



NOTICE OF MEETING

Adult Social Care and Housing Overview & Scrutiny Panel
Tuesday 17 June 2014, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

**To: ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY
PANEL**

Councillor Harrison (Chairman), Councillor Allen (Vice-Chairman), Councillors Blatchford, Brossard, Finch, Mrs McCracken, Mrs Temperton, Virgo and Ms Wilson

cc: Substitute Members of the Panel

Councillors Mrs Barnard, Ms Brown and Kensall

ALISON SANDERS
Director of Corporate Services

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Tuesday 17 June 2014, 7.30 pm
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Bracknell**

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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 and Housing Overview and Scrutiny Panel meeting held on 25 March 2014.

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Matter Arising: Update in respect of the Dementia Homecare Team.

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

Members are requested to declare any disclosable pecuniary or affected interest, including the existence and nature of the Party Whip, in respect of any matter to be considered at this meeting.

Any Member with a Disclosable Pecuniary Interest or an Affected Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

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. **PUBLIC PARTICIPATION**

To receive submissions from members of the public which have been submitted in advance in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

PERFORMANCE MONITORING

8. **QUARTERLY SERVICE REPORT (QSR)**

To consider the latest trends, priorities and pressures in terms of departmental performance as reported in the QSR for the fourth quarter of 2013/14 (January to March 2014) relating to Adult Social Care and Housing. An overview of the first quarter of 2014/15 will also be provided.

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Please bring the previously circulated Quarterly Service Report to the meeting. The QSR is attached to this agenda if viewed online.

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

9. **ANNUAL COMPLAINTS REPORTS 2013/14 FOR ADULT SOCIAL CARE AND FOR HOUSING**

To consider the Annual Complaints Reports 2013/14 for Adult Social Care and for Housing.

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OVERVIEW AND POLICY DEVELOPMENT

10. **LIVING WITH POSITIVE CHOICES: A COMMUNITY STRATEGY FOR ADULTS WITH LONG TERM CONDITIONS AGED 18-64 YEARS**

To review the Action Plan associated with the above Strategy.

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11. **ALCOHOL BRIEF INTERVENTION IN SOCIAL CARE**

To note the establishment of the new alcohol brief intervention programme and progress made to date.

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12. **UPDATE ON THE CARE ACT 2014 AND PLANS FOR IMPLEMENTATION**

To receive an update in respect of the Care Act 2014, its likely impact on the Council and plans for its implementation in Bracknell Forest.

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13. **WORKING GROUP UPDATE REPORT**

To receive an update in respect of the working group of the Panel reviewing the Council's role in Regulated Adult Social Care Services and to select the next review topic and working group membership.

89 - 92

HOLDING THE EXECUTIVE TO ACCOUNT

14. EXECUTIVE KEY AND NON-KEY DECISIONS

To consider scheduled Executive Key and Non-Key Decisions relating to Adult Social Care and Housing.

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DATE OF NEXT MEETING

The next meeting of the Adult Social Care and Housing Overview and Scrutiny Panel has been arranged for Tuesday 16 September 2014.

**ADULT SOCIAL CARE AND HOUSING
OVERVIEW & SCRUTINY PANEL
25 MARCH 2014
7.30 - 9.05 PM**



Present:

Councillors Harrison (Chairman), Allen (Vice-Chairman), Blatchford, Brossard, Mrs McCracken, Mrs Phillips, Mrs Temperton, Virgo and Ms Wilson

Executive Members:

Councillor Birch

In Attendance:

Mira Haynes, Chief Officer: Older People & Long Term Conditions

Simon Hendey, Chief Officer: Housing

Zoë Johnstone, Chief Officer: Adults & Joint Commissioning

Glyn Jones, Director of Adult Social Care, Health & Housing

37. Minutes and Matters Arising

RESOLVED that the minutes of the Adult Social Care and Housing Overview and Scrutiny Panel meeting held on 14 January 2014 be approved as a correct record and signed by the Chairman.

Matters Arising

- New care agencies were given three months to sign up to the Council's home care electronic monitoring system. Residents who did not wish care providers to use their telephone to log in and out of the monitoring system were provided with a separate monitoring device to enable the system to be used. The system had been set up in such a way as to enable the monitoring of any incidents of 'zero travel time'
- Of the seven residents currently receiving care from the In-House Dementia Team, two had been successfully transferred to new care arrangements, two would have their new care arrangements in place shortly and agency responses were awaited for three residents. Eleven of the In-House dementia Care team had been successfully redeployed to other posts. Four members of staff had not wanted to be redeployed and would be made redundant at the end of the month

38. 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.

39. Urgent Items of Business

There were no urgent items of business.

40. **Public Participation**

There were no submissions from members of the public in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

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

The Panel considered the latest trends, priorities and pressures in terms of departmental performance as reported in the Quarterly Service report for the third quarter of 2013/14 (October to December 2013) relating to Adult Social Care and Housing. An overview of the fourth quarter (January to March) 2013/14 was also provided.

Key areas for the Department included: reviewing the range and nature of support services provided by Forestcare for vulnerable people, supporting the development of Clement House extra care scheme, developing plans for the implementation of the Care Bill in 2015/16, working with the Acute Hospital Trusts to deliver seven day working so that the discharge of people from hospital was not delayed because they were waiting for social care packages to be arranged, working with retailers and service providers to develop and promote dementia friendly communities and working with the Clinical Commissioning Group to help shape current and future service provision through Better Care Fund plans.

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

- Forestcare was currently self funded and it was hoped that this situation would continue
- The legislative framework for the Care Bill had not yet been passed however it was expected that the Council would be in a position to identify the actions that it would have to take and make judgments about funding streams and implications by the late summer
- The Care Bill placed a £72,000 cap on the amount that people had to spend of their own money on their care needs however this sum only covered the care elements of any package and did not cover that which was classified as 'hotel' costs. All those who currently self funded their care requirements would need to be assessed before the Bill became law
- The Council was already in a position to deliver seven day working patterns and work was taking place with external agencies to enable the delivery of seven day working across the field
- There had been a 25% increase in the number of households accepted as being homeless during quarter 3. The high rate of homeless households was attributed in part to the high cost of the private rented sector. A situation which meant that the Council could not make use of it and that it was unaffordable for recipients of Housing Benefit. Adverts to recruit private sector land lords had yielded five homes and it was hoped that five homeless households would be moved out of bed and breakfast accommodation in the near future
- Chief Officers regularly analysed complaints to identify any potential learning areas and detailed information would be included in the Annual Complaints Report. It was stressed that the number of complaints received was very low when measured against the number of adults supported by the Department (9 complaints were received whilst in excess of 1,500 residents receive support)
- All areas of Social Care services were demand led and whilst the number of older people admitted to nursing or residential care was lower than the same quarter in

the previous year it would only take the admission of two new residents to take the Department over budget

- It was not known if Winter Pressure funding would be available on an annual basis however it was expected to be made available for the 2014/15 financial year
- Housing had been working with Public Health to offer residents a three month free trial of pendant safety alarms
- It was clarified that the introduction of fixed civil penalties would be for those failing to inform the Council of a change in circumstances leading to an overpayment of housing benefit in excess of £250. Overpayments of £500 or more resulted in a fraud investigation
- Ministers had been positive about the Council's participation in a national payment by results pilot for Drug and Alcohol Services however it would still be necessary to evaluate the pilot locally

The Panel thanked officers for their update.

42. Service Plan 2014/15 - Revised Key Actions and Indicators

The Panel received a report and presentation setting out the key actions to be contained in the 2014-2015 Service Plans. Arising from Members' questions and comments the following points were noted:

- Training to identify problematic drinking would equip staff with the skills, understanding and knowledge to enable them to recognise the signs and symptoms of problematic drinking and know when additional help and support would be required. The training module would be shared with the Panel.
- Work was taking place with Bracknell Forest Voluntary Action to refocus the Befriending Service so that those using the service were encouraged to reconnect with their local communities reducing their sense of isolation and making them less dependent on the befriender
- The mental first aid courses were intended to help staff to improve mental health in the local population and information relating to the courses would be circulated

The Panel noted the report.

43. Learning Disabilities Commissioning Strategy 2014-2019

The Panel received a report providing an update on the Learning Disabilities Commissioning Strategy 2014-2019.

It was reported that the Strategy took national best practice into account and had been tailored to the needs and understanding of the groups that had been consulted with. The Strategy had been approved by the Executive on 11 March 2014 and its implementation would be overseen by the Learning Disabilities Partnership Board, which had set up a specific sub group to develop detailed delivery plans.

The Panel noted the update.

44. Bracknell Forest Joint Commissioning Strategy for Dementia 2014-2019

The Panel received an update on the development of the Bracknell Forest Joint Commissioning Strategy for Dementia 2014-2019 which had received Executive approval in January 2014.

As a result of the development of training for retail staff and transport providers to help raise awareness of dementia, the Council had received accreditation as a

Dementia Friendly Community. This work was now being expanded and a Dementia Friendly Alliance was being developed.

It was reported that the Dementia Partnership Board now had a GP with special interest in dementia sitting on it.

It was acknowledged that whilst training in dementia awareness was offered to bus companies, contracts did not stipulate that this had to be taken up.

The Panel noted the update.

45. **Better Care Fund - Integration of Health and Social Care**

The Panel received a briefing providing an update on the integration of Health and Social Care services through the use of the Better Care Fund.

It was reported that the initial joint plan for use of the Better Care Fund had been submitted to NHS England in February. Feedback had been received and work was taking place to address any issues raised including engagement with healthcare providers and target trajectories. A Better Care Board had been established; both the Chairman and Vice-Chairman of the Health and Wellbeing Board sat on the Board in addition to the statutory representatives.

In addition to the five national priorities, a local priority focused on reducing the number of fractures resulting in admissions to hospitals had been selected. Baseline data would be based on the 2012/13 performance information and targets would be informed using 2013/14 performance data once it had been verified by central government. Arising from Members' questions and comments the following points were noted:

- The local priority would take a holistic partnership approach to fracture prevention including fall prevention and the diagnosis and treatment of osteoporosis
- Delayed transfers of care would require input from both the Council and the NHS
- It was recognised that some services would need to be double run until new services were functioning fully
- Funding for elements of the Care Bill had to be funded from the Better Care Fund
- Section 256 of the Health Act enabled NHS England to fund Social Care services
- It was hoped that the work taking place under the auspices of the Better Care Fund would enable the transfer of clinical expertise out of hospitals into communities
- The Better Care Fund Plan would need to be signed off by both the Clinical Commissioning Board and the Council's Executive
- The King's Fund had produced 'Sam's Story' a cartoon explaining what all the changes were aiming to achieve. The cartoon was available on You Tube and was recommended as providing a clear, easy to understand explanation

The Panel noted the update.

46. **Working Group Update Report**

The Panel received and noted a report providing an update on the progress made to date by the Working Group of the Panel reviewing the Council's role in regulated Adult Social Care services.

It was noted that the Children, Young People and Learning Overview and Scrutiny Panel would be establishing a working group to carry out a review of substance misuse by children and young people. The review's focus would include New Hope and CAMHS and had arisen from the outcomes of a review carried out by the Adult Social Care and Housing Overview and Scrutiny Panel.

47. **Executive Key and Non-Key Decisions**

The Panel received and noted a report setting out the scheduled Key and Non Key decisions relating to Adult Social Care and Housing.

CHAIRMAN

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QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q4 2013 -14
January – March 2014

Portfolio holder:
Councillor Dale Birch

Director:
Glyn Jones

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Section 1: Director's Commentary

There was significant activity in the fourth quarter of the year implementing decisions made by the Executive and Council.

The Executive decided in February that, following consultation, the Council should no longer provide the Dementia Home Care service and instead to commission from the independent sector. This proposal put 13 staff at risk. Eleven staff have been successfully re-deployed, with the remaining two opting to take redundancy.

The Executive also approved the proposal to introduce Fixed Civil Penalties of £50 when households fail to tell the Council without good reason of a change in circumstances leading to overpayments of up to £500

The department has been working in conjunction with the CCG and health providers to put together proposals for the development of the Better Care fund locally, with proposals approved by the Health & Well Being Board. The proposals are informed by the Joint Strategic Needs Assessment (JSNA) and Joint Health and Well Being Strategy (JHWS), with local priorities and options for further development being identified, to build on the current successful approaches.

The workforce Strategy for Adult Social Care and Health commenced this quarter. Taking the "Lean" approach, the teams are redesigning the business pathways to ensure that the work to assess the needs of people in need of social care, and develop and deliver support plans is as efficient as possible. Requirements have changed over the years, and this "stocktake" is timely as we prepare for additional demands resulting from the Care Bill, and from the work associated with the Better Care Fund. The redesign of business processes will result in a review of the organisation of some of the teams, and a comprehensive training and development strategy.

The Better Care Fund comes into effect in April 2015, but planning has already started on its introduction, including plans for how the CCG and the Council will invest resources in 2014-15 in readiness. Plans have been developed during the course of the quarter and submitted for approval to the NHS for approval.

Delivery against actions in the Service Plan is looking very strong. Of 83 actions, 79 were completed at the end of the year, with 1 expected to be met by the end of the following year, as per target. Three actions are delayed as follows:

7.1.10 Dementia training to be provided to retailers, leisure centres and transport providers

Training commenced in February 2014 with sessions booked through March and April. Deadline for the completion of training has been extended and this will now be completed by June 2014

7.4.9 Evaluate the implementation of the new operational model in the Emergency Duty Service.

Issues with the database which have now been resolved led to manual analysis of data, hence causing a time delay. The report will be presented to DMT in April.

11.1.4 Implement Electronic Monitoring for Domiciliary Care and monitor the financial and activity impact.

This continues to be delayed. Whilst Electronic Call Monitoring is now fully implemented, excepting for new care providers where an interim period is allowed first

before they adopt it, the finance modules provided by the software provider are still not at an acceptable standard.

There is 1 action which is not required in the Q4 report, which is action 11.1.5 "Complete options appraisal and undertake tender process for IAS Contract". This is because further discussions within the department concluded that it would be inappropriate to go to full Tender for a replacement of the current Social Care system due to changes that will be required to systems arising out of the Care Bill, which are at present unclear. Replacing the system when it is unclear what the near future requirements are for the system is not a prudent approach. Of the 79 completed actions, 38 were completed in the fourth quarter of the year.

There was 1 indicator in quarter 4 with a current status of red as follows:

Indicator NI 178 (number of household nights in B&B across the quarter):

Despite the housing service preventing 9% more households becoming homeless in 2013/14 than the previous year there has been an overall 41% increase in the number of households that the council has accepted a homeless duty towards compared to the previous year. Members will be aware of a recent advert to procure leased accommodation for homeless households placed early in the year and this has generated 10 expressions of interest from landlords. The Council will continue to purchase temporary to permanent properties in 2014/15. Although the costs of providing temporary accommodation for homeless households has exceeded budget, this has not manifested itself as a net overspend due to income received from temporary to permanent properties offsetting the additional costs.

Every quarter the department reviews its risks, in the light of events, and also in the light of management action taken, and updates its risk register accordingly. Following this quarter's review, there has been one change, which is an increase in the likelihood of the closure of the Independent Living Fund. In the last quarter it was reported that a decision in the Court of Appeal that the proposed closure of the fund was unlawful had led to a down scaling of any risks arising from the closure of this fund. The Government has reviewed its decision in the light of the Court ruling, and has announced that it will be closing the fund. The risk has therefore been reinstated.

There is a statutory complaints process for Adult Social Care, as part of which compliments are also recorded, which culminates in an Annual Report. For this reason the numbers of complaints and compliments are recorded, and reported, separately for Adult Social Care and for Housing, with Housing complaints dealt with via the Corporate Complaints process. In addition, there is a separate, statutory, process for Public Health complaints.









In the fourth quarter Adult Social Care received 5 new complaints, of which 2 were not upheld, one was upheld and 2 were ongoing. This compares to the previous quarter when 4 complaints were received, all of which were partially upheld. There were 35 compliments received, which compares to 44 compliments received in the previous quarter.

In Housing, there were 4 new complaints received, 2 at stage 2, 1 at stage 3 and 1 at stage 4, of which 2 were not upheld, 1 was upheld and 1 was ongoing. There were 6 compliments in the quarter, compared to 8 in the previous quarter.

No complaints have yet been made in respect of Public Health.

Section 2: Department Indicator Performance

Please note: **Indicator outturns are estimated figures for the 2013-14 Performance Year as at the end of February 2014. Therefore some cumulative values (for example NI 135) will reflect the value at February 2014 as opposed to at year end – notes have been supplied to explain this. Other values do not represent validated year-end data. Validated data will not be available until autumn 2014.**

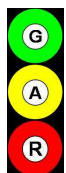
Ind Ref	Short Description	Previous Figure Q3 2013/14 (not reported for annual indicators)	Current figure Q4 2013/14 (or annual for annual indicators)	Current Target	Current Status	Comparison with same period in previous year (or with last year's outturn for annual indicators)
ASC All Sections – Quarterly & Annually						
NI132	Waiting times for assessments (Quarterly)	92.3%	92.3%	90.0%		⇒
NI133	Waiting times for services (Quarterly)	Not available	Not available	90.0%		N/A
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	28.9%	36.9%	37.0%		↘
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	2.70	4.1	6.80		↗
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	415.5	596.5	750.6		↗
L137	Number in residential care (quarterly)	165.00	159.00	No target set	N/A	⇒
L138	Number in nursing care (Quarterly)	138.00	141.00	No target set	N/A	↘
L159	People receiving Self-Directed Support as a percentage of Eligible People (Quarterly)	99.8%	99.9%	98.0%		⇒
L172	Timeliness of financial assessments (Quarterly)	97.50%	97.20%	95.00%		↗
OF1a	Social care related quality of life (Annually)	-	18.8	No target set	N/A	↗
OF1b	Proportion of people receiving services who have control over their daily life	-	75.9%	No target set	N/A	↘
OF2b	Achieving independence for older people (Annually)	-	85.1%	91.00%		↘
OFC1c.1	Proportion of people receiving social care people who are receiving Self-Directed Support (Annually)	-	50.1%	No target set	N/A	↘
OF1c.2	Proportion of people receiving social care receiving Direct Payments	-	12.2%	No target set	N/A	↘

Ind Ref	Short Description	Previous Figure Q3 2013/14 (not reported for annual indicators)	Current figure Q4 2013/14 (or annual for annual indicators)	Current Target	Current Status	Comparison with same period in previous year (or with last year's outturn for annual indicators)
OF3a	Overall satisfaction of people using services with their care & support (Annually)	-	64.8%	No target set	N/A	
OF3d	Proportion of people who use services or carers who find it easy to find information (Annually)	-	76.5%	No target set	N/A	
OF4a	Proportion of people who feel safe (Annually)	-	63.4%	No target set	N/A	
OF4b	Proportion of people who say services make them feel safe (Annually)	-	83.8%	No target set	N/A	
Community Mental Health Team – Quarterly						
OF1f	Adults receiving secondary mental health services in employment (Quarterly)	17.0%	Awaiting data	13.0%		N/A
OF1h	Adults receiving secondary mental health services in settled accommodation (Quarterly)	80.0%	Awaiting data	84.0%		N/A
Community Response and Reablement – Quarterly						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	5.0	5.5	10.0		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	1.7	2.1	7.0		
L135.1	Percentage of Intermediate Care Referrals seen with 2 hours (quarterly)	100.00	99.30	97.00		
L135.2	Waiting time for OT support (Quarterly)	91.40	93.50	90.00		
Community Support & Wellbeing – Quarterly						
L136.1	Number in receipt of direct payments (Quarterly)	231.00	242.00	No target set	N/A	
L136.2	Number in receipt of community support excluding direct payments (Quarterly)	1,290.00	1,351.00	No target set	N/A	
Community Team for People with Learning Difficulties - Quarterly						
OF1e	Adults with learning disabilities in employment (Quarterly)	16.9%	17.1%	15.0%		
OF1g	Adults with learning disabilities in settled accommodation (Quarterly)	87.0%	87.3%	86.0%		
Housing - Benefits – Quarterly						

Ind Ref	Short Description	Previous Figure Q3 2013/14 (not reported for annual indicators)	Current figure Q4 2013/14 (or annual for annual indicators)	Current Target	Current Status	Comparison with same period in previous year (or with last year's outturn for annual indicators)
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	10.0	8.0	11.0		N/A
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	96.7%	96.6%	96.5%		
L177	Average time from when customer first seen to receipt of benefit payment (Quarterly)	7	6.2	14		N/A
Housing – Forestcare – Quarterly						
L030	Number of lifelines installed (Quarterly)	129	134	120		
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	96.66%	97.18	97.50%		
L180	Time taken for Forest Care customers to receive the service from enquiry to installation (Quarterly)	7	9	15		N/A
Housing - Options – Quarterly						
NI155	Number of affordable homes delivered (gross) (Quarterly)	96	131	144		
L178	Number of household nights in B&B across the quarter (Quarterly)	716	1,005	475		N/A
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	94.00%	89.77%	90.00%		N/A

Traffic Lights

Compares current performance to target



- Achieved target or within 5% of target
- Between 5% and 10% away from target
- More than 10% away from target

Comparison with same period in previous year

Identifies direction of travel compared to same point in previous year

- Performance has improved
- Performance sustained
- Performance has declined

The following are annual indicators that are not being reported this quarter -

- OF3b - Overall satisfaction of carers with social services (Every two years)
- OF3c - The proportion of carers who report that they have been included or consulted in discussion about the person they care for (Every two years)
- OF1d - Carer – reported quality of life (Annual)
- L032 - Number of benefit prosecutions and sanctions in the year (Annual)

Section 3: Compliments & Complaints

Compliments Received

41 compliments were received by the Department during the quarter which were distributed as follows:

Adult Social Care

35 compliments were received in Adult Social Care which consisted of:

Community Response & Reablement (CR&R) Team – 14 compliments received (of which 7 were for Bridgewell)

Older People & Long Term Conditions (OP<C) Team – 21 compliments received (of which 1 was for Heathlands & 16 were about Blue Badges)

Housing

6 compliments were received in Housing which consisted of:

Service Redesign– 3 compliments

Housing Benefits team - 2 compliments

Housing Strategy & Needs team – 1 compliment

Complaints Received

There were a total of 9 complaints received in the Department in the quarter.

Adult Social Care Complaints:

5 complaints were received in Adult Social Care in quarter 4.

Stage	New complaints activity in quarter 4	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	5	19	1 Upheld, 5 Partially Upheld, 10 not upheld and 3 ongoing (still within time).
Local Government Ombudsman	0	1	Not Upheld (Withdrawn)

There were also 2 concerns received within Adult Social Care.

Nature of complaints/ Actions taken/ Lessons learnt:

The nature of the 5 complaints received in quarter 4 in Adult Social Care was as follows:

- Concerning standard of service received – 1 complaint
- Regarding communications - 4 complaints

There are regular meetings within Adult Social Care to ensure learning from complaints is disseminated and acted on. The data is collated as the year progresses and is reported annually within the Complaints Report for Adult Social Care.

Housing Complaints:

4 complaints were received in quarter 4 in Housing.

Stage	New complaints activity in quarter 4	Complaints activity year to date	Outcome of total complaints activity year to date
New Stage 2	2	9	3 partially upheld, 6 not upheld
New Stage 3	1	7	2 partially upheld, 4 not upheld, 1 ongoing (still within time)
New Stage 4	1	4	3 partially upheld, 1 upheld
Local Government Ombudsman	0	1	1 not upheld

Nature of complaints/ Actions taken/ Lessons learnt:

The nature of the 4 complaints received in quarter 4 in Housing was as follows:

Regarding the 2 complaints at stage 2:

- Benefits – 1 complaint;
- Forestcare – 1 complaint.

Regarding the 2 complaints at stage 3:

- Benefits – 1 complaint.

Regarding the 1 complaint at stage 4:

- Housing Strategy & Needs – 1 complaint

The benefit complaint received during the quarter concerned a particularly complex set of circumstances. Although the complaint was not upheld the fact it reached stage 3 reflects our communications with customers' needs to be written from their perspective so as to best explain the council's position.

The other complaints concern communications issues with customers which were eventually resolved.

Section 4: People

Staffing Levels

Section	Total Staff in Post	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
Directorate Management Team / PAs	15	13	2	14	0	0
Older People and Long Term Conditions	213	84	129	123.70	19	8.18
Adults & Joint Commissioning	95	58	37	77.69	8	7.76
Performance & Resources	28	22	6	25.39	0	0
Housing	76	51	25	58.62	4	5
Public Health Shared	8	5	3	6.09	0	0
Public Health Local	7	5	2	5	1	16.66
Department Totals	442	238	204	310.39	32	6.75

Staff Turnover

For the quarter ending	31 st March 2014	2.36%
For the year ending	31 st March 2014	9.24%

Total voluntary turnover for BFC, 2012/13: 12.48%

Average UK voluntary turnover 2012: 10.6%

Average Public Sector voluntary turnover 2012: 8.1%

(Source: XPerHR Staff Turnover Rates and Cost Survey 2013)

HR Comments:

Staff turnover has increased this quarter from 2.13% to 2.36%. There has been an increase in voluntary leavers during this quarter.

Staff Sickness

Section	Total staff	Number of days sickness	Quarter 4 average per employee	2013/14 annual average per employee
Directorate Management Team / PAs	15	41	2.73	4.83
Older People and Long Term Conditions	213	388	1.82	8.44
Adults & Joint Commissioning	95	109	1.15	5.77
Performance & Resources	28	30	1.07	3.18
Housing	76	86	1.13	5.45
Public Health Shared	8	5	0.62	0.75
Public Health Local	7	4	0.57	0.86
Department Totals (Q3)	442	663	1.5	
Actual Totals	442	2,934		6.64

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 12/13	5.56 days
All local government employers 2012	9.0 days
All South East employers 2012	8.7 days

(Source: Chartered Institute of Personnel and Development Absence Management survey 2013)

N.B. 20 working days or more are classed as long term sick.

HR Comments:*Older People and Long Term Conditions*

There have been 4 cases of Long Term Sickness (LTS) during this quarter.

Adults & Joint Commissioning

There has been 1 case of LTS during this quarter.

DMT

There has been 1 case of LTS during this quarter.

Housing

There has been 1 case of LTS during this quarter.

Section 5: Progress against Medium Term Objectives and Key Actions

Progress has been monitored against the Key Actions from the Adult Social Care Health & Housing Service Plan for 2013/14. This contains 84 Key Actions detailed actions in support of 7 Medium Term Objectives. Annex A on page 19 provides detailed information on progress against each of these detailed actions:

78 actions have been completed (E) with a further 1 on schedule (G). No actions are reported as potentially delayed (A), and 4 actions were reported as delayed (R). Detail regarding the 4 actions that are reported as delayed and progress against these actions appears in the Director's commentary on page 3 of this report.

There is 1 action which is not required in the quarter 4 report which is action 11.1.5 - Complete options appraisal and undertake tender process for IAS Contract. Details appear in the Director's commentary on page 3 of this report.

Section 6: Money

Revenue Budget

The cash budget for the department is £31,989k, and a breakdown of this is attached in Annex B1 on page 30. The forecast outturn in the latest budget monitoring is £31,692k, an underspend of £297k.

Despite projecting an underspend for 2013/14, the department has identified a number of budgets that can pose a risk to the Council's overall financial position, as they are vulnerable to significant changes in demand for a service, which has to be met. The current position with regard to each of these budget areas is as follows:

Service Area	Net Budget £000	Forecast Outturn £000	Comments
People with Long Term Conditions– residential care	188	292	Volatile, demand led area of expenditure but current trends indicate an overspend at year end due to increased demand.
Older People & Long term Conditions - Residential and Nursing Care including EMI	1,367	1,742	Volatile, demand led area of expenditure but current trends indicate an overspend at year end due to changes in demand arising after budget development.
Nursing Home Placements – Older People	1,591	1,620	The demand for the service has increased significantly across the financial year to date when compared to last financial year where a significant underspend reported.

Service Area	Net Budget £000	Forecast Outturn £000	Comments
Older People - Homecare	1,547	1,634	Volatile, demand led area of expenditure but current trends indicate an overspend at year end.
Housing - Homeless Families, B&B costs	85	140	Although the cost of providing temporary accommodation for homeless households has exceeded budget this has not led to an overspend due to income received from temporary to permanent properties offsetting the additional costs.

The current forecast is based on current commitments plus any known changes that will arise prior to the year end. The significant risks that may impact on this reported position are outlined below:

Capital Budget

The approved capital budget for the department is £5.7m and it is projected to spend £3.7m by the year end with the balance £2.0m will be requested to be carried forward to meet ongoing programmes. A detailed list of schemes together with their approved budget and forecast spend is available in Annex B2 on page 31.

Section 7: Forward Look

ADULT SOCIAL CARE

Adults & Joint Commissioning

Safeguarding Adults

The development and implementation of the Quality Assurance Framework remains on track for full implementation by the end of Q2 of 2014/15.

Approach to Assistive Technology

Front line practitioners will continue to access training sessions at the demonstration flat to support their awareness and understanding of Assistive Technology.

Autistic Spectrum Disorders (ASD)

There will be further final ASD training sessions organised for the remaining staff who have not attended.

Joint Commissioning

The final version of the Better Care Fund plan will be submitted to NHS England in April 2014. Consultation plans will be approved for the following strategies:

- Carers of Adults
- People who have Sensory Needs
- People who have Autistic Spectrum Disorders

Learning Disabilities

The new Joint Learning Disability Strategy was ratified by the Executive and CCG in March 2014. Work is underway to develop an action plan to implement the priorities identified within the strategy.

Mental Health

Work continues looking at models of service for modernising the current Mental Health day services. This will go through a tender process in July 2014 and the new service will start in October this year.

Older People & Long Term Conditions

Carers

A carers' conference is planned for July 2014. Work will be done with practitioners to develop the carers' assessment and support process. Progress will continue to support the carer's forum which has been re-launched. Work in partnership with Berkshire Carers Service will support better information and advice to unpaid carers and to promote carers' assessments.

Community Response and Reablement (CR&R) and Bridgewell

Following the medication audit carried out by the pharmacy at the Bridgewell Centre, the team will undertake the improvement plan and actions identified. The team will also work to review roles and responsibilities at the Bridgewell Centre.

Drug and Alcohol Action Team (DAAT)

The team will monitor the number of people accessing the outreach service in Ascot and promote the service to GPs and Pharmacies. Alcohol Identification and Brief Interventions Training will be delivered to Social Care staff. Work will also commence on developing an alcohol specific website.

Emergency Duty Services (EDS)

EDS will create a shared learning e-learning pool for staff. All other 5 Berkshire unitaries will contribute with specific e-learning packages of their own databases. RIO have also agreed to contribute to the venture.

Older People and Long Term Conditions team

Further work will be undertaken to examine complex hospital discharges that come to panel without supporting evidence for double up care or 4 visits a day. The team will be working with hospital therapists to progress this project. The outcome will be to ensure a more effective and efficient solution to support complex care needs at home. A process to support welfare checks will be developed. Duty Safeguarding Managers will be reviewing the safeguarding processes to apply a more consistent approach.

Sensory Needs

A comprehensive review is to be undertaken to evaluate the new model of assessment and provision for sensory services which was introduced in April 2013.

HOUSING

Housing Strategy & Housing Options

The Housing resources team will begin another programme of purchasing existing properties so as to provide temporary accommodation for homeless households. In addition adverts have been placed to procure leases of existing properties so as to provide temporary accommodation for homeless households. Together, it is hoped this will help alleviate the pressure on providing suitable accommodation for homeless households and thus avoid the use of bed and breakfast wherever possible.

The housing resources team will provide an evening event to promote home ownership initiatives during the quarter.

The Council's on-line BFC Mychoice housing register system will be changed during the quarter so that it will not be necessary for customers to provide verification of their application by providing documents when they undertake the annual review. This will cut down the visits that customers need to make to Time Square and also the work involved in re-copying and attaching documents to applications.

The Council has been successful in securing funding from the DCLG to fund a worker to improve access to the private rented sector. The post will be hosted by Bracknell Forest but will work across Berkshire supporting all Berkshire local authorities.

The national funding for the mortgage rescue schemes will come to an end from April 2014. The Council has been successful in supporting households in Bracknell Forest to access the scheme so that rather than lose their home and become homeless their home is purchased by a housing association and rented back to them. There are strict income and price parameters for the scheme but to date over the three years the scheme has run 10 Bracknell Forest families have been helped keep their home. During the first quarter a review will be undertaken to assess whether a business case exists to establish a local scheme.

During the quarter Thames Valley Housing Association will submit a planning application for the development of the combined Aداstron and Byways site.

Benefits

During the quarter the Chief Executive will consider making a direction so that the Council can accept electronic notifications of changes in circumstance and new claims. The direction will set out the way in which customers can contact the Council and how the communication will be dealt with. In essence it will allow customers to telephone about changes in circumstance as soon as they are aware of them so we can action the change and ensure there is not overpayment or under payment of benefit. The onus will be on the customer to provide the required evidence to verify that within four weeks of notification. This will enable the Council to implement E-bens so that customers can make new claims and changes of circumstances on line.

The Council will impose fixed civil penalties of £50 where a customer has failed to tell us of a change in circumstance which results in overpayment of benefit of £250 or more without good reason or through negligence. The above changes will make it easier for customers to advise the council.

Forestcare

Forest care have recruited a number of casual staff that will be used to provide the service at time of peak demand and also where there are gaps in current rotas. These staff will be trained in the Forest care systems during the first quarter.

The service has established new posts of business development officer whose job it will be to continue the promotion and extension of Forest care services. In particular this post will promote the free trial 12 week service to those customers leaving hospital after a fall. Evidence from the pilot project suggests the service addresses customers' feelings of safety and confidence in their home.

The service will take on additional work in terms of calls handling for Crawley and Reading Borough Council. The service will bid to continue calls monitoring for Radian Housing Association's Windsor and Maidenhead properties.

Lastly, there will be a number of upgrades to the Forest care ICT systems to improve administration and also offer new services to our customers such as texting from the lifeline system.

PERFORMANCE & RESOURCES

Finance

Due to a concern over the compliance of the Finance Manager module of ETMS with Council Data Protection Principles the 'go live' of the project has been delayed until these issues are resolved, consequently the go live date has been postponed until July 2014.

During April and early May the 2013/14 accounts will be finalised.

HR

HR will continue to provide support to Chief Officers, Heads of Service and Team Leaders as necessary for Organisational Change and Employee Relations issues.

The HR Team is providing ongoing support for the members of the Dementia Team who face redeployment into new roles on the reprovision of the service at the end of April 2014.

The HR team will continue to provide support to the project team overseeing the replacement of the HR system as it goes to the Tender stage. The final phase of the Housing and Benefits reorganisation will be underway by Q1 but HR will provide support to CO Housing as necessary to fill posts or under Employee Relations.

IT

LAS Support and Maintenance Agreement is under review with supplier

Performance

Work continues in liaison with the business and the Finance and Brokerage teams to ensure that Primary Support Reasons for all people supported are updated on IAS in readiness for the new Performance Framework requirements of the Zero Based Review.

The Performance team will prepare and submit the annual Statutory Returns for completion and submission this quarter. Some returns will also be submitted in Quarter 2.

PUBLIC HEALTH

Quarter 1 will see the Public Health team review progress in 2013/14 and begin to work towards new, challenging aspirations for 2014/15.

Public Health Intelligence

The substantial work involved in refreshing the Joint Strategic Needs Assessment (JSNA) and moving it to a web-based format is complete. The team will work towards engaging a wide audience in the JSNA via unique features such as the self –care guide and the public health 'blog'. The JSNA is now a dynamic resource that, rather than being subject to an 'annual refresh' like most JSNAs, will continually be updated and evolve, providing a responsive resource to those commissioning, delivering or using local services.

Health Protection








Following the successful work on influenza vaccination across the winter, the Public Health team will begin once again to promote the uptake of other immunisation programmes, and in particular, childhood immunisation such as MMR. Work is also










underway to raise awareness of scarlet fever, the incidence of which has increased nationally. Work includes liaison with schools in order to increase parents' and teachers knowledge of the signs symptoms and required action.







Health Improvement










Quarter one will see the Public Health team continue to increase access to services such as smoking cessation and weight management programmes. In relation to smoking for example, the aim will be to develop intensive work aimed at specific groups of smokers who have either high rates of smoking (such as people with mental health conditions) or for whom quitting brings specific clinical benefits (such as those embarking on elective surgery).













Annex A: Progress on Key Actions









MTO 1: Re-generate Bracknell Town Centre				
Sub-Action	Due Date	Owner	Status	Comments
1.9 Implement an Accommodation Strategy to rationalise the number of buildings used by the Council.				
1.9.10 Move ASCHH to final locations in Time Square.	31/10/2014	ASCHH		Completed. All moves to date have gone smoothly. The final move will enable Housing to take up their appropriate allocation.
1.9.12 Implement flexible and mobile working across all town centre offices.	31/03/2014	ASCHH		Completed and ongoing. Bracknell Healthcare Foundation Trust is introducing flexible working and contact has been made to try and ensure a co-ordinated approach within joint teams.
MTO 4: Support our younger residents to maximise their potential				
Sub-Action	Due Date	Owner	Status	Comments
4.8 Ensure all children and young people feel safe, are protected from harm and abuse, have their views respected and gain confidence as a member of the local community.				
4.8.4 Commission a full range of substance misuse services which ensure that young people, their families and friends have access to advice, information and support.	31/03/2014	ASCHH		Completed. Thirty two people have attended the Family and Friends Group since April 2013. This group runs weekly and the total attendance at this group has been 246 year to the end of March 2014.
MTO 6: Support Opportunities for Health and Wellbeing				
Sub-Action	Due Date	Owner	Status	Comments
6.2 Support the Health and Well Being Board to bring together all those involved in delivering health and social care in the Borough.				
6.2.1 Develop the mechanism and timescales to renew the Joint Health and Wellbeing Strategy.	31/03/2014	ASCHH		Completed. The consultation was extended, and ended in March.
6.2.2 Work with the Clinical Commissioning Group to improve outcomes for residents.	31/03/2014	ASCHH		Completed. Work now on Better Care Fund started; initial plan completed awaiting feedback.
6.3 Continue to support the development of a local Healthwatch to provide local patients with a voice.				
6.3.1 Monitor local Healthwatch and review to ensure successful delivery.	31/10/2013	ASCHH		Completed. Contract compliance meetings are taking place and will continue.
6.5 Integrate the new responsibilities for Public Health within the Council.				
6.5.1 Develop a Public Health action plan for the Borough.	31/12/2013	ASCHH		Completed. Report Agreed. Progress of priorities to be monitored.









6.5.2 Establish the necessary governance frameworks for hosting the Public Health structure in Berkshire.	30/04/2013	ASCHH		Completed. Public Health advisory Board established and chaired by SDPH. Links to Berkshire Chief Executives (3 monthly) and Leaders (6 monthly) Groups.
6.5.3 Ensure that the local authority has the ability to report on the Public Health Outcomes framework in conjunction with the core Public Health Team.	30/09/2013	ASCHH		Completed. Initial Public Health outcomes to be reported will include the local indicator for smoking (4 week quits) and NHS Healthchecks completed (from the Public Health Outcomes Framework).
6.5.4 Establish and embed Public Health teams into the local authority workforce.	31/05/2013	ASCHH		Completed. All staff successfully transferred. Vacancies are being recruited to.
6.5.5 Absorb and induct Public Health Teams into Adult Social Care Health & Housing and wider council.	31/05/2013	ASCHH		Completed. CiPH now part of DMT. All departments have been part of Inductions for staff
6.5.6 Develop monthly budget monitoring for Public Health.	31/05/2013	ASCHH		Completed. This is now in place.
6.8 Preserve and promote Public Health.				
6.8.5 Improve the quality of the information in the Joint Strategic Needs Assessment (JSNA) by collecting new, local health related data from residents.	31/12/2013	ASCHH		Completed. Data collection has been undertaken ahead of schedule and the analysis is underway. The final report is due in early February. In the meantime the survey has been recognised as an example of 'best practice' and other areas have commenced similar work using our methodology (e.g.: Oxon, Bucks).
6.8.6 Increase the number of people accessing an NHS Health Check or specialist health improvement programmes such as Stop Smoking Services.	31/03/2014	ASCHH		Completed. This work remains on schedule. While Q4 data is not yet available, the figures for Jan and Mar suggest that the increased level of performance has been maintained. In particular, the new weight management service seems to be attracting an increased amount of activity.
6.8.7 Deliver a range of programmes aimed at improving mental health in the local population, including training for staff across a range of agencies in supporting people with mental health issues and outreach work focused on at-risk, older people in the community.	31/03/2014	ASCHH		Completed. All scheduled events have taken place. New work is being put in place to address social isolation.
6.8.8 Carry out specific assessments of the services we commission including sexual health services, stop smoking services and other health improvement programmes.	31/03/2014	ASCHH		Completed. All reports complete and new work underway examining children's public health services (in preparation for new council commissioning responsibilities in 2015).







6.8.9 Work with the Clinical Commissioning Group to assess how well hospital and community NHS services are performing.	31/03/2014	ASCHH		Completed. Ongoing work with CCG. Attendance at Area Team (NHS) Quality Surveillance Group. Work with Scrutiny Panel.
6.9 Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions.				
6.9.1 Ensure that people who misuse substances have access to blood-borne virus services and to monitor the effectiveness of these services.	31/03/2014	ASCHH		Completed. Access to blood borne virus services are monitored on a monthly basis to ensure that there are no barriers to people accessing them.
6.9.2 Provide training to local pharmacies to improve the level of advice offered on reducing harm caused by drugs and alcohol abuse.	31/07/2013	ASCHH		Completed. The training has now been provided.
6.9.3 Work with all relevant agencies and departments to increase access to housing, employment, and training to improve outcomes for people who misuse substances.	31/03/2014	ASCHH		Completed. The group programme has recently been reviewed and now includes a weekly session on Healthy Living and Life skills. This session covers subjects such as education, training and employment as well as healthy eating and other skills. People using the services are encouraged to identify their own goals in terms of education and employment. A member of staff from one of the work programme providers attended a recent centre meeting and up-dated on the services and courses they provide together with referral pathways
6.9.4 Evaluate the effectiveness of the Payment by Results project by monitoring successful delivery of outcomes.	31/03/2014	ASCHH		Completed. There has been a reduction in the number of new treatment journeys (268) to the end of January compared to the same period in 2012/13 (307). However for the same period the number of people achieving abstinence has increased from 66 to 122, the number of successful completions has increased from 77 to 139 and the number of people achieving a normative score for their quality of life has increased from 139 to 188. The only outcome where performance has gone down is in terms of people stopping injecting which was 13 for the period to the end of January 13 compared with 10 for the same period this year. This is because fewer injecting drug users are presenting for treatment.
6.10 Support the Bracknell & Ascot Clinical Commissioning Group to focus on improving local health services for our residents.				
6.10.1 Work with health and the voluntary sector to improve hospital discharge	30/11/2013	ASCHH		Completed. The Hospital In-Reach team and the Community Mental Health team are working closely









for people living with dementia.				together following agreed protocols.
6.10.2 Monitor delivery of End of Life Care to ensure high standards of care.	31/03/2014	ASCHH		Completed. Feedback from families has evidenced that End of Life Care is being delivered to a high standard.
6.10.3 Work with Health and the voluntary sector to develop robust and early supported discharge for people suffering from stroke.	31/03/2014	ASCHH		Completed. Work continues with the full support of the Stroke Association to ensure that people who have experienced stroke and who have no ongoing social care needs are nevertheless offered advice and guidance to promote their health and wellbeing. This ensures the best possible outcome for their independence.
6.10.4 Work with health agencies as part of the 'shaping the future' programme to establish sustainable local health trusts.	31/03/2014	ASCHH		Completed - All recommendations for 'shaping the future' are achieved. The final one took place 7th April 2014.
6.10.5 Work with partners to improve the sustainability of Brants Bridge Health Facility.	31/03/2014	ASCHH		Completed. Urgent Care Centre to open on 7th April.
6.10.6 Work with the Stroke Association to ensure that people who have had a stroke, have a review every 6 months to make sure that their needs and the needs of their carers are met	31/07/2013	ASCHH		Completed. Adult Social Care continues to work closely with the Stroke Association to ensure that individuals are reviewed every six months and that carers and the wider family are supported with information, advice and signposting to Carer's services.
MTO 7: Support our older and vulnerable residents				
Sub-Action	Due Date	Owner	Status	Comments
7.1 Secure preventative and early intervention measures to ensure residents have the maximum choices to allow them to live longer in their own homes.				
7.1.1 Work with housing, health and community groups to provide extra care housing for 65 households.	31/03/2014	ASCHH		Completed. An implementation group is now working on delivering a service specification and contract to deliver 24/7 support for the scheme which is due for completion by February 2015.
7.1.2 Monitor and report on the action plan within the Long Term Conditions Commissioning Strategy.	31/12/2013	ASCHH		Completed. This is being monitored on a quarterly basis through the Long Term Conditions Strategy Group. Actions are reviewed at meetings and updated accordingly.
7.1.3 Review of the Long Term Conditions Joint Commissioning Strategy.	31/06/2013	ASCHH		Completed. The review is complete and the Long Term Conditions Joint Commissioning Strategy has been approved by the Executive.
7.1.4 Review the Prevention and Early Intervention Guide.	31/07/2013	ASCHH		Completed.







7.1.5 Assist in developing the Joint Strategic Needs Assessment.	31/03/2014	ASCHH		Completed.
7.1.6 Review of Older Person's Joint Commissioning Strategy.	31/05/2013	ASCHH		Completed.
7.1.7 Develop Action Plan following development of Older People Commissioning Strategy and subsequent monitoring arrangements.	30/06/2013	ASCHH		Completed. Action plan approved by the Older People Partnership Board and delivery will be monitored through Older People Partnership Board.
7.1.8 Participate in Dementia Awareness Week.	31/05/2013	ASCHH		Completed. The Bracknell memory clinic along with the Alzheimer's Society held two information events at local supermarkets. Both events were successful and generated a lot of requests for information (on dementia, diagnosis, services, benefits etc). An evening drop in session was arranged at Church Hill House but no-one attended this.
7.1.9 Undertake the Dementia Friendly Community consultation of people affected by dementia.	31/07/2013	ASCHH		Completed. Feedback from the consultation has informed the development of the dementia strategy as well as the dementia training project as detailed in action 7.1.10.
7.1.10 Dementia training to be provided to retailers, leisure centres and transport providers.	31/10/2013	ASCHH		Delayed. Training commenced in February 2014 with sessions booked through March, April. Deadline for completion of training has been extended and this will now be complete by June 2014.
7.1.11 Review of the Dementia Joint Commissioning Strategy.	31/12/2013	ASCHH		Completed. The consultation has now closed and almost 600 comments were received from people, carers and other stakeholders. The strategy was presented to the Executive in January
7.1.12 Development of Carers Education Course for carers of people with dementia	31/10/2013	ASCHH		Completed. Carers' Education course delivered as a one day event to target carers who are in employment. This is in addition to the rolling 6 week programme.
7.1.13 Develop and Implement Workforce Development Strategy to ensure efficient delivery of personalised approaches.	31/03/2014	ASCHH		Completed. Workshops have taken place and the actions are being implemented through a project group.
7.1.14 Review of the Learning Disability Joint Commissioning Strategy.	31/12/2013	ASCHH		Completed. The strategy has been approved by the Executive.
7.1.15 Roll out of the Integrated Care Team pilot.	31/03/2014	ASCHH		Completed. The cluster meetings continue to take place every three weeks.
7.2 Work with all agencies to ensure people feel safe and know where to go for help.				
7.2.1 Ensure the safe and effective transfer of	30/04/2013	ASCHH		Completed. The DoLS function was transferred to the Council on the 1st





increased DOLS responsibilities from the PCT.				April. Appropriate applications have been received from local NHS provider trust, which is indicative of the success of the detailed transfer plan.
7.2.2 Develop and implement a Quality Assurance programme to ensure social care assessments continue to be compliant with the Mental capacity Act.	31/07/2013	ASCHH		Completed. Analysis of the audit was presented to senior managers in quarter 3. Learning from the audit is being embedded into practice.
7.4 Continue to modernise support and include new ways of enabling the delivery of that support.				
7.4.1 Implement the Assistive Technology Strategy.	31/03/2014	ASCHH		Completed. There has been continued uptake by staff of the e-learning training package as well as training sessions at the Assistive Technology demonstration flat within the sensory needs clinic. The AT leaflet is due to be ratified shortly and thereafter will be rolled out.
7.4.2 Develop Learning Disability Commissioning Strategy.	31/01/2014	ASCHH		Completed. The new Joint Learning Disability Strategy was ratified by the Executive and CCG in March 2014.
7.4.3 Develop a market position statement in order to improve choice and quality for people who need support.	31/07/2013	ASCHH		Completed.
7.4.4 Carry out assessments of all applicants not automatically eligible for Blue Badges and develop suitable appeals systems.	30/06/2013	ASCHH		Completed. Blue Badges underwent an independent audit in September with positive results.
7.4.5 Review of carers' services provided at Waymead.	31/08/2013	ASCHH		Completed. Reviews have been completed with information being used as part of the feedback for the development of the LD strategy.
7.4.6 Further develop and expand support for carers known only to their GPs in partnership with health, carers and the voluntary sector.	31/01/2014	ASCHH		Completed. Berkshire Carers Service has leafleted areas of Bracknell Forest identified as having levels of social need with the aim of contacting carers from hard-to-reach communities. The Integrated Care Team continues to remind GPs that is essential that unpaid carers are referred for support and kept up-to-date with treatments plans whenever possible.
7.4.7 Provide support and training to enable carers to return to paid or voluntary work.	31/03/2014	ASCHH		Completed. Berkshire Carers Services are engaged in raising the profile of women carers who work part time. The Open Learning Centre has received funding and carers are being encouraged to take up opportunities for available courses on a variety of subjects.

7.4.8 Identify training needs to enable the service to deliver new ways of working by analysing the calls that come into the service.	31/03/2014	ASCHH		Completed. EDS management to work with CR&R to create training package for all staff re ICS. In quarter 4, EDS and manager from CR&R met with the UAs that have bought into the EDS ICS. A project team will be set up to ensure the correct policies and procedures are in place in readiness for 7 day discharge.
7.4.9 Evaluate the implementation of the new operational model in the Emergency Duty Service.	31/01/2014	ASCHH		Delayed. Reporting from the Management Information System and the CISCO call reporting system shows a reduction in inappropriate calls and that 82.3% of calls are being answered within 1 minute. The project is on-budget. This will be reported in the Annual Report which will be presented to DMT in April.
7.4.10 Review the needs of people who receive out of hours services and develop a model that meets these needs.	31/03/2014	ASCHH		Completed. The project group have implemented the first stages of Out of Hours Support by providing out of hours support to the Community Intermediate Care Team. Future Out of Hours support will build on this.
7.4.11 Expand the function of Bridgewell to include establishment of a Community Dentistry clinic and a Telecare clinic.	31/03/2014	ASCHH		Completed. The equipment is in place in the Bridgewell Centre.
7.4.12 Continue to work towards establishing a separate Autistic Spectrum Disorder Community Team within Adult Social Care & Health.	31/03/2014	ASCHH		Completed. Team Leader and Personal Facilitator recruited and in post.
7.4.13 Monitor delivery of domestic support provided for compliance against contract.	31/10/2013	ASCHH		Completed. Contract compliance meetings have taken place and are ongoing.
7.5 Improve the range of specialist accommodation for older people which will enable more people to be supported outside residential and nursing care.				
7.5.1 Improve the range of specialist accommodation for older people by developing the Extra Care Housing scheme which will enable more people to be supported outside residential and nursing care.	31/03/2014	ASCHH		Completed. The extra care scheme is on site.
7.6 With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse.				
7.6.1 Implement an Empowerment Strategy to enable people to safeguard themselves and feedback on people's experiences of the process.	31/03/2014	ASCHH		Completed. The Board's website is now live (www.bfsapb.org.uk). Therefore the strategy is now fully implemented.

7.6.2 Monitor and evaluate advocacy contract and guidance in relation to the Advocacy Policy and Best Practice Safeguarding guidance.	30/11/2013	ASCHH		Completed. The monitoring framework is now in place, with compliance with the policy and relevant practice guidance being monitored throughout the year.
7.6.3 Promote better understanding of Autistic Spectrum Disorder by delivering training and awareness across the department.	31/12/2013	ASCHH		Completed. There has been continued uptake of the training by front and non-front line staff.
7.7 Target financial support to vulnerable households.				
7.7.1 Implement the Council's local council tax benefit scheme.	31/01/2014	ASCHH		Completed. Review of the scheme is complete and no changes other than uplift of premiums and charges in line with the national benefit uplifts are proposed.
7.7.2 Review the financial advice and support provided to households in Bracknell Forest by the Council and voluntary organisations.	30/09/2013	ASCHH		Completed. A common approach to undertaking financial assessment has been agreed with the CAB and Christians against poverty.
MTO 8: Work with the police and other partners to ensure Bracknell Forest remains a safe place				
Sub-Action	Due Date	Owner	Status	Comments
8.1 Continue to seek to reduce overall crime levels, focusing particularly on domestic violence, sexual crimes and burglary.				
8.1.3 Deliver assertive outreach services offered by SMART in order to engage with hard to reach groups in order to reduce their levels of offending.	31/03/2014	ASCHH		Completed. One operation ladybird has been delivered in quarter 4. A number of people who were not engaging with services properly were visited. Some of these families are subject to Child Protection processes and so there was close liaison with colleagues in Children's Social Care to share relevant information. The outreach service at North Ascot Youth Centre commenced in quarter 4. Staff will provide a range of services one day per week at this venue in order to better serve people living in Ascot. This is a joint venture with the DAAT in RBWM.
MTO 10: Encourage the provision of a range of appropriate housing				
Sub-Action	Due Date	Owner	Status	Comments
10.1 Ensure a supply of affordable homes.				
10.1.1 Ensure a supply of affordable homes by enabling affordable housing development at Jennets Park, the Parks, Broughs and Rothwell house (funded	31/03/2015	ASCHH		All properties being developed by Thames Valley Housing Association will be handed over by the end of the financial year. The Borough's development by Bracknell Forest Homes has received planning

by HCA and the RPs)				consent.
10.1.2 Work with partners to identify a suitable location to enable the relocation of the Bridgewell Centre.	31/03/2014	ASCHH		Completed. Discussions continue with partner organisations.
10.1.3 Develop a new sensory needs service for Bracknell Forest by working in partnership with people who use our services and voluntary organisations.	31/01/2014	ASCHH		Completed. The Sensory Needs Clinic was launched on 16th July. Feedback on all aspects of the new service has to date been very positive.
10.2 Support people who wish to buy their own home.				
10.2.1 Enable a programme of support for households to buy their own home on low cost basis.	31/03/2014	ASCHH		Completed. It is predicted that there will be 3 cash incentive purchases and 4 BFC My Homebuy purchase and one mortgage offered by the end of the financial year.
10.2.2 Support the provision of the cash incentive scheme and BFC MyHome buy schemes	31/03/2014	ASCHH		Completed. All schemes are on site and the first stage of Council funding has been defrayed.
10.3 Continue to find ways to enable people to secure a suitable home.				
10.3.1 Support those households who need to move home due to welfare changes through financial support and advice.	31/03/2014	ASCHH		Completed. There have been 126 payments of DHP due to under occupancy. There have been 35 transfers by households from larger to smaller property of which 8 have been due to the under occupancy subsidy reduction.
10.3.2 Redesign the housing and benefit service so that households income and independence is maximised.	31/03/2014	ASCHH		Completed. All ex-housing options and benefit assessment officers are now welfare and housing caseworkers and also the management of the service has been restructured so that there are now 3 welfare and housing team leaders.
MTO 11: Work with our communities and partners to be efficient, open, transparent and easy to access and to deliver value for money				
Sub-Action	Due Date	Owner	Status	Comments
11.1 ensure services use resources efficiently and ICT and other technologies to drive down costs.				
11.1.4 Implement Electronic Monitoring within Community Intermediate Care and monitor the financial and activity impact.	31/12/2013	ASCHH		This continues to be delayed. Whilst Electronic Call Monitoring is now fully implemented, excepting for new care providers where an interim period is allowed first before they adopt it, the finance modules are still not at an acceptable standard.
11.2 ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.				
11.2.4 Deliver appropriate training within the department in relation to adult safeguarding.	31/03/2014	ASCHH		Completed. All training required training has been delivered to staff across the department.

11.2.5 Ensure that the local workforce is appropriately trained to identify substance misuse issues in order to offer information and advice.	31/03/2014	ASCHH		Completed. Three training courses have been delivered in quarter 4 as follows: Mephedrone - 10 people attended 3 of which were from Bracknell Dual diagnosis - 8 people attended 2 of which were from Bracknell Level 2 Drug and Alcohol - 11 people attended 3 of which were from Bracknell.
11.3 publish information about the Council to promote openness and cost-effectiveness and accountability.				
11.3.3 Publicise advice and information options for people who fund their own support.	31/01/2014	ASCHH		Completed. The partnership agreement with My Care, My Home has started taking referrals. The service provides advice, information and a range of support to people who fund their own support arrangement. The Council's leaflet for people who fund their own support has been revised.
11.5 develop appropriate and cost effective ways of accessing council services				
11.5.4 Maintain the i-hub to enable people in the community to access relevant and up to date information to plan their support and activities and also enable providers to maintain their own records on the system to ensure accuracy.	28/02/2014	ASCHH		Completed. The i-hub has been updated throughout 2013-14 and the provision for providers to update records is in place.
11.5.5 Plan and implement changes to the cost centre structure brought about by both the Zero Based Review and the transfer of responsibilities to Public Health to ensure compliance with new reporting requirements.	31/03/2014	ASCHH		Completed. The Revenue Budget for 2014/15 has been migrated over to the new cost centre structure and the budgets for 2014/15 was issued to budget holders and managers by the end of March 2014. All other changes to back office systems have been implemented to ensure that from April onwards staff and suppliers are paid out of the new cost centres and income is credited to the new cost centres.
11.5.6 Review Forestcare services to ensure they meet customer demand.	31/03/2014	ASCHH		Completed. Following success in increasing take up of services funded by the Public Health project funding the service will recruit a dedicated business development officer post to promote and extend Forestcare services.
11.7 work with partners and engage with local communities in shaping services.				
11.7.4 Work with Wexham Park, Frimley Park and Royal Berkshire Hospitals to create a whole systems approach to hospital	30/06/2013	ASCHH		Completed. We now have membership on Urgent Care and Transformation Board for all 3 acute trusts to ensure a whole system approach to hospital discharge.

discharge.				
11.7.6 Contribute to the Dementia Service Directory.	31/01/2014	ASCHH		Completed. Approved, printed and circulated.
11.7.7 Work in partnership with the Bracknell and Ascot Clinical Commissioning Group and Bracknell Healthcare Foundation Trust to create an integrated service for adults with long term conditions.	31/05/2013	ASCHH		Completed. Initial evaluation has been completed.
11.7.8 Establish a clinical governance post which ensures that intermediate care services operate safely and effectively and to a high standard.	30/06/2013	ASCHH		Completed. The post was successfully recruited to and filled in September.
11.8 implement a programme of economies to reduce expenditure				
11.8.7 Develop proposals to help the Council produce a balanced budget in 2014/15.	31/03/2014	ASCHH		Completed. The budget for 2014/15 has now been agreed by Council.

Annex B: Financial Information

Annex B1

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - Year to February 2014									
	Original Cash Budget	Virements & Budget C/fwds	ASCHH	Current approved cash budget	Spend to date %age	Department's Projected Outturn	Variance Over / (Under) Spend	Movement This Quarter	ASCHH
	£000	£000		£000	%	£000	£000	£000	
Director	746	(1,017)		(271)	100%	(283)	(12)	(19)	1
	746	(1,017)		(271)	100%	(283)	(12)	(19)	
Adults and Commissioning	(126)	14		(112)	0%	0	112	0	
Mental Health	1,936	(7)		1,929	98%	2,179	250	(9)	
Mental Health EMI	2,290	48		2,338	89%	2,590	252	62	
Learning Disability	13,573	148		13,721	76%	12,839	(882)	(240)	
Specialist Strategy	199	10		209	95%	201	(8)	3	
Joint Commissioning	490	77		567	92%	568	1	6	
Autism	259	136		395	63%	333	(62)	10	
	18,621	426		19,047	81%	18,710	(337)	(168)	2
Housing									
Housing Options	320	8		328	79%	163	(165)	5	
Strategy & Enabling	250	14		264	72%	226	(38)	(8)	
Housing Management Services	(58)	27		(31)	100%	-19	12	3	
Forecare	(16)	16		0	0%	3	3	(13)	
Supporting People	1,065	35		1,100	84%	1,037	(63)	0	
Housing Benefits Payments	98	0		98	-164%	96	(2)	1	
Housing Benefits Administration	284	43		327	28%	161	(166)	(12)	
Other	17	(65)		(48)	-32%	17	65	0	
	1,960	78		2,038	98%	1,684	(354)	(24)	3
Older People and Long Term Conditions	(199)	(93)		(292)	0%	0	292	0	
Long Term Conditions	2,122	115		2,237	92%	2,376	139	42	
Older People	5,589	409		5,998	92%	6,048	50	(26)	
Community Response and Reablement - Pooled Budget	1,658	13		1,671	65%	1,671	0	(14)	
Emergency Duty Team	41	(3)		38	1,379%	24	(14)	(5)	
Drugs Action Team	92	(35)		57	-767%	56	(1)	0	
	9,303	406		9,709	90%	10,175	466	(3)	4
Performance and Resources									
Leadership Team and Support	(31)	0		(31)	0%	0	31	0	
Information Technology Team	277	1		278	115%	330	52	(9)	
Property	173	0		173	54%	104	(69)	(2)	
Performance	221	0		221	89%	212	(9)	4	
Finance Team	503	38		541	68%	474	(67)	(27)	
Human Resources Team	184	0		184	89%	186	2	1	
	1,327	39		1,366	84%	1,306	(60)	(33)	5
Public Health									
Bracknell Forest Local Team	0	100		100	-17%	100	0	0	
	0	100		100	-17%	100	0	0	
TOTAL ASCHH	31,957	32		31,989	70%	31,692	(297)	(247)	
Memorandum item:									
Devolved Staffing Budget				12,860	50%	12,897	37	10	
Non Cash Budgets									
Capital Charges	642			642	0%	642	0	0	
FRS17 Adjustments	433			433	0%	433	0	0	
Recharges	2,839	66		2,906	0%	2,906	0	0	
	3,914	66		3,981		3,981	0	0	

Annex B2

Adult Social Care Health and Housing Virements and Budget Carry Forwards		
Note	Total	Explanation
	£'000	
		DEPARTMENTAL CASH BUDGET
	32	Total previously reported
		Budget Carry Forwards
	0	LINKS Budget into the Director Budget
		Virements
	0	Director
		None to report
	0	Adults and Commissioning
		None to report
	0	Housing
		None to report
	0	Older People and Long Term Conditions
		None to report
	0	Performance and Resources
		None to report
	0	Public Health
		None to report
	32	Total
		DEPARTMENTAL NON-CASH BUDGET
	66	Total previously reported
		Virements
	0	none to report
	66	Total
	98	Total

Annex B3

Adult Social Care Health and Housing		
Budget Variances		
Note	Reported Variance over/ (under)	Explanation
	£'000	
		<u>DEPARTMENTAL BUDGET</u>
	(50)	Total previously reported
1	(19)	There has been a range of minor movements across the last three months, largely due to revised downward projections on non staffing expenditure
2	(168)	There has been a further increase in the projected underspend in Learning Disabilities as a result of the cancellation or reduction in the cost of individual Supported Living care packages and the reversal of accruals made at the end of last financial year where it has now only been confirmed that there will be no charge made for the care packages which had been assumed were due to be paid in 2013/14,
3	(24)	The positive movements within Housing are associated with Forestcare where are combination of lower projected costs on equipment and additional projected income has brought the projected expenditure back to budget, Housing Benefits Administration where there has been a reduction in projected software costs and Strategy and Enabling where there has been a reduction in projected staff costs and an increase in projected income.
4	(3)	There has been a number of small positive movements in the cost of packages across residential and homecare for older people and long term conditions.
5	(33)	There has been a decrease in the projected costs on computer maintenance together with a number of small adjustments and an increase in the projected income from deputyships and appointees.
	(297)	Grand Total Departmental Budget
		<u>DEPARTMENTAL NON-CASH BUDGET</u>
	0	Total previously reported
	0	No variances to report
	0	Grand Total Departmental Non-Cash Budget

Unrestricted

Annex B4

CAPITAL MONITORING 2013/14																
Dept: Adult Social Care, Health and Housing																
As at: 28th February 2014																
Cost Centre	Cost Centre Description	2012/13 Brought Forward	2013/14 Budget	Virements Awaiting Approval	Total Virements	Approved Budget	Cash Budget 2013/14	Expenditure to Date	Current Comm'n't s	Estimated Outturn 2013/14	Carry Forward 2014/15	(Under) / Over Spend	Target for Completion	Current Status of Project / Notes	Responsible Officer	Date of Last Comment
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's				
Housing																
YP280	Enabling More Affordable Housing	616.1	17.6		0.0	633.7	552.0	0.0	552.0	552.0	81.7	0.0	2014/15	3 more affordable housing schemes waiting to be completed - Santa Catalina (£288k) has been completed. Jennets Park (£264k) should be completed before 31st March 2014. East Lodge (£80k) will be carried forward to 2014/15	Simon Hendey	Feb-14
YP281	Help to Buy a Home (Cash Incentive Scheme)	532.4	0.0		0.0	532.4	59.0	59.0	0.0	59.0	473.4	0.0	2014/15	Not all of the £166k that had been previously committed will be spent in 2013/14 therefore the carry forward to 2014/15 has increased to £473k	Simon Hendey	Feb-14
YP282	Enabling More Affordable Homes (Temp to Perm)	255.7	679.2		0.0	934.9	934.9	776.7	158.2	934.9	0.0	0.0	2013/14	4 purchases have been completed with 1 further purchase to be completed before the end of the financial year. There will be an overspend of approx £23k but this will be funded from the community capacity grant	Simon Hendey	Feb-14
YP304	Mortgages for Low Cost Home Ownership Properties	137.4	0.0		0.0	137.4	86.4	86.5	0.0	86.5	51.0	0.0	2014/15	There will be no more spend this financial year remaining budget will be carried forward to 2014/15	Simon Hendey	Feb-14
YP316	BFC My Home Buy	688.9	0.0		0.0	688.9	138.1	138.1	0.0	138.1	550.8	0.0	2014/15	Only 1 property has been purchased within this scheme this financial year the remainder is to be carried forward to 2014/15	Simon Hendey	Feb-14
YP440	Garth Extra Care Scheme	0.0	1,567.2		0.0	1,567.2	1,567.2	1,572.2	0.0	1,567.2	0.0	0.0	Completed	Query on £5k invoices posted in Month 10; this is likely to be a miscode	Simon Hendey	Oct-13
YP441	Rainforest Walk Scheme	200.0	0.0		0.0	200.0	200.0	200.0	0.0	200.0	0.0	0.0	Completed		Simon Hendey	Oct-13
Total Housing		2,430.5	2,264.0	0.0	0.0	4,694.5	3,537.7	2,832.6	710.2	3,537.7	1,156.8	0.0				
Adult Social Care & Health																
YS429	Mental Health	22.1	0.0		0.0	22.1	22.1	28.8	0.5	29.3	0.0	0.0	2013/14	All budget to be spent this financial year	Zoe Johnstone / Mira Haynes	Feb-14
YS430	Social Care	29.2	0.0		0.0	29.2	29.2	2.5	29.2	31.7	0.0	0.0	2013/14	All budget to be spent this financial year; capital works for the Bridgwell Centre to be coded here, eg new call system and kitchen equipment and furniture - £3k paid on revenue to be journalled to capital	Zoe Johnstone / Mira Haynes	Feb-14
YS527	Social Care Reform Grant	43.7	0.0		0.0	43.7	43.7	5.3	43.7	43.7	0.0	0.0	2013/14	All budget to be spent this financial year; £22k to be journalled from YS529 and £10k to be journalled from revenue. Invoices have been received for the remaining £12k	Zoe Johnstone / Mira Haynes	Feb-14
YS528	Care Housing Grant	15.4	0.0		0.0	15.4	0.0	0.0	0.0	0.0	15.4	0.0	2014/15	To develop extra care housing; likely to be carried over to 2014/15	Glyn Jones	Oct-13
YS529	Community Capacity Grant	298.8	195.0		0.0	493.8	93.8	49.2	44.5	93.7	400.0	0.0	2014/15	£35k was agreed at DMT for refurbishment of The Lodge. £150k was allocated for projects to be bid on, ie for those with additional needs that can not get access to schemes such as DFG but will reduce domiciliary care costs in revenue; majority of this will be spent in 2014/15. £10k will be allocated for office moves, furniture and equipment. £200k is allocated to adaptations to housing to meet mobility and needs to keep people at home - this will be c/f to 2014/15. £50k will be allocated to bids for small capital grants for external organisations. Some of the expenditure in this costs centre needs to be journalled to YS527	Zoe Johnstone / Mira Haynes	Feb-14
YH126	Improving Info for Social Care (Capital Gr)	64.7	0.0		0.0	64.7	0.0	0.0	0.0	0.0	64.7	0.0	2014/15	Will be carried forward to 2014/15; this money relates to integrating the Social Services and Health IT Systems	Zoe Johnstone / Mira Haynes	Dec-13
YS418	ASC IT Systems Replacement	130.3	180.0		0.0	310.3	0.0	0.0	0.0	0.0	310.3	0.0	2015/16	The full budget will be carried forward to 2015/16 when the IT requirements of the Care Bill should become clear.	Zoe Johnstone / Mira Haynes	Dec-13
Total Adult Social Care & Health		604.2	375.0	0.0	0.0	979.2	188.8	85.9	117.9	198.4	790.4	0.0				
Total ASCH&H		3,034.7	2,639.0	0.0	0.0	5,673.7	3,726.5	2,918.4	828.1	3,736.1	1,947.2	0.0				

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
17 JUNE 2014**

ANNUAL COMPLAINTS REPORTS 2013-14 FOR ADULT SOCIAL CARE AND FOR HOUSING

Director of Adult Social Care, Health & Housing

1 PURPOSE OF REPORT

- 1.1 To present the annual complaints reports for Adult Social Care and for Housing.

2 RECOMMENDATION

- 2.1 **That the reports set out in Annex A and B are noted by the Adult Social Care and Housing Overview and Scrutiny Panel.**

3 REASONS FOR RECOMMENDATIONS

- 3.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 state that Complaints Services should provide an annual report for consideration.
- 3.2 The Complaints Service performs an important statutory role in assuring the quality and governance of responses to adults who make complaints. The annual report, which is also a statutory requirement, supports the continuing development and review of the service. The report also demonstrates how Adult Social Care is learning from complaints. The report is attached as Annex A.
- 3.3 A report is also written for Housing services. Housing complaints are dealt with under the Corporate complaints procedure. The report is attached as Annex B.
- 3.4 There were no complaints or recorded compliments for Public Health, and as such no additional report has been written for this area.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None considered.

5 SUPPORTING INFORMATION

- 5.1 The reports set out the number and nature of compliments, concerns and complaints received by Adult Social Care, Health and Housing across the year. Learning from complaints is incorporated to show where things have improved as a result of complaints received.
- 5.2 Overall, there were 19 complaints received for Adult Social Care during the period (compared to 21 complaints in the previous year). Of the complaints, 4 were about Community Response & Reablement, 3 were about Learning Disabilities, 3 were

- about Mental Health for people aged 18 to 69, 4 were about Mental Health for Older Adults and 5 were about Older People & Long Term Conditions.
- 5.3 Of these 19 complaints, 1 complaint was upheld, 5 complaints were partially upheld and 10 complaints were not upheld. 3 complaints were ongoing at the time of writing this report.
- 5.4 On the subject of the nature of Adult Social Care complaints, 3 complaints were about communications, 11 complaints were about standard of service and 5 were about assessment / decisions made.
- 5.5 A total of 138 compliments were received for Adult Social Care in 2013-14.
- Of these, the Learning Disabilities team received 7, the Autism Team received 2, the Drugs and Alcohol Action team received 1, Community Mental Health team for Older Adults 3, Community Response & Reablement team 76 and Older People & Long Term Conditions team (including the Business Support team) 49.
- 5.6 In the Housing service, there were 49 complaints in 2013-14 compared to 32 complaints in the previous year. A total of 27 compliments were received across the year compared to 42 the previous year. In Housing, 75% of customers surveyed rated the redesigned service as 10/10.
- 5.7 The breakdown of complaints was as follows: Forestcare received 3 complaints, Housing Options received 24 complaints, and Benefits received 22 complaints. Of these complaints, 6 were upheld, 14 were partially upheld, and 29 were not upheld.
- 5.8 To put the complaints figures into context, in Adult Social Care over 2000 people are assessed or reviewed each year, of which over 1000 receive a package of care. In Housing there are over 20,000 customers a year.
- 5.9 The Local Government Ombudsman has released a report on Adult Social Complaints in 2013-14, looking at complaints that reached this stage. Bracknell Forest had 2 complaints that went to the Ombudsman, of which neither were upheld, significantly less than the average for most other authorities.

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 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

7 CONSULTATION

Principal Groups Consulted

7.1 None

Method of Consultation

7.2 Not applicable

Representations Received

7.3 Not applicable

Background Papers

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

Contact for further information

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ANNEX A

Adult Social Care

Compliments, Concerns and Complaints

Annual Report
2013 - 2014

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1. INTRODUCTION

This is the Adult Social Care (ASC) Annual Complaints Report for 2013-14. It is a statutory requirement to produce an annual report about the complaints activity within ASC that will be available to the public.

The purpose of the report is to provide an overview of this work and to summarise complaints activity within ASC from 1st April 2013 through to 31st March 2014.

2. CONTEXT

2.1 Legislation

The current legislation requires local authorities to appoint a 'responsible person' with the responsibility for ensuring compliance with the following arrangements:

- Managing, developing and administering the complaints procedure
- Providing assistance and advice to those who wish to complain
- Liaising with services regarding the investigation of complaints where appropriate
- Supporting and training existing and new members of staff
- Monitoring and reporting on complaints activity

2.2 Who may complain?

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

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

2.3 Defining a complaint

A complaint may generally be defined as an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social care provision which requires a response.

If it is possible to resolve the matter straight away, often there is no need to engage the formal complaints process. When a complaint is first received, it is assessed to identify whether an investigation is required using the Statutory Complaints Procedure. If it is determined that an investigation is not warranted, then this will be logged as a 'concern' (see point 5.5 for data and definition of a concern).

2.4 The Statutory Complaints Procedure

A single approach to dealing with complaints for both Adult Social Care and the National Health Service was introduced on 1st April 2009. The single approach has given organisations more flexibility to respond and encourage a culture that seeks and then uses people's experiences of care to improve quality. However, there are indications that the Department of Health may pursue a review of the 2009 Adult Complaint Regulations, aiming for a more structured process in the near future. Responsibility for statutory complaints rests with the Director of Adult Social Care, Health & Housing.

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

Information regarding the current procedure is available on the Bracknell Forest Council's public website, which can be found via the following link:

<http://www.bracknell-forest.gov.uk/commentscomplimentsandcomplaints>

2.5 The Local Authority Procedure

Complaints not covered by the statutory procedure will, if required, be dealt with under the Local Authority procedure. These are rare within the Adult Social Care department and are often complaints made by carers or members of the family who do not have the consent of the person in receipt of the service, but want to make a formal complaint which, they feel, justifies investigation. It is for the Chief Officer to determine, and is at their discretion, whether the complaint is progressed and is in the best interest of the person in receipt of the service.

2.6 The Complaints Procedure & Process in Bracknell Forest

The complaints procedure aims to be as accessible as possible. Complaints can be made in person, by telephone, in writing or by email.

Complaints can be made directly to the relevant team or to the Complaints Manager – whichever is more convenient for the complainant. Ultimately, whatever the circumstances, the complainant should feel that their views are taken seriously and that they are being listened to.

When a complaint is received, we aim to acknowledge within 3 working days. We also seek to:

- Make sure that we understand their complaint and
- Get the right information to assess the seriousness of the complaint
- Keep in regular contact with the complainant
- Determine what they want to happen upon completion of the investigation
- Act quickly to resolve matters wherever possible

When the investigation of the complaint has been completed, it is usual for the Chief Officer to provide the written response to the complainant, informing them of the outcome reached and whether the complaint has been upheld / not upheld / partially upheld. Occasionally, it is necessary for the Director of Adult Social Care, Health & Housing to respond.

Sometimes the final conclusion will not fully support the complainant's view. Under these circumstances, the response will be clear regarding how the decisions were reached (which will be based upon the findings made by the investigator). Any changes required / recommendations or action plans that need to be put in place will also be included.

If the complainant is not happy with the outcome of their complaint, they can refer the matter to the Local Government Ombudsman (see point 5.2) for their consideration.

2.7 Timescales

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

Since the introduction of the Local Authority Services & National Health Service Complaints (England) Regulations 2009, the only mandatory timescale is that the complainant receives an acknowledgement within 3 working days. This legislation allows a flexible approach, where it is negotiated 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 has occurred, to when a complaint may be made. After this time, a complaint will not normally be considered. However, the 12 month time limit does not apply where the local authority is satisfied that the complainant had good reasons for not making the complaint within that time and where it is still possible to investigate the complaint effectively and fairly.

2.8 Timescales negotiated with complainant

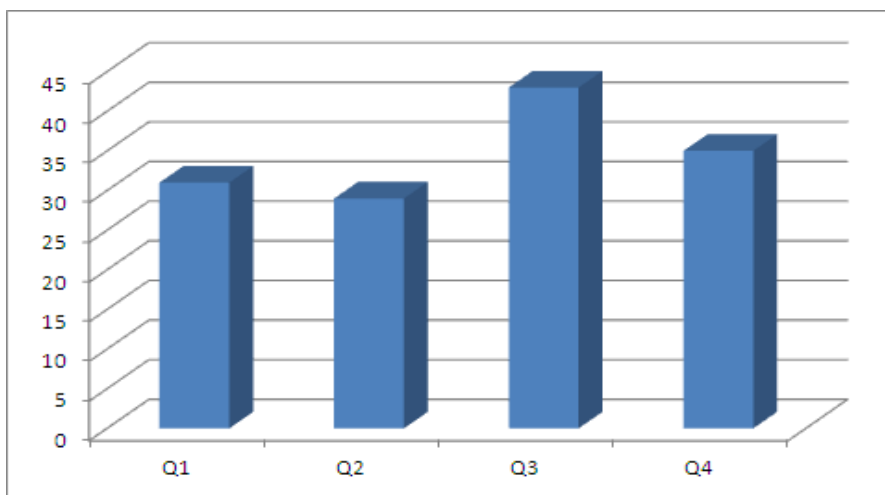
Our aim is always to resolve complaints within the standard timescale (3 months) and this has been achieved in 100% of complaints received during the period this report covers.

3. COMPLIMENTS RECEIVED IN ADULT SOCIAL CARE

There were 138 compliments received in 2013-14. Compliments provide valuable information about the quality of our services and help identify where they are working well.

Compliments currently outnumber complaints by a ratio of more 7 to 1. There are fewer compliments this year compared to 2012-13 when 169 compliments were received. The number of compliments received demonstrates the high value that people receiving support put on the services they receive. As chart 1 below shows, a greater number of compliments was received in quarter 3, compared to the other quarters, where a similar number of compliments was received.

Chart 1 – Compliments received by quarter



Some examples of compliments received

2013 14
138 in Total

“Thank you very much for all your kindness and help on my return from hospital”

“Thank you for my new home”

“Thanks for a great customer service and for doing things above and beyond your duties”

“Please accept our warm gratitude”

“I have nothing but praise for everyone, the whole team afforded my husband their expertise, kindness and respect at all times”

“...you have been a star all the way through...”

“May I take this opportunity of thanking you for all your kindness and financial help – it is very much appreciated”

“Thank you for all the care you gave me while I was at Bridgewell”

“Thank you for all the help you have given us – we are very, very grateful”

“Thank you so much for the kindness, patience and support you have shown me through this stressful time”

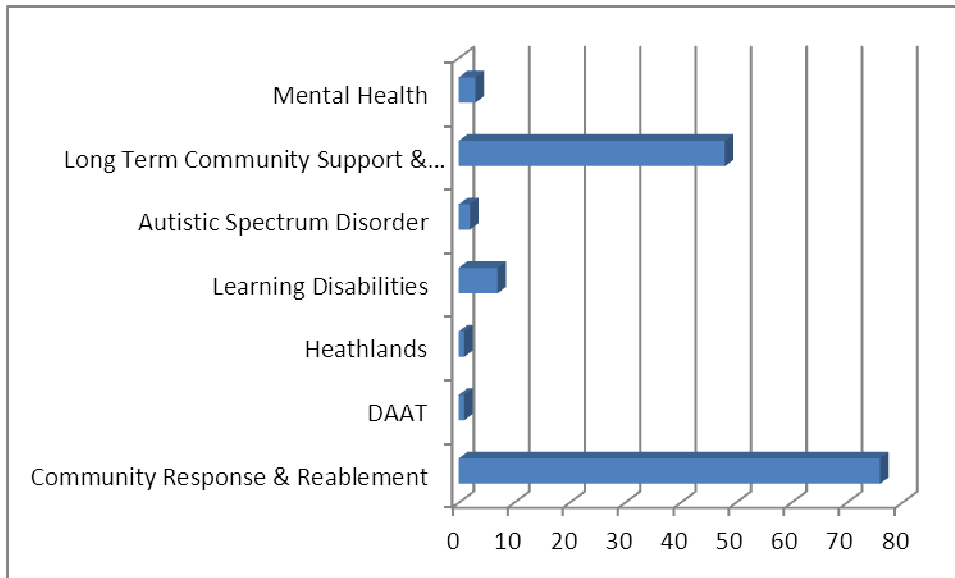
“It was a great comfort to know well our father was being looked after and cared for”

“Seeing my dear dad becoming more content and settled so quickly helped a lot”

“I cannot let this moment pass without saying how invaluable your service has been – the importance of your service has been beyond measure”

As chart 2 below shows, compliments received are most prevalent within the Long Term team, and Community Response and Re-ablement team. These two teams provide support to a larger number of people to the other teams.

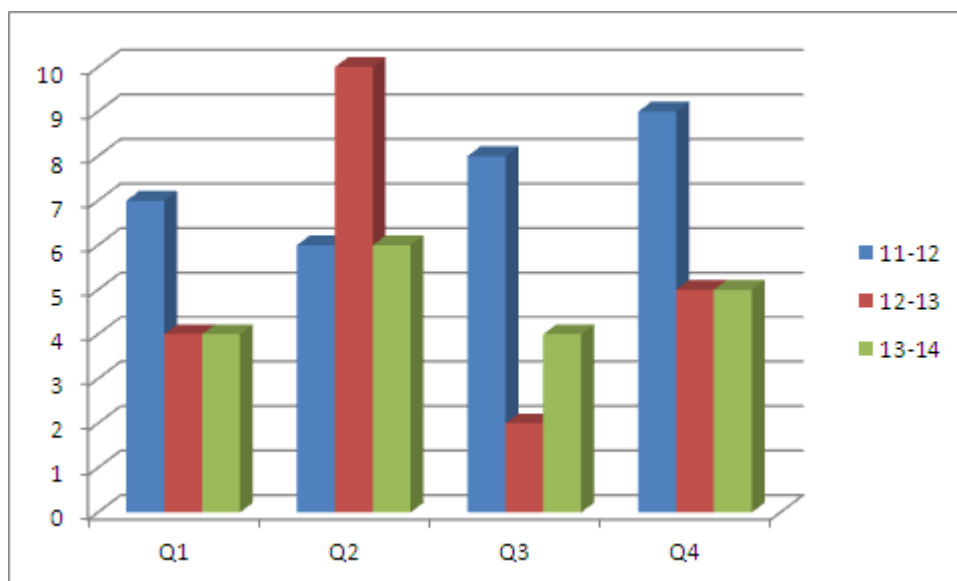
Chart 2 – Compliments by team



4. NUMBER OF COMPLAINT INVESTIGATIONS

In 2013-14, Adult Social Care received 19 complaints. By comparison, in 2012-13, there were 21 complaints across the year. As chart 3 below demonstrates, no one quarter is more prevalent in terms of complaints received than the other quarters, across the least three years. There is therefore no common observed trend of how complaints are received across the year

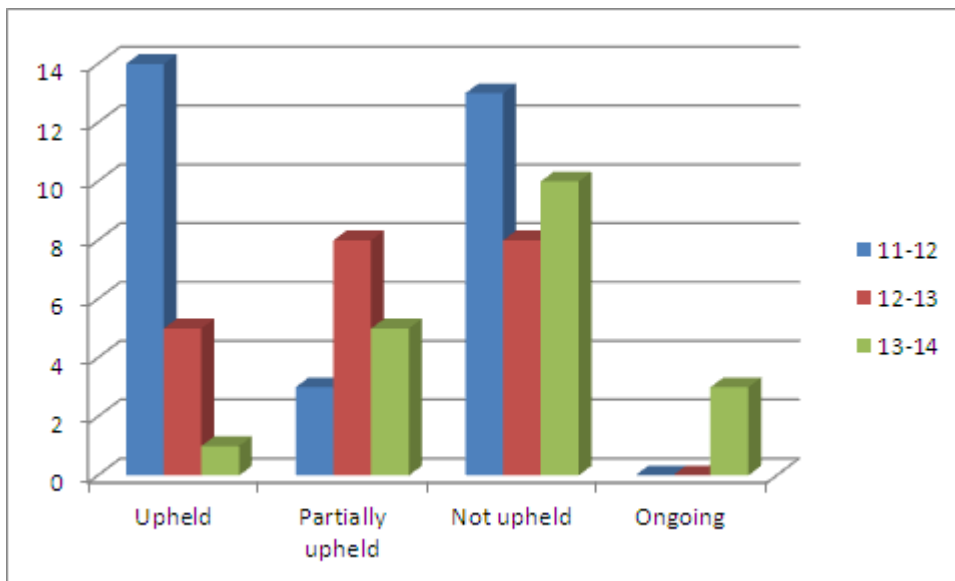
Chart 3 – Complaints comparison by quarter; last 3 years



4.1 Findings from complaints

Chart 4 below shows that in 2013-14, 1 complaint was upheld, 5 complaints were partially upheld and 10 complaints were not upheld. 3 complaints were ongoing at the time of writing this report. This compares to 2012-13 when 5 complaints were upheld, 8 were partially upheld and 8 were ongoing, and to 2011-12 when 14 complaints were upheld, 3 were partially upheld and 13 were not upheld. There is a trend across the 3 years towards fewer complaints being upheld. Numbers of complaints partially upheld or not upheld across the 3 years did not show a trend however.

Chart 4 – complaint outcomes over the last 3 years



4.2 Local Government Ombudsman (LGO)

The LGO investigates complaints of injustice caused by maladministration or service failure. This is often described as 'fault'. The LGO cannot question whether a Council's decision is right or wrong simply because the complainant disagrees with it. The LGO must consider whether there was 'fault' in the way the decision was reached (Local Government Act 1974, section 34.3)

LGO provides a free service, but must use public money carefully. They may decide not to start or continue with an investigation if they believe:

- It is unlikely they would find fault, or
- It is unlikely they could add to any previous investigation by the Council, or
- They cannot achieve the desired outcome
(Local Government Act 1974, section 24A .6)

During 2013–2014, one complaint was referred to the LGO, which was not upheld.

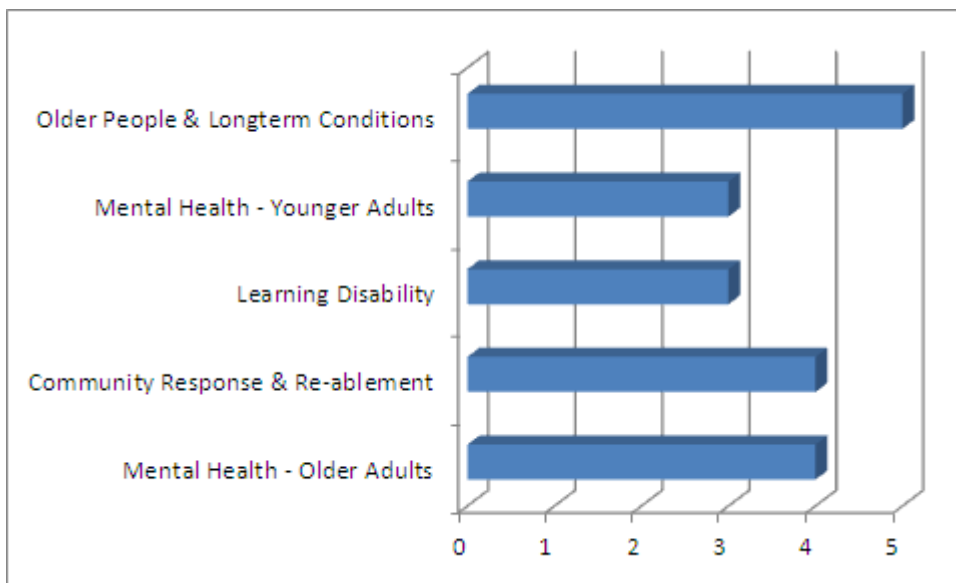
4.3 Complaints received by each Adult Social Care team

Chart 5 below shows how complaints received by Bracknell Forest Council were distributed by care group in 2013-14. The complaints are distributed consistently across each team, with 3 complaints received by the Mental Health and Learning Disability teams, 4 complaints received by the Community Response & Re-ablement and Mental Health for Older Adult teams, and 5 complaints received by the Older People and Long Term Conditions team. No complaints were received by the Finance team.

By comparison, in 2012-13, the Mental Health team received 2 complaints, the Learning Disability team received 1 complaint, the Community Response & Re-ablement received 3 complaints, the Older People and Long Term Conditions team received 14 and no complaints were received by the Mental Health team for Older Adults. In addition, the Finance team received 3 complaints.

Overall in 2013-14, there has been a reduction in complaints within Older People and Long Term Conditions, with other teams receiving a similar or slightly increased number of complaints compared to 2012-13.

Chart 5 – Complaints by team across Adult Social Care



4.4 Nature of complaints received

Complaints received and investigated under the statutory procedure are often complex and can cover a variety of issues. However for the purpose of this report the primary issue has been identified in relation to each complaint, these are shown in the following in table 1 below.

Table 1 – Nature of Complaints

Nature of Complaints Received	Total for 2013-14	Compared to 2012-13
Access to Services	0	1
Communications	3	2
Standard of Service	11	11
Assessment / Decisions Made	5	7

In comparison with 2012-13, the nature of the complaints received was similar this year. There were no complaints about Access to Services compared with 1 complaint last year, 3 complaints about Communications compared with 2 last year, 11 complaints about Standard of Service (the same number as last year) and 5 complaints about Assessment / Decisions Made, compared with 7 last year.

4.5 Concerns

Sometimes people may report that they have concerns regarding a social care service, but do not want to make a formal complaint. By listening to people voicing their concerns, managers may be able to address these issues faster, learn new ways to improve and prevent the same problems from happening in the future.

To clarify, the majority of concerns are dealt with at service delivery level. If the matter cannot be rectified and it becomes apparent that an investigation is necessary, then this will be logged as a complaint and will be dealt with under the statutory complaints procedure.

The subsequent table provides the information on how many concerns were received and dealt with by both the Complaints Manager and the Brokerage Team on behalf of all care groups.

The Brokerage Team arrange / set up domiciliary care packages with both in-house and external providers; making any variations to care packages, whilst monitoring standards and contract compliance.

A typical concern might be from someone receiving domiciliary care phoning the Brokerage team to say that the carer from the agency arrived very late, or did not stay for the allotted time. Brokerage will liaise with the agency and ensure that this is rectified. Very often, individuals will not want contacting again, or to formally raise a complaint, and in such instances will be invited to phone back the following week if things have not improved. However, the intervention from Brokerage will normally ensure that this does not arise.

Table 2 below shows the numbers of concerns raised in 2013-14 versus the previous year.

Table 2 – Concerns received in 2013-14

Concerns Received	Total for 2013-14	Total for 2012-13
Concerns logged via Complaints Manager	21	13
Concerns logged by Brokerage Team (dealt with by Private Providers using their own Complaints Procedure)	67	68

4.6 External contracted providers

Personal budgets are now used to pay for support from a range of different organisations, such as home care agencies, or for employing a personal assistant (PA). We have approved providers for home care and have developed sources of information to help people find out what is available and arrange their support directly.

People need to feel confident about when and how to access the complaints process if external contracted services fall below expectations. In most cases we encourage people in receipt of the service and carers to make their initial complaint directly to the providers who they pay for their care. Then, if they are unhappy about how the provider handled matters, they can approach Adult Social Care for guidance as to the next steps and options available to them.

The LGO also provide a service where you can complain to them directly under certain circumstances. Their leaflet entitled “How to complain about a care home or care in your home – self funded or council funded” provides more information (which can be obtained via their website www.lgo.org.uk)

4.7 Distribution of complaints by equality strand

The complaints report provides a breakdown against 6 of the 9 equality strands, these are:

- Age
- Gender
- Marriage and Civil Partnership
- Race
- Disability
- Religion or Belief

Complaints against the equality strands of Sexual Orientation, Gender Reassignment, or Pregnancy & Maternity have not been reported as this data has not been disclosed in sufficient numbers to allow a meaningful analysis to be undertaken.

As with all data provided in this report, the following analysis is based on the person receiving the service, and not the person reporting the complaint on that person’s behalf.

Equality Strand Tables

Complaints broken down by age show that in 2013-14, a similar number of complaints was received by people aged 18 to 64, as from people aged 65+, whereas in 2012-13, 3 complaints were received by people aged 18 to 64 and 18 complaints were received by people aged 65+.

Complainants broken down by gender for 2013-14 shows that almost the same number of complaints were received from males as from females, as in 2012-13.

There are no trends observed in the tables representing the other equality strands.

Complaints for each Equality Strand are shown in the tables below:

Age Band	Total for 2013-14	Total for 2012-13
18 - 64	9	3
65+	10	18

Gender	Total for 2013-14	Total for 2012-13
Female	10	11
Male	9	10

Marriage & Civil Partnership	Total for 2013-14	Total for 2012-13
Married	3	8
Single	6	0
Divorced	3	2
Widow	4	6
Not recorded	3	5

Racial Equality	Total for 2013-14	Total for 2012-13
White British	18	17
White Other	0	0
Asian Pakistani	1	1
Indian	0	0
Not recorded	0	3

Religion or Belief	Total for 2013-14	Total for 2012-13
Church of England	6	5
Roman Catholic	1	3
Christian	1	1
Jehovah's Witness	0	2
Sikh	0	0
Baptist	0	0
Anglican	1	0
Not recorded	10	10

Disability Equality	Total for 2013-14	Total for 2012-13
Physical Disability 18-64 (PD)	4	1
Physical Disability 65 + (PD)	5	15
Mental Health (MH)	3	2
Learning Disability (LD)	3	1
Dementia	4	2

4.8 Cost of complaint investigations for 2013–14

The total cost of the Complaints function was £23,122.24. In addition to this, there are costs in management time where complaints are investigated by Managers.

There have been no costs incurred for independent investigations for this period.

4.9 MP Enquiries

MPs cannot make a complaint using the statutory complaints procedure on behalf of their constituent. However, they are able to raise a concern or make a representation acting as a form of advocate; the Council will reply on this basis. In view of this, enquiries from Members of Parliament are logged separately from statutory complaints and are dealt with at Director level.

Total of MP Enquiries	24 (compared to 19 last year)
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5. DEVELOPMENT OF POLICIES AND PROCEDURES

5.1 Development of complaint management expertise

The South Regional Complaints Managers Group (SRCMG) aims to meet 3 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 to promote consistency of practice and to provide a source of mutual support.

5.2 Learning from complaints

Learning from complaints is an important aspect of the complaints process. This is disseminated by Managers who highlight appropriate areas of learning through supervision, manager forums and other channels of communication.

The Complaints Manager meets with relevant Chief Officers to discuss individual complaints whenever required to do so.

Key Learning points and services improvements implemented during 2013–2014 included:

Processes when working with people at the end of their life:

- Revised guidance has been circulated to all practitioners with an emphasis on providing written information on the 12 week property disregard and deferred payments so that individuals thinking of funding future care arrangements have clear guidance at their disposal to inform their decision making.

- For people who require end of life care, consideration will be given to information already held on the system so as not to create any unnecessary delay where social care funding is required.
- Protocols regarding financial assessment for people requiring palliative care are being revisited to ensure there is not any duplication of information that causes unnecessary delays.
- A review is being undertaken with the Contracts Team and look at ways that relevant information needed quickly can be gathered so that a decision can be made without delaying the transfer of care for people who urgently need residential provision.

Regarding Services provided in Residential Care Homes

- A temporary Care Plan must be in place before anyone is accepted in to the home, including for a short or respite stay.
- All relevant staff to receive further training on completing an initial care-plan.
- All support staff to complete contact sheets throughout their shift.
- All Duty Officers in Charge are to ensure that they pay particular attention to the personal appearance of respite guests.
- All incidents, including refusal of support with personal care, are to be reported to Duty Officer in Charge and recorded in the Management Notifications Diary in the Duty Office. Family must then be notified as soon as possible.

To ensure that people who use our services and their carers sometimes struggle to understand the differing areas of responsibility between Adult Social Care, Housing and provider organisations.

- Timely and regular communication directly between Housing and Adult Social Care over issues such as Supporting People will improve the communication between the two services.

Following up changes or cancellations to homecare visits

- Where appointments are changed or cancelled, either by staff or by people receiving support, when time and circumstances permit, staff will confirm these changes in writing.

5.3 Staff training in managing complaints

A training package on 'Handling compliments and complaints' can be accessed in the personal development category on the intranet at Bracknell Forest - Boris. This is an interactive guide, which enables staff to become familiar with the complaints process in Bracknell Forest Council or can be used as a 'refresher' (Please also see point 8 below).

6. THE PARAMETERS OF THE COMPLAINTS PROCESS

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

It is also the Council's responsibility to work with 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, the person's permission must be obtained to proceed with the investigation. There are consent forms for this purpose.

6.1 Good practice in complaints management

A major part of the complaint management function is to ensure that the processes remain transparent and robust.

- Speedy responses help to prevent escalation of issues which may have resulted in a complaint. As stated in the legislation; 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.
- Good communication channels between the complaints function and the business ensure that the Complaints Manager is kept abreast of current investigations, enabling the Complaints Manager to ensure that the relevant policies and procedures are being adhered to.

7. AREAS FOR FUTURE DEVELOPMENT

Complaints provide an opportunity to consider practices and to identify methods of continuous improvement with Adult Social Care.

Throughout next year, improved ways of recording information will ensure that the complaints data that is reported is both accurate and insightful. Work will continue in order to refine and improve upon data recording. Developing and managing a central repository of annual complaints data, linking demographical data, with complainants and outcomes, will facilitate in-year and end-of-year complaints reporting more accurately and efficiently.

Work continues with the different teams in Adult Social Care to ensure that new starters and existing staff receive appropriate complaints training. The complaints manager will liaise with corporate training to ensure that appropriate complaints training is provided to new starters within Adult Social Care.

8. CONCLUSION

Over the period of this review, the complaints function for Adult Social Care has met the requirement of the relevant guidance and regulations.

Management of complaints in Bracknell Forest 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 increasingly complex.

The council learns from complaints made and there is evidence to show that that appropriate changes have been made (as identified in item 6.2 on page 12).

The next annual report will cover the period from 1st April 2014 to 31st March 2015.

Mark Gittins
Performance Manager, Adult Social Care

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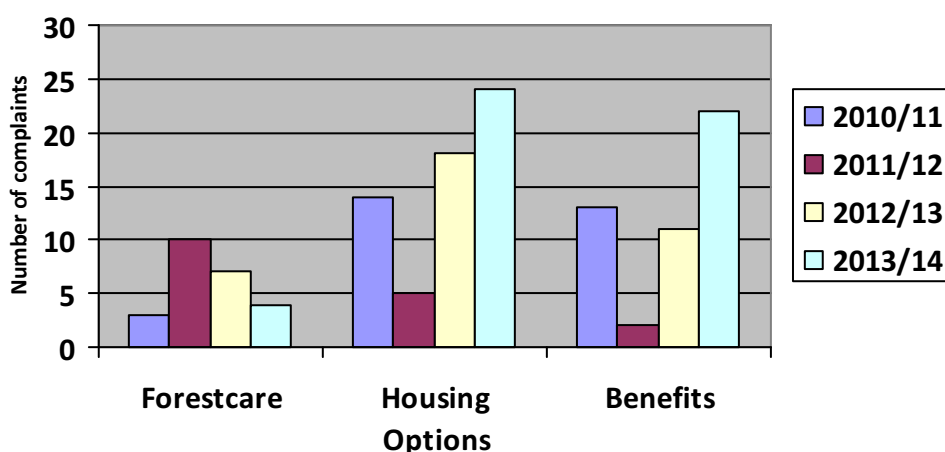
**Adult Social Care, Health & Housing
Housing Service -
Complaints and compliments
2013-2014**

This is the annual complaints report for the Housing service for 2013/14. There is no statutory requirement guiding the management and reporting of complaints as is the case with Adult Social Care. The Housing Service follows the Council's Corporate Complaints Policy. Therefore, the Housing Service complaints are addressed and resolved within the corporate time scales.

Detail of complaints

There were a total of 49 complaints in 2013/14 compared to 32 in 2012/13. As can be seen from the graph below the largest increase in complaints were received by the Benefit service. The context of the last financial year should be recognised in that the benefit service was administering a number of welfare changes and customers made complaints about the impact of the welfare changes. The housing options service experienced a 10% increase in complaints, Forest care complaints remained the same as previous years and benefits experienced a 27% increase

Housing Service Complaints 2010-2013



The nature of the complaints across the three service areas is as follows,

	Housing Options	Forestcare	Benefits
Access to services	4		
Communications	4	1	8
Standard of service	16	2	14

The following table sets out the stages that each complaint reached

Stage 1	Stage 2	Stage 3	Stage 4	LGO
24	11	9	4	1

Distribution of complaints by equality strand

Please note that the opportunity of collecting further equality strand data such as disability is being reviewed; however it should also be highlighted that in some cases, it is not possible to collect this data.

The nature of the housing options complainants by equality strand is as follows:

Ethnicity	Age
White British total 13	18-34 total 4
Black British 2	35 -49 total 9
Not know 1	50-64 total 0
	65-90 total 1
	Not known 2

The nature of the Forestcare complaints by equality strand is as follows:

Ethnicity	Age
White British total 2	18-34 total
Indian 1	35 -49 total
	50-64 total
	65-79 total
	65-90 total 3

The nature of the benefit complaints by equality strand is as follows:

Ethnicity	Age
White British total 12	18-34 total 4
Not known 10	35 -49 total 10
	50-64 total 6
	65-79 total 0
	Not known 2

Outcomes from complaints

Of the 49 complaints received in 2013-14, 6 were upheld, 14 were partially upheld and 29 were not upheld.

Learning from complaints

In the previous year the majority of housing complaints related to the council's allocation policy and system. We reported at the time that a number of changes were intended which should address the complaints made. The majority of housing complaints in 2013/14 are related to housing advice and homelessness. Given the significant increase in homelessness demand over 2013/14 this is to be expected. The nature of the local housing market and private rented sector in particular may mean that customers will face hardship and may not be satisfied with the help the service can offer. Thus complaints are not always a reflection of the quality of the service.

Of the benefit complaints 25% related to decisions about benefit overpayments which customers disputed. Members will be aware that the Council has introduced fixed civil penalties where they have failed to inform of a change in circumstance which has resulted in an overpayment of housing benefit exceeding £ 250. This new scheme has been publicised and should raise customer awareness of the need to inform the service of changes in their circumstances in a timely manner.

There is no pattern to the Forest care complaints.

Compliments

There were 27 compliments in total in 2013-14. This was made up of 16 Housing/ Benefit compliments and 11 compliments for the Forestcare Service.

MP enquiries

The Housing service received 15 MP enquiries on behalf of Bracknell Forest constituents in 2013/14. This included 8 housing enquiries and 7 benefit enquiries.

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
17 JUNE 2014**

**'LIVING WITH POSITIVE CHOICES': A COMMUNITY STRATEGY FOR ADULTS WITH
LONG TERM CONDITIONS AGED 18 – 64 YEARS**

1 PURPOSE OF REPORT

1.1 To review the attached Action Plan associated with the above Strategy.

2 RECOMMENDATION(S)

2.1 That the Panel reviews the Action Plan associated with the Community Strategy for Adults with Long Term Conditions Aged 18 – 64 Years.

3 REASONS FOR RECOMMENDATION(S)

3.1 To enable the Panel to review progress against delivery of the Action Plan associated with the Community Strategy for Adults with Long Term Conditions Aged 18 – 64 Years.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None.

**5 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS / EQUALITIES
IMPACT ASSESSMENT / STRATEGIC RISK MANAGEMENT ISSUES /
CONSULTATION**

5.1 Not applicable.

Background Papers

None.

Contact for further information

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Long Term Conditions Action Plan July 2012 to July 2014

	Action	Officer	By	Expected Achievement	Linked To	Progress	RAG
1	Enhancing quality of life for people with care and support needs						
1.1	Review services and support						
1.1.1	Review current continence support service	JCO	Jan-13	People with incontinence will be appropriately supported		Continence Service now commissioned by health	
1.1.2	Review current responsive overnight care service	JCO	Jan-13	People who require overnight care will be appropriately supported		Commissioning arrangements in place for night support. Single Point of Access Working Group also Meeting Regularly.	
1.1.3	Review Befriending/Listening services	JCO	Jan-13	People who require befriending or listening services will be appropriately supported		Review taking place	
1.2	Develop employment and social opportunities						
1.2.1	Work with partners to develop employment skills	LTC Project Group	Jul-13	Individuals will have more employment opportunities		Through Personal Budgets people can access training on assertiveness, interviewing, CV development. Links with PSA16 and Economic Skills Partnership Board	
1.2.2	Support training to enable the development confidence and personal skills for individuals with long term conditions	Head of LTCS	Jul-13	Individuals will have the confidence and personal skills they need to engage in the community			
1.2.3	Promote awareness of conditions and how to support them in the workplace	Head of LTCS	Jul-13	Employers will understand affects of conditions on work and will make reasonable adjustments		Local VCS organisations being contacted to develop greater understanding and involvement locally. These organisations will then be supported to go to larger companies within the Borough. E-learning	
1.2.4	Review the opportunities and social benefits through assistive technology and ICT	JCO	Jan-13	Individuals will have the technology they need to be part of the community and not isolated	Assistive Tech Strategy	Options available through use of Personal Budgets and Age Concern Small Grant funded for a project on this topic	
1.3	Promote awareness of long term conditions						
1.3.1	Promote and develop user led and expert by experience training programmes	Head of LTCS	Ongoing	Individuals will be involved in training and awareness about their condition or conditions		Commissioned by Public Health. Contract monitoring meeting to take place.	
1.3.2	Train ASCH&H staff in awareness of long term conditions	JCO	Jul-14	Practitioners will have an awareness of the long term conditions supported by ASCH&H		E-learning module development to commence in conjunction with action 1.2.3	

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Long Term Conditions Action Plan July 2012 to July 2014

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	Action	Officer	By	Expected Achievement	Linked To	Progress	RAG
1	Enhancing quality of life for people with care and support needs (Continued...)						
	1.4 Provide suitable housing options						
1.4.1	Ensure individuals are aware of services and resources which are available to enable them to make full use of their existing home	Housing Options Lead	Ongoing	Individuals are aware of Disabled Facilities Grants and Flexible Home Loans as options for enabling them to fully utilise their home		CD to be invited to represent housing and action	
1.4.2	Enable new accessible housing as part of new affordable housing developments	Housing Lead	Ongoing	New homes will cater for the needs of individuals with long term conditions		Extra Care Housing development at Garth Hill site recently approved	
1.4.3	Work with housing providers to ensure sheltered housing provision in the borough meets the housing needs of local people and enables independent living	Housing Lead	Ongoing	Individuals have the most appropriate accommodation to enable independent living		BFH reviewed sheltered housing arrangements and new structure in place.	
	1.5 Access to support and services						
1.5.1	Ensure appropriate interpreters are available to assist people in communicating in their preferred method with Council officers	Head of LTCS	Ongoing	Interpreters will be available to support individuals with communication needs		SNS service redesigned with preferred provider framework for interpretation. Other interpretation obtained through corporate processes. New SMS functionality being trialled on Front Desk	
1.5.2	Increase opportunities to attend accessible sports and wellbeing classes and promote these opportunities	Leisure	Ongoing	Individuals will have the opportunity to attend accessible sports and wellbeing classes		Leisure services at BLC now seeing increased accessibility with new arrangements for hoisting and access to pools and facilities. Leisure representative invited.	
	1.6 Understand local need						
1.6.1	Work with the CCG to understand the local need (through the Adjusted Clinical Groups System) and support individuals with high needs	B&A CCG	Ongoing	Individuals with high support needs will be appropriately supported		Integrated "Neighbourhood" Care Teams established to provide enhanced support for people with LTCs	

Long Term Conditions Action Plan July 2012 to July 2014

	Action	Officer	By	Expected Achievement	Linked To	Progress	RAG
2	Delaying and reducing the need for care and support						
2.1	Provide joined-up services with partner						
2.1.1	Review the diagnosis pathway to ensure seamless support between health, social care support and services and other sector support	CO: OP<C & B&A CCG	Jul-13	People will feel better supported throughout the diagnosis process and beyond		Integrated Care Team project will help to bring seamless support	
2.1.2	Refer individuals to the Council information resource at the point of diagnosis	B&A CCG	Jan-13	Everyone will have access to the information they need	Public Health	Expert Patient Programme, Front Desk Review and iHub	
2.2	Promote choice, independence and self-management of						
2.2.1	Promote Self-Care to individuals with Long Term Conditions when medically reviewed or at the point of diagnosis	B&A CCG	Ongoing	People will be empowered to self-care and fewer people will require long term support as a result		QIPP elements - invite CCG rep. Expert Patients Programme and Self-Care week ongoing	
2.2.2	Review the use of the Disabled Facilities Grant following government guidance to help people with Long Term Conditions to maintain independence at home	Housing Lead	Jul-13	Individuals will feel supported to fully utilise their home		Continuing to comit OT support to this process - ongoing	
2.3	Access to support and services						
2.3.1	Encourage availability of sufficient disabled facilities in the community	LTC Project Group	Ongoing	Appropriate disabled facilities will be available		LTC rep to be part of the Access Group. BLC work and Changing Places already increasing community facilities for people with disabilities	
2.4	Review services and support						
2.4.1	Review waiting and referral times and work to reduce timescales from diagnosis to support to avoid unnecessary risk or deterioration	Head of LTCS & B&A CCG	Ongoing	People will not suffer from increased need while waiting for timely support or services		Support is given within the statutory 28 days - ongoing	
2.4.2	Review speech therapy service and access	B&A CCG	Jan-14	People will not suffer from increased need while waiting for timely support or services		Update required from BHFT at next Partnership Board	

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Long Term Conditions Action Plan July 2012 to July 2014

	Action	Officer	By	Expected Achievement	Linked To	Progress	RAG
3	Ensuring that people have a positive experience of care and support						
	3.1 Information is readily available						
3.1.1	Promote awareness of long term conditions to newly diagnosed individuals at the point of diagnosis	LTC Project Group	Ongoing	People will feel better supported throughout the diagnosis process and beyond	Public Health	This is being done as part of the Prevention & Self-Care strategic workstream.	
3.1.2	Make available a register of Personal Assistants and Domestic Support Workers	JCO	Jan-13	Everyone will have access to the information they need		Support with Confidence - Family Resource Centre to give the LTC Board an update	
3.1.3	Ensure provision of a wide range of information to improve and enhance access to benefits and financial support	Head of LTCS	Ongoing	Everyone will have access to the information they need		ND to work with Shanaz and Bracknell Forest Homes. Two advisors based at Western Road (BFH) and drop-in services at Day Centres	
	3.2 Provide joined-up services with partner organisations						
3.2.1	Provide joined-up/seamless services across Social Care and Health by reviewing Section 75 agreements and joint-work protocols	CO: OP<C	Ongoing	People will feel better supported throughout the diagnosis process and beyond		Integrated Care Teams and Sensory Needs service providing opportunities to do this. Better Care Fund programme.	
	3.3 Promote choice, independence and self-management of						
3.3.1	Promote the use of flexible support options throughout the Supported Self-Assessment Questionnaire and review processes.	Head of LTCS	Ongoing	Everyone who is eligible will have access to a Personal Budget		100% of eligible individuals have personal budgets - ongoing	
3.3.2	Maintain the iHub and roll-out provider log-on facility	JCO	Jan-13	Everyone will have access to the information they need		iHub under new "ownership" and up to date.	
3.3.3	Promote use of the iHub within corporate Customer Services and other universal services	CO: OP<C	Ongoing	The Council will be able to respond to requests for information quickly and accurately			
	3.4 Review services and support						
3.4.1	Review practitioner skill sets through the Workforce Strategy	CO: OP<C	Jan-13	Practitioner skills will be understood	Workforce Strategy	Practitioners leading on champions for different Long Term Conditions within the team, supported by training	
3.4.2	Review training as per needs identified in the review of skill sets	Head of LTCS	Jan-14	Practitioner skills, knowledge and experience will reflect the people they support			

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Long Term Conditions Action Plan July 2012 to July 2014

	Action	Officer	By	Expected Achievement	Linked To	Progress	RAG
3	Ensuring that people have a positive experience of care and support (Continued)						
3.5	Develop employment and social opportunities						
3.5.1	Help to develop support groups for individuals with long term conditions, to be led by individuals with long term conditions	JCO	Jan-13	People will feel supported by their peers in the community		ULO report completed. BADHOGS small grants success. ? Others	
3.6	Opportunities for on-going engagement and contribution						
3.6.1	Review the Long Term Conditions Project Group to ensure on-going engagement and feedback from people and services in the commissioning process	CO: OP<C	Ongoing	The Project Group will be representative of everyone involved in long term conditions		Terms of Reference review on-going	
3.7	Support carers						
3.7.1	Ensure regular Carers assessments and health checks are undertaken	Head of LTCS	Ongoing	Carers feel healthy, supported and looked after	Carers Strategy	Review taking place	
3.7.2	Ensure Carers are supported and advised appropriately on all matters, including benefits, by the Carers Link Support Worker or other appropriate post	Head of LTCS	Ongoing	Carers have the information they need to carry on providing support	Carers Strategy	Berkshire Carers Service & BFVA providing this	
3.7.3	Tender the Carers respite services	CO: OP<C	Oct-12	Carers have the most appropriate respite services	Carers Strategy	Completed	
3.7.4	Tender the Carers grant service	CO: OP<C	Oct-12	Carers are financially supported to carry on providing support	Carers Strategy	Completed (65 since 1st April)	

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Long Term Conditions Action Plan July 2012 to July 2014

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	Action	Officer	By	Expected Achievement	Linked To	Progress	RAG
4	Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm						
	4.1 Information is readily available						
4.1.1	Ensure that people with Long Term Conditions and their carers know how and when to access support before the point of crisis	B&A CCG	Ongoing	Fewer people will reach the point of crisis		CERS and Drop-in at Sandhurst Day Centre for Physical Disabilities. Front Desk review & iHub	
4.1.2	Publish an information leaflet about Advanced Directives to empower individuals to consider their future health and social care needs	Head of Safeguarding	Jul 13 - Jan 14	Individuals will be aware of Advanced Directives and how to use them		There is extensive information online, with guidance in the MCA 2005 Code of Practice. Staff will signpost people to appropriate resources.	
	4.2 Review services and support						
4.2.1	Develop the provider marketplace to allow for personalised support plans and encourage flexibility	JCO	Ongoing	Commissioned services will reflect the personalisation agenda		Further pilot programme work underway.	
4.2.2	Promote awareness of Personal Budgets and best practice amongst practitioners as part of the Workforce Strategy	CO: OP<C	Ongoing	Individuals will be able to meet their support needs through personalised support plans	Workforce Strategy	Complete	
4.2.3	Train staff to provide greater support and information regarding PAs (legal, financial, etc)	Self-Directed Support Co-ordinator	Jul 12 - Jul 13	Everyone will have access to the information they need		Support with Confidence providing this	
	4.3 Promote choice, independence and self-management of						
4.3.1	Renew the approach to assistive technology to enable independence and safety in the home for both carers and individual	CO: OP<C	Ongoing	Individuals will have the technology they need to live independently and safely	Assistive Tech Strategy	Strategy launched. Long term aim/ambition for equipment and Assistive Tech to go through the Panel process.	

**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTING PANEL
17 JUNE 2014**

**ALCOHOL BRIEF INTERVENTION IN SOCIAL CARE
Director of Adult Social Care, Health and Housing**

1 PURPOSE OF REPORT

- 1.1 This report sets out details of a new programme aimed at facilitating the delivery of alcohol brief interventions by staff working in social care settings.

2 RECOMMENDATION

That the Panel:

- 2.1 **Note the establishment of the new alcohol brief intervention programme and progress made to date.**

3 REASONS FOR RECOMMENDATIONS

- 3.1 Alcohol misuse is a significant factor in up to 60% of social work case loads (Alcohol Concern, 2014) and alcohol misuse can often play a role in a range of difficulties that people using social care services experience.
- 3.2 The time people have in contact with social care staff presents an opportunity for discussion of alcohol consumption and related issues. Evidence suggests that if a specific 'brief intervention' protocol is followed by staff then a significant and positive impact on alcohol related harm can be achieved.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None

5 SUPPORTING INFORMATION

- 5.1 Alcohol misuse is a significant factor in up to 60% of social work case loads but the role alcohol misuse plays in a plethora of difficulties can be overlooked (Alcohol Concern, 2014). For example, alcohol often plays a role in the development or exacerbation of mental health problems, as well as issues such as family breakdown, homelessness, unemployment and financial problems.
- 5.2 While the causal link between alcohol and social problems is often unclear, alcohol misuse will usually need to be addressed if a person is to successfully overcome the social problems they are facing.
- 5.3 In 2012 the British Association of Social Workers produced a pocket guide on Alcohol and Older People. It recognised that Social Workers are on the front line of health

and social care provision for older people and as such are in a prime position to work with them on their alcohol use.

- 5.4 A key part of efforts to reduce alcohol related harm have been 'alcohol brief interventions' which, to date, have traditionally only been delivered in healthcare settings. Brief interventions are relatively short, structured conversations within which an individual is invited to discuss their drinking, its impact and strategies for reducing that impact.
- 5.5 Rather than simply being advice giving sessions, the focus is on a 'person centred;' approach that encourages the individual to take ownership over any actions or plans that are developed. As such, brief interventions deliberately avoid a communication style that may be interpreted as 'preaching' or 'nagging'.
- 5.6 Key features of alcohol brief interventions include the use of standardised assessment tools and the action of linking individuals up to further sources of support and information at the end of the session.
- 5.7 There is a robust evidence base for the effectiveness of brief interventions in reducing alcohol consumption (Kaner et al. 2007) and alcohol related harm (Havard et al. 2008).
- 5.8 Bracknell Forest Council has recently made a successful bid to the Innovation Fund Programme at Bracknell & Ascot CCG. A total of £8520 was awarded to deliver a programme of alcohol brief intervention training for social care practitioners such as Social Workers, Occupational Therapists, Support Workers and Housing Staff. The training will be delivered by specialist substance misuse professionals
- 5.9 Following the training staff will be in a position to complete a standardised assessment tool (Alcohol Use Disorders Identification Test - AUDIT) in respect of the people in receipt of social care and housing services where there is a concern with regards to alcohol consumption. Depending on the outcome of the AUDIT they would be able to offer brief advice and information which would include signposting into community alcohol services where required.
- 5.10 Enthusiasm for the project has been high among staff members. At the time of this report, 49 staff members have been trained from a range of backgrounds and departments.
- 5.11 In respect of evaluation, an evaluation of the immediate effect of the brief intervention levels on individuals will be made. This will include a brief assessment of individuals' awareness of their alcohol related risk and their motivation to reduce alcohol consumption.
- 5.12 In order to prospectively evaluate the effectiveness of the brief intervention the Audit would also ask each person if they would be willing to be contacted at a future date by staff from the Community Alcohol Services to complete a brief questionnaire on the impact of the intervention delivered. Those contacted will be asked to report on their levels of drinking, as well as any visits to healthcare services that may have been a result of alcohol consumption (these will be compared with a baseline level of alcohol related service use assessed during the brief intervention).

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The contents of this report are noted.

Borough Treasurer

6.2 The costs of this programme will be met by funding of £8,520 provided by the Bracknell & Ascot CCG.

Equalities Impact Assessment

6.3 This project is designed to address health inequality in respect of alcohol related harm among individuals engaged with social care services.

Strategic Risk Management Issues

6.4 None

7 CONSULTATION

Principal Groups Consulted

7.1 Clinical Commissioning Group and Primary Care partners. This project is also in line with consultation responses in respect of the Health & Well-Being Strategy, in which addressing alcohol (including via brief intervention) came up as a key theme.

Method of Consultation

7.2 Presentations and meetings.

Representations Received

7.3 None

Contact for further information

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL
17 JUNE 2014**

**UPDATE ON THE CARE ACT 2014 AND PLANS FOR IMPLEMENTATION
Director of Adult Social Care, Health & Housing**

1 PURPOSE OF REPORT

- 1.1 To provide Overview and Scrutiny with an update on the changes outlined in the Care Act, and the likely impact on the Council.
- 1.2 To outline the plans for implementation of the Care Act in Bracknell Forest.

2 RECOMMENDATION(S)

- 2.1 **That the Panel notes the main elements of the changes to Adult Social Care arising from the Care Act.**
- 2.2 **That the Panel comments on the Director's proposed plans for managing the implementation of the Care Act.**

3 REASONS FOR RECOMMENDATION(S)

- 3.1 To ensure members of Overview and Scrutiny are informed of the reforms to the Adult Social Care system, and have an opportunity to comment on the Department's approach to managing the implementation.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 No alternatives – the Council must plan to implement the reforms.

5 SUPPORTING INFORMATION

- 5.1 The Care Bill received Royal Assent on May 14th 2014, and has now passed into law as the Care Act 2014. The Act is effective for some elements from 1st April 2015, and for other elements from 1st April 2016.

- 5.2 A summary of the timetable of the changes is as follows:
From April 2015:

- Duties on prevention and wellbeing
- Duties on information and advice
- Duty on market shaping
- National minimum threshold for eligibility
- Assessments including carers' assessments
- Personal budgets and care and support plans
- Safeguarding Boards
- Universal Deferred Payment agreements

From April 2016:

- Extended means test
- Capped charging system
- Care accounts

Unclear:

- New complaints procedures

FROM APRIL 2015

Duty on Prevention and Well Being

- 5.3 The Care Act makes clear that local authorities must arrange services that help prevent or delay people deteriorating such that they would need on-going care and support. This would lead to authorities reducing the level of need within their area, with an emphasis placed on providing advice and information for people who would potentially need support and their carers.
- 5.4 Local authorities will have to consider various factors:
- What service, facilities and resources are already available in the area
 - Identifying people in the local area who might have care and support needs that are not being met
 - Identifying carers in the local area who might have support needs that are not being met

Duty on Information and Advice

- 5.5 Local authorities will need to provide comprehensive information and advice about care and support services in their local area. This will help people to understand how care and support services work locally, the care and funding options available, and how people can access care and support services.

The Act clearly sets out that Councils must provide information on:

- what types of care and support are available – e.g. specialised dementia care, befriending services, re-ablement, personal assistance, residential care etc
- the range of care and support services available to local people, i.e. what local providers offer certain types of services
- what process local people need to use to get the care and support that is available
- where local people can find independent financial advice about care and support and help them to access it
- how people can raise concerns about the safety or wellbeing of someone who has care and support needs

Duty on Market Shaping

- 5.6 The Care Act requires Councils to support a diverse market providing a range of care and support services available to meet the needs of people living in the area. To assist authorities in taking on this new role, local authorities need to develop a market position statement, which identify care and support needs within the local authority area, and detailing how the Council intends to procure services in the future. This in

turn gives information to current and potential future providers of care and support to help them shape the services they offer.

National minimum threshold for eligibility

- 5.7 Access to care and support differs significantly across the country, so a national minimum eligibility threshold is to be introduced in April 2015. Local authorities will not be able to restrict eligibility further than the national minimum, but will be able to extend their eligibility beyond the minimum. Whilst an initial view was that this Council was unlikely to be impacted because the new minimum threshold was likely to be similar to the current “substantial” threshold in place, there has been considerable debate in the adult social care world as to whether the proposed minimum threshold does in fact mirror “substantial”, does not mirror “substantial”, or potentially would capture broadly the same number of people as now, but that people currently eligible for support would not be eligible in future, whilst those not currently eligible might become eligible.
- 5.8 Clearly, understanding in detail the new thresholds, and understanding whether there is a potentially significant impact is of great importance.

Assessments including carers’ assessments

- 5.9 There will be a single right to an assessment for adults, and one for carers, based on the need for care and support. One of the key aims of this proposal is the removal of anomalies and differences resulting from the type of care or setting, and the provision of a single route through which consistent entitlements to care and support can be established. This duty is likely to increase the number of people requiring a carer’s assessment.
- 5.10 It is not known what the increased level of demand will be for assessments for carers. However, the latest Census indicated that there are 9,601 people in Bracknell who consider themselves carers, and in 2013-14 297 people had had a carers’ assessment (as at the end of February).

Personal budgets and care and support plans

- 5.11 The Care Act sets out what must happen after the conclusion of an assessment. This covers the process of care and support planning to determine how needs should be met, and the requirements for on-going review of care and support plans. It also covers the requirement for a personal budget. This will, for the first time, be enshrined in legislation, both for the person needing care and for carers. A personal budget lays out the cost of meeting a person’s eligible needs, and the public funding available to them.
- 5.12 The Care Act makes it a requirement for authorities to assess anyone, regardless of their financial circumstances, but allows authorities to charge for support planning for self funders. The Council will need to consider whether it wishes to introduce such a charge, but will need to weigh this against the advantages of not charging. This will require a policy decision.

Safeguarding Boards

- 5.13 There will be a new legal requirement for each local authority to set up a Safeguarding Adults Board (SAB), formalising the arrangements that Bracknell Forest Council already has. The Care Act gives responsibility to the SAB to

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formulate a safeguarding strategy, to arrange safeguarding adults' reviews to establish facts and ensure lessons can be learnt from any safeguarding incidents and to produce an annual safeguarding report.

- 5.14 The core membership of the SAB will include the local authority, the Police, and Health, with guidance setting out the board's obligations.

Universal Deferred Payment agreements

- 5.15 From April 2015 there will be a new legal right for people to defer paying their care home costs, meaning they do not have to sell their homes during their lifetime. If a deferred payment arrangement is set up, the Council will pay the care home costs during this period, and then reclaim the costs incurred from the proceeds of the sale of the person's property.
- 5.16 The criteria for being able to have a deferred payment will be set nationally, whilst currently authorities have some discretion on their policy. Another change being introduced is that at present, authorities can only charge interest on the debt from 56 days after the person dies; in future authorities will have the power to charge interest on the outstanding loan for the duration of the loan.
- 5.17 There remains the possibility that Councils will have the discretion to allow deferred payments for domiciliary care, or other forms of non residential care. Whilst this has benefits for people, as it allows them to keep more of their disposable income in their lifetime, it could add to any additional costs from the proposal to introduce Universal Deferred Payments.
- 5.18 It is considered that there is little difference between the Universal Deferred Payments scheme, and the current scheme that the Council offers. However, wider publicity of the availability of Deferred Payments may have a potentially significant impact on uptake, and therefore cash flow costs, and debt recovery costs.

FROM APRIL 2016

Extended Means Test

- 5.19 Currently anyone with assets of more than £23,500 is considered to be a self funder, and must pay for their own care. The Care Act will see this threshold will increase, to £118,000 (or £27,000 if the person's home is not taken into account). Anyone with assets below £14,250 currently has those assets ignored in the means test that assesses how much people are required to pay towards the cost of their care.
- 5.20 If a person has assets between the upper and lower thresholds, then, operating on a sliding scale, that person is required to have some of their capital taken into account in the financial means test. The changing in the threshold limits will have an immediate financial impact on Councils. For example, someone with assets of £40,000 currently pays all their care costs. With effect from 1 April 2016 they will be eligible to have some of their costs met by the Council.
- 5.21 It will be possible to calculate the financial effect of this for the people the Council has carried out a financial assessment for. However, it is anticipated that there will be an increased demand for Council funding for people who have not approached the Council, and this can only be estimated in board terms. It is also anticipated that there will be a significant increase in the numbers of financial assessments that are required.

- 5.22 Another change to the means test is that anyone who turns 18 needing social care support will not have to contribute to their care. This will, like the changes outlined in the paragraphs above, have a financial impact.

Care Accounts

- 5.23 With effect from 1 April 2016, the maximum that a person will be required to contribute towards their care costs will be set at £72,000 – this is known as “the cap”. The Care Act will require councils to carry out a needs assessment where they believe a person has care and support needs. From 2016 the assessment will be the first stage of the process which establishes whether or not a person’s needs are eligible and therefore whether their care costs will count towards the cap. If they will count towards the cap the person will receive a record of the costs that will count towards their cap and a statement of progress towards the cap.
- 5.24 This will lead to a significant increase in the numbers of care assessments and financial assessments that the Council is required to carry out. National estimates are that perhaps 500,000 more people will require assessments – this implies for Bracknell somewhere between 500 and 1,000 more assessments.
- 5.25 The Government estimates that the average cost of an assessment is £450, and indicative funding allocations for Care Act Implementation indicate that Bracknell will receive £219k for conducting the initial assessments. Initial assessments will probably comprise all those people who are currently self funders, before the system settles down again to assessing people needing support for the first time.
- 5.26 The Council will be required to start conducting assessments and establish care accounts from October 2015, although progress towards the cap for individuals will only commence from April 2016. The Council will need to maintain the care account for everyone who has eligible needs, and provide an annual statement on progress towards that cap, which will require significant development of IT systems. Considerable thought and planning needs to go into designing the pathway for people through the new process. Some of the questions that are provoked are.

To what extent can the needs assessments be self assessments and what would be the approval process for agreeing an assessment? Would it be different for people who are self funding and progressing towards the cap compared to people whose support is funded by the Council?

To what extent can financial assessments be self assessments – for example, for people who have assets significantly above £118,000 and are clearly self funders, would any further financial information be required?

Is it legitimate to have separate targets for how quickly assessments should be completed for people whose support arrangements depend on having the assessment compared to those people for whom it simply determines the pace at which they progress to the cap.

Should people be given on-line access to their care account?

How can resources be managed in the most cost efficient way to minimise the additional costs that the increased numbers of assessments that will be required?

Capped charging system

- 5.27 As indicated above, the Care Act provides that people will never have to pay more than £72,000 towards their care costs. It is important to be clear about what this actually means.
- 5.28 The care costs that people will never have to pay more than £72,000 towards are their eligible care costs. For example, the Council might assess that an individual has eligible needs that could be met for £154.80 per week (the equivalent of 10 hours of home care on Council rates). The person could decide to purchase 20 hours of home care per week from an agency, not used by the Council, charging £20 per hour, a cost of £400 per week. What will count towards the cap is £154.80.
- 5.29 Equally, a person whose needs can best be met in residential care might choose to go into a residential care home that the Council does not use, because the rates charged are in excess of what the Council will pay – for example, £1,000 per week as compared to the Bracknell usual rate of £484.03. The Council would only consider the £484.03.
- 5.30 There is a further complication with residential (and nursing) care, which is that an element of the price is considered to be for Daily Living costs. This figure will be set nationally and indications are that this will be £230 per week. Daily Living costs are not considered to be costs of care under the Care Act, and are disregarded. Therefore someone paying £1,000 for residential care will see £254.03 per week as their progress towards the cap.

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New complaints process

- 5.31 The complexity of the reforms to adult social funding, the introduction of the cap, and the fact that this will bring into contact with local authority adult social departments people who would otherwise be self funders, means that the current complaints processes are considered as unlikely to be fit for purpose. For example, current complaints tend to argue about matters of fact, whereas it is considered that new complaints will be articulate, legally well-informed, and raise matters of law.
- 5.32 The Government's proposals hold out the possibility of an independent appeals board, akin to Schools Admission panels.
- 5.33 It is currently unclear what the new complaints process will be, or when Councils will know what the process will be, but it is worth noting that the proposal to have an independent panel opens up the possibility that the legitimate professional judgements of practitioners in Bracknell could be overturned by an appeals panel somewhere else, with implications for the ability to manage budgets.

NEXT STEPS

- 5.34 A Programme Board has been set up, chaired by the Director of Adult Social Care, Health & Housing, and comprising senior managers within the department, along with the Borough Treasurer, and representatives from Legal Services. A full program of work, including timelines for different projects within the program of work, will need to be established. This will be developed by the summer.

- 5.35 Officers from across the department will need to be involved in developing new practices, new policies, and the IT system. Market strategies will need developing, and potentially public consultation will be required for some proposals.
- 5.36 Lead officers for each of the different changes outlined in paragraphs 5.2 and 5.3 have been identified, as follows:

From April 2015:

- Duties on prevention and wellbeing – Head of Joint Commissioning
- Duties on information and advice – Head of Joint Commissioning
- Duty on market shaping – Head of Joint Commissioning
- National minimum threshold for eligibility – Head of Joint Commissioning
- Assessments including carers' assessments – Chief Officers: Adults & Joint Commissioning and Older People & Long Term Conditions
- Personal budgets and care and support plans – Chief Officers: Adults & Joint Commissioning and Older People & Long Term Conditions
- Safeguarding Boards – Head of Safeguarding & Practice Development
- Universal Deferred Payment agreements – Head of Performance & Resources

From April 2016:

- Extended means test – Head of Performance & Resources
- Capped charging system – Head of Performance & Resources
- Care accounts – Head of Performance & Resources

Unclear:

- New complaints procedures

- 5.37 This Board will consider whether additional capacity needs to be brought in to support the Council in implementing the reforms. A central government grant is being made available this year, which would be used to fund this.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 6.1 The contents of this report are noted, but no legal issues arise at present. Other than it is important that we respond to the consultation as the matters subject to consultation are a major change which are likely to impact upon the Council's provision of these services for a long time to come.

Borough Treasurer

- 6.2 There are no direct financial implications within this report, for the Council. However, the introduction of the reforms themselves may have significant financial implications, and as these become clearer, these will be outlined for CMT and members.
- 6.3 There are 3 streams of funding to support the implementation of the Care Act. Firstly, within the Better Care Fund, there is £135m nationally in 2014/15 which equates to £239k for Bracknell Forest; secondly there is New Burdens Funding, in

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2015/16, of £335m nationally, which has an indicative allocation for Bracknell Forest of £518k; and finally, there is one-off funding of £125k per Council in 2014/15.

- 6.4 Within these figures, there is money identified for each of the new responsibilities, or work required in order to be able to deliver the new responsibilities, and for Bracknell this breaks down as follows:

2014/15: Care Bill implementation funding in the Better Care Fund (£135m nationally)		
		£000
Personalisation	Create greater incentives for employment for disabled adults in residential care	5
Carers	Put carers on a par with users for assessment.	29
	Introduce a new duty to provide support for carers	59
Information advice and support	Link LA information portals to national portal	0
	Advice and support to access and plan care, including rights to advocacy	44
Quality	Provider quality profiles	9
Safe-guarding	Implement statutory Safeguarding Adults Boards	14
Assessment & eligibility	Set a national minimum eligibility threshold at substantial	71
	Ensure councils provide continuity of care for people moving into their areas until reassessment	8
	Clarify responsibility for assessment and provision of social care in prisons	12
Veterans	Disregard of armed forces GIPs from financial assessment	4
Law reform	Training social care staff in the new legal framework	8
	Savings from staff time and reduced complaints and litigation	-24
Sub Total		239
Plus	Care Bill Implementation Grant	125
	Total Funds 2014/15	364
2015/16: Adult social care new burdens funding (£335m nationally) - Indicative		
Assessment & eligibility	Funding for early assessments and reviews	219
IT	Capital investment funding including IT systems	88
Capacity	Funding for capacity building, including recruitment and training of staff	30
Deferred payments	Year 1 funding for the implementation of the universal deferred payment scheme	166
Information	Funding for a national information campaign	15
Sub Total		518
	Total Care Bill Funding	882

- 6.5 An initial assessment of the funding, and how it compares to potential costs is outlined below:

- The introduction of national minimum eligibility criteria – likely to be reasonably low. Within the Better Care Fund money is Care Act implementation funding, £135m nationally, and this allows for £71k additional money for Bracknell for the new eligibility criteria.

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- New duties placed on local authorities to provide information and advice to people – likely to be reasonably low. Within the Care Act implementation funding is £44k additional money for Bracknell for advice and support to access and plan care, including rights to advocacy.
- Separate carer assessments – has the potential to be significant. Within the Care Act implementation funding there is £29k additional money for Bracknell for carers' assessments, and £59k for carers' services. However, the real figure may be much higher.
- Costs arising from people being eligible for support much earlier due to changes in the capital thresholds. Costs from this may be significant, and it is unclear yet what funding will be made available from the Government.
- Costs resulting from the need for increased assessments. Money is to be made available as new burdens funding in 2015-16, £335m nationally, and within this there is an indicative amount for Bracknell of £219k. Initial estimates, based on national averages for the costs of assessments, suggest that the additional cost for Bracknell could be as high as £450k.
- Costs of developing IT systems to be ready for the changes. In the new burdens funding there is an indicative amount for Bracknell of £88k.
- Deferred Payments. Costs arising from this will be determined on the basis of how much demand there is. In the new burdens funding there is Year 1 funding, the indicative amount for Bracknell being £166k. It may be that take-up is less than this.
- Costs arising when people reach the cap. These costs are not likely to arrive until 2019-2020, and it is also unclear at this stage what additional funding Councils will have. The Association of Directors of Adult Social Services have made attempts to model the costs that arise from this, however the modelling is based on significant unknowns.
- Impact on market prices for care. The proposals in the Care Act are likely to have a significant impact on the prices paid for Residential and Nursing care by local authorities. Providers have long argued that self funders subsidise the prices paid by local authorities, and there will be considerable pressure for this to end. Costs from this could easily top £1m, and perhaps reach £1.5m.
- A new one off grant has been introduced this year of £125,000 per local authority to support the implementation of the reforms.

Background Papers

Care Act 2014 - http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf
Bracknell Forest Council's response to the Consultation on the Care Bill:
<http://boris.bracknell-forest.gov.uk/caring-for-our-future-consultation-response.pdf>

Contact for further information

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL
17 JUNE 2014**

WORKING GROUP UPDATE REPORT Working Group Lead Member

1 PURPOSE OF REPORT

- 1.1 This report sets out the progress achieved to date by the Working Group of the Panel reviewing the Council's role in regulated Adult Social Care services and invites the Panel to select a topic and establish a working group for its next review.

2 RECOMMENDATION(S)

That the Panel:

- 2.1 **notes the progress achieved to date by its Working Group reviewing the Council's role in regulated Adult Social Care services; and**
- 2.2 **selects a topic and establishes a working group for a future review on completion of the current review of regulated Adult Social Care services.**

3 REASONS FOR RECOMMENDATION(S)

- 3.1 To keep the Panel up to date regarding the activities of its Working Group reviewing the Council's role in regulated Adult Social Care services and to agree arrangements in respect of its next review.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

The Council's Role in Regulated Adult Social Care Services

- 5.1 A Working Group of the Panel, comprising Councillors Harrison (Lead Member), Mrs McCracken, Mrs Temperton and Thompson, was established to review the Council's role with regard to care governance and managing safeguarding in regulated Adult Social Care services. Regulated services are those which are registered with the Care Quality Commission (CQC), which is the regulatory body, and are mostly those provided at residential care homes, nursing homes or domiciliary care.
- 5.2 The Working Group has met on three occasions to date. It received an introductory briefing and considered the scope of the review at its first meeting. The scope was agreed at the second meeting when the Working Group considered and discussed a selection of CQC inspection reports of the best and worst performing services for evaluation and comparison purposes, explored the inspection criteria utilised by the CQC, and considered examples of spot contracts and individual purchase orders relating to regulated Adult Social Care services. The third meeting featured

consideration of the support offered to those care providers that need to improve, the Council's developing Quality Assurance Framework and the outcomes of the most recent Carers' Survey.

- 5.3 The Working Group's review work is now drawing to a conclusion and it will shortly be preparing a report of its work and findings for submission to the next Panel meeting.

Future Review Topic and Working Group

- 5.4 The Panel's 2014-15 Work Programme is attached at Appendix 1 to facilitate selection of the next review topic and working group membership.

**6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS / EQUALITIES
IMPACT ASSESSMENT / STRATEGIC RISK MANAGEMENT ISSUES /
CONSULTATION**

- 6.1 Not applicable.

Background Papers

None.

Contact for further information

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OVERVIEW & SCRUTINY WORK PROGRAMME 2014/15

The work programme for Overview and Scrutiny (O&S) in 2014/15 is shown on the following pages. The programme is aimed at maintaining a strategic and co-ordinated work programme based on major areas of Council and partner organisations' activity. The review topics take account of what is likely to be timely, relevant, and to add value. The programme incorporates the routine, on-going work of O&S and the completion of reviews currently underway.

The work programme will necessarily be subject to continual refinement and updating. The 'future possible reviews' are those which are unlikely to be resourced until 2015/16 or later.

ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL	
1.	<p>Monitoring the performance of the Adult Social Care, Health and Housing Department</p> <p>To include on-going review of the Quarterly Service 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, including the Government's Care Bill.</p>
2.	<p>Exercising pre-decision scrutiny by reference to the Executive Forward Plan</p> <p>To selectively contribute to the formulation of new policies in advance of their consideration by the Executive.</p>
3.	<p>2015/16 Budget Scrutiny</p> <p>To review the Council's Adult Social Care and Housing budget proposals for 2015/16, and plans for future years.</p>

FUTURE POSSIBLE REVIEWS (Unlikely to be resourced until 2015/16 or later)	
<u>Adult Social Care and Housing</u>	
1.	<p>Implications of the Government's Care Bill</p> <p>To review the impact of the legislative changes under the forthcoming Care Act, particularly with regard to greater integration of Council and NHS services.</p>

2.	<p>Housing Benefits</p> <p>To review the implementation of:</p> <ul style="list-style-type: none">• The Government's Housing Benefit reforms; and• The re-design of the Council's housing and benefits services.
3.	<p>Housing Supply</p> <p>To review the response by the Council and its partners to increasing pressure in the housing market, particularly in regard to assisting home ownership, and the provision of affordable housing.</p>
4.	<p>Homelessness</p> <p>To review the Council's arrangements and performance in relation to dealing with homelessness. To include arrangements for adults with learning disabilities, also itinerant and temporary informal lodgers.</p>

**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
17 JUNE 2014**

EXECUTIVE KEY AND NON-KEY DECISIONS RELATING TO ADULT SOCIAL CARE AND HOUSING

Assistant Chief Executive

1 PURPOSE OF REPORT

- 1.1 This report presents scheduled Executive Key and Non-Key Decisions relating to Adult Social Care and Housing for the Panel's consideration.

2 RECOMMENDATION(S)

- 2.1 **That the Adult Social Care and Housing Overview and Scrutiny Panel considers the scheduled Executive Key and Non-Key Decisions relating to Adult Social Care and Housing appended to this report.**

3 REASONS FOR RECOMMENDATION(S)

- 3.1 To invite the Panel to consider scheduled Executive Key and Non-Key Decisions.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 Consideration of Executive Key and Non-Key Decisions alerts the Panel to forthcoming Executive decisions and facilitates pre-decision scrutiny.
- 5.2 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.
- 5.3 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.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

No advice was sought from the Borough Solicitor, the Borough Treasurer or Other Officers or sought in terms of Equalities Impact Assessment or Strategic Risk Management Issues. Such advice will be sought in respect of each Executive decision item prior to its consideration by the Executive.

7 CONSULTATION

None.

Background Papers

Local Government Act 2000

Contact for further information

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ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL
EXECUTIVE WORK PROGRAMME

REFERENCE	I045614
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TITLE: Safeguarding Adults Annual Report

To endorse the Annual Report in relation to Safeguarding Adults within the Borough.

FINANCIAL IMPACT: No financial implications

WHO WILL TAKE DECISION: Executive

Bracknell Forest Safeguarding Adults Partnership Board

Meetings with interested parties

DATE OF DECISION: 22 Jul 2014

REFERENCE	I045736
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TITLE: Adult Social Care Annual Report 2013/14

To approve the Bracknell Forest Adult Social Care & Health Local Account for 2013/14.

FINANCIAL IMPACT: Within existing budget

WHO WILL TAKE DECISION: Executive

Managers in Adult Social Care, Health & Housing
Partnership Boards

Meetings with interested parties

DATE OF DECISION: 22 Jul 2014

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