

**NOTE - this meeting will be preceded by closed induction sessions in respect of Health at 6:00 pm and Adult Social Care at 6:45 pm in the Council Chamber. Sandwiches will be provided.**



## **NOTICE OF MEETING**

### **Adult Social Care Overview and Scrutiny Panel**

**Tuesday 14 June 2011, 7.30 pm**

**Council Chamber, Fourth Floor, Easthampstead House, Bracknell**

#### **To: ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL**

Councillors Allen, Baily, Blatchford, Brossard, Harrison, Mrs Temperton, Turrell, Virgo and Ms Wilson

**cc: Substitute Members of the Panel**

Councillors Ms Brown, Finch, Kensall and Mrs McCracken

ALISON SANDERS  
Director of Corporate Services

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Published: 6 June 2011



**Adult Social Care Overview and Scrutiny Panel  
Tuesday 14 June 2011, 7.30 pm  
Council Chamber, Fourth Floor, Easthampstead House,  
Bracknell**

**AGENDA**

Page No

1. **ELECTION OF CHAIRMAN**

2. **APPOINTMENT OF VICE-CHAIRMAN**

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

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

4. **MINUTES AND MATTERS ARISING**

To approve as a correct record the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel meeting held on 10 January 2011.

1 - 6

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

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

6. **URGENT ITEMS OF BUSINESS**

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

7. **SOUTHERN CROSS CARE HOMES**

Further to recent media reports containing issues associated with the above care homes, a verbal update in respect of the local position will be provided.

**PERFORMANCE MONITORING**

8. **PERFORMANCE MONITORING REPORT (PMR)**

To consider the latest trends, priorities and pressures in terms of departmental performance as reported in the PMR for the fourth quarter of 2010/11 (January to March 2011) relating to Adult Social Care.

7 - 44

*Panel members are asked to give advance notice to the Overview and Scrutiny Team of any questions relating to the PMR where possible.*

**Please note this is a revised version of the Adult Social Care PMR.**

9. **ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT APRIL 2010 - MARCH 2011**

The 2010/11 Annual Report of the Complaints Manager for Adult Social Care is attached for the Panel's consideration.

45 - 60

**OVERVIEW AND POLICY DEVELOPMENT**

10. **THE REFRESHED COMMISSIONING STRATEGY FOR ADULTS WITH A LEARNING DISABILITY 2008-13 - 'MAKING CHOICES, BEING IN CONTROL'**

To consider the attached Refreshed Commissioning Strategy.

61 - 118

11. **EXECUTIVE RESPONSE TO 'STAYING SAFE' - THE REPORT OF THE REVIEW OF SAFEGUARDING ADULTS**

To consider the response of the Executive to the report of a working group of this Panel which reviewed safeguarding adults in the context of the personalisation of Adult Social Care.

119 - 126

12. **WORK PROGRAMME 2011/12**

To consider the proposed work programme for the Adult Social Care Overview and Scrutiny Panel for 2011/12 and select Members to progress the specific reviews in the work programme for the Panel.

127 - 134

**HOLDING THE EXECUTIVE TO ACCOUNT**

13. **EXECUTIVE FORWARD PLAN**

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

135 - 138

**Date of Next Meeting**

The next meeting of the Adult Social Care Overview and Scrutiny Panel has been arranged for Tuesday 11 October 2011.

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**ADULT SOCIAL CARE OVERVIEW AND  
SCRUTINY PANEL  
10 JANUARY 2011  
7.30 - 9.06 PM**



**Present:**

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

**Executive Member:**

Councillor Birch

**Apologies for absence were received from:**

Councillor Ms Wilson

**Also Present:**

Councillor Edger

Simon Broad, Head of Adult Safeguarding

Andrea Carr, Policy Officer (Overview and Scrutiny)

Mark Gittins, Performance Manager

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

**25. Minutes and Matters Arising**

**RESOLVED** that the minutes of the meeting of the Adult Social Care Overview and Scrutiny Panel held on 12 October 2010 be approved as a correct record, and signed by the Chairman.

Arising from the minutes, training would be arranged for Councillors in relation to Deprivation of Liberty Safeguards, the Mental Capacity Act and Safeguarding Adults as part of the 2011/12 Member Briefing Seminar programme.

**26. 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.

**27. Urgent Items of Business**

There were no urgent items of business.

**28. 2011/12 Draft Budget Proposals**

The Director of Adult Social Care and Health presented a report on the key themes and priorities for the Adult Social Care and Health Department as outlined in the Council's Draft Budget Proposals for 2011/12. The key themes included draft budget pressures, draft budget savings, draft budget net position, capital spend, staffing

implications, and fees, charges and other income. The Panel was advised that there was a need to identify further savings in excess of £1m in addition to those included in the budget proposals due to the lateness, complexity and scale of reduction of the Provisional Local Government Finance Settlement.

Draft budget pressures included purchased care for Adult Social Care for young people reaching adulthood, increasing numbers of older people and those with dementia, increasing numbers of people with long term conditions, and support for carers. Draft budget pressures consisted of £809,000 altogether.

Draft budget savings included improved commissioning in relation to residential and supported living costs, drugs and alcohol, the meals at home service and the resettlement service. The subsidy in relation to the meals at home service had been removed. The residential home at 8 Portman Close had been de-registered resulting in a reduction in support costs. A joint rehabilitation service was now being provided on behalf of the Primary Care Trust (PCT). There had been a 6% saving last year in relation to the consolidated rate for domiciliary care, and greater contributions regarding continuing health care.

Mobile working, and therefore spending less time in the office, had enabled staff in Adult Social Care to undertake visits more frequently. A vacant post had been deleted in relation to day opportunities. Some buildings would possibly be affected by the maintenance programme. The total draft budget savings were estimated at £1,382,000, leaving the net position at £573,000 once the budget pressures totalling £809,000 had been accounted for.

There were no major capital developments planned from the Corporate Capital Programme at present. The personal Adult Social Services Capital Grant of £183,000, designed to support the three key areas of personalisation, reform and efficiency, was unallocated at present. A Section 88 transfer had been undertaken in relation to the Learning Disability Grant of £7,764,000. The net position had been increased by income streams.

The PCT had contributed funding of £175,000 for re-ablement enhancing and end of life care. Next year the NHS funding for social care would be £961,000. Work was being undertaken with the PCT to agree how to use this funding to improve support and services. There would be increasing opportunities for joint working with the health sector and other organisations such as bordering local councils. There had been no reduction in Adult Social Care services as a consequence of the budget savings which resulted from work over the past two years to identify efficiencies and adopt improved working practices.

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

- The current year budget saving relating to additional support for carers had not resulted in any service reduction and had been achieved through use of the Council's Ladybank service and other providers reducing the need to purchase respite care services from external providers. An increase in the range of support for carers created a budget pressure of £100,000 in 2011/12.
- Focus had been given to improving purchasing amongst other cost saving exercises.
- A budget pressure of £709,000 had arisen primarily from children with disabilities transferring from Children's Services to Adult Social Care when they reached 18 years of age and increasing numbers of older people and people with long term conditions requiring support living longer.

- The reduction in Government grant formed part of the £809,000 draft budget pressures.
- There would be a Section 75 agreement in relation to the transfer over of services to a GP Consortium when the PCT's were disbanded in order to maintain established links with the health sector.
- A Council wide contingency fund formed from underspends last year had met the cost of redundancies associated with service closures during this year.
- There had been no further care worker redundancies identified as part of the 2011/12 budget.

Panel Members asked for their thanks and appreciation to be passed to staff in the Adult Social Care and Health Department for all their hard work.

## 29. **Performance Monitoring Report (PMR)**

The Director of Adult Social Care and Health presented the Performance Monitoring Report (PMR) for the second quarter of 2010/11 (July to September) relating to Adult Social Care. An overview of the third quarter was also provided.

The Director of Adult Social and Health would lead on significant changes in health and social care proposed by the Government. Work would continue with service improvement, specifically in the areas of re-commissioning support for people with learning disabilities, enhancing intermediate care, and end of life care.

The 'Safe Place' scheme had been launched and the Personalisation Team had been nominated for a better care award. Although the team did not win in this instance it showed recognition of their work. The Panel expressed their thanks to Adult Social Care staff whose contribution had helped to achieve the nomination.

A National Commissioning Body would be established. A GP Consortia would replace PCTs, and PCTs and Strategic Health Authorities would be abolished by 2013/14. Local authorities would be responsible for health improvements and HealthWatch would replace Local Involvement Networks. A Statutory Health and Well Being Board would also be established. Many health related government documents had become available recently and there was a considerable amount of work to be undertaken in this area.

The operating framework would be more explicit in relation to funding and expenditure with a particular focus on outcomes. A paper summarising health reforms would go to a meeting of the Executive. A Bracknell Forest version of the Autistic Spectrum new strategy would be developed.

Bracknell Forest Council had completed a 'First Contact' survey during the summer of 2010 in which forty nine mystery shoppers had contacted various Adult Social Care services. Arising from the survey, one area of Adult Social Care had been challenged and the results of the survey would be published by the Care Quality Commission (CQC).

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

- Panel Members would be provided with an update on work with a local public house to provide rehabilitative day-care, two days each week (page 13 of the PMR).
- An Intermediate Care budget overspend, principally relating to in-house residential care for Older People and Long Term Conditions, was forecast

owing to the financial status of people in need of care, many of whom were in receipt of income support.

- The Panel would be advised as to whether a final decision had been reached on the preferred option for in-house mental health services.
- Panel Members would be provided with an update on the figures regarding the take up of the 'Safe Place' scheme.
- Many compliments relating to Adult Social Care had been received during the quarter whilst the level of complaints received had reduced.

### 30. **Care Quality Commission (CQC) Adult Social Care Performance Judgement 2010**

The Director of Adult Social Care and Health presented a report regarding the 2010 Annual Performance Judgement in respect of Adult Social Care from the Care Quality Commission (CQC). The Panel was invited to endorse the related Action Plan for improvement for forwarding to the CQC. This would be the last judgement of its type by the CQC. There would be less of a monitoring role by the CQC in relation to Adult Social Care in the future and a new local performance framework was being developed to replace it.

The CQC judged Bracknell Forest as Performing Well, which showed continued improvement in Adult Social Care and represented the best performance to date, placing the Council at the top of the second performance quartile nationally. There were no 'Excellent' graded local authorities in the South East, three quarters of which had achieved the same result as Bracknell Forest. The Director of Adult Social Care and Health expressed thanks to staff in Adult Social Care and for the collective work undertaken through the management team.

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

- There were no key areas for improvement in Bracknell Forest arising from the report.
- Preventative services would be a key focus in future.
- The outcome of the Annual Performance Judgement was not related to a local authority's self declaration of how they were performing.
- The self-assessment judgement was felt to be right during a two year improvement strategy and without knowledge of the changes with the CQC.
- Forty one local authorities were graded as 'Excellent' altogether, mainly in London and the Northern Metropolitan areas.

The Panel expressed thanks to staff in Adult Social Care for their hard work, especially during the period of bad weather in December 2010. The Chairman commented on the good performance grading of the report for Adult Social Care.

### 31. **The Vision for Adult Social Care: Capable Communities and Active Citizens and Think Local, Act Personal - Next Steps for Transforming Adult Social Care**

The Director of Adult Social Care and Health presented a report on The Vision for Adult Social Care: Capable Communities and Active Citizens and Think Local, Act Personal - Next Steps for Transforming Adult Social Care and asked how Panel Members would like to contribute to work to ensure local strategies and plans would be aligned to the new Adult Social Care agenda.

The Director of Adult Social Care and Health commented that there had been a ministerial presence at the recent Local Government Association / Association of



Directors of Adult Social Services National Children's and Adult Services Conference which had conveyed a positive approach.

The three main themes from the Coalition programme were integration of health and social care funding to deliver preventative action, extending the roll out of personal budgets to give people more control and the use of direct payments to carers, and better community based provision to improve access to respite care. There had been no draw back from the initiative in relation to personal budgets and services would change to accommodate this. This initiative highlighted the important role of carers.

The seven principles of The Vision for Social Care: Capable Communities and Active Citizens were: prevention, personalisation, partnership, plurality, protection, productivity, and people. Intervention would be undertaken where needed but communities would be encouraged to maintain independence together. The way social care was managed would change from financial management systems to block contracts. If someone was receiving a preventative service, they would not be eligible for ongoing care as well.

There was a large range of providers who were able to deliver support to people who needed it. Small enterprises, user led organisations and voluntary organisations would be encouraged to compete to deliver personalised services. The use of pooled funding would be encouraged at a local level.

Focus would be given to maximising spending on frontline services. In 2011 councils would be invited to consider the formation of social work practices. The Partnership Agreement: Think Local, Act Personal reinforced personalisation as the core direction of travel for social care development. There would be more efficient and effective service delivery which would be integrated where appropriate.

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

- The report on The Vision for Adult Social Care: Capable Communities and Active Citizens would be submitted to a meeting of the Executive on 18 January 2011.
- The Government's priorities for Adult Social Care set out in the two publications were supported by members and built on good work already undertaken by local authorities.
- Panel Members commented that people in communities needed to understand the Mental Capacity Act and the consequences of their care decisions. There would be increased levels of mental infirmity in the future and it was a challenge for professionals to safeguard people without restricting their liberty.
- A member welcomed the proposed creation of a new College of Social Work together with the benefits and opportunities it would bring.
- The Panel recognised that the Vision for the reform of Adult Social Care represented an evolution in public accountability and created a need to design services to meet the wishes of the community. Members felt that the emerging White Paper would inform future Adult Social Care strategies and plans which should reflect the new Vision.

### **32. Transparency in Outcomes: A Framework for Adult Social Care**

The Director of Adult Social Care and Health presented a briefing report in respect of the Transparency in Outcomes: A Framework for Adult Social Care publication launched by the Department of Health, which set out a consultation on proposals for a new outcome framework for implementation in 2011/12.

The government published the above consultation paper on 16 November 2010 and requested that councils forward responses to the document by 9 February 2011. Panel Members were invited to forward any comments on the document to the Director of Adult Social Care and Health if they wished any comments to be included with Bracknell Forest Council's response to the document.

A web link to the full document could be found in the briefing report and the consultation questions were listed in Appendix A of the briefing report.

There would be a move from focus on inputs to focus on outcomes in relation to Adult Social Care. The formal consultation response would be published by the government in March 2011 and some elements would come into effect from April 2011.

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

- The Adult Social Care and Health Department's response to the Transparency in Outcomes: A Framework for Adult Social Care consultation would be circulated to Panel Members.
- The level of accountability was being examined and would change for Councillors nationwide. Constitutions and decision making processes would be considered, and a course for Councillors would be piloted when reforms were undertaken.
- In terms of the Council's future accountability for Adult Social Care services, public facing local answerability could be challenging and there was a need to develop accountability mechanisms including increasing public information and accessibility to services. Changes in care providers were identified as a risk area.

**33. Supporting People Service**

The Panel noted the progress update report on the Supporting People Service which included future work to be pursued.

**34. Executive Forward Plan**

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

Item I025328: Autism Joint Commissioning Strategy

Panel Members would be provided with further information on the Executive Decision regarding the Autism Joint Commissioning Strategy, specifically in relation to links with Education.

**CHAIRMAN**



# **Performance Monitoring Report**

for

## **Adult Social Care & Health**

**Fourth Quarter 2010/11  
January – March 2011**

Portfolio holder: Councillor Dale Birch  
Director: Glyn Jones

## Section One: Executive Summary

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### **Introduction by the Director of Adult Social Care and Health (ASC&H)**

The final quarter of the year brings together a number of initiatives that continue to ensure that we are providing positive and innovative support for people in the Borough. The agenda for Adult Social Care and Health is continually developing responding to national developments.

The department has made excellent progress in Personalisation and has seen real innovation in support people are choosing. Modernisation of systems, processes and teams continues to be a priority in responding to new initiatives and demands, as well as looking for efficiencies. This can be seen in all parts of the department. The pilot work with the PCT has demonstrated the value of Enhanced Intermediate Care in providing a speedy response to assist in avoiding admission to hospital.

The 2010/11 Service Plan has resulted in all actions completed or in progress. Although the performance landscape has changed considerably during the course of 2010/11 (no annual assessment judgement by the Care Quality Commission), the end of year returns for the extensive statistical data remain and will be returned in accordance with the timetable. We are planning to provide an 'end of year report' to capture the achievements and set out plans for 2011/12 and beyond.

Work with Health colleagues will increase in importance as we grapple with the significant health changes and their impact for the Council.

### **Adults and Joint Commissioning**

#### *Autistic Spectrum Disorders*

In response to the recent publication "Fulfilling and Rewarding Lives" (The National Strategy for adults with autism) a working group has continued to meet monthly, developing a local joint commissioning strategy and delivery plan. These plans will be completed for approval through the first quarter of the new financial year.

The working group set up to develop and work towards a local joint commissioning Strategy, has reviewed the Statutory guidance for local authorities and NHS organisations to support implementation of the autism strategy and has ensured it is incorporated into the local delivery plan.

#### *Joint Commissioning*

The Learning Disability Commissioning Strategy has been refreshed and has been presented to the Learning Disability Partnership Board.

The Prevention and Early Intervention Guide was approved and printed. It has been distributed to relevant locations in the borough and to all Members of the Council.

The Health Transition Group was set up as an executive and officer group to lead the Council's response at a strategic level and meet new duties to integrate working across health and social care. Work streams and leads for four emerging themes were identified: developing a new statutory Health and Wellbeing Board (HWB), transitioning functions of Local Involvement Networks (LINKs) to a new Local HealthWatch (LHW) organisation, Local Authority (LA) support for GP commissioning, supporting Children in transition between children's and adult social

care and communicating change. The Council has been given Early Implementer status for the development of a HWB by the Department of Health.

An evaluation of the Dementia Advisor project was completed; it was shown that following proactive advice and information for people with early stages of dementia and their families, referrals to the Community Mental Health Team for Older Adults (CMHT OA) have been avoided. Funding for the Dementia Advisor post has been secured for a further 12 months. This will enable more people with dementia to live independently for longer before the need for on going support from ASC&H.

Work began to develop the Carers' Strategy and an Advocacy Strategy to inform future commissioning.

A Commissioning Strategy for people with Autism has been developed.

### *Learning Disabilities*

Work continued with individuals living in the remaining residential homes for people with learning disabilities in Bracknell, to identify their housing and support requirements. Independent advocacy support is in place to support individuals to understand the options they have and voice their preferences.

The working group working with a local charity Crowthorne Old Age and Teens Society (COATS) continued to meet in relation to redeveloping a building in the Crowthorne area, to secure further affordable and adapted accommodation for adults with a learning disability. The project should be completed through the first quarter of the new financial year.

The new business plan for Green Machine a Community Interest Company supported by Bracknell Forest Council (BFC) providing green space maintenance services has been implemented which has ensured full independence from April 1st.

Planning has commenced and is ongoing for the move of the Community Team for People with Learning Disabilities (CTPLD) from Waymead to Time Square.

### *Mental Health*

Following the Supporting People review of Mental Health contracts, a plan to further develop the support provided to individuals living at Glenfield and to other people in the community has been completed. The consultation process is now complete and the Departmental Management Team have approved the changes, although these will not be implemented until the vacant manager post is recruited too. Once the position has been recruited to they will be involved in progressing the implementation plan.

Berkshire Healthcare NHS Foundation Trust (BHFT) has now implemented a new Patient Record IT system for the Community Mental Health Team for Adults (CMHT) and CMHT OA services. Work is ongoing looking at potential integration of technologies, key developments have been made in N3 connection and this will allow LA staff were appropriate to eventually access RIO the system currently used by BHFT.

### *Personalisation*

The rollout of Personal Budgets continues across the department for everyone eligible for funding for on going community based support needs.

The i-hub has been further developed and information sessions to promote its use and to inform future development were held with staff. The i-hub has now been upgraded and includes the capability to host a register of Personal Assistants, advice and guidance notes and a log-in facility for providers to update their own records.

The Timebank has over 30 members and exchanges continue to increase. A "Skills Share" event was held for members and for people interested in joining, which sparked more exchanges. Members of the Timebank have been involved in redecorating an individual's house which has enabled the individual to move to a new property and away from an abusive relationship. Members have also been knitting blankets for Battersea Dogs Home.

Guidance on "Determining and Using Personal Budgets" has been developed and is subject to consultation.

Presentations were given at a voluntary sector event held by Bracknell Forest Voluntary Action (BVFA) and at a provider event held by Skills for Care.

#### *Safeguarding*

A Deprivation of Liberty Safeguards (DoLS) Provider event was held at Bracknell Sports Centre on 9th February. The event was attended by 42 people with representation from nine care homes. Feedback so far indicates that attendees benefited from the event and learned more about DoLS

The Revision of The Berkshire Safeguarding Adults Policy & Procedures continues. A draft web based version has been developed and was circulated for comment to the four Safeguarding Adults Partnership Boards that cover Berkshire

The Safeguarding Adults Development Worker started in January 2011 and has completed his induction. Part of his role will be to work closely with commissioned services to support them in further developing their internal safeguarding processes, compliance with Mental Capacity Act (MCA) and DoLS.

72 operational staff attended specific training aimed at developing their skills in completing assessments of capacity. The training was delivered by the Council's legal team.

### **Older People and Long Term Conditions**

#### *Business Support Team*

The re-organisation of the Business Support Team has gone well. Four members of the team have now completed training on taking minutes for Safeguarding meetings with one member of the team taking a lead in this role.

#### *Community Response & Reablement (CR&R)*

Following the pilot phases of delivery of enhanced intermediate care and end of life services, funding has been agreed for a further two years. Most referrals are to prevent admission to hospital. These are short term interventions which deal with the presenting crisis. Further work and assessment will be undertaken if necessary within a 72 hour period from the time of referral to the service.

Older People and Long Term Conditions (OPLTC) team and Community Response and Reablement (CR&R) have been reorganised. In order to improve the support offered, the duty team has been strengthened. The team will work with all hospital discharges, all new referrals and with people who are in crisis. Once the presenting

problem has been resolved, people are then referred on to either Intermediate Care services, the long term team or community based services outside the Council.

There are three social workers who are specifically assigned to the three acute trusts that serve Bracknell Forest. The process for hospital delays has been refined; numbers continue to be low for Bracknell Forest due to the proactive way people are managed by the hospital team in CR&R.

The government made "Winter Pressure" money available via the PCT early in the new year. This money was used to facilitate early hospital discharge. Additional Occupational therapy and Social work time was made available along with the ability to spot purchase beds in both residential and nursing homes so that people could be discharged while long term support solutions were worked on and implemented.

#### *Community Support and Wellbeing*

Teams were successful in recruiting to three vacant posts. Staff meet monthly with CMHT OA and this close communication improves outcomes for the people we support. The team have also ensured that the people who use our service are safe in their own homes by maintaining close links with Bracknell Forest Homes (BFH), the Age Concern Handyman other repair services.

Heathlands Day Centre (HDC) building works were completed and the re-configured building was 'opened' by Councillor Dale Birch on 9th March. The people who use the service followed-up with a celebration lunch on the 23rd. The centre's staff and manager have worked hard to create a homely and welcoming space offering three large rooms with seating and activities areas alongside a smaller room aimed at music appreciation and a shower room with adapted WC.

Heathlands Residential Home (HRH) is using a bed as a specialist Dementia Intermediate Care Bed funded through the "Winter Pressure" money with early success.

In addition, the two level access shower rooms are now complete and redecoration and refurbishment continues on a rolling basis.

Discharge teams at Frimley Park Hospital, Royal Berkshire Hospital and Wexham Park Hospital have received promotional information for "Home First" which has prompted a steady rate of referrals. "Winter Pressures" monies were used to implement a further Hospital to Home service with a good take up.

#### *Drugs and Alcohol Action Team (DAAT)*

The draft drug and alcohol treatment strategy is out for consultation and delivery against this plan will be monitored. The new strategy incorporates the plans for both adults and young people.

The DAAT submitted a proposal to become a Payment by Results site and has been chosen as one of 8 pilot areas in the country.

Whilst funding levels have been reduced slightly, support has been revamped to ensure that this will not have an impact on frontline service delivery.

#### *Emergency Duty Team (EDT)*

EDT now have access to all six Unitary Authority data bases giving us access to all care groups within Berkshire. This is a considerable achievement and taken over 18 months with departmental and other unitary staff being involved.

Bracknell Forest (Berkshire) EDT is now the only Emergency Duty Service in the United Kingdom to have access to 12 databases are trained in their use.

Given recent case law re the European Working Directive and current studies/research into the impact of 12 hr shifts on those individuals who work night shifts, EDT undertook consultation with staff to create a rolling rota with shifts no longer than 8.5hrs. The new rolling rota has now successfully been implemented. The changes to the rota have resulted in increased staff satisfaction and a reduction in the need to use relief social workers.

#### *Older People and Long Term Conditions (OPLTC)*

As a consequence of the changes previously mentioned, the OPLTC has seen some changes. This is pivotal to the successful roll-out of Personalisation. A 'self assessment review' form has been used for people where appropriate and these have been well received and completed.

### **Performance and Resources**

#### *Finance*

Activities include monitoring the 2010-11 budget, preparation for year end closure of accounts and finalising preparations for the 2011-12 budget. Developmental work on the Adult Social Care IT system continues.

Preparations for finalising the 2010 – 11 accounts are at an advanced stage. In what has been a difficult financial year expenditure has been contained to below budget level. Additional financial support has been received from Health for Enhanced Intermediate Care, End of Life Care and Winter Pressures in this last quarter and spending plans have been developed to ensure this funding is used in an efficient manner.

The 2011-12 budget has now been agreed and monitoring of commitments and spending plans has already commenced to ensure expenditure reductions included in the budget are achieved.

The main pieces of developmental work progressed this period relate to the refinement of the Adult Social Care IT system including implementation of the mobile Financial Assessments module (planned go live in the first quarter of 2011- 12) and e-invoicing (planned go live second quarter 2011- 12).

#### *Human Resources*

The team are planning for the forthcoming employee appraisal process from April 2011 utilising the new competency based framework and continue to support managers through organisational change as required.

#### *Information and Communications Technology (ICT)*

Final issues are being resolved by LiquidLogic in the Integrated Adult System (IAS) to enable us to go live with the latest Protocol and Controcc releases, which include major changes to the Safeguarding module. All relevant information is now with LiquidLogic to commence Phase 3, the reconfiguration of IAS to meet the Personalisation agenda. This will follow through to the live system.

Projects for e-invoicing and mobile working for the Financial Assessment Team have commenced. However, work has been suspended to allow the upgrade to the latest versions of Protocol and Controcc to take place.



By the end of March the reporting environment should be in a position of acceptance by the Performance Team. They will then be able to use the embedded statutory returns to support the delivery of data to the DoH for 2010/11.

*Performance Management*

The Performance Management team have been preparing for the annual statutory returns due in at the end of May, and working with supplier LiquidLogic to further progress report testing.

The team has also been working continuously with operational teams across all care groups to ensure that data is validated and up to date prior to our return submissions.

**Summary of Equality Impact Assessments**

No Equality Impact Assessments were published this quarter.

## Section Two: Progress against Service Plan

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The ASC&H 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 4 (✓), with none causing concern (✗).

Annex C also provides details of performance against relevant National Indicators this quarter, where data is available.

## Section Three: Resources

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### **Budget**

See Annex B for more detailed information on:

#### Revenue Budget

Annex B1	Summary financial position
Annex B2	Budget virements
Annex B3	Budget variances

#### Capital Budget

Annex B4 Summary financial position and scheme status and target

### **Capital**

#### *Current approved budget*

There is no change to the £1.126m approved cash budget for the current financial year as reported last period.

#### *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.

### **Revenue**

#### *Current approved budget*

The approved cash budget for the current financial year reported last period totalled £25.400m, with £23.021m in direct budget and £2.379m in recharges and accounting adjustments.

There has been a small adjustment to postage budgets as a result of a business process review. This reduces the direct budget to £23.020m.

#### *Provisional outturn*

A forecast under spend of £1.297m was reported last quarter and this has now risen by £0.294m to £1.591m. The most significant variance relates to reduced support needs for People with Learning Disabilities who are supported within the community. The changes in forecast are as follows:

- An increase of £0.158m in under spend on supporting People with Learning Disabilities. There has been a reduction in costs as a number of changes have been made to existing care packages, including those now moved from residential to supported living arrangements (£0.121m) and additionally, slippage on a scheme to provide advocacy services, reducing costs by £0.030m (although these costs will be incurred in the next financial year). Savings are also anticipated on record management costs due to slippage, although again these costs will be incurred in 2011- 12 (£0.007m).

- A saving of £0.020m is expected due to People with Long Term Conditions who no longer require support in a residential setting.
- A saving of £0.028m is expected as a result of slippage on schemes provided through the stroke grant.
- A saving of £0.080m is expected as a result of increased health funding for people who receive domiciliary support from the in house Community Support Teams.
- A saving of £0.008m is expected on record management costs in Finance, due to slippage. These costs will be incurred in 2011- 12.

### **Staffing**

The adult workforce strategy continues to concentrate on the workforce changes resulting from the personalisation agenda. Through the workforce work stream it has been discussed whether we could benefit from understanding how other local authorities have managed and learnt from the progressing through the agenda.

The team has been supporting the department through a number of employee relations issues. Staff reductions have been completed in one service area. In addition, work has continued in support of the Corporate Job Evaluation review project.

A review has been undertaken of the Criminal Records Bureau (CRB) process to explore options to improve efficiency of process including potential electronic submission of information. However, due to the review of the operations of the Independent Safeguarding Authority (ISA) any potential system developments will be on hold until the operations of the CRB/Independent Safeguarding Authority (ISA) are clarified.

## Compliments and Complaints received

### Compliments Received

There were a total of 52 compliments received.

The OPLTC team received 10 compliments in this quarter, 27 for the CR&R team.

The CTPLD received 8, the Performance & Governance Team received 6 and there was 1 for CMHT.

### Complaints received

No. Rec'd Q4	Nature of complaints (bulleted list)	Action taken (bulleted list)
1	Joint complaint regarding: administrative errors within the Finance Department & Waiting period for OT equipment	Complaint partially upheld in respect of Finance and not upheld in respect of OT equipment
1	Complaint in respect of services received at Bridgewell during respite care.	Complaint partially upheld
1	Complaint in respect of services and information received from CMHT	Ongoing investigation
1	Complaint in respect of services received from CTPLD	Not upheld
1	Complaint in respect of length of time to renew a Blue Badge	Not upheld
1	Complaint in respect of services received from CMHT	Ongoing Investigation
1	Complaint received in respect of reduction in budget/services	Ongoing investigation
1	Complaint in respect of a communication	Complaint upheld
1	Complaint in respect of the assessment process for Direct Payments	Complaint upheld

## Section Four: Forward Look

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### Adults and Joint Commissioning

#### *Autistic Spectrum Disorders*

The Autistic Spectrum Disorder Commissioning Strategy will be submitted for approval.

A small group will be set up to review the Virtual Autism Team (VAT) in line with the aims and objectives of the commissioning strategy and local delivery plan.

#### *Joint Commissioning*

The refreshed Commissioning Strategy for people with Learning Disabilities will be presented to the Executive Member for approval.

The Commissioning Strategy for people with Autism will be presented to the Executive for approval.

The Health Transition Group will further maximise opportunity under the duty to integrate to identify and create new relationships, particularly with clinical and broader community partners to deliver the new agenda in the new context. Work programmes will be established to support the four existing work streams and new ones may be identified. The Council will also begin contributing to the DH support programmes and Action Learning Sets as an Early Implementer authority.

Existing LINKs must continue with statutory responsibilities and new support arrangements will be explored and put in place for the planning year.

A Section 75 Agreement with health partners to agree pooled budgets for joint services will be approved.

The data hub, developed on behalf of the Local Strategic Partnership, will be launched on 4th April. The hub will be known as StatShare.

#### *Learning Disabilities*

Headspace is a community arts project which focuses on providing sessions in art, drama and music in a safe environment. People with additional support needs, or who may be from vulnerable groups, are encouraged to join with others from the community in integrated activities. As the project is run by the local authority it is not eligible to apply for certain grant. An options appraisal will be completed to determine the most appropriate model to pursue in order to enable Headspace to be independent of the Council. The current Project Board overseeing the options appraisal and development of the business case will be reviewed to ensure appropriate membership to implement the preferred option.

**Advocacy Strategy:** The transformation of social care and the personalisation agenda set out in Putting People First noted Health and Social care bodies should provide an enabling framework to ensure people can exercise choice and control with accessible advocacy. Work has commenced an advocacy strategy to respond.

### *Mental Health*

BHFT is continuing with the 'Next Generation Care' (NGC) change programme, and has now moved onto phase 3. The public consultation period has now concluded and the Trust have issued this statement:

Both Boards have had first sight of the outcome of the public consultation and the opportunity to consider other information pertinent to a decision. Both Boards understand the unaffordability of Option 3 in the current and future economic environment. Option 2 is not supported by the clinicians as it will mean that older people will have to continue to be cared for in an environment that mixes people with functional illness and those with organic problems that is not conducive to high quality care.

On this basis the PCT has asked the Trust to progress to outline Business Case on Option 1. This will allow the detail of that option to be worked up, including exactly what and where additional community investment can be made and how the transport scheme would work.

Once this information is known, and only then will a final decision be made. Both Boards would expect that to be by June 2011.

### *Personalisation*

Guidance for staff will be approved and published to ensure a consistent approach to determining and using personal budgets.

A pilot will be established to inform the development of brokerage for people with personalised support plans. The pilot will inform the future workforce strategy and commissioning plans for independent brokerage.

The personal stories and outcomes for people with a personal budget will be refreshed and published on BORIS.

The Personalisation section of the Council's internet site will be refreshed.

### *Safeguarding*

The revised, web based Berkshire Safeguarding Adults Policy & Procedures will be launched in May/June 2011. The aim is for this to be launched during the same week across all of the six Unitary Authorities in Berkshire.

The Safeguarding Adults Annual Report will be presented to the Safeguarding Adults Partnership Board In May 2011. This will include information on all of the safeguarding arrangements in Bracknell, safeguarding partnerships with other agencies and groups as well as statistical data and analysis for the reporting year 2010/11.

An audit of operational teams compliance with MCA will be undertaken in May/June 2011. This is following the specialist training that was provided for operational teams in February 2011.

A workshop for the Department's Designated Safeguarding Managers will be held to look at the new version of the IAS Safeguarding Module and to share good practice regarding its use.

## **Older People and Long Term Conditions**

### *Business Support Team*

Staff will be trained in undertaking referrals and contact assessments within Front Desk to cover absence and support the Customer Liaison Officers.

Increasing skills the team will be booked on MCA training. Team members will also receive training on Autistic Spectrum Conditions and the new Carer Aware training programme in order to enhance the service to people who contact us.

The team plans to support changes due to the reform of the Blue Badges by the Department of Transport aimed at addressing an increase in applications.

### *Community Response and Reablement (CR&R)*

Following agreement of funding by the PCT for Enhanced Intermediate Care and End of Life Services, recruitment of fixed term contracts for staff is taking place.

The changing needs of the people using Intermediate Care means that separate registration is being applied for through the Care Quality Commission for the Bridgewell Centre, with all of the appropriate requirements.

### *Community Support and Wellbeing*

Work is in hand to develop a Carer's Drop-in Service at HDC. It is intended that people with dementia will be offered an assessment and helped to create a support plan that will remain on file. Carers could then book a specific day and time to drop their family member/partner at the centre in order to enable them to attend appointments and pursue leisure activities.

Heathlands will be developing a range of enhanced activities including singing for the brain, cold cookery skills and Tai Chi, over the coming months.

All staff in Community Support Team will be undertaking the Carer Aware training and will actively encourage carers to undertake a supported self-assessment in order to identify their own needs for advice and support.

The Community Support team for Dementia aims to use unallocated hours owing to cancellations to support the enhanced day-care provision at Heathlands.

### *Drugs and Alcohol Action Team (DAAT)*

In quarters 1 and 2 the DAAT will concentrate on developing and establishing plans in respect of Payment by Results. This will involve re-configuring and re-commissioning the current service model. A project board will be established to work alongside government departments and other pilot areas during a 6 month co-design period.

The DAAT will work with current service providers to ensure that they are involved in the development of the payment by results model and to also reduce any impact on people who use our services in terms of the changes.

### *Emergency Duty Team*

Between the 9th & 23rd of May 2011 the Emergency Duty Service will operate under the new service specification. For the purpose of the trial run EDT managers will undertake the newly created role of 'Call Facilitator's'. EDT social workers will be split into their area of specialism i.e. child care or Adult/Approved Mental Health



Professional. The purpose of the trial is to gain an insight into the benefits of operating under this model re service delivery.

All healthcare staff across the county now have a single database system called RIO. EDT have now received training on this system and it is hoped that we will go 'live' within the next month. Bracknell Forest (Berkshire) Emergency Duty Service is the first social services out of hour's department to have access to Health's database.

Key departmental staff have worked closely with our health colleagues to achieve access to this data base. RIO holds crucial information that is essential to EDT when making decisions regarding someone's care and treatment in an emergency situation outside of normal office hours.

The Emergency Duty Service is due to be inspected by OFSTED on the 11<sup>th</sup> April 2011 as part of the inspection of Slough Borough Council's inspection.

#### *Older People and Long Term Conditions (OPLTC)*

The new arrangements will be consolidated in the next quarter; alongside this is the continuing implementation of the Personalisation agenda.

On personalisation, the team will review all the interim care packages transferred from the duty team, CR&R and the hospital discharge workers. The reviews will include the Self Support Assessment Questionnaire (SSAQ) so that an individual budget can be identified and a support plan created. The reviewing officers will also complete SSAQs with their annual reviews. The aim is that next year all people in receipt of services will have a personal budget.

Funding for the Princess Royal Trust Carers Emergency Response Service worker has been agreed. The aim to complete carers' assessments in a timely fashion as well as seeking opportunities to seek "hidden" carers with link work with BFVA and GP surgeries.

The Stroke Association worker is developing a group of volunteers to support people newly diagnosed with strokes.

### **Performance and Resources**

#### *Finance*

Work will continue on closing the 2010-11 statutory accounts, including completion of relevant statutory returns that are required to be submitted.

Detailed monitoring of the 2011-12 budget will commence to ensure that the spending proposals and expenditure reductions included in the budget are achieved. An assessment of any previously unidentified significant budget risks will be carried out.

Work will continue on the extension of self directed support, and there will be further progress on e-invoicing and mobile financial assessments.

#### *Human Resources*

Key areas during quarter 1 will be to continue to support the department through any organisation changes. The team will also review the implications of the electronic CRB arrangements and continue to support the Council's job evaluation project. Staff appraisals are a key action during this quarter. The workforce strategy and response to personalisation continue to be areas of focus. The team will be working

with DMT to consider how the Social Care Healthcheck can be implemented within the department.

*ICT*

Key areas for the next quarter will see the IAS systems infrastructure in line for the first time and will be the foundation for all future upgrades / testing. Suspended projects will restart, mobile working will be live and Phase 3 development should be progressing.

*Performance Management*

Next quarter, work will commence to complete testing on the returns reports and the Business Objects universe.

Work will also commence on analysing and understanding the recently published Adult Social Care Performance Framework and its impact both on operational teams and performance management.

## Annex A: Staffing information

### Staff Turnover

Section	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
Management Team	8	8	0	8	0	0
Older People and Long Term Conditions	194	95	99	129.25	14	6.7
Adults and Joint Commissioning	106	76	30	94.55	10	8.6
Performance & Resources <sup>1</sup>	27	18	9	23.17	2	6.8
<b>Department Totals</b>	<b>335</b>	<b>197</b>	<b>138</b>	<b>254.97</b>	<b>26</b>	<b>7.2</b>

For the quarter ending	31 March 2011	2.7
For the year ending	31 March 2011	12.6

<i>Comparator Data</i>	
Total turnover for Bracknell Forest Council 2009/10	13.31% (excluding schools)
Median turnover for all employers 1 Jan to 31 Dec 2009	13.5%
Median turnover public services 1 Jan to 31 Dec 2009	8.6%

(Source: Chartered Institute of Personnel and Development Survey 2010)

**Sickness Absence** (to be completed in second draft)

*Staff Sickness*

Section	Total staff	Number of days sickness	Quarter 4 average per employee	2010/11 projected annual average per employee
Directorate	8	1	0.12	5.43
Older People and Long Term Conditions	194	730	3.76	11.53
Adults and Joint Commissioning	106	230.5	2.17	10.22
Performance & Resources	27	12	0.44	9.68*
<b>Department Totals (Q4)</b>	<b>335</b>	<b>973.5</b>	<b>2.9</b>	
<b>Projected Totals (10/11)</b>	<b>335</b>	<b>3,626</b>		<b>10.82</b>

<i>Comparator data</i>	<i>All employees, average days sickness absence per employee</i>
Bracknell Forest Council 09/10	6.29 days
All local government employers 2009	10.7 days
All sectors employers in the south east 2009	6.0 days

In Older People and Long Term Conditions, there are 7 cases of long term sickness. This accounts for 250.5 days which is 34.5% of total sickness.

In Adults and Joint Commissioning, there are 2 cases of long term sickness. This accounts for 100 days which is 43.3 % of total sickness.

The definition of long term sickness being used is where absence totals 20+ days across a 3 month period and can be reflected in more than one period of absence.

## Annex B: Financial information

### Annex B1

ADULT SOCIAL CARE AND HEALTH DEPARTMENT - FEBRUARY 2011									
	Original Cash Budget	Virements & Budget C/Fwds	NOTE	Current Approved Budget	Spend to Date %	Variance Over/(Under) Spend	Variance This Period	NOTE	Variance Reported Last Period
	£000	£000		£000	%	£000	£000		£000
<b>ADULT SOCIAL CARE AND HEALTH DEPARTMENT</b>									
<b>Director</b>	551	139	a	690	9%	-327	-327	1	0
	<b>551</b>	<b>139</b>		<b>690</b>	<b>9%</b>	<b>-327</b>	<b>-327</b>		<b>0</b>
<b>CO - Adults and Commissioning</b>									
Mental Health	1,904	-76		1,828	94%	-106	-9	2	-97
Learning Disability	7,656	-646		7,010	56%	-1,371	-158	3	-1,213
Specialist Strategy	0	159		159	80%	0	0		0
Joint Commissioning	434	-67		367	97%	33	0		33
	<b>9,994</b>	<b>-630</b>		<b>9,364</b>	<b>65%</b>	<b>-1,444</b>	<b>-167</b>		<b>-1,277</b>
<b>CO - Older People and Long Term Conditions</b>									
Long Term Conditions	2,083	13		2,096	95%	-20	-20	4	0
Older People	6,618	-33		6,585	98%	-28	-28	5	0
Intermediate Care	2,116	-1,756		360	146%	90	0		90
Community Response and Reablement - Pooled Budget	0	1,583		1,583	83%	0	0		0
Community Support	745	-12		733	87%	-80	-80	6	0
Emergency Duty Team	0	35		35	859%	0	0		0
Drugs Action Team	94	-7		87	-141%	0	0		0
	<b>11,656</b>	<b>-177</b>		<b>11,479</b>	<b>97%</b>	<b>-38</b>	<b>-128</b>		<b>90</b>
<b>CO - Performance and Resources</b>									
Leadership Team and Support	225	0		225	0%	0	0		0
Information Technology Team	208	-1		207	86%	-55	0		-55
Property and Admissions	182	0		182	38%	-25	0		-25
Performance and Governance	192	-3		189	13%	0	0		0
Finance Team	531	4		535	95%	-38	-8	7	-30
Human Resources Team	149	0		149	83%	0	0		0
	<b>1,487</b>	<b>0</b>		<b>1,487</b>	<b>61%</b>	<b>-118</b>	<b>-8</b>		<b>-110</b>
<b>TOTAL ASC&amp;H DEPARTMENT CASH BUDGET</b>	<b>23,688</b>	<b>-668</b>		<b>23,020</b>	<b>79%</b>	<b>-1,927</b>	<b>-630</b>		<b>-1,297</b>
<b>TOTAL RECHARGES &amp; ACCOUNTING ADJUSTMENTS</b>	<b>2,379</b>	<b>0</b>		<b>2,379</b>	<b>0%</b>	<b>0</b>	<b>0</b>		<b>0</b>
<b>GRAND TOTAL ASC&amp;H DEPARTMENT</b>	<b>26,067</b>	<b>-668</b>		<b>25,399</b>	<b>72%</b>	<b>-1,927</b>	<b>-630</b>		<b>-1,297</b>
<b>Memorandum items:</b>									
Devolved Staffing Budget				10,850		-77	0		-77

Annex B2

**Adult Social Care and Health  
Virements and Budget Carry Forwards**

Note	Total	Explanation
	£'000	
		<b><u>DEPARTMENTAL CASH BUDGET</u></b>
	-667	Total reported last period
a	-1	<u>Postage</u> Savings have been achieved on postage expenditure as a result of a service review across the Council, of which £0.001m relates to Adult Social Care and Health.
	<b>-668</b>	<b>Total</b>
		<b><u>DEPARTMENTAL NON-CASH BUDGET</u></b>
	0	No changes to report
	<b>0</b>	<b>Total</b>

## Annex B3

<b>Adult Social Care and Health Budget Variances</b>		
<b>Note</b>	<b>Reporte varianc £'000</b>	<b>Explanation</b>
		<b><u>DEPARTMENTAL BUDGET</u></b>
	-1,297	Variances supported last period.
		<b>Director</b>
1	-240	£0.240m has been received from Berkshire East PCT which is an allocation from national funding provided by the Department of Health to ease the pressure Adult Social Care budgets experience in winter. A proportion of this funding has been used on new projects but much of this additional funding has been used to fund pressures across a wide range of services within the Department, and without it the underspend would be correspondingly lower. It is part of the s256 agreement with the PCT that any unspent monies are carried forward into the next financial year and so a provision will be required from this underspend to fund future liabilities. The exact amount of the provision will be confirmed once the final expenditure figures are known.
	-87	Income and expenditure relating to the Social Care Reform Grant is included within the Director's hierarchy. The conditions of this grant and its ring fenced nature mean that any unspent grant (forecast to be £0.087m at year end) cannot be used to fund other areas of expenditure and so should be carried forward to offset future liabilities. A carry forward request for this will be made in accordance with Council procedures.
		<b><u>CO - Adults and Commissioning</u></b>
2	-9	Income and expenditure relating to the Dementia Demonstrator Pilot Site Grant is included within the Mental Health hierarchy. The conditions of this grant and its ring fenced nature mean that any unspent grant (forecast to be £0.009m at year end) cannot be used to fund other areas of expenditure and so should be carried forward to offset future liabilities. A carry forward request for this will be made in accordance with Council procedures.
3	-158	As previously reported within People with Learning Disabilities there have been complex changes for a large number of people involving the deregistration of a number of homes and increased use of support within the community. Where such support is provided it needs to be appropriate to the needs of the individual but not excessive. Due to the changed circumstances of a number of individuals there has been a reduction in the level of support required, with the forecast underspend increasing by £0.121m as a result.  In order to comply with national electronic social care record requirements a record scanning and destruction programme has commenced. Slippage on the programme for the records of People with Learning Disability has resulted in an increased underspend of £0.007m as these costs will be incurred in 2011/12. A carry forward request for this will be made in accordance with Council procedures  Slippage on the development of an advocacy scheme for People with Learning Disabilities provided by the voluntary sector has resulted in savings in the current year of £0.030m. The development of this scheme is an important part of service provision and so a carry forward request for this will be made in accordance with Council procedures.
		<b><u>CO - Older People and Long Term Conditions</u></b>
4	-20	Current forecast spend for People with Long Term Conditions in residential care has decreased by £0.020m. This is principally due to one person moving away from the area and no longer requiring support (saving £0.013m) plus a small number of other cost changes within this area which has led to a further net saving of £0.007m.
5	-28	Support to people who have had a stroke is principally provided through an agreement with the Stroke Association as well as support to a number of other voluntary sector organisations, funded by a non ring fenced grant. Currently £0.028m of the grant (which will not continue next year) is uncommitted. A carry forward of this amount will allow an extension of the support into the next financial year and a request will be made in accordance with Council procedures.
6	-80	The Community Support Teams provide domiciliary support to people who live in the community. Whilst the majority of this support is social care, they may also ensure peoples health needs are met. The cost of meeting health needs may be met by the PCT and due to the increased health needs of four people being supported this income is £0.080m more than anticipated.
		<b><u>CO - Performance and Resources</u></b>
7	-8	In order to comply with national electronic social care record requirements a record scanning and destruction programme has commenced. Slippage on the programme for the records held within Finance has resulted in an increased underspend of £0.008m as these costs will be incurred in 2011/12. a carry forward for this amount will be made in accordance with Council
	-1,927	<b>Grand Total Departmental Budget</b>
		<b><u>DEPARTMENTAL NON-CASH BUDGET</u></b>
	0	No variances to report
	0	<b>Grand Total Departmental Non-Cash Budget</b>

Annex B4

Adult Social Care and Health Capital Monitoring								
2010-11 monitoring at 28 February 2011								
Cost/c	Cost Centre Description	Total Budget (£'000)	Cash Budget 2010/11 (£'000)	Expenditure to date (£'000)	Cash Budget 2011/12 (£'000)	(Under)/ Over Spend against approved budget (£'000)	Key Target for 31 March	Current status of the project including changes to Cash Profile
	<b>Schemes commenced prior to 2010/11</b>							
YS807	ASC - Care Management Replacement Programme	327.6	280.0	153.2	47.6	0.0	Fully operational.	Core live system operational. Further modules to be implemented.
YH126	Adult Social Care IT Infrastructure	69.0	50.0	5.0	19.0	0.0	In progress.	N3 Connection implementation in progress
<b>Y206</b>	<b>ICT projects</b>	<b>396.6</b>	<b>330.0</b>	<b>158.2</b>	<b>66.6</b>	<b>0.0</b>		
	<b>CAPITAL PROGRAMME - DEPT CONTROLLED [schemes b/fwd from prior year(s)]</b>	<b>396.6</b>	<b>330.0</b>	<b>158.2</b>	<b>66.6</b>	<b>0.0</b>		
	Percentages			47.9%		0.0%		
	<b>Schemes commenced 2010/11 and rolling programmes</b>							
YS805	Improving the Care Home Environment	6.4	6.4	0.0	0.0	0.0	In progress.	Spending plan in place.
YS440	Carers Accommodation Strategy	335.0	335.0	11.0	0.0	0.0	Underway	Under review. Linked to Council accommodation strategy
YS429	Mental Health Grant	189.2	110.0	15.7	79.2	0.0	In progress.	Spending plan in place.
YS430	Social Care Grant	130.1	90.0	114.3	40.1	0.0	In progress.	Spending plan in place.
YS527	Social Care Reform Grant	43.7	43.7	0.0	0.0	0.0	In progress.	Spending plan in place.
YS528	Care Housing Grant	20.0	20.0	4.0	0.0	0.0	In progress.	Spending plan in place.
YH130	Improvements and capitalised repairs	4.7	4.7	4.7	0.0	0.0	Complete.	Complete.
	<b>Adult Social Services</b>	<b>729.2</b>	<b>609.8</b>	<b>149.7</b>	<b>119.4</b>	<b>0.0</b>		
	<b>CAPITAL PROGRAMME - DEPT CONTROLLED [current year schemes]</b>	<b>729.2</b>	<b>609.8</b>	<b>149.7</b>	<b>119.4</b>	<b>0.0</b>		
	Percentages			24.5%		0.0%		
	<b>CAPITAL PROGRAMME - DEPT CONTROLLED [all schemes]</b>	<b>1125.8</b>	<b>939.8</b>	<b>307.9</b>	<b>186.0</b>	<b>0.0</b>		
	Percentages			32.8%		0.0%		



## Annex C: Progress on Service Plan Actions

MTO5 - To improve health and wellbeing within the borough					
Detailed Action	Due Date	Owner/Status	Last Updated	Comments	
<b>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</b>					
5.1.1 Refresh the Health and Well Being Strategy	30/09/2010	ASCH	Q4	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 and Public 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	Q4	Work continues to create capacity in the community. The Personalisation Programme Board have approached the Chief Executive of BFVA to chair the Community Capacity Building Meeting - this has been accepted.	
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	Q4	Increased capacity has been developed within the voluntary sector and people are using personal budgets to access community facilities. Discussions continue to develop services to deliver un met needs.	
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. This action is at risk due to there being very limited funds left unallocated in the SCRG.	31/03/2011	ASCH	Q4	The Commissioning for Community Capacity workstream has an action plan which details developments for the current financial year. The remaining funds in the Social Care Reform Grant have now been allocated.	
5.1.5 Work with the NHS to make psychological therapies more available	31/12/2010	ASCH	Q4	Staff have now undertaken training in the mindfulness programme and have been delivering group sessions in Bracknell. We have now holding regular GP forum meetings for Bracknell surgeries, we GP portal has now been developed and implemented through the NHS Trust IT systems. This should help improve communications and referral process.	
<b>5.2 Working with health partners to secure more outpatient, diagnostic and secondary health facilities in the borough</b>					
5.2.1 Review options with the NHS Berkshire East to improve access to and increase provision of health	31/03/2011	ASCH	Q4	Healthspace plans were submitted in Q3 and approved in Q4 and further discussions are being held with Primary Care	

facilities in the Borough, and improved Accident and Emergency					Commissioners.
5.2.2 Development of an End of Life Strategy with NHS Berkshire East	31/12/2010	ASCH	✓	Q4	PCT has allocated funding to enable end of life care to be delivered through Intermediate Care Services. The region has been successful in a bid to deliver end of life care training for providers through e-learning
<b>5.7 Enabling more people to remain in their own homes through the use of Telecare</b>					
5.7.1 Maximise people's independence by promoting the use of assistive technology and equipment	31/07/2010	ASCH	✓	Q4	An assessment flat within a local sheltered housing complex has been fitted with extensive Assistive Technology and this continues to be a popular resource which promotes independence. This service affords people with high support needs the opportunity to experience sheltered housing and the advantages offered by telecare equipment for a period of up to eight weeks before making any long term decisions. Telecare equipment is also being used to support our Home First initiative, which supports people in hospital, assessed as requiring 24 hour care, to return home before committing themselves to a permanent move into residential care. Telecare is being promoted as part of Bracknell's prevention and early intervention strategy, particularly for people experiencing hearing or sight loss and for people with epilepsy, for whom the provision of telecare equipment means the individual does not require any additional support.
<b>5.8 Producing an annual Joint Strategic Needs Analysis to influence LAA and outcomes for Borough residents</b>					
5.8.1 Ensure JSNA is refreshed annually	31/12/2010	ASCH	✓	Q4	The JSNA on has been refreshed. Executive in March.
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	✓	Q4	The outcomes have been shared with the Older Peoples Themed Partnership Group and fed into the Older People Accommodation Strategy.
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	✓	Q4	Funding has been allocated to BFC to provide End of Life Care through Intermediate Care Services. Work will commence with GP's to agree a pathway for stroke Rehabilitation. BFC have agreed to fund the Stroke co-ordinator for a further 12 months through the Stroke Association.
<b>MTO7 - To seek to ensure that every resident feels included and able to access the services they need</b>					
<b>Detailed Action</b>	<b>Due Date</b>	<b>Owner</b>	<b>Status</b>	<b>Last</b>	<b>Comments</b>

					Updated
<b>7.10 Implementing the Bracknell Forest Partnership Community Engagement Strategy to engage with residents to shape service provision and develop communities</b>					
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	✓	Q4	All actions being implemented.
7.10.3 Review the structure role and purpose of the main forums for older people	31/07/2010	ASCH	✓	Q4	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	✓	Q4	The i-hub (an online information system for people who may need some support to live independently) was launched on the internet on 8th November and received coverage in the Bracknell News. The hub has now been updated and now has the capacity to include advice and guidance and a Personal Assistant register.
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	✓	Q4	The department has an Advice and Information Strategy and a communications plan for the Personalisation Agenda. In the last quarter further presentations were given to increase the understanding about personal budgets.
7.10.6 Develop a User Led Organisation which is directly contributing to the transformation to personal budgets	31/12/2010	ASCH	✓	Q4	The Personalisation Programme Board approved the project approach to the development of ULOs and a ULO consortium in Bracknell. The ULO development worker has now left the post; New Support Horizons are advertising to fill the vacancy. Whilst in post the Development Worker met and completed "ULO readiness checklists" with 19 organisations interested in becoming ULOs. The next step is to develop a ULO Consortium.
7.10.7 Arrangements for access to universal information and advice services are in place	31/10/2010	ASCH	✓	Q4	An Information and Advice Strategy has been approved and is in place.
<b>7.5 Implementing a Disability Equality Scheme, Gender Equality Scheme and Race Equality Scheme</b>					
7.5.2 Meet the cultural needs and expectations of older people, particularly those from Black and Minority Ethnic Groups	31/03/2011	ASCH	✓	Q4	This issue is being addressed through the Older Persons Strategy and Older Peoples Themed Partnership Board. A representative for the minority alliance group is attending both meetings and will feed into the plan.
7.5.7 Implement the Disability, Race and Gender Equality Schemes actions due for completion in	31/03/2011	ASCH	✓	Q4	Scheme actions being implemented.

2010/11 and progress those actions due for completion in later years (Adult Social Care and Health) Q4								
<b>7.6 Increasing access to services by electronic means</b>								
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	✓	Q4				The Council's website is currently being revised - this will include information regarding Adult Social Care and Health.
<b>7.7 Implementing the Community Cohesion Strategy to give people a sense of belonging and identity as members of their community</b>								
7.7.11 Implement actions in 'All of us' Community cohesion Strategy (Adult Social Care and Health)	31/03/2011	ASCH	✓	Q4				All actions being implemented.
<b>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</b>								
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	✓	Q4				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	✓	Q4				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	✓	Q4				Equality monitoring framework being developed.
<b>MT08 - To reduce crime and increase people's sense of safety in the borough</b>								
<b>Detailed Action</b>	<b>Due Date</b>	<b>Owner/Status</b>	<b>Last Updated</b>	<b>Comments</b>				
<b>8.5 Reducing the number of people, particularly young people, abusing drugs and alcohol</b>								
8.5.1 Promote smoking awareness and cessation initiatives delivered by the PCT	31/03/2011	ASCH	✓	Q4				Council staff continue to work with the PCT Stop Smoking Service. The JSNA recommends targeting quitters after 3 months to ensure sustained behaviour change.

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	✓	Q4	Information session delivered to St Johns Ambulance and Young People
8.5.3 Increase the number of drug misusing clients retained in treatment for 12 weeks or more	31/03/2011	ASCH	✓	Q4	There were 139 individuals in effective treatment at the end of October which equates to 82%
8.5.4 Reduce the number of clients leaving treatment in an unplanned way	31/03/2011	ASCH	✓	Q4	43% of clients left treatment in a planned way. The percentage of planned exits naturally reduces throughout the year and this action is still on target.
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	✓	Q4	Individual needs are still being met with low waiting times for entry into treatment. The needs assessment has been reviewed and will be used to plan and commission services.
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	✓	Q4	Placements continue to be made for residents of Berkshire East. Funding has been confirmed for 2011/12.
<b>8.9 Increasing awareness of 'safeguarding adults' issues for vulnerable people and the wider public</b>					
8.9.1 Review contracting arrangements to ensure that they appropriately reflect safeguarding requirements and are in line with SUJ guidance	31/03/2011	ASCH	✓	Q4	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. This group will be reporting its progress to the Berkshire East Safeguarding Chairs and Leads Group in January 2011. A Serious Untoward Incident (SUI) Protocol has now been developed and has been presented to Safeguarding Adults Partnership Boards this year. Action achieved.
8.9.2 Work with CDRP colleagues to ensure that ASBO policy reflects Safeguarding issues	30/06/2010	ASCH	✓	Q4	The ASBO Strategy has been updated and references the involvement of safeguarding within the ASB Working Group. The strategy is due to be further updated in May 2011. Action therefore achieved.
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	✓	Q4	There has been no change from the previous quarter.
8.9.4 Review Care Governance Protocols	31/07/2010	ASCH	✓	Q4	The Care Governance Board protocols have now been reviewed and revised. Care Providers within Bracknell Forest and others

						who we commission are now aware of the process. Feedback from Providers suggests that they pleased with the increased transparency in the Council's monitoring arrangements.
8.9.5 Manage/lead "Safe Place" project	31/12/2010	ASCH	✓	Q4		The review of the Safe Place Scheme has now been completed with feedback from those involved confirming it is a good initiative and they felt safer knowing the scheme was available. It was also found that where people needed help local shops provided this. There are a significant number of shops within the town centre and surrounding neighbourhoods that are part of the 'Safe Place' scheme and these are all open from between 8.00am and 5.30pm. No further shops need to be approached to sign up to the scheme. However, it has been identified that the scheme would be further enhanced if particular venues that are open into the evening sign up to the scheme. Work is underway to progress this.
8.9.6 Implement the departmental audit plan to ensure that the Deprivation of Liberty Safeguards are being fully implemented in Bracknell.	31/07/2010	ASCH	✓	Q4		The second DoLS newsletter has now been sent to providers with details of the upcoming Providers Event planned for February 2011.
8.9.7 Hold Managing Authority conference	31/10/2010	ASCH	✓	Q4		A DoLS workshop/event is being planned for February 2011. This has been advertised in the December DoLS newsletter.
8.9.8 Lead on the implementation of the Vetting and Barring Scheme	30/11/2010	ASCH	✓	Q4		The Coalition Government is currently relooking at this scheme. It is therefore not yet ready to be implemented. Latest is that the review of the Vetting and Barring scheme is expected in the New Year
<b>MTO9 - To promote independence and choice for vulnerable adults and older people</b>						
<b>Detailed Action</b>	<b>Due Date</b>	<b>Owner</b>	<b>Status</b>	<b>Last Updated</b>	<b>Comments</b>	
<b>9.1 Modernising services for vulnerable adults and older people by reducing reliance on residential care and improving access to community based services</b>						
9.1.1 Create more activities for frail older people, with transport linked to the activities	31/05/2010	ASCH	✓	Q4		Action achieved
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	✓	Q4		Increasing numbers of people are being supported to self-assess their needs and use an Individual Budget to pay for flexible support arrangements. At the same time, we are extending the Age Concern Handyman Scheme, which along with Green Machine, a social care enterprise, provides support for house and garden maintenance for older people and those with long-

					term conditions. Action achieved. Thirteen fewer people have required residential care over the course of the year which indicates that out efforts to support people to remain in the community have achieved considerable success.
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	✓	Q4	These issues will be addressed through the OP Accommodation Strategy.
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	✓	Q4	Building work is being carried out in order to expand day provision for people living with dementia. The expanded service will work with BFVA and Berkshire Healthcare Trust to provide additional activities and a carer's drop-in service. Capital grant monies have been provided to Sandhurst Day Centre to enable them to construct a disabled WC and shower room so they can support people who use wheelchairs. Action achieved. Building works were completed at Sandhurst and Heathlands and the latter now offers a range of new activities including arts and crafts sessions provided by volunteers. Space is being offered to a support group for people under sixty-five diagnosed with early-onset dementia. Heathlands, along with all local voluntary sector day activities providers, will be meeting together to develop their services over the coming year to provide for the needs of personal budget-holders.
<b>9.4 Providing advice and support to vulnerable people to help maintain them in their own homes</b>					
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	✓	Q4	Unitary Authorities have agreed further work to be completed on option 3 of the presented EDT review proposals. The existing SLA has been extended for a further 6 months to enable further work to be undertaken. The recommendations of the Serious Case review have been implemented.
<b>9.5 Providing support for carers through working with statutory and voluntary partners</b>					
9.5.1 Continue to increase the rate at which carers receive assessments or reviews	31/03/2011	ASCH	✓	Q4	Work is being carried out in partnership with The Princess Royal Trust, to provide formal assessments / self-assessments and reviews for carers who have expressed interest in accessing the Carers Emergency Respite Service. Bracknell has purchased Carer Aware e-training, which will be customised to reflect local services and delivered to health and social care staff and

					voluntary and private sector provider agencies to ensure that carers are identified and referred for a supported self-assessment of their needs. Carers also participated in a one-day workshop on Carers and Personalisation sponsored by the DH and more than 120 carers attended the recent Carer's Lunch and joined in a question and answer session with ASCH and local voluntary groups that focussed on a range of available support services.
9.5.2 Implement the Dementia Care Adviser role, following DH funding	31/03/2011	ASCH	✓	Q4	The Dementia Care Advisor Role is working with our statutory and voluntary partners, families and carers the funding for this role was due to end in March 2011. We have been successful in securing further funding for the next year; this gives us time to continue to develop a longer term strategy for funding this role. We have also been able to purchase a laptop computer to enhance the level of information that can be provided at remote clinics.
<b>9.7 Implementing the Borough-wide Strategy for Older People</b>					
9.7.1 Promote use of supported self-directed assessments	31/03/2011	ASCH	✓	Q4	Along with those newly referred to ASCH, people undergoing unscheduled re-assessments are also being encouraged to complete a supported self-assessment and look at more creative and flexible means of meeting their care needs. Over the next few months, all people receiving scheduled reviews will be encouraged to do the same and look at ways in which an Individual Budget might help them achieve their desired outcomes. Along with all new referrals, all people who currently receive traditional services are being supported to self-assess their needs and look at the outcomes they wish to achieve. People are encouraged to take an active role in planning their support and seeking funding.
<b>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</b>					
9.8.1 Evaluate the personalisation pilot and develop recommendation for the roll out of personalised support across ASC	31/05/2010	ASCH	✓	Q4	Roll out continues: the policy and staff guidance have been agreed. Performance in this area exceeds the "shadow" target. IAS configuration to meet the requirements of the personalised approach is in progress.





9.8.2 That all new individuals and existing people supported by Adult Social Care are offered a personal budget	31/10/2010	ASCH	✓	Q4	From October 2010 teams have been working with people in a personalised way. Following review, everyone who is eligible will have a personal budget. Following a period of reablement everyone new to the department, with ongoing support needs, will have a personal budget.
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	✓	Q4	In order to assess the impact of reablement including Advanced Intermediate Care an individuals support needs at the beginning of the reablement process are compared to the amount of personal budget for people with ongoing support needs. A Prevention and Early Intervention Guide has been published and distributed around the borough. The guide will be evaluated in Spring and updated to include strategic intentions in Autumn.
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	✓	Q4	32 people are now either members of the Timebank or in the process of completing their membership and people are beginning to make exchanges. Phase 1 of the project is now being evaluated. A skills share event was held in March to recruit new members and to encourage exchanges.
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	✓	Q4	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.
<b>MTO10 - To be accountable and provide excellent value for money</b>					
<b>Detailed Action</b>	<b>Due Date</b>	<b>Owner</b>	<b>Status</b>	<b>Last Updated</b>	<b>Comments</b>
<b>10.4 Working effectively with partners to improve the quality of life in the Borough</b>					
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	✓	Q4	Health space plans developed and submitted and approved - March 2011. Enhanced intermediate care has been developed and funded by PCT.
10.4.9 Implement a joint complaints procedure with the NHS	31/07/2010	ASCH	✓	Q4	Bracknell Forest have published a complaints procedure which responds to the national complaints arrangements valid from 2009/10. The complaints procedure outlines the integrated approach with health. Action achieved.
<b>10.5 Implementing the priority areas of the Service Efficiency Strategy to deliver savings and improve service operation</b>					




10.5.1 Introduce new commissioning arrangements for Domiciliary Care (older people)	31/05/2010	ASCH	✓	Q4	New commissioning arrangements are now in place. Action achieved.
10.5.2 Conclude consultation on modernisation of day care for older people and prepare options for future	31/07/2010	ASCH	✓	Q4	Consultation concluded recommendations are in process of implementation.
<b>10.7 Ensuring all council services provide value for money and make effective use of resources</b>					
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	✓	Q4	Data parameters have been agreed and the performance team are liaising with BFVA over data collation and supply. Data is being monitored to ensure equity of service.
<b>10.8 Ensure staff are in place with the right skills and capacity to deliver service outcomes and maximise service efficiency</b>					
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	✓	Q4	Strategies have been implemented to provide support for service areas that 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 services effectively	31/03/2011	ASCH	✓	Q4	The Workforce Workstream continues to review the implications of the personalisation agenda to ensure employees have the relevant skills to provide effective service delivery.
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	✓	Q4	This action requires the co-operation of other Berkshire authorities to make it economically viable for Bracknell. The sensory needs service is under review and action requires a joint approach with other authorities. Bracknell Forest is considering becoming the lead commissioner on behalf Berkshire LAs commissioning the Sensory Needs Service in order to expedite negotiations.
<b>MTO12 - To promote workforce skills</b>					
<b>Detailed Action</b>	<b>Due Date</b>	<b>Owner</b>	<b>Status</b>	<b>Last Updated</b>	<b>Comments</b>
<b>12.1 Contributing to the development of an appropriately skilled workforce through Adult and Community Learning</b>					
12.1.1 Increase the number of lowest skilled adults, non-employed and under-employed adults to access learning, training and employability skills focussing on 50+ age group, carers, lone parents, adults with mental health problems, disabilities and learning difficulties	31/03/2011	ASCH	✓	Q4	We have implemented the use of the Recovery Star as a method of identifying support required to enable individuals to access education, training and employment. This is used across both statutory and voluntary services. Training has been offered to assist staff in supporting individuals in maximising benefits whilst they move into paid employment. The Recovery Star is being



						successfully used on a routine basis within our services now.
12.1.2 Maximise income for vulnerable people through access to employment or benefit maximisation	31/03/2011	ASCH	✓	Q4		The Council has enabled a number of work placements for individuals who wish to use such an opportunity to try out various options and develop their work related skills. These are proving successful. One individual with a learning disability is being supported to set up a microenterprise. Breakthrough, the supported employment service for people with LD is expanding options to support individuals with other support needs.
12.1.3 Continue to help people with learning disability to secure employment	31/03/2011	ASCH	✓	Q4		Support to help people with learning disabilities to secure and retain employment is ongoing through the jobs and homes pilot action plan. The employment plan developed by Officers and members of the Learning Disability Partnership Board is being implemented supporting creation and retention of work opportunities: This includes Breakthrough (in-house supported employment service) working with Life Long Learning developing a Café at Brackenhale open learning Centre. This will give adult learners and people with learning disabilities the chance to attain real experience of working in a small business while accessing relevant training at the centre such as health and safety, business skills and other related training. The Green Machine (GM) business plan has been implemented with GM being independent from April 1st. Professional links with Breakthrough are in place to ensure paid, voluntary and training opportunities for people with learning disabilities will be provided.
12.1.4 Establish Steering Group for PSA16 Innovation Fund Project and implementation plan	30/04/2010	ASCH	✓	Q4		Both remain in operation.
12.1.5 Develop Implementation Plan for IPSA 16 Innovation Fund project	30/04/2010	ASCH	✓	Q4		This is under implementation





## Annex C: Progress on performance indicators

(please note that figures below are may change as final year-end validations are being done on indicators following draft of this document)

Indicator Ref	Measure	Responsible Officer	Current Actual	Current Target	Previous Year Actual		Comment & Improvement Action	Data Validation Status
NI125	Achieving independence for older people through rehabilitation or intermediate care (Annually)	Sally Palmer	91.4%	N/A	89.37%		The year end position of this indicator shows strong performance with the outturn of 91.43% exceeding last year's performance of 89.37%. This reflects the enhanced services being provided through intermediate care.	Validated
NI 131	Delayed Transfers of Care	Mira Haynes	2.5	< 15	2.39		Performance of delays continues to be strong. This is calculated using DH information which is limited in that it provides totals of acute and non-acute delays. Investigations into N3 access are continuing.	Validated

NI145	Adults with learning disabilities in settled accommodation	Nick Ireland	80.41%	N/A	75.61%		Of 296 people with Learning Disabilities of working age who are known to us, there are 244 people in settled accommodation. This is a good outcome which exceeds 2009/10 performance and our target.	Validated
NI 132	Waiting Times for Assessments	Glyn Jones	90.0%	N/A	92.2%		This represents good performance. Based on 2009/10 data, it should place Bracknell above both the England average and our comparator group average.	Validated
NI 133	Waiting times for Services	Glyn Jones	96%	N/A	94.8%		This represents good performance. Based on 2009/10 data, it should place Bracknell above both the England average and our comparator group average.	Validated

NI 130	Self Directed Support Zoe Johnstone	23.85% (60 – 70% estimated when measured against ADASS definition)	30%	16%		Our performance against national targets is progressively improving with the current outturn at 23.85%. However, using the ADASS definition, our performance is closer to 60 - 70%. From October 2010 teams have been working with people in a personalised way. Following review, everyone who is eligible will have a personal budget. Also, following a period of reablement everyone new to the department, with ongoing support needs, will have a personal budget.	Validated
NI146	Adults with learning disabilities in employment Nick Ireland	15.54%	N/A	17.19%		Of 296 people with Learning Disabilities of working age who are known to us, there are 46 people in employment. This is a good outturn which exceeds our target. The actual number of people being helped into employment has increased from 44 to 46 from last year, although an increase in the Learning Disabilities cohort for reasons of demographics has meant a decrease in the percentage of this indicator, which is not due to a drop off in performance.	Validated

NI 135	Carers assessments/services	Mira Haynes	24.55% (using 2009/10 denominator)	22%	21.0%		This is a good outturn which exceeds both last year's performance and our target for this year. The performance reflects increasing carers support provided across all of our care groups throughout the year and also within partner organisations.	Validated
NI 136	People being helped to live Independently	Glyn Jones	Shadow target - 4682.1 (2569 people), actual outturn - 3601.71 (1,967 people)	N/A	Shadow target - 5,758.82 (3,100 people), actual outturn - 4,256 (2,326 people)		The focus of support in Adult Social Care is to enable people to remain in their own homes for as long as possible. Performance against targets for NI 136 - People Being Helped to Live Independently - has been challenging. This is due to a change in definition after Bracknell had set and agreed our local targets with GOSE. This meant that the original target was unachievable but there was no room to renegotiate.	Validated
NI149	Adults receiving secondary mental health services in settled accommodation (Annually)	Tony Dwyer	90%	N/A	96%		Although this is slightly below last year's outturn of 96%, it nevertheless represents strong performance for this indicator.	Validated
NI150	Adults receiving secondary mental health services in employment (Annually)	Tony Dwyer	14%	N/A	13%		This outturn represents good performance and is an increase on 2009/10.	Validated

NI040	Number of drug users recorded as being in effective treatment (More frequently than quarterly)	Jillian Hunt	154 people	146 people	172 people		Current performance is exceeding target by 8 people so this represents good performance.	Validated
NI 127	User reported measure of respect and dignity in their treatment	Glyn Jones	18.34 (or 76.41%)	N/A	N/A	N/A	This indicator is based on the answers to a combination of questions in the Adult Social Care Survey which cover the 8 domains which relate to quality of life. The maximum score for this indicator is 24 which puts our performance at 76.41%. We are awaiting performance benchmarks nationally and within our comparator group, which should be available in Q2 2011/12.	Validated



## ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 14 JUNE 2011

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### ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT APRIL 2010 – MARCH 2011 Director of Adult Social Care & Health

#### **1 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to present the Adult Social Care Annual Complaints Report to the Adult Social Care Overview and Scrutiny Panel.

#### **2 RECOMMENDATION**

- 2.1 **That the report set out in Annex 1 is approved by the Adult Social Care Overview and Scrutiny Panel.**

#### **3 REASONS FOR RECOMMENDATION**

- 3.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 state that Complaints Services should produce an annual report for consideration.
- 3.2 The Complaints Service performs an important statutory role in assuring the quality of response to adults who make complaints. The annual report, which is also a statutory requirement, supports the continuing development and review of the service and learning from complaints.

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

- 4.1 As producing the report is a statutory requirement, there is no alternative option considered.

#### **5 SUPPORTING INFORMATION**

- 5.1 The report sets out the number and nature of complaints received by the department. The learning from those complaints is also taken forward to improve practice where appropriate.
- 5.2 Overall, there were 37 complaints received within Adult Social Care & Health.
- 6 were received by the Finance Team
  - 11 were received by the Community Response & Reablement Team
  - 4 were received by the Learning Disability Team
  - 4 were received by the Community Mental Health Team
  - 11 were received by the Older People & Long Term Conditions Team
  - 1 was received via the Brokerage Team regarding a Private Provider which required our intervention/further investigation
- 5.3 A total of 136 compliments were received by the department in the same period.

- 5.4 On the subject of the nature of complaints, 4 were in respect of access to services, 11 were in respect of communications and 22 were in respect of standard of service.

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

### Borough Solicitor

- 6.1 The relevant legal provisions are set out within the main body of the report. The Borough Solicitor is satisfied that the report is fine as drawn.

### Borough Treasurer

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

### Equalities Impact Assessment

- 6.3 Available upon request

### Strategic Risk Management Issues

- 6.4 None identified

### Other Officers

- 6.5 None identified

## **7 CONSULTATION**

### Principal Groups Consulted

- 7.1 None

### Method of Consultation

- 7.2 Not applicable

### Representations Received

- 7.3 Not applicable

### Background Papers

Listening, Responding, Improving – A guide to Better Customer Care (2009)  
Adult Social Care Policy – Procedure in making a Complaint (2009)  
Principles of Good Complaint Handling 2009  
Principles of Good Administration (2009)  
Principles of Remedy (2009)  
The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009  
The LGO's new role in Adult Social Care (2010)

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Adult Social Care and Health  
Concerns, Compliments and Complaints Annual Report 2010 -11

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Adult Social Care

Compliments, Concerns and Complaints

Annual Report

2010 – 2011

## **1. Introduction**

This is the Complaints Manager's annual report for Adult Social Care & Health (ASC&H). It is a statutory requirement to produce an annual report about the complaints activity within adult social care that will be available to the public.

The purpose of the report is to provide an overview of this work and to summarise the issues that have arisen from 1<sup>st</sup> April 2010 through to 31<sup>st</sup> March 2011.

This report will firstly go to the Executive Member for Adult Social Care & Health for approval and subsequently onto Bracknell Forest Adult Social Care Overview & Scrutiny Panel on 14<sup>th</sup> June 2011.

## **2. Context**

### **2.1 Legislation**

The current legislation requires local authorities to appoint a Complaints Manager with the responsibility for:

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

### **2.2 New Procedure**

From the 1<sup>st</sup> October 2010 the Local Government Ombudsman (LGO) were granted extended powers, enabling them to deal with complaints from people who self fund or arrange their own personal adult social care.

The Health Act 2009 has amended the LGA Act 1974 which provides the LGO its extended powers. The new service will give 'self funders' the same access to the service as those who have assistance from the Local Authority.

Similarly those who are under the Direct Payment Scheme are also able to approach the LGO if they encounter problems with the service received through an agency and remain dissatisfied with the outcome having used their own complaint procedure. However if they directly employ the carer, they are advised to refer to the employer's section in the guide provided by the Direct Payments Team. They are also able to contact the same team for advice and guidance.

More information regarding these changes can be found by visiting [www.lgo.org.uk](http://www.lgo.org.uk)

### **2.3 Who May Complain?**

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

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

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

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

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

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

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

#### **2.5 The Statutory Procedure**

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

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

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

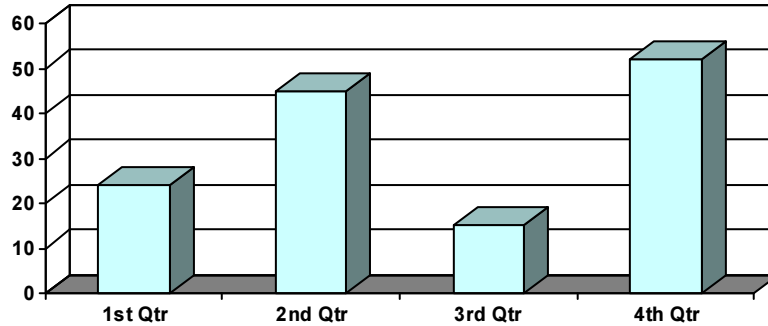
In complex matters, it is important to be able to demonstrate that a fair process has been followed. The use of external Investigators assists in the resolution of these complaints. However, complaints are not automatically referred to an external Investigator, as Bracknell Forest Council has experienced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

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

### 3. Representations in Adult Social Care & Health 2010-11

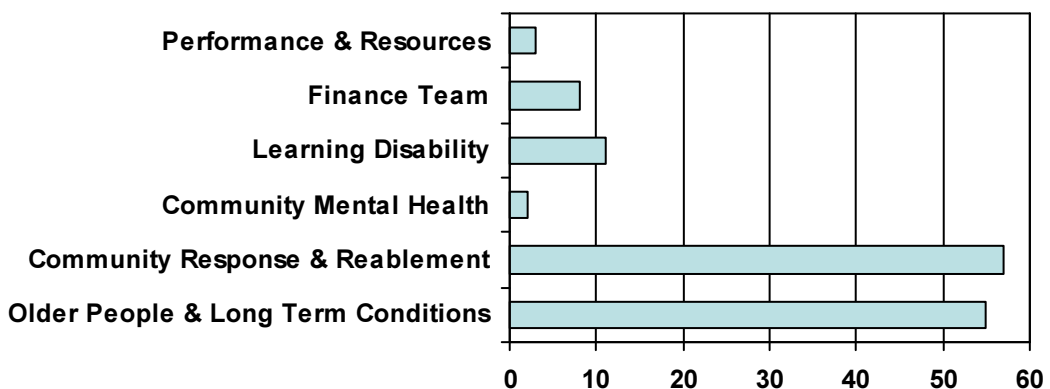
Compliments provide valuable information about the quality of our services and help identify where they are working well. There were 136 compliments received in 2010/11, which are analysed below.

#### Compliments



<p><b>Compliments</b> given to the Complaints Manager Examples of comments were:</p> <p>‘Very pleased with the service provided and the staff who visited were courteous’</p> <p>‘Would like to thank staff for the provision of the equipment received. Delighted with outcomes all round’</p> <p>‘Would like to thank staff for their understanding in the past 4 years regarding the increased needs of their late Mother’</p> <p>‘(Name given) has changed my life since (name) started seeing me’</p>	136 in total
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#### Distribution of Compliments





#### **4. Timescales for the Resolution of Complaints**

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

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

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

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

##### **4.1 Timescale agreed with complainant for completion of complaints**

Our aim is always to resolve complaints within the timescale that has been negotiated with the complainant upon receipt of the complaint. In some instances, particularly where unforeseen circumstances arise, it is necessary to re-negotiate this timescale.

<b>Number of Cases</b>	<b>Was Deadline Met?</b>
29	Were completed within negotiated timescale
8	Cases still within investigation stage (including communication with LGO)

##### **4.2 Overview of the Work**

The Complaints Manager maintains a list of on-going complaints that are currently under investigation. A report is sent to the appropriate Chief Officer on a weekly basis.

#### **5. Number of Complaint Investigations**

There were approximately 3,600 people in receipt of support through adult social care during this period.

Of the 37 complaints having been received using the Statutory Complaints procedure for the period of 2010-11 in comparison with:

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

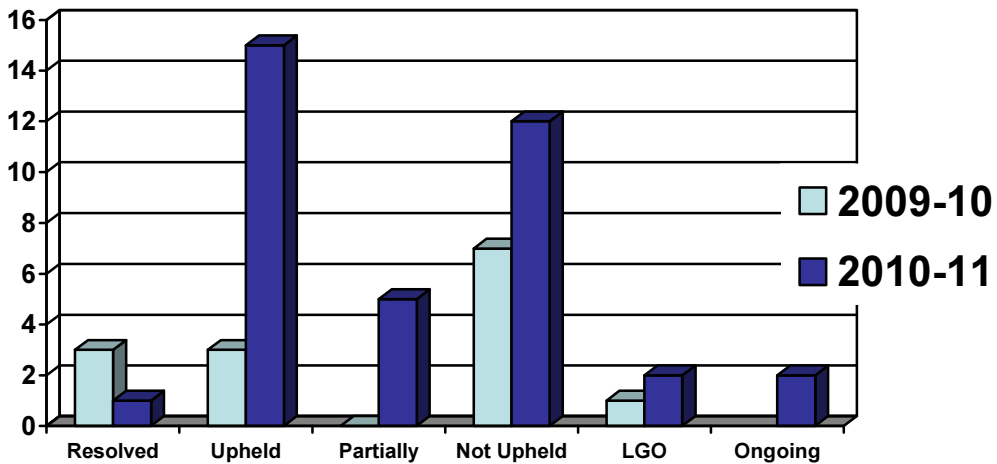
*A total of 15 complaints received for the period of 2009-10*

The 37 complaints include; 1 complaint which was referred to the Local Government Ombudsman, 2 used the Protocol of 'Joint Working on Complaints', 1 was received anonymously, which was investigated and not upheld.

Although Bracknell Forest's numbers of complaints per year are not high, the total number of complaints this year is higher than the previous two years. This is due to several reasons:

- i. Over the last 2 years, Bracknell Forest has responded to the regulations and guidance on the joint social care and health complaints procedure which came into force on 1<sup>st</sup> April 2009. This has given more people access to the complaints processes.
- ii. We have more closely defined what a complaint is (section 6 on page 8). Having a more clearly delineated process has led to more communications being defined as complaints than was previously the case.
- iii. From 3 complaints directed to the Finance Department in 2009-10 to 6 during this period (2010-11), it has been noted that this has been subsequent to the changes to, and introduction of, the 'Fairer Contribution Policy' (see point 5.2 on page 7)

**5.1 Findings from Complaints**



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

**5.2 Complaints Received by Service Area**

Complaints dealt with under the complaints procedure do not always include complaints about the care provided by independent agencies. This is due to those agencies having their own complaints procedure. However, the Complaints Manager will monitor their handling of the complaints process and may log these under a 'concern' (further information under Section 6 on page 8 - 'Defining a Complaint').

Complaints broken down into service area are shown as follows:

6 - were received by the Finance Team
11 – were received by the Community Response & Reablement Team
4 - were received by the Learning Disability Team
4 – were received by the Community Mental Health Team
11 – were received by the Older People & Long Term Conditions Team
1 – was received via the Brokerage Team regarding a Private Provider which required our intervention/further investigation

### 5.3 The Local Government Ombudsman

<ul style="list-style-type: none"> <li>▪ A complainant went directly to the LGO (See point 'i' in sub-section 5.5 below)</li> <li>▪ Another is still within their process (see 'ii' below)</li> </ul>
---

### 5.4 Comments on the Local Government Ombudsman Complaint

Two complaints have been brought to the attention of the LGO for this period:

- i. Complainant went directly to the LGO regarding a complaint. LGO wrote to the complainant advising that they must be satisfied that Bracknell Forest Council knows about the complaint and has been given an opportunity to investigate and reply, using the statutory complaints procedure. We were requested to begin the process. Following on from our investigation and response to the complainant, the LGO had no further involvement.
- ii. The second is still within the correspondence stage between the Council and the LGO.

<b>MP enquiries</b>	9 in total
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Enquiries from Members of Parliament were separated from complaints, as they were requests for information, as opposed to complaints.

## 5.5 Nature of Complaints Received

Access to Services	4
Communications	11
Standard of Service	22

## 5.6 Distribution of Complaints by:

### Age Band:

18 - 29	3
30 - 39	3
40 - 49	4
50 - 59	2
60 - 69	3
70 - 79	6
80 - 89	6
90 - 99	9
Anonymous	1

### Gender:

Male	18
Female	18
Anonymous	1

## 5.7 Cost of Complaint Investigations for 2010-11

There have been no costs incurred for independent investigations.

The total cost of the Complaints function was £24,834 during this period.

## 5.8 Reporting to Senior Managers in Adult Social Care

The Complaints Manager meets with the Chief Officers on a monthly basis. The purpose of these meetings is to learn from the outcomes of complaints and to use that to improve on service delivery. It also provides an opportunity for the Complaints Manager to discuss any concerns regarding the ongoing development of managing complaints and any difficulties there may be regarding the liaison with Operational Service Managers.

## 6. Defining a Complaint

In last year's report, the following areas were highlighted for further development:

- 'How can we more closely define the difference between a complaint and a concern?'
- 'When does a concern become a complaint?'

In view of this, Bracknell Forest Council has reviewed the way it defines a complaint.

When a complaint is first received, the Complaints Manager will review the details provided and assess whether an investigation is required using the Statutory Complaints Procedure. If it is found that an investigation is not warranted, then this will be logged as a 'concern'.

Here are some examples:

- i. The Complaints Manager was contacted regarding a situation in which the Safeguarding Procedure took precedence and was resolved within that process – this was logged as a ‘concern’. However, if the original complaint was to remain unresolved, then this would have been logged as a complaint and investigated as such.
- ii. The Manager at one of our residential establishments was contacted by a relative of a resident regarding lack of communication between herself and staff at the residential unit. This was not accepted under the statutory complaints procedure, as the lack of communication had affected the relative and not the person in receipt of the service. However, the concern raised was not ignored and therefore dealt with and resolved by the registered Manager of the unit.
- iii. A complaint is made directly to a private provider who uses their own complaints procedure. In some instances the Complaints Manager will be informed of this and will monitor the situation. If the complaint is resolved to the satisfaction of the complainant, and does not require the Complaints Manager’s participation, then this will be logged as a ‘concern’.

For clarification purposes - the vast majority of ‘concerns’ are dealt with at service delivery level. If an investigation is required, it will be logged as a complaint and dealt with using the statutory complaints procedure.

Concerns logged via Complaints Manager	23 in total
Concerns logged by Brokerage Team, dealt with by Private Providers using their own Complaints Procedure	137 in total

## **7. Development of Policies and Procedures**

### **7.1 Development of Complaint Management Expertise**

The Complaints Manager has attended several operational team meetings to provide an update on complaints management and the procedures in place.

The South Regional Complaints Managers Group also aims to meet 4 times a year.

It is well attended and provides a network for support and information sharing. The network aims to raise standards for complaints management across the region to promote consistency of practice and to provide a source of mutual support.

Adult Social Care & Health are in the process of implementing a new e-learning training scheme for complaints. This will enable new members of staff to access this facility (as part of their induction) to learn about the complaints procedure. It will also provide a useful tool to update and refresh the current processes under which members of staff may be operating under. It is anticipated that this will be rolled out in Quarter 1 of 2011 – 2012.

## **7.2 Learning from Complaints**

Areas of learning and improvement were highlighted during this period as a result of complaints received and investigated:

- ✓ The importance of clear communication between departments and individuals.
- ✓ Aspects of the invoice process/production to be reviewed.
- ✓ An information booklet explaining all aspects of the financial process is currently in development.

## **8. The Parameters of the Complaints Process**

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

It is also their responsibility to work with the Chief Officers to decide whether any carer who may be raising a complaint is doing so in the interests of the person receiving a service. Where there are no mental capacity issues, we must have the person's permission to proceed with the investigation. We have consent forms for this purpose.

### **8.1 Good Practice in Complaints Management**

Speedy responses have helped to prevent escalation of issues which may have resulted in a complaint. As the legislation states if a matter is dealt with within 24 hours to the satisfaction of the complainant, then it is not required to be logged as a complaint.

The Local Government Ombudsman has produced 3 helpful publications:

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

The Ombudsman's principles for good complaint handling are:

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

## **9. Areas for Future Development**

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

A major part of the Complaint Managers role is to be sure that relevant policies and procedures are being adhered to and that the processes remain transparent and robust.

Work is ongoing to ensure that operational teams have a good understanding of the Bracknell Forest Council's statutory complaints policy and procedures.

The Learning and Development Team are currently in the process of putting together an 'e-learning' package which can be used as a training tool and a refresher course.

## **10. Conclusion**

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

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

The next report will cover the period from April 1<sup>st</sup> 2011 to March 31<sup>st</sup> 2012.

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

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## ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 14 JUNE 2011

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### THE REFRESHED COMMISSIONING STRATEGY FOR ADULTS WITH A LEARNING DISABILITY 2008-13 – ‘MAKING CHOICES, BEING IN CONTROL’ Director of Adult Social Care and Health

#### **1 INTRODUCTION**

- 1.1 This report presents the attached refreshed Commissioning Strategy for Adults with a Learning Disability for the Panel's consideration.

#### **2 SUGGESTED ACTION**

- 2.1 **That the Panel considers the attached refreshed Commissioning Strategy for Adults with a Learning Disability prior to its approval by the Executive Member for Adult Services, Health and Housing on 20 July 2011.**

#### Background Papers

None.

#### Contact for further information

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**THE REFRESHED COMMISSIONING STRATEGY FOR ADULTS WITH A  
LEARNING DISABILITY 2008-13 – ‘MAKING CHOICES, BEING IN CONTROL’  
Director of Adult Social Care and Health**

**1. PURPOSE OF REPORT**

- 1.1 On 12<sup>th</sup> February 2008, the Executive approved the Commissioning Strategy for Adults with a Learning Disability 2008-13.
- 1.2 The Strategy states how the Council and the NHS, in partnership with other organisations in Bracknell Forest, will contribute to improving the lives of people with learning disabilities and their families.
- 1.3 The Strategy has been refreshed to take into account recent national guidance on learning disabilities, see attached Appendix One. This includes Putting People First; Valuing People Now; Our Health, Our Care, Our Say; and Six Lives: The Provision of Public Services to People with Learning Disabilities (Local Government Ombudsman). It also includes refreshed targets and progress on actions.
- 1.4 The Strategy outcomes are based around the seven key areas in Our Care, Our Health, Our Say, however any new Strategies will be based around the New Outcomes framework.

**2. RECOMMENDATION**

- 2.1 **That the refreshed Commissioning Strategy for Adults with a Learning Disability 2008 to 2013 be approved.**

**3. REASONS FOR RECOMMENDATION**

- 3.1 To ensure that the strategic direction for supporting people with learning disabilities and their families continues to reflect
- the needs and wishes of the people concerned
  - national strategic direction
  - recognised best practice

**4. ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 To continue with the strategic direction identified in the original commissioning strategy. However, this would risk not following recent government guidance and best practice.

## 5. SUPPORTING INFORMATION

- 5.1 This refreshed Strategy is Bracknell Forest's local response to
- national policy initiatives and
  - what people with a learning disability have told us about what they need and want in order to have fulfilled lives.

The Strategy is also supported by an Action Plan (integral to the strategy) which includes targets and progress updates.

- 5.2 The central tenet of national policy has been guided by "Putting People First": This ministerial concordat establishes the collaboration between central and local government, the sector's professional leadership, and providers and the regulator. It sets out the shared aims and values which guide the transformation of adult social care, and recognises that the sector will work across agendas with people who receive services and their carers to transform people's experience of local support and services. This cross government shared ambition is to put people first through a radical reform of public services, enabling 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.
- 5.3 Valuing People Now is a three year cross government strategy for people with learning disabilities. It says that all people with a learning disability are people first with the right to lead their lives like any other.
- 5.4 Six Lives: The Provision of Public Services to People with Learning Disabilities (Local Government Ombudsman). The report responds to complaints brought by the charity Mencap on behalf of the families of six people with learning disabilities who died whilst in NHS or local authority care between 2003 and 2005. Based on the findings of these investigations the Ombudsmen made three key recommendations in the report:
- First, that all NHS and social care organisations in England should review urgently:
    - the effectiveness of the systems they have in place to enable them to understand and plan to meet the full range of needs of people with learning disabilities in their areas; and
    - the capacity and capability of the services they provide and/or commission for their local populations to meet the additional and often complex needs of people with learning disabilities;
  - Secondly, that those responsible for the regulation of health and social care services (specifically the Care Quality Commission, Monitor and the Equality and Human Rights Commission) should satisfy themselves, individually and jointly, that the approach taken in their regulatory frameworks and performance monitoring regimes provides effective assurance that health and social care organisations are meeting their statutory and regulatory requirements in relation to the provision of services to people with learning disabilities; and that they should report accordingly to their respective Boards within 12 months of the publication of the Ombudsmen's report.
  - Thirdly, that the Department of Health should promote and support the implementation of these recommendations, monitor progress against them and

publish a progress report within 18 months of the publication of Ombudsmen's report.

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

### Borough Solicitors

- 6.1 The relevant legal provisions are contained within the main body of the report

### Borough Treasurer

- 6.2 There are no direct financial implications arising out of the strategy. Where the strategy leads to changes in the type of support that is available to people with a Learning Disability this will need to happen within existing budgetary resources.

### Equality Impact Assessment

- 6.3 An Equality Impact Assessment was carried out for this revised Strategy see attached Appendix Two.

### Strategic Risk Management Issues

- 6.4 A detailed Action Plan has been developed for the delivery of commissioning intentions which supports services for people with a learning disability. Performance and progress can be measured against each criteria.

## **7. CONSULTATION**

### Principal Groups Consulted

- 7.1 A public consultation exercise was carried out from October 2007 to December 2007 on the development of the initial Strategy which approved by Executive on 12<sup>th</sup> February 2008. Further consultation was carried out on this revised Strategy through Learning Disability Partnership Board.

### Methods of Consultation

- 7.2 At meetings of the Partnership Board, and subsequent meetings of LDPB member with the groups they represent.

### Representations Received

- 7.3 All representations have been incorporated into the strategy and action plan.

## **8. RESOURCE IMPLICATIONS**

- 8.1 None

## Background Papers

- Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care.
- Valuing People Now
- Six Lives: The Provision of Public Services to People with Learning Disabilities (Local Government Ombudsman).

## Contact for further information

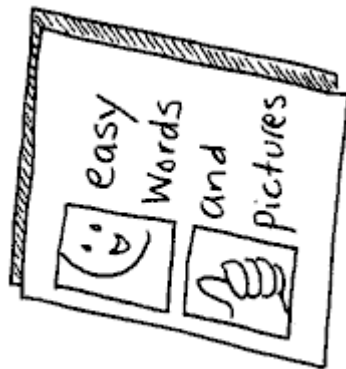
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# Making Choices, Being In Control



A plan about support for people with a learning disability  
**2008-2013**  
**Refreshed May 2011**

## About the plan

This plan has been written by Bracknell Forest Council and the NHS in Bracknell.

Some of the words in this plan might be hard to understand – the words have been underlined and they are explained at the end of the plan.

This plan is also called a Commissioning Strategy.

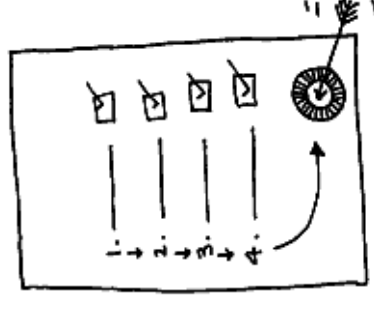
The plan is about how the Council and the NHS in Bracknell can help to make the lives of people with learning disabilities in Bracknell Forest better. It also says how we can make things better for families and other carers.

We have asked people with learning disabilities what they want their lives to be like, and have asked family carers what they need.

We listened to what people said about how they had been supported in the past, how things have changed and what else need to change.

We need to go on making things better because some people with a learning disability often don't have much control over their support.

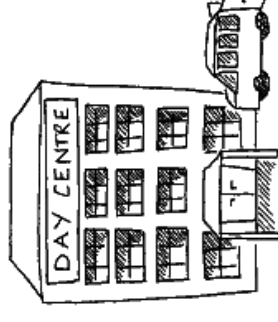
We have updated the first plan because there have been other reports since it was written which suggest other ways we can work with people to support them to improve their lives.





We know that there are people who:

- Live away from their friends and families in special homes and centres
- Aren't allowed to decide important things – professionals or families decide
- Can't choose how they get support
- Don't have their own home, a job, or interesting things to do in their lives



**This plan tells you about the work that we are already doing and what other work we need to do in the next two years until 2013.**

We want to give people with learning disabilities:

- More choice
- More independence
- More chances to do the same things as everyone else
- More control over everything in their life
- **We want lots of different organisations in Bracknell Forest to work together with people and their families to make these changes happen.**

**What we want to happen – the Partnership Board Principles**

## **This is what the Learning Disabilities Partnership Board believes:-**

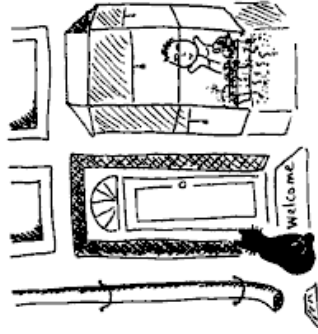
- People with learning disabilities have the same rights and responsibilities as everyone else
- People with learning disabilities should be supported to make choices about their lives, but if necessary, then the Partnership Board also needs to make sure that they do not harm themselves or other people
- People should always be at the centre of decisions affecting them
- Organisations working together can support people better than organisations working alone
- Organisations must make the best possible use of all resources
- They should look at lots of different and new ways to help people to follow their dreams
- They should always try to change things that stop people doing the things that they want to do
- All these things are true no matter how young or old a person is
- They should recognise how important family carers can be to people, and support them



**Things that we have done already**



- We asked a lot of people what they thought about the way they are supported in Bracknell Forest, and what changes needed to be made.



- Lots of people have moved into their own home with support and are really happy with their new lives.
- Activities for people are changing so that people have more choice. These are things like going to the leisure centre and having more choice about the short breaks from their families.

- We have done a lot of work to make Putting People First happen in Bracknell. This means that people can have choice and control over how their individual needs are met. This can be through having direct payments or personal budgets.

- We have made sure that Supporting People money can be used in personal budgets.

- There are a number of people with learning disabilities who are members of the Learning Disability Partnership Board. The Board is co-chaired by a person with a learning disability.



- We have a plan to improve people's experience of general health and social care. This was because a report called the Six Lives Report described what happened to people who had bad experiences of care, especially in hospital. It suggested we should look at what could improve things in our local area.

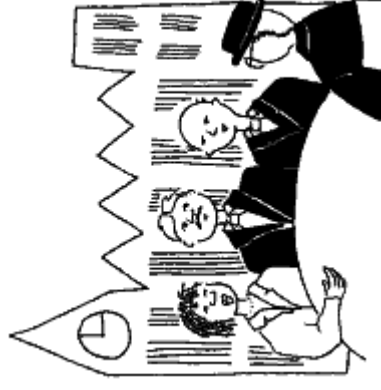
## APPENDIX ONE

- The Government also wrote a paper about working to improve the lives of people with a learning disability. This is called **Valuing People Now**. At Bracknell Forest we have a plan agreed by the Partnership Board to help make sure we are doing everything that Valuing People Now says we should be doing. This was updated in May 2009 and the Board will continue to monitor and review the plan.

## The Plan

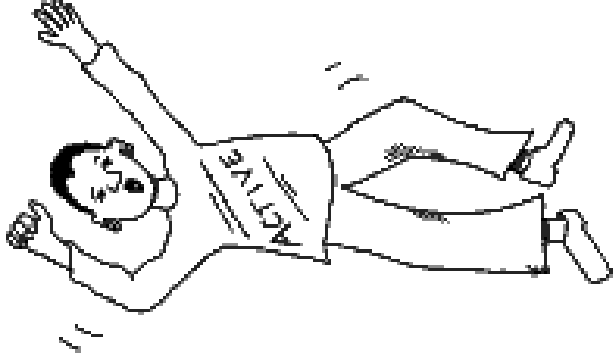
The Government wrote a paper called, Our health, our care, our say. It says that social services staff and health staff have to work together more, so that getting the right support and services is easier for people.

The Government asked people who use services about what they want from services. From all the information, they came up with seven main things that people need to happen in their lives. These are called outcomes.



This plan is about the Council and the National Health Service in Bracknell making sure that the outcomes for people are the best they could be. The plan uses the seven outcomes to help think about what needs to be done here in Bracknell.

# Improved Health and Emotional Wellbeing



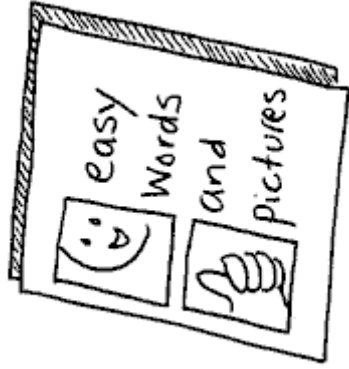
Helping people to keep well and happy

**We need to make sure that**

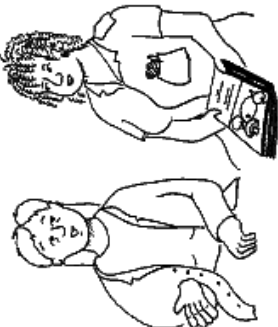
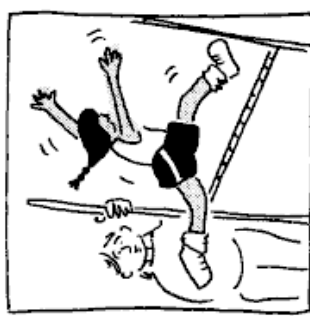

- it is easier for people to get their health checked at the doctors
- doctors and nurses know how to support people with a learning disability to stay healthy. This means special training for staff who may not understand some people's special needs
- there is good clear information about how to stay healthy



- there is information in the way that people need it, which might be in large print, with pictures, in other languages, on tape, on video or in Braille
- people only go into hospital when it is really needed and get the right support when they are there
- If people have to go into hospital they leave when they feel better and are supported to live at home.





APPENDIX ONE

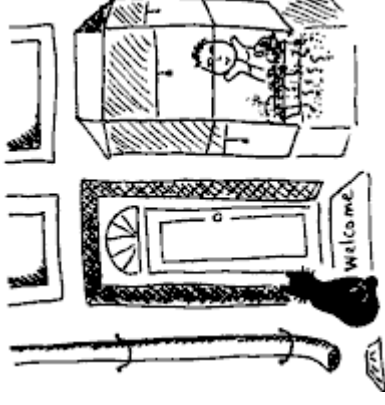
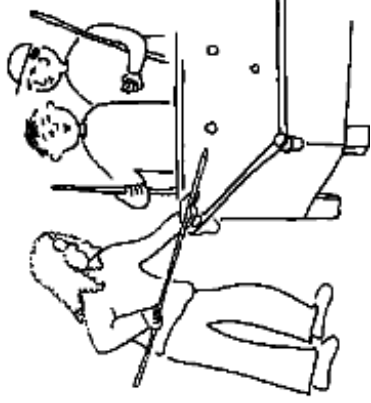
	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>
	<p>More people will be offered a Health Action Plan. This is a personal plan about what you can do to be healthy and tells people the support you might need.</p>	<p>✓ More people feel that they know what to do to stay fit and healthy</p>	<p>We have done a lot but we still need to do more as people require more detailed plans.</p>
	<p>More people will be able to go to the Leisure Centre or other healthy activities at the times that they want to – exercise helps people to stay fit and healthy</p>	<p>✓ Everyone who wants to can do sports and other activities at the Leisure Centre and other places in Bracknell by 2010.</p>	<p>This has been done.</p>
	<p>Carry on our work with staff in hospitals and at doctors surgeries so that they know how to support people better</p>	<p>✓ By the end of 2011 everyone has the chance to have annual health check.</p>	<p>A lot of people have had health checks but we need to make sure that everyone who wants a health check can have one.</p>
	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>



**APPENDIX ONE**

	<p>Ask people with learning disabilities and family carers to be part of the training for staff</p>	<p>✓ People with Learning disabilities and carers will continue to provide training but will be supported to reach more services in the community</p>	<p>People with learning disabilities and carers have been involved in providing training for staff.</p>
	<p>Health and Social Care staff will work together in one team (CTPLD) so that people can get one service whatever their needs</p>	<p>✓ By 2011 there will be a joint service paid for by the Council and NHS together</p>	<p>We are writing an agreement to make sure this happens.</p>

# Improved Quality of Life —




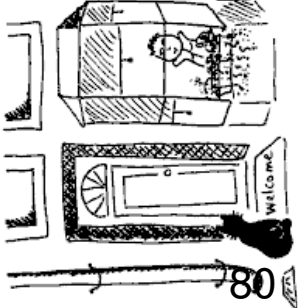
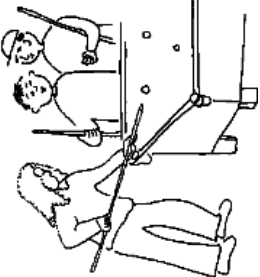
So that people can do the things that they want to do, when they want to do them, and be safe and comfortable at home

**We need to make sure that**


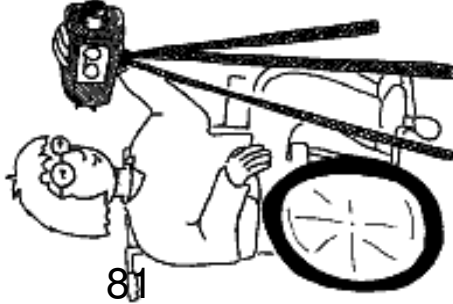
## APPENDIX ONE

- people have choice and control over the support they need
- people get the right support they need
- it is easy for people to talk to someone about their support needs
- people have things to do that are interesting, that they can get to easily and happen at times that are right for them



# APPENDIX ONE

	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>
	<p>Help more people to have a person centred plan and self directed support – so that they can live the life they want</p>	<p>✓ We will help all people to live in the home of their choice by 2013</p>	<p>Many more people live in the home of their choice with work still continuing with others.</p>
	<p>Help people living in care homes to move into their own home and choose who they want to live with – we need to work with people who are planning for housing so that they know what accommodation people with a learning disability need</p>	<p>✓ Each year more people are living in their own homes with a better range of accessible and adaptable accommodation.</p>	<p>Approximately 85% of all adults with a learning disability live in their own home and not residential care; these people are supported by the Council.</p>
	<p>Carry on with our work to make activities for people more interesting, easier to get to and that people can use when they want to – not just at special times.</p>	<p>✓ More people are taking part in activities that they want to do in the community.</p>	<p>More activities are available in the local community supported by good transport choices ('R Bus').</p>
	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>

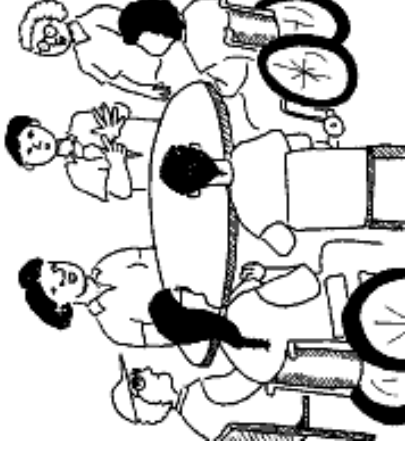
**APPENDIX ONE**

	<p>Make sure people can get information in ways they understand.</p>	<p>✓ All relevant health and social care information will be in audio version (information read onto tape so that people can listen to it) or easy read by 2011.</p>	<p>A lot of progress has been made but we still have work to do</p> <p>We have lots of information in easy read but we need to do more.</p>
	<p>Work with partners in the community to give people with a learning disability more chances to take part in art activities</p>	<p>✓ To continue to work with all arts organisations in Bracknell so a range of arts programmes are available.</p> <p>This includes looking at the future of Headspace.</p>	<p>There is now an arts forum to support a range of activities.</p>
	<p><b>What we plan to do</b></p>	<p><b>Our targets</b></p>	<p><b>Progress</b></p>

**APPENDIX ONE**

	<p>Give people more choice over how they plan and get their support by helping more organisations to work in Bracknell Forest. Especially <u>user led organisations (ULO)</u></p>	<p>✓ working with user led organisations</p>	<p>A development worker is working with groups in the community to help set up a ULO.</p>
	<p>We will make more use of <u>Assistive Technology</u> to help people to live independently</p>	<p>✓ The Council will be looking writing a plan of how Assistive Technology can be used more to help people.</p>	<p>Lots of people have Assistive Technology helping them in their daily lives.</p>

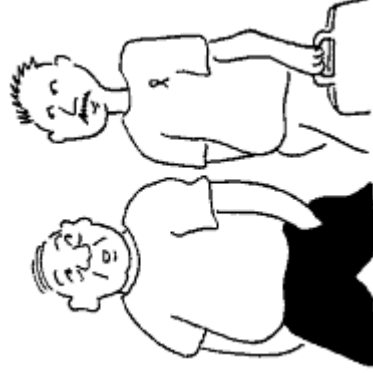
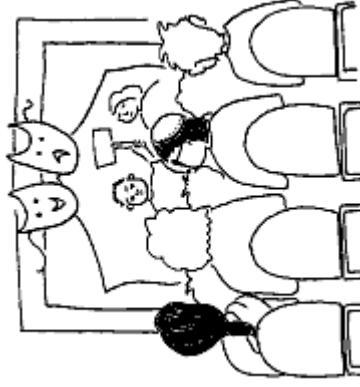
# Making a Positive Contribution



Doing things with and for other people, and helping to make the big plans

**We need to make sure that:**

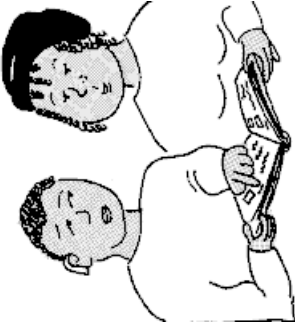

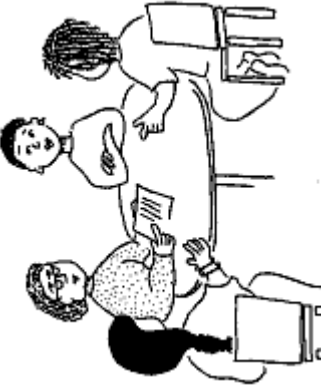
- people are supported to speak up and say what they feel
- people are involved in planning and improving their support
- people are supported to do the things that they enjoy
- people are supported to learn new things
- the Council and the NHS can show how it listens to people and how it uses their ideas to make things better



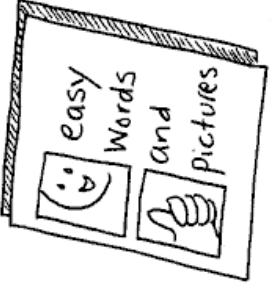
- people are supported to help out in the community
- everyone works together so that people do not have to tell the same thing to lots of different people



APPENDIX ONE

	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>
	<p>Help people to get the skills that they need to live independently</p>	<p>✓ More people are living independently and are included in making decisions and in the <u>community</u>.</p>	<p>People have been supported in different ways to develop skills. There are more people living independently and doing community activities of their choice.</p>
	<p>We will continue to support people to do things for charity to help people who are in need</p>	<p>✓ That this support continues</p>	<p>People have been involved in supporting a range of charitable causes.</p>
	<p>We will make sure that people with a learning disability have a chance to take part in council and NHS planning groups and to be paid for going</p>	<p>✓ More information from all the public services is available that is easy for people to understand.</p>	<p>We have lots of information in easy read but we need to do more</p>
	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>

## APPENDIX ONE

 <p>easy Words and Pictures</p>	<p>We will work with other people in the Council, the NHS and other agencies to make sure that more information is easy to understand so that people can take part in everyday life in the community</p>	<p>✓ All people who are eligible and who want to vote have the support to do so.</p>	<p>We have held workshops to tell people about voting and information sessions about elections with Elected Members</p>
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# Increased Choice and Control



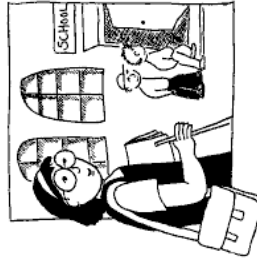
People making their own decisions, and having the support to make them happen

**We need to make sure that:**

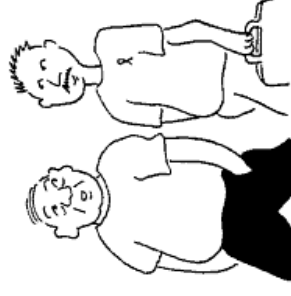


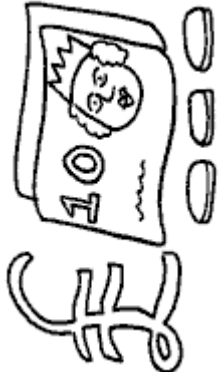

## APPENDIX ONE

- people are supported to tell their family, social workers and other people about the life that they want to live




- young people know what support they will get when they leave school
- people are given the right information so that they can make decisions about their support
- it is easy for people to make a complaint if they need to
- people know who to talk to about the support that they need
- people can have an advocate if they need support to tell their story or speak up or are support to learn to speak up for themselves
- people can choose where they want to live and are helped to find a home and get the support they need
- the Council and the NHS helps people to have choice and control over their lives through self directed support and the different ways this can be used



	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>
	<p>We will make sure more people are in control of the support that they need. This will mean people will know how much money they have to spend on the support they need.</p>	<p>✓ More people say that they only have to tell their story once and don't have to repeat themselves.</p>	<p>Where people choose 1 worker will support the person from the beginning of the planning through to the delivery of the individuals support plan</p>
	<p>The Community Team for People with a Learning Disability (CTPLD) will check with everybody that the support they are getting is right for them.</p>	<p>✓ More people are having choices and control through self-directed support. Everyone who has their support paid for by the Council will be able to have a personal budget.</p>	<p>A lot of people have a personal budget but we still have work to do to make sure that everyone who wants one can have one.</p>
	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>

**APPENDIX ONE**

	<p>We will carry on working with young people and their families to plan the support that they need when they become an adult</p>	<p>✓ All young people aged 16 – 18 have a person centred plan.</p>	<p>This has been done and will be done with everybody as they reach 16 years old</p>
<p>We will work with other people in the Council so that we have transport that people can use when they want it</p>	<p>✓ There are more choices available for people – more activities, different ways of getting support and help to plan support.</p>	<p>This has been done and we review regularly to make sure this continues</p>	
<p>We will work with colleges so that people with a learning disability can choose courses which will help them get the life they want.</p>	<p>✓ To develop courses that meet local needs and helps people into jobs</p>	<p>Good partnerships with colleges has meant some new courses.</p>	
<p><b>What we plan to do</b></p>	<p><b>Our targets</b></p>	<p><b>Progress</b></p>	

**APPENDIX ONE**



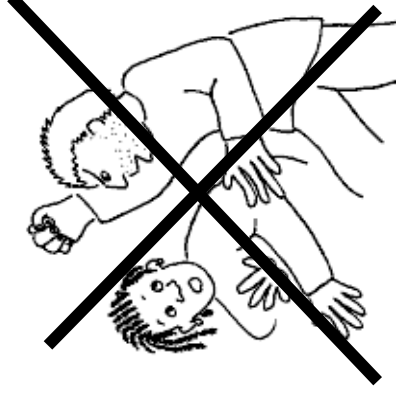
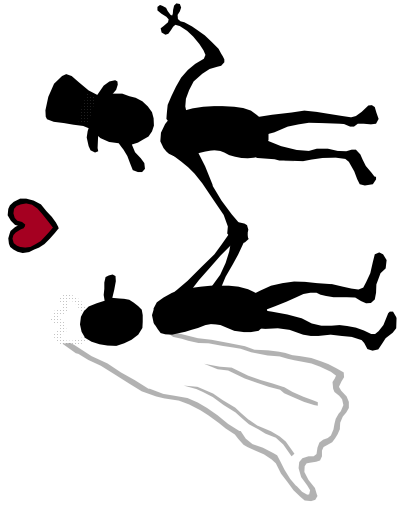
We will make sure people can have an advocate to help them speak up if they want.



An Advocacy strategy will be developed in 2011.

A range of Advocacy support is available for people.

# Freedom from discrimination or Harassment

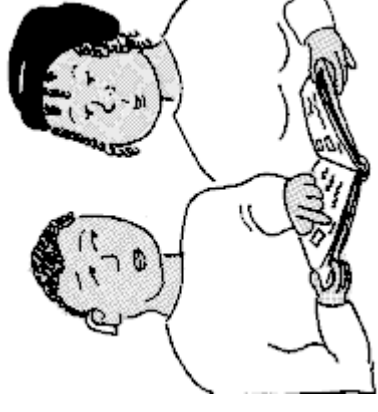




Being able to do the same things as other people, and not have people bully you or be nasty



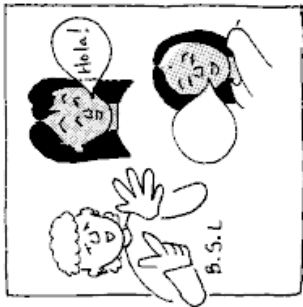

**We need to make sure that**

- there is support that meet the needs of people from different backgrounds
- the rules about who can get support are easy to understand
- everyone can talk to someone about the support that they need – even if it means that they might have to pay for some, or all, of their support
- people with a learning disability have the chance to do the same things as other people

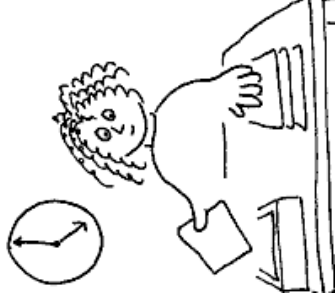


	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>
	<p>Make sure that there are chances for people with a learning disability to make new friends and have a special relationship with someone if they want to</p>	<p>✓ There is the right support available to suit everyone's needs those that are eligible.</p>	<p>People can now do the same activities as others which has helped people to make new friendships. The Natural Networks has also been set up to help people to meet and pursue mutual interests.</p>
	<p>Support people with a learning disability who want to have a baby or who want advice about <u>family planning</u>. Give support to parents with learning disabilities to look after their children.</p>	<p>✓ To have parenting classes for people with a learning disability</p>	<p>Working with Berkshire adoption and advisory services so that information is in accessible format.</p> <p>Some staff have had training to support people with learning disabilities in their parenting role.</p>

APPENDIX ONE

	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>
	<p>Make sure that there is the right support for people from different communities that is right for them</p>	<p>✓ To review progress and make sure all people eligible for support their needs are met.</p>	<p>Surveys and plans to monitor needs have been done.</p>
	<p>Make sure that people with learning disabilities are not harmed</p>	<p>✓ Set up 'Safe Place Scheme' locally.</p>	<p>Introducing the 'Stop it Now' scheme.</p>

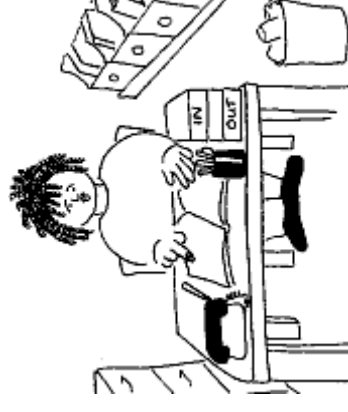
# Economic Wellbeing





Having enough money to keep well and safe

### **We need to make sure that**

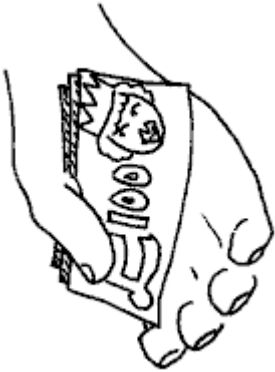


- the Council and the NHS work together to make sure that people are getting the right support and the right organisation is paying for it
- people can have support to find a job that pays proper wages if they want one
- people have chance to do the training that they want
- carers get the support they need to carry on working or to get back into work




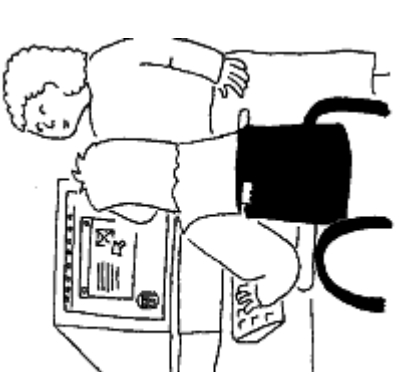
APPENDIX ONE

	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>
	<p>Health and Social Care will work together to make sure that people are getting the right support at the time they need it and that the right organisation is paying for it</p>	<p>✓ Everyone is working better and there is an agreement to join some health money and council money together to support people better by 2011.</p>	<p>Health and Social care staff work together in 1 team for people with learning disabilities</p>
	<p>Continue to help more people to get jobs that pay proper wages</p>	<p>✓ More people are in employment or paid work. Every year 5 more people are supported to find and keep jobs.</p>	<p>A lot of work has been done and a new employment project to support more jobs is being worked on</p>

APPENDIX ONE

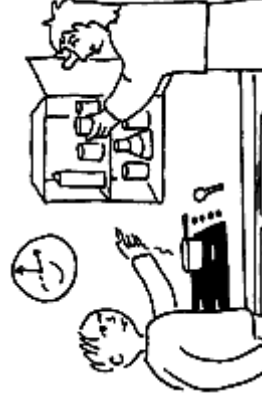
	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>
	<p>Continue to give more people control over their support by people having a <u>personal budget</u> or a <u>direct payment</u> if they want one</p>	<p>✓ More people are <u>self-directing</u> their <u>support</u> and are living happily and safely in the community.</p>	<p>Everyone who wants to can self-direct their support.</p>
	<p>Continue to support people to get as much money from benefits as they are able to get</p>	<p>✓ When people have their reviews this is checked</p>	<p>People are receiving benefits they are entitled to.</p>
	<p>Help people with a learning disability who are not able to get support from the Council to find the support that they need</p>	<p>✓ To work with local services to improve access for people in the community.</p>	<p>Local community services through better awareness can provide services better.</p>
	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>

APPENDIX ONE

	<p>Make sure that organisations who provide support for people are meeting the <u>Quality Assurance Framework</u> standards they need to and are good value for money</p>	<p>✓ Support will be given to help people with a learning disability take an active part in Quality Assurance.</p>	<p>People who receive support or services can have advocacy support to help them to take part. People are involved in Quality Assurance through interviews asking them about their experiences.</p>
	<p>Encourage businesses to employ people with disabilities and help set up social firms.</p>	<p>✓ The Council and the NHS will lead the way in making at least 6 jobs in their organisations accessible for people with learning by 2013.</p>	<p>More people have jobs but more needs to be done if we are to meet the target.</p>



# Maintaining personal dignity and respect



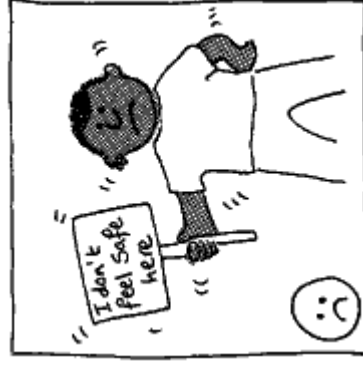
Having help to keep clean and comfortable if you need it, and having help to keep your home clean and comfortable if you need it.

**We need to make sure that**

- people get support to stay safe from harm
- people understand how they can keep themselves safe from harm
- people are supported to speak up
- carers get the support and the breaks they need

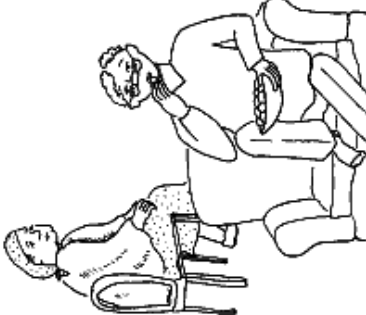
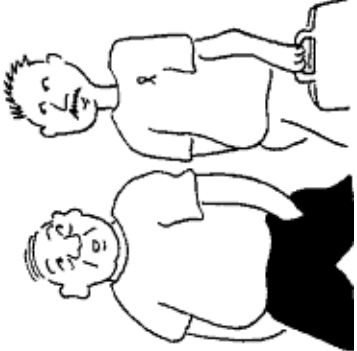


- everyone working with people with a learning disability knows what to do if they think someone is being treated badly

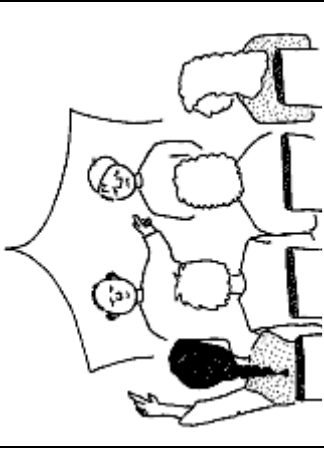


- people feel that they can speak up if they think that someone else is being treated badly
- people are supported to have the relationships they want to and with who they want

APPENDIX ONE

	<b>What we plan to do</b>	<b>Our targets</b>	<b>Progress</b>
	<p>Make sure that all services we have now are doing things right. They must meet national standards and do what it says in the Quality Assurance Framework.</p>	<p>✓ Continue to do an <u>assessment</u> for every carer who wants one.</p>	<p>This is happening now.</p>
	<p>Continue to make sure that there are advocacy services to help people to speak up for themselves</p>	<p>✓ More carers know what support is available. Information is available as soon as possible about new things.</p> <p>✓ There continues to be access to good quality advocacy or support to speak up for themselves.</p>	<p>The Council now has much more information on the website – it is called the i-hub.</p> <p>We are writing a plan about advocacy.</p>
	<b>What we plan to do</b>	<b>Our targets</b>	<b>progress</b>

**APPENDIX ONE**

	<p>Change the way that breaks for carers are provided so that people with learning disabilities have a choice of where to go</p>	<p>✓ People have more choice about the breaks that they go on.</p>	<p>Having a Personal Budget means that people can choose to spend the money in different ways to meet their needs but we still need to do more work to make sure there are more choices for people.</p>
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**Where can I find out more?**

The changes will happen over five years and will take a lot of work. This will be done in partnership with lots of people and organisations. People with learning disabilities, families and carers will be involved in planning changes. We will let you know how we are getting on.

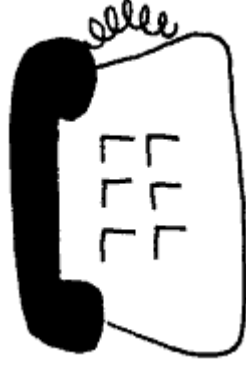
If you want to talk more about this strategy please contact

Zoë Johnstone – 01344 351609  
Chief Officer Adult & Commissioning

Nick Ireland– 01344 351652  
Head of Learning Disabilities

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Head of Joint Commissioning

Amina Begum-01344 351610  
Joint Commissioning Officer



**GLOSSARY – Helping you understand some of the words we use**

**Some words in the strategy that are hard to understand have been underlined and are explained here**

<b>Advocacy/ Advocate</b>	Having help to get your voice heard and being able to say your views and what is important to you
<b>Assessment</b>	Find out what someone’s needs are
<b>Assistive technology</b>	Special equipment that can be set up to support someone to stay safe
<b>Braille</b>	A way of writing a document so that people who have difficulty seeing things can read it by touching the paper
<b>Carer / Carers</b>	A person who provides support for someone
<b>Commissioning</b>	Planning and buying support

APPENDIX ONE

<b>Commissioning Strategy</b>	A plan about changing services and support for people
<b>Community</b>	The place where we live
<b>Consultation</b>	Asking what people think about something
<b>Direct Payment</b>	Having the money from the Council so that you can buy your own support
<b>Executive</b>	The people at the Council who make the important decisions
<b>Family planning</b>	Making sure that people only have a baby when they want to have one
<b>Housing Strategy</b>	A council plan about making sure there are enough of the right kind of homes for people

**APPENDIX ONE**

<b>Health Action Plan</b>	A list of how someone can look after their health and the support that they need to do it
<b>Independence</b>	Having choice and control over your own life
<b>Our health, our care, our say</b>	A government report about how health and social services have to make things better for people
<b>Outcomes</b>	The difference that support makes to someone's life
<b>Partnership Board</b>	The Government asked every Council to set up a Partnership Board (which is a meeting of lots of different people) in their area to improve the lives of people with a learning disability
<b>Professionals</b>	People who work with people with a learning disability like a social worker
<b>Primary Care Trust</b>	The organisation in charge of health services



APPENDIX ONE

<b>Person centred</b>	Making sure that everything we do for people is what people want to happen
<b>Personal budget</b>	An amount of money that is allocated to a person for their support which depends on the amount of support they need
<b>Putting People First</b>	A plan made by the government and agreed by lots of organisations to make sure that people are helped to be in control of their own lives make decisions for themselves and get the services which meet their individual needs.
<b>Quality Assurance Framework</b>	Making sure that people who work with people with a learning disability do a good job
<b>Review</b>	Looking back to see how well things have worked and making changes if they are needed
<b>Self directed support</b>	Someone having choice and control over the support that they need to live the life that they want to
<b>Six Lives Report</b>	A report about the experiences of people with learning disabilities when they were in hospital

## APPENDIX ONE

<b>Supporting People</b>	Money to pay for support to help with learning to run your own home
<b>Transition</b>	A time of change – when people move from being a child to an adult.
<b>Valuing People Now</b>	A paper written by government to make the lives of people with a learning disability better
<b>User Led Organisation</b>	An organisation which is led and managed by the people who are members of the organisation or use its services

For more copies of this strategy or copies in other languages or formats please contact the Commissioning Team on 01344 351610.

Bracknell Forest Council. January 2008, updated May 2011

## Equalities Screening Record Form

Date of Screening: 18 April 2011	Directorate: Adult Social Care & Health	Section: Joint Commissioning Team
1. Activity to be assessed	Please give full details of the activity and summarise the budget reduction proposal <b>Adult Autism Joint Commissioning Strategy</b>	
2. What is the activity?	<input checked="" type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change	
3. Is it a new or existing activity?	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	
4. Officer responsible for the screening	Val Bray, Joint Commissioning Officer	
5. Who are the members of the EIA team?	Nick Ireland, Head of Learning Disabilities Val Bray, Joint Commissioning Officer Cathy Tissot, Parent John Warren, Expert by Experience of Asperger Syndrome Sue Hall, Team Manager CYPL – CSC Lydia Hodges, National Autistic Society Sylvia Coglatti, Head of Learning Disability NHS Berkshire East Chris Dickenson, Commissioning and Contracts Manager NHS Berkshire East Steph Bartrop, Autism Personal Facilitator	
6. What is the purpose of the activity?	<p><i>Please describe briefly its aims, objectives and main activities as relevant. Provide further details of the budget reduction proposal that you will be assessing the impact of.</i></p> <p>The strategy sets out how we intend to implement locally the Government's vision for 'transforming the lives and outcomes for adults with autism'. In order to develop the strategy, a local consultation was carried out with individuals who have ASD and their families, social care and health care staff and voluntary and community groups with a focus on ASD. The strategy is framed around the 7 quality outcomes the Government has suggested as an approach to evaluating progress.</p>	
7. Who is the activity designed to benefit/target?	<ul style="list-style-type: none"> <li>• Adults over 18 with ASD (autistic spectrum disorder)</li> <li>• Young people 14 – 18 with ASD</li> <li>• Parents, families and carers of adults with ASD</li> <li>• Social care professionals and practitioners</li> <li>• Health care professionals and practitioners</li> <li>• Voluntary and community sector organisations</li> <li>• Commissioners of support and services</li> </ul>	

<p><b>8. a Racial equality - Is there an impact?</b> What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.</p>	<p>Y X</p>	<p><i>Please explain considering the impact on White British and Irish, Gypsy/Roma/Travellers, White Other, Black and Minority Ethnic groups; e.g Asian, Black, Chinese, Mixed Race.</i></p> <p>A positive impact:</p> <ul style="list-style-type: none"> <li>The intention of the strategy is to improve support and services to all adults with ASD in Bracknell Forest. The prevalence of autism is not thought to be higher in any specific ethnic group but the diversity of the population in Bracknell is expected to widen and this will be a factor to take into account when planning culturally sensitive support.</li> </ul>
<p><b>8. b What evidence do you have to support this?</b> E.g equality monitoring data, consultation results, customer satisfaction information etc.</p>	<p><i>Please explain</i></p> <ul style="list-style-type: none"> <li>The ethnicity of people with ASD known to the LD Team and the ASD Team supports the national research that autism is not thought to be higher in any specific ethnic group.</li> <li>One of the main actions in the strategy is to raise awareness of ASD in the community and to make training mandatory for staff. This will ensure that any barriers, faced by people from racial and ethnic groups, will be removed.</li> </ul> <p>Staff working with adults who have ASD need to be aware of the following significant factors:</p> <ul style="list-style-type: none"> <li>Individuals with ASD may not access services or ask for support because the condition may not be recognised in some communities or there is little information available in the language spoken in that community.</li> <li>Some families may want to care for adults with ASD without any external help or support</li> <li>Some communities may find the diagnosis hard to accept as it is not 'visible' in the way that a physical disability or a learning disability such as Down's Syndrome is.</li> <li>Some ethnic communities, notably Gypsy/Roma/Travellers, may experience poor relationships with the Council which may deter them from making an approach for support.</li> <li>It will be important to work with community leaders and link officers when raising awareness of ASD in the community.</li> </ul>	<p><i>Please explain considering the impact on men, women and transgender, where relevant.</i></p> <p>A positive impact:</p> <ul style="list-style-type: none"> <li>It is widely acknowledged that the prevalence of ASD is much higher in males than females however the actions identified in the strategy are designed to benefit everyone including transgender individuals.</li> </ul>
<p><b>9. a Gender equality - Is there an impact?</b> What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.</p>	<p>Y X</p>	<p><i>Please explain considering the impact on men, women and transgender, where relevant.</i></p> <p>A positive impact:</p> <ul style="list-style-type: none"> <li>It is widely acknowledged that the prevalence of ASD is much higher in males than females however the actions identified in the strategy are designed to benefit everyone including transgender individuals.</li> </ul>
<p><b>9. b What evidence do you have to support this?</b></p>	<p><i>Please explain</i></p> <ul style="list-style-type: none"> <li>National research shows that 90% of people with ASD are male and 10% female.</li> <li>Local Bracknell Forest data shows a similar bias towards males although not as marked as national data (almost 75% were male and 25% female). Information on transgender individuals is not available. The transition data base shows a similar trend with 85% male and 15% female.</li> </ul>	


	<ul style="list-style-type: none"> <li>• There could be a danger that services and support is geared towards males.</li> <li>• As ASD is linked predominately to males, health professionals may overlook the condition in females (females might be better at hiding their condition and being diagnosed with personality disorders).</li> <li>• The diagnosis of females is expected to increase as a result of awareness raising and training and when the strategy is reviewed annually we will ensure we respond to specific needs of this group.</li> <li>• Some individuals with Asperger Syndrome can become fixated with their gender as one of the 'causes' of their condition.</li> <li>• There are a significant number of transgendered women with Asperger Syndrome but not necessarily transgendered men.</li> <li>• Transgender people with ASD can experience isolation if they feel misunderstood by society.</li> </ul>
<p><b>10. a Disability equality - Is there an impact?</b>  What kind of equality impact may there be?  Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.</p>	<p>Y x</p> <p>N</p> <p><i>Please explain considering all forms of disability e.g. visually impaired, hearing impaired, physically disabled, learning disability, mental health and unseen disabilities e.g. heart disease and diabetes</i></p> <p>A positive impact:</p> <ul style="list-style-type: none"> <li>• An action from the strategy is to improve care pathways following diagnosis.</li> <li>• There are strong links between ASD and learning disability and mental ill health.</li> <li>• The National Autistic Society states that it is not possible to estimate the proportion of people with ASD and LD (IQ less than 70) as some are very able and have never come to the attention of support services as they have learned strategies to overcome difficulties with communication and social interaction.</li> <li>• A positive impact of the strategy is that training for all teams will improve knowledge of the effects on the individual of a dual diagnosis.</li> <li>• The ways services are currently structured may have a negative impact on people with ASD as they often fall between the criteria.</li> </ul>
<p><b>10. b What evidence do you have to support this?</b></p>	<p><i>Please explain</i></p> <ul style="list-style-type: none"> <li>• There is evidence to support ASD and links to epilepsy.</li> <li>• Research has highlighted that often a mental health condition is recognised and treated but the ASD is left undiagnosed and unsupported.</li> <li>• A diagnosis of ASD may be masked by a learning disability.</li> </ul>

	<ul style="list-style-type: none"> <li>Without a diagnosis of ASD, access to services may not be as straightforward. If individuals have a dual diagnosis they may be inappropriately directed to a team not as well informed to provide support.</li> <li>Individuals with ASD are at risk of social exclusion and at risk of mental illness. This could mean they only engage with services when their health has deteriorated to a point of requiring acute interventions.</li> </ul>
<p><b>11. a Age equality - Is there an impact?</b> What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.</p>	<p>Y X</p> <p>N</p> <p><i>Please explain considering the impact on children, young people, middle aged and older people.</i></p> <p>A positive impact:</p> <ul style="list-style-type: none"> <li>There are a large number of older adults who may have undiagnosed ASD or have been misdiagnosed with having a mental health condition.</li> <li>A positive impact of the strategy is that as GPs increase their knowledge of ASD and how/where to refer for diagnosis; younger people will be diagnosed sooner.</li> <li>The ageing population is living longer and there will be more people with ASD requiring support in the future. A positive impact of the strategy is that implementation of the action plan and regular reviews of the action plan will ensure we respond to needs appropriately.</li> </ul>
<p><b>11. b What evidence do you have to support this?</b></p>	<p><i>Please explain</i></p> <ul style="list-style-type: none"> <li>Autism is often thought of a childhood condition i.e. one which a young person will 'grow out of'</li> <li>Specialist health services providing diagnosis and treatment tend to be focused on children and young people, adults may find it more difficult and challenging to get a diagnosis and access to services, support and therapy.</li> <li>People with ASD are living longer and some individuals are supported by their parents or family carers. As the carers age and inevitably die, there will be more individuals with ASD who may need supported housing and other services.</li> <li>The statutory guidance from the national autism strategy advises that it is a requirement of local authorities and health bodies to collect data on the numbers of people with ASD living in their area.</li> </ul>
<p><b>12. a Religion and belief equality - Is there an impact?</b> What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.</p>	<p>Y X</p> <p>N</p> <p><i>Please explain considering the impact on those with a religious belief e.g Christians, Jews, Hindus, Muslims, Sikhs and Buddhists; as well as those with non religious beliefs e.g Atheist</i></p> <p>A positive impact:</p> <ul style="list-style-type: none"> <li>The intention of the strategy is to ensure social inclusion of all groups of adults with ASD and efforts will be made to make links with community leaders to publicise knowledge of support available.</li> </ul>

		<ul style="list-style-type: none"> <li>A positive impact of the strategy will be to encourage religious groups and church leaders to make their services easier to understand for people with a learning disability.</li> </ul>
<p><b>12. b What evidence do you have to support this?</b></p>	<p>Please explain</p>	<ul style="list-style-type: none"> <li>Some religious/faith groups think that ASD is caused by demon. If this view is held by the relatives of the individual, it is unlikely they will approach social care or health care for support. This could have a detrimental, if not fatal consequence for the individual if for example this thinking leads to unsupervised exorcism.</li> <li>Muslims believe that people with a low I.Q are not counted as guilty by Allah and they will not train them in the ways of Islam. This would mean that people with a dual diagnosis of LD and ASD will be excluded.</li> <li>Some faith groups, for example Charismatic Christians believe that God will heal sickness. If this is the belief of the individual and/or their family they will not approach social care or health care for support. This can have a very serious negative impact on individuals, especially young people and needs to be addressed.</li> <li>The rights of people to self determination and beliefs must be balanced with safeguarding vulnerable individuals.</li> </ul>
<p><b>13. a Sexual orientation equality - Is there an impact?</b> What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.</p>	<p>Y N X</p>	<p>Please explain considering the impact on heterosexual men and women, gay men, lesbians and bisexual men and women.</p> <p>A positive impact:</p> <ul style="list-style-type: none"> <li>The strategy should make a positive impact as it aims to raise awareness of ASD to all groups and to promote social inclusion.</li> <li>Information on the sexual orientation of adults with ASD living in Bracknell is not currently available but should be in the future as the new data base system has a field to collect this information.</li> </ul>
<p><b>13. b What evidence do you have to support this?</b></p>	<p>Please explain</p>	<ul style="list-style-type: none"> <li>Individuals with ASD can experience difficulty with reading signals given by other people who may or may not be looking to form a relationship.</li> <li>Individuals with ASD who are confused about their sexual orientation may find it difficult to seek the support they need and will find homophobic abuse very confusing.</li> </ul>
<p><b>14. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carer's/ex-offenders) and on promoting good community relations.</b></p>	<p>Please explain</p>	<p>NAS research suggests that only 15% of people with ASD are in full time employment and 66% not working at all. An outcome to be achieved in the Bracknell Autism Strategy is "Adults with autism are included and economically active"</p>

	<p><b>15. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?</b></p>	<p><i>Please explain</i> No adverse impact has been identified.</p>				
<p><b>16. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?</b></p>	<p><i>Please explain</i></p>					
<p><b>17. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?</b></p>	<table border="1"> <tr> <td data-bbox="764 90 846 1255">Y</td> <td data-bbox="846 90 927 1255">N</td> </tr> <tr> <td data-bbox="927 90 1008 1255"></td> <td data-bbox="1008 90 1089 1255">Please explain for each equality group</td> </tr> </table>	Y	N		Please explain for each equality group	
Y	N					
	Please explain for each equality group					
<p><b>18. What further information or data is required to better understand the impact? Where and how can that information be obtained?</b></p>	<p>The Council's budget consultation in December 2010 will enable consultation with equality groups on the budget proposals the consultation responses and results will be added to the impact assessment.</p>					
<p><b>19. On the basis of sections 7 – 17 above is a full impact assessment required?</b></p>	<table border="1"> <tr> <td data-bbox="1495 90 1576 1255">Y</td> <td data-bbox="1576 90 1624 1255">N</td> </tr> <tr> <td data-bbox="1658 90 1624 1255"></td> <td data-bbox="1739 90 1624 1255">X</td> </tr> </table>	Y	N		X	<p><i>Please explain your decision. If you are not proceeding to a full equality impact assessment make sure you have the evidence to justify this decision should you be challenged.</i></p> <ul style="list-style-type: none"> <li>The Bracknell Forest Adult Autism Joint Commissioning Strategy is a statutory requirement arising from the National Autism Strategy.</li> <li>The intention of the strategy is to raise awareness of ASD to all stakeholders and to improve support and services to individuals with ASD.</li> <li>The strategy will have a positive impact on all individuals with ASD and will help to ensure that everyone is socially included.</li> </ul>
Y	N					
	X					
<p><b>20. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.</b></p>						
<p><b>Action</b></p>	<p><b>Timescale</b></p>	<p><b>Person Responsible</b></p>	<p><b>Milestone/Success Criteria</b></p>			
<p>Action plan to be monitored by Autism Partnership Board</p>	<p>Ongoing</p>	<p>Nick Ireland</p>	<p>Actions and outcomes identified achieved.</p>			
<p><b>21. Which service, business or work plan will these actions be included in?</b></p>			<ul style="list-style-type: none"> <li>The action plan which forms part of the commissioning strategy.</li> <li>The DH self assessment tool for local areas to evaluate progress in developing services for adults with autism.</li> </ul>			
<p><b>22. Have any current actions to address issues for any of the groups or examples of good practice been identified as part of the screening?</b></p>		<p>Please list</p> <ul style="list-style-type: none"> <li>A programme of training to promote awareness of ASD is already underway.</li> <li>On going development of the advocacy strategy.</li> <li>The commissioning Strategy will be reviewed annually.</li> <li>Input to the strategy has been provided by a wide and diverse cross section of the community.</li> </ul>				



<p>23. Chief Officers signature.</p>	<p>Signature: </p>	<p>Date:</p>
<p>24. Which PMR will this screening be reported in?</p>	<p><b>Adult Social Care &amp; Health</b></p>	

When complete please send to [abby.thomas@bracknell-forest.gov.uk](mailto:abby.thomas@bracknell-forest.gov.uk) for publication on the Council's website.

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## ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 14 JUNE 2011

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### EXECUTIVE RESPONSE TO 'STAYING SAFE' - OVERVIEW AND SCRUTINY REPORT ON SAFEGUARDING ADULTS IN THE CONTEXT OF PERSONALISATION

#### Assistant Chief Executive

#### 1 INTRODUCTION

- 1.1 This report introduces the Executive response to 'Staying Safe', the 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 considers the response of the Executive to the review of safeguarding adults in the context of the personalisation of Adult Social Care undertaken by a working group of this Panel.**

#### 3 SUPPORTING INFORMATION

- 3.1 The Executive agreed the attached response to the Overview and Scrutiny report on safeguarding adults in the context of the personalisation of Adult Social Care at its meeting on 18 January 2011. The Executive response was not available in time for the last meeting of the Adult Social Care Overview and Scrutiny Panel, held on 10 January 2011, and therefore this is the first opportunity that the Panel has had to consider the response. The response was favourably received by the Overview and Scrutiny Commission on 27 January 2011.

#### Background Papers

'Staying Safe' – Report of a Review of Safeguarding Adults in the Context of the Personalisation of Adult Social Care, October 2010.

#### Contact for further information

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TO: THE EXECUTIVE  
18 JANUARY 2011

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**OVERVIEW AND SCRUTINY REPORT ON “STAYING SAFE”  
Director of Adult Social Care and Health**

**1 PURPOSE OF DECISION**

- 1.1 To determine the Executive’s response to the recommendations in the report by the Adult Social Care Overview and Scrutiny Panel’s Working Group on Staying Safe.

**2 RECOMMENDATIONS**

- 2.1 That the following recommended of the Working Group on “Staying Safe” be accepted:

- 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;
- 2 That 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;
- 3 That adult safeguarding training and awareness raising be continued in all sectors, including the independent sector, to ensure the successful implementation of the safeguarding agenda;
- 4 That 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;
- 5 That 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 That in line with the CQC recommendation, individual involvement to enable people to have greater input into safeguarding services be improved;
- 7 That 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;
- 8 That the NHS continue to be encouraged and supported to embed modernised empowering adult safeguarding in its working practices;

9 That consideration be given to devising an Adult ‘Safeguarding Toolkit’ similar to that issued by the Bracknell Forest Local Safeguarding Children Board; and

10 That consideration be given to the development of a Self-Neglect Policy for Bracknell Forest.

2.2 That the Adult Social Care Overview and Scrutiny Panel be advised that the Working Group is thanked for their work.

### 3 REASONS FOR RECOMMENDATIONS

3.1 The Overview and Scrutiny Working Group has spent considerable time reflecting on all the issues with the support of appropriate officers. As a consequence the report and recommendations are fully informed and merit support.

### 4 ALTERNATIVE OPTIONS CONSIDERED

4.1 Not applicable.

### 5 SUPPORTING INFORMATION

5.1 The Working Group has set their work in the context of the national agenda for personalised support arrangements for individuals, and the increasing emphasis on preventative and empowering approaches to supporting people and managing risks.

5.2 The recommendations of the Working Group to the Council’s Executive are listed on page 24 of the Working Group’s report. These are attached as an annexe and, with some changes in detail, its findings and recommendations are accepted.

5.3 The reasons behind the recommendations are explained below:

5.4 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;

The Executive is asked to recognise that the work undertaken through the Quality Assurance Framework, which incorporates contract monitoring, and which is overseen through the Care Governance Board. This approach, coupled with provider liaison meetings ensures the quality and effectiveness of services, and should therefore be continued.

5.5 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;

People receiving Direct Payments to arrange their own support may not have the benefit of the same level of external oversight of their wellbeing, and therefore it is essential that they are sufficiently informed of their rights and appropriate support and advice arrangements should they need to access them.

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

The Safeguarding agenda promotes the concept that safeguarding is everybody's business. Training and awareness for staff in all sectors is crucial to enable them to be able to recognise where individuals may be at risk of abuse, and to take appropriate action to prevent, or report inappropriate behaviour.

- 5.7 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;

This recommendation recognises that some young people may be at risk of exploitation, and supports the current multi-agency approach that is addressing this.

- 5.8 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;

The move away from more institutional support arrangements requires that there are a range of alternative mainstream opportunities in which people can participate of they choose. Some universal services are not currently aware of how they may need to adjust their facilities and approaches to enable people with additional support needs to participate. This recommendation supports the approach being taken as part of the Personalisation agenda, in which mainstream services are supported to develop their awareness and skills, and where appropriate resources, to enable them to offer a better service to people who require additional or different support.

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

As with social care generally, more traditional approaches to safeguarding adults have taken a "do unto" approach to ensuring that people are as safe as possible. It is increasingly recognised that if appropriately informed and supported, individuals can safeguard themselves, and that risk management plans are far more effective if they are developed **with** the individual instead of **for** them. This development work is reflected in the Safeguarding Adults Partnership Board development plan.

- 5.10 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;

In the spirit of "safeguarding is everybody's business", members are in a key position to support and promote awareness within the community.

- 5.11 The NHS continue to be encouraged and supported to embed modernised empowering adult safeguarding in its working practices;

Historically NHS organisations have had a very low reporting rate for suspected or alleged abuse or risk of abuse, although staff within them are frequently in situations where they should be identifying and supporting circumstances that should be reported. Work is ongoing with safeguarding leads in NHS organisations to ensure

that staff are appropriately trained and supported to ensure that empowering safeguarding approaches are embedded throughout their respective organisations.

5.12 Consideration be given to devising an Adult 'Safeguarding Toolkit' similar to that issued by the Bracknell Forest Local Safeguarding Children Board; and

Consideration should be given to this in the context of the information already available to promote and support safeguarding adults, and relative priority in relation to the work programme for the Safeguarding Adults Partnership Board.

5.13 Consideration be given to the development of a Self-Neglect Policy for Bracknell Forest.

This relates to individuals who have capacity to make decisions, but make decisions which result in self neglect. This would be useful guidance for staff when they have no recourse to other powers to ensure wellbeing, such as those powers within the Mental Health Act 2007 and Mental Capacity Act 2005.

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

### Borough Solicitor

6.1 The relevant legal provisions are contained within the main body of the report.

### Borough Treasurer

6.2 The Borough Treasurer is satisfied that no significant financial implications arise from this report.

### Equalities Impact Assessment

6.3 The recommendations will assist in ensuring that adults in the Borough are safeguarded from harm.

### Strategic Risk Management Issues

6.4 The Council has a statutory lead for ensuring that safeguarding approaches are embedded in the Borough. Although the performance management approach of the Adult Social Care regulator, the Care Quality Commission, is changing, and we are as yet unaware of the detail for the future, there will be a clear focus on Safeguarding. It is therefore essential that all appropriate avenues for strengthening our safeguarding arrangements are pursued.

## **7 CONSULTATION**

### Principal Groups Consulted

7.1 None

### Method of Consultation

7.2 None

## Representations Received

7.3 None

## Background Papers

No Secrets  
Staying Safe

## Contact for further information

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## Doc. Ref

Exec Report – O&S Report on Staying Safe



TO: THE EXECUTIVE  
18 JANUARY 2011

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**OVERVIEW AND SCRUTINY REPORT ON “STAYING SAFE”  
Director of Adult Social Care and Health**

Please note that the following paragraph was omitted from the report contained in the agenda. It explains that a recommendation originally made by the Working Group was withdrawn. Therefore the Executive was not asked to accept it.

5.14 The Staying Safe report made a further recommendation:

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;

The Head of Adult Safeguarding currently chairs meetings where there are particularly complex or sensitive issues, or where there is a potential conflict of interest.

However, on further clarification of the implications of an arrangement with other local authorities, this recommendation was withdrawn.

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## ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 14 JUNE 2011

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### OVERVIEW AND SCRUTINY WORK PROGRAMME 2011/12

#### 1 INTRODUCTION

- 1.1 The purpose of this report is to invite the Adult Social Care Overview and Scrutiny (O&S) Panel to consider and note the proposed work programme for O&S in 2011/12, at Appendix 1 to this report. The O&S Commission is due to consider and agree the work programme for 2011/12 at its meeting on 9 June, and the Panel will be updated orally on the outcome of the Commission meeting.
- 1.2 The proposed programme incorporates the views of the former O&S Commission and Panels and, forming part of the Annual Report of O&S for 2010/11, it was endorsed by Council at its meeting on 27 April 2011.
- 1.3 The Constitution requires that the Corporate Management Team and the Executive shall be consulted on the work programme, and this was achieved by inviting their comments on the draft 2010/11 Annual Report of O&S. The Corporate Management Team commented that they were *'concerned about the resource implications of the proposed work programme. The Council has recently reduced support for Overview and Scrutiny and the Council faces at least three further years of budget reduction as the Coalition attempts to reduce the Country's deficit. Therefore there can be no expectation of additional resources to deliver this programme in the near future. The finally agreed work programme will need to be managed within the existing resources.'*
- 1.4 During the past four years the Panel has regularly monitored the performance of the Adult Social Care and Health Department, mainly through review of its quarterly Performance Monitoring Reports, Care Quality Commission performance judgements and related improvement plans, and Adult Social Care Annual Complaints Reports. The Panel has also considered the Department's budget each year and reviewed services for carers, people with learning disabilities and older people, and reviewed safeguarding adults in the context of the 'personalisation' of Adult Social Care with a view to developing and improving services.

#### 2 SUGGESTED ACTION

**That the Adult Social Care Overview and Scrutiny Panel:**

- 2.1 **Considers and notes the draft work programme for Overview and Scrutiny in 2011/12.**
- 2.2 **Selects Members to progress the specific reviews in the work programme for the Panel.**

Background Papers

Annual Report of Overview and Scrutiny, 2010/11.

Contact for further information

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### **Proposed Work Programme for Overview and Scrutiny in 2011/12**

The proposed work programme for O&S in 2011/12 is shown on the following pages. The programme is aimed at maintaining a strategic and coordinated work programme based on major areas of Council and partner organisations' activity. The selection of review topics takes account of what is of direct and significant interest to residents, and what would be timely, relevant, and likely to add value. The programme incorporates the routine, on-going work of O&S and the completion of reviews currently underway. The overall programme is smaller than in recent years owing to the reduction in officer support for O&S, arising from the financial pressures facing the Council.

The O&S Commission has consulted the O&S Panels, the Council's Corporate Management Team and the Executive on the work programme, as required by the Council's Constitution.

The work programme will necessarily be subject to continual refinement and updating. The 'future proposed reviews' are those which are unlikely to be resourced until 2012/13 or later.

<b>OVERVIEW AND SCRUTINY COMMISSION</b>	
1.	<b>Co-ordination of the work of the Overview and Scrutiny Panels</b>
2.	<b>Routine monitoring of the performance of the Council's corporate functions</b>  To include: the Corporate Performance Overview Reports; the Performance Monitoring Reports of the Chief Executive's Office and the Corporate Services Department; progressing the regeneration of Bracknell Town Centre; and progress on strategic risk management.
3.	<b>Exercising pre-decision scrutiny by reference to the Executive Forward Plan</b>
4.	<b>2012/13 Budget Scrutiny</b>  To review the Council's budget proposals for 2012/13, and plans for future years. Overview and Scrutiny Panels will also scrutinise the budget proposals in their departmental areas.
5.	<b>Crime and Disorder Committee</b>  To carry out the role of statutory 'Crime and Disorder Committee'.
6. (New)	<b>Policy Development</b>  To contribute to the formulation of: <ul style="list-style-type: none"> <li>a) The Council's new performance management framework, following the ending of the Comprehensive Area Assessment and the National Indicator Set. (Estimated start early 2011.)</li> <li>b) The Council's new Medium Term Objectives, following the 2011 local government elections. (Estimated start Autumn 2011.)</li> </ul>

	<p>c) Plans for neighbourhood engagement, in the light of the Localism Bill and local developments.</p> <p>d) The 2012 refresh of the Information and Communications Technology Strategy.</p>
7.	<p><b>Sustaining Economic Prosperity</b></p> <p>To contribute to the Council's approach to delivery of Priority 6, to sustain the economic prosperity of the Borough during the current economic downturn. (Estimated start – late 2011.)</p>

<b>ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL</b>	
1.	<p><b>Monitoring the performance of the Adult Social Care and Health Department</b></p> <p>To include on-going review of the Performance Monitoring Reports, receiving statutory plans and reports (such as the annual reports on complaints received), monitoring the action taken by the Executive to earlier reports by the Panel, and being briefed on the implications of new legislation.</p>
2.	<p><b>Exercising pre-decision scrutiny by reference to the Executive Forward Plan</b></p>
3.	<p><b>2012/13 Budget Scrutiny</b></p> <p>To review the Council's Adult Social Care budget proposals for 2012/13, and plans for future years.</p>
4.	<p><b>Policy Development</b></p> <p>To contribute to the update of the Carers Strategy, consequent on new statutory requirements.</p>
<b>Future Proposed Reviews</b>	
5. (New)	<p><b>A Review of the Deprivation of Liberty Safeguards</b></p>
6. (New)	<p><b>Substance Misuse</b></p> <p>A review of the Council's response, and that of its partners, to the government's new requirements in its 2010 Drug Strategy.</p>

<b>CHILDREN, YOUNG PEOPLE AND LEARNING OVERVIEW AND SCRUTINY PANEL</b>	
1.	<p><b>Monitoring the performance of the Children, Young People and Learning Department</b></p> <p>To include on-going review of the Performance Monitoring Reports, receiving statutory plans and reports (such as the annual reports on the Children and Young People's Plan, and on complaints received) and monitoring the action taken by the Executive to earlier reports by the Panel.</p>
2.	<p><b>Exercising pre-decision scrutiny by reference to the Executive Forward Plan</b></p>
3.	<p><b>2012/13 Budget Scrutiny</b></p> <p>To review the Council's Children, Young People and Learning budget proposals for 2012/13, and plans for future years.</p>
4. (New)	<p><b>Policy development</b></p> <p>a) <u>Child Poverty Strategy</u> – to monitor the implementation of the new strategy and contribute to its future development.</p> <p>b) <u>School meals</u> – using the Member review of school meals, contribute to forming the procurement specification for the new school meals contract.</p>
<b>Future Proposed Reviews</b>	
5. (New)	<p><b>The Provision of School Places</b></p> <p>To review the Council's arrangements for providing places for children in Bracknell Forest's schools, to include the school admissions process.</p>
6. (New)	<p><b>Schools Governance</b></p> <p>To review the comments by Ofsted about governance in Bracknell Forest Schools, and the arrangements being made to achieve effective governance in all schools.</p>
7.	<p><b>English as an Additional Language</b></p> <p>To carry out a follow-up review to the issues which arose in the 2008 Overview and Scrutiny review of English as an Additional Language in Bracknell Forest schools.</p>
8. (New)	<p><b>School Record Keeping</b></p>
9. (New)	<p><b>Common Assessment Framework</b></p> <p>As a follow-up to the review of safeguarding children, to review the arrangements for the Common Assessment Framework in Children's Social Care.</p>

<b>ENVIRONMENT CULTURE AND COMMUNITIES OVERVIEW AND SCRUTINY PANEL</b>	
1.	<p><b>Monitoring the performance of the Environment, Culture and Communities Department</b></p> <p>To include on-going review of the Performance Monitoring Reports; review of any inspection reports or self-evaluations; and monitoring the action taken by the Executive to earlier reports by the Panel.</p>
2.	<p><b>Exercising pre-decision scrutiny by reference to the Executive Forward Plan</b></p>
3.	<p><b>2012/13 Budget Scrutiny</b></p> <p>To review the Council's Environment, Culture and Communities budget proposals for 2012/13, and plans for future years.</p>
4.	<p><b>Monitoring significant departmental issues:</b></p> <ul style="list-style-type: none"> <li>• The implementation of the Local Development Framework.</li> <li>• The implementation of the Supporting People Programme Action Plan on an annual basis.</li> <li>• Implementation of the new national structure for Housing and Council Tax benefits.</li> </ul>
5.	<p><b>Highway Maintenance</b></p> <p>To complete the review of the Council's plans and performance for highway maintenance.</p>
6.	<p><b>Commercial Sponsorship</b></p> <p>To complete the Member Reference Group exploring the possible procurement of a commercial sponsorship scheme.</p>
7. (New)	<p><b>Policy Development</b></p> <p>Local Transport Plan – To review the outcome of public consultation, and to contribute to the development of the Implementation Plan for LTP 3.</p>
<b>Future Proposed Reviews</b>	
8. (New)	<p><b>Libraries</b></p> <p>To review the options for future provision of the Library Service, to include possible use of volunteers.</p>



9. (New)	<p><b>Public Health</b></p> <p>To carry out a joint review with other Scrutiny Panels on the Council's response to the transfer-in from the Primary Care Trust of public health responsibilities. To include measures to prevent ill-health and to promote good health.</p>
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<b>HEALTH OVERVIEW AND SCRUTINY PANEL</b>	
1.	<p><b>Policy development and monitoring the implementation of the major changes from the 2010 NHS White Paper</b></p> <p>Contribute to the Council's and NHS policy development, and monitor in particular (subject to legislation): the transfer of the Public Health responsibilities from the PCT to the Council; the creation of the GP Consortium, Local HealthWatch and the new Health and Wellbeing Board; and establishing the new arrangements for Health Overview and Scrutiny.</p>
2.	<p><b>In conjunction with the Joint East Berkshire Health Overview and Scrutiny Committee, monitoring the performance and budget of the Berkshire East PCT and the NHS trusts serving Bracknell Forest</b></p> <p>This will include: the linkage with the Operating Framework and the national NHS priorities set by the Department of Health; the progress of health service providers on infection-control, particularly in relation to MRSA and C Difficile; the transfer and merger of Community Health Services; the financial position of Heatherwood and Wexham Park Hospitals Trust; the NHS Operating Framework which sets the priorities for health; and the Joint Strategic Needs Assessment.</p>
3.	<p><b>Responding to NHS Consultations</b></p> <p>The Health O&amp;S Panel is a statutory consultee for any substantial variation in NHS services affecting the Borough, and usually up to 3-5 consultations occur each year.</p>
<b>Future Proposed Reviews</b>	
4.	<p><b>The New NHS Constitution</b></p> <p>To review the implementation by NHS organisations of the NHS Constitution, which brings together a number of rights, pledges and responsibilities for staff and patients.</p>
5.	<p><b>New Health Facilities in Bracknell</b></p> <p>As a follow-up to the 2010 O&amp;S report on the Bracknell Healthspace, to review the provision of health services from the new Healthspace also the Brant's Bridge centre for cancer and renal services.</p>

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

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## ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL 14 JUNE 2011

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

#### 1 INTRODUCTION

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

#### 2 SUGGESTED ACTION

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

#### 3 SUPPORTING INFORMATION

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

#### Background Papers

Local Government Act 2000

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## ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

### EXECUTIVE WORK PROGRAMME

REFERENCE	I027682
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**TITLE:** Emergency Duty Service – Outcome of Service Review

**PURPOSE OF DECISION:** The outcome of the review is that a new model of operation, Joint Agreement and Departmental Standards have been produced. Approval is sought from Executive to enable implementation.

**FINANCIAL IMPACT:** Within existing budget.

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

**PRINCIPAL GROUPS TO BE CONSULTED:** All 6 Unitary Authorities in Adults and Children.

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

**DATE OF DECISION:** 16 Jun 2011

REFERENCE	I028307
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**TITLE:** The Refreshed Commissioning Strategy for Adults with a Learning Disability 2008-13 – ‘Making Choices, Being In Control’

**PURPOSE OF DECISION:** That the refreshed Commissioning Strategy for Adults with a Learning Disability 2008 to 2013 be approved.

**FINANCIAL IMPACT:** Not applicable.

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

**PRINCIPAL GROUPS TO BE CONSULTED:** Executive Members  
Learning Disability Partnership Board Members

**METHOD OF CONSULTATION:** A public consultation exercise was carried out from October 2007-December 2007 on the initial strategy which was approved by the Executive Member on the 12 February 2008.

Further Consultation was carried out through the Learning Disability Partnership Board with members.

**DATE OF DECISION:** 20 Jul 2011

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