiating timescales in relation to ongoing investigations.

### **7.2 Good Practice in Complaints Management**

Speedy responses have helped to prevent escalation of issues which may have no merit, or to be classed as a complaint. As the legislation states if a matter is dealt with within 24 hours to the satisfaction of the complainant, then it is not required to be logged as a complaint.

The Local Government Ombudsman has produced 3 very helpful publications:

- Principles of Good Complaint Handling
- Principles of Good Administration
- Principles for Remedy

The Ombudsman's principles for good complaint handling are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

It may be useful to review the way we collate complaints data, for example:

- How can we more closely define the difference between a complaint and a concern?
- When does a concern become a complaint?
- If a complaint has been dealt with by an Operations Manager, solely about the service, how are these being brought to the attention of the Complaints Manager – and what are the conditions that govern them to be classified as a complaint?

Clearly this warrants further investigation – the findings of which will be highlighted in the next annual report.

## **8. Areas for Future Development**

It is crucial that the Complaints Manager is kept abreast of current investigations and will therefore continue to work with the relevant teams to achieve this.

Work is ongoing to ensure that operational teams have a good understanding of the current complaints policy and the procedures that Bracknell Forest Council has put in place.

A major part of the Complaint Manager's role is to be sure that those policies and procedures are being adhered to and that the processes remain transparent and robust.

## **9. Conclusion**

Over the period of this review, the complaints function for adult social care has met the requirements of the relevant guidance and regulations. Overall management of complaints is managed well and undertaken with sensitivity. Bracknell Forest Council does not receive a high number of complaints, but those that it does receive are becoming increasingly complex.

The Council learns from complaints made and there is evidence that changes to processes have been made where appropriate.

The next report will cover the period from April 1<sup>st</sup> 2010 to March 31<sup>st</sup> 2011.

**Susan Horton**  
**Complaints Manager for Adult Social Care**

## ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 8 JUNE 2010

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### DEPARTMENTAL PERFORMANCE AND ANNUAL SERVICE PLAN (Director of Adult Social Care and Health)

#### **1 INTRODUCTION**

- 1.1 This report introduces an update in respect of the Care Quality Commission self assessment process and national performance indicator outturns as a precursor to receipt of the attached Adult Social Care and Health Departmental Annual Service Plan.

#### **2 SUGGESTED ACTION**

- 2.1 **That the performance information and Adult Social Care and Health Departmental Annual Service Plan be noted.**

#### Background Papers

None.

#### Contact for further information

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# Adult Social Care & Health Service Plan 2010/11

Executive Member: Councillor Dale Birch

Final 30/04/10

Director: Glyn Jones

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# Executive Summary

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## **Key achievements over the past three years (2007/8 to 2009/10):**

Overall in the period, Adult Social Care (ASC) has continued to evidence demonstrable improvement in performance which in 2007/08 saw it awarded three stars (top performance), in the final year of the star rating system. The new rating system for 2008/09 saw the Care Quality Commission (CQC) judge ASC as Performing Well. This bears strong comparison nationally.

The overall performance of the department has been underpinned by a range of improvement, innovation and an increasing person centred approach across the department.

The department's ability to assess its performance accurately and put in place action plans for improvement is recognised by the CQC as strong, thus enabling our regulators to have confidence in the Council's ability and commitment to continually improve services. Overall, services within the Adult Social Care and Health department are recognised nationally as "strong improving services" recognising the quality of provision that our staff make to local service provision. Our ability to communicate and evidence our achievements so clearly is, in no small part, due to the effectiveness of our resources and business support teams.

A number of achievements are worthy of mention, but this is by no means an exhaustive list:-

- The Learning Disability Team being recognised nationally by the Department of Health in the Annual Health and Social Care Awards. Their success was in the category of Dignity in Care as one of three finalists.
- Ensuring service user, their carers and relevant staff groups, are central to the commissioning process and the evaluation of services that are provided. The development of a range of commissioning strategies for all of the major care groups demonstrated this.
- Working with others is an important part of the work of Adult Social Care and both CSCI and CQC commented positively on this area which has resulted in significant improvement in performance.
- The In House Dementia Team were winners of the Skills for Care Accolades Award which further determined our approach to modernising In House Services.
- New approach to Commissioning Substance Misuse Service. As a consequence, a service user consultation was held in order to measure the success of the new services. All of the service users involved felt that services had improved. The Community Development has continued to work with service users and members of the family and friends group to support them in becoming more independent.

The Council's approach to safeguarding adults has been transformed during this time with considerable strengthening of the importance at all levels in the department. The approach to Care Governance, monitoring the quality of providers commissioned by the Council has drawn praise from regulators. This approach ensures that commissioned services are encouraged to perform well.

The department's own regulated services all continue to perform well and are rated as either 3 star or 2 star, a good achievement.

Throughout this period, considerable focus has been given to modernising services and the way in which support is provided. This is an important expectation of the regulators.

The national priority to transform Adult Social Care, together with the Social Care Reform Grant has been an important part of our approach. 2009/10 saw the piloting of Personalisation in Bracknell Forest. Early indications are very positive in terms of the outcome on people's lives. The next phase is evaluation of the pilot coupled with an analysis of the implications for the department.

The Human Resources team have been developing and establishing a safer workforce training programme and processes for safer recruitment checks. Some of the successful improvements around recruitment and retention in difficult to recruit areas such as social workers have continued to be successful.

Information and Computer Technology (ICT) in both schools and within the department has been working on the implementation of a new Community Care system for the department.

The Finance team continue to achieve strong financial performance against both revenue and capital budgets.

The Performance and Governance team has monitored outturns in the new Performance Indicators and put in place robust data collection methods, and supporting preparation for CAA Inspection, and other routine meetings.

Adult Social Care cannot be delivered by the department alone, so our collaborative approach with a number of stakeholders is key. The approach to partnership working is at the heart of this. The department is strongly represented in key groups with the PCT at a number of levels, links with other departments are important as well as those voluntary and private providers we procure services from.

The transfer of commissioning responsibility for adults with a learning disability supported by the NHS was concluded in 2009/10 with agreement on the appropriate transfer of funds.

The department of the joint approach to complete the Joint Strategic Needs Assessment is important in identifying the needs of the population and underpinning the relevant strategies and plans.



## **Key targets to be achieved over the next three years (2010/11 to 2013/14):**

The aims are to:-

- Consolidate our approach to Joint Commissioning with NHS Berkshire East with agreed workplans and responding to the Transforming Agendas in both the NHS and ASC.
  - Evaluate the results of the Personalisation pilot and analyse the implications for the department, presenting options for the future to the Executive.
  - Continue the process of modernisation of the Council's own services. This includes a consultation on the future of Downside Resource Centre, the expansion of dementia-specific day support and the creation of a local care economy, along with plans to redesign Carers Support Services for adults with a learning disability.
  - Embed the new IT system for ASC which will be implemented by the end of 2009/10.
  - Be actively involved in the development of the Bracknell Healthspace with NHS Berkshire East to ensure that health needs of residents are met more effectively.
  - Work with health partners as they reconfigure services in the light of the expected financial situation.
  - Implement new commissioning arrangements for people with a learning disability to increase the number of people helped to live in non-residential settings.
  - Ensure performance of the department remains at the high levels now expected.
  - Prepare for the implementation of Free Personal Care due to be in place in October 2010.
  - Effective response to Valuing People Now
  - To develop a Berkshire East Clinical Governance Framework in association with service providers, the DAATs and NHS Berkshire East for ratification by the Berkshire East Joint Commissioning Group.
  - To review the information in the current Bracknell Forest Substance Misuse Service Directory, revise as required and re-print for distribution.
- Human Resources will lead the implementation of the vetting and barring scheme across the workforce whilst also ensuring the workforce implications for personalisation are reviewed and appropriate action taken.

A Resource Allocation System to calculate personalised budgets for adults requiring social care, will be developed and implemented together with associated guidance and monitoring requirements.

The project for the refurbishment of the accommodation at Waymead will go ahead to provide enhanced facilities for the short term respite care service. It is proposed that the CTPLD base will be relocated from Waymead to the town centre offices.

ICT will continue to play an integral role as we replace key systems for Document Management. We will implement further changes to the case management system to align with the Personalisation agenda in Adult Social Care.

## Section One: Services included in this plan

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### Adult Social Care

The department provides advice and information about the range of services that may be available to support individuals or families (over 18). In carrying out assessments for people we will determine any support that can be provided. If people are not eligible, we can give them information about other ways and organisations that they could get help. There is joint work with children's services on transition to adult life.

The focus of our support is to enable people to maximise their ability and retain their independence, which will mean people can stay in their own homes for as long as possible.

Support may be needed for a crisis or a longer period, and we generally provide this due to age or disability. Depending on assessed needs, a range of services could be provided in partnership with other organisations to meet the social care needs of adults and older people. Services include home support, day care opportunities, meals services, the provision of equipment for daily living and residential and nursing care.

We have specific support for the following areas for individuals and/or their families:

For older people and people with physical disabilities (Long Term Conditions), the first point of access to the department is via the Community Response and Reablement team which provides support to enable people to remain in their own homes for longer and to facilitate timely discharge from hospital back to their usual places of residence. As part of this service there is a residential rehabilitation services that operates from the Bridgewell centre, located within Ladybank along with an integrated community support service.

Community Support and Development provides a range of services which support people longer term in their wish to continue living in the community or living within residential/nursing care settings.

The teams include the Older People and Long Term Conditions Team, two Community Support & Well-being Teams, Heathlands Residential Home, Heathlands Day Centre, Downside Resource Centre, the Business Support Team and the Look In. The Emergency Duty Team is overseen by the Chief Officer: Older People and Long Term Conditions.

The teams work in partnership with other professional agencies, voluntary groups, the independent sector and carers to develop or purchase services, consult locally with the community to ensure services meet needs and regular monitor quality of service delivery.

People with a learning disability (including those on Autism spectrum): In response to the Government agenda of empowering people to have control

of their own lives, and to have the same range of opportunities as other people, we are taking the In Control approach to personal budgets and self directed support.

Working with people, their families, advocates and partner organisations, we are currently modernising services we provide so that they can offer an arrangement of community-based supports to enable people to follow their interests and pursue their ambitions.

**People with mental health needs:** The Community Mental Health Team (CMHT) is an integrated team made up of Health and Social Services staff. It provides services to people living in Bracknell Forest with severe and enduring mental illness. The services are provided through care co-ordination. There are a range of specialist services within CMHT. These are:

- Assertive Outreach Team
- Early Interventions Psychosis.
- Home Treatment Team
- Duty – the branch operates a single point of referral for all mental health services within Bracknell Forest for adults aged 16-75. Those under 18 in full-time school education would be referred to CAMHS. People over 75 and those presenting with symptoms of dementia would be referred to the Community Mental Health Team for Older People.
- Approved Social Worker.
- Mother and Baby
- STaR (Support, Time and Recovery) Workers. Support Time and Recovery workers provide support for clients to promote recovery and social inclusion based on individual needs.

## 400

**People who misuse substances:** DAAT is responsible for delivering the National Drug Strategy at a local level and ensure that the work of local agencies is brought together effectively and that cross agency projects are co-ordinated successfully.

**Carers Support:** We offer individual assessment of carers needs and ongoing support. There are local carers groups. We also provide support for asylum seekers and people affected by HIV/Aids.

**Commissioning:** The role of the team is to assist the department in the modernisation of adult social care to deliver the aims of the White Paper 'Our Health, Our Care, Our Say to enable people to be as independent as possible and to have choice and control over their own lives. There are three functions within the Commissioning Team:

- Brokerage
- Contracts

- Policy and Commissioning

### **Performance and Resources**

The Performance and Resources Branch provides the framework to support the work of the department which Adult Social Care and the Youth Service in terms of finance, human resources, ICT, property, admissions and performance management. It also provides a key quality assurance role, supporting operational staff. The branch provides a direct link with colleagues in Corporate Services. Key services provided within the Branch include:

#### **Property Team:**

- Provides information and advice to support local building managers on all aspects relating to their premises across all service areas
- Prepares and prioritises the Capital Programme
- Provides and maintains the Asset Management Plan
- Assists with the implementation of the capital programme including planning and commissioning of projects
- Monitors the reactive maintenance budget for ASC&H sites

#### **Human Resources Team:**

- Supports all departmental managers in effective people management including the implementation of HR strategies, recruitment and retention, employee relations issues, training and development.
- Provides policy guidance and assistance with the recruitment, selection and appointment of staff
- Supports the implementation of workforce remodelling through the personalisation agenda
- Leads on the implementation of the Workforce Development Strategies including Integrated Local Workforce Strategy (INLAWS)
- Addresses safeguarding workforce issues across the workforce – including the Private Voluntary and Independent sector (PVI)
- Provides policy advice and guidance on health and safety
- Supports all employee relation activities and leads on consultation with trade unions
- Undertakes workforce pre-employment checks and the production of contracts of employment

#### **Financial Services Team:**

- Leads, prepares and delivers the Department's revenue and capital budgets, makes allocations to establishments and services and monitors budgets
- Provides professional financial management and accountancy support to cost centre managers
- Leads the regulatory role to ensure the monitoring of performance and compliance to standards through independent audit reviews
- Ensures compliance (S151) for all financial matters within the department

- Through appointee-ship function, manages the financial affairs of vulnerable adults
- Provides exchequer functions of payments to providers and individuals and manages debt collection
- Undertakes financial assessments of people receiving social care to establish levels of contributions due
- Manages and develops the financial systems in place for the efficient and effective delivery of related services
- Supports modernisation of Adult Social Care, in particular through developing and maintaining a Resource Allocation System and procedures for individual budgets updating the Contributions Policy and procedures for individual budget

ICT Services Team:

- Determines the ICT requirements to meet the department responsibilities and objectives
- Provides comprehensive project management for the procurement and introduction of new specialist applications to support the department and the wider national agenda
- Manages and supports the case management information systems used within the department ensuring that security and data integrity is always maintained
- Provides a wide range of ICT support for schools under service level agreements.

Performance and Governance Team:

- Leads the development of the performance management framework across the Department, including performance monitoring of all national and local performance indicators, responding to requests for performance information and analysis to Departmental Management Team (DMT) and elected members
- Leads on the development of an integrated performance management framework across the department
- Co-ordinates department performance and policy returns, which include but are not restricted to service plans; corporate plans; performance monitoring reports and government returns
- Supports web and intranet (BORIS) publishing for the Department
- Coordinates Data Protection, Freedom of Information, Copyright and Licensing issues
- Designs and manages surveys and consultations
- Provides statistical analysis, and trend analysis to support operational workstreams
- The function also has a quality audit role which includes the Complaints Manager who manages the statutory complaints functions within Adults Social Care and Health.

## Section Two

### Where we are now

<p><b>Where are we now?</b></p>	<p>The following areas should be highlighted as areas of strategic importance within the Adult Social Care and Health Department and will shape forward direction:</p> <p><b>Transforming Adult Social Care – Personalisation</b>  Personalisation is well underway in Bracknell Forest. It represents a significant shift in the approach to providing support. 2010/11 will see the development of the blue print for Bracknell following on from the analysis of the pilot.</p> <p><b>Modernising Adult Services</b>  A continued focus on what we do and how this is done will be an important strategic position for us. We are consulting on the way we deliver day-time activities for older people and younger adults with long-term conditions with a view to supporting a broad range of options.</p> <p><b>Partnerships</b>  Our partnership with NHS partners will continue to be strategic importance in the department. NHS organisations are going through significant change as the financial situation changes. Recent changes to the Continuing Health Care Framework have been supported through additional staff training. A Section 75 Agreement will be in place in April 2010 which will drive through Community Response and Reablement Service within the Borough.</p> <p><b>Comprehensive Area Assessment (CAA)</b>  The CAA took effect from 1st April 2009. This involved a joint inspectorate assessment of the Council and of the area through the work of Bracknell Forest Partnership. Bracknell Forest Council was awarded an overall 3 out of 4 'Performing Well' i.e. consistently delivering above minimum requirements. Within the overall assessment specific ratings were given for Children services by Ofsted and adult care services by the Care Quality Commission (CQC).</p> <p>The Care Quality Commission has rated the Council's adult social care as performing well overall, with two outcomes, increased choice and control, and economic, well-being, graded as performing excellently. <i>(Glyn to review)</i>.</p>
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### **Demographics**

The local context is one of rising numbers of older people and increasing diversity. This together with increasing numbers of disabled people reaching adulthood, placing additional demands on adult services.

### **Workforce**

Our staff remain a key focus with highlights around the development and implementation of a safer workforce training programme. This includes the safer workforce employment checks.

The department continues to focus on recruitment and retention in difficult staffing areas. Moving forward, we will continue to focus on workforce development/remodelling following Personalisation and working through the introduction of the Vetting and Barring Scheme.

### **Adult Social Care Rating**

The department received in November the formal publication of the Performance Rating on Bracknell Forest Adult Social Care by the Care Quality Commission (CQC).

The rating system has changed from the star based system in 2008, when Bracknell Forest Council was 3 stars. The new system is a four band system with departments performing: Poorly; Adequately; Well or Excellently.

Bracknell Forest was judged to be Performing Well.

The judgement is based on ratings for seven outcomes which CQC assess. The table below sets out the component ratings.

<b>Delivering Outcomes</b>	<b>Grade Awarded</b>
Improved health and emotional well-being	Performing Well
Improved quality of life	Performing Well
Making a positive contribution	Performing Well
Increased choice and control	Performing Excellently
Freedom from discrimination or harassment	Performing Well
Economic well-being	Performing Excellently
Maintaining personal dignity and respect	Performing Well
<b>Overall Grade Awarded for Delivery of Outcomes</b>	<b>Grade 3: (Performing Well)</b>



	<p>The full rating is on the Council's website at:  <a href="http://www.bracknell-forest.gov.uk/living/liv-community-care.htm">http://www.bracknell-forest.gov.uk/living/liv-community-care.htm</a>.</p> <p>All of the actions in last year's service plan were achieved.</p>
<p><b>How does the service meet with user expectations?</b></p>	<p>The Complaints Policy and Procedure provides a framework for managing complaints and comments from users of our services and has been updated to accommodate a change in legislation. There are two new documents which have been approved by DMT and the Executive Member:</p> <ul style="list-style-type: none"> <li>• Complaints Policy and Procedure</li> <li>• Unreasonably Persistent Complainants Policy</li> </ul> <p>A flowchart for the use of staff has also been provided and new leaflets are being published. The website is also being updated and the public will be able to gain access to the relevant documents. Training for the statutory complaints procedure is also being provided to staff members.</p> <p>An annual report completed by the Complaints Manager provides an opportunity to consider the views of service users and identify areas for development.</p> <p>Routine inspections of regulated services always include service user comments. This is an important area. The department continues to look at ways in which people who use services are supported to become involved.</p>

## Section Three

### Looking forward: what we want to achieve in the next 12 months

<b>Priority Three: Promoting health and achievement</b>		<b>Medium Term Objective 5: To improve health and well being within the Borough by:</b>	
<b>Key Actions/Objectives for 2008/09-2010/11:</b>			
<p>5.1 Developing and implementing a comprehensive health strategy for the Borough with partners, which identifies clear priorities and actions to address local health inequalities and to improve health and well-being</p> <p>5.2 Working with health partners to secure more outpatient, diagnostic and secondary health services in the borough</p> <p>5.7 Enabling more people to remain in their own homes through the use of 'Telecare'</p> <p>5.8 Producing an annual Joint Strategic Needs Analysis to influence LAA and outcomes for Borough residents</p>			
<b>Planning – how will we achieve this?</b>			
<b>Detailed delivery plan 2010/11</b>		<b>By when</b>	<b>By whom</b>
5.1.1	Refresh the Health and Well Being Strategy	September 2010	Director of Adult Social Care & Health
5.1.2	Work to ensure that vulnerable people can use the same facilities and services in the community as everyone else can, to help them to have a good quality of life.	January 2011 and ongoing	Personalisation Programme Manager
5.1.3	Support the work of the voluntary sector; looking at new ways for voluntary sector to improve people's lives	September 2010	Chief Officer: Older People & Long Term Conditions
			<b>Links to related strategies, policies and plans</b>
			Health and Well Being Strategy
			All Care Group Commissioning Strategies
			All Care Group Commissioning Strategies

5.1.4	There will be a range of leisure, educational and social opportunities accessible to all people who are supported by Adult Social Care and Health	March 2011	Personalisation Programme Manager	Commissioning Strategy for People who experience sight of hearing loss or who are Deafblind	
5.1.5	Work with the NHS to make psychological therapies more available	December 2010	Locality Manager Mental Health	Commissioning Strategy for adult mental health	
5.2.1	Review options with the NHS Berkshire East to improve access to and increase provision of health facilities in the Borough, and improved Accident and Emergency	Ongoing as part of Healthspace	Director of Adult Social Care & Health	Health & Well being Strategy	
5.2.2	Development of an End of Life Strategy with NHS Berkshire East	December 2010	Chief Officer: Older People & Long Term Conditions	Health & Well being Strategy	
5.7.1	Maximise people's independence by promoting the use of assistive technology and equipment	July 2010	Service Manager Community Support & Development	Commissioning Strategy for People who experience sight of hearing loss or who are Deafblind	
5.8.1	Ensure JSNA is refreshed annually	December 2010	Director of Adult Social Care & Health	Health & Well being Strategy	
5.8.2	Undertake a programme of consultation with Older People which will feed into the delivery of an Older People accommodation strategy	September 2010	Chief Officer: Older People & Long Term Conditions	Housing Strategy	
5.8.3	Implement the outcomes of transforming Community services with specific emphasis on Urgent Care, End of Life Care and Stroke Rehabilitation	March 2011	Chief Officer: Older People & Long Term Conditions		
<b>Performance monitoring and target setting - How will we know we have achieved our objectives?</b>					
<b>Description of Performance Indicator</b>	<b>How we performed in 2009/10</b>	<b>How we will perform in 2010/11</b>	<b>Our targets for</b>		<b>Further information, comments including what factors will impact on the achievement of the targets for 2010/11</b>
			<b>2011/12</b>	<b>2012/13</b>	

NI 134	Number of emergency bed days per head of weighted population					Mira Haynes
NI 136	People supported to live independently through social services (adults)					Mira Haynes
NI 125	Achieving independence for older people through rehabilitation/intermediate care					Mira Haynes
NI	Delayed transfers of care					Mira Haynes

### Risk assessment for planned outcomes

Risk Factors	Risk Score	Actions to mitigate risks	Target Date	Responsible officer for action
Unable to agree priorities with partners		<ul style="list-style-type: none"> <li>Ensure relevant council staff are represented on key groups</li> </ul>	September 2010	Chief Officers
Transforming community health services and changing provider for Community Health Services		<ul style="list-style-type: none"> <li>Engaging with PCT process, using position and service delivery to help influence</li> </ul>	March 2010	Director
<b>Further comments</b>				
These risk factors are in the corporate risk register linking to partnerships as being below the threshold. Monitoring throughout the year will enable us to inform the corporate risk register				

<p><b>Priority Three: Promoting health and achievement</b></p>	<p><b>Medium Term Objective 7:</b> Seek to ensure that every resident feels included and able to access the services they need by:</p>									
<p><b>Key Actions/Objectives for 2008/09-2010/11:</b></p> <p>7.5 Implementing a Disability Equality Scheme, Gender Equality Scheme and Race Equality Scheme  7.6 Increasing access to services by electronic means  7.7 Implementing the Community Cohesion strategy to give people a sense of belonging and identity as members of their community.  7.8 Working within the Bracknell Forest Partnership to show continuous improvement in equalities and diversity in the Council and its services, and work towards attaining the 'Achieving' level of the Equality Framework.  7.10 Implementing the Bracknell Forest Partnership Community Engagement Strategy to engage with residents to shape service provision and develop communities</p>										
<p><b>Planning – how will we achieve this?</b></p>										
<p><b>Detailed delivery plan 2010/11</b></p>										
<p>7.5.1</p>	<table border="1"> <thead> <tr> <th data-bbox="347 1612 606 1926">By when</th> <th data-bbox="606 1612 782 1926">By whom</th> <th data-bbox="782 1612 1200 1926">Links to related strategies, policies and plans</th> </tr> </thead> <tbody> <tr> <td data-bbox="347 1321 606 1411">March 2011</td> <td data-bbox="606 1321 782 1411">Head of Joint Commissioning</td> <td data-bbox="782 1321 1200 1411">Disability Equality Scheme Gender Equality Scheme Race Equality Scheme</td> </tr> <tr> <td data-bbox="347 1411 606 1523">March 2011</td> <td data-bbox="606 1411 782 1523">Chief Officer: Older People &amp; Long Term Conditions</td> <td data-bbox="782 1411 1200 1523">Commissioning Strategy for Older People's Services</td> </tr> </tbody> </table>	By when	By whom	Links to related strategies, policies and plans	March 2011	Head of Joint Commissioning	Disability Equality Scheme Gender Equality Scheme Race Equality Scheme	March 2011	Chief Officer: Older People & Long Term Conditions	Commissioning Strategy for Older People's Services
By when	By whom	Links to related strategies, policies and plans								
March 2011	Head of Joint Commissioning	Disability Equality Scheme Gender Equality Scheme Race Equality Scheme								
March 2011	Chief Officer: Older People & Long Term Conditions	Commissioning Strategy for Older People's Services								
<p>7.5.2</p>	<p>Contribute to the implementation of the Disability, Race and Gender Equality Schemes actions due for completion in 2010/11 and progress those actions due for completion in later years  Meet the cultural needs and expectations of older people, particularly those from Black and Minority Ethnic Groups</p>									

7.6.1	Enhance the Council's website to create links for vulnerable people which would also help publicise events and could facilitate research into what people want to do who are supported by Adult Social Care & Health	December 2010	Personalisation Programme Manager	Older Person's Strategy National TASC Milestones
7.7.1	Implement actions in 'All of us' Community cohesion Strategy	March 2011	Head of Joint Commissioning	All of Us – Community Cohesion Strategy
7.8.1	Conduct Equality Impact Assessments (EIAs) for new services, strategies and policies and review existing EIAs as part of a rolling three year programme, ensuring all actions resulting from these are built into team/business workplans	March 2011	Head of Joint Commissioning	
7.8.2	Ensure all EIA actions for 2010/11 are implemented and actions for future years progressed	March 2011	Head of Joint Commissioning	
7.8.3	Collate departmental evidence to enable the attainment of the 'Achieving' level of the Equality Framework	September 2010	Head of Joint Commissioning	
7.8.4	Improve equality monitoring to provide better information on access to and take up of services by different parts of the community	March 2011	Head of Joint Commissioning	
7.10.1	Implement the actions in the Bracknell Forest Partnership Community Engagement Strategy due for completion in 2010/11 and ensure actions for future years are progressed	March 2011	Head of Joint Commissioning	
7.10.3	Review the structure role and purpose of the main forums for older people	July 2010	Director of Adult Social Care & Health	Older Persons Strategy

7.10.4	To make information available to the public including all individuals currently supported and all local stakeholders about the transformation agenda and its benefits for them	April 2010	Personalisation Programme Manager	National TASC Milestones	
7.10.5	To ensure that local people understand the changes and about personal budgets, and that many are contributing to the development of local practice	October 2010	Personalisation Programme Manager	National TASC Milestones	
7.10.6	Develop a User Led Organisation which is directly contributing to the transformation to personal budgets	December 2010	Personalisation Programme Manager	National TASC Milestones	
7.10.7	Arrangements for access to universal information and advice services are in place	October 2010	Personalisation Programme Manager	National TASC Milestones	
<b>Performance monitoring and target setting - How will we know we have achieved our objectives?</b>					
<b>Description of Performance Indicator</b>	<b>How we performed in 2009/10</b>	<b>How we will perform in 2010/11</b>	<b>Our targets for</b>		<b>Further information, comments including what factors will impact on the achievement of the targets for 2010/11</b>
			2011/12	2012/13	
7.15 - Asset Management Plan signed off by DMT	n/a	AMP signed off by DMT by the end of Jul-10	Update AMP	Update AMP	
<b>Risk assessment for planned outcomes</b>					
<b>Risk Factors</b>	<b>Risk Score</b>	<b>Actions to mitigate risks</b>	<b>Target Date</b>	<b>Responsible officer for action</b>	
Non achievement of actions in 7.5.1 will restrict access to hard to reach groups		<ul style="list-style-type: none"> <li>process of EIA will underpin this</li> </ul>		Heads of Service	
<b>Further comments</b>					
<b>The personalisation programme board has its own risk register, the risks are not repeated here</b>					

<p><b>Priority Four: Create a borough where people are, and feel, safe</b></p>	<p><b>Medium Term Objective 8: To reduce crime and increase people's sense of safety in the Borough by:</b></p>		
<p><b>Key Actions/Objectives for 2008/09- 2010/11:</b></p> <p>8.5 Reducing the number of people, particularly young people, abusing drugs and alcohol</p> <p>8.9 Increase awareness of "safeguarding adults" issues for vulnerable people and the wider public</p>			
<p><b>Planning – how will we achieve this?</b></p>			
<p><b>Detailed delivery plan 2010/11</b></p>			
8.5.1	Promote smoking awareness and cessation initiatives delivered by the PCT	March 2011	Head of Joint Commissioning
8.5.2	Work with the Berkshire East PCT to promote prevention and support initiatives including educational awareness of the harmful effects of substance and alcohol misuse.	March 2011	DAAT Manager
8.5.3	Increase the number of drug misusing clients retained in treatment for 12 weeks or more	March 2011	DAAT Manager
8.5.4	Reduce the number of clients leaving treatment in an unplanned way	March 2011	DAAT Manager
8.5.5	Ensure that local services have sufficient capacity to meet local needs in terms of drug and alcohol treatment	March 2011	DAAT Manager
<p><b>Links to related strategies, policies and plans</b></p>		Health & Well being Strategy	Health & Well being Strategy
		Health & Well being Strategy	Health & Well being Strategy
		Substance Misuse Adult Treatment Plan	Substance Misuse Adult Treatment Plan
		Substance Misuse Adult Treatment Plan	Substance Misuse Adult Treatment Plan
		Substance Misuse Adult Treatment Plan	Substance Misuse Adult Treatment Plan



8.5.6	Work with NHS Berkshire East to identify funding for inpatient detoxification services for residents who are dependent on alcohol	March 2010	DAAT Manager	Substance Misuse Adult Treatment Plan	
8.9.1	Review contracting arrangements to ensure that they appropriately reflect safeguarding requirements and are in line with SUI guidance	Subject to National SUI guidance, expected in 2010	Head of Adult Safeguarding	Safeguarding Adults Annual Report and Workplan	
8.9.2	Work with CDRP colleagues to ensure that ASBO policy reflects Safeguarding issues	June 2010	Head of Adult Safeguarding	Safeguarding Adults Annual Report and Workplan	
8.9.3	Review the ToR and membership of Safeguarding Adults Partnership Board, giving consideration to the option of engaging an independent chair.	Subject to publication of new No Secrets Guidance/legislation	Head of Adult Safeguarding	Safeguarding Adults Annual Report and Workplan	
8.9.4	Review Care Governance Protocols	July 2010	Head of Adult Safeguarding	Safeguarding Adults Annual Report and Workplan	
8.9.5	Manage/lead "Safe Place" project	December 2010	Head of Adult Safeguarding	Safeguarding Adults Annual Report and Workplan	
8.9.6	Implement the departmental audit plan to ensure that the Deprivation of Liberty Safeguards are being fully implemented in Bracknell.	July 2010	Head of Adult Safeguarding	Safeguarding Adults Annual Report and Workplan	
8.9.7	Hold Managing Authority conference	Autumn 2010	Head of Adult Safeguarding	Safeguarding Adults Annual Report and Workplan	
8.9.8	Lead on the implementation of the Vetting and Barring Scheme	November 2010	Head of Human Resources	Workforce Strategy	
<b>Performance monitoring and target setting - How will we know we have achieved our objectives?</b>					
<b>Description of Performance Indicator</b>	<b>How we performed in 2009/10</b>	<b>How we will perform in 2010/11</b>	<b>Our targets for</b>		<b>Further information, comments including what factors will impact on the achievement of the targets for 2010/11</b>
			<b>2011/12</b>	<b>2012/13</b>	
NI 38					

NI 39									
NI 40									
NI 115									

### Risk assessment for planned outcomes

Risk Factors	Risk Score	Actions to mitigate risks	Target Date	Responsible officer for action
8.9.8 Further delay in the implementation of the Vetting and Barring Scheme -	D4	<ul style="list-style-type: none"> <li>The national timetable will dictate the introduction to the scheme</li> </ul>		Head of HR
8.9.8 Internal recruitment processes not sufficiently in place for the scheme to operate.	D2	<ul style="list-style-type: none"> <li>Working group established to ensure processes are ready</li> <li>Guidance to be shared across workforce partners</li> </ul>	July 2010	Head of HR
8.9.8 lack of awareness of the scheme	D2	<ul style="list-style-type: none"> <li>Communications with internal workforce managers and through Safeguarding Adults Strategy Group</li> <li>Presentations to voluntary sectors</li> </ul>	November 2010	Head of HR
Failure to implement safeguarding and DOLS policy could put people at risk	D2	<ul style="list-style-type: none"> <li>Use of care governance board and Safeguarding Adults Forum to promote activities</li> <li>Deliver DoLS Audit</li> </ul>	December 2010	Head of Safeguarding Adults
Failure of provider to deliver substance misuse services	D2	<ul style="list-style-type: none"> <li>Regular performance and financial monitoring</li> <li>Encouraging User feedback on treatment services</li> </ul>	March 2011	DAAT Manager

### Further comments

Safeguarding risks are covered in the corporate risk register. Actions identified above will help to mitigate that risk .

<p><b>Priority Four: Create a borough where people are, and feel, safe</b></p>	<p><b>Medium Term Objective 9: To promote independence and choice for vulnerable adults and older people by:</b></p>																
<p><b>Key Actions/Objectives for 2008/09- 2010/11:</b></p> <p>9.1 Modernising services for vulnerable adults and older people by reducing reliance on residential care and improving access to community based services</p> <p>9.4 Providing advice and support to vulnerable people to help maintain them in their own homes</p> <p>9.5 Providing support for carers through working with statutory and voluntary partners</p> <p>9.7 Implementing the Borough-wide Strategy for Older People</p> <p>9.8 Implementing the Council's approach to personalisation by supporting all people who are eligible for support from the Council, to have and use, an individual budget and to support the development of community based opportunities</p>																	
<p><b>Planning – how will we achieve this?</b></p>																	
<table border="1"> <thead> <tr> <th data-bbox="767 1906 903 2065"><b>Detailed delivery plan 2010/11</b></th> <th data-bbox="767 1328 903 1906"><b>By when</b></th> <th data-bbox="767 860 903 1328"><b>By whom</b></th> <th data-bbox="767 136 903 860"><b>Links to related strategies, policies and plans</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="903 1906 1007 2065">9.1.1 Create more activities for frail older people, with transport linked to the activities</td> <td data-bbox="903 1328 1007 1906">May 2010</td> <td data-bbox="903 860 1007 1328">Chief Officer: Older People &amp; Long Term Conditions</td> <td data-bbox="903 136 1007 860">Older Persons Strategy</td> </tr> <tr> <td data-bbox="1007 1906 1142 2065">9.1.2 Co-ordinate more effectively the schemes for providing assistance to older residents with daily chores, house and garden maintenance</td> <td data-bbox="1007 1328 1142 1906">June 2010</td> <td data-bbox="1007 860 1142 1328">Head of Community Response &amp; Reablement</td> <td data-bbox="1007 136 1142 860">Older Persons Strategy</td> </tr> <tr> <td data-bbox="1142 1906 1286 2065">9.1.3 Make sure suitable housing is available for older people and that a range of different accommodation and support options are available.</td> <td data-bbox="1142 1328 1286 1906">March 2011</td> <td data-bbox="1142 860 1286 1328">Chief Officer: Older People &amp; Long Term Conditions</td> <td data-bbox="1142 136 1286 860">Housing Strategy</td> </tr> </tbody> </table>		<b>Detailed delivery plan 2010/11</b>	<b>By when</b>	<b>By whom</b>	<b>Links to related strategies, policies and plans</b>	9.1.1 Create more activities for frail older people, with transport linked to the activities	May 2010	Chief Officer: Older People & Long Term Conditions	Older Persons Strategy	9.1.2 Co-ordinate more effectively the schemes for providing assistance to older residents with daily chores, house and garden maintenance	June 2010	Head of Community Response & Reablement	Older Persons Strategy	9.1.3 Make sure suitable housing is available for older people and that a range of different accommodation and support options are available.	March 2011	Chief Officer: Older People & Long Term Conditions	Housing Strategy
<b>Detailed delivery plan 2010/11</b>	<b>By when</b>	<b>By whom</b>	<b>Links to related strategies, policies and plans</b>														
9.1.1 Create more activities for frail older people, with transport linked to the activities	May 2010	Chief Officer: Older People & Long Term Conditions	Older Persons Strategy														
9.1.2 Co-ordinate more effectively the schemes for providing assistance to older residents with daily chores, house and garden maintenance	June 2010	Head of Community Response & Reablement	Older Persons Strategy														
9.1.3 Make sure suitable housing is available for older people and that a range of different accommodation and support options are available.	March 2011	Chief Officer: Older People & Long Term Conditions	Housing Strategy														

9.1.4	Review the provision of day opportunities and work in partnership with other agencies in the voluntary and independent sector	October 2010	Chief Officer: Older People & Long Term Conditions	Commissioning Strategy for Long Term Conditions
9.4.1	Co-ordinate a full review of EDT contract with regard to safeguarding, outcomes from Baby P enquiry and recommendations following Serious Case Reviews	March 2011	Chief Officer: Older People & Long Term Conditions	
9.5.1	Continue to increase the rate at which carers receive assessments or reviews	March 2011	Chief Officer: Older People & Long Term Conditions	Adult Social Care Action Plan
9.5.2	Implement the Dementia Care Adviser role, following DH funding	March 2011	Locality Manager - Mental Health	Commissioning Strategy for People with dementia
9.7.1	Promote use of supported self-directed assessments	Ongoing	Service Manager Community Support & Development	Commissioning Strategy for People who experience sight of hearing loss or who are Deafblind
9.8.1	Evaluate the personalisation pilot and develop recommendation for the roll out of personalised support across ASC	May 2010	Chief Officer: Adults & Commissioning	
9.8.2	That all new individuals and existing people supported by Adult Social Care are offered a personal budget	October 2010	Personalisation Programme Manager	National TASC milestones
9.8.3	That processes are in place to monitor across the whole system the impact in investment towards preventative and enabling services.	October 2010	Personalisation Programme Manager	National TASC milestones
9.8.4	Implement a project in partnership with the Princess Royal Trust to support people to join the Local Exchange and Trading (LETS) Scheme	April 2010	Chief Officer: Adults & Commissioning	

9.8.5	Host a provider workshop in partnership with BFVA to ensure that providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets	October 2010 (conference in June 2010)	Personalisation Programme Manager	National TASC milestones
9.8.6	A Fairer Contributions Policy is approved by the Council's Executive which supports Personalisation	June 2010	Director of Adult Social Care & Health	

**Performance monitoring and target setting - How will we know we have achieved our objectives?**

Description of Performance Indicator	How we performed in 2009/10	How we will perform in 2010/11	Our targets for		Further information, comments including what factors will impact on the achievement of the targets for 2010/11
			2011/12	2012/13	
NI 124 People with a long term condition supported to be independent and in control of their condition					Chief Officer: Older People & Long Term Conditions
NI 125 Achieving independence for older people through rehabilitation/intermediate care					Chief Officer: Older People & Long Term Conditions
NI 127 Self-reported experience of social care users					Director of Adult Social Care & Health
NI 128 User reported measure of respect and dignity in their treatment					Director of Adult Social Care & Health
NI 129 End of life care – access to appropriate care enabling people to be able to choose to die at home					Chief Officer: Older People & Long Term Conditions

NI 130	Social Care Clients receiving Self Directed Support per 100,000 population						Chief Officer: Adults & Commissioning
NI 131	Delayed transfers of care						Chief Officer: Older People & Long Term Conditions
NI 132	Timeliness of social care assessment (all adults)						Chief Officer: Older People & Long Term Conditions
NI 133	Timeliness of social care packages following assessment						Chief Officer: Older People & Long Term Conditions
NI 135	Carers receiving needs assessment or review and a specific carers service, or advice and information						Chief Officer: Older People & Long Term Conditions
NI 136	People supported to live independently through social services (all adults)						Chief Officer: Adults & Commissioning
NI 137	Healthy life expectancy at age 65						Chief Officer: Older People & Long Term Conditions
NI 139	The extent to which older people receive the support they need to live independently at home						Chief Officer: Older People & Long Term Conditions
NI 145	Adults with learning disabilities in settled accommodation					The number of people in settled accommodation will increase as the LD service take forward the service housing plan and partnership working enabling greater access to affordable and adapted accommodation.	Head of Service
NI 146	Adults with learning disabilities in employment					An employment plan is in place to reach the target identified for 10/11.	Head of Service

NI 149	Adults receiving secondary mental health services in settled accommodation						Chief Officer: Adults & Commissioning
NI 150	Adults receiving secondary mental health services in employment						Head of Service
<b>Risk assessment for planned outcomes</b>							
<b>Risk Factors</b>		<b>Risk Score</b>	<b>Actions to mitigate risks</b>	<b>Target Date</b>	<b>Responsible officer for action</b>		
Personalisation targets not met		D2	<ul style="list-style-type: none"> <li>Regular monitoring through Project Implementation</li> </ul>		Chief Commissioning	Officer	Adults and
Staff skills to deliver changes are present		D2	<ul style="list-style-type: none"> <li>Workforce plan identifies range and type of skills needed</li> </ul>		Head of Human Resources		
Failure to engage key stakeholders		D2	<ul style="list-style-type: none"> <li>Workshop for all providers</li> </ul>		Personalisation Manager		Programme
<b>Further Comments</b>							
Personalisation programme has its own board and associated risk log, which is not repeated here							

Priority Five: Value for money	Medium Term Objective 10: To be accountable and provide excellent value for money			
<p><b>Key Actions/Objectives for 2008/09-2010/11:</b></p> <p>10.4 Working effectively with partners to improve the quality of life in the Borough</p> <p>10.5 Implementing the priority areas of the Service Efficiency Strategy to deliver savings and improve service operation</p> <p>10.7 Ensuring all council services provide value for money and make effective use of resources</p> <p>10.8 Ensure all staff are in place with the right skills and capacity to deliver service outcomes and maximise service efficiency</p>				
<p><b>Planning – how will we achieve this?</b></p>				
Detailed delivery plan 2010/11	By when	By whom	Links to related strategies, policies and plans	
10.4.8	Work with NHS Berkshire East to maximise the Council's influence in shaping services, such as the Healthspace	Ongoing (2012)	Director of Adult Social Care & Health	Health & Well Being Strategy
10.4.9	Implement a joint complaints procedure with the NHS	July 2010	Head of Performance & Governance	
10.5.1	Introduce new commissioning arrangements for Domiciliary Care (older people)	May 2010	Chief Officer: Older People & Long Term Conditions	
10.5.2	Conclude consultation on modernisation of day care for older people and prepare options for future	July 2010	Chief Officer: Older People & Long Term Conditions	Commissioning Strategy for Long Term Conditions
10.7.11	Record evidence that the carer's grant is used to effectively ensure equity for all of Bracknell Forest's population	May 2010	Chief Officer: Older People & Long Term Conditions	Adult Social Care Action Plan



10.8.2	Review the recruitment and retention practices to ensure staff are in place with the relevant skills to deliver service outcomes	Ongoing	Head of Human Resources	Adult Workforce Strategy/ Personalisation
10.8.3	Review the workforce implications of personalisation to ensure the workforce are appropriately developed and trained to deliver services effectively	Ongoing	Workforce Workstream/Head of Human Resources	Adults Workforce Strategy and Personalisation
10.8.4	Develop a specialist worker role for people who are deafblind in accordance with the guidance in LAC(2001)8 Social Care for Deafblind Children and Adults	March 2011	Chief Officer: Older People & Long Term Conditions	Commissioning Strategy for People who experience sight of hearing loss or who are Deafblind

**Performance monitoring and target setting - How will we know we have achieved our objectives?**

Description of Performance Indicator	How we performed in 2009/10	How we will perform in 2010/11	Our targets for		Further information, comments including what factors will impact on the achievement of the targets for 2010/11
			2011/12	2012/13	
Local indicators					
10.8.2 Regular review of recruitment and turnover that will enable early action in case of problems	Recruitment problems have eased for social workers. Some difficulty experienced in recruiting to certain heads of service roles	<ul style="list-style-type: none"> <li>Continue to monitor turnover and work with managers to provide effective recruitment campaigns.</li> <li>Aim to provide early identification of challenging recruitment areas</li> <li>Workforce Planning to be implemented across the department</li> <li>Presence at recruitment fairs for key work areas – e.g. teaching, social workers</li> </ul>			

10.8.3	The workforce implications for personalisation are reviewed to ensure the workforce is able to be responsive to what could be differing future roles and responsibilities			<ul style="list-style-type: none"> <li>We will continue to monitor and shape workforce requirements to meet the need of the Personalisation agenda.</li> </ul>		
<b>Risk assessment for planned outcomes</b>						
<b>Risk Factors</b>	<b>Risk Score</b>	<b>Actions to mitigate risks</b>		<b>Target Date</b>	<b>Responsible officer for action</b>	
10.8.2 Knowledge of where staff recruitment/retention will become problematic	E2	<ul style="list-style-type: none"> <li>Early identification of challenging recruitment areas</li> <li>Workforce Planning to be implemented across the department</li> <li>Engage colleagues with the LA/Workforce as appropriate</li> <li>Presence at recruitment fairs for key work areas – e.g. teaching, social workers</li> </ul>		Ongoing	Head of Human Resources	
10.8.2 Non recruitment or delays to key posts could impact on service efficiency. Could also potentially increase costs where external recruitment agencies are engaged	E2	<ul style="list-style-type: none"> <li>Early identification of challenging recruitment areas</li> <li>Work with managers to ensure recruitment campaigns are effective and targeted</li> </ul>		Ongoing		
10.8.3 The Personalisation pilot does not provide enough informed data to begin to shape future workforce requirements	E4	<ul style="list-style-type: none"> <li>Continuous review of how service delivery is impacted through Personalisation.</li> <li>Review arrangements in other Local Authorities</li> </ul>			Head of Human Resources	

<b>Further comments</b>
None

<b>Priority Six: sustain economic prosperity</b>		<b>Medium Term Objective 12: To promote workforce skills</b>		
<b>Key Actions/Objectives for 2008/09-2010/11:</b>				
12.1 Contribute to the development of an appropriately skilled workforce through Adult and Community Learning				
<b>Planning – how will we achieve this?</b>				
<b>Detailed delivery plan 2010/11</b>		<b>By when</b>	<b>By whom</b>	<b>Links to related strategies, policies and plans</b>
12.1.1	Increase the number of lowest skilled adults, non-employed and under-employed adults to access learning, training and employability skills focussing on 50+ age group, carers, long parents, adults with mental health problems, disabilities and learning difficulties	March 2011	CE Advisor	Health & Well Being Strategy PSA16
12.1.2	Maximise income for vulnerable people through access to employment or benefit maximisation	March 2011	Chief Officer: Adults and Commissioning	
12.1.3	Continue to help people with learning disability to secure employment	Ongoing – LAA indicator and targets continue to be met.	Head of Service	Commissioning Strategy for People with Learning Disabilities
12.1.4	Establish Steering Group for PSA16 Innovation Fund Project and implementation plan	April 2010	Chief Officer: Adults and Commissioning	

12.1.5	Develop Implementation Plan for IPSA16 Innovation Fund project	April 2010	Chief Officer: Adults and Commissioning	
<b>Performance monitoring and target setting - How will we know we have achieved our objectives?</b>				
<b>Description of Performance Indicator</b>	<b>How we performed in 2009/10</b>	<b>How we will perform in 2010/11</b>	<b>Our targets for</b>	<b>Further information, comments including what factors will impact on the achievement of the targets for 2010/11</b>
NI 146			2011/12      2012/13	
<b>Risk assessment for planned outcomes</b>				
<b>Risk Factors</b>	<b>Risk Score</b>	<b>Actions to mitigate risks</b>	<b>Target Date</b>	<b>Responsible officer for action</b>
Economic downturn restricts employment opportunities	D3	<ul style="list-style-type: none"> <li>Continue to work with Breakthrough</li> <li>Use PSA 16 work to create more opportunities</li> </ul>		Chief Officer: Adults & Commissioning Head of Learning Disabilities
<b>Further comments</b>				

# Annex A

## Related strategies, policies and plans

Plan	Purpose	Date first published or to be published (where drafts exist)	Review date	Legislation	Monitoring or Inspection Agency	Lead officer or informed contact	Links to other plans, strategies
<b>MTO 5 To improve health and well being within the Borough</b>							
Health & Well Being in Bracknell Forest	An overarching signposting document to all relevant aims, outcomes and action plans from existing council and partnership plans and strategies	Draft to be published summer 2010	2013	N/A	N/A	Director ASC&H	
Joint Strategic Needs Assessment	A comprehensive analysis of the health and social care needs of the Bracknell population	September 2009	Reviewed annually in line with planning cycles	N/A	N/A	Director ASC&H	
<b>MTO 9: To promote independence and choice for vulnerable adults and older people</b>							
Older People's Commissioning Strategy 2007-2012	A commissioning strategy for social care services for older people based on qualitative and quantitative needs analysis	2007	To be reviewed in 2010 in line with Personalisation programme	N/A	N/A	Director ASC&H	
Purchasing Plan (Older People's Services) 2008-2013	A purchasing plan detailing projected need of services for older people	2008	2010 in line with personalisation programme	N/A	N/A	Director ASC&H	

Plan	Purpose	Date first published or to be published (where drafts exist)	Review date	Legislation	Monitoring or Inspection Agency	Lead officer or informed contact	Links to other plans, strategies
Commissioning Strategy for people with mental health problems 2008-2013	A commissioning strategy for social care services for people with mental health problems based on qualitative and quantitative needs analysis	2008	To be reviewed in 2010/11 in line with Personalisation Programme	N/A	N/A	Director ASC&H	
Commissioning Strategy for people with a learning disability	A commissioning strategy for social care services for people with a learning disability based on qualitative and quantitative needs analysis	2008	To be reviewed in 2010/11 in line with Personalisation Programme	N/A	N/A	Director ASC&H	
Commissioning Strategy for people with long term conditions	A commissioning strategy for social care services for people with a long term condition based on qualitative and quantitative needs analysis	2008	To be reviewed in 2010/11 in line with Personalisation Programme	N/A	N/A	Director ASC&H	
Commissioning Strategy for people with dementia	A commissioning strategy to meet the needs of people with dementia in line with the national dementia strategy	2009	To be reviewed 2014	N/A	N/A	Director ASC&H	
Commissioning Strategy for people with sensory impairment	A commissioning strategy for social care needs for people with a sensory impairment	2009	To be reviewed 2014	N/A	N/A	Director ASC&H	
Older People's Strategy	A single overarching plan for all services affecting older people	2009	2014	N/A	N/A	Director of ASC&H	

Plan	Purpose	Date first published or to be published (where drafts exist)	Review date	Legislation	Monitoring or Inspection Agency	Lead officer or informed contact	Links to other plans, strategies
CQC Action Plan	Plan to meet areas of improvement as identified in the CQC annual assessment of Adult social care	2009	Completed for annual assessment 2009/10	N/A	N/A	Director ASC&H	
Personalisation Agenda	The transformation of adult social care by promoting personalised support through the ability to exercise choice and control against a backdrop of strong and supportive local communities	2007	Pilot programme complete April 2010	N/A	N/A	Director ASC&H	
Stroke Strategy	Plan to improve services for people who have had a stroke in Bracknell in line with the national stroke strategy	Draft 2010	To be published 2010	N/A	N/A	Director ASC&H	
Safeguarding	A multi agency policy effective across Berkshire to protect vulnerable adults from abuse or neglect	2008	To be reviewed when Government response to "No secrets" is published	N/A	N/A	Director ASC&H	
Integrated Local Area Workforce Strategy (INLAWS)	A strategic, overarching plan for all workforce activities affecting adults. It supports more integrated workforce operations and processes to secure better outcomes for children.	April 2010	Annually	N/A	N/A	Head of HR	Personalisation Agenda



<b>GLOSSARY</b>	
CAA	Comprehensive Area Assessment
CMHT	Community Mental Health Team
CMT	Corporate Management Team
CSCI	Commission for Social Care Inspection
DAAT	Drug and Alcohol Action Team
DMT	Departmental Management Team
EIA	Equality Impact Assessment
EIP	Early Interventions Psychosis
HTT	Home Treatment team
ICT	Information and Communication Technology
IT	Information Technology
LA	Local Authority
LAA	Local Area Agreement
NGA	National Government Association
PCT	Primary Care Trust
PVI	Private, Voluntary and Independent sector
STaR	Support Time and Recovery workers
TASC	Transforming Adult Social Care

# Annex B Strategic Risk Action Plan

RISK SHORT NAME	LINK TO MTOS	TRIGGER	CONSEQUENCES	RISK SCORE	ACTION ALREADY IN PLACE	FURTHER ACTION TO ADDRESS RISK	TARGET DATE
Demographic and socio economic change	Medium Term Objective 6, 7, 9, 11, 12 and 13	Unplanned demographic or socio-economic changes and increasing level of inward migration and housing development have significant detrimental impact on the delivery of services	<ul style="list-style-type: none"> <li>Community does not receive services they require</li> <li>Sudden surges in community and police issues</li> <li>Impact on recruitment</li> <li>Adverse publicity</li> <li>Reputation damaged</li> </ul>	B2	<u>Care Groups</u> <ul style="list-style-type: none"> <li>Commissioning strategies identify needs to inform budget setting process</li> <li>Monitor take up of services through performance management</li> <li>Plan with CYP&amp;L for children with disabilities approaching adulthood</li> </ul>	<ul style="list-style-type: none"> <li>Preparation for potential Free Personal Care</li> </ul>	
Demand led services	Medium Term Objective 5, 6, 7 and 9.	Finances and/or resources required to support demand are significantly higher than planned. Economic downturn may lead to increased demand for some services e.g. provision of accommodation for homeless	<ul style="list-style-type: none"> <li>More and more resource is needed to run the services</li> <li>Significant budget overpends</li> <li>Money drawn from other services</li> <li>Cost spiral</li> <li>Reductions in service level the council can offer</li> <li>Damage to reputation if services</li> </ul>	B2	<u>Older People</u> Purchasing Plan for Older People's Health and Social Care sets out the assumptions and approach to delivery of services. This includes estimates of population ages through to 2025 based on ages of current population to determine demand for services. This includes projections of numbers of people requiring residential care places. extra –care housing, support at home, etc.  Transition arrangements for young people approaching adulthood	<u>Older People</u> Projections in Purchasing Plan for Older People to be updated annually  <u>Mental Health</u> Economic downturn could impact on numbers of residents with mental health issues and increase level of domestic abuse. Demand levels are being monitored.	

RISK SHORT NAME	LINK TO MTOS	TRIGGER	CONSEQUENCES	RISK SCORE	ACTION ALREADY IN PLACE	FURTHER ACTION TO ADDRESS RISK	TARGET DATE
			<p>reduced</p> <ul style="list-style-type: none"> <li>Revenue problems not resolved by capital investments</li> <li>Adverse effect on staff morale affected</li> <li>Adverse effect on assessments</li> <li>Members need to make unpopular decisions.</li> <li>Councils finances compromised</li> <li>Cost increases</li> <li>Timescales change</li> </ul>				
Programme management capacity	Medium Term Objectives 1, 6 and 10	<p>Successful action brought against the Council resulting in financial damages and legal costs.</p> <p>Failure to control implementation of a major projects</p>	<ul style="list-style-type: none"> <li>Project objectives not achieved</li> <li>Cost overruns</li> <li>Delays</li> <li>Council reputation damaged</li> </ul>	C2	Programme Boards set up for major projects, i.e. IT Implementation Personalisation with own risk logs.		
Litigation	Medium Term Objective 10	Satisfaction with Council and services decline	<ul style="list-style-type: none"> <li>Financial impact</li> <li>Financial targets not achieved</li> <li>Need to identify savings to cover unanticipated costs</li> <li>Detrimental</li> </ul>	B2	Using Prince 2 light methodology.		

RISK SHORT NAME	LINK TO MTOS	TRIGGER	CONSEQUENCES	RISK SCORE	ACTION ALREADY IN PLACE	FURTHER ACTION TO ADDRESS RISK	TARGET DATE
Potential failure of key contractor(s)	Medium Term Objective 10.	Failure of key contractor to deliver	<ul style="list-style-type: none"> <li>impact on Council reputation</li> <li>Censure by audit and inspection</li> <li>Adverse publicity</li> <li>Service fails / adversely affected</li> <li>Public expectations of service need to be met</li> <li>Alternative arrangements need to be made</li> <li>Service brought back in house</li> <li>Increased costs</li> <li>Effect on Council</li> <li>Tax/reserves</li> <li>Contract examined</li> <li>Legal implications</li> <li>Censure by audit/inspection</li> <li>Adverse publicity</li> </ul>	D2	Close monitoring of services both via contract monitoring and reviews.		
Safeguarding	Medium Term Objective 6, 7, 9, 11, 12 and 13.	Council not made aware of suspected cases of potential harm and hence is not aware of the need to instigate	<ul style="list-style-type: none"> <li>Public dissatisfaction</li> <li>Detrimental impact on Council</li> </ul>	D2	Adult Social Care Governance Board monitors safeguarding concerns.		

RISK SHORT NAME	LINK TO MTOS	TRIGGER	CONSEQUENCES	RISK SCORE	ACTION ALREADY IN PLACE	FURTHER ACTION TO ADDRESS RISK	TARGET DATE
		<p>investigation procedures.</p> <p>If the Council were to fail to implement proper procedures for investigating a referral.</p>	<p>reputation</p> <ul style="list-style-type: none"> <li>• Censure by audit and inspection</li> <li>• Adverse publicity</li> <li>• Impact on funding bids</li> <li>• Relationship with partners impaired</li> </ul>				

# Annex C Anticipated Procurement Projects

*All procurements where work is necessary during 2010/11 should be included, even if the Target Start Date is in a later year, and Estimated Total Contract Value is greater than £100,000*

Supplies, Services or Works?	Contract Title	Target Start Date (mmm-yy)	Proposed Contract Term with Extensions in Years (A)	Estimated Initial Cost (B)	Estimated Annual Costs (C)	Estimated Total Contract Value $= (B) + (A \times C)$	Comments	Key Target for 31-Mar-11
Services	Domestic Support Service	Jan 11	3		45k	£135k	Framework mini-tender	Contract operational
Services	Local Involvement Networks (LINKs) Services	1 April 11				£190k	Unsure about future funding. Initial government funding for 3 years, runs out in March 2011.	Preparation for new contract if funding permits.
Services	Community Meals	Jan 10	4		65k	£260k	Establishing Preferred Provider List	
Services	Block Bed Contract – Bracknell Care Home (OP)	April 11			305k		Decision required on whether to take up option in contract to extend for a further year	
Services	Emergency Duty Team – Inter authority agreement – BFC host	April 11					Agreement due to end 31/3/10. Agreement to be extended by one year to allow for a review of the service	
Services	Joint Stores – Inter Authority agreement	April 11					To determine next steps and development of model	New joint commissioning arrangements in place

## ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 8 JUNE 2010

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### CARERS DEVELOPMENTS 2009/2010 Director of Adult Social Care and Health

#### 1 INTRODUCTION

- 1.1 This report sets out the progress achieved in respect of Carers services in Bracknell Forest Council during 2009/2010 and includes an update on the Scrutiny working group entitled Caring for Carers.

#### 2 RECOMMENDATION(S)

- 2.1 **That the Adult Social Care Overview and Scrutiny Panel note the developments and outcomes achieved during the last year.**

#### 3 SUPPORTING INFORMATION

- 3.1 The Carers Issue Strategy group has continued to monitor the actions within the Carers Strategy action plan and the recommendations contained in the Scrutiny Working Group report 'Caring for Carers'. The updated action plans are attached as Appendix 1.
- 3.2 Themed carers lunches have taken place which have included the following topics
- Personalisation
  - Carers Grant
  - Health and Social Care developments
  - Listening to carers
  - Consultation on information and advice
  - Carers assessments
- 3.3 In partnership with the Princess Royal Trust the successful launch of the emergency respite scheme has seen 125 carers join the scheme all reporting that this service offers peace of mind. On average 10-12 carers per week seek emergency respite from the scheme every month
- 3.4 BFC, Age Concern and The Alzheimer's Association have held weekly surgeries at The Look In.
- 3.5 BFVA have focused on identifying hard to reach carers including BME groups all agencies are reporting an increase in carers registering on data bases.
- 3.6 A Family and Friends group has been created at New Hope supporting people who misuse substances.
- 3.7 The Carers Forum has been reviewed and will be incorporated into the cares lunch events to ensure a higher volume of carers can participate

- 3.8 In partnership with the Stroke Association a new family and carers support worker was recruited to support people who have had a stroke and their families this has proven to be successful and a popular resource.
- 3.9 Carers gave positive testimony to Glen Mason and Ian Bainbridge (Department of Health) at an event in Bracknell in March 2010.

#### **4 FUTURE PLANS**

- 4.1 The Carers Issue Strategy Group will review and refresh the Carers Strategy.
- 4.2 The Carers information pack will be reviewed and carers will be consulted on the document and opportunity will be given to comment on the content and identify gaps.
- 4.3 Work will continue to reach the “hard to reach” carers.
- 4.4 Work will continue with GP surgeries ensuring all surgeries agree to information notice boards on display in surgeries.
- 4.5 Work is in progress with GP’s asking to share information on carers and ensure that GP’s provide carers with the documentation which will enable carers to make application for individual carers assessments
- 4.5 The Council are working with the voluntary sector and NHS Berkshire East to create a common carer’s assessment document based on information that carers have said is important to them. This will ensure that wherever carers seek support they will only have to complete one such assessment and with the carers permission the information will be shared across agencies.
- 4.6 The Council will continue to consult with carers and listen to their issues and concerns.

#### Background Papers

‘Carers Strategy ‘Action Plan  
‘Caring for Carers’ recommendations

#### Contact for further information

[Mira Haynes Chief officer: older People and Long Term Conditions  
Ext 1599]  
[mira.haynes@bracknell-forest.gov.uk]



Carers Strategy  
Action plan

Recognition and Involvement

Area of Need	Action	Who	By when		Resources		Comments
			Required	Available	Required	Available	
Carers are consulted when planning services.	a) Carers are consulted regarding this strategy.	a) CISG	On-going	Yes	Discussions required	Action plan status will be shared at the carers lunch June 2010	
	b) Carers are supported to give their opinions and are offered feedback on this strategy.	b) CISG		Yes			
Services are planned to maximise Carers input.	a) Carers are consulted when planning universal services.	a) CISG	On-going	Yes	Discussions required	Key speakers at carers lunch followed by workshops	
	b) Carers are consulted when planning services relating to illness, disability, age etc.	b) CISG					
	c) Carers are offered feedback on their comments.	c) CISG				Carers Forum	
Carers are consulted in decisions affecting the person they care for.	a) Training is made available to social and health staff relating to Carers issues and the need to include them in care planning.	a) BFC and BEPCT	Start Nov 08 and then on-going.	Yes	Discussions required	Promoting carers assessments has led to an increase in assessments	
Carers issues are kept high on the local agenda	a) Carers are represented at a Strategic Level.	a) CISG	On-going	Yes	Staff and volunteer hours.	Barbara Briggs Carers UK represents Carers at Partnership Boards	
	b) The Carers Strategy is monitored by the Health and Social Care Partnership Board.	b) CISG	On-going				

<p>PCT to work to ensure that Carers issues are recognised and GP practices become more Carer friendly.</p>	<p>a) Training should be made available to GP's and practice staff in relation to Carers and their needs.  b) Information for Carers should be made available for Carers at all GP surgeries, particular regard should be given to GP practices having a Carers notice board.</p>	<p>a) BEPCT  b) BEPCT in partnership with BFVA</p>	<p>Start Nov 08 and then on-going.  Dec 2008</p>	<p>Yes  Yes</p>	<p>Underway by Carers Information and Advice Worker</p>	<p>Awareness has been raised with GP surgeries, to date four surgeries have information boards specifically for carers  PBC newsletter and community TV</p>
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**Information and advice**

Area of Need	Action	Who	By when	Resources		Comments
				Required	Available	
Carers Information Packs	a) The packs should be reviewed and information updated.	a) CISG	Oct 2008	Yes	Yes	Completed for review June 2010
	b) The packs should be re-launched and distributed	b) CISG	Oct 2008	Yes	Yes	Completed
	c) The packs should be made available on the BFVA website.	c) CR	March 2009	Yes	Yes	Completed
	d) The packs should be available on the BFC website.	d) MH	March 2009	Yes	Yes	Completed
	e) The packs should be available on the BEPCT website.	e) RM	March 2009	Yes	Yes	Completed
	f) The packs should be reviewed and updated annually.	f) CISG	Oct 2009	Yes	Yes	Completed
Information and Advice Worker	BFVA, through an application to the Big Lottery for funds, are supporting the worker.	JC	Present	Yes	Now	Successful and completed
Carers Information and Support Network	a) Complete project plan, looking at current service provision.	a) MR	Aug 2007	No		Achieved
	b) Source funding for project.	b) PCT, BFBC, CMHT	Dec 2007	Yes		BFC, CMHT waiting on PCT
	c) Put project in action.	c) MR	Jul 2008	Yes		

Information available to Carers from a variety of sources and formats.	<ul style="list-style-type: none"> <li>a) BFVA website to have a dedicated Carers page.</li> <li>b) BFC website to have information pertaining to Carers.</li> <li>c) Information leaflets to be published in other languages than English as necessary.</li> <li>d) Publicity to be marketed in appropriate places.</li> <li>e) Ensure leaflets are updated regularly.</li> </ul>	<ul style="list-style-type: none"> <li>a) MR</li> <li>b) MH</li> <li>c) CISG</li> <li>d) CISG</li> <li>e) SP &amp; MH</li> </ul>	<ul style="list-style-type: none"> <li>Mar 2009</li> <li>Mar 2009</li> <li>As required</li> <li>As required</li> <li>As required</li> </ul>	No	Yes	Completed
Carers Database	<ul style="list-style-type: none"> <li>a) Database to be kept up to date.</li> <li>b) Database to be used to distribute information effectively.</li> <li>c) Social and health staff to be made aware of BFVA services and that they can refer Carers to be added to database.</li> </ul>	<ul style="list-style-type: none"> <li>a) SP</li> <li>b) SP</li> <li>c) CISG</li> </ul>	<ul style="list-style-type: none"> <li>As required</li> <li>As required</li> <li>On-going.</li> </ul>			BFVA data base held and showing an increase in carers registering
Advertise the Carers Grant	<ul style="list-style-type: none"> <li>a) Advertise in local papers</li> <li>b) Advertise with posters and leaflets in appropriate locations.</li> </ul>	<ul style="list-style-type: none"> <li>a) SP</li> <li>b) SP</li> </ul>	<ul style="list-style-type: none"> <li>Mar 2009</li> <li>Nov 07</li> </ul>	No	Yes	Achieved and on-going

## Help and Support

Area of Need	Action	Who	By when	Resources Available		Comments
				Required	Available	
Continue the Individual Carers Grants Service at BFVA.	a) Carers Grant funding to continue passed March 2009.	a) MH	Feb 2009	Yes	Yes	Achieved
Continue the service provided by the Adult Carers Support Worker.	a) Business and budget plan to be completed.	a) SP	End Feb 2009	Yes	Yes	Achieved and completed
	b) Decision made regarding business plan.	b) MH	Feb 2009	Yes	Yes	
Carers UK helpline (national and local)	a) Help lines to be advertised on BFVA website.	a) SP b) MH	Mar 2009	No		Achieved
	b) Help lines to be advertised on BFC website.		Mar 2009			Achieved
	c) BFVA leaflet to advertise help lines.					Achieved
Carers UK Lunches and events.	a) To be supported by BFVA	a) SP	As required	No	No	Achieved and on-going
	b) To be publicised.	b) BB	As required			
Local Support Groups	a) To be supported and advertised by BFVA.	a) SP & BFVA	As required	Yes	Yes	Achieved links on website
	b) Carers to be signposted as appropriate.	b) BFVA, BFC, BEPCT	As required			
Carers Emergency Respite	a) funding budget agreed	BFC	Aug 08	Yes	Yes	Achieved and successful
	b) pilot scheme in place	SR	Jan 09	Yes	Yes	
	c) launch	SR	Jun 09	Yes		
Continue the Carers Joint Initiative Group	a) bi-monthly meetings	JC	Jan 09	NO		Yes

Continue sourcing new Carers	a) outreach work with partners	JC	Ongoing	NO		On-going but data shows an increase in carers registering
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**Healthcare Needs**

Area of Need	Action	Who	By when	Resources		Comments
				Required	Available	
Transport to hospital and Appointments	<ul style="list-style-type: none"> <li>a) Leaflet to be designed.</li> <li>b) Contact via BFVA to GNS.</li> <li>c) Take to Transport Partnership Group.</li> </ul>	<ul style="list-style-type: none"> <li>a) BFVA</li> <li>b) BFVA</li> <li>c) MH</li> </ul>	<ul style="list-style-type: none"> <li>Sept 2007</li> <li>As required</li> <li>Nov 2007</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>Yes</li> <li>No</li> </ul>	<ul style="list-style-type: none"> <li>(PCT)</li> <li>Yes</li> <li>No</li> </ul>	Completed plus Good Neighbours scheme in place
Reduce waiting times for OT assessments	<ul style="list-style-type: none"> <li>a) BFBC to provide in-house training to produce OTs.</li> <li>b) Extra OT to be recruited into Intermediate Care Team.</li> </ul>	<ul style="list-style-type: none"> <li>a) BFC</li> <li>b) BFC</li> </ul>	<ul style="list-style-type: none"> <li>2005</li> <li>2005</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>Yes</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>Yes</li> </ul>	<ul style="list-style-type: none"> <li>Achieved</li> <li>Achieved</li> </ul>
GPs and surgery staff need to have a better understanding of carers' issues, and to adapt appointments and other services appropriately	<ul style="list-style-type: none"> <li>a) Provide training and awareness-raising via PCT</li> <li>b) Invite GPs and other practitioners to Carers Lunches and other carers events</li> </ul>	<ul style="list-style-type: none"> <li>a) SS</li> <li>b) CISG, BB</li> </ul>	<ul style="list-style-type: none"> <li>Dec 2008</li> <li>Dec 2007</li> </ul>			<ul style="list-style-type: none"> <li>Achieved</li> <li>Achieved</li> </ul>
Medical records -identification of carers at GP practices	Seek to ensure that GPs flag carers on their records, and cross-reference to cared-for person's records (with consent)	RM	March 09 and then review			Achieved further joint work in progress with BFC and surgeries

**Carers Assessments**

Area of Need	Action	Who	By when	Resources		Completed
				Required	Available	
Carers Link Workers.	a) Community care to employ a Carers Link Worker b) CMHT to employ a Carers Link Worker.	a) MH b) CMHT	2006 2007	Y Y	Y Y	Achieved Achieved
Carers often not aware of entitlement/equally relevant staff do not offer an assessment	BFC Social Services to 're-launch' carers' assessments and remind staff at team meetings	MH	March 04	Y	Y	Achieved
Re-assessments do not always take place	a) Annual reviews to take place • Carers should be able to request a review and this should be advertised c) Carers leaflet to be revised	MH MH MH	March 05 March 05 Dec 04	Y Y Y	Y Y Y	Achieved Achieved Achieved



## CARING FOR CARERS RECOMMENDATIONS

Report Recommendations	Action Taken	Outcome of Action	Future Action
<p>The Council investigate a pilot scheme using the 'Look In' to run an advice and information service for carers and the possibility of offering on-site respite care for short periods</p>	<p>The council ran weekly surgeries at The Look In supporting carers to complete carers assessments and offer information and advice. The Look In invited Age Concern and the Alzheimer's Association to also run sessions from the café.</p>	<p>The sessions run by Age Concern and The Alzheimer's association have proved successful and continue. The carers Link worker reported that very few carers approached her for support, this will be reviewed at a later day</p>	<p>Now that the Look In is a community café and run by volunteers, a new approach to the possibility of provided short respite will have to be identified. The Council provide funding for flexible short breaks which provide an opportunity for carers to take a break.</p>
<p>A 'flyer' leaflet providing information and contact details relating to services for carers be included in 'Town and Country' on a regular basis to access hard to reach carers.</p>	<p>The Carers Information pack was up dated and relaunched. Contact details are included in Town and Country and on websites.</p>	<p>Advertising space was purchased within a Community Magazine which was delivered to all homes in Bracknell Forest signposting carers to where they could receive support and advice. Community TV was also launched</p>	<p>This topic will be raised at a carers lunch during 2010 to ascertain if carers feel more informed</p>
<p>Staff in Adult Social Care to work with Berkshire East Primary Care Trust and general practitioners to implement an effective system of drawing to the attention of carers up to date information relating to services for carers</p>	<p>Carers information and Advice worker has worked in partnership with all agencies to raise awareness of carers with GP's</p> <p>Four surgeries now have a notice board specifically allocated for carers and this is being rolled out across all surgeries</p>	<p>GP practice managers and GP's were invited to attend a network meeting where they presented to and listened to carers.</p> <p>Carers leaflets are displayed in surgeries.</p> <p>Staff have monitored surgeries to ensure leaflets are on display</p>	<p>At a Carers lunch during 2010 we will be consulting with carers to ascertain their views on attending GP surgeries.</p> <p>BFC and BFVA continue to work with GP surgeries to raise the profile of carers</p>
<p>Staff in Adult Social Care be requested to work with health centres and hospital to ensure that they provide appropriate information to carers</p>	<p>Health centres and hospitals have been contacted as above. Care managers work across hospitals and promote carers rights to assessment and support.</p>	<p>All agencies have seen an increase in registered carers.</p>	<p>To consult with carers at carers lunch to ascertain carers's views and experiences</p>

**Abbreviations/Initials:**

BB:	Barbara Briggs – Carers UK
BFC:	Bracknell Forest Council
BEPCT:	Berkshire East Primary Care Trust
BFVA:	Bracknell Forest Voluntary Action – a charitable organisation whose role is to provide advice, support, information and leadership for voluntary and community organisations in Bracknell Forest
BUILD:	Training sessions organised by Bracknell Forest Primary Care Trust for healthcare practitioners and practice staff
CMHT:	Community Mental Health Team BFBC
CSG:	Carers Issues Strategy Group – a group led by Bracknell Forest Council Action, including Bracknell Forest Voluntary Action Berkshire East Primary Care Trust, Carers UK and individual Carers
SP	Sue Patterson (BFVA)
MR	Mel Randell (BFVA)
GP:	General Practitioner
MH:	Mira Haynes, Chief Officer: Older People and long Term Conditions Bracknell Forest Council
OT:	Occupational Therapist
RM:	Ros Middleton, Project Manager for Bracknell Forest Berkshire East.
SR:	Sarah Rose, Carers Emergency Respite Scheme Coordinator
JC:	Jane Currie, Carers Information and Advice Worker (BFVA)

## ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 8 JUNE 2010

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### PERSONALISATION PILOT AND WORKING GROUP UPDATE (Lead Working Group Member)

#### 1 INTRODUCTION

- 1.1 This report introduces an update presentation in respect of the Personalisation (transforming adult social care) pilot and 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.

#### 2 SUGGESTED ACTION

- 2.1 **That the Personalisation presentation and this update report be noted.**

#### 3 SUPPORTING INFORMATION

- 3.1 The Working Group reviewing safeguarding adults in the context of Personalisation has met on four occasions to date. At its first meeting the Working Group received a briefing in respect of safeguarding adults as part of the Personalisation process 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 Subsequent meetings took place with the new Head of Safeguarding Adults to learn about safeguarding policies and procedures and with officers leading on the Personalisation Pilot to learn about the pilot and its progress against the pilot evaluation criteria.
- 3.3 Future review work will include meeting people who took part in the Personalisation pilot and possibly visiting a council performing highly in Personalisation and safeguarding to identify best practice in these areas.

#### Background Papers

None.

#### Contact for further information

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## ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 8 JUNE 2010

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### 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

#### Contact for further information

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## ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

### EXECUTIVE WORK PROGRAMME

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

**PURPOSE OF DECISION:** To adopt changes to eligibility definitions. It does not change the current threshold for delivery of Social Care Services.

**FINANCIAL IMPACT:** None.

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

**PRINCIPAL GROUPS TO BE CONSULTED:** None

**METHOD OF CONSULTATION:** None

**DATE OF DECISION:** 21 Jun 2010

<b>REFERENCE</b>	I021173
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**TITLE:** Health 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

<b>REFERENCE</b>	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