Bracknell Forest Council

NOTICE OF MEETING

Adult Social Care Overview and Scrutiny Panel
Tuesday 12 October 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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Published: 4 October 2010

Adult Social Care Overview and Scrutiny Panel
Tuesday 12 October 2010, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

AGENDA

Page No

1. **APOLOGIES FOR ABSENCE/SUBSTITUTE MEMBERS**

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

2. **MINUTES AND MATTERS ARISING**

   To approve as a correct record the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel meeting held on 8 June 2010. 1 - 8

3. **DECLARATIONS OF INTEREST AND PARTY WHIP**

   Members are asked to declare any personal or prejudicial interest and the nature of that interest, including the existence and nature of the party whip, in respect of any matter to be considered at this meeting.

4. **URGENT ITEMS OF BUSINESS**

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

PERFORMANCE MONITORING

5. **PERFORMANCE MONITORING REPORT**

   To consider the latest trends, priorities and pressures in terms of departmental performance as reported in the PMR for the first quarter of 2010/11 (April to June) relating to Adult Social Care. An overview of the second quarter will also be provided. 9 - 50

   Please bring the previously circulated Performance Monitoring Report to the meeting. The PMR is attached to this agenda if viewed online.

6. **ADULT SAFEGUARDING ANNUAL REPORT**

   The 2009/10 Adult Safeguarding Annual Report is attached for consideration. 51 - 78

OVERVIEW AND POLICY DEVELOPMENT

7. **DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)**

A DoLS newsletter, Application & Authorisation Process and Quick Reference Prompt sheet for reporting DoLS are attached for the Panel's information. 79 - 98

8. **EQUITY AND EXCELLENCE: LIBERATING THE NHS**

To receive an oral update in respect of the above White Paper.

9. **RE-PROVISION OF SERVICES FOLLOWING THE CLOSURE OF DOWNSIDE RESOURCE CENTRE**

A presentation regarding the re-provision of services following the closure of Downside Resource Centre will be provided.

10. **'STAYING SAFE' OVERVIEW AND SCRUTINY REPORT**

To consider the above report of the Working Group of this Panel reviewing adult safeguarding in the context of Personalisation of Adult Social Care. 99 - 132

11. **OVERVIEW AND SCRUTINY PROGRESS REPORT**

To note the Bi-Annual Progress Report of the Assistant Chief Executive. 133 - 144

12. **WORK PROGRAMME 2011/12**

Members are invited to suggest possible items for inclusion in the Panel's draft indicative Work Programme for 2011/12. 145 - 146

HOLDING THE EXECUTIVE TO ACCOUNT

13. **EXECUTIVE FORWARD PLAN**

To consider forthcoming items on the Executive Forward Plan relating to Adult Social Care. 147 - 150

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ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
8 JUNE 2010
7.30 - 9.30 PM

Bracknell Forest Council

Present:
Councillors Turrell (Chairman), Harrison (Vice-Chairman), Mrs Angell, Baily, Blatchford, Mrs Fleming, Phillips, Mrs Shillcock and Ms Wilson

Apologies for absence were received from:
Councillors Birch and Leake

Also Present:
Councillors Brossard, Thompson and Virgo
Andrea Carr, Policy Officer (Overview and Scrutiny)
Mark Gittins, Head of Performance and Information
Mira Haynes, Chief Officer: Older People & Long Term Conditions
Zoë Johnstone, Chief Officer: Adults and Commissioning
Glyn Jones, Director of Adult Social Care and Health
Amanda Roden, Democratic Services Assistant

1. **Election of Chairman**

RESOLVED that Councillor Turrell be elected Chairman of the Adult Social Care Overview and Scrutiny Panel for the municipal year 2010/11.

COUNCILLOR TURRELL IN THE CHAIR

2. **Appointment of Vice-Chairman**

RESOLVED that Councillor Harrison be appointed Vice-Chairman of the Adult Social Care Overview and Scrutiny Panel for the municipal year 2010/11.

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

The Panel noted the attendance of the following substitute member:

Councillor Mrs Angell for Councillor Leake

4. **Minutes and Matters Arising**

RESOLVED that the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel held on 2 March 2010 be approved as a correct record, and signed by the Chairman.

5. **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.

6. **Urgent Items of Business**

There were no urgent items of business.

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

Tim Inkson of the Care Quality Commission (CQC), accompanied by Sue Sheath, the new local area manager covering Bracknell Forest, gave a presentation on the new CQC system for local authorities to input their views on the performance of health and social care public bodies.

The CQC assessed health and social care services by monitoring services and gaining the views and experiences of service users. All providers of health and adult social care were required to register with the CQC to show they met essential standards of quality and safety. Information regarding dental services in the community and independent ambulance services was being sought by the CQC before the end of December 2010 to assist in judging if the services met the standards for registration. Information could be forwarded to the CQC via forms on their website www.cqc.org.uk . Any urgent concerns should be raised with the CQC immediately.

The CQC was restructured from 17 May 2010 and a new regulatory framework was now in operation. There were now thirteen compliance managers instead of six area managers. Sue Sheath covered the areas of Bracknell Forest, Wokingham and Northamptonshire NHS Trusts and Adult Services and managed a team of inspectors. She expressed an interest in gathering people's views on Heatherwood and Wexham Park NHS Hospital Trust.

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

- A quality and risk profile was used to capture information regarding new providers. If there were no concerns an inspection may not be undertaken initially. A provider would be reviewed a minimum of every two years and if any problems arose then inspections would be undertaken more frequently. Possible actions following an inspection included fines and warnings. There would be considerable implications to closing a hospital and any decision of this nature would be carefully considered. The CQC now had greater powers over the NHS than before.
- The compliance managers at the CQC were working across boundaries with Primary Care Trusts as it had been a challenge to change the boundaries from six to thirteen to cover the new number of managers. For example, one compliance manager covered Oxfordshire, Reading and West Berkshire. Annual performance assessments were undertaken by the performance and assessment team, and the compliance managers all worked closely internally.
- If there was a specific complaint which an overview and scrutiny committee was unable to progress, then the CQC could be contacted for advice.
- Inspections regarding domiciliary care would be spot checks and more risk based in future. The intention was still to ensure that standards were met by working closely with local authorities and imposing sanctions or refusing to register care providers if necessary. The CQC reported into the Department of Health.
- The minimum requirement of reviewing services was within the two year framework. Any spot checks undertaken would be unannounced. Responsive care was based on the information the CQC received regarding services. There would not necessarily be an inspection visit every two years, but the

CQC worked closely with the Audit Commission and many different stakeholders.

- Inspection visits were currently unannounced but sometimes there was a need to inform a service of a visit, for example, in case they had arranged to be offsite on a day trip with the service users. Follow up visits were risk based. Night time visits were undertaken if warranted but not undertaken routinely due to, for example, the disruption to service users. Most information needed could be obtained during day visits under the new approach.
- Sue Sheath was the contact for concerns or comments regarding Heatherwood and Wexham Park NHS Hospital Trust. Information received could be passed internally to colleagues if needed.
- Initially concerns should be raised with the NHS Trust and their complaints procedure used. The CQC could be informed of any concerns or comments but the NHS Trust complaints procedure should be exhausted as well.
- The CQC may register some NHS Trusts with conditions and to date twenty two NHS Trusts had been registered with conditions. The intention was to publish reports and consult with providers on the Quality Assurance process.
- The CQC's monitor responsibilities were not previously very wide ranging but the CQC would be working with Milton Keynes to ensure that NHS Trusts delivered satisfactorily in the future.
- There would be new arrangements with the coalition government and many changes in the coming months as a result.
- Performance issues would be escalated to management if needed. The CQC had powers under the Health and Social Care Act 2008 and would take action on NHS Trusts or care homes not performing to required standards. If the closure of a care home was needed then strategy meetings would be undertaken and urgent closure could be a possibility after liaison with the local council regarding the re-housing of service users. A decision of this nature would need to be evidence based and be able to proceed through the legal process, as a care home would have the right of appeal.

8. **Adult Social Care Annual Complaints Report April 2009 - March 2010**

The Panel noted the 2009/10 Annual Report of the Complaints Manager for Adult Social Care. This was a statutory and public report required by the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The first year of new NHS arrangements in Adult Social Care was in 2009. There was a greater integration with health and the removal of three separate stages, for example, the complaints panel had now been disbanded. The previous year's complaints report would be circulated to Panel members for comparison to facilitate the identification of any trends.

It was noted that enquiries from Members of Parliament were usually separated out from complaints as they tended to be requests for information, as opposed to complaints which were a process. There was no formal process for capturing councillor enquiries at present. Currently, only one complaint had been brought to the attention of the Ombudsman which was considered to be good.

COUNCILLOR HARRISON IN THE CHAIR

9. **Departmental Performance and Annual Service Plan**

The Director of Adult Social Care and Health gave an update in respect of the Care Quality Commission (CQC) self assessment process and national performance

indicator outturns as a precursor to receipt of the Adult Social Care and Health Departmental Annual Service Plan.

The CQC's judgement was that the new Adult Social Care and Health Department was performing well. The Department had tendered for a new ICT system for case recording and was leading in commissioning substance misuse services.

There was a difference between community and residential based services. Information on the types of services provided had been given to the CQC. There were four national indicators in the Local Area Agreement (LAA) relating to adult social care. National Indicator (NI) 130: Social care clients receiving self-directed support per 100,000 population, showed the percentage of those eligible to receive this support. There had been a considerable difference in the NI 136 target: People supported to live independently through social services (all adults). It had not been possible to meet this target because it had been changed.

The performance for NI 146: Adults with learning disabilities in employment was felt to be reasonable at 17.9%, considering it was difficult to find employment opportunities for adults with such a wide spectrum of learning disabilities. This figure did not include voluntary work and was a percentage of the total number of adults with learning disabilities supported by adult social care.

For NI 125: Achieving independence for older people through rehabilitation/ intermediate care, service users were contacted ninety days after their last intervention. NI 135, regarding delayed transfers of care, related to service users being discharged from hospital. The performance for NI 132: Timeliness of social care assessment (all adults) and NI 133: Timeliness of social care packages following assessment, was slightly down compared to the previous year. NI 145: Adults with learning disabilities in settled accommodation did not relate to residential accommodation. NI 149: Mental health (settled accommodation) showed a strong performance.

New agendas were expected from the new government. It had been a significant year for Personalisation, which was not about supporting a large number of people but was focused on quality of support and capturing the difference made.

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

- The Adult Social Care and Health Department was looking for ways to engage carers and make sure they had access to information regarding support services but there was the possibility that carers may not want support.
- On page 48 of the agenda papers, the reference to a duty to those under 18 in full-time education being referred to CAMHS would be altered to reflect that the Health Overview and Scrutiny Panel had engaged Berkshire Healthcare Trust regarding this.
- The Urgent Care Centre would be the first part of the service plan to be implemented at Wexham Park Hospital. The Centre would aim to help alleviate the numbers of people who attended Accident & Emergency (A&E) when they did not need to and would hopefully lower the number of overnight stays for assessment from A&E. Some high numbers of people not registered with GPs, for example in Slough, would attend A&E with minor ailments to receive a medical assessment more quickly. The Centre would have a much broader range of diagnostic tools for conditions.
- As part of the delivery plan for 2010-11, the Housing Strategy aimed to make sure that suitable housing was available for older people in the borough.

Bracknell Forest Homes had been in the process of reviewing their sheltered housing stock and this would hopefully take pressure off the Disabled Facilities Grant. Specialist accommodation needed modernising and new accommodation was needed. The first meeting of the Accommodation Strategy Group had taken place the previous week. The Accommodation Strategy was due to be in place by the end of March 2011 but any building work would likely take place after this date.

- Work would be undertaken with all three NHS Hospital Trusts which residents in the borough would use. The Director of Adult Social Care and Health would meet the new Director of Transformation at Frimley Park Hospital, Paula Head, the following week.
- Two outcomes were performing excellently at present with regard to the Comprehensive Area Assessment (CAA), although three outcomes were expected to perform well and possibly four outcomes next year. However, the new coalition government had cancelled CAA and the CQC were undecided at present how they would grade Adult Social Care.

10. **Carers' Services**

The Panel received 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.

Themed carers' lunches had been held at Easthampstead Baptist Church in Bracknell. The carers set their own agendas for the meetings and attendance had increased from approximately 35 to 90. The emergency respite scheme had been successfully launched and 125 people had registered with the scheme. Bracknell Forest Voluntary Action (BFVA) had been trying to identify hard to reach carers. The number of people registering as carers was increasing. The Carers' Forum had been reviewed and would now be incorporated into the themed carers' lunches. The Forum would meet at the end of the lunches to ensure that a higher volume of carers could participate.

There was a need to review and refresh the Carers' Strategy and information pack for carers. There would be a consultation on how this would look in the future and work would be undertaken with GP surgeries regarding displaying information on boards at the surgeries. Work was being undertaken at present on an information pack for carers to be made available at GP surgeries.

The Council were working with the voluntary sector and NHS Berkshire East to create a common carer's assessment document to ensure that wherever carers sought support they would only need to complete the assessment once, and with the carer's permission the information could be shared across agencies.

The Transport Partnership Group would be made aware of the health care needs regarding transport to hospital and appointments.

The Director of Adult Social Care and Health would write to the chairman of the Patient Participation Group regarding the development of carers' services and the implementation of the Carers' Strategy.

The Panel noted the developments and outcomes achieved during the last year.

11. **Progress on Personalisation**

The Panel received an update report in respect of its Working Group reviewing safeguarding adults in the context of Personalisation, together with a progress presentation regarding the outcome of the Personalisation pilot and the way forward from the Chief Officer: Adults and Commissioning.

A meeting of the Personalisation – Safeguarding Adults Working Group had been undertaken with Simon Broad, the new Head of Adult Safeguarding, on 24 May 2010. Further information on the Personalisation pilot would be included in a report for the next meeting of the Panel on 12 October 2010. The majority of feedback received was positive, except for the time taken for direct payments to be processed for service users. Of the 59 people the team were working with, 31 service users had their plans improved and people were much more in control of their care as a result. Personalisation was a holistic approach and it had been a valuable experience learning of carers' views.

It was a challenge for providers to think differently. Local providers had been more open to change than larger ones and this had been reflected nationally.

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

- General opinion was that Personalisation was working well. There had been an increase in compliments from service users, which were unconnected to surveys undertaken by Adult Social Care.
- The Chief Officer: Adults and Commissioning would feedback to the Personalisation – Safeguarding Adults Working Group regarding compliments received from users of Adult Social Care Services.
- There was no specific time frame for implementing Personalisation. Re-enablement took place first and Personalisation was dependent on individual circumstances. It could possibly take some time if a hospital stay was involved. A plan was being developed to move people onto Personalisation and there would be an annual review in October 2010.
- It was felt that the officers involved had acted very sensitively in the way they had handled the various situations arising from this work.

The Panel noted the Personalisation presentation and the update report.

12. **Executive Forward Plan**

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

<u>Item I022863: Eligibility Policy for Adult Social Care Responding to New Guidance from The Department of Health</u>

This policy was issued by the previous Department of Health before the change over of government. It was unknown whether the policy would be used by the new government. The policy would need to be approved by the Executive Member for Adult Services, Health and Housing, and the procedures updated if needed.

<u>Item I021173: Health and Well Being in Bracknell Forest</u>

The Adult Social Care and Health Department were liaising with the Executive Member for Adult Services, Health and Housing regarding the changing status of the

Primary Care Trust. The Health and Well Being in Bracknell Forest Strategy was almost ready to be refreshed but would be put on hold for a few months following the change over of government. The Director of Adult Social Care and Health would provide an update on the strategy for the next Panel meeting.

The Director of Adult Social Care and Health would advise members of the Adult Social Care and Health Overview and Scrutiny Panels of details of the Berkshire Health Care Trust seminar on 3 September 2010 to encourage Councillor attendance.

CHAIRMAN

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Bracknell Forest Council

Performance Monitoring Report

for

Adult Social Care & Health

First Quarter 2010/11
April - June 2010

Portfolio holder: Councillor Dale Birch
Director: Glyn Jones

Section One: Executive Summary

Introduction by the Director of Adult Social Care and Health
This Quarter has seen a range of activity as projects, initiatives and opportunities which begun in 2009/2010 coming to fruition. Personalisation and Modernisation go hand in hand as support options are developed to meet people's needs.

There can be no getting away from the financial challenges being faced by both the department and the Council. This quarter saw some Area Based Grant (ABG) reductions being proposed in Adult social care with decisions taken in Quarter two.

Traditionally, Quarter one is when all of the statutory returns are returned to the Care Quality Commission (CQC) or 'The Information Centre'', I am pleased to report that all of our returns were completed on time as required.

The next quarter will prove to be even more challenging with all of the changes to the Health Service and new responsibilities for Local Authorities which are signalled in the White Paper published in July. As Director of Adult Social Care and Health, I will be ensuring that we respond to the consultation documents and keep the Executive informed of progress and the need for appropriate decision making.

Adults and Commissioning

Learning Disabilities
Implementation of the programme for the re-provision of the homes accommodating people who previously lived in Church Hill House hospital continues. Some of the homes have de-registered with the remainder to follow in quarter 2. Each individual concerned will then have settled accommodation via a tenancy agreement, and an individual package of support.

The Green Machine a Community Interest Company (supported by BFBC) providing green space maintenance services, employing a mix of able and disadvantaged personnel has developed a new business plan responding to the present economic climate and working towards full independence. Consideration was given to a number of options, with the following course of action agreed: Partnership in gardening enterprises with Go-Gardeners in Wokingham and for Green Machine to relocate and merge with the recycling project, expanding into re-use and festival salvage. This will be implemented by the end of 2010.

Mental Health
The plan following the Supporting People review of Mental Health contracts is to further develop the support provided to individuals living at Glenfield, and to other people in the community. A key vacancy (Team Manager) has now been recruited to and the person has now taken up the role, they have already started developing an action plan to formally change the service delivery. Bracknell Forest Homes have engaged in this process and have identified some addition units within Glenfield that can be converted for tenancies, this will enable increased individual/independent accommodation that can have support hours provide as required.

Safeguarding
Under the Mental Capacity Act, the Deprivation of Liberty Safeguards (DoLS) relate to the protection of individuals who do not have the capacity to make certain decisions for themselves. On occasions, it is in an individual's best interests to be restricted in certain ways, or to have decisions made for them (e.g. serious medical treatment) and DoLS is a process for ensuring that any such actions or decisions are undertaken properly. The Council is responsible for such decisions for people living in Care Homes in Bracknell Forest, or funded by Bracknell Forest in other areas.

Nationally referral rates for authorising the deprivation of liberty were very low, and so we have undertaken a review of compliance in Bracknell Forest, which has lead to an action plan to ensure that local homes respond appropriately.

Commissioning
Work continued on the development of section 75 agreements with the Primary Care Trust (PCT). A Memorandum of Understanding on intermediate care and a Service Level Agreement (SLA) between the providers has been agreed. The process for developing a section 75 for Community Team for People with Learning Disabilities was presented and agreed at the Health and Social Care strategic board. The new arrangements for community meals continue to be developed. The preparatory work for the implementation of a jobs and homes pilot (formerly Public Service Agreement 16) has taken place. A strategy to develop options which help people to regain or retain their independence is being developed (Prevention Strategy).

Personalisation
Following the evaluation of the pilot, further developments have been made to the Resource Allocation System and the Supported Self Assessment Questionnaire to make them fit for purpose for rollout. The Evaluation Report has been agreed by the board along with a series of recommendations to embed personalisation across the department. An Information, Advice and Advocacy strategy has been developed and approved by the Board and Department Management Team (DMT). The Quarter one reporting to the Department of Health (DoH) has been completed and all national milestones have been met.

Other
The jobs and homes pilot addresses the provision of long term employment and settled accommodation for ex-offenders, care leavers, adults with learning disabilities and people with mental ill-health. We successfully bid for regional funding from the Innovations Fund to support this work (£50K), and detailed planning has commenced.

Older People and Long Term Conditions

Downside Resource Centre
The consultation on Downside Day Centre was thorough and inclusive, enabling people who attend the service, their carers, other people who use day services, other carers, care managers and the Downside Staff Team to rate the current service, identify issues they felt were important in the delivery of day activities and express their views regarding the centre's future. This was achieved through a series of public meetings and the use of a questionnaire. While the return rate on the latter was reasonable at just over 25%, for those who use Downside, 92% of questionnaires were returned. The responses will be used to shape the development of future community support.

The consultation concluded in mid-May and the Executive accepted the recommendation that the centre be re-provided. The current service which consists of sessions at the Open Learning Centre and Sandhurst Day Centre, along with various group excursions will conclude on 1st September.

Community Support & Wellbeing
The Dementia team has given notice to some people whose packages of care are deemed to be stable in order to provide short-term work with people leaving hospital and/or assessed as needing residential care, people on Section 17 leave from psychiatric hospitals, and people with dementia needing end of life care.

Heathlands Day Centre
The Capital Bid was successful and it is hoped that the work to reconfigure the building's interior will go out to tender in late July.

Meetings have taken place with Age Concern to agree a day support pathway for people with dementia. Once agreed this will ensure that people with complex dementia are transferred and attend Heathlands leaving spaces available at Age Concern for people with non-complex needs.

Heathlands Residential Home
Following submission of the AQAA, Heathlands received an unannounced inspection visit from CQC and were delighted to once again receive an excellent rating with particular focus being placed on the very positive feedback from people who use the service and their families. Some of the kitchen flooring has recently been replaced; further work will be carried out during 2011/12.

Plans are in progress to identify a pool of volunteers to provide support for activities.

In June staff and residents held a successful bring and buy sale which raised £300 for the resident's amenity fund, which will be used to fund activities and outings for the residents.

Business Support Team
The Business Support Team Manager assumed the responsibility for supervising Front Desk staff, this has increased consistency of direction and support for the business function within Older People and Long Term Conditions (OPLTC).

Older People and Long-term Conditions
The team's capacity to carry out reviews has been enhanced through a short-term secondment.

Work on the single carer's self-assessment has been delayed owing to the departure of the Bracknell Forest Voluntary Action Carer Development Worker, but it is planned that discussions will continue once we are clear on which documentation will interface successfully with the new IAS data-base.

There is currently a tender process for a new Handyperson Scheme, which will impact on the way minor adaptations are carried out.

Community Response and Reablement
Three safeguarding workshops were held for the team. These were led by the safeguarding lead for Bracknell and senior members of Community Response and Reablement. The purpose was to remind every member of the team (including all staff at the residential homes) on the process and to do some case studies.

The workshops were found to be very useful and informative and so it was decided that they will be part of a six month rolling programme for the team. The next set of workshops will be held in the autumn.

A Social worker has been allocated as a link to Frimley Park Hospital (where most hospital referrals come from). They will receive training on the IT system used in the hospital and will be given desk space in the office at the hospital.

The falls service has been restarted. It is consultant led with input from Occupational therapy, Physiotherapy, Nursing and Support workers. The clinic is held fortnightly at Skimped Hill Health Centre. Referrals come through Community Response and Reablement.[;The service will be reviewed after three months.

The team continues to work on the action plan for enhanced intermediate care and end of life service to go live in October 2010.

The provision of intermediate care services is in the process of being reviewed and strengthened to ensure that people are given what they need and that we use our resources as effectively as possible. We aim to improve on the outcomes people can expect from our services and the time it takes to achieve these.

The SLA between Berkshire East Community Health Service and Bracknell Council has been written and presented to the Intermediate Care Partnership Board. Members of the Board have taken the SLA back to their respective organisations for scrutiny before sign off can take place.

Bridgewell Centre
Staff are developing a proposal and action plan for the delivery of enhanced intermediate care and end of life services. This serviceis due to be rolled out October 2010, once completed the proposal will be presented to the Executive member.

Emergency Duty Team (EDT)
Two Part Time Assistant Team Managers have been recruited in line with the recommendations set out in the Windsor & Maidenhead Serious Case Review.

EDT has now met all the recommendations set out in the Serious Case Review, Windsor & Maidenhead.

A Benchmarking exercises along with customer satisfaction questionnaire are currently being undertaken, this will feed into the EDT review of services.

The Project Initiation Document has been completed and circulated to all Unitaries for sign off and agreement.

Drugs and Alcohol Action Team (DAAT)
The Adult Substance Misuse Treatment Plan for 2010/11 was signed off by the National Treatment Agency and has been published both locally and nationally.

The development of a Berkshire East Clinical Governance Framework is underway and several documents will be presented to the Berkshire East Substance Misuse Joint Commissioning Group for final sign off. The documents are being developed in association with all partners and stakeholders involved.

An initial bid for funding from the Big Lottery Fund to continue the Alcohol Arrest Referral Project was unsuccessful. However the bid is being revised and will be resubmitted during quarter two.

The revision of the Bracknell Forest substance misuse service directory is almost complete. Once all entries are checked and verified the directory will be published.

The Family and Friends Group is now meeting twice per month in response to the needs identified by members of the group.

Two people who are in recovery are working with provider staff to establish a Narcotics Anonymous meeting in Bracknell Forest as there are currently no local meetings.

Performance and Resources

Information and Communications Technology (ICT)
The implementation of the IAS system has been in place and working for the last few months. We are addressing issues with reporting which we are confident can be resolved with the proposed solution we will be rolling out shortly.

The planning work has started on introducing the next phase of the personalisation agenda.

Finance
With the start of the new financial year, a significant amount of time was devoted to setting up new budgets and updating monitoring papers. The expenditure reductions agreed for the 2010-11 base budget are being reviewed to ensure they are on target for implementation, together with checking the original cost increase assumptions to determine whether these are still valid. The delayed closure of Downside will create a financial pressure, but at this stage it is expected the additional cost can be met from within the overall resources of the Department. An assessment of whether any other significant budget risks exist is also being undertaken in an attempt to quantify potential amounts, their likelihood to occur and the probable timing. The 2009-10 accounts were also finalised and are subject to external audit review. The year end performance was a £1.653m under spend and arose mainly from a combination of reduced expenditure on care needs, improve contract prices, additional income and planned expenditure reductions that were required to contribution to the Council's in-year savings programme.

In addition to the normal routine monitoring work, a high level of activity has been devoted to assessing the implications for the Department from the in-year grant reductions announced by the Government during May and June. The direct impact was fairly minimal, but to help manage the Council's overall savings requirement, where many costs are committed through external contracts and staffing, so will be complex to achieve and require the following of due processes, options for cost reductions are being identified.

Work has also been ongoing around the extension of self directed support, where in particular, more work on the Resource Allocation System has been undertaken in the light of the outcomes from the personalisation pilot. Further systems set-up and validation activities have been completed around the new Adult Social Care IT system.

Human Resources
Further work has been undertaken in preparation for the Vetting and Barring Scheme. The introduction of the scheme has been delayed although there is an expectation that this will still be implemented in some form.

There has been some significant work activity in supporting the Council's job evaluation review project.

There has been support for the redundancies procedures with the closure of Downside and the reduction in the ABG.

Performance and Governance
The team have supported the Department in the completion of the self assessment process for Adult Social Care, and a key achievement in the last quarter has been the successful completion and submission of end of year returns all within statutory timescales.

There have been challenges around reporting from the IAS system and there is a workstream in place to resolve this. Support has been sought from suppliers Liquid Logic and report providers Igneous to move this forward.

The Council has worked with Berkshire East NHS on the development of performance reporting from the new performance IT systems in both organisations. The first reports for 2009/10 Quarter 4 and 2010/11 Quarter 1 have now been run off the system and the information is currently being validated for data quality.

Summary of Equality Impact Assessments
No Equality Impact Assessments were published this quarter.

Section Two: Progress against Service Plan

Annex C provides details of performance against relevant National Indicators this quarter, as well as an update on the operational risks identified in the Service Plan. Adult Social Care & Health Service Plan for 2010/11 contains 53 detailed actions to be completed in support of the 13 Medium-Term Objectives.

Annex C also provides information on progress against each of these detailed actions; all actions were achieved or on target at the end of Quarter 1 (✓), with none currently causing concern (✖).

Section Three: Resources

Staffing
The work continued in preparation for the Vetting and Barring scheme. Further presentations have been held during the period only for the introduction to the scheme being put on hold pending a central government review. There is still an expectation that the scheme will be introduced but the coverage is set to significantly reduce.

The support with corporate activities has continued during the period. This includes the significant workload around the introduction of a new job evaluation scheme and the review of existing HR policies and procedures.

Due to a reduction in the ABG, the HR team have been involved in supporting the impact on staffing within the department. Although the direct impact on staff within the department has been limited, this has still involved the implementation of the redundancy procedure. This has been worked alongside the programme to close Downside where the team have been working to support management through the redundancy procedures. This will include a number of staff being redeployed through the department.

Work has commenced in establishing a programme of work to incorporate the recommendations of The Social Work Task Force. Amongst the 15 recommendations arising from this work includes the expectation for employees to undertake a health check of the current workforce. The preparation fro this will be established during quarter 2.

Budget

See Annex C for more detailed information on:

Revenue Budget

Annex C1	Summary financial position
Annex C2	Budget virements
Annex C3	Budget variances

Capital Budget

Annex C4	Summary financial position and scheme status and target

Revenue

Current approved budget
The cash budget approved by the Council for the current financial year totalled £23.688m with £2.379m of recharges from other Departments and accounting adjustments.

There have been a number of changes to the cash budget this period:

- Additional S28a savings on budgets previously funded by the Primary Care Trust relating to people with Learning Disabilities -£0.330m
- One-off redundancy funding for Look In £0.025m

- Centralisation of transport budgets to the Integrated Transport Unit -£0.129m
- Share of £0.050m grant savings transferred to CYPL -£0.015m
- Adjustment to travel plan budgets with CYPL -£0.013m

In addition, a number of self balancing housekeeping virements, internal to ASCH have been made and these relate to:

- Revised grant notifications that require adjustments to expenditure and income profiles;
- Changes in anticipated spend against the former Section 28a;
- Changes in Chief Officer management responsibilities;
- Changes to the Devolved Staffing Budget to reflect current staffing establishments;
- Aligning various budgets to spending plans, including those where service delivery has changed from in-house to external provision or vice versa.

The final budget for the year therefore totals £25.604m, with £23.225m in cash and £2.379m in recharges and accounting adjustments.

Provisional outturn
At this early stage of the year, with numerous spending decisions yet to be taken or trends established, variances are only reported where they are certain, or there is the potential for a significant variance. On this basis, no variances are anticipated at this stage.

Capital

Current approved budget
The cash budget approved by the Council for the current financial year totalled £0.530m. Subsequent to this, the Executive agreed that the £0.532m unspent balance from 2009-10 be made available in the current year, making a revised total budget of £1.062m.

Provisional Outturn
No variances are anticipated at this stage.

Internal Audit Assurance
No internal audit reports were issued with a limited assurance opinion this period.

Complaints received

There were 11 complaints received in quarter 1 from 10 separate complainants.

No. Rec'd Q1	Nature of complaints (bulleted list)	Action taken and lessons learned (bulleted list)
1	Issues relating to the Care Manager supporting the client.	Complaint upheld – Care Manager changed.
1	Complaint received regarding closure of Downside – no longer able to have a bath.	Complaint upheld – Alternative arrangements made.
1	Complaint regarding poor communication between Care Manager and client.	Complaint upheld – Communication improved.
1	Complaint regarding accommodation/placement	Ongoing investigation. (the above 2 complaints were received from the same complainant on separate occasions)
1	Poor communication regarding discharge from Hospital to home.	Complaint upheld – Channels of communication improved between authorities.
1	Complaint regarding level of care received.	Not upheld – Reassessment of need provided.
1	Complaint regarding lunch time call missed by care provider.	Complaint upheld – due to human error. Contingency plans in place.
1	Concerns regarding service received by care provider.	Partially upheld – Review/monitoring of situation. By working together, services improved.
1	Regarding admission into Hospital.	Not upheld – Policies/procedures discussed/upheld.
1	Funding issues.	Ongoing investigation.
1	Placement issues.	Ongoing investigation.

Compliments received

The CR&R Team received 9 compliments in this quarter, 12 for the Older People & Long Term Conditions (7 of which were for Blue Badge applications).

The Personalisation Team received 1, as did the Team for Performance & Governance, 1 also for the Community Team for People with Learning Disabilities.

This gives a total of 24 compliments received.

Internal audit assurances
(Where internal audit carried out with limited or no assurance)

Service area	Issues with limited or no assurance and remedial action to be taken
[Awaited]	[Awaited]

Section Four: Forward Look

Adults and Commissioning

Learning Disabilities
The programme of reprovision of registered care homes will continue, and deregistration of all affected services will be completed on September 6th.

The Safe Place scheme will be implemented in July with the specific launch on July 22nd. This identifies “safe haven” shops and businesses in the town centres where people can go for support, should they feel at all threatened or unsafe whilst out. Staff in these places will have relevant numbers to call fro support (e.g. police, social services).

Autistic Spectrum Disorders
In response to the recent publication "Fulfilling and Rewarding Lives" (The National Strategy for adults with autism) a working group will be set up in July to develop a work plan towards developing a local commissioning strategy and delivery plan. These plans will be completed for approval by the end of March 2011.

Mental Health
Berkshire Healthcare NHS Foundation Trust has now implemented a new Patient Record IT system for the Community Mental Health Team for Older Adults, the implementation for the Community Mental Health Team (CMHT) will be commencing in November. This will continue to have implications for the Social Care records and performance reporting, plans to manage this are being continually developed and implemented. The Berkshire NHS Foundation Trust is continuing with its process change called ‘Next Generation Care’ (NGC) , a stake holder’s event was held this month involving others for the first time in the NGC Programme. The Inpatient review under the NGC programme has developed to a stage, which now means the options will go out to public consultation in August.

Safeguarding
The action plan arising from the review of compliance with the DoLS will be implemented.

Commissioning
The full section 75 agreements will be constructed and agreement sought with both the PCT and the GP consortium ready for implementation in April 2011. The prevention strategy will be completed and work on the development of a new User led Organisation in Bracknell will be established.

The Community meals arrangement should be finalised and implemented. The new posts for the jobs and homes pilot will be recruited to and the pilot will begin.

Personalisation
A personalised approach to support planning with individuals is being roll out over the Summer to all community teams. Research is being undertaken in teams to inform workforce planning. The Department is confident that it will meet the national milestone for being able to offer all people supported by Adult Social Care, both new and existing people, a personal budget by October 2010.

Older People and Long Term Conditions

Community Support & Wellbeing
Front Desk will be realigned with a new duty function which will mean that there will be a dedicated duty section of Community Response and Reablement. The team will work with short term pieces of work, will take all safeguarding referrals, sign post people to services not provided by Bracknell Council, undertake full contact assessments (including use of FACs criteria) and refer people on to relevant services within the Council.

The Dementia Team will begin to offer intensive short-term support to people leaving hospital in order to maximise independent living and enhance individual's quality of life.

The Long-term Conditions Team will continue to support people with complex physical needs and to provide support for the Assessment Flat at Barnett Court, which despite some void periods, has proved highly successful in reducing admissions to long-term care.

Downside Resource Centre
As well as delivering savings, efficiencies realised will be used to develop a variety of voluntary sector activities, increase dementia day-care at Heathlands and support the establishment of a user-led service.

All of the people currently receiving a service from Downside will be supported to self-assess their needs and develop an individual support plan based on their needs and interests. A number of those attending have expressed a preference to remain at Sandhurst Day Centre following Downside's closure and we are in discussions with Sandhurst's management team to work out details.

It is expected that some of those currently accessing Downside will transfer to the expanded service at Heathlands. Indeed, some people already attend both Downside and Heathlands.

Staff at risk owing to the centre's closure have been encouraged to consider a variety of jobs available within the council and it is hoped that redundancies will be kept to a minimum.

Heathlands Day Centre
The internal reconfiguration will allow for a substantial increase in the number of people who can be supported each day. Removal of two interior walls, doors and glass screening and the moving of the current hair-dressing / laundry room will create a large, more open, main lounge and two further generous meeting areas on either side of the main corridor. Coupled with the music room which is being retained, this will allow the centre to offer a number of different activities according to individual interest. It is hoped that the projected work will also include a wet room with ceiling hoist which will enable the centre to better support people with complex physical needs. The planned works are due for completion in October.

Following completion of the building works, some of the funds freed up by the Downside re-provision will be used to recruit additional staffing to enable the centre's expansion.

Heathlands Residential Home
The home is currently undergoing some refurbishment and plans are now out to tender for the construction of two new wet rooms on the ground-floor level, which will do much to support the dignity and well-being of people with impaired mobility.

Further refurbishment of the upstairs lounge is due to be done in September by a group of volunteers from Boehringer Ingelheim who will be donating materials as well as time to enhance the home's environs.

Staff will undertake additional training this year on loss and bereavement with a special emphasis on supporting people living with the experience of dementia. It is planned that this training will be done under the new qualifications framework.

Business Support Team
The team will now be reconfigured to include administrative staff that heretofore worked with CR&R and the Community Support Teams. The expanded team will include business support staff from Bridgewell and Heathlands, as well as those employed in Front Desk. Staff will now be expected to learn one another's roles and work across the different services to ensure that business critical activities are not dependent on any one team member.

The team will continue to offer support for training administrators under the new qualifications strategy due to be implemented in September.

Older People and Long Term Conditions Team
OPLTC will be providing support to the newly developed Duty Team, by means of full-time occupational therapist and a part-time social worker. It is envisaged that the creation of a robust duty system will enable care managers to move people into monitoring, knowing that skilled staff will be immediately available in the event of an emergency. The new system is designed to problem-solve and staff will work for up to two weeks with individuals which should reduce revolving door referrals and free up OPLTC staff to begin working with supported self-assessment and person-centred support planning.

Community Response and Reablement
Multi disciplinary team meetings terms of reference will be revised and all staff will have received training and information reaffirming their roles in the reablement process. This will result in improved outcomes for people using the service and reviewing which will ensure people do not use the service longer than they should.

The team will continue to work on the action plan for enhanced intermediate care and more end of life care which will ensure that these services will go live in October 2010.

Support Workers will receive training in provision of simple items of equipment and will be working with people requiring a service in the community. They will continue to work with people at the end of life.

Bridgewell Centre
Vacant posts are to be advertised and filled thus reducing the need for bank and agency cover.

The medicines manager and the clinical governance lead from the PCT will be reviewing policies to ensure that the unit is compliant with clinical governance.

Current eligibility criteria for Bridgewell has been established and agreed. The criteria will be further reviewed to enable the introduction of enhanced intermediate care and end of life services.

Emergency Duty Team (EDT)
EDT will have access to all six unitary authority databases by the next quarter. Once completed, the unit will be the only one in the country to have access to as many databases.

The service review will reach stage 3 of the review which will lead to the creation of a cost effective, streamlined service in line with statutory responsibilities.

It is planned that the EDT management will visit 60 teams across the 6 unitary authorities by the next quarter in line with the Service Review.

DAAT
A training programme will be rolled out across Bracknell Forest and Berkshire East. The programme has been developed jointly with Slough and WAM to reduce duplication and achieve best value.

Provider staff will continue to work with people who attend DAAT to support the establishment of a Narcotics Anonymous meeting by identifying potential venues and attending meetings with them.

The Bracknell Forest Substance Misuse Service Directory will be published and made available to all to increase awareness of the service available and increase the number of new referrals.

A revised funding bid will be submitted to the Big Lottery Fund during quarter two.

All of the documents that make up the Berkshire East Clinical Governance Framework will be completed and signed off by the Berkshire East Substance Misuse Joint Commissioning Group by the end of quarter two.

Performance and Resources

ICT
We are continuing to work with our partners in Health to connect our IT systems together in order to help with the multi agency working across Bracknell.

Finance
More detailed work on projected budget monitoring variances will be undertaken for the coming quarter, ensuring spending plans are in place for all budgets and that these are being reviewed and services structure accordingly. Progress is also expected on detailed options and proposals on how the in-year savings requirements will be managed following the reductions in government grant funding.

The next quarter will also see initial workings on budget proposals for 2011-12, and these will need to take account of the much more challenging financial environment that the Department is likely to be working in.

Further developments are also planned around the Adult Social Care IT system where evaluations will be undertaken on options available to implement a mobile Financial Assessments process that will allow for people to know their likely financial

contribution to care (if required) at the end of the visit, and E-invoicing which will remove the need for paper invoices from providers, automating the payment process subject to built in validation processes. This period will also see the implementation of the new Fairer Contributions policy from August 2010, and this will result in changes in financial contributions for a number of people.

Human Resources
Work will centre on refocusing on the development of the adult workforce strategy, preparation for the implementation of the Vetting and Barring Scheme and reviewing implications of the Social Care Task force Report and the implications for the Health Check. The team will continue to work on supporting the modernisation agenda, the Council's job evaluation project and the jobs and homes pilot.

Performance and Governance
The team will continue to support the service areas across the Department in improving data quality, and continuing to develop effective performance reporting through the new IAS system.

Annex A: Staffing information

Staffing Levels

	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
Management Team	7	7	0	7	0	
Older People and Long Term Conditions	201	90	111	130.55		
Adults and Commissioning	125	66	59	84.28		
Performance & Resources	91	58	33	74.75		
Department Totals	**424**	**221**	**203**	**296.58**		

Staff Turnover

For the quarter ending	30 June 2010	6.4
For the year ending	31 March 2010	12.9

Total turnover for BFC, 2009/10: 13.31% excluding schools
Total turnover for local authorities in nationally 2007/08: 15.2%
(Source: Chartered Institute of Personnel and Development survey 2008)

Sickness Absence

Staff Sickness

Section	Total staff	Number of days sickness	Quarter1 average per employee	Projected annual average per employee
Management Team	8	7.5	1.6	4.36
Older People and Long Term Conditions	212	342	1.61	6.4
Adults and Commissioning	106	281	2.6	10.6
Performance & Resources	93	99	1	4.2
Department Totals (Q1)	**419**	**729.5**	**1.55**	
Projected Totals (10/11)	**419**	**2918**		**6.39**

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 09/10	6.29 days
All sectors employers in South East 2008 (Source: Chartered Institute of Personnel and Development survey 2008)	7.6 days

Adult Social Care and Health – There is 1 case of Long Term Sickness with 65 days in Adults and Commissioning.

There is also 3 cases of Long Term Sickness with 87 days in Performance and Resources.

Annex B: Financial information

Annex B1

ADULT SOCIAL CARE AND HEALTH DEPARTMENT - APRIL/MAY 2010

	Original Cash Budget	Virements & Budget C/Fwds	NOTE	Current Approved Budget	Spend to Date %	Variance Over/(Under) Spend	*Variance This Month*	NOTE	Variance Supported by CMT
	£000	*£000*		*£000*	%	*£000*	*£000*		*£000*
ADULT SOCIAL CARE AND HEALTH DEPARTMENT									
Director	551	174	a, c	725	-44%	0	*0*		0
	551	**174**		**725**	**-44%**	**0**	***0***		**0**
CO - Adults and Commissioning									
Mental Health	1,904	-61	a, d	1,843	11%	0	*0*		0
Learning Disability	7,656	-615	a, d, e	7,041	-91%	0	*0*		0
Specialist Strategy	0	159	a	159	9%	0	*0*		0
Joint Commissioning	434	3	a	437	15%	0	*0*		0
	9,994	**-514**		**9,480**	**-64%**	**0**	***0***		**0**
CO - Older People and Long Term Conditions									
Long Term Conditions	2,083	-15	a, d	2,068	21%	0	*0*		0
Older People	6,618	42	a, b, d	6,660	13%	0	*0*		0
Intermediate Care	2,116	-138	a, c	1,978	13%	0	*0*		0
Community Support	745	-12	a	733	21%	0	*0*		0
Drugs Action Team	94	0	a	94	30%	0	*0*		0
	11,656	**-123**		**11,533**	**15%**	**0**	***0***		**0**
CO - Performance and Resources									
Leadership Team and Support	225	0		225	0%	0	*0*		0
Information Technology Team	208	-1	a	207	17%	0	*0*		0
Property and Admissions	182	0		182	8%	0	*0*		0
Performance and Governance	192	-3	a	189	2%	0	*0*		0
Finance Team	531	4	a	535	15%	0	*0*		0
Human Resources Team	149	0		149	13%	0	*0*		0
	1,487	**0**		**1,487**	**10%**	**0**	**0**		**0**
TOTAL ASC&H DEPARTMENT CASH BUDGET	**23,688**	**-463**		**23,225**	**-20%**	**0**	**0**		**0**
TOTAL RECHARGES & ACCOUNTING ADJUSTMENTS	**2,379**	**0**		**2,379**	**0%**	**0**	***0***		**0**
GRAND TOTAL ASC&H DEPARTMENT	**26,067**	**-463**		**25,604**	**-18%**	**0**	**0**		**0**
Memorandum items:									
Devolved Staffing Budget				**10,850**		**0**	*0*		**0**

Adult Social Care and Health
Virements and Budget Carry Forwards

Note	Total	Explanation
	£'000	
		DEPARTMENTAL CASH BUDGET
		House keeping virements
a	0	A number of net nil effect virements are proposed. These include resetting devolved staffing budgets, making adjustments in the light of revised grant notifications that require adjustments to expenditure and income profiles, and a range of other housekeeping adjustments to align budgets to new year spending plans.
		Structural Changes Fund
b	25	£25k one-off redundancy costs associated with closing the Look In were agreed by the Employment Committee and funding is now requested from the Structural Changes Fund.
		Inter departmental virements
c	-28	Two adjustments need to be made in respect of transfers with ASCH. A £15k deduction is due in respect of grant savings agreed in the old SCL Department for ASCH that are currently held in CYPL. There is also an adjustment required in respect of correcting initial allocations of travel plan savings, with £13k over allocated to ASCH.
d	-130	The centralisation of transport budgets to Corporate Services removes £130k from the budget.
		Corporate contingency
e	-330	The S28a Learning Disability transfer of funds from the PCT to the Council was agreed after the budget had been set and was £330k higher than anticipated, mainly as a result of receiving full funding for Waymead and other support services that were not expected to be included in the settlement.
	-463	**Total**
		DEPARTMENTAL NON-CASH BUDGET
	0	No changes to report
	0	**Total**

Adult Social Care and Health
Budget Variances

No variances to report this period.

Adult Social Care and Health Capital Monitoring

2010-11 monitoring at 30 May 2010

Cost Centre Description	Total Budget (£'000)	Cash Budget 2010/11 (£'000)	Expenditure to date (£'000)	Current commitment (£'000)	Amount left to Spend (£'000)	Estimated Total Funding Required for the year (£'000)	Cash Budget 2011/12 (£'000)	Key Target for 31 March	Current status of the project including changes to Cash Profile
Schemes commenced prior to 2010/11									
ASC - Care Management Replacement Programme	327.6	280.0	32.8	0.0	247.2	280.0	47.6	Fully operational.	Core live system operational. Further modules to be updated.
Adult Social Care IT Infrastructure	69.0	50.0	0.0	0.0	50.0	50.0	19.0	In progress.	N3 Connection and CAF for Adults implementation in progres
ICT projects	**396.6**	**330.0**	**32.8**	**0.0**	**297.2**	**330.0**	**66.6**		
CAPITAL PROGRAMME - DEPT CONTROLLED [schemes b/fwd from prior year(s)]	**396.6**	**330.0**	**32.8**	**0.0**	**297.2**	**330.0**	**66.6**		
Percentages			**8.3%**	**0.0%**	**74.9%**	**83.2%**			
Schemes commenced 2010/11 and rolling programmes									
Improving the Care Home Environment	6.4	6.4	0.0	0.0	6.4	6.4	0.0	In progress.	Requirement investigation and prioritisation.
Carers Accommodation Strategy	335.0	335.0	0.0	0.0	335.0	335.0	0.0	Underway	Under review. Linked to Council accommodation strategy
Mental Health Grant	189.2	110.0	3.1	0.0	106.9	110.0	79.2	In progress.	Requirement investigation and prioritisation.
Social Care Grant	130.1	90.0	13.6	0.0	76.4	90.0	40.1	In progress.	Requirement investigation and prioritisation.
Improvements and capitalised repairs	4.7	4.7	0.0	0.0	4.7	4.7	0.0	Complete.	Under investigation
Adult Social Services	**665.4**	**546.1**	**16.8**	**0.0**	**529.3**	**546.1**	**119.3**		
CAPITAL PROGRAMME - DEPT CONTROLLED [current year schemes]	**665.4**	**546.1**	**16.8**	**0.0**	**529.3**	**546.1**	**119.3**		
Percentages			**2.5%**	**0.0%**	**79.6%**	**82.1%**			
CAPITAL PROGRAMME - DEPT CONTROLLED [all schemes]	**1,062.0**	**876.1**	**49.6**	**0.0**	**826.5**	**876.1**	**185.9**		
Percentages			**4.7%**	**0.0%**	**77.8%**	**82.5%**			

Annex C: Performance against National Indicators

ASCH – National Indicators Quarter 1 2010/11

Friday, August 6, 2010

Indicator Ref	Measure	Current Actual	Current Target	Previous Actual	Comments & Improvement Action	MTO
NI039	Rate of hospital admissions per 100,000 for Alcohol Related Harm (Unclear - Quarterly)				Information being validated	MTO 05 - To improve health and wellbeing within the borough
NI040	Number of drug users recorded as being in effective treatment (More frequently than quarterly)				Information being validated	MTO 05 - To improve health and wellbeing within the borough
NI053.1	Prevalence of breastfeeding at 6-8 weeks from birth - percentage of infants being breastfed at 6-8 weeks (Quarterly)				No update available	MTO 05 - To improve health and wellbeing within the borough
NI053.2	Prevalence of breastfeeding at 6-8 weeks from birth - percentage				Information being validated	MTO 05 - To improve health and wellbeing within the

	of infants for whom breastfeeding status is recorded (Quarterly)						borough
NI113.1	Prevalence of chlamydia in under 25 year olds - Percentage of the resident population aged 15-24 accepting a test or screen for chlamydia (Quarterly)			14.6%		Information being validated	MTO 05 - To improve health and wellbeing within the borough
NI113.2	Prevalence of chlamydia in under 25 year olds - Number of positive diagnoses for chlamydia in the resident population aged 15-24 years (Quarterly)					Information being validated	MTO 05 - To improve health and wellbeing within the borough
NI123	Stopping smoking (Quarterly)					Information being validated	MTO 05 - To improve health and wellbeing within the borough
NI125	Achieving independence for older people			89.4%		The measurement of data for this indicator will commence at the	MTO 09 - To promote independence

	through rehabilitation or intermediate care (Quarterly)				start of October since independence is collated 91 days following discharge. Therefore there is no outturn to report in this quarter. It is anticipated that we will be in a position to report an outturn for Q2.	and choice for vulnerable adults and older people
NI126	Early access for women to maternity services (Unclear - Quarterly)				Information being validated	MTO 05 - To improve health and wellbeing within the borough
NI130	Social Care clients receiving Self Directed Support per 100,000 population (Quarterly)			16.0%	Due to challenges around reporting on data from IAS (the adults community care system), it has not been possible to report an outturn on this indicator for Q1. We are aiming to resolve this for Q2.	MTO 09 - To promote independence and choice for vulnerable adults and older people
NI131	Delayed transfers of care (Quarterly)	3.8		2.4	The current outturn of 3.8 is slightly lower in performance terms than last year's outturn of 2.4. This still represents strong performance.	MTO 09 - To promote independence and choice for vulnerable adults and older people

NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)			21.7%	Due to challenges around reporting on data from IAS (the adults community care system), it has not been possible to report an outturn on this indicator for Q1. We are aiming to resolve this for Q2.	MTO 09 - To promote independence and choice for vulnerable adults and older people
NI136	People supported to live independently through social services (all adults) (Quarterly)			2,325	Due to challenges around reporting on data from IAS (the adults community care system), it has not been possible to report an outturn on this indicator for Q1. We are aiming to resolve this for Q2.	MTO 09 - To promote independence and choice for vulnerable adults and older people
NI145	Adults with learning disabilities in settled accommodation (Quarterly)	71.9%		74.6%	Of the current cohort, 71.9% of people are living in settled accommodation. At this point, this figure is lower than last year's outturn due to some people becoming ordinary residents in other areas. However, on completion of the re-provisioning project (Sept 6th), this figure	MTO 09 - To promote independence and choice for vulnerable adults and older people

						is likely to increase significantly.	
NI146	Adults with learning disabilities in employment (Quarterly)	14.6%		17.2%		Our current figure of 44 people being helped into employment put us ahead of our target for 2010/11 of 14.6% (based on current cohort figures). We are therefore on track to exceed target with this indicator.	MTO 09 - To promote independence and choice for vulnerable adults and older people
NI149	Adults receiving secondary mental health services in settled accommodation (Quarterly)	86.2%		96.0%		Although this is below last year's outturn of 96%, it still represents strong performance for this indicator.	MTO 09 - To promote independence and choice for vulnerable adults and older people
NI150	Adults receiving secondary mental health services in employment (Quarterly)	15.0%		15.0%		Current performance of this indicator is in line with last year's outturn of 15%.	MTO 09 - To promote independence and choice for vulnerable adults and older people

Annex C: Performance against Service Plan Actions

MTO5 - To improve health and wellbeing within the borough					
Detailed Action	**Due Date**	**Owner**	**Status**	**Last Updated**	**Comments**
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					
5.1.1 Refresh the Health and Well Being Strategy	30/09/2010	ASCH	✔		Work on this is being held given the changes outlined by the new Government and the potential new role for Local Authorities in Health and Well Being. The Director is working with the Portfolio Holder, Colleagues and Health Staff to look at the implications of the Health White Paper.
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.	31/03/2011	ASCH	✔		The Development Liaison Group and the Community Capacity Group have action plans which detail developments for the current financial year
5.1.3 Support the work of the voluntary sector; looking at new ways for voluntary sector to improve people's lives	30/09/2010	ASCH	✔		Meetings have taken place with representatives from the voluntary sector to develop and increase choice and flexibility for people wishing to access day support activities.
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	31/03/2011	ASCH	✔		The Development Liaison Group and the Community Capacity Group have action plans which detail developments for the current financial year
5.1.5 Work with the NHS to make psychological therapies more available	31/12/2010	ASCH	✔		IAPT (Improving access to psychological therapies) is now providing a local service to the Bracknell community, the team are based at Church Hill House but provides the therapies in community settings. We also have a 'wellbeing' group that runs fortnightly focusing on physical and emotional wellbeing, assisting in tackling local health inequalities.
5.2 Working with health partners to secure more outpatient, diagnostic and					

secondary health facilities in the borough					
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	31/03/2011	ASCH	✔		Work is on going in respect of the Healthspace and further discussions are being held with Primary Care Commissioners
5.2.2 Development of an End of Life Strategy with NHS Berkshire East	31/12/2010	ASCH	✔		The End of Life Strategy will form part of the overall review of Intermediate Care and Enhanced Intermediate Care. Steering group meets monthly to take this forward.
5.7 Enabling more people to remain in their own homes through the use of Telecare					
5.7.1 Maximise people's independence by promoting the use of assistive technology and equipment	31/07/2010	ASCH	✔		Two flats within a local sheltered Housing Complex have been fitted with extensive Assistive Technology which has enabled people to trial equipment in a safe environment. We have a part time worker who will assess for equipment and promote new initiatives.
5.8 Producing an annual Joint Strategic Needs Analysis to influence LAA and outcomes for Borough residents					
5.8.1 Ensure JSNA is refreshed annually	31/12/2010	ASCH	✔		JSNA on target for refresh by Autumn. Director chairing Bracknell group with responsibility for update.
5.8.2 Undertake a programme of consultation with Older People which will feed into the delivery of an Older People accommodation strategy	30/09/2010	ASCH	✔		consultation complete
5.8.3 Implement the outcomes of transforming Community services with specific emphasis on Urgent Care, End of Life Care and Stroke Rehabilitation	31/03/2011	ASCH	✔		Steering group and project group meet on a monthly basis to drive forward this initiative, with an implementation date of October 2010.
MTO7 - To seek to ensure that every resident feels included and able to access the services they need					
Detailed Action	**Due Date**	**Owner**	**Status**	**Last Updated**	**Comments**
7.10 Implementing the Bracknell Forest Partnership Community Engagement Strategy to engage with residents to shape service provision					

and develop communities					
7.10.11 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 (Adult Social Care and Health)	31/03/2011	ASCH	✔		All actions being implemented.
7.10.3 Review the structure role and purpose of the main forums for older people	31/07/2010	ASCH	✔		Achieved. New OP Themed Partnership established alongside OP Forum. Additionally there is the Over 50s Forum and the work of the OP Champion
7.10.4 To make information made available to the public including all individuals currently supported and all local stakeholders about the transformation agenda and its benefits for them	30/04/2010	ASCH	✔		An information pack is being developed to support the roll out of personalisation. To be published in September 2010.
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	31/10/2010	ASCH	✔		An Information and Advice Strategy has been approved and is in place
7.10.6 Develop a User Led Organisation which is directly contributing to the transformation to personal budgets	31/12/2010	ASCH	✔		Expressions of interest have been received from two organisations to develop a User Led Organisation (ULO) in Bracknell. The Department of Health have set a target that a ULO must be in the process of being set up by December 2010.
7.10.7 Arrangements for access to universal information and advice services are in place	31/10/2010	ASCH	✔		An Information and Advice Strategy has been approved and is in place.
7.5 Implementing a Disability Equality Scheme, Gender Equality Scheme and Race Equality Scheme					
7.5.2 Meet the cultural needs and expectations of older people, particularly those from Black and Minority Ethnic Groups	31/03/2011	ASCH	✔		Work in progress with BFVA (Minority Alliance Group) to identify hard to reach groups. Representatives to be invited to join strategy groups. This issue will also be addressed through the Older Persons Strategy.
7.5.7 Implement the Disability, Race and Gender Equality Schemes actions due for completion in 2010/11 and progress those actions due for	31/03/2011	ASCH	✔		Scheme actions being implemented.

completion in later years (Adult Social Care and Health)					
7.6 Increasing access to services by electronic means					
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	31/12/2010	ASCH			The Information Hub will be launched in August 2010
7.7 Implementing the Community Cohesion Strategy to give people a sense of belonging and identity as members of their community					
7.7.11 Implement actions in 'All of us' Community cohesion Strategy (Adult Social Care and Health)	31/03/2011	ASCH			All actions being implemented.
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					
7.8.12 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 (Adult Social Care and Health)	31/03/2011	ASCH			On target and ongoing
7.8.16 Ensure all EIA actions for 2010/11 are implemented and actions for future years progressed (Adult Social Care and Health)	31/03/2011	ASCH			All actions being implemented
7.8.20 Improve equality monitoring to provide better information on access to and take up of services by different parts of the community (Adult Social Care and Health)	31/03/2011	ASCH			Equality monitoring framework being developed
MTO8 - To reduce crime and increase people's sense of safety in the borough					
Detailed Action	**Due Date**	**Owner**	**Status**	**Last Updated**	**Comments**

8.5 Reducing the number of people, particularly young people, abusing drugs and alcohol					
8.5.1 Promote smoking awareness and cessation initiatives delivered by the PCT	31/03/2011	ASCH	✔		Council staff have been working with the PCT Stop Smoking Service in running evening clinics at Bracknell Leisure Centre; a weekly drop in at Bracknell College; workshops at Sandhurst Secondary School and a drop in at Rowan's Children's Centre
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.	31/03/2011	ASCH	✔		Information provided to parents in respect of substance misuse. Awareness raising sessions requested by schools will be delivered. Awareness raising session arranged at Royal Military Achedemy, Sandhurst.
8.5.3 Increase the number of drug misusing clients retained in treatment for 12 weeks or more	31/03/2011	ASCH	N/A		Figures for quarter 1 not yet available. Will be published by National Treatment Agency at the beginning of August
8.5.4 Reduce the number of clients leaving treatment in an unplanned way	31/03/2011	ASCH	N/A		Quarter 1 data not yet available. Will be published by the National Treatment Agency at the beginning of August.
8.5.5 Ensure that local services have sufficient capacity to meet local needs in terms of drug and alcohol treatment	31/03/2011	ASCH	✔		Services have been commissioned to take into account the findings of the annual needs assessment.
8.5.6 Work with NHS Berkshire East to identify funding for inpatient detoxification services for residents who are dependent on alcohol	31/03/2011	ASCH	✔		Funding has been identified and block contract agreed with preferred supplier.
8.9 Increasing awareness of 'safeguarding adults' issues for vulnerable people and the wider public					
8.9.1 Review contracting arrangements to ensure that they appropriately reflect safeguarding requirements and are in line with SUI guidance	31/03/2011	ASCH	✔		A `Commissioning for Adult Safeguarding Group` has been established and meets quarterly. The purpose of the group is to use contracts and commissioning processes to ensure that adults are appropriately safeguarded when using services commissioned by the PCT and Unitary Authorities. A Serious Untoward Incident (SUI) Protocol has now been developed and will be presented to Safeguarding Adults Partnership Boards this year.

8.9.2 Work with CDRP colleagues to ensure that ASBO policy reflects Safeguarding issues	30/06/2010	ASCH	✔		The ASBO Policy is currently being updated and is to include safeguarding issues
8.9.3 Review the ToR and membership of Safeguarding Adults Partnership Board, giving consideration to the option of engaging an independent chair.	31/03/2011	ASCH	✔		A safeguarding workshop for senior managers was held in March 2010. One of the aims was to look at the ToR and membership. Consideration for an independent chair will be taken following the publication of No secrets 2` later on in the year.
8.9.4 Review Care Governance Protocols	31/07/2010	ASCH	✔		The Care Governance Board protocols are being reviewed on Tuesday 20th July.
8.9.5 Manage/lead “Safe Place” project	31/12/2010	ASCH	✔		This scheme is being launched on Thursday 22nd July in Bracknell Town centre.
8.9.6 Implement the audit plan to ensure that the Deprivation of Liberty Safeguards are being fully implemented in Bracknell.	31/07/2010	ASCH	✔		A scoping exercise was recently undertaken with all care homes in Bracknell to audit their knowledge and process for the Deprivation of Liberty Safeguards. A detailed plan has been developed to increase awareness within care homes and prioritise appropriate training for care home managers and staff. This will be completed by March 2011.
8.9.7 Hold Managing Authority conference	31/10/2010	ASCH	✔		This has not yet happened. Best Interest assessors however have visited all Bracknell care homes to audit current arrangements for Deprivation of Liberty Safeguards.
8.9.8 Lead on the implementation of the Vetting and Barring Scheme	30/11/2010	ASCH	✔		The Coalition Government is currently relooking at this scheme. It is therefore not yet ready to be implemented.
MTO9 - To promote independence and choice for vulnerable adults and older people					
Detailed Action	**Due Date**	**Owner**	**Status**	**Last Updated**	**Comments**
9.1 Modernising services for vulnerable adults and older people by reducing reliance on residential care and improving access to community based services					
9.1.1 Create more activities for frail older people, with transport linked to the activities	31/05/2010	ASCH	✔		Implementation of the recommendations following the day Care review will lead to person centred support services

					for frail older people. Discussions have taken place with Head of Transport to link transport with services
9.1.2 Co-ordinate more effectively the schemes for providing assistance to older residents with daily chores, house and garden maintenance	30/06/2010	ASCH			People are offered a period of rehabilitation either at home or in our residential unit in the Bridgewell Centre with an aim to maximise a person's functional skills. Outcomes include the reduction in the need for residential care and packages of care. The team also includes the access point for Adult Services which reduces the need for dependence on in house services.
9.1.3 Make sure suitable housing is available for older people and that a range of different accommodation and support options are available.	31/03/2011	ASCH			Consultation questions are being developed and will be achieved in Q2.
9.1.4 Review the provision of day opportunities and work in partnership with other agencies in the voluntary and independent sector	31/10/2010	ASCH			Consultation and review of Day Services now complete discussions have taken place with the Voluntary and Independent Sector in designing service and support options.
9.4 Providing advice and support to vulnerable people to help maintain them in their own homes					
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	31/03/2011	ASCH			Review of service has commenced, project group are meeting monthly and Project brief has been established with milestones agreed.
9.5 Providing support for carers through working with statutory and voluntary partners					
9.5.1 Continue to increase the rate at which carers receive assessments or reviews	31/03/2011	ASCH			Performance has increased, during the last year. Work is on-going with local GP surgeries which will enable GP's to offer information packs and carers self assessment forms to carers presenting at the surgery.
9.5.2 Implement the Dementia Care Adviser role, following DH funding	31/03/2011	ASCH			The Dementia Care Adviser role is working with our statutory and voluntary partners, families and carers. The advisor is delivering the service following the Department of Health guidance.
9.7 Implementing the Borough-wide Strategy for Older People					

9.7.1 Promote use of supported self-directed assessments	31/03/2011	ASCH	✔		Following the conclusion of the pilot, care managers are now being trained and Supported Self-Assessment made available to an increasing number of older people, including more than half of those using Downside.
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 from the Council, to have and use, an individual budget, and to support the development of community based opportunities					
9.8.1 Evaluate the personalisation pilot and develop recommendation for the roll out of personalised support across ASC	31/05/2010	ASCH	✔		The pilot has been evaluated, and detailed action plans for addressing the recommendations developed. These will be out to the Programme Board for approval on 29th July.
9.8.2 That all new individuals and existing people supported by Adult Social Care are offered a personal budget	31/10/2010	ASCH	✔		The plans for roll out are in place and all new and existing people at review will be offered a personal budget from October 2010.
9.8.3 That processes are in place to monitor across the whole system the impact in investment towards preventative and enabling services.	31/10/2010	ASCH	✔		During roll out, people who have a period of reablement will complete a Supported Self Assessment Questionnaire before and after the period of reablement to assess the impact.
9.8.4 Implement a project in partnership with the Princess Royal Trust to support people to join the LETS scheme	30/04/2010	ASCH	✔		The Timebank Development Officer is in post and will be recruiting individuals in August.
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	31/10/2010	ASCH	✔		Completed. Workshop held in July 2010.
9.8.6 A Fairer Contributions Policy is approved by the Council's Executive which supports Personalisation	30/06/2010	ASCH	✔		Achieved
MTO10 - To be accountable and provide excellent value for money					
Detailed Action	**Due Date**	**Owner**	**Status**	**Last Updated**	**Comments**

10.4 Working effectively with partners to improve the quality of life in the Borough					
10.4.8 Work with NHS Berkshire East to maximise the Council's influence in shaping services, such as the Healthspace	31/03/2011	ASCH	✔		Relevant working groups have been allocated to key managers reflecting the nature of the groups. Examples include: Transforming Community Health Services, Unscheduled Care, Intermediate Care, Delayed Discharges etc
10.4.9 Implement a joint complaints procedure with the NHS	31/07/2010	ASCH	✔		Bracknell Forest have published a new complaints procedure which responds to the national complaints arrangements valid from 2009/10. The complaints procedure outlines the integrated approach with health.
10.5 Implementing the priority areas of the Service Efficiency Strategy to deliver savings and improve service operation					
10.5.1 Introduce new commissioning arrangements for Domiciliary Care (older people)	31/05/2010	ASCH	✔		New commissioning arrangements are now in place
10.5.2 Conclude consultation on modernisation of day care for older people and prepare options for future	31/07/2010	ASCH	✔		Consultation concluded recommendations are in process of implementation
10.7 Ensuring all council services provide value for money and make effective use of resources					
10.7.11 Record evidence that the carer's grant is used to effectively ensure equity for all of Bracknell Forest's population	31/05/2010	ASCH	✔		Quarterly monitoring information received from BFVA which is scrutinised by Chief Officer identifying which care groups, community and hard to reach groups need to be targeted.
10.8 Ensure staff are in place with the right skills and capacity to deliver service outcomes and maximise service efficiency					
10.8.2 Review the recruitment and retention practices to ensure staff are in place with the relevant skills to deliver service outcomes	31/03/2011	ASCH	✔		Strategies have been implemented to provide support for service areas who are experiencing difficulties in recruitment and retention.
10.8.3 Review the workforce implications of personalisation to ensure the workforce are appropriately developed and trained to deliver	31/03/2011	ASCH	✔		The Workforce Project Group has been established to ensure employees are appropriately skilled to deliver personalised services.

services effectively					
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	31/03/2011	ASCH	✔		This action requires the co-operation of other Berkshire authorities to make it economically viable for Bracknell. The discussions with other LAs have yet to be concluded.
MTO12 - To promote workforce skills					
Detailed Action	**Due Date**	**Owner**	**Status**	**Last Updated**	**Comments**
12.1 Contributing to the development of an appropriately skilled workforce through Adult and Community Learning					
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	31/03/2011	ASCH	✔		We have not only been working with our internal teams but also with our partners like 'Rethink', to improve and increase training and employment. We have developed a specialist role within our service that has in-depth knowledge relating to employment and training, this has had positive outcomes locally.
12.1.2 Maximise income for vulnerable people through access to employment or benefit maximisation	31/03/2011	ASCH	✔		Work is ongoing to develop and secure employment for all individuals through work preparation services, links with employment agencies, and the Jobs and Homes initiative. All people receiving services have a financial assessment which ensures they apply for all applicable benefits, including ILF.
12.1.3 Continue to help people with learning disability to secure employment	31/03/2011	ASCH	✔		As before, support to help people with learning disabilities to secure employment is ongoing through the jobs and homes pilot action plan. An example of progress is a newly developed partnership between recycling and the Green Machine creating some paid work opportunities.
12.1.4 Establish Steering Group for PSA16 Innovation Fund Project and implementation plan	30/04/2010	ASCH	✔		Both have been established
12.1.5 Develop Implementation Plan for IPSA16 Innovation Fund project	30/04/2010	ASCH	✔		This has been established and agreed.

Annex C: Corporate strategic risks owned by Director of Adult Social Care & Health

RISK SHORT NAME	LINK TO MTOS	RISK SCORE	ACTION ALREADY IN PLACE	FURTHER ACTION TO ADDRESS RISK	TARGET DATE	PROGRESS ON FURTHER ACTION TO ADDRESS RISK	COMMENTARY
Demand led services	5, 6, 7 & 9	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.	<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.	Ongoing	✓	This will be achieved by 31/3 using 08/09 figures. Indications to date are an increase in OP ongoing support.

Transforming Adult Social Care risks (main risks are not enough people in the community wanting to be part of the Transforming pilot, over commitment of staff resources and RAS Allocations differing from assessment of needs		C4	<u>Transforming Adult Social Care</u> Communication strategy being reviewed including development of promotional DVD and holding an event with families, recruitment to the staff champion role from existing teams. To address staff resource risk, monitoring of progress/delays and escalate difficulties to Programme Board as appropriate. To address RAS, desktop exercise followed by revisiting weightings <u>People with Disabilities</u> • Transition Policy for People with Disabilities covers policy for young people with learning disabilities, disabilities or complex needs as they approach adulthood and responsibility moves from	.	Ongoing Ongoing	✓ ✓	Monitoring ongoing Monitoring ongoing.

			Children's Services to Adult Community care Services. • Impact of transition on budgets considered at DMT as part of budget pressures discussions. <u>Packages of Care</u> Continued close monitoring of the revenue budget and projected costs around costed packages of care will remain in place. Early warning in relation to changes in demand and projected spend will be highlighted as soon as they become apparent.				Undertaken for 09/10 budget build. This is being done and reported in budget variations. Workload by ASC Management team.

Annex D: Operational Risk Factors

The following table shows all the operational risk factors listed on the 2010/11 Service Plan for Adult Social Care & Health. Progress on mitigation of these factors has previously been reported with Service Plan actions and indicators as part of the quarterly data set which is attached to PMRs. Paris, the Council's new performance management software, is not yet configured to work with risks, so as an interim measure operational risk factors are reported here, in a separate annex, in Quarter 1.

Ref	Risk	Mitigation	Q3 update on progress	Q3 revised risk
PRIORITY FOUR: CREATE A BOROUGH WHERE PEOPLE ARE, AND FEEL, SAFE				
MTO 9: Promote independence and choice for vulnerable adults and older people.				
9.1	TASC pilot too short to consider all the workforce implications.	Review the workforce implications of the learning disabilities review. Review arrangements in other local authorities.	Continuing to liaise with other LAs and with the personal facilitators.	None.
PRIORITY FIVE: VALUE FOR MONEY				
MTO 10: Be accountable and provide excellent value for money.				
10.21	Expertise/availability of staff to undertake review of recruitment and retention.	Early identification of challenging recruitment areas. Workforce planning to be implemented across Social Care & Learning. Engage colleagues with the LA/workforce as appropriate.	Workforce planning session run to the SLG. Secondary returners course in operation since October.	None.

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
12 OCTOBER 2010

SAFEGUARDING ADULTS ANNUAL REPORT 2009/10
Director of Adult Social Care and Health

1 INTRODUCTION

1.1 This report presents the attached Safeguarding Adults Annual Report 2009/10 for the Panel's consideration.

2 SUGGESTED ACTION

2.1 **That the Panel considers the attached Safeguarding Adults Annual Report 2009/10.**

Background Papers

None.

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Bracknell Forest Council

Safeguarding Adults Annual Report 2009/10

Compiled by

Simon Broad
Head of Adult Safeguarding
Adult Social Care & Health
June 2010

Contents

1. Introduction

1.1 In 2000 the Department of Health published guidance to all Councils with Adult Social Services Responsibilities (CASSR's). The report entitled 'No Secrets' set out guidance to local authorities and their partner agencies relating to the safeguarding of vulnerable adults within their communities.

1.2 A key recommendation in 'No Secrets' is that: "Lead officers from each agency should submit annual progress reports to their agency's executive management body or group to ensure that adult protection policy requirements are part of the organisation's overall approach to service provision and service development".

1.3 In line with 'No Secrets' guidance, Bracknell Forest Council has lead responsibility for co-ordinating multi agency procedures that address allegations, disclosures or suspicions of the abuse of adults whose circumstances make them vulnerable. Work with partner agencies ensures that effective prevention strategies are developed and implemented. It is also essential that the Council and its partners have in place policies and procedures to enable an effective and timely response to all safeguarding alerts. At the heart of these processes the Council and its partners should also ensure that people at risk are fully involved in achieving desired outcomes.

1.4 The Department of Health has undertaken a consultation on the review of 'No Secrets'. Bracknell Forest participated in this process by undertaking a wide ranging survey of stakeholders across the borough. The Department of Health has stated that as part of the review they are considering whether there is a need for primary legislation to address the issue of abuse of vulnerable adults.

2 Progress against the 2009/2010 objectives set out in the 2009 annual report

2009/2010 objectives are in bold with the progress stated directly underneath.

2.1.1 ***The Council will review and where appropriate amend all safeguarding procedures to ensure that they complement the personalisation agenda, and that safeguarding adult issues are reflected in the council's approach to personalisation.***

The personalisation approach enables people to be in control over how their social care needs are met. This is achieved through an individual budget which is made up from a person's money including benefits, pensions, savings etc and money provided by social services (direct payments) and other sources such as the Independent Living Fund. An individual budget is spent on what is identified in a person's Support Plan. Bracknell Forest Council has implemented a number of safeguards to help people with their Support Plan. These are:-

- When setting up direct payments Criminal Records Bureau (CRB) checks are offered to those people who are going to employ their own support workers.

- Advice and support is offered when people choose to employ their own support workers in terms of advertising, recruiting, payroll, insurance, appropriate use for the money and accounting.
- The Support Plan should have contingency planning within it in terms of what to do if a support worker is unwell.
- The Bracknell Forest Council Finance Officer will receive quarterly financial returns from the person in receipt of the direct payment and they will monitor the amount of money in the account.
- Effective risk assessment and risk management will form part of the Support Plan.
- All Support Plans will be reviewed at least annually.

The existing Berkshire Safeguarding Adults Policy and Procedures (2008) are currently being reviewed. The revised version will incorporate information and guidance on:-

- Identifying and developing person centred risk management strategies for those people in receipt of an Individual Budget.
- Supporting people to take and manage risks and including help to deal with potential harmful people and situations.
- Balancing the right to self determination with protecting the individual and promoting their safety.
- A pilot scheme ran from July 2009 to January 2010 which helped inform how we revise the Berkshire Policy and Procedures.
- The Council's Overview and Scrutiny Panel has developed a working group to examine the relationship between personalisation and safeguarding. Learning Disabilities Services have provided feedback from the pilot scheme to the Panel.

2.1.2 ***There will be an increased awareness of Safeguarding Adults issues within the voluntary sector. The outcome of this will be evidenced by attendance at the Partnership Board and Forum by representatives of the voluntary sector and an increase in referrals/alerts from voluntary organisations.***

- The Bracknell Safeguarding Adults Partnership Board continues to meet bi monthly and is regularly attended by core membership organisations including those from the voluntary sector.
- Bracknell Forest Voluntary Action is a central support for voluntary and community action in Bracknell and local development agency which is non profit making and independent of local and national government. The Chief Executive of this organisation is a core member of the Safeguarding Adults Partnership Board and is able to disseminate information to a wide range of voluntary and community groups across the Borough.
- The Bracknell Safeguarding Adults Forum continues to meet quarterly providing an opportunity for Bracknell Forest Council operational teams, service providers and the voluntary sector to share good practice and learn together through visiting speakers and presentations.

2.1.3 ***The Council will ensure all Safeguarding Adults procedures are accessible (e.g. an easy read version) to all members of the community, including people who purchase their own care. The outcome of this will be measured by the number of individuals who purchase their own care who are supported through the safeguarding process.***

- The Council's 'Safeguarding Vulnerable Adults' information leaflet is routinely sent out to all people newly referred to Adult Social Care and Health.
- The Berkshire Safeguarding Adults Policy and Procedures are available on the Bracknell Forest Council website.
- All Personal Facilitators within the Personalisation Team have received the relevant safeguarding training and provide safeguarding advice and information to all those people who have chosen to direct their own support. This is achieved using communication styles appropriate and relevant to the person.
- Two people using this approach have contributed to their own safeguarding process.

2.1.4 ***Ensure the Bracknell Forest Safeguarding Adults Partnership Board is a robust Board that both scrutinises the council's own performance in relation to safeguarding, and acts as a critical friend to other member organisations.***

- The Bracknell Safeguarding Adults Partnership Board is well established and continues to be responsible for locally implementing the Berkshire Safeguarding Adults Policy and Procedures and responding accordingly to national guidance and policy.
- This can be evidenced by the Board's response to the introduction of the Deprivation of Liberty Safeguards in April 2009. The Board was responsible for ensuring that the arrangements for this new legislation were robust.
- The Board scrutinises findings from Serious Case Reviews and ensures that lessons learned are incorporated into the Council's relevant policies and procedures.

2.1.5 ***Safeguarding adults will be part of the proposed Domestic Abuse Referral Team (DART) that is being facilitated by Children's Social Care. This will be a multi-agency virtual team that will signpost victims of domestic abuse to relevant support agencies.***

- The Head of Adult Safeguarding is a core member of the multi agency Domestic Abuse Forum. Safeguarding concerns linked to domestic abuse are channelled either through this forum or directly to safeguarding vulnerable adults contact number. Given the existing arrangements it was decided that Adult Social Care did not need to be part of DART.

2.1.6 ***Increase referral numbers from Thames Valley Police, ensuring through audit processes that staff are considering the need to refer concerns where appropriate to Thames Valley Police. This will be achieved by April 2010.***

- There was a 50% decrease in referrals from the Police this reporting year from 8 to 4 referrals.
- However, Thames Valley Police are revising their policy and will ensure that all officers should now receive safeguarding awareness training. They are currently deciding in partnership with Safeguarding Adults Partnership Boards about how this should be delivered. This training should enable police officers to understand safeguarding processes and increase referrals.
- Officers from Specialist Units are now attending Level Two Safeguarding training.

2.1.7 ***Continue work with NHS partners to further increase levels of understanding of safeguarding responsibilities. The outcome of this work will be demonstrated by an increase in referral numbers from NHS partners.***

- There has been continued strong representation from health agencies at the Bracknell Safeguarding Adults Partnership Board including Berkshire East PCT, Berkshire East Community Health Services, Berkshire Healthcare NHS Foundation Trust and West London Mental Health Trust.
- There has been a 19% increase (from 16 to 19) in referrals from NHS agencies in 2009/10.
- The Head of Adult Safeguarding has maintained and strengthened links with West London Mental Health Trust and Services (Broadmoor Special Hospital). This has resulted in the Trust updating their current local Safeguarding Adults Policy and Procedures and how this links with the Berkshire Safeguarding Adults Policy and Bracknell arrangements in terms of attendance at the Safeguarding Adults Partnership Board and the Safeguarding Adults Forum. As a result of this there is an expectation that there will be an increase in safeguarding referrals from the hospital's social work team.

2.1.8 ***Currently a Quality Assurance Framework is under consultation with providers of services. This framework will ensure a holistic and person-centred assessment of the quality of service being provided. The framework incorporates safeguarding issues i.e. are staff aware of safeguarding procedures, any alerts or referrals that have been made regarding the provider and if they have been subject of an improvement plan agreed by Care Governance Board or CQC . This framework will be implemented across all care groups.***

- A 'Quality Assurance Monitoring Procedure' has been developed and is being used by Contracts and Brokerage as a tool when visiting residential, nursing and domiciliary care providers for older people.
- To date this tool has been used with 6 out of 16 care providers for older people and has contributed to service improvement.
- Details of how this tool has contributed to services improvement are in Section 5 of this report.

Performance Monitoring

2.1.9 **The Care Governance Board will have responsibility for ensuring compliance with internal performance targets. This will be achieved via reports from the Safeguarding Adults co-ordinator to the Board with appropriate improvement plans being formulated by Heads of Service/Team Managers.**

- This has been achieved in terms of operational teams responding to and assessing safeguarding referrals within the recommended timescales.

2.1.10 **Continuation of the audit programme for safeguarding adults' assessments will be undertaken. The audit will focus on compliance with performance targets and will look at the quality of assessment with the aim of recognising good practice and where necessary driving up standards of assessment.**

- A Safeguarding Adults case audit was undertaken in May 2009. The audit looked at governance and management overview, assessment and planning, case recording and performance management.
- Heads of Service and Team Managers subsequently developed improvement plans for teams in terms of routinely assessing quality. Plans included the scrutiny of case files during supervision, quality of case recording as an agenda item during team meetings and a rolling six monthly audit of safeguarding case files by the Head of Adult Safeguarding.
- The introduction of the new IT system for safeguarding case recording has provided an opportunity to re-evaluate how quality assurance can be improved. The new system is enabling managers to quality check safeguarding data from their desk tops and remedy poor recording in a more timely fashion.

2.1.11 **The new IT system for the keeping of electronic social care and health records, due for implementation in October 2009 will be configured to support a more in-depth analysis of safeguarding adults data.**

- The new IT system became operational on March 2010. The new system IAS replaced the previous SWIFT system. The data reporting function is not yet configured although efforts are ongoing for this function to become operational as soon as possible. Therefore, operational teams are manually recording safeguarding data which is collated by the Performance Team.

2.1.12 **A robust data set will be devised to aid analysis of equality issues in relation to individuals whom have been subject of safeguarding alerts/referrals**

- Analysis of information in relation to equality and diversity issues with safeguarding is undertaken by the Head of Adult Safeguarding alongside the Performance Team. Feedback is provided to operational Team Managers for individual cases and identified trends are discussed with Heads of Service and Chief Officers. In terms of diversity the number of safeguarding referrals this year reflects the population demographics of the Borough.

2.2 **Training**

2.2.1 **The remaining 5% of Adult Social Care staff, who have not undertaken an appropriate level of Safeguarding Adults training, have been identified. As a result, specific training targeted at Senior Managers and their role in safeguarding adults is being commissioned.**

A Safeguarding Adults Senior Managers workshop was held in March 2010 and attended by a broad cross section of the core membership of the Bracknell Safeguarding Adults Partnership Board and others. The workshop enabled participants to:-

- Describe the roles and responsibilities of the Bracknell Forest Safeguarding Adults Partnership Board.
- Discuss the implications of 'No Secrets' consultation.
- Demonstrate an understanding of the legal drivers for the safeguarding adults partnership.
- Identify the role of safeguarding adults partners.

- Consider findings from recent national enquiries and inspections of other local authorities.
- Agree and prioritise areas for action.

2.2.2 **All staff undertaking safeguarding assessments will have attended level 2 training by March 2010.**

- All staff undertaking safeguarding assessments have attended level 2 specialist training.
- This has enabled staff to conduct a thorough assessment and investigation once a safeguarding referral has been received, produce assessment reports as requested, monitor existing and identify new risks during the safeguarding assessment and contribute effectively to safeguarding meetings.

2.2.3 **A rolling programme of training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) will be developed to ensure that appropriate staff are targeted and attend this training.**

- A Mental Capacity Act Awareness course has been in operation since January 2009 and has targeted internal operational staff and external providers.
- A Deprivation of Liberty Safeguards for Managers course has also been operational since January 2009 and has also targeted both internal and external managers of residential care homes.
- Details of frequency and attendance can be found in Section 9 of this report.

2.2.4 **Potential BIA's have been identified and applications have been submitted to local Universities, their training will be complete by October 2009.**

- Bracknell Forest Council currently has six registered Best Interest Assessors who have all undertaken the relevant training and refresher training.
- Berkshire East PCT currently has two Best Interest Assessors working in the Bracknell area.
- This level is sufficient to meet current demand.
- A protocol has been agreed with Wokingham Borough Council when the need arises for a Best Interest assessor form another authority. This would happen if the DoLS application was received by a care home managed by Bracknell Forest Council.

3 Bracknell Forest Safeguarding Adults Partnership Board

3.1 The Bracknell Forest Safeguarding Adults Partnership Board was established in March 2009. A rolling action plan is developed, agreed and monitored throughout the year. The action plan includes specific actions relating to all of the headings contained in this report.

3.2 The Board is chaired by the Director of Adult Social Care and Health.

3.3 The Board meets bi monthly and is regularly attended by core member organisations including:-

- Bracknell Forest Council
- Thames Valley Police
- Berkshire East PCT
- Berkshire Healthcare Foundation Trust
- West London Mental Health Trust
- South Central Ambulance Service
- Care Quality Commission
- Bracknell Forest Voluntary Action

This membership represents a wide range of organisations working with adults at risk and therefore has the ability to ensure that safeguarding strategies and key messages are disseminated to relevant people and organisations throughout the Borough.

4 Bracknell Forest Safeguarding Adults Forum

4.1 The Forum continues to meet on a quarterly basis and is an information sharing and consultation Forum which ensures that local stakeholders are engaged in the safeguarding agenda. The Forum has been in operation for four years, and continues to be regarded by local stakeholders as a positive group, which is useful to the local community. The Forum reports to the Bracknell Forest Safeguarding Adults Partnership Board.

4.2 67 people have attended the group over the past year this includes representatives from:-

- Bracknell Forest Council
- Care Home providers
- Domiciliary Care agencies
- Advocacy organisations
- Berkshire East Primary Care Trust
- Independent Hospitals
- Berkshire East Community Health Services
- Ealing Social Services (Broadmoor Hospital)

4.3 A range of external speakers have addressed the Forum including:-

- Domestic Abuse Co-ordinator, Thames Valley Police, who explained how her role links in with the local Safeguarding Boards and the Crime and Disorder Reduction Partnership.
- Community Safety Manager, Bracknell Forest Council, who explained the six key priority areas in the Crime and Disorder Reduction Partnership Plan and how shared intelligence can lead to the prevention of abuse of vulnerable adults.
- There was a presentation by Jennifer Kelsey from Just Advocacy who support people with learning disabilities. Jennifer explained the role of an independent advocate.
- Bracknell Forest Council Human Resources Manager, Paul Young, gave a presentation on the Vetting and Barring Scheme which came into force in January 2009.
- The Bracknell Forest Head of Adult Safeguarding has provided the Forum with an update on local activity in relation to the Deprivation of Liberty

Safeguards.

5 Care Governance Board (CGB)

5.1 The Care Governance Board continues to meet monthly to identify provider services that are of concern and ensure that appropriate management action is taken to address those concerns. There is information from a range of sources that will assist in identifying concerns including Care Quality Commission reports and safeguarding referrals, cautions/alerts from other local authorities or health commissioners of services, safeguarding alerts, complaints and feedback from individual reviews. A 'flagging system' is used to identify if a provider is high risk (red flag), medium risk (amber flag) or low risk (green flag). This then indicates the level and degree of management action to follow.

5.2 Significant improvement has been evidenced as a result of Care Governance Board involvement and feedback from the Quality Assurance Framework tool. These improvements include:-

- A care home for older people was found to have information on their residents that was out of date. Person centred care plans with up to date photographs are now in place.
- A care home for older people was using a handyman who was unregistered to test electrical equipment. Electrical PAT testing is now being undertaken by qualified electrical engineers.
- A care home for older people was not regularly monitoring the weight of its residents. There is now consistent monitoring of weight leading to GP referrals if a resident's weight fluctuates significantly.
- There was a marked improvement in the physical appearance of one care home for adults with learning disabilities which had previously looked run down.
- There was evidence of irregular supervision and appraisal in a care home for older people. There followed a significant improvement in the management approach i.e. Increased supervision, staff development plans, annual staff appraisals and targeted staff training programmes. This home went to move from a one to two star CQC rating.
- There has been a marked improvement across the board in terms of communication between providers and the local authority resulting in transparency, identification of training needs, greater trust and a more joined up approach.

5.3 All agencies/care homes where concerns have been raised are regularly monitored by Contracts and Adult Social Care & Health staff who then proceed to work with the provider to drive up the quality of care. This is achieved by meeting with the provider and developing an action plan with timescales. Once this has been developed and agreed staff will work with the provider to monitor improvements.

5.4 Concerns raised at the Care Governance Board are shared with all other commissioning agencies. This is achieved through ensuring that minutes are circulated to health agencies and that information is shared with Contracts/Commissioning leads and safeguarding leads from other local authorities who commission services from the provider in question.

6 Safeguarding Adults Policy and Procedures

6.1 The Berkshire Multi-Agency Safeguarding Adults Policy and Procedures (2008) is currently being updated by safeguarding co-ordinators/managers from the six unitary authorities that form Berkshire. The revised procedures will include information on:-

- Mental Capacity Act (2005) including the Deprivation of Liberty Safeguards
- Processes for learning from Serious Case Reviews
- The links between Serious Untoward Incidents and Serious Case Reviews
- Safeguarding and the Personalisation agenda
- Community Safety agenda and how this links to safeguarding
- Multi Agency Risk assessment Conferences (MARAC)
- Multi Agency Public Protection Arrangements (MAPPA)
- The role of the Independent Safeguarding Authority
- 'No Secrets 2'

6.2 The Bracknell Forest internal guidance are currently being revised to incorporate learning from audits of safeguarding work and to guide staff in the recording of the safeguarding process using the new IT system safeguarding module.

7 Strategic Developments

7.1 In order to strengthen our approach to safeguarding the Council has invested additional resources to create a new post developed from the Safeguarding Adults Co-ordinator entitled Head of Adult Safeguarding. This post was successfully recruited to in March 2010. This post holder is responsible for representing the Council on a range of strategic partnerships in relation to safeguarding adults, ensuring that internal safeguarding systems are responsive and effective, analysing safeguarding data and developing plans to address identified trends.

7.2 The Head of Adult Safeguarding is in the process of recruiting a Safeguarding Adults Development Worker. The post holder will be responsible for working with operational teams to ensure that their safeguarding practice is

consistent, person centred and outcome focussed. The post holder will also work with providers to ensure that their internal safeguarding processes are robust and effective. The post holder will also work with the Central Unit for Learning and Development to ensure that safeguarding training is being delivered appropriately and effectively.

7.3 The publication of the Multi-Agency Workforce Development Strategy 2010-12 provides the strategic direction to ensure that East Berkshire has a workforce that can identify and respond in a confident manner to safeguarding adults issues.

8 Performance Monitoring

8.1 Audits have been undertaken with all Adult Social Care & Health Teams in terms of compliance with the Mental Capacity Act. This has resulted in SMART action plans for practice improvement which are currently being reviewed. Actions included:-

- Ensure that all applications for 24 hour EMI care include a Mental Capacity assessment and referral to Independent Mental Capacity Advocacy (IMCA) Service if appropriate. The Mental Capacity Act (2005) provides a statutory framework for acting and making decisions on behalf of individuals who lack the mental capacity to do so for themselves.
- Consideration of capacity to be undertaken and recorded for all people in relation to assessment, care planning and reviewing. If there is doubt then an assessment of mental capacity would need to be undertaken.

8.2 A rolling programme of audit into the application of the safeguarding procedures is in place;

- All safeguarding assessments and application of the process is audited by either a Team Manager or Assistant Team Manager prior to the closure of the safeguarding process.
- Random samples of safeguarding assessments are audited by the relevant Head of Service.

8.3 Six monthly performance reports are presented to the Safeguarding Adults Partnership Board.

9 Training

9.1 Progress on Safeguarding Adults training has been significant during the period of this report. 95.7% of all staff working within Adult Social Care has now received safeguarding training to an appropriate level. A session was cancelled in January this year due to the snow. This has now been rescheduled. It would be improbable to achieve 100% given adverse weather, staff sickness and staff turnover.

9.2 Of the 45 external organisations/agencies from which Bracknell Forest Council commissions services a sample of 15 were contacted regarding relevant safeguarding training undertaken by their staff in this reporting year.

7 of these reported a 100% return. The lowest reported return was 66% from an organisation employing less than 10 staff. This service has now been prioritised for further training. The average was 92%. The aim is to improve on this average.

9.3 26 out of 33 in house managers have attended training for 'Safer Recruitment'. A further session has been scheduled for the remaining 7. The Safer Recruitment policy is currently being updated to include the work and role of the Independent Safeguarding Authority (ISA) including the Vetting and Barring Scheme. Bracknell Forest Council has so far referred one person to the ISA.

9.4 200 people have attended DoLS awareness training of which 65% were from external organisations.

9.5 80 Managers/Supervisors have attended Mental Capacity Act training of which 90% were from external organisations.

9.6 There is an ongoing rolling monthly programme of Safeguarding Level 1 Awareness training.

9.7 Level 1 safeguarding training is aimed at all staff, carers, people who use services and volunteers to enable them to recognise evidence and indicators of abuse and report concerns about abuse using appropriate systems.

9.8 Level 2 training is aimed at qualified staff in the Adult Social Care and Health department enabling them to conduct safeguarding investigations and assessments.

9.9 Level 3 training is aimed at operational team managers and assistant team managers enabling them to make sound and consistent safeguarding decisions.

9.10 A new contract has been agreed with Matrix Training Associates who have been commissioned to provide level 2 and level 3 Safeguarding training for practitioners and managers/supervisors.

9.11 The Safeguarding Workforce Strategy 2010-12 has been produced in conjunction with the Safeguarding Adults Partnership Boards of Slough Borough Council and Royal Borough of Windsor & Maidenhead and provides clear strategic direction regarding training for all agencies and people working with adults at risk.

10 Mental Capacity Act 2005

10.1 To ensure compliance with the Mental Capacity Act and the associated Codes of Practice, a rolling programme of audit is ongoing. The outcomes of the audit are shared with the Departmental Management Team and recommendations from the audit reports are implemented.

10.2 There are specific circumstances under which Local Authorities must engage an IMCA:

- When considering a residential placement for an individual who has been assessed as not having the capacity to make this decision and there are no family or friends available to support them in this decision.
- When decisions are needed regarding the provision, withholding or stopping of serious medical treatment and there are no family or friends available to support them with this decision.
- When someone may need to be deprived of their liberty.
- Local Authorities have a discretionary power to engage an IMCA in Safeguarding Adults investigations even if there are family members or friends involved.

10.3 Bracknell Forest is a member of the Berkshire Implementation Network (BIN) for the Mental Capacity Act. A pooled budget is in place to commission both training and the IMCA service across Berkshire.

10.4 The training programme relating to Mental Capacity Act will continue in 2011/12 to ensure that all new staff are appropriately trained.

10.5 During 2009/2010, 24 referrals were made for an IMCA. This is a 140% increase from last year. This increase can be attributed to the increased awareness and understanding of the IMCA role and when to make an application. Referrals (numbers in brackets) were in relation to people with:

- Mental Health issues (2)
- Learning Disabilities (22)
- Older Adults (1)
- Physical Disability (1)

The IMCA service provides detailed information regarding these referrals and this is available from the Head of Adult Safeguarding.

11 Deprivation of Liberty Safeguards (DoLS)

11.1 The Deprivation of Liberty Safeguards were implemented in April 2009. The safeguards apply to adults in a care home or hospital setting who lack capacity to consent to their stay in the care home and whose care regime is such that it amounts to a deprivation of their liberty. There is no simple definition of deprivation of liberty. The question of whether the steps taken by staff or institutions in relation to a person amount to a deprivation of that person's liberty is ultimately a legal question, and only the courts can determine the law. The Deprivation of Liberty Safeguards Code of Practice assists staff and institutions in considering whether or not the steps they are taking, or proposing to take, amount to a deprivation of a person's liberty. The deprivation of liberty safeguards give best interests assessors the authority to make recommendations about proposed deprivations of liberty, and supervisory bodies the power to give authorisations that deprive people of their liberty.

11.2 It is the role of Best Interest Assessor (BIA), whose responsibility it is to undertake six assessments with an appropriately trained Doctor for the purpose of assessing if the person is being, or needs to be, deprived of their

liberty. It is the responsibility of the Council to ensure this happens and that the code of practice is complied with. The six assessments are:-

- **Age assessment (BIA)** – The purpose of the age assessment is to confirm whether the relevant person is aged 18 or over
- **No Refusals assessment (BIA)** – The purpose of the no refusals assessment is to establish whether an authorisation to deprive the relevant person of their liberty would conflict with other existing authority for decision making for that person e.g. an advance decision to refuse treatment.
- **Mental Capacity assessment (BIA or Doctor)** – The purpose of the mental capacity assessment is to establish whether the relevant person lacks capacity to decide whether or not they should be accommodated in the relevant hospital or care home to be given care or treatment.
- **Mental Health assessment (Doctor) –** The purpose of the mental health assessment is to establish whether the relevant person has a disorder within the meaning of the Mental Health Act 1983
- **Eligibility assessment (BIA)** - This assessment relates specifically to the relevant person's status under the Mental Health Act 1983. If they are already detained under the Mental Health Act DoLS would not be used
- **Best Interests assessment (BIA)** – The purpose of this assessment is to establish, firstly, whether deprivation of liberty is occurring and, if so, whether it is the best interests of the relevant person to be deprived of liberty, it is necessary for them to be deprived of liberty in order to prevent harm to themselves and deprivation of liberty is a proportionate response to the likelihood of the relevant person suffering harm and the seriousness of that harm

11.3 There have been far fewer DoLS applications than was originally anticipated by the Department of Health. This is the national picture and is reflected in Bracknell (9 applications to date). Therefore a recent scoping exercise has been undertaken with Bracknell care homes by Best Interest Assessors to gauge their understanding of DoLS and ability to make appropriate applications to Bracknell Forest Council who are the Supervisory Body.

11.4 This exercise indicated that there remains some gaps in training and awareness in terms of Deprivation of Liberty Safeguards and has resulted in the Head of Adult Safeguarding developing an action plan to address these gaps.

12 Statistical Analysis

Care Team	Referrals 08/09	Referrals 09/10	Decrease/ Increase %	Outcome	Comment
Community Team for People with a Learning Disability	59	49	-17%	Partly Substantiated 1 Substantiated 27 Inconclusive 20 Ongoing 1	Please refer to 12.3
Community Response and Re-ablement	108	37	-66%	Unsubstantiated 5 Substantiated 10 Partly Substantiated 1 Inconclusive 18 Ongoing	Please refer to 12.3
Community Mental Heath Team	17	12	-29%	Substantiated 5 Inconclusive 7	Please refer to 12.3
Community Mental Health Team (Older Adults)	11	5	-55%	Substantiated Inconclusive 4	Please refer to 12.3
Older People and Long Term Conditions Team	19	43	126%	Unsubstantiated 8 Substantiated 17 Inconclusive 14 Ongoing 4	Please refer to 12.3
Personalisation Team	N/A	1		Inconclusive 1	Please refer to 12.3
All Care groups	214	147	**-31%**	Unsubstantiated 13 Substantiated 60 Partly Substantiated 2 Inconclusive 64 Ongoing 8	Please refer to 12.1

12.1 The overall picture of safeguarding activity in Bracknell in 2009-10 is that there has been a 30% decrease (from 213 to 147) in referrals compared to the last reporting year. This decrease can be attributed to a number of factors detailed elsewhere in this report. However, pertinent factors to consider are:-

- Care Governance Board decisions not to make placements in poor performing homes, whilst working with these homes to improve standards. This has had a significant impact on the reduction in referrals.
- Three care homes have improved from a one to two star CQC rating which would indicate improved safeguarding arrangements within the home.
- The experience of Level 3 trained Designated Safeguarding Managers within each of the operational Adult Social Care & Health teams has meant that decisions are now being taken about whether a safeguarding alert needs to be progressed to a safeguarding referral or that it can be managed safely through effective care management and robust risk assessment/risk management. In previous reporting years the vast majority of safeguarding alerts were progressed through the safeguarding process, sometimes unnecessarily. The Department of Health has said that the safeguarding process should be one of many options in ensuring that people at risk are effectively safeguarded.

12.2 **Annex A** indicates that 41% of all referrals were substantiated. This is a significant increase compared to last year, from 23 to 60. Given that there was also a 30% decrease in referrals it indicates that safeguarding referrals are now being appropriately processed and investigated/assessed thoroughly and effectively by practitioners alongside partners from Thames Valley Police where relevant.

12.3 **Annex B** illustrates referrals by receiving team. There is a far more even distribution of referrals into different teams this year indicating team's improved ability to accept and progress safeguarding referrals. In the last reporting year 50 % of referrals were progressed through the Community & Re-ablement Team who provided the initial point of contact. This year the team have been able to take down the initial contact details and then pass the alert to the relevant operational team.

12.4 **Annex C** provides information in relation to the category of the alleged abuse. The picture is broadly similar to that of last year with physical abuse most prevalent - 33%, followed by financial abuse - 23%, psychological abuse - 15% and neglect - 14%.

12.5 **Annex D** illustrates the source of referrals. There has been an increase in referrals by people receiving services and friends/ relatives. This would indicate an increased awareness of safeguarding arrangements in the Borough. The aim is for this trend to continue.

12.6 **Annex E** highlights the alleged perpetrators relationship with the vulnerable adult. The two most prevalent categories continue to be family members (34%) and care staff (33%) who account for 67% of all referrals which is the same as last year (32% and 35% respectively). This is unsurprising as the majority of people who are at risk are either living in a care home or with families.

12.7 **Annex F** shows the location of the alleged abuse. The majority of alleged abuse continues to happen in a person's home. There has been a significant decrease (from 56 to 17) in alleged abuse occurring in registered care/nursing homes. This would indicate that safeguarding training strategies and the work of the Care Governance Board have influenced the practice in these commissioned services. The aim is to continue with this trend.

12.8 **Annex G** provides detailed information on substantiated allegations by receiving team and category of abuse and reflects the increase in substantiated abuse illustrated in Annex A.

12.9 **Annex H** provides information on the source of referrals in relation to substantiated allegations and the perpetrators relationship with the victim. There has been a significant increase across all sources of referrals where abuse was substantiated.

12.10 **Annex I** provides information on the location of where the abuse was substantiated and the victim's gender. A new category of 'supported living' has been added for this reporting year which reflects the Council's drive to encourage people especially those with learning disabilities to receive support in their own home. There have been 7 safeguarding referrals in this category.

12.11 **Annex J** provides the ethnicity of victims of substantiated abuse. This is under representative of the Borough's population demographics and would suggest that these communities may need to be targeted in terms of raising awareness.

13 Objectives for 20010/11

1. **To review the Berkshire Safeguarding Adults Policy and Procedures (2008).** Consideration will be given to a web based version which would enable updates to be inserted more easily and frequently. This will inform and enable all stakeholders interested or involved in protecting adults at risk to have quick and easy access to the policy and procedures. This will also enable people who may be at risk of abuse to understand how we are trying to prevent abuse and also how we will respond should abuse occur. **The goal is for this to have been achieved by March 2011.**

2. **A Serious Untoward Incident/Serious Case Review Protocol to be developed in conjunction with South Central Strategic Health Authority, Berkshire East PCT and Berkshire East Local Authorities.** This will provide an explanation and pathway detailing how these two investigatory processes interact and what this means for people who use health and social care services. **This will be in place by December 2010.**

3. **To work in partnership with health agencies and other local authorities in Berkshire East to use Contracts and Commissioning processes to ensure that adults are appropriately safeguarded when using services commissioned by Berkshire East Primary Care Trust, Berkshire Healthcare Foundation NHS Trust and Berkshire East Local Authorities.** This will ensure that adult safeguarding requirements are clearly set in contracts for commissioned services and that monitoring arrangements and response to safeguarding concerns are collectively shared. People who use

services will be able to expect a consistency amongst health and social care agencies. **This will be achieved by March 2011.**

4. **To ensure that there is a consistent quality of safeguarding training being delivered across Berkshire East to establish shared standards.** This will mean that people who use services can expect stability across Berkshire East in terms of training the caring workforce and volunteers that provide services. It will also create a consistency amongst those staff who are responsible for responding to allegations, disclosures and suspicions of abuse. **This objective is ongoing and will be monitored quarterly by the Berkshire East Directors of Adults Social Services, Independent Chairs of Safeguarding Adults Partnership Boards and local authority Safeguarding Leads.**

5. **To ensure that all providers of care homes in Bracknell receive the appropriate training and support in terms of the Deprivation of Liberty Safeguards.** This will provide care staff and managers with the knowledge to ensure that no Bracknell care home resident is being unlawfully deprived of their liberty. **This is a rolling programme of training which will be monitored through the Bracknell Forest Adult Social Care & Health Departmental Management Team (DMT) and the Bracknell Forest Safeguarding Adults Partnership Board.**

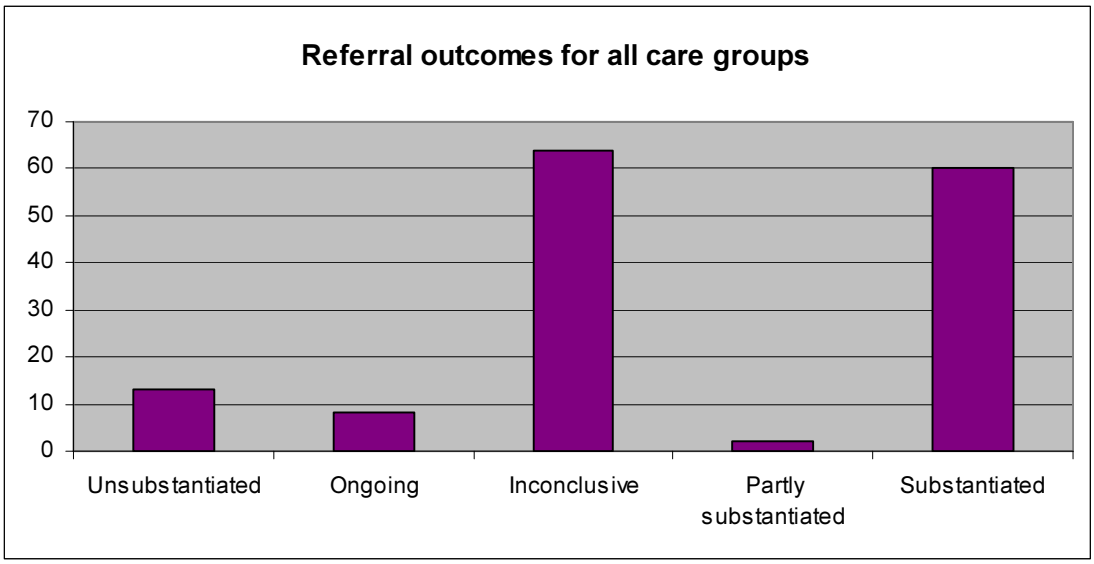
6. **Revision of the Council's safeguarding adults staff guidance incorporating the new IT system safeguarding module.** This will enable Adult Social Care & Health staff to effectively record safeguarding processes and evidence decisions allowing quality assurance, analysis and identification of trends. **This will be achieved by October 2010.**

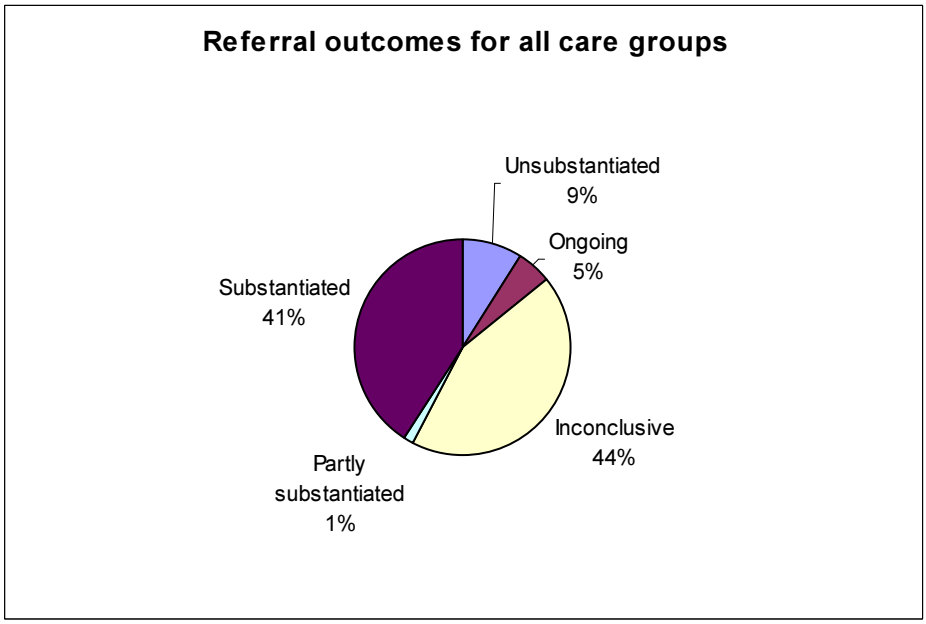
7. **Consideration to be given that all Council employees undertake mandatory Safeguarding Awareness training**. There are a number of departments and teams within the Council, outside of Adult Social Care & Health, who have contact with vulnerable people as part of their daily jobs. An increased awareness of safeguarding across all Council employees would further protect vulnerable people with the Borough. **This will be achieved by October 2010.**

8. **A review to ascertain which Council employees are required to undertake a Criminal Records Bureau (CRB) check**. There are a number of roles within the Council that have access to confidential personal information. A review of those roles that are currently, or need to be, CRB checked would contribute to the safeguarding of personal information held by the Council. **This will be achieved by December 2010.**

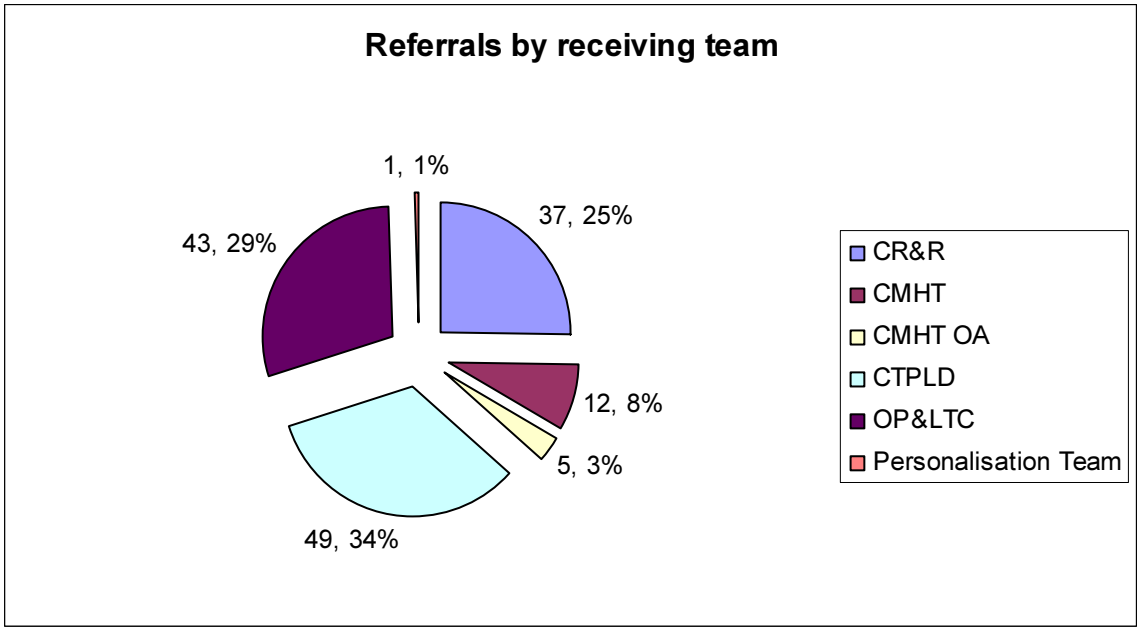
9. **Raise safeguarding awareness with BME communities in Bracknell Forest.** These communities have been under represented in terms of safeguarding referrals. **This objective is ongoing and will be monitored bi monthly by the Safeguarding Adults Partnership Board.**

Annex A

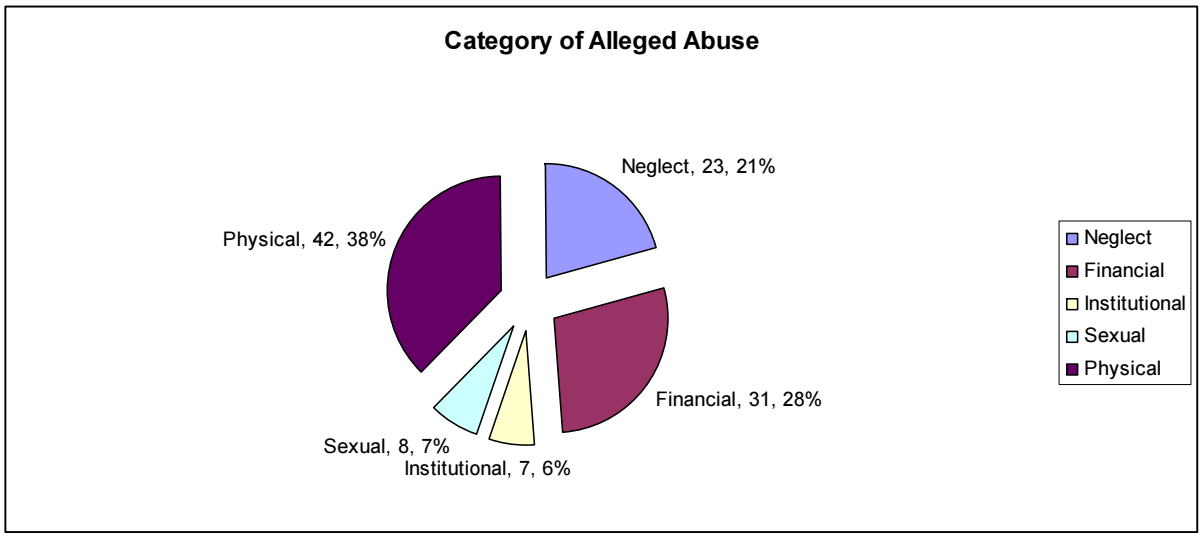

Referral outcomes for all care groups
70
60
50
40
30
20
10
0
Unsubstantiated
Ongoing
Inconclusive
Partly substantiated
Substantiated


Referral outcomes for all care groups
Unsubstantiated 9%
Ongoing 5%
Substantiated 41%
Inconclusive 44%
Partly substantiated 1%

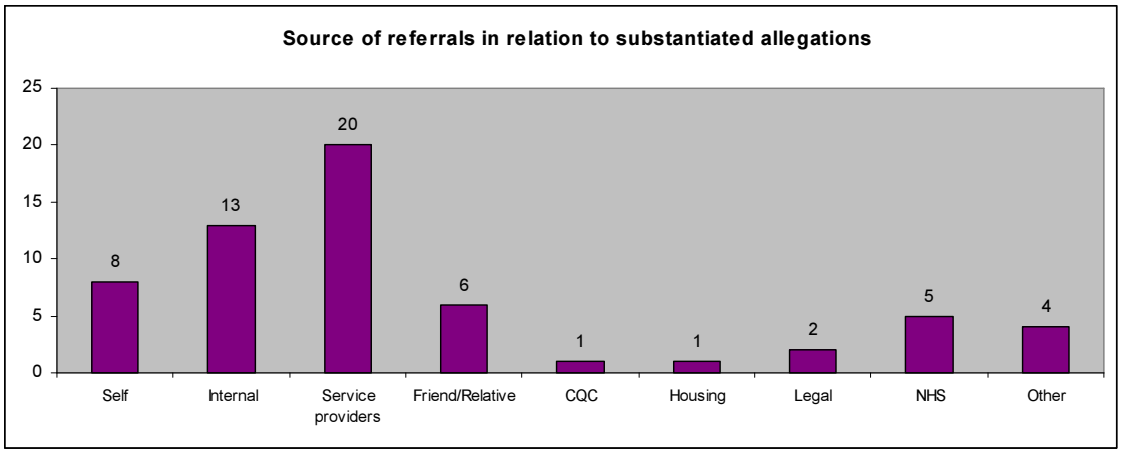
Annex B



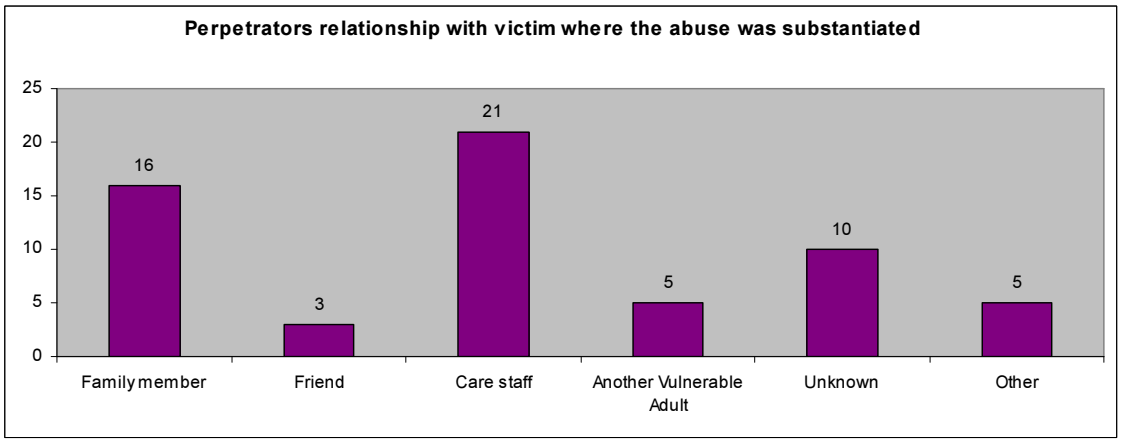
Annex C

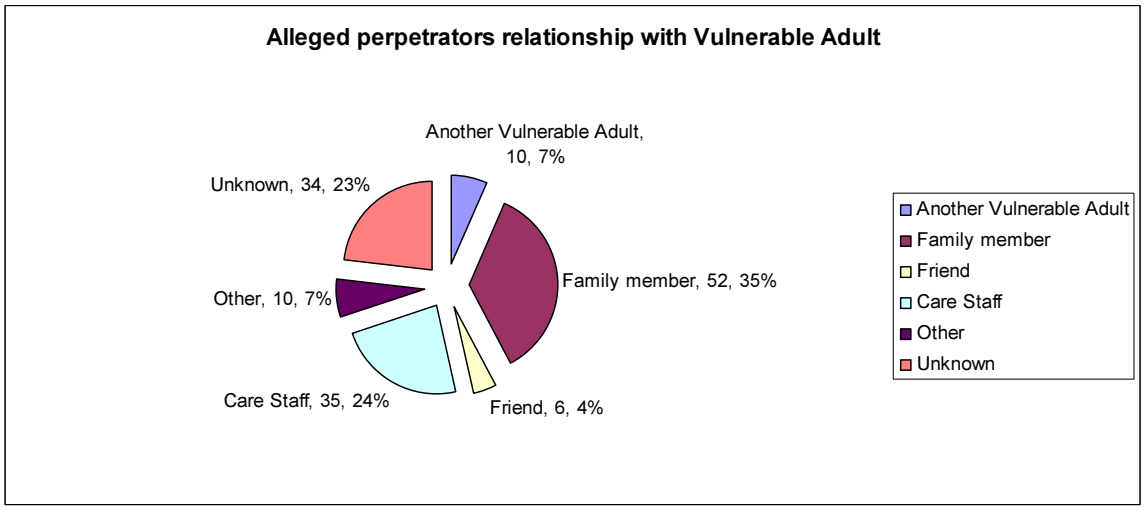


Annex D



Annex E





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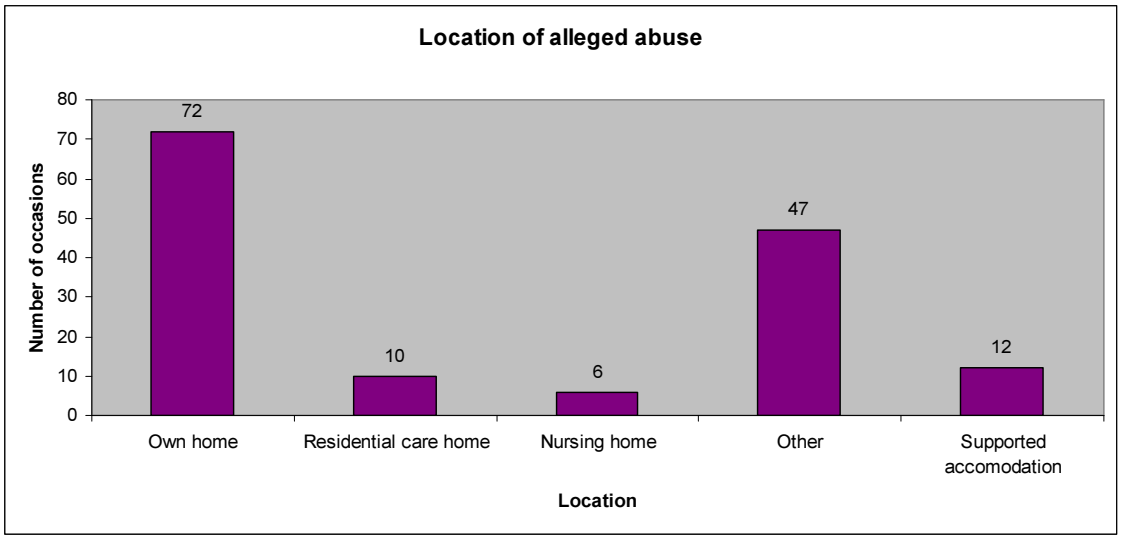

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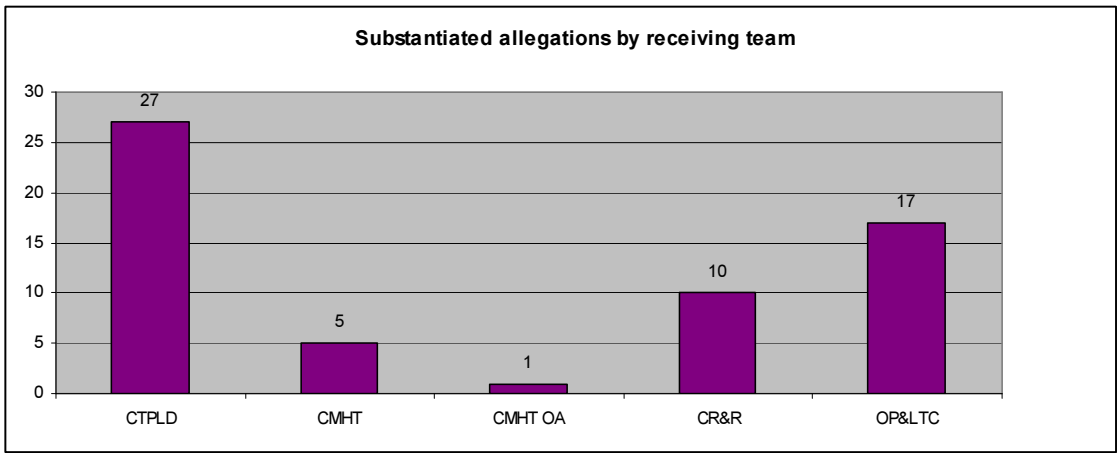

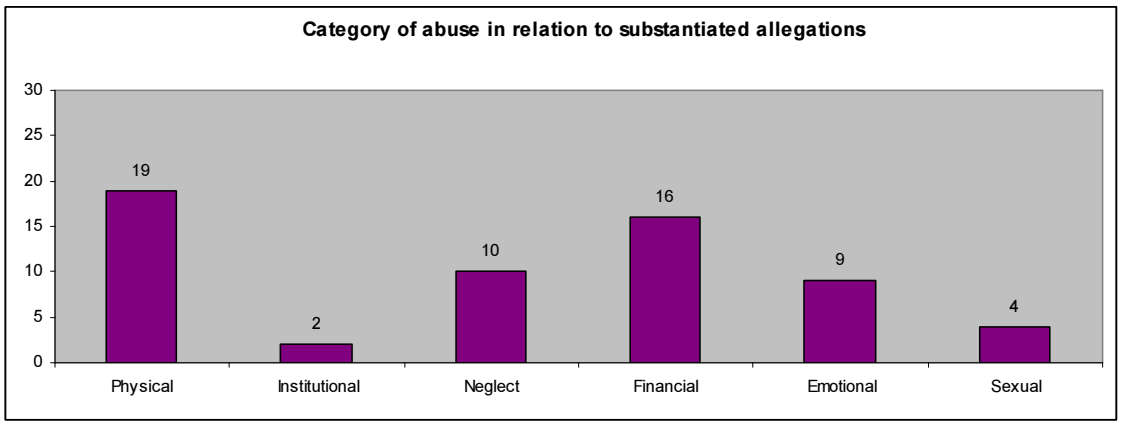

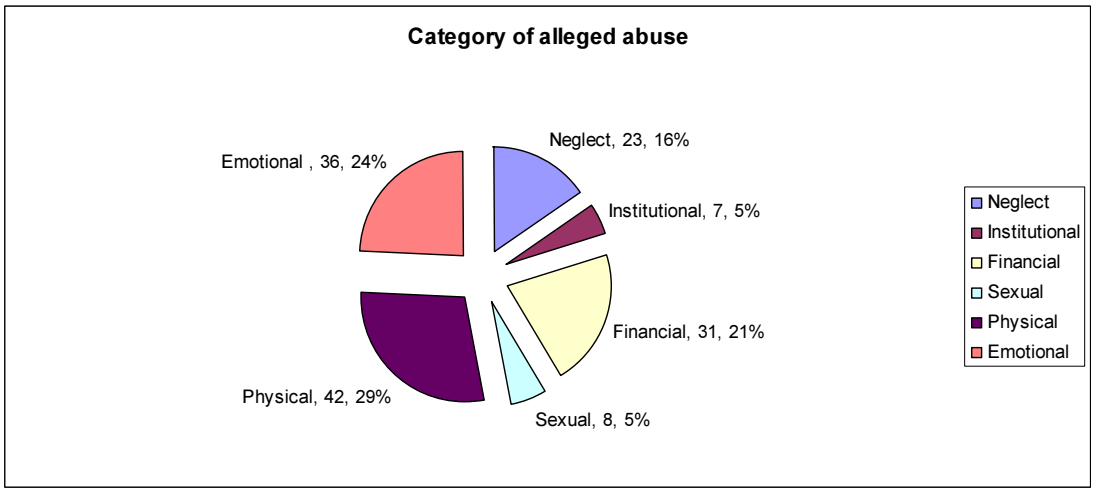

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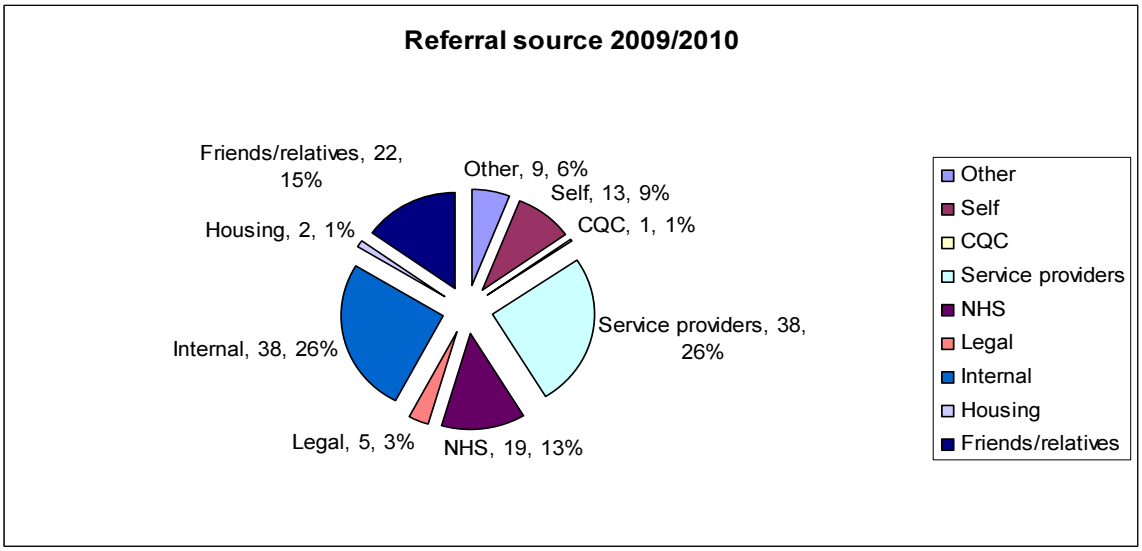

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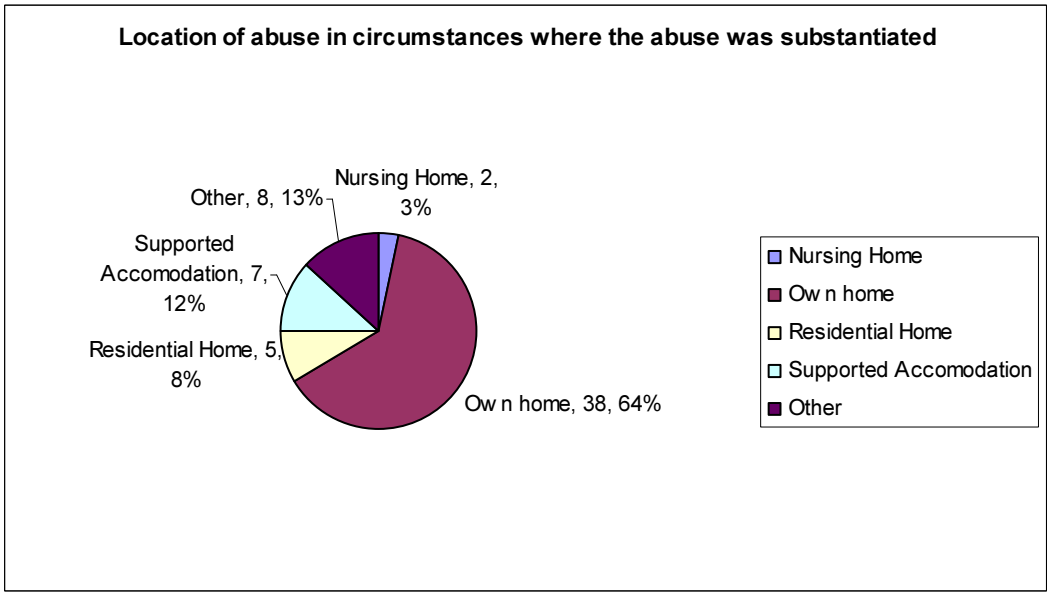

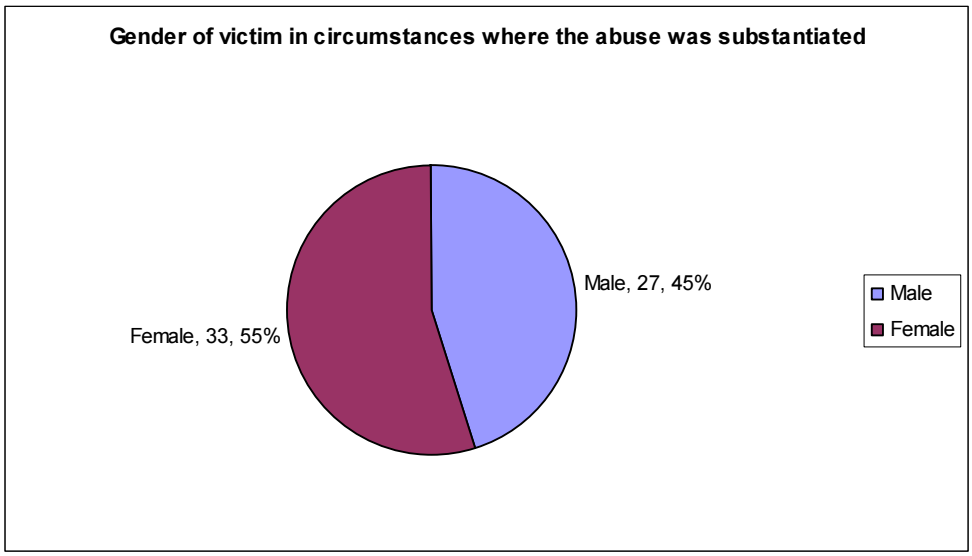
Gender of victim in circumstances where the abuse was substantiated
Male, 27, 45%
Female, 33, 55%
Male
Female

Annex J


Ethnicity of victim in circumstances where the abuse was substantiated
Asian, 1, 2%
White British, 59, 98%
White British
Asian

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INFORMATION ITEM

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
12 OCTOBER 2010

DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)
Director of Adult Social Care and Health

1 INTRODUCTION

1.1 A DoLS newsletter, the DoLS Application & Authorisation Process and a Quick Reference Prompt sheet for reporting DoLS are attached for the Panel's information.

2 SUGGESTED ACTION

2.1 **That the Panel notes the attached information concerning Deprivation of Liberty Safeguards.**

3 SUPPORTING INFORMATION

3.1 The attached newsletter has been designed to keep Adult Social Care & Health staff, care homes and members of the Bracknell Forest Safeguarding Adults Partnership Board up-to-date and informed of the latest changes and developments with DoLS and how they may affect workers and the company they work for. Each quarterly newsletter will include DoLS updates, real life case studies together with training and development opportunities.

3.2 The DoLS Application & Authorisation Process and the Quick Reference Prompt sheet for all Adult Social Care support providers detail the reporting procedure for DoLS.

Background Papers

None.

Contact for further information

Simon Broad – 01344 351506
e-mail: simon.broad@bracknell-forest.gov.uk

Andrea Carr – 01344 352122
e-mail: andrea.carr@bracknell-forest.gov.uk

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Newsletter

Bracknell Forest Council

Deprivation of Liberty Safeguarding (DoLS)

Issue 1 September 2010

Deprivation of Liberty Safeguarding (DoLS) Welcome

Welcome to the first edition of this quarterly DoLS newsletter.

This newsletter has been designed to keep you up-to-date and informed on the latest changes and developments with DoLS and how they may affect you and the company you work for.

In each newsletter there will be DoLS updates, real life case studies, training & development opportunities and lots more.

In addition to receiving this newsletter a copy of the Bracknell Forest Council Deprivation of Liberty Safeguards (DoLS) Authorisation Process is attached and a Quick Reference Prompt sheet for all staff detailing the reporting procedure for DoLS.

What is Deprivation of Liberty?

Some people who live in care homes and hospitals cannot make their own decisions about their care or treatment because they lack the mental capacity to do so. Caring for and treating people who need extra protection may mean restricting their freedom for example:
- If may be necessary to stop a person from leaving a care home or hospital
- Staff may have to make most of the choices for a person in their care.

If there are restrictions like this, it may be that a person is being deprived of their liberty. However, sometimes there is no alternative than to deprive someone of their liberty as it is in their best interests.

Why should I report if someone is being deprived of their liberty in my workplace? It will make the organisation I work for look bad!

This is not true. Reporting that someone is being deprived of their liberty is probably one of the best things that you and the organisation you work for could do. By acknowledging that someone you care for is being deprived of their liberty you could give both the relevant person and you the additional help and support needed to cater for their needs.

When can someone be deprived of their liberty?

Depriving someone of their liberty who lacks the capacity to agree to care or treatment is a serious matter. The decision to do this should not be taken lightly.

The DoLS clearly state that a person may only be deprived of their liberty:

- If it is in their best interest to protect them from harm
- If it is a proportionate response to the likelihood and seriousness of harm
- If there is no alternative that is less restrictive

DOLS

How to make a DoLS Application?

In the first instance report your concerns to your care home manager, they will then using the appropriate forms report this to the DoLS Administrator at Bracknell Forest Council either by email dols.application@bracknell-forest.gov.uk or fax 01344 351596.

If you are unsure and would like to speak to someone regarding your concern please contact Gemma Symes – DoLS Administrator on 01344 351938 who will be able to help you with your enquiry and refer you to one of the Best Interest Assessors who will be happy to help you.

Best Interest Assessors at Bracknell Forest Council

There are 6 Best Interest Assessors at Bracknell Forest Council:

- Simon Broad
- Angie Limer
- Dawn Amer
- Susan Nutter
- Sally Palmer
- Yvonne Griffiths

Forthcoming Training Opportunities

NB: These courses are currently FREE if you are interested in applying please contact the Learning & Development Co-ordinator on 01344 352211 or 01344 352293

20th October 2010 Deprivation of Liberty

15th December 2010 Deprivation of Liberty

8th November 2010 Mental Capacity Act

11th October 2010 Safeguarding Adults Level 1

1st December 2010 Safeguarding Adults Level 1

Individual training can be arranged to suit your organisations needs. Please call Gemma Symes on 01344 351938.

If you have any questions or would like more advice or information, please call 01344 351938 or email dols.application@bracknell-forest.gov.uk

Deprivation of Liberty Safeguards (DoLS) application and authorisation process.

January 2009
Revised July 2010

Glossary

The Deprivation of Liberty Safeguards introduces a range of new terminology, below is a guide to this new terminology. For a full glossary please see the DoLS code of practice.

Terminology	Explanation
Managing Authority	Has responsibility for applying for authorisation of deprivation of liberty for any person who may come within the scope of the deprivation of liberty safeguards: In the case of a care home or a private hospital, the Managing Authority will be the person registered, or required to be registered, under part 2 of the Care Standards Act 2000 in respect of the hospital or care home.
Supervisory Body	Is responsible for considering requests for authorisations, commissioning the required assessments and, where all the assessments agree, authorising the deprivation of liberty. The supervisory body for care homes is normally the local authority where the relevant person is ordinarily resident (i.e. where they lived prior to residential care/hospitalisation), or the organisation who commissions the placement (i.e. PCT for CHC)
Best Interest Assessor (BIA)	A person who carries out a deprivation of liberty safeguards assessment. This can be an approved mental health professional, a Social Worker, a state registered occupational therapist or a registered nurse who has undertaken the prescribed Mental Capacity Act training. The BIA must be independent of the admissions/care planning process.

Terminology	Explanation
Mental Health Assessor	A registered medical practitioner with at least three years' post-registration experience in the diagnosis or treatment of mental disorders, such as a GP with a special interest or a registered medical practitioner who is approved under section 12 of the Mental Health Act 1983. This includes doctors who are automatically treated as being section 12 approved because they are approved clinicians under the Mental Health Act 1983. Again even if Section 12 approved the doctor must have undertaken the prescribed Mental Capacity Act training. The preference will always be for a medical practitioner who is familiar with the relevant person.
Approved Mental Health Practitioner (AMHP)	A social worker or other professional approved by the local social services authority to act on their behalf in carrying out a variety of functions.
Independent Mental Capacity Advocate (IMCA)	Someone who provides support and representation for a person who lacks capacity to make specific decisions, where the person has no-one else to support them. The IMCA service was established by the Mental Capacity Act 2005 and is not the same as an ordinary advocacy service.
Relevant Person	A person who is, or may become, deprived of their liberty in a hospital or care home.
No refusal assessment	An assessment, for the purpose of the deprivation of liberty safeguards, of whether there is any other existing authority for decision-making for the relevant person that would prevent the giving of a standard deprivation of liberty authorisation. This might include any valid advance decision, or valid decision by a deputy or donee appointed under a Lasting Power of Attorney.
Mental capacity assessment	An assessment, for the purpose of the deprivation of liberty safeguards, of whether a person lacks capacity in relation to the question of whether or not they should be accommodated in the relevant hospital or care home for the purpose of being given care or treatment.

Terminology	Explanation
Best Interest Assessment	An assessment prepared by the appointed BIA for the purpose of the deprivation of liberty safeguards, of whether deprivation of liberty is in the detained person's best interests, is necessary to prevent harm to the person and is a proportionate response to the likelihood and seriousness of that harm.
Eligibility Assessment	An assessment, for the purpose of the deprivation of liberty safeguards, of whether or not a person is rendered ineligible for a standard deprivation of liberty authorisation because the authorisation would conflict with requirements that are, or could be, placed on the person under the Mental Health Act 1983.
Age Assessment	An assessment, for the purpose of the deprivation of liberty safeguards, of whether the relevant person has reached age 18.
Mental Health Assessment	An assessment, for the purpose of the deprivation of liberty safeguards, of whether a person has a mental disorder.
Relevant person representative	A person, independent of the relevant hospital or care home and the relevant supervisory body, appointed to maintain contact with the relevant person, and to represent and support the relevant person in all matters relating to the operation of the deprivation of liberty safeguards.

Introduction

This procedure is to be used by staff working with individuals who may be or may need to be deprived of their liberty. This document does not replace the Deprivation of Liberty Safeguards (DoLS) Code of Practice.

The DoLS legislation gives no definition of what constitutes a deprivation of a person's liberty; however the DoLS codes of practice suggest that the following characteristics may indicate that a person is being or would need to be deprived of their liberty.

- Restraint is used, including sedation, to admit a person to an institution where that person is resisting admission.
- Staff exercise complete and effective control over the care and movement of a person for a significant period.
- Staff exercise control over assessments, treatment, contacts and residence.
- A decision has been taken by the institution that the person will not be released into the care of others, or permitted to live elsewhere, unless the staff within the institution consider it appropriate.
- A request by carers for a person to be discharged to their care is refused.
- The person is unable to maintain social contacts because of restrictions placed on their access to other people.
- The person loses autonomy because they are under continuous supervision and control.

Who can make an application for a DoLS assessment?

Referrals will ordinarily be received from the Registered Manager as described under part 2 of the Care Standards Act 2000, or the person acting in this capacity in their absence. The Registered Manager is expected to complete the Deprivation of Liberty (DoL) form 4 and send this to the Supervisory body immediately on becoming aware that a person living within their services may come within the scope of the safeguards. In addition to the information to be included on the relevant DoLS form the Managing Authority has a duty to advise relevant family members, friends and carers that it has applied for a deprivation of liberty authorisation.

All forms can be downloaded from the department of health website via

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089772

If anyone involved in the care and support of a person living in a care home has reason to believe that person may be being illegally deprived of their liberty they should in the first instance raise their concerns with the registered manager. The person raising the concern may wish to complete DoL Standard letter 1 to record their concern and pass this to the registered manager of the care home.

If the concerned person has raised the matter with the managing authority, and the managing authority;

- Does not apply for an authorisation within a reasonable period (this would normally be 24 hours)

- grant an urgent authorisation

The concerned person can ask the supervisory body to decide whether there is an unauthorised deprivation of liberty. The person raising the concern should advise the supervisory body of the name of the person they are concerned about and the name of the care home, and as far as they are able, explain why they think that the person is deprived of their liberty. The supervisory body will then determine whether an assessment is required to determine whether there is in fact a deprivation of liberty situation, any such assessment must be completed within 7 days of receipt of the request from the carer/supporter. The carer/supporter will be notified of the outcome of any assessment and if there is no assessment, the reasons for this.

The decision of Bracknell Forest Council is that all DoLS applications must be made using the standard forms issued by the Department of Health. The application form **MUST** be either sent via fax or e-mail to the DoLS Administrator.

Fax Number 01344 351596
E-mail: dols.application@ Bracknell-forest.gov.uk

What happens when Bracknell Forest Council receives a referral?

The actions that must be taken on receipt of a DoLS application are as follows: - (For further details refer to the DoLS code of practice).

Action	Subsequent action needed	Who is to action	Timescales
1. Is the application complete?	If incomplete contact the referring person and obtain complete information. If complete confirm receipt in writing to the Managing Authority	DoLS administrator following discussion with DoLS Lead or a BIA	Immediately on receipt of application being received
2. Deprivation or restriction	Form a view as to whether the application demonstrates that deprivation is likely to be occurring	DoLS administrator to discuss application with a BIA or DoLS lead	Immediately on receipt of application being received
3. Check if Bracknell Forest is the Supervisory Body	If not refer to correct Supervisory Body and ensure they accept application. If they do not accept the application BFC to act as Supervisory Body	DoLS administrator	Immediately on receipt of application being received
4. Consider if Bracknell Forest is both the Supervisory Body and Managing Authority	Where this is the case (i.e. if the relevant person is a resident at Heathlands, Ladybank, Bridgewell or Waymead) the DoLS Administrator should refer to the Mutual Exchange Protocol with Wokingham Borough Council	DoLS administrator	Day of application being received
5. Input basic details into DoLS Database		DoLS administrator	Day of application being received
6. Check if there is an urgent authorisation already in force.	Pass this information to the BIA	DoLS administrator	On day of application being received

Action	Subsequent action needed	Who is to action	Timescales
7. Instruct the appropriate BIA to start the assessment process clearly stating the timescales by which the work is to be completed.	If urgent authorisation is in place, timescales to be adjusted as appropriate. Inform BIA of this.	DoLS administrator	Day of application being received
8. Consider the need for an IMCA to be instructed. An IMCA would only be instructed if the relevant person has no one other than paid staff to support them.	Where appropriate instruct an IMCA.	DoLS administrator following discussion with the BIA	Immediately on receipt of application being received
9. Instruct Mental Health Assessor	Following the completion of the BIA assessments	DoLS administrator following discussion with BIA	Following the BIA assessments. For further details please see box titled assessment stages
10. Provisional date for DoLS Panel to consider application for authorisation to be set.	Written confirmation will be sent once the authorisation is confirmed.	DoLS Administrator.	To be set within 2 working days of application being received.

Assessment stages
The BIA will advise the DoLS administrator when to instruct a Mental Health Assessor. Clarification will be sought as to which assessments the Mental Health Assessor is to undertake. A Mental Health Assessor will only be instructed once the BIA has assessed that the circumstances leading to the application may amount to a deprivation of liberty.

The Six Assessments and there purposes are:

Assessment and order they are to be done in.	Propose	Lead
1. No refusals Assessment	To ensure that any Deprivation of liberty authorised would not conflict with an existing authority for decision making for that person	Best Interest Assessor
2. Mental Capacity Assessment	To establish if the relevant person retains capacity to make the decision in question	Best Interest Assessor Or Mental Health Assessor
3. Best Interests Assessment	The purpose of the best interests assessment is to establish, firstly, whether deprivation of liberty is occurring or is going to occur and, if so, whether: • it is in the best interests of the relevant person to be deprived of liberty • it is necessary for them to be deprived of liberty in order to prevent harm to themselves, and • Deprivation of liberty is a proportionate response to the likelihood of the relevant person suffering harm and the seriousness of that harm.	Best Interest Assessor
4. Eligibility Assessment	This assessment relates specifically to the relevant person's status, or potential status, under the Mental Health Act 1983.	Mental Health assessor or a BIA but only if they are an AMHP
5. Age Assessment	To confirm the relevant person is 18 years or over	Best Interest assessor
6. Mental Health Assessment	The purpose of the mental health assessment is to establish whether the relevant person has a mental disorder within the meaning of the Mental Health Act 1983.	Mental Health Assessor

If an IMCA is instructed and there are differences of opinion between the IMCA and either of the assessors, this should be resolved locally. It may be appropriate to call a meeting of the assessing team and the IMCA to resolve these issues. In these circumstances no member of the DoLS panel can participate in this meeting.

The Mental Health Assessor will share their assessment with the Best Interest Assessor and provide written copies of their assessments using the Standard Forms issued by the Department of Health.

What happens following completion of the assessments?

There are two possible outcomes from the DoLS assessment process

1. **Criteria for Deprivation of liberty are not met.**
   The Best Interest Assessor will record their reasons in the Best Interests Assessment if they assess that deprivation of liberty is **not** occurring. In such cases the assessments will not be presented to the DoLS panel. The Supervisory Body **cannot** give a standard authorisation if any of the requirements are not fulfilled. The Supervisory Body will inform the Managing Authority of this decision in writing.

2. **Criteria for Deprivation of Liberty are met.**
   If the six assessments conclude that deprivation of liberty is occurring or needs to occur the Best Interest Assessor should pass the completed assessments to the DoLS administrator as soon as the assessments are completed, and no later than 3 days prior to the panel meeting, for standard authorisations and the day prior to panel meeting in the case of a review of an urgent authorisation having been granted by the Supervisory body.

DoLS panel

The DoLS panel will consider all assessments where the BIA and the Mental Health Assessor conclude that the person is being unlawfully deprived of the liberty or where it is deemed appropriate this occurs. Full details of the DoLS panel are contained within the Panel Terms of Reference (Appendix B). The BIA's and Mental Health Assessor assessments should be available to the DoLS panel 3 working days prior to panel meeting unless it is an application to convert an urgent into a standard authorisation in which case the same day as the panel meeting will be acceptable. The DoLS panel will meet with the BIA in order that any questions/ clarifications can be sought. DoLS Panel decisions will be communicated to the Managing Authority, Relevant Person (and IMCA where applicable) in writing.

Review.

When a person is deprived of their liberty, the managing authority has a duty to monitor the case on an ongoing basis to see if the person's circumstances change – which may mean they no longer need to be deprived of their liberty.

The managing authority must set out in the care plan clear roles and responsibilities for monitoring and confirm under what circumstances a review is necessary. For example, if a person's condition is changing frequently, then their situation should be reviewed more frequently.

There are certain statutory grounds for carrying out a review. If the statutory grounds for a review are met, the supervisory body must carry out a review. If a review is requested by the relevant person, their representative or the managing authority, the supervisory body must carry out a review. Standard letters are available for the relevant person or their representative to request a review. There is also a standard form available for the managing authority to request a review. A supervisory body can also decide to carry out a review at its own discretion.

The statutory grounds for a review are:

- The relevant person no longer meets the age, no refusals, mental capacity, mental health or best interest's requirements.

- The relevant person no longer meets the eligibility requirement because they now object to receiving mental health treatment in hospital and they meet the criteria for an application for admission under section 2 or section 3 of the Mental Health Act 1983.

- There has been a change in the relevant person's situation and, because of the change, it would be appropriate to amend an existing condition to which the authorisation is subject, delete an existing condition or add a new condition.

- The reason(s) the person now meets the qualifying requirement(s) is (are) different from the reason(s) given at the time the standard authorisation was given.

A managing authority must request a review if it appears that one or more of the qualifying requirements is no longer met, or may no longer be met.

The Supervisory Body will endeavour to ensure that the Review is undertaken by the same Best Interest assessor.

What happens when a DoLS authorisation ends?

- When an authorisation ends a managing authority cannot lawfully continue to deprive a person of their liberty

- If the managing authority considers that a person will still need to be deprived of their liberty after the authorisation ends, they need to request a further standard authorisation to begin immediately after the expiry of the existing authorisation.

- When a standard authorisation ends, the supervisory body must inform in writing; the relevant person, the relevant person's representative, the managing authority and every interested person named by the best interests assessor in their report as somebody they have consulted in carrying out their assessment.

Deprivation of Liberty Safeguards (DoLS) Panel - Terms of Reference.

Purpose of panel.

The DoLS panel is in place to ensure that Bracknell Forest Council meets its statutory obligations in relation to applications for Deprivation of Liberty Safeguards under the Mental Capacity Act 2005.

Membership of panel.

- Chief Officer: Adults and Commissioning
- The Head of Adult Safeguarding may be requested to attend to advice panel on specific issues.

.

Remit of panel.

Panel will either authorise or refuse the application. If authorisation is granted it will;

- agree who will act as the relevant persons representative

- Consider whether an IMCA needs to be appointed (if not already appointed) to act as the relevant person representative either in the long term or as an interim measure until another representative can be appointed. If so the panel will instruct an IMCA to act setting out the purpose of their role.

- Agree appropriate conditions that should be attached to the authorisation. These may be conditions relating to contact, cultural or other significant issues.

- These conditions should be explained within the BIA report. However only conditions that are directly related to the DoL will be agreed by this process.

The Panel will also consider if there are any trends in authorisation that should be referred to either the Safeguarding Adults or Care Governance processes. In reaching a decision the Panel is entitled to consult further with the BIA or any other person involved in the assessment process. It should if reasonably practicable consult with the BIA further if any of the BIA's recommendations are likely not to be followed by the Panel.

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DEPRIVATION OF LIBERTY SAFEGUARDS: Flowchart B
THE APPLICATION PROCESS

PREPARATION: the following information will be required:

- The person's age (must be over 18yrs)
- Why the authorisation is needed
- Any relevant medical information
- Any diagnosis of mental disorder and if the person is subject to the Mental Health Act
- Your assessment that the person lacks capacity to consent to the admission
- The person's communication style/language
- What restrictions are being used, any less restrictive alternatives considered
- Why deprivation of liberty is required – harm likely if not deprived of liberty
- Relevant assessments and care plans
- Who there is to consult with – whether an IMCA will be required
- Whether there is an advance decision to refuse treatment, a Lasting Power of Attorney or Court Appointed Deputy

↓

IDENTIFY (AND IF POSSIBLE ALERT) THE RELEVANT SUPERVISORY BODY

Planned situation: application needed in advance of admission

↓

Complete Form 4 (application for a Standard Authorisation) and submit to Supervisory Body <u>together with any relevant assessments and care plans</u>

Unplanned situation: the person is already deprived of liberty

↓

Complete Form 1 (Urgent Authorisation):

- Provide copies to the relevant person and any IMCA involved
- Take steps to help the person understand the effect of the authorisation and their right to appeal (oral and written information should be provided)

AT THE SAME TIME complete Form 4 (application for a Standard Authorisation) and submit to Supervisory Body, <u>together with any relevant assessments and care plans</u>

↓

- **Inform the relevant person and any other relevant parties**, including relatives, carers and any IMCA already involved (provide copies of DH leaflets if appropriate).
- **Facilitate the assessment process** by providing assessors with prompt access to**:**
  - The relevant person, who will need to be interviewed in private
  - Relevant clinical records
  - Staff involved in caring for the person

↓

Take appropriate action depending on the outcome of the application (see Flowchart C)

IF, IN EXCEPTIONAL CIRCUMSTANCES, AN EXTENSION IS REQUIRED FOR AN URGENT AUTHORISATION, REQUEST THIS BY SUBMITTING FORM 2 TO THE SUPERVISORY BODY

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ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
12 OCTOBER 2010

'STAYING SAFE' OVERVIEW AND SCRUTINY REPORT
Lead Working Group Member

1 INTRODUCTION

1.1 This report presents the attached draft report resulting from the review of safeguarding adults in the context of the Personalisation of Adult Social Care undertaken by a working group of this Panel.

2 SUGGESTED ACTION

2.1 **That the Panel agrees the attached report of the review of safeguarding adults in the context of Personalisation of Adult Social Care undertaken by its working group and commends it to the Overview and Scrutiny Commission for adoption and sending formally to the relevant Executive Member.**

Background Papers

None.

Contact for further information

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e-mail: richard.beaumont@bracknell-forest.gov.uk

Andrea Carr – 01344 352122
e-mail: andrea.carr@bracknell-forest.gov.uk

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Bracknell Forest Council

'Staying Safe'

A review of Safeguarding Adults in the Context of Personalisation of Adult Social Care by a Working Group of the Adult Social Care Overview & Scrutiny Panel

September 2010

Table of Contents

Acknowledgements

The Working Group would like to express its thanks and appreciation to the following people for their co-operation and time. All those who have participated in the review have been thanked for their contribution and received a copy of this report if wished.

Sue Cart	Head of Safeguarding, Adults and Children, West Sussex County Council
Councillor Peter Catchpole	Cabinet Member for Adults' Services, West Sussex County Council

Some people in receipt of personalised support

The following officers from Bracknell Forest Council:

Zoë Johnstone	Chief Officer: Adults & Joint Commissioning
Simon Broad	Head of Adult Safeguarding
Lynne Lidster	Personalisation Programme Manager
Nick Ireland	Head of Learning Disability Services
Derek McCarthy	Personalisation Development Manager
Andrea Carr	Policy Officer (Overview and Scrutiny)

1. Lead Member's Foreword

1.1 Delivery of adult social care is changing. At one time, people were provided with what was considered best for them by authority. There was little or no choice. In the last few years, this approach has been turned on its head. Personalisation offers service users the opportunity to tailor their care to their needs and wants in a way that is personal to them. They are given control of a budget to back up those decisions.

1.2 But how safe is this system? What happens when people are not used to making choices? What if they feel it is all too much for them? What if others near them, or involved with them, try to exert undue influence? What if the care services they want are not provided as required? These and other questions prompted our research.

1.3 We are all very grateful to all those who helped us in that research, and in the compiling of this report.

Councillor Chris Turrell
(Lead Working Group Member)

2. Executive Summary

2.1 In Autumn 2009 the Adult Social Care Overview and Scrutiny Panel commissioned a review of safeguarding vulnerable adults in Bracknell Forest in the context of 'Personalisation', the transformation of adult social care flowing from the Putting People First agenda which seeks to enable people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.

2.2 Between December 2009 and September 2010, the Working Group of the Panel undertaking the review gathered information and evidence from officers of the Council's Adult Social Care and Health Department, people receiving support and an officer and Cabinet Member of a council performing strongly in the areas of safeguarding adults and Personalisation. The Working Group also had regard to Care Quality Commission (CQC) inspection reports, partnership working, *'No secrets':* Department of Health guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

2.3 This report describes the work of the Working Group and sets out its findings. Members hope that the report will be well received and look forward to receiving responses to their recommendations.

2.4 The Working Group comprised:

Councillor Turrell (Lead Member)
Councillor Edger
Councillor Mrs Fleming
Councillor Leake
Councillor Mrs Shillcock

3. Background

3.1 In the light of the transformation of adult social care from traditional care packages to a personalised system whereby people receiving support are able to receive individual budgets to procure their own bespoke care services, the Adult Social Care Overview and Scrutiny Panel decided to establish a working group to review an aspect of 'Personalisation'. The Panel selected adult safeguarding as the area to be reviewed as it was perceived to be a potential risk of the Personalisation process. Accordingly, a working group of the Panel was established in December 2009 to review adult safeguarding in the context of Personalisation, with reference to the Personalisation Pilot underway at the time.

3.2 The Working Group identified the purpose of the review as to become acquainted with Safeguarding Adults Policies and Procedures and to evaluate Personalisation and associated safeguarding adults work to ensure that it was operating successfully.

3.3 The key objectives of the review were to:

- Gain a general understanding of the Personalisation process and the associated risks and to ensure that adequate contingency, risk management and abuse prevention processes were in place;
- Identify ways to improve the Personalisation process and overcome any associated issues;
- Identify which aspects of the Personalisation Pilot had been successful and which have not with a view to informing future service development;
- Consider future Personalisation prospects to determine how it needed to develop in Bracknell Forest; and
- Look at the earlier 'In Control' pilot of rolling out individual budgets to people with Learning Disabilities and use it to evaluate the current Personalisation Pilot.

3.4 The scope of the review consisted of:

- Reviewing safeguarding adults as part of the Personalisation process, including those with Learning Disabilities and mental health problems;
- Performance of other local authorities involved in the Personalisation Pilot;
- Reference to CQC safeguarding adults reports;
- Comparison of Bracknell Forest's implementation of Personalisation and associated safeguarding adults procedures against other local authorities to gauge progress and identify best practice;
- Identification of risks associated with the Personalisation process from which individuals may require safeguarding; and

- Informing safe choices for people transferring from a traditional care package to the Personalisation approach.

3.5 Care homes were excluded from the scope as the opportunities for Personalisation were limited in group settings which tended to lack potential for individualism.

3.6 The Working Group identified key documents, background data and areas of research to inform its review which included the Council's Safeguarding Adults Annual Report 2009/10 and Personalisation Pilot Evaluation Report, and an Adult Safeguarding Scrutiny Guide and Councillors' briefing: Safeguarding Adults produced by the Improvement and Development Agency jointly with other organisations.

4. Investigation, Information Gathering and Analysis

4.1 Adult safeguarding incorporates the concepts of prevention, empowerment and protection to enable adults who are in circumstances that render them vulnerable to retain independence, wellbeing and choice and to access their right to a life free from abuse and neglect.

4.2 Abuse is defined as a violation of an individual's human and civil rights by any other person or persons. It occurs when someone does something to another person which damages their quality of life or puts them at risk of harm, irrespective of the setting. Abuse can be a criminal act when it is an offence against another person. It can happen once or repeatedly and may be deliberate or caused by ignorance. In cases where a relative or partner is caring for a vulnerable adult and abuse takes place, this can be classified as domestic violence or abuse. *'No secrets*' Department of Health guidance defines a vulnerable adult who may be at risk of abuse as "A person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

4.3 As a social services authority, the Council has a Duty of Care which requires it to take reasonable care to avoid any action or omission which it could reasonably foresee would be likely to result in harm, loss or undesirable outcome to people receiving support, carers, staff or the general public.

4.4 Details of adults receiving Adult Social Care in 2009/10 are set out below. Approximately 60% of people benefit from preventative and rehabilitation work and do not require long term care. The Learning Disability (LD) population remains stable at approximately 300 and turnover in mental health is rapid with up to 1,000 sufferers requiring support in a given year.

Care Group	Older People	Physical Disabilities	Learning Disabilities	Mental Health
People Receiving Commissioned Services	2173	421	282	768

Service Type	Community Based	Residential Local Authority	Residential Independent	Nursing
People Receiving Services	3277	58	171	

Care Group	Older People	Physical Disabilities	Learning Disabilities	Mental Health
Carers Receiving Services	436	105	111	73

4.5 Demographic changes indicate that an increasing number of people are living longer, but with more complex conditions such as dementia and chronic illnesses. By 2022, approximately 20% of the English population will be over 65 years of age and it is expected that the number of over 85 year olds will increase by 60 % by 2027. The number of people with dementia is expected to double over the next 25 years and the amount of people with LD aged 50 years

and over is projected to rise by 53% by 2021 owing to advances in medicine. This will result in an increase in the number of potentially vulnerable adults in need of safeguarding. As the vast majority of people want to live in their own homes for as long as possible, there is a need for comprehensive and robust policies to enable safeguarding in the community.

4.6 The Working Group met on eight occasions during which it agreed the scope of the review; gathered information from relevant officers of the Council; sought the views and experiences of users of personalised Adult Social Care; and visited West Sussex County Council, an authority which performs highly in the areas of Personalisation and safeguarding, to gain an appreciation of best practice.

Introductory Review Work

4.7 The Working Group received an introductory briefing from the Council's Chief Officer: Adults and Joint Commissioning in respect of safeguarding adults as part of the transforming adult social care process, known as 'Personalisation'.

4.8 Adult Social Care has the role of lead agency in the development and implementation of multi-agency policies, procedures and codes of practice to ensure an effective response to safeguarding issues.

4.9 Members watched a short video in respect of safeguarding which was aimed at those who might be at risk. The video covered the following points:

- Adult Social Care staff, Health professionals, the Police and support workers all work towards safeguarding adults.

- Identification of the various types of abuse, namely: physical, sexual, emotional / psychological, financial and institutional (continuing poor service levels) abuse in addition to neglect / deprivation and discrimination.

- Those to inform in the event of experiencing abuse included a member of staff supporting the victim, a family member, nurse or social worker, a friend or neighbour, manager of a service provider or an advocate.

- Action resulting from claims of abuse consisted of Adult Social Care officers identifying what abuse had taken place and why with reference to social workers, family members, friends or the Police.

- Safeguarding plans, which sought to ensure the individual's safety and protection from abuse, included additional or improved support, relocation, changes in staffing or prosecution. Review meetings were held once or twice per annum to ensure that plans remained appropriate and effective.

- Staff received safeguarding training to ensure that clients were adequately supported and that signs of possible abuse were recognised.

4.10 The following points arose in subsequent discussion and questions:

4.11 'Safeguarding adults' was relatively recent terminology and reflected the transformation from the previous focus on adult protection, which investigated claims of abuse, to the current emphasis on prevention of abuse. The 2000 '*No Secrets'* guidance, which had been highly influential in this transition, had recently been reviewed and a response to the associated consultation exercise was awaited at the time of the meeting.

4.12 Elements of the process of Personalisation needed addressing as they could create or increase the following risks:

- The possibility that an individual could make an inappropriate choice concerning the use of Direct Payments, putting themselves at risk.

- The consequences of the absence of a carer or personal assistant.

- The law enabled Direct Payments to be made to a third party and it was a challenge to ensure that person was appropriate to receive the funding on behalf of the client, to subsequently monitor third party allocations and to address any associated tensions third party allocations created amongst the family and friends of the service user.

4.13 Individual budgets had been previously available to people with LD in Bracknell Forest as part of the national Personalisation agenda and a pilot to roll out this approach more widely to adults in need of social care was underway. Progress achieved in this area by local authorities varied and some had systems in place.

4.14 Contingency planning and risk management were the main issues associated with safeguarding adults as part of the Personalisation agenda and these were incorporated into safeguarding adult policies and procedures in place Berkshire-wide. Each unitary authority was developing such policies and procedures with local partners and agencies to facilitate implementation and plan for contingencies. Although the National Health Service (NHS) was signed up to these policies and procedures, they were not yet embedded in its working practices as evidenced by low safeguarding referral rates. Direct Payments were not currently permitted for NHS funds.

4.15 Owing to the potential for issues associated with Personalisation such as unwise service choices or use of Individual Budgets, the Council needed to demonstrate that its safeguarding plans were as robust as possible. Under the terms of the Mental Capacity Act 2005, the Council did not have the power to overrule an individual's decision if he or she had the capacity to evaluate and retain information, provided that the decision was legal. However, capacity could fluctuate and it was not possible to compel someone to, for example, take his or her medication. In cases where the supported individual was being overprotected by anxious relatives or others, it was the responsibility of Adult Social Care under the Act to ascertain the wishes of the individual who was given assistance to voice his or her wishes. Where someone did not have capacity under the Act it was the Council's responsibility to follow a best interest process to support the individual in the way it was thought they would most like to be supported. In the event that the person did have capacity that had to be respected. However, if the individual required more support than he or she was receiving, a risk assessment could be undertaken to establish how best to secure support. Although there were a number of ways of approaching the

above situations, individuals could not be compelled to receive more support. The Council was able to work with individuals to create a support plan and carried out monitoring and reviewing under its Duty of Care.

4.16 Deprivation of Liberty Safeguards applied where people were living in care homes. The Council needed to be satisfied that the regime of care did not deprive the individual of liberty unless it was authorised to do so and necessary for the person's protection. Bracknell Forest made liberty determinations in respect of self-funders in addition to people receiving Council-funded support and took the least restrictive route. This was a prescriptive process involving a medical practitioner and decisions could be reviewed throughout the duration of the deprivation. A deprivation of liberty could not be authorised for longer than 12 months.

4.17 Care homes had limited scope to promote Personalisation as they featured group settings which tended to lack potential for individualism.

'In Control' Pilot - Outcomes

4.18 The Working Group met the Council's Head of Learning Disability Services, who introduced a briefing paper (attached at Appendix 1) in respect of the earlier 'In Control' pilot of rolling out individual budgets to people with LD to enable them to assume control over their personal support and their lives. Gauging the success and outcomes of 'In Control' was intended to assist the Working Group with its evaluation of the subsequent Personalisation pilot.

4.19 The briefing paper explained the purpose of the 'In Control' pilot, the meaning of the individual budget, how individual budgets operated, safeguarding principles and risk associated with the pilot and some safeguards / support. The Head of Learning Disability Services informed Members of the following regarding safeguarding and 'In Control':

4.20 A key principle in relation to safeguarding adults was to understand that everybody took risks in their lives and the associated learning experience enhanced people's knowledge of life. Everyone to a certain degree enjoyed taking some form of risk.

4.21 It was therefore necessary for contingencies to be in place to ensure that the risks associated with activities were taken into account to enable people to pursue activities safely.

4.22 The risks associated with 'In Control' are set out in the attached briefing paper and include the following:

- Individuals may spend their budget unwisely, and in some circumstances this could result in insufficient funds to purchase necessary care.
- Individual budgets could be misappropriated by third parties, if accessed through a Direct Payment.
- People may choose individuals to support them who may pose a risk to them, be unable to meet their needs or offer unreliable support.

4.23 Safeguards had been put in place to mitigate the associated risks, for instance although individuals could choose who supported them, they were given advice

and informed that certain checks could be undertaken. If wishing to employ staff, individuals could receive assistance with preparing job descriptions and advertising for support. Payments were not issued to people who were unable to manage them. Some individuals were able to manage them partially and a combination of Direct Payments and support arranged by the Council or a third party was possible.

4.24 Although it was the norm that people made sensible decisions concerning the use of their individual budgets, robust risk management and safeguarding procedures were in place to minimise the risk of personal budgets being misused. For example, a financial officer would receive quarterly returns from the person receiving the Direct Payment to monitor expenditure. In the event that payments were accruing, arrangements would be made to claw back surplus funds unless there was a justified reason such as saving for a relevant piece of equipment. People did not normally resist repayment of surplus funds.

4.25 The following points arose in response to Members' questions:

4.26 At the time of the meeting 353 individuals with a LD were being supported by Adult Social Care, of whom approximately 90 had an individual budget.

4.27 In the 2010/11 financial year, more individuals would have their own budgets. Every young person in transition from Children's to Adult Social Care would have an individual budget.

4.28 Individuals were allocated their own budgets as and when they wished to change their lives and support arrangements. For example, some people who had been in residential care for a long time may not seek change.

4.29 The present Personalisation pilot involved support planners working directly with individuals to prepare their support packages in the knowledge of the amount of the personal budget. People taking part in the pilot could operate their personal budgets in a range of ways as detailed in the attached briefing paper.

4.30 'In Control' had presented a range of challenges for staff and those employed in the LD service had seen the positive effects that individual budgets could have on people's lives.

4.31 There were statutory requirements to check and assess the needs of carers.

Care Quality Commission (CQC) Themed Inspections

4.32 At a meeting with the Council's Personalisation Programme Manager, the Working Group received copies of a presentation concerning the outcomes of CQC themed inspections of fourteen other local authorities in respect of Safeguarding, Choice and Control or Improved Quality of Life published during 2009.

4.33 In terms of safeguarding, 12 of the local authorities were performing adequately and 2 were performing well. 12 authorities had been inspected under the theme of Choice and Control, of which 4 were judged to be performing adequately, 7 to be performing well and the remaining 1, the London Borough of Tower Hamlets, performing excellently. 2 of the authorities judged under the category of Quality of Life were performing adequately whilst the remaining 4

were performing well. The presentation explored the outcomes of the inspections in terms of areas of good progress and those where a need to improve had been identified.

4.34 The Working Group subsequently received information as to what had led the CQC inspectors to judge Tower Hamlets as performing excellently in relation to increased Choice and Control for older people and their recommendations on what that Council should improve in this area. The Working Group decided to visit one of the highly performing authorities to learn about best practice.

4.35 With regard to the operation of safe recruitment processes and practices in relation to safeguarding, a CQC report had found that these included encouraging the users of Direct Payments to carry out CRB checks when they employed personal assistants; providing information and support to Direct Payments users to ensure their safeguarding needs were identified and met; and identifying and addressing the specific risks related to self-directed support.

4.36 Members were advised that Bracknell Forest operated safe recruitment practices and had increased investment in safeguarding which was embedded in the culture of the Council. Changes in organisational culture could be achieved by giving staff the correct tools, support, training and supervision and by the demonstration of personal responsibility and commitment at all levels. Council staff received professional supervision on a monthly basis and it was written into contracts that care workers received regular training and supervision, which was required and checked in the case of regulated services. A situation where managers were too overburdened with work to undertake the monthly supervision sessions should not arise.

4.37 Minimising the risks faced by people who lived in situations of ongoing vulnerability could be achieved by identifying the risks faced by individuals and using the information to inform and prepare robust contingency plans.

4.38 The outcome of the last CQC inspection of Adult Social Care services at Bracknell Forest, undertaken in 2008/09, was that the Council was performing well. Amongst many positive factors, the inspection found that there had been a sharp increase in older people's safeguarding referrals with the rate being significantly higher than the average for similar councils and that the Council's rate of safeguarding referrals in respect of people who funded their own care was lower than similar councils. The latter indicated that further work was required to improve awareness of staff who worked with such people and that the rate of training in the independent sector was too low. Subsequent improvements have been made in this area (see paragraph 4.65).

Personalisation Pilot

4.39 The Working Group received a presentation from the Council's Personalisation Programme Manager and Personalisation Development Manager in respect of the Personalisation Pilot which explained the timing and stages of the pilot, referrals to the pilot, the pilot project, support plans and next steps. Members were subsequently updated by the Chief Officer: Adults & Joint Commissioning with progress to date and subsequently received copies of the pilot evaluation report. The following points arose from questions and discussion at the 2 meetings:

4.40 The pilot had operated from 1 August 2009 to 31 January 2010. The target number of referrals to the pilot was 40, the average of other pilot authorities, consisting of 25 older people, 7 people with long term conditions, 5 people with mental health problems and 3 older people with mental health issues. In addition, any referrals to the Autistic Spectrum Disorder Virtual Team were considered for the pilot which aimed to be a representative sample of people in terms of the Bracknell Forest demographic, including both new and re-referrals, with varying support needs and at least a representative sample of people from Black and Minority Ethnic groups. Of the 59 people involved in the pilot, 30 people's support plans had been approved by the end of it. Others continue to be approved.

4.41 The Working Group received a DVD relating to Personalisation which had been produced by the Council and detailed 2 case studies as examples of the pilot and 12 individual Personalisation stories. One of the case studies featured a support plan designed to meet the needs of the individual and his family members as carers and offered a successful solution for all. The second case study related to a person who was self-funding her support and took the opportunity to have a support plan to assess her care / activity options and put contingency plans in place should the need arise.

4.42 The pilot sought to identify the best and most appropriate methods of supporting the individuals involved and their support plans were subject to checks to ensure that they were legal, safe and met their needs. Personalised support plans could be more complex and resource intensive to plan and prepare than traditional care packages, as they sought to involve and address the needs of family members or carers in addition to people receiving support and included contingency planning. However, when in place they generally required minimal maintenance as they operated successfully in the long term if planned effectively. A scoring matrix was utilised to help determine the individual budget for each person.

4.43 Whilst people over the age of 65 years tended to feel more comfortable with their traditional care to which they had become accustomed, younger people generally welcomed personalised support plans as they appreciated the increased freedom and choice offered. This trend was reflected nationally.

4.44 Where individuals lacked mental capacity to indicate their needs, they were referred to an advocacy service and all involved worked with the Council to ensure that a suitable care package was in place. Existing or interim care packages would be actioned whilst new ones were developed.

4.45 There was a statutory requirement for care packages to be reviewed. An initial review took place 6 weeks after a support plan had been implemented to ensure that it met all requirements and reviews on at least an annual basis took place thereafter to establish that they remained appropriate. It was possible for additional reviews to be undertaken at any stage if a change of circumstances had transpired. Monitoring services and responding to changes in need were considered to be crucial.

4.46 Safeguards existed to control possible fraud associated with Direct Payments and two incidents of pre-existing issues of a similar nature had been highlighted by the Pilot.

4.47 The earlier pilot, 'In Control', and subsequent roll out of personalised care to people with LD had informed the general Personalisation approach and LD work and procedures had been adapted as the process progressed.

4.48 The number of referrals to personalised services, some of whom were self-selected, had increased. From October 2010, all new referrals would pass through the Personalised process and there were targets of 10% of service users receiving a personalised care package by March 2010 and 30% by March 2011. The rate at the time of the first meeting was 23-24%. Difficulties would be experienced in reaching the higher target due to the success of the reablement service which returned people to independence. It was hoped that the data would bring about a change to an unachievable target.

4.49 The Working Group was advised that, for the individuals who had participated in the pilot, it was not possible to make a direct cost comparison between the traditional and personalised care systems because the individuals' needs had changed. However, the majority of people in need of care did not overstate their requirements, and were very careful to spend the money wisely.

4.50 The need to promote Personalisation as a person-centred approach and develop consistent processes rather than re-brand existing services was identified and the care management culture was being replaced by one of enablement where individuals and families could take ownership of care. Details of people's chosen activities were gathered as a central information source within the Personalisation programme.

4.51 There had been an extremely positive response to the pilot which was successful and appreciated by those involved. All the people who took part in a review or an interview in respect of the Personalisation process reported positive outcomes for themselves and their family carers together with both mental and physical health benefits of having personalised support arrangements. Most people reported that they had more dignity and control over their lives and support arrangements, had a better social life and better relationships with their family and friends and that they felt safer in the home and out and about. All the individuals attributed these benefits to having personalised support. Although some people had been in receipt of traditional care packages beforehand, they had not always adequately met their needs whereas personalised care was designed to be the best solution to meet support needs. No one identified any negative impact of having a personal budget.

4.52 Difficulties in recruiting personal assistants and in obtaining reliable agency cover care services were identified as possible drawbacks of Personalisation and it was felt that the provision of care by family members or friends appeared to be the most successful arrangement. However, people were not obliged to organise their own support and that the Council would do this on their behalf in accordance with their specified wishes and assist with recruitment and undertake CRB checks where the employment of personal assistants was sought, and it would review care packages under all circumstances. Uptake of CRB checks was actively encouraged. Other organisations offered assistance such as payments (payroll services) to personal assistants.

4.53 In addition to reliability issues, dissatisfaction with agency care services existed around inflexibility and inconsistency, where the latter could result in the provision of care by numerous different individuals. A further issue was agency

staff not providing care for the full duration of the booked timeslot. Although these were ongoing issues, attention had been drawn to them recently as the Personalisation pilot had sought people's views on their needs and services. It was recognised that the Council was better placed than individuals to influence agencies to improve their performance as it was a significant customer providing much business.

4.54 In the pilot, people focused on receiving care and support in a manner which enabled them to remain engaged with the community and continue chosen activities and interests. Plans were being implemented to develop a 'time bank' resource of people with time and skills to offer free services to the community in return for another service or knowledge e.g. dog walking could be bartered for ironing services. The Council was in receipt of a modest grant to establish the 'time bank' and proposed to extend it beyond the social care environment to include the wider community.

The following points arose from subsequent questions and discussion:

- It was felt that reliance on paid services alone was not possible and that mainstream services and activities such as leisure centres should be encouraged to offer greater support to people.

- The Personalisation pilot had developed slowly initially, and although much associated staff training was provided some staff had remained suspicious of the concept of Personalisation and been reluctant to refer people to the pilot. All people newly entering Adult Social Care would receive personalised support arrangements from October 2010. The Council was now in a position to take Personalisation forward and would use early work to ensure appropriate links between reablement services and long term support planning were developed. Future evaluations would be undertaken. An increase in caseloads associated with Personalisation was not anticipated and the eligibility policy would apply.

4.55 A strand of work arising from the pilot was to consider workforce planning and other staffing issues to ascertain whether the Council was employing the correct number and type of staff to ensure that all people in need could be catered for. Although qualified social workers were not necessarily needed to develop care packages, it was anticipated that they may be required in complex or specialist areas such as safeguarding and mental health. Staff training and support were important aspects of the Personalisation process.

- A clear communications strategy was in place and publicity in respect of Personalisation had been low key to date featuring mainly voluntary organisations and service providers. Publicity relating to safeguarding had brought an increase in safeguarding referrals in Bracknell Forest although this was preferred to under reporting of issues.

- Following the closure of Downside Resource Centre, some funding previously spent there had been re-directed to other day services to fund displaced people. However, as many former Downside users had attended for social reasons, including lunch, this activity could be accommodated elsewhere outside day care services.

- Attached at Appendix 2 are comments and compliments received from individuals, carers, the Personalisation Team and other stakeholders in respect of the Personalisation pilot. Any negative comments received related to agency

problems and not the Personalisation approach. One individual had commented that this was the first time in 4 years of social care receipt that questions about his past lifestyle and interests had been asked, in order to decide what options were best for him. This may have been because there was lack of choice in support options previously.

Safeguarding Adults

4.56 The Working Group met the Head of Adult Safeguarding who explained his role and responsibilities and the Council's safeguarding policies and procedures. The following arrangements and links to adult safeguarding were explained:

- Safeguarding Adults Partnership Board – This Board, which reported to the Health and Social Care Partnership and was chaired by the Council's Director of Adult Social Care and Health, met bi-monthly and was responsible for the development and implementation of local policies and procedures in relation to the safeguarding of adults whose circumstances made them vulnerable. Information and training opportunities were shared where possible. Membership included Thames Valley Police, West London Mental Health Trust, NHS Berkshire East, Berkshire Healthcare Trust, CQC, Local Safeguarding Children Board, Berkshire Care Association, Bracknell Forest Voluntary Action and the Royal Berkshire Fire and Rescue Service. Representatives of the Local Safeguarding Children Board attended the Safeguarding Adults Partnership Board and vice versa to facilitate information exchange.

- Care Governance Board – This Board, which comprised internal officers, reported to the Safeguarding Adults Partnership Board and met on a monthly basis to identify internal and external provider services that were of concern and ensured that appropriate management action was taken to address those concerns. The Care Governance Framework stipulated that no placements would be made to organisations that were 'red flagged' and that urgent action would be taken to resolve the situation. 10-12 services had been 'red flagged' and such alerts could result from poor CQC ratings or safeguarding issues. 'Green flagged' services were considered to be safe to use without extra caution, whilst caution was applied to those which had received an 'amber flag' rating. If a vulnerable adult who was deemed to have mental capacity chose to use the services of an 'amber flagged' organisation, the Council may acquiesce subject to appropriate risk management arrangements being in place. Safeguarding alerts could emanate from people receiving care or other local authorities. Although it was possible to discontinue placing people with a provider of services such as domiciliary care, residential homes or nursing homes on the basis of information received, such as consistent underperformance, a cautious approach needed to be adopted. Other local authorities would be informed where Bracknell Forest had concerns about a service provider.

- Safeguarding Adults Forum – The purpose of this quarterly forum for providers was to give an opportunity to share and promote good risk management and safeguarding practice.

- Multi-Agency Risk Assessment Conference (MARAC) Meetings – The Head of Adult Safeguarding and operational staff attended these meetings which took place at monthly intervals and were chaired by the

police. The meetings focused on sharing information and developing multi-disciplinary risk assessments in respect of vulnerable adults and victims of domestic violence etc. The bringing together of varying pieces of information from different sources could be crucial in relation to assessing risk and preparing safety plans. The vulnerable elderly and adults with mild LD who could be adversely influenced by others were amongst those for whom risk management plans were developed.

- Multi-Agency Public Protection Arrangements (MAPPA) Meetings – These monthly meetings considered public protection arrangements in relation to people who posed a potential risk to the public such as ex-offenders and child abusers. They were co-chaired by the police and probation service and attended by the Head of Adult Safeguarding and operational staff.

- Local Safeguarding Children Board – The Head of Adult Safeguarding and operational Heads of Service attended this quarterly Board. Relevant information from the Local Safeguarding Children Board Business Manager was disseminated to operational staff in Adult Social Care and Health. Adult Services had recently been involved as part of an action plan following a Serious Case Review.

- Crime and Disorder Reduction Partnership – Sub groups, including Domestic Violence, Anti-Social Behaviour and e-safety were also attended by the Head of Adult Safeguarding and operational Heads of Service. The Anti-Social Behaviour Co-ordinator had recently been granted access to the new Adult Social Care and Health IT system allowing relevant information to be accessed more rapidly.

- Berkshire East Safeguarding Lead Meetings – This group met on three occasions annually and comprised the chairpersons of Safeguarding Adults Boards and lead officers or directors. It informed the work of the Safeguarding Co-ordinators, where there was an advantage in working jointly across boundaries.

- Berkshire East Safeguarding Co-ordinators Meetings – These meetings took place bi-monthly and implemented work regarding strategic direction for safeguarding across East Berkshire in terms of, for example, contracts, commissioning and work force strategy.

4.57 Although Direct Payments could be perceived as an increased safeguarding risk, statistics, which found that the majority of cases of abuse occurred in people's own homes and were perpetrated by someone that they knew, did not give grounds for this concern. Safe and clear risk management and information exchange were built into the Direct Payment process. Those receiving care in their own homes benefited from a closer circle of people to watch over them than those in residential care homes. Complaints associated with traditional care packages were targeted and resolved rapidly.

4.58 The following points arose from Members' questions and related discussion:

4.59 In terms of whether the current safeguarding policies and procedures were successful, the Working Group was advised that CQC had identified service user involvement as an area in need of improvement to enable people to have greater input into safeguarding services.

4.60 Although many of the forums in which Adult Safeguarding was involved were primarily for the purpose of information exchange, those which involved the police (MARAC and MAPPA) had powers to take action.

4.61 At the time of the meeting, a local group in the 16-45 years age group was adversely influencing and taking advantage of young adults with mild LD and diminished capacity. As it was not possible to separate the young adults from this social network, preventative measures and highlighting of the associated risks were being pursued in a multi-agency response. If any of the targeted young adults were found to lack capacity alternative solutions with greater support would be considered in their best interests. Some of the perpetrators were also at risk and led chaotic lifestyles. Since the meeting, an Anti Exploitation Group has been established and is chaired by the Head of Adult Safeguarding. Multi agency risk management plans for each individual at risk have been clarified and further developed. The Group is now in the challenging process of developing prevention strategies providing opportunities for lifestyle change leading to a reduction in risk.

4.62 Although adult safeguarding policies and procedures were considered to be sufficiently robust, it was not possible to eradicate all abuse, particularly that of a financial nature. The process minimised abuse and involved staff training to raise awareness, identify abuse and inform resulting actions. There was a fixed process to follow within set timelines and allegations of abuse would be investigated and assessed before appropriate responses were decided and actioned.

4.63 Reference was made to the 'Safe Place Scheme' which involved 200 shops and other premises displaying the nationally recognised Safe Place symbol and acting as a safe haven for members of the public feeling vulnerable or scared. The scheme would be launched in the two months following the meeting.

4.64 The Council's adult safeguarding recording guidance were currently being amended to tie in with the new IT recording system with a safeguarding module which was in place.

4.65 In 2009/10, there had been a 30% reduction in adult safeguarding referrals owing partly to people not being placed in some local poorly performing homes and the roll out of a training programme to 94% of providers which had raised awareness and increased confidence to judge the appropriate response to an event e.g. a one-off error in administering medication did not necessarily require launching the full safeguarding process and could be dealt with and monitored through regular supervisory meetings. A good standard of safeguarding had been achieved and staff, who were qualified and experienced, regarded safeguarding as intrinsic to their role and they ensured that all procedures were being followed and standards were being maintained. Existing good links with partner agencies were being built on through regular meetings where pointers and influence to enhance safeguarding could be applied.

4.66 In response to a question concerning any gaps in service provision, the Head of Adult Safeguarding felt that the correct weight of importance was attached to safeguarding and that the right processes were in place to enable swift person-centred outcome focused responses. He highlighted the need to involve individuals in safeguarding practices and ascertain what they sought from it. Information needed to be gathered rapidly to inform and personalise solutions to abuse. This could include entering people's homes to investigate allegations

if they wished. The Working Group recognised that safeguarding policies and procedures enabled people to be open in respect of abuse and aware of how and where to raise concerns.

4.67 The Berkshire Multi-Agency Policies and Procedures which were written in 2008 were now in need of review.

Personalised Support Users

4.68 Although the Working Group made significant efforts to explore the experiences of people involved in the Personalisation pilot, it succeeded in meeting only one man receiving personalised support and his wife, Mr and Mrs Y, who gave their agreement to be anonymously quoted in this report.

4.69 Mr Y, who had very limited mobility and was wheelchair bound, had suffered a stroke following a triple heart by-pass operation and now suffered from arthritis, Alzheimer's Disease and linked vascular and degenerative conditions. His heart condition prevented him from being prescribed with Alzheimer's medication.

4.70 Although Mrs Y acted as her husband's carer for much of the time, they benefitted from 15 - 20 hours full personal care each week from a support worker they appointed through the Personalisation process. The support worker, who was a local friend and not an agency employee, was much appreciated by Mr and Mrs Y and had improved their quality of life significantly, providing Mrs Y with some respite. Personalisation was felt to be a significant improvement over traditional care packages.

4.71 Mr and Mrs Y had learnt of the Personalisation scheme from an occupational therapist who felt that they would be eligible candidates for the pilot. Their needs had been assessed as part of the Personalisation process and this had included a visit from an occupational therapist, a meeting with a Personal Facilitator in Adult Social Care, and a further meeting to provide details of their situation and care needs in order for the most suitable care package to be designed. A Board agreed the amount of funding to be allocated and this was paid directly into a separate bank account.

4.72 The support worker normally provided care in 5 hour slots on 3 days per week, however, this was a flexible arrangement and the care schedule was generally agreed 1 to 2 weeks in advance. Although the support worker had previously relied on her parents and parents in-law to cover for her two week summer holiday entitlement or when her children were unwell, a change in family circumstances now prevented this and it had become necessary for Mr and Mrs Y to seek cover from a private agency as no other friends or family members were available to assist. Agencies charged a higher hourly rate than the £12 per hour paid to the support worker and any significant increase would require seeking a funding increase from the Board.

4.73 Mr and Mrs Y had experienced significant difficulties in securing agency cover care. Although the first agency with which they had been put in contact had undertaken an initial assessment, it failed to make further contact or prepare a care plan for agreement and adopted a discourteous manner when pursued. A representative of a second agency had failed to keep an appointment to undertake an assessment and it was hoped that the re-appointment on the day following the meeting would be honoured. Mrs Y felt that the Council was not in

contact with reliable agencies. Although her experiences with agencies to date had been logged by the Council, an official complaint had not been made. However, she was advised that the Council would act if other people experienced similar problems with those agencies.

4.74 When asked whether she could identify any scope for improvement in the transfer to personalised services, Mrs Y advised that she could not and that the transfer had been trouble free. Unreliable private agencies were her only cause of concern and it was not known whether it was the carers or their managers who were at fault.

Visit to West Sussex County Council

4.75 The Working Group visited West Sussex County Council to explore best practice in terms of safeguarding adults in the context of the Personalisation agenda with Sue Cart, Head of Safeguarding, and County Councillor Peter Catchpole, Cabinet Member for Adults' Services. West Sussex was selected for this purpose as it was a council which performed highly in terms of Personalisation and safeguarding adults and had been one of the thirteen national Individual Budget pilot sites and therefore had advanced 2 years further into the process than other local authorities and had access to additional support and funding. The following points arose from the discussion:

4.76 The County Council's approach to safeguarding was to enable anyone to report any concerns and to work jointly with partners on an overarching multi-agency basis to promote safeguarding and a zero tolerance to abuse. The latter message, which had accompanied the roll out of the Personalisation agenda, was thought to have contributed to the rise in the number of safeguarding referrals in West Sussex from 600 to 3,000 during the past 3 years. This had presented a challenge resulting in the need for prioritisation. Where oversensitivity and over caution had led to the reporting of many low level safeguarding issues, this was investigated in-house to establish whether a particular service area warranted action to remedy issues.

4.77 In order to facilitate an understanding of safeguarding, councillors' briefings, training and refresher sessions were provided at intervals. A CQC inspection of the County Council had found that there were high safeguarding awareness levels amongst Members and this had been made a priority. Safeguarding awareness events involving partners and the voluntary sector etc were undertaken to test understanding, provide evidence of progress in joint working and demonstrate the existence of compatible linked safeguarding systems between partners. An annual safeguarding report would be submitted to the County Council's Adult Social Care Select Committee to review the report in public raising the profile of adult safeguarding.

4.78 Self-neglect was identified as a particularly new and growing problem in West Sussex as in many local authorities. Although individuals concerned may not lack mental capacity, they may make unwise decisions culminating in the avoidance of both health and social care. The County Council had Positive Risk Enablement and Self-Neglect policies in place. The former allowed people to choose to live with a level of risk, empowering them to make informed choices and decisions about their lives, and featured assessments involving service users and staff. Concerns could be escalated to the Risk Assessment Panel and all circumstances, including mental capacity assessment, were

recorded and legal advice sought when required. A related issue was when to intervene under the Duty of Care.

4.79 The County Council had developed good partnership working with the assistance of the West Sussex Forum which promoted relationships with peers such as the voluntary sector. Relationships with local health partners had become more integrated and featured increased joint commissioning. However, there was scope for further engagement with mental health services. The new Health White Paper brought uncertainties for the future. Police resources to respond to safeguarding referrals to determine whether criminal activities had taken place were under pressure and the police were aiming to improve their performance in this area.

4.80 The population of West Sussex was 750,000 of which there were approximately 18,000 open Adult Social Care cases at any one time. The County Council managed the finances of 750 people whilst others were supported by their families. The steep rise to 3,000 safeguarding cases had now stabilised at that level. The overall Adult Social Care budget at West Sussex was £117.607m and there was a budget of £404k for the adult safeguarding team. 300 social workers and occupational therapists were employed by West Sussex and all had a role in safeguarding. There were also 118 contracted Domiciliary Care Providers. Referrals were investigated by an independent panel and there were 4 independent chairpersons to chair conferences etc. who were matched to geographical areas other than the one in which they were based to increase independence and objectivity, which could be questioned by some as they were employees of the County Council. As consultants were costly, officers from other local authorities were also utilised to carry out independent reviews on occasions.

4.81 The past 4 years had witnessed many developments including a significant public awareness campaign featuring radio broadcasts, articles in Council and local newspapers and display of information in all public places including GP practices, which had led to the increase in safeguarding referrals. Although Personalisation had generally been well received, older people tended to be less enthusiastic to take up Direct Payments as they found the associated paperwork daunting and this was an area identified for review. The Independent Living Association offered assistance with advertising for carers, CRB checks etc. to clients receiving Direct Payments. People in need of support would be advised if their intentions were not considered to be in their best interests. Individuals who had been successfully reabled and re-assessed as no longer needing services would have them withdrawn in phases and be signposted to support in the community.

4.82 Direct Payments presented financial issues for the County Council as the resulting under-utilisation of day centres meant that the Council was funding duplicated services and may need to further reduce or cease to operate its own in-house day services as individuals would commission more of what was required from outside in the future. Direct Payment bank accounts were monitored to ascertain whether social, emotional and care needs were being met appropriately. Payments would be re-assessed under circumstances where money was spent incorrectly or was accruing because services were not being bought. Saving for a relevant reason, such as the purchase of a deluxe wheelchair, was acceptable when agreed in advance with the County Council. Accruing funds could be clawed back by repayment or reduced payments in future months.

4.83 Public information was provided in respect of the closure of residential care homes due to safeguarding issues remaining unaddressed and County and District councillors were notified. The recent closure of two residential care homes owing to the arrest of the illegal immigrants operating them had presented a challenge to the County Council which had subsequently run the homes for 3 days assessing and re-homing 96 clients. Local Members had offered assistance, relatives had been notified and no complaints had been received.

4.84 Social workers were spread evenly across the County and information was cascaded on a county-wide basis. The fact that some County Councillors were also District Councillors assisted with information exchange. Chief Executives of local housing authorities and associations were members of safeguarding panels and acted as information conduits.

4.85 In pursuance of continual operational improvement, approximately 40 safeguarding audits were undertaken each month in respect of referred cases. The audits consisted of ascertaining whether practices such as compiling full chronologies were adhered to and the outcomes were considered at quarterly meetings. Safeguarding was also subject to independent audit. Self-directed support was also audited on a monthly basis to review the quality of practices and decision-making. Although services were made as safe as possible, there was a limit to what could be achieved owing to human behaviour and the audits demonstrated that all concerns had been recorded and served to reassure Members that all possible steps had been taken. Much of safeguarding consisted of managing risk and having contingency plans in place and the rigour with which children were safeguarded had been brought to adult safeguarding in West Sussex. There was sometimes a need to support workers through the process and justify why decisions had been made.

4.86 Refused services were exceptional and would cause an alert to be issued. Safeguarding referrals from day and residential care had reduced. Although referrals were often via third parties such as carers or paramedics, some care homes reported themselves which was felt to be a favourable move. Incorrect administering of medication was a problem and the absence of a care plan when a client entered a care home was a safeguarding issue. Domestic referrals such as domestic violence had increased indicating success that safeguarding information was available and being accessed by the general public.

4.87 There were 401 independent residential providers in West Sussex which were inspected by the CQC. The County Council only placed its clients in care homes with good or adequate inspection ratings and the use of homes with a poor rating would be suspended until they improved. The Council worked with the CQC and alerted other local authorities to poor service provision. Whilst some care homes had previously experienced difficulties in recruiting registered nurses, this was not the case in the current local employment market which was competitive and included many foreign employees, although associated language and culture differences could present problems.

4.88 An issue in West Sussex was people previously able to fund their own care finding their funds depleted and turning to the Council for support. The West Sussex Forum had developed a financial planning pack to remedy this. The pack consisted of assessment by the Council to ascertain whether people were

genuinely in need of residential care at that stage or whether a suitable alternative could be found. Such alternatives could be down sizing their home to free funds or making use of the 'Home Share' scheme where a matched social worker or other professional could be a lodger and administer some care.

4.89 Safer recruitment practices were operated by the County Council which included mandatory CRB checks on social workers. There were cross-Sussex synergies between the Council, the NHS, probation service and police and the 'Think Family' approach had been adopted around probation issues as ex-offenders could present risks in the home to vulnerable family members.

4.90 Ownership and personal responsibility were felt to be beneficial safeguarding qualities and councillors demonstrating interest, enthusiasm, commitment and responsibility assisted staff and promoted a positive culture. The Council sought to involve Members and the public as much as possible. Members were aware of services and facilities in their particular area and wished to be briefed on relevant developments.

4.91 Care needed to be taken to ensure that commissioning and contracting arrangements were safe. As GPs would assume responsibility from Primary Care Trusts for commissioning many health services in the future, consideration needed to be given to how the County Council would engage and work with GPs. The County Council could receive individual health care budgets, including mental health, in the future and gain prescripted funding to fund drugs and assessments which would require the involvement of GPs. Consortia of GPs would develop in West Sussex. These factors would impact on safeguarding and changes to arrangements would become necessary.

5. Conclusions

From its investigations, the Working Group concludes that:

5.1 Personalisation is felt to be a significant improvement over traditional care packages and provision of care by family members or friends appears to be the most successful arrangement. There has been an extremely positive response to the Personalisation pilot and those involved have reported positive outcomes for themselves and their family carers together with both mental and physical health benefits of having personalised support arrangements. Most people reported that they have more dignity and control in their lives and support arrangements, have a better social life and better relationships with their family and friends and that they feel safer in the home and out and about. No one identified any negative impact of having a personal budget, however, elderly people tend to have less enthusiasm for Personalisation than their younger peers as they have become accustomed to traditional care packages with which they feel comfortable.

5.2 Although there are no reported issues with the Personalisation approach in Bracknell Forest, concerns around the ability to recruit / employ personal assistants and difficulties in obtaining reliable and consistent agency care services have been identified as possible issues to be addressed.

5.3 Bracknell Forest's adult safeguarding policies and procedures, including contingency planning, risk management, safe recruitment practices and increased investment in safeguarding to embed it in the culture of the Council, appear to be sufficiently robust with sophisticated and effective measures in place. However, it is not always possible to proactively safeguard and eradicate all abuse and therefore positive risk taking is key to providing person-centred support for people and a balance must be struck between protection and risk.

5.4 Financial abuse is a concern as it is growing nationally and one of the most difficult to prevent. The Working Group also has concerns around young adults with mild Learning Disabilities being adversely influenced and taken advantage of (paragraph 4.61), and is pleased that the Anti Exploitation Group has been established to tackle this.

5.5 Some adults may choose to disengage from service provision, but by raising awareness of safeguarding and adult abuse issues, including actions to be taken in response to related concerns, the Council, partner agencies and the wider community may minimise cases of abuse.

5.6 Training is key in all areas, including the independent sector, for the successful implementation of the safeguarding agenda. This not only includes training for staff who have a safeguarding role and are aware of how to respond but also general awareness training for all workers who have contact with vulnerable adults. Training and the standard of safeguarding generally could be assisted by having a manual similar to the 'Safeguarding Toolkit' issued by the Bracknell Forest Local Safeguarding Children Board.

5.7 Although individual budgets have been perceived by some people as an increased safeguarding risk, statistics have found that the majority of cases of

abuse occur in people's own homes and are perpetrated by someone that they know, which do not give grounds for this concern.

5.8 High safeguarding awareness levels, interest, commitment and personal responsibility amongst Members and the public are considered to be beneficial to protect vulnerable adults from abuse and create a positive, open and transparent culture.

5.9 Reliance on paid services alone is not possible and mainstream services and activities such as leisure centres should be encouraged to offer greater support to vulnerable people using their facilities.

5.10 The 30% reduction in adult safeguarding referrals owing to people not being placed in some local poorly performing homes and the roll out of a training programme to 94% of providers to raise awareness and increase confidence to judge the appropriate response to an event, has addressed 2 issues raised by the CQC in Bracknell Forest's 2009/10 performance assessment. However, following a review of CQC 2009 themed inspections, CQC has identified individual involvement as an area in need of improvement nationally to enable people to have greater input into safeguarding services.

5.11 Demographic changes indicate that an increasing number of people will be living longer with conditions such as dementia, chronic illnesses and Learning Disabilities resulting in an increase in the number of potentially vulnerable adults in need of safeguarding in the community.

5.12 Many local authorities, including West Sussex County Council, have attached the rigour with which children are safeguarded to adult safeguarding and this has included introducing independent persons to chair safeguarding referral conferences.

5.13 Although the NHS has signed up to safeguarding policies and procedures, they are not yet embedded in its working practices as evidenced by low referral rates.

6. Recommendations

It is recommended to the Executive Member for Adult Services, Health and Housing that:

6.1 Secure, reliable, safe and consistent personalised care services be provided for users by public, private and independent providers; and that these providers be monitored appropriately at all times;

6.2 People who are purchasing their own care support through Direct Payments continue to be made aware of the arrangements for the management of adult safeguarding in Bracknell Forest to enable them to access assistance and advice through the appropriate channels;

6.3 Adult safeguarding training and awareness raising be continued in all sectors, including the independent sector, to ensure the successful implementation of the safeguarding agenda;

6.4 Financial abuse and the adverse influencing of young adults with mild Learning Disabilities continue to be monitored to ascertain whether sufficient action is being taken to tackle these issues;

6.5 Mainstream services and activities such as those offered by leisure centres operated by the Council be encouraged to continue to offer greater support to vulnerable people using their facilities in place of traditional day services;

6.6 In line with the CQC recommendation, individual involvement to enable people to have greater input into safeguarding services be improved;

6.7 Increased flexibility and independence be incorporated into safeguarding reviews featuring the involvement of and / or conference chairing by someone independent of the team the subject of the case review, such as the Council's Head of Adult Safeguarding or a cost free reciprocal ad hoc arrangement with another local authority;

6.8 Members be made aware of adult safeguarding services, facilities and issues in their particular area and be briefed on relevant developments to raise safeguarding awareness levels to protect vulnerable adults from abuse and create a positive, open and transparent culture;

6.9 the NHS continue to be encouraged and supported to embed modernised empowering adult safeguarding in its working practices; and

6.10 Consideration be given to devising an Adult ‘Safeguarding Toolkit’ similar to that issued by the Bracknell Forest Local Safeguarding Children Board.

7. Glossary

CQC	Care Quality Commission
CRB	Criminal Records Bureau
Direct Payment	One of a number of ways of accessing the Individual Budget
GP	General Practitioner
Individual Budget	The money at a person's disposal to plan their support
LD	Learning Disabilities
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
NHS	National Health Service
Personal Budget	An allocation from the Council to an individual eligible for social care support based on an assessment of need. The individual can use this allocation in the most appropriate way to meet his / her support needs, either by deciding what services the Council should provide, or, if he / she would like to obtain the services him / herself, by receiving a Direct Payment.
PF	Personal Facilitator

APPENDIX 1

'In Control' Pilot Briefing

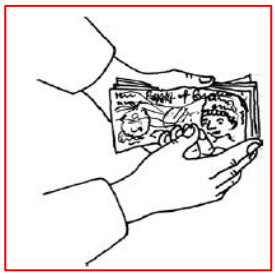
What is In Control?

In Control is about disabled people getting control over their support – and their lives.

What is an Individual Budget?

An Individual Budget is the amount of money the Council will give to a person to pay for the support they need to live safely. Each person should know how much money the Council thinks they need before they start planning.

How you can have the Individual Budget?



1. Direct Payment: The money goes straight into the person's bank account and they look after it. They arrange their own support in the way the persons Support Plan says. The individual keeps information about how they have spent the money to show the Council. Help can be provided to do all this.

2. Indirect Payment: The money goes to the Agent -someone who agrees to act on the persons behalf. The Agent spends the money on the support the person needs.

3. A Trust: A Trust is a group set up to act for the person. The Council has a contract with the Trust. Support money goes into the Trust's bank account. The Trust arranges the support in the way the Support Plan says.

4. Broker: The individual can pay an independent broker to control the money on their behalf and also pay a broker to arrange all or part of their package i.e. like finding a person the right place to live.

5. Individual Service Fund: The individual can ask a Provider Service to manage the money and organise all their care and support for them. They will do this in the way that the person wants, and will have a special account just for the person. They will charge the individual a "fee" to do this, which can be paid for from the allocation.

6. Care Management: If the person does not want to arrange their own support, or do not have anybody to help them with this, then they can still have a Support Planner to do this for them.

People can have their individual budget in one of the above ways, or as a combination – e.g. a small proportion as a Direct Payment, the rest of the support arranged by the Council.

Safeguarding and In Control:

Key Principles:

- Everybody takes risks in their lives. This helps people to learn about life.
- A lot of things that people enjoy doing are a bit risky.
- When people take risks, they plan carefully to make the risk as low as possible.

- Some people may need help to plan in this way.

- We must all work together to help people do the things they want to do as safely as possible.

- How people will be supported to take risks safely should be included in the Support Plan.

Risks Associated with In Control:

- Individuals will spend their budget on things they shouldn't.

- Individuals will spend their money in a way that their budget runs out too early and will therefore ask the Council for more money to meet their needs.

- Individuals do not spend their money on needs and save the money up.

- Individuals monies are misappropriated by third parties.

- Individuals may choose people to support them who may be a risk to them.

- Or the persons chosen to support the individual do not or are not able to meet the person's needs.

- Individuals chosen support will not turn up to support them (e.g. sick).

Some Safeguards / Support:

- The individual budget is to be spent on what is identified in the Support Plan.

- People are supported to develop a Support Plan that identifies how they want their needs met and how their budget will be spent to achieve this.

- When setting up Direct Payments, CRB checks are offered to those people who are going to employ their own support workers.

- Advice and support can be provided when employing peoples own support workers including: advertising / recruiting / employment advice, payroll, insurance, appropriate uses for the money and accounting.

- The Support Plan should include some contingency planning. For example, if a Support Worker is unwell or leaves there are other people already in place who support / can support the individual.

- Throughout the year the finance officer will receive quarterly returns from the person receiving the direct payment and they will monitor the amount of money in the account.
- Effective risk assessment and risk management planning is part of the Support Plan.

- When a Support Planner is no longer needed by the individual they will take reasonable steps to make sure that the person concerned has the right information about who to contact if they feel they are being abused in the future.

- All People who receive support should have their care package / support reviewed on an at least an annual basis.

- During the review the Support Planner will discuss how well the individual is coping with their budget, whether they need any further support.

APPENDIX 2

What individuals and carers said about Personalisation

"Personalisation is the best thing that has happened to me."

"Personalisation is the most positive thing that has happened in my life for years."

"The Personal Facilitator is great – everyone should be assigned one."

"The Personal Facilitator has been a great help. They have taken all the worries and stresses away. Before the Personal Facilitator came along my experience was not a good one."

"There needs to be more time spent on raising awareness."

"It would be good to link up with other Councils. My mum is in a neighbouring borough and she didn't know about this (Personalisation)."

"I think it's really good and it works well."

"The Personal Facilitator was good but wasn't available all the time."

"I'm finding locating things in my area (Sandhurst) difficult."

"Finally – I can pee when I want to!"

"I think it's (Personalisation) good and it works really well."

"The Council have done well."

"I have nothing but praise, everyone was so good and helpful."

"I'm so glad we took part. It has made such a difference to our lives. I would have gone insane without this."

"We are very happy with the scheme and have gone into it 100%. We've even been involved in a video plugging it. It gives disabled people a chance to take responsibility for themselves. It has improved our quality of life."

What other stakeholders said about Personalisation

"This (Personalisation) is really going to change the provider market. We have seen referrals for some of our services rise dramatically – most referrals are from the Personalisation Team." (Voluntary organisation)

"Personalisation is really positive when it works for people but some people and families are really confused about budgets and making contributions." (Voluntary organisation)

"The Personal Facilitators are clearly motivated by enabling people to have real choice and control, their genuine approach to Personalisation is a real asset." (Member of staff)

"The Personal Facilitators have been helpful and understanding."

"They (PFs) have been very dedicated and thorough in dealing with their clients."

"There has been plenty of opportunity to meet with them (Personalisation Team) and fed back to them."

What the Personalisation Team said about Personalisation

"Everyone has enjoyed working on the pilot but it has been incredibly stressful because of the uncertainty with processes – but it couldn't have been done another way. It's a steep learning curve for everyone."

"There are lots of things that we have to address but Personalisation is the way forward."

"The most rewarding thing is helping people in the most creative ways to get the support that they want."

"I've really enjoyed having the opportunity to get to know people (individuals) and their families well."

"People are the experts in themselves and this puts people in control."

"It's great to have real options to put to people."

"We have been able to find out so much about people, their life and what is important to them."

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ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
12 OCTOBER 2010

OVERVIEW AND SCRUTINY PROGRESS REPORT

Assistant Chief Executive

1 INTRODUCTION

1 This report sets out the Overview and Scrutiny (O&S) activity over the period February to August 2010, also the significant national and local developments in O&S.

2 SUGGESTED ACTION

2.1 That the Adult Social Care Overview and Scrutiny Panel notes the Overview and Scrutiny activity over the period February to August 2010, set out in section 3 and Appendices 1 and 2.

2.2 That the Adult Social Care Overview and Scrutiny Panel notes the developments in Overview & Scrutiny set out in section 4.

3 SUPPORTING INFORMATION

(i) Overview and Scrutiny Activity

Changes to Overview and Scrutiny

3.1 Consequent on the reduction in the O&S officer team, various changes were decided upon by the O&S Commission on 28 January. These have included: a reduction in the frequency of O&S Progress reports to CMT and O&S Members from quarterly to six monthly; reductions in the frequency of public meetings, also reductions in the O&S Work programme. The changes have been implemented, and the O&S Commission has asked for a review of these new arrangements during 2010-11. The reduction in frequency of meetings has aligned the production of quarterly Performance Monitoring Reports with the O&S Commission's meetings, but it is causing some difficulties synchronising the PMR's with the Panel meetings, which are now every four months.

Overview and Scrutiny Working Groups

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

Partnership Scrutiny

3.3 Good progress has been made with implementing the agreed approach to partnership scrutiny. The round of questionnaires and meetings with the Theme Partnerships is almost complete, with the final meeting in October. The Partnership Overview and Scrutiny Group held its third meeting on 14 May 2010.

3.4 Representatives of the Audit Commission met the Chairman of the O&S Commission and the Head of O&S on 3 February to enquire about O&S of the Bracknell Forest Partnership, as part of the Comprehensive Area Assessment process.

3.5 We put forward an entry for the Centre for Public Scrutiny's 'Good Scrutiny Awards' based on our joint working in the field of partnership scrutiny, and received a commendation. The judges said they shortlisted Bracknell Forest Council, *'because the group has created a powerful, independent and respected resource which is able to feed into the development of strategic planning. It also shows a commitment to partnership working and to the continuous development of scrutiny'.*

3.6 Over the next quarter, officers will draw together the results of the partnership scrutiny work in the Commission, the O&S Panels, and the Partnership O&S Group. This will be used to compile an annual report of that group as required in its terms of reference.

Overview and Scrutiny Commission

3.7 The O&S Commission now meets on a quarterly cycle. At its last meeting on 15 July, the main items considered were: receiving a progress update on the Bracknell Healthspace from NHS Berkshire East; considering and adopting the O&S Working Groups' reports on Preparedness for Public Health Emergencies, Housing and Council Tax Benefits, the Supporting People programme, and the Council's Response to Severe Weather; and reviewing the Performance Monitoring Reports for the Chief Executive's Office and Corporate Services Department, also the Corporate Performance Overview Report for quarter four (January to March) of the 2009/10 financial year. The O&S Commission's next meeting is on 28 October.

Environment, Culture and Communities O&S Panel

3.8 The Panel now meets on a four-monthly cycle. It last met on 22 June, and the main items included: electing a Chairman and appointing a Vice Chairman; considering the Department's Performance Monitoring Report for quarter four; and considering the O&S Working Groups' reports on Preparedness for Public Health Emergencies, Housing and Council Tax Benefits, the Supporting People programme, and the Council's Response to Severe Weather. The Panel's next meeting is on 5 October.

3.9 Additional to the work in the Panel and in its Working Groups, the Panel Chairman and a member of the O&S officer team have been involved, in an observer capacity, in an O&S review by Reading BC of the waste recycling contract.

3.10 As a number of this Panel's working groups have recently completed their reviews, there is some scope and capacity to undertake further work, and arrangements are in hand to resume the review of Highway Maintenance. Additionally, Members are likely to be involved in a Member reference group currently being established to explore opportunities for commercial sponsorship income from roundabouts and other means.

Health O&S Panel

3.11 The Panel now meets on a four-monthly cycle. At its last meeting on 17 June, the Panel elected a Chairman and appointed a Vice Chairman, and other key items included: receiving a presentation on the transfer of Community Health Services from NHS Berkshire East; considering the report of the working group on Preparedness for Public Health Emergencies; reviewing the position on the Bracknell Healthspace, and noting the draft minutes for the Joint East Berkshire Health Overview and Scrutiny

Committee meeting on 30 March 2010. The Health O&S Panel's next meeting is on 7 October.

3.12 We have recently secured the agreement of the Chief Executives of the six NHS Trusts serving Bracknell Forest to our updated Health Scrutiny Protocol, summarising the legal and operational framework, and setting out the respective responsibilities of the Trusts and the O&S Panel. In reaching this agreement, we have had some quite complimentary remarks from the Chief Executives, for example:

- *'I am very happy to sign up to the requirements.....I welcome the opportunity to work closely with the Overview and Scrutiny Panel to ensure we are listening and responding to our local community'* (CEO Royal Berkshire Hospital)
- *'I have now reviewed the code of practice that you sent through. It is the only one I have seen and as you know SCAS covers an area with quite a number of HOSCs. It is an extremely helpful and welcome document and one I would certainly like to see adopted as good practice in other areas.'* (CEO South Central Ambulance Service).

Children, Young People and Learning O&S Panel

3.13 The Panel now meets on a four-monthly cycle. At its last meeting on 30 June the Panel elected a Chairman and appointed a Vice Chairman. The main items considered by the Panel included: the annual reports of the Independent Reviewing Officer and Children's Social Care Complaints; receiving progress reports on new youth facilities in South Bracknell and the Playbuilder project; and receiving an update on the Working Group reviewing arrangements for safeguarding children. The Panel's next meeting is on 27 October.

Adult Social Care O&S Panel

3.14 The Panel now meets on a four-monthly cycle. At its last meeting on 8 June, the Panel elected a Chairman and appointed a Vice Chairman. The main items considered by the Panel included: meeting officials from the Care Quality Commission to discuss the new role for local authorities to comment on service performance; receiving the annual report on adult social care complaints; and receiving update presentations on the Departmental Service Plan, the Carer's Service, and the Personalisation Pilot. The Panel's next meeting is on 12 October.

Joint East Berkshire Health O&S Committee

3.15 This Committee now meets on a four-monthly cycle, rotating between the three Councils' venues. Bracknell Forest Council has assumed Chairmanship and officer support for this Committee for the 2010/11 municipal year. The last Committee meeting was on 16 June in Slough, when the Committee: elected a Chairman and appointed two Vice Chairman; appointed co-optees from Runneymede Borough Council and the three Local Involvement Networks; received a presentation from the Director of Public Health; received an update on the Working Group reviewing car parking charges at NHS Establishments; received an update on the budgetary position of Heatherwood and Wexham Park Hospitals Trust; and conducted the annual review of the Committee's terms of reference. The Committee's next meeting is on 6 October 2010 at Wexham Park Hospital.

Other Overview and Scrutiny Issues

3.16 Responses to the feedback questionnaires on the quality of O&S reviews are summarised in Appendix 2, showing a consistently high score across the various questions posed.

3.17 Four-monthly review and agenda-setting meetings between O&S Chairmen, Vice Chairmen, Executive Members and Directors are taking place regularly for the Panels (quarterly for the O&S Commission).

3.18 External networking on O&S in the last six months has included Members and an officer attending the South Central Health O&S Committees meeting on 20 July in Winchester, and Members and officers attending the Centre for Public Scrutiny's annual conference.

3.19 Efforts were made to recruit to the vacancies of Parent Governor, Children's Social Care representative, Catholic Church representative and teacher representative in June. This resulted in one vacancy being filled. The other vacancies will be re-advertised in six months time.

3.20 The O&S Annual Report was adopted by Council on 21 April.

4 (ii) Developments in O&S

4.1 The O&S provisions in the Local Democracy, Economic Development and Construction Act commenced in the period. The two new requirements on O&S have been addressed by: the Deputy Chief Executive being appointed as the statutory Scrutiny Officer; and Council adopting a new petitions scheme at its meeting on 21 July, which includes a new role for Overview and Scrutiny to review any petitions where the petitioner is not content with the Council's response.

4.2 The monitoring of the O&S function is carried out by the statutory Scrutiny Officer on a quarterly basis, who has commented that good progress has been made on the agreed programme of work by Overview and Scrutiny in the last six months and the quality of the work done continues to be high.

4.3 The regulations and guidance for the O&S provisions in the Local Government and Public Involvement in Health Act 2007 are still awaited, despite the Act having commenced on 1 April 2009. CLG is continuing to work with the Centre for Public Scrutiny to develop these.

4.4 The Government's consultation entitled *'Strengthening Local Democracy',* which the Council responded to, resulted in the previous government supporting a Private Member's Bill to extend the remit of O&S. The Private Member's Bill failed to survive its third reading debate.

4.5 The Government has published a major White Paper on the NHS, with a series of consultation documents, one of which proposes a complete change to local authority O&S of NHS services. Arrangements are being made to ensure that O&S Members' views are reflected in the Council's response to the consultation.

4.6 A new approach to improving public engagement was agreed by the O&S Commission, in consultation with the Leader and Chief Executive. This is in the course of being implemented, and has included the design and issue of a new publicity 'flyer' explaining the role of O&S and encouraging greater involvement

Background Papers

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

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OVERVIEW AND SCRUTINY WORKING GROUPS – 2010/11
Position at 3 August 2010

Overview and Scrutiny Commission								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
The Council's response to the severe weather	Finnie, Harrison, Turrell	Vincent Paliczka	None	√	√	√		Sent to the Leader on 20 July

Adult Social Care Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Safeguarding Vulnerable Adults - Personalisation	Mrs Fleming, Turrell (Lead Member), Leake, Edger and Mrs Shillcock	Zoe Johnstone	Andrea Carr	√				Information gathering nearing an end

Environment, Culture and Communities Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Supporting People - Monitoring	Mrs. Shillcock (Lead) & Mrs. Fleming	Simon Hendey / Clare Dorning	Andrea Carr	√	08/09 √ (Annual monitoring)	08/09 √ (Annual monitoring)		Sent to the Executive Member on 21 July
Review of Highway Maintenance **[On hold]**	Mclean (Lead) Beadsley, Brossard, Leake and Parish and Town Councillors: Edwards (Binfield) Kensall (Bracknell) Withers (Crowthorne) Mrs Cupper (Sandhurst)	Steve Loudoun	Richard Beaumont	√	The Commission decided on 28 January to suspend this review until other O&S reviews have been completed and resources become available. This is now expected to be in September 2010.			The Group has now met three times. The scoping document has been agreed, also a report to the Panel on the highways maintenance budget reduction.

Health Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Preparedness for Public Health Emergencies	Burrows (Lead), Mrs. Angell, Thompson. Mrs. Mattick	David Steeds	Andrea Carr	√	√	√		Sent to the Executive Members on 22 July
Bracknell Health Space (Reconvened)	Virgo (lead) Mrs Angell, Baily, Leake, Mrs Shillcock	Glyn Jones/ Mary Purnell	Richard Beaumont					First reconvened meeting arranged for 5 August

Joint East Berkshire Health Overview and Scrutiny Committee								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Hospital Car Park Charges	Plimmer (Slough, Lead member), Virgo, Endacott (RB W&M) Jacky Flyn (LINK)	TBC	Andrew Millard (Slough BC)	√	√			

Children's Services and Learning Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	DRAFT REPORT / SUBMISSION	FINAL REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Safeguarding Children	Cllrs Mrs McCracken (Lead) , Mrs Birch, Mrs Angell, and Kensall. Miss V Richardson, Mrs P Ridgway	Penny Reuter	Richard Beaumont	√				Information gathering about 1/3 completed

Completed Reviews

Publication Date	Title
December 2003	South Bracknell Schools Review
January 2004	Review of Adult Day Care Services in Bracknell Forest (Johnstone Court Day Centre & Downside Resource Centre)
May 2004	Review of Community & Voluntary Sector Grants
July 2004	Review of Community Transport Provision
April 2005	Review of Members' Information Needs
November 2005	The Management of Coronary Heart Disease
February 2006	Review of School Transfers and Performance
March 2006	Review of School Exclusions and Pupil Behaviour Policy
August 2006	Report of Tree Policy Review Group
November 2006	Anti-Social Behaviour (ASB) – Review of the ASB Strategy Implementation
January 2007	Review of Youth Provision
February 2007	Overview and Scrutiny Annual Report 2006
February 2007	Review of Library Provision
July 2007	Review of Healthcare Funding
November 2007	Review of the Council's Health and Wellbeing Strategy
December 2007	Review of the Council's Medium Term Objectives
March 2008	2007 Annual Health Check Response to the Healthcare Commission
April 2008	Overview and Scrutiny Annual Report 2007/08
May 2008	Road Traffic Casualties
August 2008	Caring for Carers
September 2008	Scrutiny of Local Area Agreement
October 2008	Street Cleaning
October 2008	English as an Additional Language in Bracknell Forest Schools

Publication Date	Title
April 2009	Overview and Scrutiny Annual Report 2008/09
April 2009	Healthcare Commission's Annual Health Check 2008/09 (letters submitted)
April 2009	Children's Centres and Extended Services in and Around Schools in Bracknell Forest
April 2009	Older People's Strategy
April 2009	Services for People with Learning Disabilities
May 2009	Housing Strategy
July 2009	Review of Waste and Recycling
July 2009	Review of Housing and Council Tax Benefits Improvement Plan
December 2009	NHS Core Standards
January 2010	Medium Term Objectives 2010/11
January 2010	Review of the Bracknell Healthspace
January 2010	14-19 Years Education Provision
April 2010	Overview and Scrutiny Annual Report 2009/10
July 2010	Review of Housing and Council Tax Benefits Improvement Plan (Update)

Appendix 2

Results of Feedback Questionnaires on Overview and Scrutiny Reports

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

	Average score for previous 11 Reviews[1]
PLANNING Were you given sufficient notice of the review?	**2.8**
Were your comments invited on the scope of the review, and was the purpose of the review explained to you?	**2.9**
CONDUCT OF REVIEW Was the review carried out in a professional and objective manner with minimum disruption?	**2.7**
Was there adequate communication between O&S and the department throughout?	**2.7**
Did the review get to the heart of the issue?	**2.6**
REPORTING Did you have an opportunity to comment on the draft report?	**2.9**
Did the report give a clear and fair presentation of the facts?	**2.5**
Were the recommendations relevant and practical?	**2.5**
How useful was this review in terms of improving the Council's performance?	**2.6**

[1] Road Traffic Casualties, Review of the Local Area Agreement, Support for Carers, Street Cleaning, Services for Adults with Learning Disabilities, English as an Additional Language in Schools, Children's Centres and Extended Services, Waste and Recycling, Older People's Strategy, Review of Housing and Council Tax Benefits Improvement Plan, and 14-19 Education.

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
12 OCTOBER 2010

OVERVIEW AND SCRUTINY WORK PROGRAMME 2011/12

Assistant Chief Executive

1 INTRODUCTION

The purpose of this report is to invite Members of the Adult Social Care Overview and Scrutiny Panel to consider and suggest review items to be added to the Panel's draft indicative work programme for 2011/12, which is attached at Appendix 1 to this report. The indicative work programme will be included in the 2010/11 Annual Report of Overview and Scrutiny and will be adopted by the Overview and Scrutiny Commission once it has formally consulted the Corporate Management Team and the Executive thereon, as required by the Council's Constitution.

2 SUGGESTED ACTION

2.1 **That the Adult Social Care Overview and Scrutiny Panel considers and suggests review items to be added to the Panel's draft indicative work programme for 2011/12.**

Background Papers

None

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Appendix 1

Work Programme for Overview and Scrutiny in 2011/12

The work programme for Overview and Scrutiny in 2011/12 is aimed at maintaining a strategic and coordinated work programme based on major areas of Council and partner organisations' activity, of direct and significant interest to residents. The programme incorporates the routine, on-going work of Overview and Scrutiny and the completion of reviews currently underway. It proposes a limited number of new Overview and Scrutiny reviews which are seen to be timely, relevant, significant and likely to add value.

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL	
1.	**Monitoring the performance of the Adult Social Care and Health Department** To include on-going review of the Performance Monitoring Reports, receiving statutory plans and reports (such as the annual reports on complaints received) and monitoring the action taken by the Executive to earlier reports by the Panel.
2.	**Exercising pre-decision scrutiny by reference to the Executive Forward Plan**
3.	**2012/13 Budget Scrutiny** To review the Council's Adult Social Care budget proposals for 2012/13, and plans for future years.

Note – This programme may need to be amended to meet new requirements arising during the year.

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL
12 OCTOBER 2010

EXECUTIVE FORWARD PLAN ITEMS RELATING TO ADULT SOCIAL CARE

Assistant Chief Executive

1 INTRODUCTION

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

2 SUGGESTED ACTION

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

3 SUPPORTING INFORMATION

3.1 Consideration of items on the Executive Forward Plan alerts the Panel to forthcoming Executive decisions and facilitates pre-decision scrutiny.

3.2 To achieve accountability and transparency of the decision making process, effective Overview and Scrutiny is essential. Overview and Scrutiny bodies are a key element of Executive arrangements and their roles include both developing and reviewing policy; and holding the Executive to account.

3.3 The power to hold the Executive to account is granted under Section 21 of the Local Government Act 2000 which states that Executive arrangements of a local authority must ensure that its Overview and Scrutiny bodies have power to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the Executive. This includes the 'call in' power to review or scrutinise a decision made but not implemented and to recommend that the decision be reconsidered by the body / person that made it. This power does not relate solely to scrutiny of decisions and should therefore also be utilised to undertake pre-decision scrutiny.

Background Papers

Local Government Act 2000

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ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

EXECUTIVE WORK PROGRAMME

REFERENCE	I021175

TITLE: Preferred Providers List Community Meals

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: 18 Oct 2010

REFERENCE	I025328

TITLE: Autism Joint Commissioning Strategy

PURPOSE OF DECISION: In response to the National Autism Strategy, it is a duty for local areas to develop a Joint Autism Commissioning Strategy for adults with autism.

The decision is for the Executive to agree the proposed drafted Commissioning Strategy.

FINANCIAL IMPACT: Potential Financial Implications which will be outlined in the report.

WHO WILL TAKE DECISION: Executive

PRINCIPAL GROUPS TO BE CONSULTED: Providers, Carers, Mencap, Berkshire Autistic Society, individuals that use the service

METHOD OF CONSULTATION: Letter
Meeting(s) with interested parties
Presentation
Public Meeting

DATE OF DECISION: 29 Mar 2011

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