Bracknell Forest Council

NOTICE OF MEETING

Adult Social Care and Housing Overview & Scrutiny Panel
Tuesday 16 September 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, Dudley and Kensall

ALISON SANDERS
Director of Corporate Services

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Adult Social Care and Housing Overview & Scrutiny Panel
Tuesday 16 September 2014, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

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AGENDA

Page No

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

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

2. **MINUTES AND MATTERS ARISING**

   To approve as a correct record the minutes of the meeting of the Adult Social Care and Housing Overview and Scrutiny Panel meeting held on 17 June 2014. 1 - 4

3. **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.

4. **URGENT ITEMS OF BUSINESS**

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

5. **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

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

To consider the latest trends, priorities and pressures in terms of departmental performance as reported in the QSR for the first quarter of 2014/15 (April to June 2014) relating to Adult Social Care and Housing. An overview of the second quarter of 2014/15 will also be provided. 5 - 38

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 QSR where possible.

7. **ADULT SOCIAL CARE ANNUAL REPORT (ANNUAL ACCOUNT) 2013/14**

To consider the Adult Social Care Annual Report 2013/14. 39 - 78

Please bring the previously circulated Annual Report to the meeting. The report is attached to this agenda if viewed online.

OVERVIEW AND POLICY DEVELOPMENT

8. **BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2013/14**

To consider the attached Safeguarding Adults Partnership Board Annual Report 2013/14. 79 - 130

9. **CHANGES TO REGULATION AND INSPECTION OF ADULT SOCIAL CARE APRIL 2015**

A briefing report in respect of changes to regulation and inspection of Adult Social Care from April 2015 is attached. 131 - 136

10. **REGULATED ADULT SOCIAL CARE SERVICES WORKING GROUP REPORT**

The report of the review of the Council's role in regulated Adult Social Care Services undertaken by a working group of this Panel is attached for approval. 137 - 180

HOLDING THE EXECUTIVE TO ACCOUNT

11. **EXECUTIVE KEY AND NON-KEY DECISIONS**

To consider scheduled Executive Key and Non-Key Decisions relating to Adult Social Care and Housing. 181 - 184

DATE OF NEXT MEETING

The next meeting of the Adult Social Care and Housing Overview and Scrutiny Panel has been arranged for Tuesday 20 January 2015.

ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL
17 JUNE 2014
7.30 - 9.05 PM

Bracknell Forest Council

Present:
Councillors Allen, Brossard, Finch, Harrison, Mrs McCracken, Mrs Temperton, Virgo and Ms Wilson
Also Present:
Andrea Carr, Policy Officer (Overview and Scrutiny)
Neil Haddock, Head of Performance and Resources
Mira Haynes, Chief Officer: Older People & Long Term Conditions
Lisa McNally, Consultant in Public Health

Apologies for absence were received from:
Councillors Blatchford

48. **Election of Chairman**

RESOLVED that Councillor Harrison be elected Chairman of the Adult Social Care and Housing Overview & Scrutiny Panel for the 2014/15 Municipal Year.

49. **Appointment of Vice-Chairman**

RESOLVED that Councillor Allen be appointed as Vice Chairman of the Adult Social Care and Housing Overview & Scrutiny Panel for 2014/15 for the 2014/15 Municipal Year.

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

51. **Minutes and Matters Arising**

RESOLVED that the minutes of the Adult Social Care and Housing Overview & Scrutiny Panel held on 5 March 2014 be approved as a correct record and signed by the Chairman.

Arising on minute 44, the Panel noted that all dementia clients had now been transferred to new providers. All clients that had been transferred were assessed and would continue to be assessed for up to six weeks following the transfer of care. Eleven staff had been redeployed with the new care providers, but three members of staff had opted to take redundancy from 30 April 2014.

52. **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.

53. **Urgent Items of Business**

There were no urgent items of business.

54. **Public Participation**

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

55. **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 fourth quarter in 2013/14 (January to March 2014) relating to Adult Social Care and Housing. An overview of the first quarter (April to June 2014) was also reported.

Key areas for the Department included: the purchase of two temporary to permanent properties to provide accommodation to homeless households; there had been an increase of 20% of families in Bed and Breakfast accommodation compared to eight families in the same period in 2013. A home ownership evening to promote home ownership opportunities would be held, the E-bens would go live to allow people to make on line housing benefit/council tax reductions scheme claims. The Older People and Long Term Conditions would include the development of Clement House, the appropriate care and support schemes being put in place; improving Therapy Support for people with high support needs at home and the Adults Substance Misuse Needs Assessment would be completed. The CMHT would work on Health Promotion including Smoking Cessation, development of the Prevention and Self-Care programme, the action plan developed to implement the priorities identified in the joint Learning Development strategy. This would be reported to the Panel in Quarter 2. The programme for the implementation of the Care Act would be put in place, the independent Living Fund would now be transferred to local councils and the initial proposals for the 2015/16 Budget would be considered.

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

- The number of people and families presenting as homeless was due in part to the loss of private landlords and the fact that private rents were increasing across the borough and the Council not receiving notice of homelessness until final notices had been served on the private tenants. It was not the Council's intention to house people outside of the Borough in temporary housing.

- The implementation of the Electronic Monitoring for Domiciliary Care system had continued to be delayed, the Electronic Call Monitoring was implemented but the financial modules provided by the software provider were not at an acceptable standard. The new target date for implementation was now 21 July 2014.

- There were a large number of vacancies and some posts were being kept for the Dementia Team.

The Panel thanked officers for their update.

56. **Annual Complaints Reports 2013/14 for Adult Social Care and For Housing**

The Panel received the report detailing the complaints received in 2013/14 for Adult Social Care and for Housing. It was a requirement to hold a complaints record for

Adult Social Care, whilst t was not a requirement for Housing a record was kept and presented to Panel as part of one report. There had not been any complaints received in respect of Public Health. Overall the number of complaints was decreasing in 2013/14. In Adult Social Care there had been 19 complaints, in 2012/13 there had be 21 complaints and 28 in 2011/12. The reduction in the number of complaints was welcomed; it was considered an indicator that whilst the budget had been squeezed the quality of the service was being maintained. In Housing there had been an increase in the number of complaints to 49. The number of compliments for Adult Social Care had been 138 and for Housing had been 27. The Local Government Ombudsman had released a report on Adult Social Care Complaints in 2013-14 looking at complaints that had reached this stage. Bracknell Forest had two complaints that went to the Ombudsman, of which neither were upheld. The Panel were pleased to note that this was significantly less than the average for most other authorities. Following a question the Panel were advised that once a complaint process had started then the procedure needed to be followed to completion to when the complaint closed.

The Panel noted the report.

57. **Living with Positive Choices: A Community Strategy for Adults with Long Term Conditions Aged 18-64 Years**

The Panel reviewed the Action Plan associated with the Community Strategy for Adults with Long Term Conditions Aged 18 – 64 Years and reviewed the progress against delivery. Most of the actions had been completed the Partnership Board would review the strategy and will look to develop the Action Plan. It was noted that the coloured traffic light system showing the current position on individual actions i.e. read, amber and green did not show on black and white copies of the report. It was suggested that a system of smiley faces replace the current traffic light system.

58. **Alcohol Brief Intervention in Social Care**

The Panel received details of the new programme aimed at facilitating the delivery of alcohol brief interventions by staff working in social care settings. It was noted that alcohol was a significant of social care case loads nationally. Alcohol misuse played a significant role in a range of difficulties that people using social care services experienced. The misuse of alcohol was a difficult subject to raise with individuals and was a complex issues addressing how the individual to understand and manage. 49 staff had attended Brief Intervention training and more staff would attend this training which would equip them well with interaction about alcohol consumption was an issue. Evidence suggested that if 'brief intervention' protocol was followed by staff there was a significant and positive impact on alcohol related harm could be achieved.

The Panel thanked the officers for the report.

59. **Update on the Care Act 2014 and Plans for Implementation**

The Panel received an update on changes outlined in Care Act 2014 and the probable impact on the Council. The Care Act 2014 was effective for some elements from 1 April 2105 and 1 April 2016 for other elements. Work was in hand to assess which areas the Council needed to address to bring them in line with the requirements of the Act, in some areas the Council already complied with the Act. The Better Care Fund would help Bracknell Forest to help fund changes to eligibility criteria.

A Programme Board would likely be constituted of officers responsible for the different areas that the Care Act covered. There would be several policy decisions that would need o be considered, including decisions regarding charging for deferred payments for Bracknell Forest Council.

The Panel noted the updated position regarding the Care Act and the implementation of it within Bracknell Forest.

60. **Working Group Update Report**

The Panel received the Working Group Update Report reviewing the Council's role in regulated Adult Social Care services. The group had looked at the Council's role with regard to care governance and managing safeguarding in regulated Adult Social Care services, these services are the ones registered with the Care Quality Commission. The group would be submitting its findings to the next meeting of the Panel.

The Panel considered what area their next review would cover. The Panel wished to review the Council's arrangements for homelessness including arrangements for adults with learning disabilities, itinerant and temporary informal lodgers. Councillors Brossard, Mrs McCracken and Temperton expressed their interest in being part of this proposed working group. The working group would be opened to any other councillors wished to be part of the working group.

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

The Panel received and noted the scheduled Key and Non-Key Decisions relating to Adult Social Care and Housing.

62. **Date of Next Meeting**

The next meeting of the Adult Social Care and Housing Overview and Scrutiny Panel would be held on Tuesday 16 September 2014.

CHAIRMAN

Bracknell Forest Council

QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE AND HEALTH

Q1 2014-15
April – June 2014

Portfolio holder:
Councillor Dale Birch

Director:
Glyn Jones

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Section 1: Director's Commentary

There was significant activity in the first quarter of the year, with a major focus for the Department being the passing of the Care Act. This will lead to significant changes in the requirements for Adult Social Care, phased-in in two stages – legislative reforms in April 2015, and funding reforms in April 2016. The legislative changes see the Care Act replacing all previous social care legislation, and as such there is a lot to absorb. The early stages of work involve working through the Act, and assessing what this Council needs to do to meet the requirements of it.

The workforce strategy for Adult Social Care and Health, which commenced in the last quarter of 2013/14, saw progress in the first quarter of this year. Operational staff in Adult Social Care and Health are undertaking a programme of work to underpin the strategy. Taking account of

- more personalised ways of working,
- the requirements of the Better Care Fund and
- the Care Act,

applying a "Lean" approach will inform changes to the business processes, or "pathways". Based on the principle of ensuring that each person's experience should be as timely and smooth as possible, and using these "pathways", the work will determine the skills and competencies that staff need, and how those staff are best deployed to support people in the most appropriate ways. This in turn will inform the training and development needs of the workforce.

Following Executive approval in February, the Council introduced Fixed Civil Penalties of £50 for household failing to tell the Council without good reason of a change in circumstances leading to overpayments of up to £500. To the end of the first quarter, 28 civil penalties were issued, which suggests that the scheme is meeting its objective of encouraging people to report relevant changes of circumstances.

The department continues to work with the CCG and health providers on establishing the Better Care Fund in shadow form for this year, in readiness for its formal implementation next April.

Delivery against actions in the Service Plan is looking very strong. Of 64 actions, 3 have been completed as at the end of the quarter, and 59 are expected to be completed on time. Two actions are delayed as follows:

6.11.3 Develop a reporting and monitoring methodology to report on the actions within the Better Care Fund.

Discussions are on-going with the CCG about the format and content of the reporting and monitoring methodology.

11.2.10 Ensure the local workforce is appropriately trained to identify substance misuse issues in order to offer information and advice. .

No training sessions have been delivered in quarter 1.

There are 5 indicators in quarter 1 with a current status of red as follows:

Indicator NI 135 (Carers receiving needs assessment or review and a specific carer's service, or advice and information)

This is expressed as a percentage of the number of people receiving services. The figure at the end of quarter 1 was 7.3%, with a current target of 9.3%. The target for the end of the year is 37%.

There are no concerns about reaching the year end target at this stage; this figure is cumulative in nature, and it is expected that this will be achieved.

OF2a.1 (Permanent admissions to residential or nursing care per 100,000 population 65 or over)

The target was for 1.7 admissions per 100,000 population, and the actual figure was 2.7. This represents 2 admissions in the quarter. As the numbers involved are so small, particularly on a quarter by quarter basis, this does not yet represent a matter for concern.

OF2c.1 (Delayed transfers of care – total delayed transfers per 100,000 population)
OF2c.2 (Delayed transfers of care – total delayed transfers attributable to social care per 100,000 population

The target for all delays was 8, compared to a performance of 11.4; the target for delays attributable to social care was 5, compared to a performance of 7.4.

The delays attributable to social care were predominantly caused by the domiciliary care agencies struggling to recruit new staff, which made it more difficult to place new care packages with them.

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

Despite the housing service preventing 9% more households becoming homeless in than the previous year there has been an overall increase in the number of households that the council has accepted a homeless duty towards compared to the previous year. The Council will continue to purchase temporary to permanent properties in 2014/15 to assist with managing this pressure. Although the costs of providing temporary accommodation for homeless households are forecast to exceed 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 new risk added, which is in respect of the potential impact of the introduction of the Care Act. Mitigating management actions have been put in place to manage this risk. Two risks have been closed; firstly, risks arising from changes in benefits legislation, as these changes are now embedded; and secondly, risks arising from a change in the cost share across Berkshire authorities for sexual health contracts, from a risk share to a cost per case basis; financial modelling suggests the change will be small, and is more likely to be of benefit to this Council. The changes have been reflected in the Public Health budget.

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 first quarter Adult Social Care received 5 new complaints, of which 2 were upheld, one was upheld and 2 were ongoing. This compares to the previous quarter of which 2 were not upheld, one was upheld and 2 were ongoing. There were 16 compliments received, which compares to 35 compliments received in the previous quarter.

In Housing, there was 1 new complaint received, at stage 2. This was partially upheld. There was additionally a complaint to the Local Government Ombudsman, this was not upheld. This compares to last quarter when 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 the same as the previous quarter.

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

Section 2: Department Indicator Performance

Ind Ref	Short Description	Previous Figure Q4 2013/14	Current figure Q1 2014/15	Current Target	Current Status	Comparison with same period in previous year
ASCHH All Sections - Quarterly						
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	36.9%	7.3%	9.3%		
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	4.1	2.7	1.7		
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	596.50	53.60	160.80		
L172	Timeliness of financial assessments (Quarterly)	97.20%	95.60%	95.00%		
L214	Delayed transfers of care (delayed bed days) from hospital per 100,000 population (Quarterly)	~	62.5	87.7		~
Community Mental Health Team - Quarterly						
OF1f	Proportion of adults in contact with secondary mental health services in paid employment (Quarterly)	14.0%	Data not yet available	13.0%		
OF1h	Proportion of adults in contact with secondary mental health services living independently, with or without support (Quarterly)	77.7%	Data not yet available	84.0%		
Community Response and Reablement - Quarterly						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	5.5	11.4	8.0		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	2.1	7.4	5.0		
L135.1	Percentage of enhanced Intermediate Care Referrals seen within 2 hours (quarterly)	99.30	99.10	95.00		
L135.2	Occupational Therapy (OT) assessments that were completed within 28 days of the first contact (Quarterly)	95.1%	99.1%	90.0%		
Community Team for People with Learning Disabilities - Quarterly						
OF1e	Adults with learning disabilities in paid employment (Quarterly)	17.1%	16.0%	15.0%		
OF1g	Adults with learning disabilities who live in their own home or with their family (Quarterly)	87.3%	87.4%	85.0%		
Housing - Benefits - Quarterly						

NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	8.0	6.0	10.0		
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	96.6%	98.9%	97.0%		
L177	Average time from when customer first seen to receipt of benefit payment (Quarterly)	6	4.75	10		
Housing – Forestcare – Quarterly						
L030	Number of lifelines installed (Quarterly)	134	149	130		
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	97.18%	97.06%	97.50%		
L180	Time taken for Forestcare customers to receive the service from enquiry to installation (Quarterly)	9	8	12		
Housing – Options – Quarterly						
NI155	Number of affordable homes delivered (gross) (Quarterly)	131	9	9		
L178	Number of household nights in B&B across the quarter (Quarterly)	1,005	1,884	1,650		
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	89.77%	83.33%	90.0%		
Emergency Duty Service – Quarterly						
L199	Emergency Duty Service calls answered within 2 minutes (Quarterly)	~	Data not yet available			
Public Health – Quarterly						
L215	Delivery rate of NHS health checks	~	702	400		
L216	Smoking cessation delivery rate of successful 4 week quitters	297	Data not available until Q2	159		
L217	Smoking quit success rate	73.3%	Data not available until Q2	60.0%		
L218	Completion rate of specialist weight management treatment programme	~	66	50		

Note: Key indicators are identified by shading

Traffic Lights		**Comparison with same period in previous year**	
Compares current performance to target		Identifies direction of travel compared to same point in previous year	
On, above or within 5% of target		Performance has improved	

Between 5% and 10% of target		Performance Sustained	
More than 10% from target		Performance has declined	

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

Ind Ref	Short Description
OF1a	Social care related quality of life (Adult Social Care Survey) (Annually)
OF1b	Proportion of people who use services who have control over their daily life (Adult Social Care Survey) (Annually)
OF1c.1	Proportion of social care clients receiving Self Directed Support (Annually)
OF1c.2	Proportion of social care clients receiving Direct Payments (Annually)
OF1d	Carer reported quality of life (Biennially)
OF2b	Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (Annually)
OF2d	Outcome of short-term services: sequel to service
OF3a	Overall satisfaction of people who use the service with their care and support (Adult Social Care Survey) (Annually)
OF3b	Overall satisfaction of carers with social services (Adult Social Care Survey) (Biennially)
OF3c	Proportion of carers who have been included or consulted in discussion about the person they care for (Biennially)
OF3d	Proportion of people who use services or carers who find it easy to find information about services (Annually)
OF4a	Proportion of people who use services who feel safe (Adult Social Care Survey) (Annually)
OF4b	Proportion of people who use services who say that those services have made them feel safe and secure (Adult Social Care Survey) (Annually)
L032	Number of benefits prosecutions and sanctions per 1000 caseload (Annually)
L213	Satisfaction rates for calls to Emergency Duty Service (Annually)
L219	Purchase and dissemination of flu vaccination vouchers to people in priority groups (Annually)
NI155	Number of affordable homes delivered (gross) (Annually)

Section 3: Compliments & Complaints

Compliments Received
Twenty-two compliments were received by the Department during the quarter which were distributed as follows:

Adult Social Care Compliments
16 compliments were received in Adult Social Care which consisted of:

Team	Number
Community Response & Reablement (CR&R)	8 compliments
Drug & Alcohol	2 compliments
Safeguarding	1 compliment
Older People & Long Term Conditions	1 compliment
Finance (Older People)	4 compliments (of which 3 were for the Financial Assessment team)

Housing Compliments
6 compliments were received in Housing.

Complaints Received

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

Adult Social Care Complaints

Five complaints were received this quarter in Adult Social Care.

Stage	New complaints activity in quarter 1	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	5	5	2 Upheld, 1 Partially Upheld, 2 ongoing (still within time).
Local Government Ombudsman	0	0	Not applicable

Nature of complaints/ Actions taken/ Lessons learnt:

The nature of the five complaints received in quarter 1 in Adult Social Care was as follows:
- Concerning standard of service received – 2 complaints
- Concerning access to services – 2 complaints
- Concerning standard of communication – 1 complaint

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

Two complaints were received in quarter 1 in Housing.

Stage	New complaints activity in quarter 1	Complaints activity year to date	Outcome of total complaints activity year to date
New Stage 2	1	1	1 partially upheld
New Stage 3	0	0	0
New Stage 4	0	0	0
Local Government Ombudsman	1	1	1 not upheld

Nature of complaints/ Actions taken/ Lessons learnt:

The nature of the two complaints received in quarter 1 in Housing was as follows:

Regarding the complaint at stage 2:
- Housing Strategy & Needs – 1 complaint;

Regarding the LGO complaint:
- Housing Strategy & Needs / Benefits – 1 complaint

There were no common issues concerning the complaints raised. One complaint was due to the implementation of welfare reforms, which had been done correctly based on the information received.

Section 4: People

Staffing Levels

	Total Staff in Posts	Total Staff in Post		Total Posts FTE	Vacant Posts	Vacancy Rate
		Full Time	Part Time			
DMT	14	12	2	13	1	6.67
Older People & Long Term Conditions	204	76	128	113.38	32	13.56
Adults & Joint Commissioning	99	63	36	82.12	16	13.91
Performance & Resources	29	22	7	25.82	0	0
Housing	79	51	28	58.09	8	9.20
Public Health Shared	8	5	3	6.09	1	11.11
Public Health Local	5	5	0	5	0	0
Department Totals	**438**	**234**	**204**	**303.5**	**58**	**11.62**

Staff Turnover

For the quarter ending	30 June 2014	1.81%
For the year ending	1 Jul 2013 – 30 June 2014	7.35%

Total voluntary turnover for BFC, 2013/14: 12.64%
Average UK voluntary turnover 2012: 10.6%
Average Public Sector voluntary turnover 2013: 8.1%
(Source: XPertHR Staff Turnover Rates and Cost Survey 2013)

HR Comments
Staff turnover has gone down this quarter from 2.36% to 1.81%. The lower turnover rate reflects the vacancies that were held for those staff at risk of redundancy. Those vacancies were filled during this period.

Staff Sickness

Section	Total staff	Number of days sickness	Quarter 1 average per employee	2014/15 annual average per employee
DMT / PAs	14	30.5	2.2	8.7
OP&LTC	204	571.5	2.8	11.2
A&JC	99	129	1.3	5.2
P&R	29	5.5	0.2	0.8
Housing	79	86	1.1	4.4
Public Health: Shared	8	1.5	0.2	0.8
Public Health: Local	5	0	0	0
Department Totals (Q1)	**438**	**824**	**1.87**	
Projected Totals (14/15)	**438**	**2986.5**		**6.77**

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 13/14	5.50 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)

Note: 20 working days or more are classed as long term sick.

Comments:
There are seven cases of long term sickness. Of these cases, two have now returned to work, four have not yet returned but are being monitored by OH and one has left the organisation.

Section 5: Progress against Medium Term Objectives and Key Actions

Progress has been monitored against the sub-actions supporting the Key Actions contained in the Adult Social Care, Health & Housing Service Plan for 2014 - 15. This contains 64 detailed actions in support of 6 Medium Term Objectives. Annex A provides detailed information on progress against each of these actions:

Overall, 3 actions were completed at the end of Quarter 1 (

), while 59 actions are on schedule (

) and 2 were causing concern (

and 

).

The 2 actions that are causing concern are:

Ref	Action		Progress
6.11.3	Develop a reporting and monitoring methodology to report on the actions within the Better Care Fund		Discussions are on-going with the CCG about the format and content of the reporting and monitoring methodology.
11.2.10	Ensure the local workforce is appropriately trained to identify substance misuse issues in order to offer information and advice		No training sessions have been delivered in quarter 1.

Section 6: Money

Revenue Budget
The cash budget for the department is £32.278m, and a breakdown of this is attached in Annex B (Budget Monitoring). The forecast outturn in the latest budget monitoring is £32.227m, a balanced budget.

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:

CCG Funding and Recruitment
There are a number of projects funded by the CCG or previously by the PCT that continue without formalised funding arrangements, particularly as in most cases they support staff costs. The risk to the Council is that if funding is stopped there are potential redundancy liabilities if staff have been employed on permanent contracts.

Capital Budget
The approved capital budget for the department is £4.5m and it is projected to spend £4.5m by the year end. A detailed list of schemes together with their approved budget and forecast spend is available in Annex B (Virements and Budget Carry Forwards).

Section 7: Forward Look

ADULT SOCIAL CARE

Cross Cutting

Better Care Fund

The requirements of the Better Care Fund nationally are evolving, particularly around the performance element of the money, and this will impact on the work required by the Council and the CCG in the following quarter. A revised template for completing will be received by the Council in late July, and will need submitting to the Health and Well Being Board for sign-off during September. The template contains the financial plans for the spending of the money, and the expected performance outcomes that will be achieved.

Care Act

With the publication of the Care Act, the new responsibilities will be analysed over the course of quarter 2, and a program of work set in place to ensure the Department is ready to meet the requirements for the first phase of the Act in April 2015.

Carers

Work will be undertaken within workforce strategy to review current carers assessments:

- to examine support and implications for carers in light of the Care Act.
- following the carers conference on 24th July there will be a three month consultation, ending 23rd October, to inform the development of the joint commissioning strategy for carers.

Independent Living Fund

In response to the Independent Living Fund (ILF) transfer joint reviews with individuals and the ILF will take place and be ongoing.

Assistive Technology

As an additional strand to raising awareness of assistive technology (AT) and maximising opportunities for people to utilise AT to support them plans will be developed to enable the local community and in particular people eligible for support to access the assessment AT flat at Bridgwell.

Older People & Long Term Conditions

Community Response & Reablement

The service will be working on delivering a robust pathway for people who fall regularly, working with the Frimley Park Hospital system and our colleagues in public health. This will build on the successful Falls Clinic and prevention programme that the service has already been operating since April 2013.

Older People & Long Term Conditions

With our partners in Bracknell Forest Homes and BFC Housing work will progress on the development of the service specification for the Clement House extra care housing scheme.

Further development of the integrated care teams to support people with long term conditions will be taken forward in partnership with our health partners.

A dementia forum is to be held in July to better support people with dementia living in the community and following evaluation the concept will be taken forward into a further workshop in the late autumn.

Sensory Needs Service
The care pathway for sensory needs will be reviewed and taken forward into the workforce strategy.

Drug & Alcohol Action Team
A local evaluation of Payment by Results is underway and will be completed during quarter 2. The evaluation will contain recommendations on the future commissioning of drug and alcohol services.

The Adults Substance Misuse Needs Assessment will be completed and presented to AMT/DMT for agreement and will then be published on the Bracknell Forest website.

Emergency Duty Service
Looking forward into quarter 2, EDS will:

- Revise procedures around referral process due to increase in referrals
- Produce a business case to DMT to increase child care practitioner DSB due to increase in referrals and implementation of new legislation - The Single Service Framework.

Adults & Joint Commissioning

Learning Disabilities
The action plan to implement the priorities identified in the joint Learning Disability strategy will be finalised and ratified by the Learning Disability Partnership Board through the 2nd quarter.

Work will continue with the Housing Associations to ensure properties will be accessible and adapted to needs so that when available people are able to move in and live with the people of their choosing.

Given the completion of the Rapid Response pilot a review of the pilot service will be developed over the 2nd quarter.

Autistic Spectrum Disorders
The consultation to inform development of an ASD joint commissioning strategy will commence and will run from the 2nd quarter.

Work will continue with the Housing Associations to ensure properties will be accessible and adapted to needs so that when available people are able to move in and live with the people of their choosing.

Joint Commissioning
A partnership approach, between the Council and the Clinical Commissioning Group, to prevention and self-care will be presented for approval to the Better Care Fund Board.

The Quality Assurance Framework will be piloted and consulted upon with providers before being adopted in September.

A Community Support Strategy is in development to ensure that people's support needs at home and in the community are developed and meet the requirements of the Care Act and the Better Care Fund.

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 December this year.

Dementia Services
A forum for staff working with people with dementia will be held in July. The aim of the session is to raise awareness and enable a better understanding of dementia, and the impact on people with dementia and their carers. The emphasis of the day will be on better supporting people with dementia to live well in the community.

Performance & Resources

IT
With the implementation of the Care Act, RIE and LAS work programme there will be pressure on the IT Team to ensure the LAS is fit for purpose to meet the expected business processes within timescales as agreed. There is also the need to upgrade the LAS reporting functionality due to a withdrawal of support for the current product.

Developments are taking place on the EDS system with implementation expected in the next quarter.

HR
The human resources team will support the director, chief officers, heads of service and team leaders as necessary to fulfil the requirement to manage staff in accordance with employment law and the policies of the Council. When Organisational Change is necessary HR will support the lead officer to ensure staff are treated in accordance with the Organisational Change Protocol.

On a wider note, if necessary, the team will provide support to corporate HR in the tendering process for a replacement for the HR database.

Support to chief officer: housing will continue in the final phase of the housing and benefits reorganisation.

Business Intelligence
Work continues with the finance and brokerage teams to ensure that for all people supported they have a primary support reason recorded on LAS.

In conjunction with the IT team and corporate IT, the reporting tools that the team uses to extract data from LAS will be upgraded, there will also be the introduction of a new data warehouse, which will mean that all existing reports will need to be rewritten.

Finance
Forward Look July to September 2014

- Develop and implement monitoring arrangements for the Better Care Fund, to be completed by end August.
- As part of the 2015/16 budget process support the directorate in developing options to deliver the savings target set for the department. This will also include the identification of any service pressures, ongoing.
- Develop the financial analysis of the impact of the Care Act on the department; ongoing for the remainder of the year.
- Develop the reporting process around debt management and integrate into monthly financial reporting; complete by end of September.

- Enhance the financial reporting of the Public Health (Shared) Team; complete by the end of September.
- Complete testing and implement ETMS; system is due to go live by 18th August.

PUBLIC HEALTH

Quarter 2 will see the Public Health team continue to develop work streams across three key domains:

Public Health Intelligence

The team will continue to develop the new, web-based Joint Strategic Needs Assessment (JSNA). In quarter two, there will be a specific focus on incorporating the findings of the recent Public Health Survey of Bracknell Forest residents and ensuring that this data is informing how a wide range of work streams are delivered. For example, the survey data will be used to guide the targeting of initiatives related to alcohol harm reduction and MMR uptake.

Health Protection

In quarter two the public health team will undertake work related to childhood immunisation such as MMR, as well as make an early start in preparing for the 2014/15 promotion of influenza vaccination. In addition, the heat wave plan has now been finalised and, if required, the Public Health team will work with council and NHS colleagues to ensure the right actions and communications are put in place.

Health Improvement

Work to develop health improvement services aimed at specific groups will continue. This includes stop smoking programmes for people with mental health conditions and those embarking on elective surgery as well as self management programmes for those at high risk of diabetes and alcohol harm reduction advice for people using adult social care services. In addition, following the review of sexual health services in Quarter 1, the team will roll out a new targeted outreach contraception programme as well improve the availability of information on local sexual health services for residents. Finally, work will be undertaken to extend the availability of mental well-being support for children and young people.

HOUSING

During the quarter an open evening event will be held to promote the Council's and other partners' low cost home ownership options.

The purchase of properties to provide temporary accommodation for homeless households will be complete by the end of the quarter.

There will be three low cost home ownership properties completed at the Forest Road development and they will be offered for sale by Affinity Sutton housing association. In addition a four-bedroom wheelchair accessible affordable rented house will be completed on the Parks development.

The Abritas system which provides the BFC My Choice choice based letting system provides a version of the system to run specifically on mobile phones. That part of the system will go live during the quarter.

The Housing service will continue to advertise for properties it can lease so as to provide temporary accommodation for homeless households.

The redesigned housing service will go live from the new reception facility during the quarter. To date the service has operated a filter desk at the front of main reception to ensure customers are seen as quickly as possible and that as much work is completed with customers as possible when they attend Time Square. During the quarter the filter desk will be removed and an automated kiosk system will be installed and customers will take tickets to direct them to the appropriate officer.

It is intended to report to Executive during the quarter to seek authority to dispose of the Coopers Hill site to Thames valley Housing association subject to planning permission for the proposed development. The proposal is to develop 122 units of shared ownership accommodation and a youth arts centre on the ground floor. As can be imagined this is a complex scheme which is aimed at delivering affordable housing and a state of art, arts facilities for young people at minimal cost to the Council.

The next stage in the implementation of the Council's older persons' accommodation and support services strategy will take place during the quarter. It is intended to report to Executive to seek authority to enter into contract with Bracknell Forest Homes to swap assets so as to offer improved facilities and services to older people.

Benefits
The benefit service will establish the properties that will be classified as exempt for housing benefit purposes. These are properties where there is considerable support provided by the landlord to enable the tenant to live independently in the property. They are classified as exempt from the Universal credit regime where the housing element of universal credit will be paid direct to the tenant. Tenants of exempt accommodation will continue to have housing benefit paid direct from the council to the landlord.

Forestcare
Forestcare will look to upgrade its current calls monitoring system during the quarter. The upgrade will provide greater functionality and additional services to customers and it is hoped the costs of the upgrade can be contained within the existing revenue budget due to savings on maintenance.

Forestcare will host a tea party for its customers at Easthampstead Park conference centre during the quarter. The purpose of the tea party is to provide an opportunity for vulnerable lonely older people to meet and also other services to attend the event so as to federate and market a number of relevant services. Forestcare is well placed to identify older people who are lonely due to the regular contact it has with them and the birthday calls it makes to customers to wish them happy birthday whilst at the same time checking the functionally of the lifeline systems.

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.				
1.9.12 Implement flexible and mobile working principles across all town centre offices	31/03/2015	ASCHH	B	This has now been implemented in Adult Social Care, Health & Housing.
1.9.7 Relocate ASCHH to final positions in Time Square	31/03/2015	ASCHH	B	Teams have now been relocated to their final locations within Time Square.
MTO 4: Support our younger residents to maximise their potential				
Sub-Action	**Due Date**	**Owner**	**Status**	**Comments**
4.3 Increase opportunities for young people in our youth clubs and community based schemes.				
4.3.6 Work with Thames Valley Housing to develop proposals for the Coopers Hill site to facilitate the provision of a new youth club	30/09/2014	ASCHH	G	Design proposals going through pre-application proposal and scheme viability being tested.
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 clarity in the respective roles of partners within the Health and Wellbeing Board	30/09/2014	ASCHH	G	Paper presented to HWB, supplemented by workshop planned for Q2, subject to availability of partner.
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 conduct regular reviews against the agreed contractual outcomes	31/03/2015	ASCHH	G	Quarterly meetings have been agreed.
6.8 Support health and wellbeing through Public Health.				
6.8.1 Conduct a comprehensive programme aimed at improving self-care across the population, including completion of a new set of web-based self care resources in collaboration with clinical leads and community groups	31/03/2015	ASCHH	G	A new, whole system approach to self-care has been designed in collaboration with colleagues in Adult Social Care, CCG and Primary Care. This approach has been approved as a key initiative within the Bracknell Forest Better Care Fund programme. To supplement this work, a unique and locally tailored self-care guide has been produced. The guide is hosted on the JSNA website and features information on conditions, self-care and local services. The

				guide is brought to life by animations that give key messages.
6.8.2 Maximise the take-up of key health improvement programmes across the population. These will include health checks, smoking cessation and weight management	31/03/2015	ASCHH		Performance in relation to key health improvement services has exceeded the targets that were set. In relation to Health Checks, the uptake rate (74%) was the highest in Berkshire, as was the improvement in delivery rate which has surpassed 10% of the eligible population (the national target). The stop smoking quit success rate (70%) was one of the highest in the country and the number of successful quitters reached 763 people (105% of the target). Early indications are that the high success and delivery rates have continued in Quarter 1. A new weight management programme has been commissioned featuring an expanded system of referral aimed at maximising uptake. This has already led to a rise in new starters from an average of 5 per month to 20 per month which has continued throughout Quarter 1.
6.8.3 Deliver a range of programmes aimed at improving mental health in the local population, including: at least one mental health first aid course delivered per quarter; a report that 'maps' assessed social isolation and loneliness across the borough that can be used as the basis for targeted outreach work	30/06/2014	ASCHH		Mental health first aid courses continue to be run, including specialist sessions for those who work with young people. The mapping of social isolation as part of the Public Health Survey has been completed, including ward-level analyses. Along with an analysis of additional data collected from users of the local befriending scheme, this data is currently informing a review of our services aimed at tackling social isolation.
6.8.4 Carry out specific and collaborative assessments of the services including a full consultation exercise and review of Public Health services for children	31/03/2015	ASCHH		A comprehensive review of sexual health services, including a health needs assessment, stakeholder consultation and financial analysis, has been completed. This has informed the recommissioning of sexual health services as well as a planned expansion of these services, including the introduction of a new targeted outreach programme. Children's public health services have also been reviewed in anticipation of the transfer of responsibility for Health Visiting services in 2015. A particular focus has been on initiatives aimed at improving psychological well-being and

				preventing mental ill-health among children and young people.
6.8.5 Improve Public Health work on health intelligence and insight including: a quarterly review of the Joint Strategic Needs Assessment with the addition of at least five new or updated chapters per quarter; annual delivery of the Public Health survey with a sample of 1,800 residents; annual review and reissue of CCG and Ward profiles; quarterly bulletin on key Public Health Intelligence issues; annual review of report detailing key commissioning implications of local health data	30/11/2014	ASCHH		All 'intelligence and insight' projects have been successfully completed, including the redesign of the JSNA, the Public Health Survey and Ward profiles. This programme of intelligence and insight work in Bracknell Forest, centred around the new JSNA, has been highlighted as an example of best practice and will be featured at the national Public Health England Conference in September 2014.
6.8.6 Produce an annual report mapping uptake and attitudes to MMR and Flu immunisation take-up	31/03/2015	ASCHH		Data on uptake and attitudes to both flu and MMR vaccinations has been collected and mapped across the borough. This has revealed key differences between electoral wards, which in turn will allow targeted promotional campaigns aimed at increasing uptake.
6.9 Support people who misuse drugs and/or alcohol to recover by providing appropriate interventions.				
6.9.1 Evaluate the effectiveness of the Payment by Results project by monitoring successful delivery of outcomes, and using findings to inform future commissioning plans	31/03/2015	ASCHH		The evaluation is now complete and has been out for consultation to Adult Management Team and service providers. A report is being prepared for DMT in order for them to agree to the recommendations contained within the evaluation.
6.9.2 Train social care staff to be able to identify problematic drinking and deliver brief alcohol interventions to people using social care services and refer people into specialist services as required	31/03/2015	ASCHH		Forty-nine social care practitioners have undertaken the training with two further sessions planned at this time.
6.9.3 Monitor the number of adults and young people entering treatment who misuse mephedrone and go on to successfully complete treatment	31/03/2015	ASCHH		Data will not be available until August 2014.
6.10 Support the Bracknell & Ascot Clinical Commissioning Group to focus on improving local health services for our residents.				
6.10.1 Work with the CCG, Public Health and other Council Departments to improve health outcomes for residents through relevant strategies and plans	31/03/2015	ASCHH		Range of activity undertaken; new Public Health plan for year, transfer of 0-5s commissioning later in year. Focus on integration and joint plans. PH survey results available Q2.

6.10.2 Work with the CCG to help shape current and future service provision through Better Care Fund plans.	31/03/2015	ASCHH		Range of developments coming to Boards for approval and reviews undertaken of existing support.
6.10.3 Work in partnership with the Bracknell and Ascot Clinical Commissioning Group and Bracknell Healthcare Foundation Trust to build on an integrated service for adults with long term conditions to improve health and reduce unplanned acute admissions.	31/03/2015	ASCHH		The service has been evaluated and awaiting outcome and next steps. Workshop planned for 10.07.14
6.10.4 Work with the Acute Trust in order to deliver 7 day working so that delays for people in hospital awaiting social care are minimised.	31/03/2015	ASCHH		Partnership working with BHFT to agree implementation. An initial meeting is scheduled for 11/07/14.
6.10.5 Review out of hours intermediate care cover and develop a process whereby this cover will assist in 7 day working.	31/03/2015	ASCHH		Work in progress and a bid will be made for extra staff to deliver this through the Better Care Fund.
6.10.6 Ensure the development of Better Care Plans are undertaken to meet key timescales and local needs	31/12/2014	ASCHH		All plans/timetables have been met in Q1. Guidance being revised and services being developed to meet local need. Change in national policy signalled at very end of Q1.
6.11 Ensure that IT systems continue to be developed to improve the quality of people's lives and support and assist in business decisions				
6.11.1 Investigate the feasibility of developing and implementing self-service performance reports to support managers so that they can make more informed decisions	31/12/2014	ASCHH		The Business Intelligence team has attended a demonstration of possible software solutions to facilitate self-service reports.
6.11.2 Implement the changes to the Electronic Social Care Record identified as required to make the system fit for purpose as the alternative to re-tendering	31/03/2015	ASCHH		Contract Standing Order Waiver form was prepared for sign off by the Chief Executive.
6.11.3 Develop a reporting and monitoring methodology to report on the actions within the Better Care Fund	31/03/2015	ASCHH		Discussions are on-going with the CCG about the format and content of the reporting and monitoring methodology.
6.11.4 Extend the use of Electronic Monitoring for support provided to individuals outside their home	31/03/2015	ASCHH		The priority is to have the finance manager successfully implemented before focussing on rolling out e-monitoring further.
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 Develop a plan for implementation of the Care Bill	31/10/2014	ASCHH		A program board has been established, including senior officers from the department and Corporate services.
7.1.10 Review of Governance processes to ensure that intermediate care services are safe and correspond to best practice	31/03/2015	ASCHH		Review underway through the Bridgewell improvement plan.
7.1.2 Review the range and nature of support services provided by Forestcare for vulnerable people by redesigning the service	31/03/2015	ASCHH		Redesign of services underway and bids made for funding so as to extend range of services that can be provided for customers.
7.1.3 Develop a specification and tender for the extra care required for 65 households at Clement House	31/03/2015	ASCHH		Work has been continuing, in partnership with Bracknell Forest Homes, to develop a service specification and tender for the care and support for Clement House extra care facility. Once a model of care and support has been agreed between the partners, market testing will be undertaken to enable the provider market to prepare for the forthcoming tender.
7.1.4 Work with the Acute Sector, voluntary sector and provider colleagues for appropriate and timely discharge from hospital which includes early supported discharge.	31/03/2015	ASCHH		Attendance at monthly Urgent Care Boards and operational groups across 3 Acute Trusts is facilitating this project.
7.1.5 Refresh the "Helping you to stay independent" Guide maintaining a focus on people who fund their own support and giving people information within a form to enable them to stay independent for as long as possible	31/01/2015	ASCHH		The current guide was published in January 2014, the refresh being due in January 2015. An enhanced programme for prevention and early, in partnership with the NHS, will be presented to the Better care Fund Programme Board in July.
7.1.6 Refresh the Carers' Strategy to ensure that services and support for carers reflects their needs.	31/12/2014	ASCHH		The conference to launch the consultation is planned for 24th July and invitations have been sent to carers and other stakeholders.
7.1.7 Implement the revised Quality Assurance Framework with all providers to ensure robust monitoring of commissioned services to improve the quality of support for people	30/09/2014	ASCHH		The Quality Assurance Framework is in draft form and is being piloted with five providers.
7.1.8 Evaluate and review local mental health services including Common Point of Entry, looking at strengths and risks and areas for development in order to ensure that the Mental Health needs of	31/10/2014	ASCHH		The evaluation has been commissioned and has now taken place, the final report is now being drafted.

the local population are being met				
7.1.9 Promote dementia friendly communities that understand how to help people living with dementia, to improve the support and understanding for individuals in the local community	28/02/2015	ASCHH		Bracknell Forest Council is in the process of commissioning a service to be responsible for setting up and co-ordinating a Dementia Action Alliance. The Alliance will encourage and support the local community and organisations across Bracknell Forest to take practical actions to enable people to live well with dementia.
7.4 Continue to modernise support and include new ways of enabling the delivery of that support.				
7.4.1 Work in partnership with health & voluntary sector to further develop and expand support for carers in need who are not known to ASCHH	31/03/2015	ASCHH		Berkshire Carers Services has been commissioned to work on identifying carers not known to ASCHH. They have, and will continue, to provide information to GP surgeries and local community centres and raise awareness of this hard to reach group of people. Results of a survey and gap analysis is being produced which will enable us to examine what actions we need to take. We are also working closer with Children's Services to adopt a whole family approach to support.
7.4.2 Provide support and training through a range of partners to enable carers to return to paid or voluntary work	31/03/2015	ASCHH		The development work which will be undertaken by the Carers Forum, and BFVA' s Befriending Scheme will provide an opportunity for volunteering from current and ex carers. Working closely and building up links with the Open Learning Centre enables us to continue to signpost people to college courses. In order to support confidence building and self development educative courses are available, as an example we are currently offering moving and handling and first aid courses.
7.4.3 Re-tender the current 'Rethink' contract to modernise support service provision	31/03/2015	ASCHH		The specification has now been completed and has been published on the south east business portal; the Last Date for Expressing Interest is 21/07/2014.
7.4.4 Develop solutions within the Controcc finance system that allow people to use their support hours in a more flexible way	31/01/2015	ASCHH		This action has not yet started. It is hoped that this will be completed by Sep 14.
7.4.5 Implement the new Learning Disability strategy, and develop an action plan	31/03/2015	ASCHH		Work has been underway to develop an action plan to respond to the key priorities identified within the strategy.

7.4.6 Implement the new Learning Disability Joint Commissioning Strategy which will include: meeting the Winterbourne requirements; further develop housing options for people with learning disabilities; review the Rapid Response pilot	31/03/2015	ASCHH		Housing: work is underway with Housing Associations to increase the availability of suitable accommodation. This work includes a new build project. Winterbourne: A range of work has been undertaken in response to the Concordat. This includes an revision to the review and planning processes to ensure that these are as comprehensive as possible. Rapid Response to people in crisis, with the intention of preventing avoidable hospital admission, has been piloted. The analysis of outcomes will inform future plans.
7.4.7 Develop a new Joint Autism Commissioning Strategy in response to new national requirements	31/03/2015	ASCHH		A small group has been formed to develop a consultation plan and materials to help with the strategy development.
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 Support development of Clement house extra care scheme and develop proposals for additional extra care housing provision for older people	31/03/2015	ASCHH		Clement House development issues are addressed within the Council where necessary. The planning consent for Warfield includes a 65 extra care affordable housing scheme.
7.5.2 Undertake a procurement process for provision of medical support at the Bridgewell Centre	31/12/2014	ASCHH		Awaiting Intermediate Care Commissioning strategy which will inform on-going medical support needed.
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 Work with statutory partners to identify which model of Multi-Agency Safeguarding Hub (MASH) would best meet local needs so that local residents are further safeguarded against abuse	31/03/2015	ASCHH		Discussions are ongoing with Thames Valley Police regarding the development of a MASH for Bracknell Forest.
7.6.2 Undertake a review of the Bracknell Forest Safeguarding Adults Board in light of the changes proposed in the Care Bill so that the Council meets it's statutory requirements	31/03/2015	ASCHH		The Care Act has received Royal Assent and the statutory guidance is currently subject to consultation. The Board will be responding to the consultation and working through implications in due course.
7.7 Target financial support to vulnerable households.				
7.7.1 Review the Council's support to households in the light of the claimant commitment	31/03/2015	ASCHH		Contact has been made with DWP and in principle agreement reached for BFC and Job Centre Plus staff to job shadow so as to better understand the support to provide to customers.
7.7.2 Establish the homes that should be exempt from the	30/06/2014	ASCHH		Work has begun on determining exempt properties and some

housing element provision of Universal credit				properties have been determined as exempt. This will be on going.
7.8 Support vulnerable people through continued provision of out of hours services				
7.8.1 Monitor the number of out of hours Adult Safeguarding, Child Protection and Mental Health Act assessments to identify any trends and to make sure that there are sufficient resources	31/03/2015	ASCHH		The team have been monitoring the numbers of out of hours assessments, and investigating and reporting back on the increased numbers as appropriate.
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.				
10.1.11 Arrange the disposal of Downside for affordable housing	30/09/2014	ASCHH		Planning application for the site will be submitted early in second quarter with contracts exchanged subject to planning.
10.1.12 Review the opportunities to invest the remainder of the Council's stock transfer receipt to maximise return and affordable housing	31/03/2015	ASCHH		Investigation of setting up a local housing company to provide accommodation for homeless households is under way.
10.1.13 Work with partners to identify a suitable location to enable the relocation of the Bridgewell Centre	31/03/2015	ASCHH		Discussions continue with Bracknell Forest Homes.
10.1.2 Review the provision of the Disabled Facilities Grant	31/12/2014	ASCHH		Initial meeting booked on 17/07/14 with key people to agree way forward.
10.1.4 Promote and develop flexible Home Improvement Loan Schemes	31/03/2015	ASCHH		There were 5 flexible home loans awarded/completed in Q1; the value of the awarded loans was £33,557. The loans were used for home improvements including works to heating systems and bathrooms.
10.1.9 Complete work with Thames Valley Housing Authority on development of affordable homes on the Adastron/ Byways site	31/03/2015	ASCHH		Planning application submitted with decision expected by end of second quarter.
10.2 Support people who wish to buy their own home.				
10.2.2 Review the financial support that it provided to households to help them buy a home, including the Homebuy scheme	31/03/2015	ASCHH		Schemes reviewed and will be promoted in the second quarter.
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.				
11.1.6 Ensure IT systems are ready for any statutory and legislative changes due during 2014/15 and for the start of 2015/16	31/03/2015	ASCHH		Working with the IT supplier on a suitable solution to meet the IT system requirements for the Care Act timescales. The new Data Warehouse is now available for the LAS system and the department is reviewing the requirements for implementation.
11.2 ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.				
11.2.10 Ensure the local workforce is appropriately trained to identify substance misuse issues in order to offer information and advice	31/03/2015	ASCHH		No training sessions have been delivered in quarter 1.
11.2.6 Implement the Pay and Workforce Strategy Action Plan	31/03/2015	ASCHH		The Pay & Workforce Strategy is being coordinated by Corporate L&D manager for publication in Q2. Updated ASCH&H input by including Public Health, the Care Act 2014 and the Better Care Fund.
11.5 develop appropriate and cost effective ways of accessing council services				
11.5.3 Continue redesign of the housing and benefit service to maximise household income and independence	31/03/2015	ASCHH		Services are continually redesigned using system thinking methodology and new services rolled into new way of working.
11.7 work with partners and engage with local communities in shaping services.				
11.7.10 Contribute to the development of the outcomes set by the three Urgent Care Boards and support the delivery of services to achieve them	31/03/2015	ASCHH		Chief Officer: OPLTC attends Urgent Care Board meetings at 3 acute trusts on a monthly basis and co-ordinates actions.
11.7.11 Work with BHFT to establish a nursing service within the Duty Team in order to ensure that people receive a more comprehensive health and social care assessment.	31/03/2015	ASCHH		A nurse has been allocated to the duty team as a pilot project, which will be evaluated in Q4.
11.7.12 Ensure the development and implementation of new reporting from IAS responds to the Zero Based Review changes and other management needs brought about by the changes	31/10/2014	ASCHH		System upgrades pertinent to the Zero Based Review have been implemented and the new fields can be reported upon. Upgrades to Business Objects and the installation of the new data warehouse will hopefully commence during quarter 2.
11.7.4 Continue to support the voluntary sector through the provision of core grants, to	31/03/2015	ASCHH		Completed and monitored on a quarterly basis.

develop its' capacity				
11.8 implement a programme of economies to reduce expenditure				
11.8.6 Develop departmental proposals to help the Council produce balanced budget in 2015/16	30/11/2014	ASCHH		Initial targets for glide path savings were given to departments for them to work up initial proposals over the summer.

Status Legend	
Where the action has not yet started but should have been, or where the action has started but is behind schedule	
Where the action has not yet started or where the action has been started but there is a possibility that it may fall behind schedule	
Where the action has started, is not yet completed, but is on schedule	
Where the action has been completed (regardless of whether this was on time or not)	
Where the action is no longer applicable for whatever reason	

Annex B: Financial Information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - May 2014									
	Original Cash Budget	Virements & Budget C/fwds	*NOTE*	Current approved cash budget	Spend to date %age	Department's Projected Outturn	Variance Over / (Under) Spend	Movement This month	*NOTE*
	£000	**£000**		**£000**	%	**£000**	**£000**	**£000**	
Director	(93)	(2)	**1**	(95)	-182%	(95)	0	0	
	(93)	**(2)**		**(95)**	**-182%**	**(95)**	**0**	**0**	
Adults and Commissioning									
Mental Health	1,628	0		1,628	12%	1,628	0	0	
Support with Memory Cognition	2,339	0		2,339	22%	2,339	0	0	
Learning Disability	12,795	0		12,795	6%	12,795	0	0	
Specialist Strategy	239	0		239	16%	239	0	0	
Joint Commissioning	573	0		573	16%	573	0	0	
Internal Services	1,118	0		1,118	12%	1,118	0	0	
	18,692	**0**		**18,692**	**9%**	**18,692**	**0**	**0**	
Housing									
Housing Options	311	(3)		308	43%	308	0	0	
Strategy & Enabling	267	0		267	0%	267	0	0	
Housing Management Services	(35)	(1)		(36)	19%	-36	0	0	
Forestcare	14	0		14	-829%	14	0	0	
Supporting People	993	0		993	11%	993	0	0	
Housing Benefits Payments	103	0		103	-5,566%	103	0	0	
Housing Benefits Admin.	199	0		199	-13%	199	0	0	
Other	(48)	0		(48)	-2%	-48	0	0	
	1,804	**(4)**	**2**	**1,800**	**-313%**	**1,800**	**0**	**0**	
Older People and Long Term Conditions									
Physical Support	7,601	0		7,601	14%	7,601	0	0	
Internal Services	1,118	0		1,118	17%	1,118	0	0	
CR&R - Pooled Budget	1,678	0		1,678	26%	1,678	0	0	
Emergency Duty Team	39	0		39	533%	39	0	0	
Drugs Action Team	63	0		63	-281%	63	0	0	
	10,499	**0**		**10,499**	**16%**	**10,499**	**0**	**0**	
Performance and Resources									
IT Team	283	0		283	33%	283	0	0	
Property	123	(7)		116	4%	116	0	0	
Performance	224	0		224	18%	224	0	0	
Finance Team	547	0		547	16%	547	0	0	
Human Resources Team	186	0		186	15%	186	0	0	
	1,363	**(7)**	**3**	**1,356**	**19%**	**1,356**	**0**	**0**	
Public Health									
Bracknell Forest Local Team	(25)	0		(25)	25%	-25	0	0	
	(25)	**0**		**(25)**	**25%**	**(25)**	**0**	**0**	
TOTAL ASCHH	**32,240**	**(13)**		**32,227**	**70%**	**32,227**	**0**	**0**	
Memorandum item:									

Devolved Staffing Budget				**13,189**	**50%**	**13,189**	**0**	**0**	
Non Cash Budgets									
Capital Charges	432	0		432	0%	432	0	0	
FRS17 Adjustments	728	0		728	0%	728	0	0	
Recharges	2,567	0		2,567	0%	2,567	0	0	
	3,727	**0**		**3,727**		**3,727**	**0**	**0**	

Virements and Budget Carry Forwards

Note	Total £ 000	Explanation
	32,240	**DEPARTMENTAL CASH BUDGET**
	0	**Total previously reported**
	0	**Budget Carry Forwards**
	0	**LINKS Budget into the Director Budget**
		VIREMENTS
1	-2	**Director** Letter Headed Paper savings applied
	0	**Adults and Commissioning** No changes
3	-4	**Housing** Building Repair Contract savings applied
4	0	**Older People and Long Term Conditions** No changes
5	-7	**Performance and Resources** Building Repair Contract and Lift maintenance contract savings applied
6	0	**Public Health** No changes
	32,227	**Total**
	3,727	**DEPARTMENTAL NON-CASH BUDGET**
	0	**Total previously reported**
		VIREMENTS
7	0	
	3,727	**Total**
	35,954	**Total**

Budget Variances

Note	Reported Variance over/ (under) £ 000	Explanation
		DEPARTMENTAL BUDGET
	0	**Total previously reported**
	0	No variances to report
	0	
	0	
	0	
	0	
	0	**Grand Total Departmental Budget**
		DEPARTMENTAL NON-CASH BUDGET
	0	**Total previously reported**
	0	No variances to report
	0	**Grand Total Departmental Non-Cash Budget**

Capital Monitoring 2014/15 as at 31 May 2014

Cost Centre	Cost Centre Description	2013/14 Brought Forward*	2014/15 Budget	Virements Awaiting Approval	Total Virements	Approved Budget	Cash Budget 2014/15	Expenditure to Date	Current Commitments	Estimated Outturn 2014/15	Carry Forward 2015/16	(Under) / Over Spend	Target for Completion	Current Status of Project / Notes	Responsible Officer
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s			
Housing															
YP260	Enabling More Affordable Housing	**81.7**	**92.0**		0.0	**173.7**	173.7	0.0	0.0	173.7	0.0	0.0	2014/15	East Lodge (£82k) is still to be completed	SH
YP261	Help to Buy a Home (Cash Incentive Scheme)	**473.4**	**300.0**		0.0	**773.4**	773.4	0.0	0.0	773.4	0.0	0.0	2014/15	Assuming all budget will be spent this financial year	SH
YP262	Enabling More Affordable Homes (Temp to Perm)	**158.2**	**500.0**		0.0	**658.2**	658.2	37.4	0.0	658.2	0.0	0.0	2014/15	Assuming all budget will be spent this financial year	SH
YP304	Mortgages for Low Cost Home Ownership Properties				0.0	**351.0**	351.0	0.0	0.0	351.0	0.0	0.0	2014/15	Assuming all budget will be spent this financial year	SH
YP316	BFC My Home Buy	**410.2**	**400.0**		0.0	**810.2**	810.2	106.2	0.0	810.2	0.0	0.0	2014/15	Assuming all budget will be spent this financial year	SH
YP440	Garth Extra Care Scheme	**0.0**	**672.0**		0.0	**672.0**	672.0	0.0	0.0	672.0	0.0	0.0	2014/15	Assuming all budget will be spent this financial year	SH
YP441	Rainforest Walk Scheme	**0.0**	**50.0**		0.0	**50.0**	50.0	0.0	0.0	50.0	0.0	0.0	2014/15	Assuming all budget will be spent this financial year	SH
	Total Housing	**1,174.5**	**2,314.0**	**0.0**	**0.0**	**3,488.5**	**3,488.5**	**143.6**	**0.0**	**3,488.5**	**0.0**	**0.0**			
Adult Social Care & Health															
YS430	Social Care	**10.1**	**0.0**		0.0	**10.1**	10.1	0.0	0.0	10.1	0.0	0.0	2014/15	Still £10k to be spent on capital works for the Bridgewell Centre, eg new call system and kitchen equipment and furniture	ZJ/MH
YS527	Social Care Reform Grant	**0.0**	**0.0**		0.0	**0.0**	0.0	22.7	0.0	0.0	0.0	-22.7	2013/14	All budget has been spent; expenditure to be moved to YS529	ZJ/MH
YS528	Care Housing Grant	**15.4**	**0.0**		0.0	**15.4**	15.4	0.0	0.0	15.4	0.0	0.0	2014/15	To develop extra care housing	GJ

Cost Centre	Cost Centre Description	2013/14 Brought Forward*	2014/15 Budget	Virements Awaiting Approval	Total Virements	Approved Budget	Cash Budget 2014/15	Expenditure to Date	Current Commitments	Estimated Outturn 2014/15	Carry Forward 2015/16	(Under) / Over Spend	Target for Completion	Current Status of Project / Notes	Responsible Officer
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s			
YS529	Community Capacity Grant	**460.1**	**199.0**		0.0	**659.1**	659.1	23.0	0.0	659.1	0.0	0.0	2014/15	Monies carried forward to 2014/15 will include; £150k 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, £10k will be allocated for office moves, furniture and equipment; £200k is allocated for adaptations to housing to meet mobility needs to keep people at home; £50k will be allocated to bids for small capital grants for external organisations.	ZJ/MH
YH126	Improving Info for Social Care (Capital Gr)	**64.7**	**0.0**		0.0	**64.7**	64.7	0.0	0.0	64.7	0.0	0.0	2014/15	This money relates to integrating the Social Services and Health IT Systems	ZJ/MH
YS418	ASC IT Systems Replacement	**310.3**	**0.0**		0.0	**310.3**	310.3	0.0	0.0	310.3	0.0	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.	ZJ/MH
	Total Adult Social Care & Health	**860.6**	**199.0**	**0.0**	**0.0**	**1,059.6**	**1,059.6**	**45.6**	**0.0**	**1,059.6**	**0.0**	**-22.7**			
	Total ASCH&H	**2,035.1**	**2,513.0**	**0.0**	**0.0**	**4,548.1**	**4,548.1**	**189.3**	**0.0**	**4,548.1**	**0.0**	**-22.7**			

TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL
16 SEPTEMBER 2014

ADULT SOCIAL CARE ANNUAL REPORT (LOCAL ACCOUNT) 2013/2014
Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

1.1 The purpose of this report is to invite consideration of the Adult Social Care Annual Report 2013/14. The Annual Report has already been circulated to all Members, please bring your copy to the meeting. Copies are available on request and attached to this agenda if viewed on-line.

2 RECOMMENDATION(S)

2.1 **That the Adult Social Care and Housing Overview and Scrutiny Panel consider the Adult Social Care Annual Report 2013/2014.**

3 REASONS FOR RECOMMENDATION(S)

3.1 To enable the Panel to consider the Adult Social Care Annual Report 2013/14.

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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TO: EXECUTIVE
22 JULY 2014

LOCAL ACCOUNT FOR ADULT SOCIAL CARE, 2013-14
Director of Adult Social Care, Health & Housing

1 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Local Account for 2013-14 for Adult Social Care to the Executive.

2 RECOMMENDATION

2.1 That the Executive approve the Local Account for Adult Social Care for 2013-14.

3 REASONS FOR RECOMMENDATIONS

3.1 In the past, the Care Quality Commission were provided with information on adult social care performance in providing social care services in Bracknell Forest Council. This no longer happens and we are required to produce a Local Account.

3.1 Supporting people using adult social care services, their families and carers to have more choice, control and independence are among the council's achievements and ongoing priorities, outlined in the document.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None considered.

5 SUPPORTING INFORMATION

5.1 This is the fourth Local Account which Adult Social Care has provided under recent guidelines.

5.2 Local accounts offer the opportunity for councils to share a common approach with a more tailored local focus, responsive to the needs of people living in the local authority area.

5.3 Feedback for the Local Account has been sought from all relevant partnership boards, namely The Learning Disability Partnership Board, the Autism Partnership Board, the Safeguarding Adults Partnership Board, the Intermediate Care Partnership Board, the Older People Partnership Board, the Long Term Conditions and Sensory Needs Partnership Board, the Dementia Partnership Board and the Mental Health Partnership Board.

5.4 Overall reaction to previous Local Accounts has been very positive, with good feedback received on both the format and content of the report. The format has been retained for 2013-14. However, in addition, 3 short videos have also been produced

highlighting 3 particular priorities of the department, as it is felt this makes the report even more accessible to people, and is a more powerful medium for getting key messages across.

5.5 In line with feedback received, this year's Local Account contains a highlights section.

5.6 The Local Account will be included in the agendas of the Portfolio Review Group on 1 July 2014 and the Adult Social Care & Housing Overview and Scrutiny Panel on 16 September 2014.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The relevant legal requirements are addressed within the main body of the report.

Borough Treasurer

6.2 There are no direct financial implications within this report, for the Council.

Equalities Impact Assessment

6.3 N/A

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

Contacts for further information

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Bracknell Forest Council

ADULT SOCIAL CARE

Annual Report 2013-2014

June 2014

WELCOME TO BRACKNELL FOREST'S ANNUAL REPORT

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Appendix 31

SECTION 1 – VALUES WITHIN THE COUNCIL AND ADULT SOCIAL CARE

The Council's values say what is important about how staff behave when they are working with people. Staff within Brackell Forest Council will be:

- Friendly and approachable – open, listening and clear.
- Accountable – taking responsibility for actions.
- Efficient – providing value for money, quality services and use resources sensibly.
- Fair – to act in a fair and equitable manner towards all to meet individual needs appropriately.
- Innovative and forward thinking – having the freedom to come up with new ideas.

The values of the Adult Social Care, Health and Housing department build on the Council's values above, and at the heart of this is the following principle:

"Every person is an individual with a unique history that has helped to develop the person they are today, and the circumstances in which they live. The fact that a person may be in need of support in relation to housing, social care or healthcare does not diminish their rights to be treated with dignity and respect, and all support and interaction will be within that context."

In supporting people, Adult Social Care will:

- Listen to people in order to support them to make choices to meet their needs in a way that helps them live the life they want to lead.
- Not make judgements about those choices, so that people are in control.
- Treat people with dignity, and have understanding of their circumstances.
- Treat people, each other, and partner organisations, with respect.
- Be open and honest.
- Be hard working and dedicated.

SECTION 2 – WELCOME TO THE ANNUAL REPORT FOR 2013-14

What is the Adult Social Care Annual Report and who is it for?

The Government introduced the Annual Report (sometimes called a Local Account) in 2011 so that local people could see what things were being done by Adult Social Care to improve the lives of people who need support, and also to show what things need to be done better. This is the 4th Annual Report that has been written by Bracknell Forest Council.

Bracknell Forest Council's Annual Report says:

- What people said were the most important things to do in 2013.
- How well they were done.
- How they improved the lives of people living here.

The report also shows how Bracknell Forest Council and the government know how well the Council is doing.

What has changed about the Annual Report this year

People said that the report could be improved – here are some of things that people said they wanted to see, and what was done in response:

The introduction of the report should include why it has been written and who it is written for.	This year the report provides details who the report is written for.
The report on the internet (on-line version) should allow people to give views and feedback on what they like/ don't like about the report.	The web-page asks people to provide their own views and what they like or don't like about it, if they want to. There are questions about the report for people to answer which will help improve it in future.
There has been a lot of work done this year to support people with autism.	The section which details support for people with autism has been expanded to include all of this work.

How to get a copy of the report and say what you think about it:

An on-line copy of this report can be found at the link below.

http://www.bracknell-forest.gov.uk/localaccount2013to2014

In writing the report in future, it is important that the views of the people who receive support, and their families and carers, are considered. The on-line version has a section which allows people to give their views and feedback, and also ask for more copies of the report. Also included are a series of questions which will help tell us how to write the report in future. You can also write to Adult Social Care at the address at the back of the report.

More about the report for this year:

Adult Social Care have also created three short videos which show three important areas of work:

- Personalisation.
- Dementia Friendly Communities.
- Prevention and Early Intervention.

The videos can be found at the link below:

Personalisation: http://www.youtube.com/watch?v=cTJoh-QApIE
Dementia Friendly Communities: http://www.youtube.com/watch?v=xHQdS6RHQOQ
Prevention and Early Intervention: http://www.youtube.com/watch?v=RUiEjVJXMfI

Some words in the report have been underlined and these are explained in the glossary on page 31.

SECTION 3 – FOCUS ON BRACKNELL

Summary

Bracknell Forest has a population of 88,076 adults, of which 14,921 people are aged 65 or over. During 2013-14, Adult Social Care:

- Received 3,919 new contacts and referrals compared to 3,821 last year.
- Assessed 716 people and 777 carers for long term needs (this figure was not counted last year).
- Supported 2,232 people with packages of care compared to 2,464 last year.
- Supported 230 carers to have a break from caring for their loved one, and/or other carer specific services and 547 who received information and advice.
- Helped 1,190 people and carers with on going support needs to have as much choice as they wished about how they were supported.
- Supported 247 people through Direct Payments.

Residential care and nursing care

- 42 people moved to live in residential care, of which 40 people were 65 and over and 2 were aged 18 to 64.
- 56 people moved to live in nursing homes, of which 53 people were 65+ and 3 were aged 18 to 64.

People with learning disabilities

- 54 people with a learning disability were helped to find and/or keep a job.
- 271 people with a learning disability were supported in their own home, or with their families at their last review.

People with mental health problems

- 48 people with mental health problems were helped to find and/or keep a job.
- 257 people with mental health problems were supported in their own home or with their families at their last review.

Complaints and Compliments

During the year, there were 138 compliments and 19 complaints for Adult Social Care. This compares to 169 compliments and 21 complaints in the previous year. The numbers of complaints has been falling for a number of years.

It is important to learn from complaints to make sure that the same things do not happen again. A report is written each year to tell people about the complaints and compliments in the year. The report for 2013-14 can be found at the link below:

www.bracknell-forest.gov.uk/adultsocialcareannualcomplaintsreport2013to2014.pdf

Other information

- In total in 2013-14, there were 60 people who had to stay in hospital longer than they needed to because the right support was not ready for them when they came out. Bracknell Forest Council was responsible for 10 of these delays, and shared the responsibility for a further 12 delays with the NHS.
- Bracknell Forest Council received 562 safeguarding alerts of which 168 required further investigation.
- 63 older people out of 78 left hospital and had support to help them get some or all of their skills back (reablement), (81%), and were still able to live in their own homes 91 days later.

Each year the Council does a survey of people who use adult social care, and last year this is what people told us:

- 549 people out of a possible 719 (76%) said they thought they had as much control over their daily life as they want or adequate control over their daily life. This is the same as in the previous year.
- 349 people out of a possible 555 (65%) were happy with the support they received, a slight increase on the previous year (64%).
- A slightly different survey goes to people with a learning disability. 123 people out of a possible 168 were happy with the support they receive.
- 530 people out of a possible 708 found it easy to find information about adult social care.

Performance returns

Each year, Adult Social Care needs to send information to the government. These are called performance returns and they contain some of the information shown above.

SECTION 4 – THREE PRIORITIES FOR ADULT SOCIAL CARE AND FOR PEOPLE LIVING IN BRACKNELL FOREST

As mentioned on page 6, for the year April 2013 to March 2014 Bracknell Forest have produced three videos which add to what we have written about in this report. The videos look at three of the most important things for Adult Social Care. These are:

- Making sure that local communities are dementia friendly places for people to live.
- Achieving more choice and control for people (sometimes called personalisation).
- Ensuring prevention and early intervention for all.

Choice and control for everyone

Having more choice and control continues to be very important for people living in Bracknell Forest. Allowing people the freedom to have support that helps them live their lives in the way they want to, when they want it, is one of the most important parts of what Adult Social Care do.

Teams continue to make sure that everyone who has support paid for by the Council has a personal budget, unless they live in a residential care home, or nursing home. People can have the money to pay for their support paid to them as a Direct Payment, or the Council can arrange their support for them (managed budget). People can choose to have a combination of the two.

This year, over 99% of people have received their support in this way which is an increase from 97% last year.

People have been finding new ways to use their money to meet their needs and next year, Adult Social Care are aiming to provide even more choice to people about how they they receive their support.

Prevention and Early Intervention for all

"Living on my own, it's nice to know I can call for help if I feel ill during the night or suffer a fall."

Being independent means having freedom, choice, dignity and control at home, work and in the community. It does not have to mean a person living on their own without support. Everyone has the right to support that allows them to join in the community and live as active a life as they can, if they choose to.

The Council thinks it is important to give people information and advice so they can take responsibility for their own health and wellbeing. By keeping healthy, and knowing who to turn to for support when things don't go as planned, people can get help early so that things do not get any worse.

There are many ways in which Adult Social Care help people in Bracknell Forest to stay independent. The Council has worked with other partners including the NHS to improve people's awareness of the importance of prevention and early intervention, and to improve the delivery of services.

What was done in 2013-14:

- The Prevention and Early Intervention Guide was reviewed in 2014. First published in 2011, the guide contains a sample of the opportunities that are available for people to remain healthy for longer and what good support services look like.
- The Hospital-In Reach team made sure that when people were ready to leave hospital their move home was as soon as possible, and as smooth and trouble-free as possible. The team had national recognition of this when they won the Social Worker of the Year awards in November. The service has now been further expanded to include an in-reach Therapist, working closely with the Social Worker for each acute hospital.

- Free health checks for the over 75s involves staff in local GP surgeries and Adult Social Care working together to help people to stay independent, and to reduce the risk of their health getting worse.
- The work of carers is well recognised in helping people to remain independent. Staff in Adult Social Care have worked with Carers UK to arrange four carers lunches this year. Representatives from the Council were invited to the lunches to provide updates and also listen to carers' ideas and feedback.
- Carers Emergency Respite provides carers peace of mind by helping them to complete a plan to deal with emergency situations that may arise. As an example, a carer was rushed to hospital in the morning. The scheme was able to activate that part of the agreed emergency plan which made sure a trained carer was in place to support the individual in their own home until the carer returned from hospital later that afternoon.
- The Falls Prevention Services based at the Bridgewell Centre launched a programme called Positive Steps. The programme provides dietary information, exercise, and a plan to reduce the likelihood of further falls.

Making sure that local communities are dementia friendly places for people to live

"Dementia is a diagnosis which affects families, not just individuals."

In Bracknell Forest, there were an estimated 1,062 people aged 65+ who had dementia. This figure is set to rise to 1,420 by 2020.

Helping people to understand more about dementia is one of the three key areas that was identified in the The National Dementia Strategy – Living Well with Dementia in 2009.

In 2013, people with dementia in Bracknell Forest and their carers were asked what was important to them. Here are some of their priorities:

- A dementia friendly town centre.
- More accessible transport.
- People working in local shops and businesses having better dementia knowledge and awareness.
- Specialist support and services for people with dementia.
- Having improved information and advice.
- Improved support for carers.

What was done in 2013-14:

- In November 2013, Bracknell Forest Council was recognised by the Alzheimer's Society for being a council that was committed to improving awareness, access and support for people with dementia and their carers.
- Local projects this year have included provision of free dementia awareness training for staff working in shops, restaurants and other customer service teams throughout the community.
- Dementia Awareness week. During Dementia Awareness Week, the team worked alongside the Alzheimer's Society in promoting awareness of dementia and local services. Members of the Alzheimer's Society and the Community Mental Health Team for Older Adults (CMHT-OA) had information stands outside two different supermarkets. This was very successful with over 40 people requesting further information.
- People said they found having lots of information in different leaflets and web addresses to be overwhelming. Therefore, a Dementia Directory has been developed which lists many options for support, advice and activities in the local area, so now the information is all in one place.

- Stronger links have been developed with GP practices. Staff have attended GP training days and presented talks on the Memory Clinic and other services available through the team. The Memory Clinic team have also talked to various GP surgeries to discuss how services could be improved.

- New Local Dementia Strategy. The Bracknell Forest Joint Commissioning Strategy for Dementia 2014 – 2019 responds to

  - the needs of people with dementia and their carers, and to
  - the priorities identified within local and national policy, and
  - current best practice in line with national and local research.

  Improving diagnosis rates, access to early intervention and improving the knowledge and awareness of the whole community are all important in achieving better outcomes for people with dementia and their carers. This will lead to an action plan for better support.

- Neighbourhood Return scheme. This year, a new scheme called Neighbourhood Return was set up, which helps with locating people with memory difficulties if they become lost.

- The Community Mental Health Team for Older Adults (CMHT-OA) organised a 'World Mental Health Day Event' for the general public with an emphasis on 'Living Well with Dementia'. During the day there were presentations from various voluntary organisations as well as Health and Social Care. There were also various stands which helped people to find out about services, activities and support.
- CMHT-OA also worked closely with local voluntary groups, including: Alzheimer's Society, Triple A, Rethink, Age Concern and Berkshire Carers to raise awareness of mental health conditions to the general public.
- A workshop for homecare providers was held so that staff can improve their skills and knowledge and are able to provide the right kind of support for people with dementia.

What is planned for 2014-15:

- The Bracknell Forest Dementia Partnership Board are developing a local Dementia Action Alliance. This will involve people from health and social care, public services such as the police, voluntary services and other local business leaders. Each organisation represented will commit to an action plan to improve support and access for people with dementia and their carers.

SECTION 5 – SUPPORT FOR PEOPLE WITH AUTISM

What support is provided by the Community Autistic Spectrum Disorder Team:

The Community Autistic Spectrum Disorder Team provides support for people who have difficulties because they have autism, and their carers.

The team can provide or organise the following:

- Counselling, support and information on welfare benefits and voluntary groups.
- Personal, practical and social care support to help people become more independent.
- Aids, equipment and adaptions to the home to help with daily living.
- Short-breaks to experience life away from home and give carers a break.
- Support to arrange long-term support and accommodation.
- Support to travel independently and use public transport.

What was done in 2013-14:

The Floating support service for people with autism was set up. Support is provided in ways which would not be possible through more traditional services because it is needed at irregular times, and often at short notice for the following reasons:

- Crisis support.
- Emotional support.
- Social support (interaction, imagination and communication).
- Supporting independence.
- Signposting and making social connections to help people to be part of the community, use leisure facilities, and undertake other physical activities which have helped them to be more active and healthy.

- Wellbeing checks are home visits which support people to live independent lives. People can get help with more serious problems like hoarding, and help with how to pay bills, what to do with letters and other things that people have to do to be independent.
- A lot of work has been done in partnership with the Berkshire Autistic Society to help people in Bracknell Forest understand more about autism, and what can be done to help. People who may have been struggling alone with autism are now much more aware of the support and help that they can have.
- Many staff working in the Council have had training to help them understand how they can work better with people with autism.

What is planned for 2014-15:

- The Community Autistic Spectrum Disorder Team will talk with people in Bracknell Forest, especially people with autism and their carers so that the Department understands what else staff can do to help make life better for people. A new plan will then be written to tell people what is going to happen.

SECTION 6 – SUPPORT FOR PEOPLE WITH LEARNING DISABIITIES

People with learning disabilities often need support to understand new information, find or keep a job, or learn new skills.

The Learning Disability Service includes the:

- Community Team for People with Learning Disabilities (CTPLD) which has staff from the NHS and from Adult Social Care.
- Waymead provider services.
- The welbeing and leisure team.
- Breakthrough supported employment service.

What support is provided by the service:

- Helping people to live as independently as they can.
- Supporting people to manage behaviour, learn new skills.
- Providing overnight breaks, holidays and daytime breaks for people and families.
- Supporting people to get jobs, either paid or as volunteers.
- Helping people to go to leisure services, and do things like drama and painting.

What was done in 2013-14:

- The team worked with people to help them to say what they want when their support is planned. People have a personal budget to pay for support, giving them more choice and control over how their support is given.
- People can choose from a wide range of activities and college courses.
- Members of CTPLD met with everyone from Bracknell Forest who live elsewhere in the country, to make sure that they were getting the help they needed. They paid for somebody to help with this to make sure that the team do everything in the best way they can.
- Adult Social Care staff have worked with Housing Associations. This is to make it easier for people with learning disabilities to get homes where they can afford to pay the rent. Where people have wanted or needed to move home they have

been helped to do this. Eighty-seven per cent of people with a learning disability in Bracknell Forest now live in their own home, or with their family. This is usually better than living in residential care homes, because people can shoose where they live, who they live with and who supports them.

- Be Heard members are teaching social work students at the University of West London. They are then checking how well they have learned.

- A new joint Learning Disability Strategy was developed by staff from Adult Social Care with the local Clinical Commissioning Group. People with learning disabilities were asked about the things that are most important to them. The strategy is a plan to make sure that staff from Adult Social Care and the Clinical Commissioning Group work to support people in the ways that they have said are important to them.

What is planned for 2014-15:

- Staff will be making sure that the things that people have said are important are done. Most people with learning disabilities and carers said that they were very happy with their lives and the support they get, and wanted their support to continue. Things that could be better, or that must carry on are:

  - Fulfilling lives – Having even more flexible support which helps people and their carers live their lives in the way they choose.

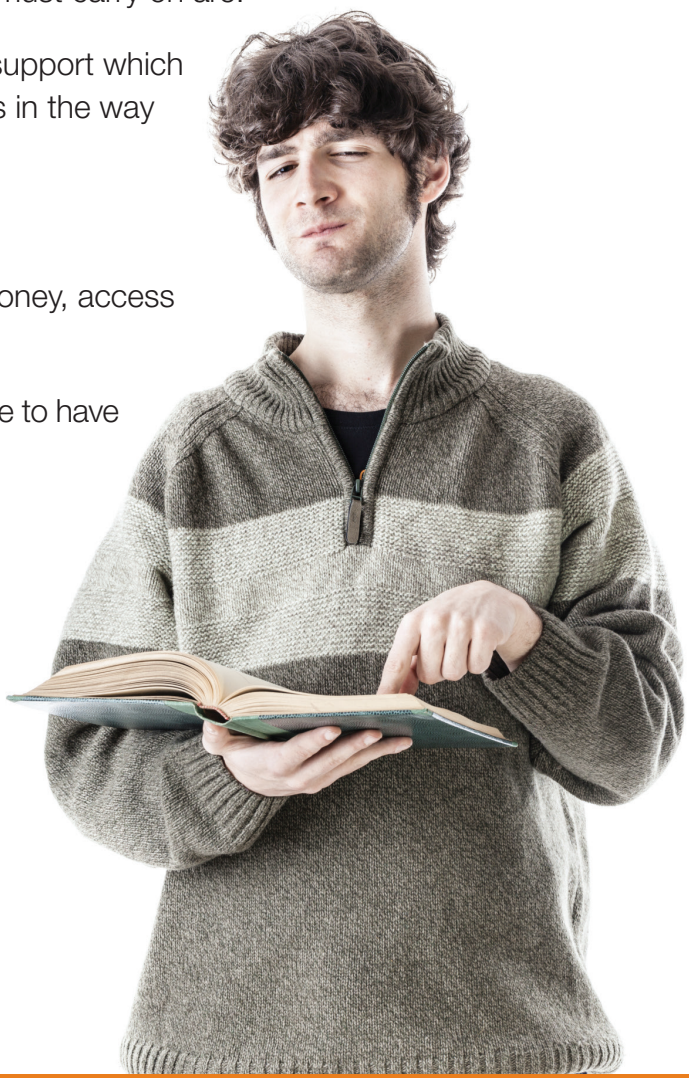
  - Housing – Having the right place to live.

  - Economic wellbeing – Having control of money, access to jobs and money to pay for activities.

  - People with complex needs – Helping people to have more choice and control.

  - Learning disability awareness training – To do more work with children and young adults in schools and colleges to help them to understand about what it is like to have a learning disability.

  - People approaching adulthood – having the right support for young people when they become 18.



SECTION 7 – SUPPORT FOR OLDER PEOPLE AND PEOPLE WITH LONG TERM CONDITIONS, INCLUDING PEOPLE WHO HAVE VISUAL IMPAIRMENTS OR WHO ARE DEAF OR HARD OF HEARING

What support is provided by Older People & Long Term conditions team:

Looking after the health and wellbeing of older people, and people with physical disabilities or long term conditions helps people to become, or stay, as independent as possible, so that they do not have to rely on other support.

Services provided by the team include:

- Equipment and adaptations to help people to get around the house, use the bathroom and prepare meals.
- Telecare (for example pendant alarms from Forestcare) to help people live safely.
- Assistance such as home care to help with normal daily activities, particularly personal care.
- Short breaks away from home to give a carer a break.

What was done in 2013-14:

- A new Sensory Needs service was started in July 2013. The Sensory Needs service supports people with eyesight or hearing loss to live at home safely and securely.
- Continuing Healthcare training has been provided to staff which helps managers and practitioners to better understand the rules that say whether someone is entitled to NHS continuing healthcare.
- There is guidance and training for staff to help them to understand how assistive technology (special equipment) can help people to stay independent.
- The team, in partnership with Berkshire Carers have been working to idenitify carers that the Department does not know about. Work has included sending out leaflets, and working with GP practices, The GPs are reminded to make sure that carers are referred for support, and kept up to date with what is happening for their loved one whenever possible.

- Other partnership work has been undertaken with the Stroke Association to ensure that people who have had a stroke have a review after six months to make sure that they continue to receive the support they need, and that the wider family and carers are provided with information, advice, including information about carers' services.
- People who have had strokes have been also been helped to leave hospital with support in order to get their independence back more quickly.
- Work with communities that don't often contact Social Care has included setting up the Nepalese Cafés in both Bracknell and Sandhurst. These were set up in September and both cafés offer people from the Nepalese community the opportunity to meet new friends and to get information on what is happening locally and nationally.
- A carers forum has been started and there are plans for this to run independently from the council.

What is planned for 2014/15:

- The Carers Strategy will be reviewed to ensure that there is the right range of choices to meet the needs of carers.
- The development of extra-care housing at the Clement House site will ensure that the people who live there will be able to have a range of support to meet their needs, which can be for up to 24 hours a day 7 days a week.
- Homecare providers will be invited to a workshop to help them understand how to support people with dementia.
- The Department will pay for carers to have support and training through to help them to return to paid or voluntary work. This will be available to all carers.

SECTION 8 – SUPPORT FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

What support is provided by the teams:

The aim of the mental health teams is to provide all people with mental health problems with as much choice and control over their care and support as possible, and to help them to lead their lives the way that they want.

There are two teams who provide support for people with mental health problems – the Community Mental Health Team (CMHT) and the Community Mental team for Older Adults (CMHT-OA). The teams provide:

- Specialist assessments and services for people who may need special mental health services.
- Support for people with a first onset of psychosis (people who are seeing or hearing things, or who are very frightened of what other people are doing).
- The Home Treatment team can visit people in their own homes 24 hours a day, each day of the year.
- A Dementia Advisor works with people who have just learned that they have dementia and their families, to help them to understand about dementia, and to stay as independent for as long as possible.

What was done in 2013-14:

- The safeguarding surgery is taking place weekly to ensure a more consistent approach from staff in order to make people safe.
- A new member of staff has been appointed with specialist knowledge about drug and alcohol misuse, and perinatal mental ill health (around the time a baby is born). This person makes sure that staff in different services talk to each other so that people who have support needs because of both mental illness and substance misuse issues find it easier to access the support they need.
- A qualified nurse has been appointed who will be the link with the Community Team for people with Autistic Spectrum Disorders (see page 15) team. This nurse will will make sure that staff in different services talk to each other so that, where appropriate, people have access to the right support including access to health services.

- The Wellbeing Group is now well established and meets weekly. This group ensures that the people who use mental health services are provided with information and advice on how to optmise their health. People with mental health support needs are supported to have the physical health checks that they are entitled to and so are better able to manage their overall health and wellbeing.

- A GP link worker is now in place in Mental Health services and now attends the GP Cluster meetings. These meetings involve practitioners who discuss people with complex support needs who need a lot of support, and may benefit from an assessment or additional input from mental health services. People with complex support needs experience a quicker referral and assessment to expert services as well as having a joined up care plan between community health services and mental health services.

- The "psychosis forum" is now running weekly. People who are experiencing psychosis are better supported by clinicians who have an good understanding of psychosis and how to help. It is also a way that people can get to be part of the Hearing Voices Group. People attending the Hearing Voices Group are encouraged to support one another, share ideas and promote recovery. Training is being provided to ensure that practitioners have the right skills to support people.

- Twelve carers of people with dementia went on a Carer's education course. This was a one day event aimed at carers in employment, and more have been planned for 2014.

What is planned for 2014/15:

- The memory team are working towards Memory Clinic Accreditation with the Royal College of Psychiatrists. Memory Clinic Accreditation means that different areas of work meet certain requirements and standards.

- There is a plan to bring services for people with dementia under one team. The Community Mental Health Team for Older Adults supports people with dementia.

- An evaluation and review is planned for local mental health services including Common Point of Entry, looking at what is done well for people, and things that could be done better in order to ensure that the Mental Health needs of the local population are being met.

- There is a plan to deliver a range of programmes aimed at improving mental health in the local population, including at least one mental health first aid course delivered per quarter.

SECTION 9 – SUPPORT FOR PEOPLE TO REGAIN THEIR INDEPENDENCE

What support is provided by the Community Response and Re-ablement team:

Many people who are helped each year by Adult Social Care receive support because they have had a setback of some kind, and need assistance to get back on their feet and to regain their independence. The Community Response and Re-ablement team provide short-term services that aim to help people back into a more independent life. Services include:

- Helping people to become independent after a fall, stay in hospital or other setback.
- Ensuring that people do not stay in hospital longer than they need to.
- Making sure that when people first contact Adult Social Care, that they are put in contact with the right team to help them.
- Providing a seven day a week service, and responding to urgent needs within two hours.
- Working with people to help them to return home from hospital if they can, and supporting them to stay as independent as possible.

What was done in 2013-14:

- The Duty District Nurse now works with the other Duty teams at Time Square. Work has been done by the team with Berkshire Healthcare NHS Foundation Trust to establish a nursing service within the duty team so that people receive a more comprehensive health and social care assessment.
- Joint approach with hospitals on hospital discharge. Work is being done with Wexham Park, Frimley Park and Royal Berkshire Hospitals and Adult Social Care now has membership on the Urgent Care and Transformation Board for all three acute trusts to ensure a joint approach to hospital discharge.

What is planned for 2014-15:

- Re-location of the Bridgewell Centre. Adult Social Care are currently working with partners to identify a suitable place for the Bridgewell Centre to move to.
- Review of Intermediate Care. There will be a commissioning strategy developed, which will say what Intermediate Care services are needed in Bracknell Forest.

SECTION 10 – SUPPORT FOR OTHER VULNERABLE PEOPLE

There are other teams within Adult Social Care who work to improve the lives of people within Bracknell Forest who need extra support. These teams include the Adult Safeguarding Team, the Emergency Duty Service, the Drugs and Alcohol Action Team and the Joint Commissioning Team, and the Direct Payments team.

The Drugs and Alcohol Action Team

What support is provided by the team:

Bracknell Forest's Drugs and Alcohol Action Team work with people who take illegal drugs, drink too much alcohol or take too many prescription drugs. The team help people to find new ways of drinking less, or taking fewer drugs, or stopping altogether. There are a number of special services to help them.

What was done in 2013-14:

- In the year to the end of January 2014, the number of people who successfully completed treatment increased from 77 people to 139 people. This is an increase of 80.5%.
- There has been an increase in the numbers of people who have stopped taking drugs and alcohol, from 66 to 122. This is an increase of almost 85%.
- The outreach service at North Ascot Youth Centre started in February. 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 Drugs and Alcohol Action Team in Royal Borough of Windsor and Maidenhead.

What is planned for 2014-15:

- There will be a review of the effectiveness of payment by results which will be undertaken by June 2014.
- In 2013-14, the team provided training for local pharmacies (chemists). This was to improve the level of advice offered on reducing harm caused by drugs and alcohol abuse. The was successful, and the team will provide training to more pharmacies in 2014-15.

The Adult Safeguarding Team

What support is provided by the team:

The Adult Safeguarding Team work with staff and people in other organisations to support people to lead the life they want in the safest way possible. The team make sure that:

- Staff and providers give the best support for people wherever there are safegarding concerns.
- Training on Safeguarding and Mental Capacity is provided to staff so that they do the best job they can and comply with the law.
- They help to achieve the plans of the Safeguarding Adults Partnership Board.

What was done in 2013-14:

- The team successfully followed the Empowerment Strategy. This meant that all people (or their advocates if appropriate) were supported to help develop their own safeguarding plan. All individuals were able to tell Adult Social Care how well they were supported throughout the safeguarding process.
- The Advocacy Contract is now being monitored. The advocacy provider continues to support an increasing number of people so that their safeguarding plans are developed as they want them to be.

What is planned for 2014-15:

- The team will be working with the police to see whether a shared team, (called a Multi-Agency Safeguarding Hub or MASH) would be a better way to support local vulnerable residents from abuse.
- A review of the Bracknell Forest Safeguarding Adults Board will be carried out when we know what changes are needed from what is said the Care Act. This will be to make sure that the Council meets its new legal requirements.

The Emergency Duty Service

What support is provided by the team:

The team provides an emergency 'out of hours' service for adults and children across all of Berkshire, and has particular responsibility for people who need social care, or who are homeless and need help. The team provide advice and information and also deal with things that are urgent and cannot wait until the next working day.

What was done in 2013-14:

- Making sure that the Out of Hours Intermediate Care Services worked well. Dedicated co-ordinators are now making sure that there is proper hand over between day and night staff for provision of intermediate care services. This will benefit all people who need the support of this service.

What is planned for 2014-15:

- The Out of Hours Intermediate Care Services will be able to support people if they need to leave hospital over the weekend as well as during the week.
- The team will be working closely with Thames Valley Police to make sure that they work together well when people need support from both services.

SECTION 11 – THE ROLE OF HEATHWATCH

Healthwatch Bracknell Forest is the new independent body created to gather and represent the views of the public. Healthwatch Bracknell Forest is a group of organisations led by the Ark Trust and also including Mencap, Deaf Positives, Berkshire Autistic Society, Kids, EBE2, Just Advocacy and SEAP. It has been active since October 2013.

Healthwatch Bracknell Forest has taken on the work of the Local Involvement Networks (LINks) which asked people what they liked and didn't like about Adult Social Care, but has been expanded to include Children's Social Care. It will speak for people who use services, carers and the public on the Health and Wellbeing Boards set up by local authorities. It will also provide information, advice and guidance on health and social care, put people in touch with the complaints advocacy service which can support people who make a complaint about services. Finally, it can report concerns about the quality of health care to Healthwatch England, which can then recommend that the Care Quality Commission takes action.

To give some feedback about local Health and Social Care Services or to get involved by becoming a volunteer, you can write, phone or email them at:

Healthwatch Bracknell Forest
The Space
20 Market Street
Bracknell
Berkshire
RG12 1JG
Tel : 01344 266 911
Email: enquiries@healthwatchbracknellforest.co.uk

SECTION 12 – GENERAL CHANGES ACROSS ADULT SOCIAL CARE

The Care Act

The recently annnounced Care Act means changes to what councils need to do to support people with adult social care needs. Some things will change in April 2015, and other things in April 2016.

The Council will be preparing for these changes over the coming year, and letting people know what these changes mean.

Better Care Fund

Council staff will be working with colleagues in the CCG on a range of actions to prevent people going to hospital when they don't really need to, or prevent them having to stay in hospital any longer than necessary. These plans will include things like:

- Doing everything possible to prevent people falling, but making sure they have the right treatment and support if they have fallen.
- Making sure people have the right sort of support when they come out of hospital, including support to help them get back any skills they might now be struggling with.

Deprivation of Liberty Safeguards (DoLS)

DoLS are arrangements to make sure that people who don't have the mental capacity to agree to:

- Living in a care home, and the care they receive whilst there if they are restricted in any way, or
- Staying in hospital for the purposes of receiving treatment.

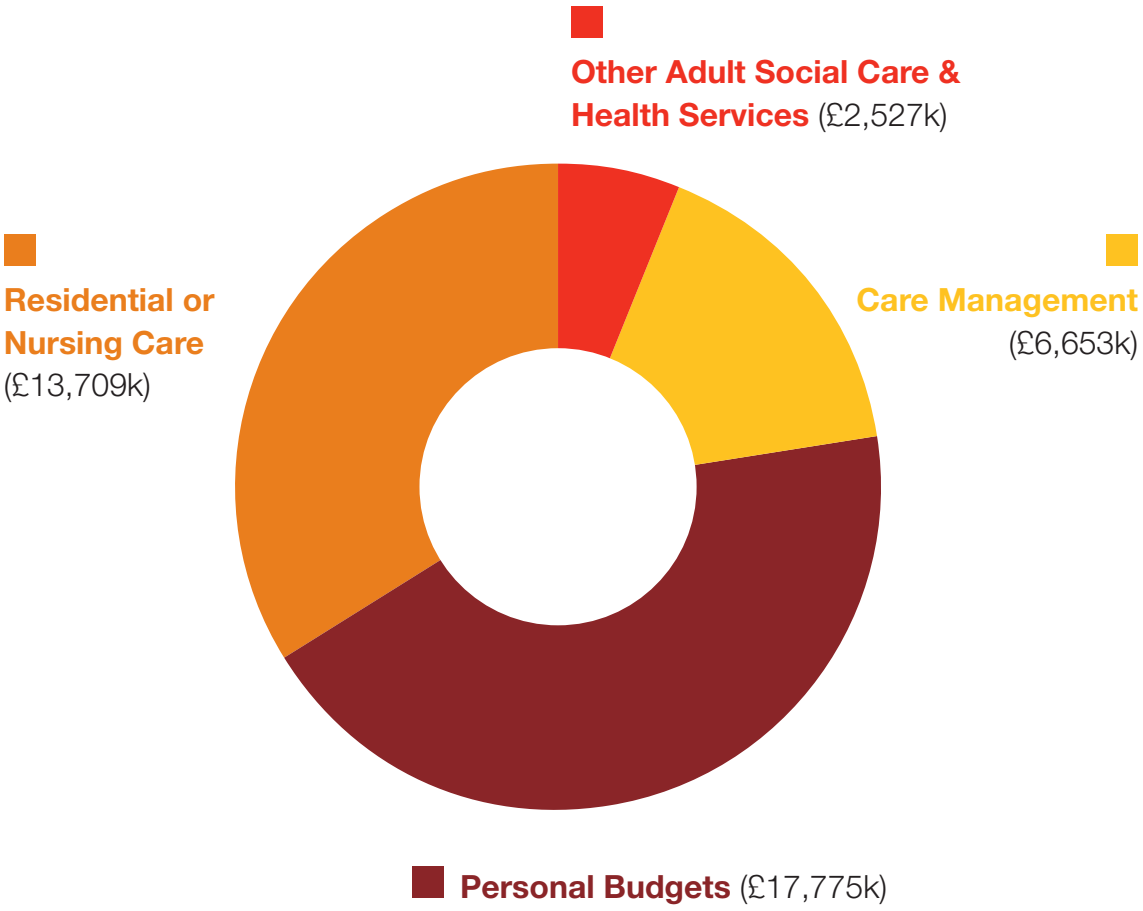
This involves some very specific assessments, and the Council can authorise deprivation of liberty, if it is in the person's best interests.

A recent ruling from the Supreme Court has mean that the definition of "Deprivation of Liberty" is now much wider than was previously understood, and that it also applies to people living in their own homes. This will mean that many more people will be considered to be deprived of their liberty, which will mean a great deal of extra work for Council staff. At the moment the process for authorising the deprivation of liberty in people's own homes is not clear, but it will probably involve the Court of Protection.

SECTION 13 – MONEY

This is what was spent in Adult Social Care in 2013-14. The total amount was £40.6m and this was within budget. The graph below shows what was spent on the different activities.

Actual Gross Expenditure 2013-14 (£000s)



Bracknell Forest's draft statement of acounts will be available from the beginning of July 2014 and will be available for viewing on our website.

SECTION 14 – ANNUAL REPORT FOR 2014-15

An annual report will be produced for next year (2014-15). Your views continue to be important to Bracknell Forest Council and therefore people can let the Council know:

- Which social care services they would like Adult Social Care to talk about in the Local Account and what people want to know about them.
- Which services people think Adult Social Care should be focusing on.

Please contact Bracknell Forest with any feedback by email to:

asc.performance-management@bracknell-forest.gov.uk

or by post to:

Performance Management team,
Adult Social Care,
Health and Housing,
Time Square,
Bracknell RG12 1JD

GLOSSARY

Advocacy	Help for people to express their views about their needs and choices.
Assessment	An assessment is the process that helps to find out what support a person needs.
Assistive technology	Equipment or adaptations that can help people stay independent with less support. This can range from rails to electronic equipment that can do things such as tell whether people have taken their medication.
Autistic Spectrum Disorder (Autism)	Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them.
Bridgewell Centre	This is the place people can go when they are too ill to be at home, but do not need to go to hospital. The memory clinic and sensory needs service are also based in the same building.
Clinical Commissioning Group	These are groups of GP practices that are responsible for commissioning most local health care services that people need.
NHS Continuing Healthcare	Care arrangements that are funded by the NHS for people who are not in hospital but have complex ongoing healthcare needs that meet the eligibility criteria.
Common Point of Entry (CPE)	This is where all referrals for Berkshire Healthcare Trusts' services are taken. The staff working in CPE will check to see whether people need advice or assessment, and will refer them to the right services if necessary.
Commissioning Strategy	A commissioning strategy is the plan that says what will be done to meet local need, taking into account what the Government expects to be done, and known best practice.
Contacts	The first "contact" – or meeting – between a person and adult social care. Basic personal information is collected, and a brief initial assessment is made of whether the person might have wider health and social care needs. A referral can be made at this stage or at the other stages of assessment.

Dementia	A set of symptoms that may include loss of memory and difficulties with thinking, problem-solving or language, and that get worse over time. This is caused by damage to the brain resulting from diseases like Alzheimers, or a series of strokes.
Dementia Directory	This is a booklet with information on all the services and support local to Bracknell Forest for people with Dementia and their carers.
Direct Payment	Money paid to people who need care following an assessment to help them buy their own care or support and be in control of those services.
Economic Wellbeing	Having control of money, access to jobs and money to pay for activities.
Extra-care housing	This provides people, usually frail older people, with their own home in the community together on the same site as other frail older people and with varying levels of care and support on-site.
GP Cluster	Groups of GP practices that are close together, and work together on some things.
Health and Wellbeing Boards	A partnership of senior leaders from the local NHS, the Council, Healthwatch and the voluntary and community sector to improve health and wellbeing and reduce health inequalities
Hoarding	Hoarding is when people have an ongoing difficulty throwing away or parting with things because they think they need to save them. People with hoarding disorders get distressed at the thought of getting rid of the items and can hold on to large amounts of things, regardless of actual value.
Hospital in-reach team	Team of social care practitioners who work with the hospitals to make sure that people have the right support to go home as soon as possible.
Housing associations	These are private, non profit making organisations that provide low-cost (“affordable”) social housing for people in need of a home.
Intermediate Care	This is the support provided for people to help them recover when they leave hospital, or prevent them having to go into hospital when they become unwell. It can be provided for up to six weeks.

Managed budget	Where a person asks the council to directly provide them with services to the value of their personal budget, and manage money on their behalf.
Package of care	Services arranged to meet a person's assessed needs. This may consist of one or more services, which may be residential and/or provided in or from somebody's home.
Partners	Organisations and/or people who work together to make sure things happen in the best way possible.
Partnership Board	This is a group of people from a range of organisations, people who have support, and their carers, who meet to develop the commissioning strategy, and make sure that everybody is playing their part in making sure that the plans happen.
Payment by results	A contract where the provider gets paid based on what they achieve rather than how much they do; for example, for Drugs & Alcohol, the provider will be paid according to how many people recover following treatment, rather than how many people they see.
Pendant alarms	An alarm worn around the neck that can be pressed in an emergency to ensure help is provided as soon as possible.
Perinatal mental health	This is about the emotional wellbeing of women and their child, partner and families, from the time they are pregnant up until the baby is one year old.
Personal assistant	Someone employed by a person using Direct Payments to support them with some or all of their support needs.
Personal budget	Money allocated to someone who needs support where the money comes from the council's social care funding.
Personalisation / personalised approaches	Making sure that the person who needs support has as much choice and control as possibe over how they are supported.
Prevention and Early Intervention	Support, advice or information that is given to people to help them to stay well, healthy and independent, and prevent them from needing support or services for as long as possible.

Referrals	Request to adult social care for assistance or specific action. People may self refer or re-refer themselves as their care needs change.
Review	A check to make sure that the support provided for a person still meets their needs in the most appropriate way. If not, then more appropriate arrangements will be made.
Safeguarding alert	When a suspicion or allegation of harm or abuse to a vulnerable adult is made to the Council.
Statutory agency	An organisation that is set up by law. In Bracknell Forest this would include the Local Authority, the NHS, the Police and others.
Telecare	Equipment, devices and services to help vulnerable people stay safe and independent at home (For example, fall sensors and safety alarms).
Urgent Care and Transformation Board	
Wellbeing	"Wellbeing" is difficult to describe because it means different things to different people. Generally it means feelings of happiness, feeling life is worthwhile, not being anxious and being satisfied with life.

ORGANISATIONS

Age Concern Bracknell Forest	A local charity to help older people of the borough and support their families and carers. http://www.ageconcernbracknell.org.uk/
Alzheimer's Society	A national charity that provides support and information for people with dementia and their families. There are local groups. http://alzheimers.org.uk/
Ark Trust	A local charity providing support and advice to people with disabilities and mental ill health. www.theark.org.uk/
Be Heard	Self advocacy group for people with learning disabilities in Bracknell Forest.
Berkshire Autistic Society	Berkshire Autistic Society is a charity providing comprehensive services for all ages of people with autism, their families, carers and professionals working in the field. http://www.autismberkshire.org.uk/

Berkshire Carers Service	A charity the provides support information and advice to family carers of people who need additional support. http://www.berkshirecarers.org/
Deaf Positives	An organisation whose aim is to give Deaf and DeafBlind people the power to achieve independence and equality, and raise the national standards of Deaf services. They do this through advocacy, career advice and expertise delivered by Deaf professionals. http://www.deafpositives.org/
EBE2	EBE2 (Experts by Experience) is an organisation who carry out quality audits of care providers. It is staffed by people who use care services.
Just Advocacy	Offer independent advocacy support to people who may find it difficult to be heard or speak out for themselves. This may include people with disabilities, older people, and those with mental health issues. They also offer help with person centred planning. http://www.justadvocacy.org.uk/
Kids	Kids is a charity that works with young people with disabilities up to the age of 25. http://www.kids.org.uk/
Mencap	A national charity giving support and advice to people with learning disabilities and their families. There is a local group. www.wokinghambracknellmencap.org
Rethink	An organisation that provides advice, information and and support to people affected by mental illness. http://rethink.org
Triple A	Ascot Area Alzheimers – a local group providing support and advice to people and families affected by dementia. http://www.ascotareaalzheimers.co.uk/
SEAP	Provide independent advocacy services to help resolve issues or concerns a person may have about health and wellbeing or health and social care services. http://www.seap.org.uk/
Stroke Association	Provide support advice and information to people and families afected by having a stroke. There are local services. http://www.stroke.org.uk/

Copies of this booklet may be obtained in large print, Braille, on audio cassette or in other languages. To obtain a copy in an alternative format please telephone 01344 352000.

Nepali

यस प्रचारको सक्षेपं वा सार निचोड चाहिं दिइने छ ठूलो अक्क्षरमा, ब्रेल वा क्यासेट सून्नको लागी । अरु भाषाको नक्कल पनि हासिल गर्न सकिने छ । कृपया सम्पर्क गनूहोला ०१३४४ ३५२००० ।

Tagalog

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Urdu

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اس کے لیے براہِ مہربانی ٹیلیفون نمبر **01344 352000** پر رابطہ کریں۔

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Portuguese

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Agenda Item 8

TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL
16 SEPTEMBER 2014

BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD
ANNUAL REPORT 2013/14
Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

1.1 This report introduces the attached Bracknell Forest Safeguarding Adults Partnership Board Annual Report 2013/14 for the Panel's consideration.

2 RECOMMENDATION(S)

2.1 **That the Adult Social Care and Housing Overview and Scrutiny Panel consider the Bracknell Forest Safeguarding Adults Partnership Board Annual Report 2013/2014.**

3 REASONS FOR RECOMMENDATION(S)

3.1 To enable the Panel to consider the Bracknell Forest Safeguarding Adults Partnership Board Annual Report 2013/14.

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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TO: EXECUTIVE
22 JULY 2014

BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2013/14
Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

1.1 To inform Executive of the work of the Safeguarding Adults Partnership Board during 2013-2014.

2 RECOMMENDATION

2.1 That Executive endorse the report and action plan, and note the continuing positive progress.

3 REASONS FOR RECOMMENDATION

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

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

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

3.4 The report details the achievement against the agreed targets for 2013-2014 and sets the partnership boards targets for 2014-2015.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 Not applicable

5 SUPPORTING INFORMATION

5.1 The report highlights a number of key developments to further enhance the safety and wellbeing of adults at risk in Bracknell Forest. The report evidences the engagement of a number of key partner agencies and the work of the partnership as a whole in developing services and support that are both safe and meet individual outcomes.

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 financial implications arising from this report.

Equalities Impact Assessment

6.3 Not applicable

Strategic Risk Management Issues

6.4 Adult Safeguarding is identified within the departmental strategic risk register. A number of actions are identified in the associated action plan to mitigate the identified risks.

7 CONSULTATION

Principal Groups Consulted

7.1 Bracknell Forest Safeguarding Adults Partnership Board
Bracknell Forest Safeguarding Adults Forum
Adult Social Care, Health and Housing Departmental Management Team
Corporate Management Team

Method of Consultation

7.2 Meetings

Representations Received

7.3 All representations received have been incorporated within the annual report

Background Papers

None

Contact for further information

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Bracknell Forest Safeguarding Adults Partnership Board Annual Report

April 2013 – March 2014

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Foreword

As chair of the Bracknell Forest Safeguarding Adults Partnership Board (the Board) I am delighted to commend this annual report to you. The Board has continued to be productive and focused on the ongoing development of partnership relationships for the benefit of local residents.

The Board had intended to review its membership and terms of reference within this year. However with the Care Bill due to be enacted in the near future, the Board has taken the decision to carry this action over into the new financial year, so that the developments are consistent with any requirements that may be set out in the Care Act 2014.

The Board continues to work with the Local Safeguarding Children's Board, where there is benefit to local residents. Over the period of this report the two boards have worked to support the voluntary sector in both understanding and delivering is safeguarding responsibilities to both adults and children.

The on-line Berkshire safeguarding policy and good practice manual has been renewed for a further three years. This work was lead by the Board.

In order for the Board to remain effective statutory partnerships between member organisations must remain strong, and whilst on occasion members will challenge partner organisations, the focus always remains on delivering the best outcomes for local people. With this in mind it is encouraging to see the evidence of these strong partnerships at both operational and strategic levels in the outcomes delivered with and for local people.

With regard to the need for safeguarding interventions over the period there was a 32% increase in the number of alerts received by Adult Social Care, (Health and Housing (ASCH&H)), which the Board assesses as positive as this provides Adult Social Care, Health and Hosing, and partner agencies with the opportunity to give information, advice and where needed specialist safeguarding support to members of our local communities. It is clear from this report that all statutory agencies are identifying safeguarding issues and referring to adult social care and that alerts are being responded to in a timely manner.

Building on the strong foundations set in previous years the Board continues to monitor the delivery of the safeguarding intervention and is pleased to note the strong emerging evidence from the Making Safeguarding Personal pilot project.

This report highlights the achievements made by organisations represented on the Board, which have enabled adults at risk to lead safer lives, whilst retaining as much choice and control as possible.

One of the Board's major achievements this year has been the development of its own website. We are the first Adult Safeguarding Board in Berkshire to have our own dedicated website. The website will provide local residents and practitioners with up to date and relevant adult safeguarding information. You can access the website via www.bfsapb.org.uk

Whist the Board is not complacent about the need to continue the development of our approach and responses to adult safeguarding issues, this report evidences the

commitment and strength of partnership working in Bracknell Forest. The Board remains resolute in its commitment to ensure that where abuse has, or may take place, timely and effective support is provided by all relevant agencies to prevent this occurring in the future.

To this end the Board has developed its business plan for the 2014-2015, which is contained within the main body of this report.

I hope you find this report informative and reassuring.

Glyn Jones
Director of Adult Social Care, Health and Housing
Chair of the Bracknell Forest Safeguarding Adults Partnership Board

1. Introduction

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

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

1.3 This report details the breadth of activity undertaken by the Board's members and identifies the achievements against the Boards business plan for last year.

2. Executive Summary

2.1 The board has developed its website that will be an invaluable resource for local residents and the workforce alike. The website provides information on local safeguarding arrangements, advice, guidance and a free online safeguarding training package. The board is committed to keeping the website up to date and relevant for local people (see page 32).

2.2 Berkshire Healthcare Foundation NHS Trust has continued to implement its training strategy, this has resulted in 92% of all Bracknell Forest based staff receiving up to date safeguarding training (see page 48)

2.3 Bracknell and Ascot Clinical Commissioning Group (CCG) has ensured that all people whose long term care and support needs are met by the NHS have had a review of their needs (see page 17)

2.4 Thames Valley Police in partnership with adult social care and health have trained all Bracknell Forest based police staff about adult safeguarding (see page 11).

2.5 The Board met 95% of the objectives it set for 2013/2014 annual report, with the two outstanding actions being carried forward to 2014/2015 (see page 34).

2.6 The Board has fully implemented its empowerment strategy (see page 32).

2.7 Adult Social Care were part of the Association of Directors of Adult Social Services/ Local Government Association "Making Safeguarding Personal" project. The learning from the project will be implemented across the adult social care department during 2014/2015 (see page 8).

2.8 There was an increase of 21% in the number of safeguarding alerts being raised compared to 2012/2013. This is seen as a positive development b the Board as it gives agencies the opportunity to provide information, advice and, where appropriate, direct support to the adult at risk (see page 33).

2.9 69 (12%) safeguarding alerts resulted in abuse being substantiated or partially substantiated. This is a reduction of 4% compared to 2012/2013 (see page 32).

2.10 Whilst the Board is not complacent about the need for ongoing development it is assured that its approach to adult safeguarding remains relevant and appropriate, and that where abuse is identified, the responses of partner agencies is timely, appropriate and in line with the person's wishes and best interest.

3. Proposed legislation

3.1 Parliament has been considering the Care Bill during 2013/2014. Whilst the national media has focused on the financial aspects of the Bill and the proposed introduction of the 'cap' on the cost of care, the Bill is expected to introduce a number of key safeguarding duties. These are set out below.

3.2 Local authorities will be required to make enquires (or cause others to make enquires) where it suspects that an adult at risk in its area has been or may be subject to abuse.

3.3 There is a clear duty to co-operate placed on organisations and to share information to support the Board in discharging its duties (this will include making enquires to protect an adult at risk)

3.4 The Board will be put on a statutory basis, and its core function will be to help and protect adults at risk in its area live a life free from abuse. The membership of the Board must comprise of the Local Authority, The Clinical Commissioning Group, the Police and any other organisation the Board deems appropriate. Members of the Board may pool financial resources (or resources in kind) to support the Board in delivering its core functions.

3.5 The Board will be required to produce an annual plan, and send a copy of that plan to The Chief Executive and the Leader of the Local Authority: the local Policing Authority, the chair of the Health and Wellbeing Board and local HealthWatch. The plan must include the following:

(a) What it has done during that year to achieve its objective,

(b) What it has done during that year to implement its strategy,

(c) What each member has done during that year to implement the strategy,

(d) The findings of any Adult Safeguarding Reviews that have concluded in that year

(e) Any Adult Safeguarding Reviews it has commissioned within the year, but is yet to conclude

(f) What it has done during that year to implement the findings of Adult Safeguarding reviews arranged by it and

(g) Where it decides not to implement a finding of a review arranged by it under that section, the reasons for its decision.

3.6 The Board **must** arrange for a safeguarding adults review where there is reasonable cause for concern about how the Board, members of it, or other persons with relevant functions worked together to safeguard the adult, and:

(a) The adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

Or

(a) The adult is still alive, and the Board knows or suspects that the adult has experienced serious abuse or neglect.

3.7 The Board may arrange a Safeguarding Adults review in other circumstances it deems appropriate.

3.8 Each member of the Board must co-operate in and contribute to the carrying out of safeguarding adults reviews with a view to

a) Identifying lessons to be learnt from the review
b) Applying those lessons to future work.

3.9 The local authority must make independent advocacy available to adults subject to safeguarding enquires or a safeguarding adult review.

4. Membership of the Board

4.1. The Board continues to be chaired by the Director of Adult social care and meets bi monthly. The Attendance record for the Board is set out in annex A. The Boards member organisations are:-

- Bracknell Forest Council
- Thames Valley Police
- Bracknell and Ascot Clinical Commissioning Group
- Berkshire Healthcare NHS Foundation Trust
- West London Mental Health Trust (Broadmoor Hospital)
- Thames Valley Probation Trust
- Berkshire Care Association
- Bracknell Forest Local Safeguarding Children's Board
- Heatherwood and Wexham Park NHS Foundation Trust
- Frimley Park NHS Foundation Trust
- Royal Berkshire Fire and Rescue Service

4.2. The Care Quality Commission has met its commitment to attend a minimum of one Board meeting a year. This commitment may change depending on the requirements of the Care Act 2014.

4.3. The Board's member organisations have undertaken a range of safeguarding activity during the period of this report which have been summarised as follows:

5. Developments by partner agencies during 2012-2013

5.1 Bracknell and Ascot Clinical Commissioning Group (CCG)

5.1.1 The CCG's key strategic aim during its inaugural yeas was to ensure that safeguarding was embedded into its core business

5.1.2 The CCG appointed a Nurse Director who is the executive for safeguarding in the CCG.

5.1.3 The Central Southern Commissioning Support Unit was commissioned to support and assist the CCGs in discharging their duties for safeguarding vulnerable adults 2013 - 2014.

5.1.4 In addition the CCG appointed a Head of Safeguarding in September 2013 to ensure that adult safeguarding was fully supported.

5.1.5 The Safeguarding leads have worked in collaboration with Local Authority Colleagues through membership of the safeguarding partnership board and sub groups.

5.1.6 The CCG has worked with its providers to enable it to undertake its responsibility for ensuring that the organisations from which they commission services provide a safe system that safeguards vulnerable adults. Bracknell CCG has done this through strengthening contractual requirements and working closely with the Safeguarding leads.

5.1.7 The CCG has worked with local GPs to improve awareness and participation in the safeguarding agenda. GPs are seeking advice for safeguarding issues.

5.1.8 Previous work has been built upon by developing practical systems and processes that will ensure appropriate support to the CCGs.

5.1.9 The CCG has continued to participate in the work around Winterbourne.

5.2 Berkshire Care Association (BCA)

5.2.1 Continued promotion of adult safeguarding via provider meetings.

5.2.2 BCA ran a conference in November 2013. Adult Safeguarding was a key theme of the conference.

5.3 Bracknell Forest Council Adult Social Care, Health and Housing Department

5.3.1 The department has participated in the Making Safeguarding Personal pilot project. The project was jointly facilitated by the Local Government Association and the Association of Directors of Adult Social Services.

5.3.2 The aim of the Project was to further develop personalised outcomes to safeguarding concerns. 28 people were supported through the project, all of whom either identified their own outcomes or had a family member or advocates identify the outcomes on their behalf (in accordance with the requirements of the mental capacity act). All 28 people had their desired

outcome met. Annex B provides an anonymised practice example from the project.

5.3.3 The safeguarding Team delivered safeguarding awareness training to all police staff working from Bracknell police station.

5.3.4 The safeguarding practice guidance has been revised, this included Safeguarding Development Workers acting as the independent chair for all safeguarding meetings. This has been welcomed by the operational teams and continues to support best practice, and enables the consistent collation of information relating to individual services..

5.4 Bracknell Forest Community Safety Partnership

5.4.1 Last year's annual report set out the Community Safety Partnership's programme of work to tackle domestic abuse within the Borough. The Domestic Abuse Service Co-ordination (DASC) service was set up to target interventions to victims of Domestic Abuse who had been assessed as medium risk (victims, who are assessed as high risk, are supported through the MARAC). The DASC services has resulted in a reduction in reports of domestic abuse by those people supported by the service both in 2011/12 and 2012/13, additional funding was obtained from Thames Valley Police to run an enhanced DASC project, the impact of which will be evaluated during 2014/2015.

5.4.2 E-safety training (e.g. how to support children, young people and adults at risk to use the internet safely) continues to be made available for the local workforce who work with adults at risk

5.4.3 Awareness-raising to adult's at risk in the community on how to stay safe online continues to be provided and well received

5.4.4 A specific E-learning package has been made available for adults with autism on how to staying safe on-line have been made available and circulated.

5.5 Berkshire Healthcare Foundation NHS Trust

5.5.1 The work undertaken by the Trust to continue the development of adult safeguarding practice within the trust is identified in the Board's development plan for 2013 -2014.

5.5.2 The Trust safeguarding team continues to work closely with Bracknell Forest Council's safeguarding team to ensure that best practice is followed and that, where appropriate, learning is shared across both organisations to further improve the experience of those who are referred for safeguarding intervention.

5.5.3 The Trust continues to chair a pan-Berkshire safeguarding group. This group enables safeguarding leads across Berkshire to meet to share best practice, identifies areas of commonality and agree a way forward for further enhancing multi agency working.

5.6 Frimley Park NHS Foundation Trust

5.6.1 All staff working within the organisation received a leaflet with their payslips which covers both safeguarding adults and children covering level 1 safeguarding training.

5.6.2 All new staff (clinical and non-clinical including medical staff) receives level 1 safeguarding training on induction.

5.6.3 All trained nursing staff received level 2 safeguarding training annually.

5.6.4 Ward Managers, Matrons and Heads of Nursing have completed or are booked to receive level 3 safeguarding training.

5.6.5 The Trust has appointed a Designated safeguarding adults Lead Consultant in the Emergency Department.

5.6.6 The Trust has appointed a Designated safeguarding adults Lead Consultant Trust wide.

5.6.7 The Trust has continued to develop its internal Safeguarding Adults Board led by the Deputy Director of Nursing, which has tri county representation (Surrey, Hampshire and Bracknell Forest (on behalf of the Berkshire LA's).

5.7 Heatherwood and Wexham Park NHS Foundation Trust

5.7.1 The Board is pleased to now have representation from H&WPH and note the developments that have taken place during 2013 – 2014. The Trust now has a corporate Safeguarding Lead Nurse who reports to the Executive Lead for Safeguarding on the Trust Board, this is complemented by a Senior Nurse as a Lead for people with a Learning Disability.

5.7.2 The Trust has an Independent Domestic Violence Advisor based at Wexham Park Hospital to support victims of domestic abuse who attend A and E or at admitted to the hospital.

5.7.3 The Trust induction and mandatory Safeguarding Adults training has been updated to address the issue of low alert rates.

5.7.4 The Trust has re-established its Safeguarding Adults Group, with multi-agency representation.

5.7.5 The Trust has developed its multi-agency relationships with local health and social care partners, to support the ongoing improvement in relation to adult safeguarding.

5.7.6 All safeguarding alerts are now raised through the Trust's electronic incident reporting system, DATIX. This provides greater oversight of safeguarding concerns and a clearer governance framework.

5.8 Royal Berkshire Fire and Rescue Service (RBFR)

5.8.1 The safeguarding working arrangements have been, and continue to be, reviewed following the arrival of a new Chief Fire Officer and a new Area Manager for Prevention and Protection, both of whom hold responsibilities for this area of work.

5.8.2 The Safeguarding Working Group is now chaired by the Area Manager and has a new reporting line, following restructuring. The status of safeguarding has been enhanced as it is considered alongside Prevention and Protection activity and in line with the natural partnerships of the Fire and Rescue Service.

5.9 Thames Valley Police

5.9.1 The Force has appointed a local Inspector to take a lead on Mental Health within the Bracknell Forest; this has resulted in improved identification of local residents with Mental Health issues and improved joint working between the force and Local Mental Health.

5.9.2 A joint training campaign by TVP and Adult social care to improve the knowledge and understand on adult safeguarding for local officers was undertaken during the year. This resulted in all officers based at Bracknell Police station receiving training form an adult safeguarding specialist from within Adult social care on local adult safeguarding issues and referral pathways. This has resulted in further improvements in joint working and increased attendance by police officers as safeguarding meetings.

5.9.3 The LPA deputy commander is now a member of the Safeguarding board and is also chairing the Domestic Abuse Executive group and leading on the development of a comprehensive domestic abuse campaign, this will be linked into other local safeguarding services to ensure a joined up service for local residents.

5.10 Thames Valley Probation Trust

5.10.1 The Board did not receive any information from Thames Valley Probation Trust.

5.11 West London Mental Health Trust (Broadmoor Hospital)

5.11.1 Much of 2013 -2014 has concentrated on developing the hospitals requirements under The Mental Capacity Act. These processes have now been finalised. There is a clear protocol, associated training package and applicable pro-forma. The next stage is for training delivery across the hospital.

5.11.2 The current Safeguarding Adults training pack was updated in December 2013 and incorporates new material from the Francis Enquiry and the Care bill.

5.11.3 The hospital safeguarding ‘grab pack’ was updated in December 2013 and the flow chart now includes contact details for Bracknell Forest Council, so staff and patients have an external avenue to raise alerts.

5.11.4 The Safeguarding Adult Panel now has integrated membership from Bracknell Forest, and the CQC are also invited to attend. The Terms of Reference have been amended accordingly.

5.11.5 Development of a patient leaflet on safeguarding commenced within this year and we hope to have the final version shortly. At present the draft is with the Trusts Communications department.

5.11.6 The hospital continues to integrate safeguarding adult processes within other areas of development, such as the Diversity programme, Patient Safety and the promotion of Healthy Communities.

5.11.7 The Trust has increased the administrative support for safeguarding and the recently appointed Senior Practitioner provides further leadership and clinical practice in relation to safeguarding adults.

5.11.8 The hospital now has a tripartite agreement between the Trust, Bracknell Forest Council and Ealing Council that assists in ensuring clarity of roles and responsibilities.

5.11.9 In April 2013 the hospital began using the Bracknell Forest data return template to ensure we were in line with Bracknell's data reporting requirements.

6. Progress against the objectives set out in the 2012/2013 Annual Report

6.1 The Board met 95% of its objectives during 2013/2014. The three areas that were not fully met will be met within 2014/2015 are as follows:

- **The Board intended to review its terms of reference, membership structure and functions in light of the care bill** - The Board took the decision not to formally undertake this work until the Care Bill is enacted.

- **Berkshire Healthcare Foundation NHS Trust (BHFT) intended to develop a Mental Health Safeguarding Adult champions group across the trust - BHFT** intends to undertake this work during 2014/2015.

- **Thames Valley Probations Trust committed to undertaking a review of referrals made to the court divert team[1] to ensure that best practice is being implemented and that the right interventions are offered -** the trust has not updated the board with regard to whether this action has been met or not.

6.2 The remainder of the Board's objectives were met. The following table provides details of how each objective has been met.

6.3 In addition to the business plan for 2012/2013 the Board also responded to a number of national developments e.g. the publication of the winterbourne view serious case review, the Francis report and implemented the learning from other serious case reviews.

[1] The Court Divert Team works with people in the court process who may have Mental Health Issues or other vulnerabilities, and were appropriate divert them from the court into other settings.

Bracknell Forest Safeguarding Adults Partnership Board
Business Plan – 2012 – 2013

Lead agency	Action	Comments	Status [2]
Berkshire Healthcare NHS Foundation Trust	Develop internal safeguarding audits to ensure best practice is being used	BHFT continues to work closely with BFC and other external agencies to improve and develop safeguarding adult practices, the safeguarding team meet regularly to review all safeguarding alerts and referrals made by BHFT to BFC to ensure that process are followed and to identify and learn from any barriers that may have an impact on the safeguarding adult procedures. The safeguarding Team at BHFT have developed links with the Local CCG to ensure effective information sharing at Partnership working across Health Services.	
Berkshire Healthcare NHS Foundation Trust	Monitor training delivery and ensure that all staff are trained at an appropriate level across services	Safeguarding adult Level 1 training has continued to be delivered as part of Induction for all new starters working in Clinical services and the compliancy figure for the Bracknell Locality is 92%. SA level 1 continues to be refreshed every three years and the Trust have introduced an E-Assessment. In addition across BHFT there are now over 300 Senior Clinicians Trained at Level 2. Overall the Trust is 7% above the target set for safeguarding adult's compliance of 85% for 2013/14.	
Berkshire Healthcare NHS Foundation Trust	Develop a Mental Health Safeguarding Adult champions group across the trust	It was decided that this target would be carried over to the 20014/15 work plan as there have been considerable changes happening in the Mental Health services which include service relocation. Mental Health Staff have been offered opportunity to engage in the current clinical champions group until a specialist Mental Health Group is formed. The current Clinical Champions group continues to meet on a quarterly to share best practice and learning from Serious Case Reviews to ensure that information is disseminated across the organisation.	

[2] R –Target not met, G -Target met

Lead agency	Action	Comments	Status [2]
Berkshire Healthcare NHS Foundation Trust	Review current Safeguarding Adult reports to identify areas for improvement	This work has been ongoing and will continue into the 2014/15 work plan	
Berkshire Healthcare NHS Foundation Trust	Explore strategies to increase individual involvement and participation in safeguarding adults policies and procedures	Patient involvement and participation is included as a central part of both level 1 and level 2 training. Methods of raising awareness for both patients and visitors are currently being explored but a number of challenges have been noted due to working across 6 Local Authorities and developing procedures and information that can be used across the trust. This target will be carried over to the 2014/15 work plan.	
Bracknell and Ascot Clinical Commissioning Group	GP registers setting out patients who are admitted to, and discharged from NHS funded placements are accurate.	This action is now completed and part of 'business of usual' for GP practices.	
Bracknell and Ascot Clinical Commissioning Group	The CCG works closely with local authority colleagues to ensure that joint health and social care reviews and discharge planning is provided where needed.	This is embedded into normal working practices across the local health and social care system.	
Bracknell and Ascot Clinical Commissioning Group	All people whose support is funded by the NHS receive an annual review	The Continuing Healthcare Team undertake (or arrange for BFC) to undertake an annual review for all people whose care and treatment is funded by the NHS	
Bracknell and Ascot Clinical Commissioning Group	The CCG contributes to the self-assessment framework to support local agencies to measure and benchmark progress	This action has now been completed.	

Lead agency	Action	Comments	Status [2]
Bracknell and Ascot Clinical Commissioning Group	The CCG continues to participate in the monitoring arrangements for the agreed Winterbourne Action Plan	The CCG has continued to be actively involved in the development of the local response to the Winterbourne scandal.	
Bracknell Forest Adult social care	Review the Safeguarding Forum to ensure that it continues to meet the needs of stakeholders	A review was undertaken to seek the views of local stakeholders, and the structure of the forum has changed as a result of this, with an increase of 40% n attendance.	
Bracknell Forest Adult social care	Monitor safeguarding issues within the care home sector and provide 6 monthly reports to the Board detailing issues identified and action taken.	The board receives this report on a 6 monthly basis.	
Bracknell Forest Adult social care	Undertake research into the possible benefits of developing a model of 'family group conference' across Adult Social Care Health and Housing.	This action was changed mid year, as the department participated in the Local Government Association and Association of Directors of Adult Social Services making safeguarding personal project. The learning from the pilot project identify if there is a need for 'family group conferencing.	
Bracknell Forest Adult social care	Monitor and evaluate the advocacy contract and guidance in relation to Bracknell Forest Council's Advocacy Policy and Best Practice Safeguarding guidance.	The advocacy contract is now embedded and continues to be used appropriately. The ongoing monitoring of the contract has been mainstreamed within the department.	

Lead agency	Action	Comments	Status [2]
Bracknell Forest Adult social care and Bracknell in partnership with Bracknell and Ascot Clinical Commissioning Group	Jointly develop systems with the CCG to identify and work with providers of health and social care who are not meeting their contractual requirements for safety and welfare in order to improve the standard of support provided to local people.	The CCG is now a member of the Care Governance Board. The decisions regarding ongoing contractual arrangements with social care provided are jointly agreed and jointly implemented.	
Bracknell Forest Adult social care and Bracknell in partnership with Bracknell and Ascot Clinical Commissioning Group	Jointly monitor the number of Deprivation of Liberty (DoL) applications requested by health providers, and take action where there appears to a lower than expected number of applications by health care providers.	The number of applications are jointly monitored on a quarterly basis, with areas of concern being identified and appropriate action being taken to mitigate the identified concern	
Bracknell Forest Adult social care and Bracknell in partnership with Bracknell and Ascot Clinical Commissioning Group	Develop and deliver a Quality Assurance Programme for Adult social care and the CCG commissioned services in relation to compliance with the Mental Capacity Act.	This action has been completed and an ongoing cycle of practice audits is now undertaken.	

Lead agency	Action	Comments	Status [2]
Bracknell Forest Adult social care, in partnership with West London Mental Health Trust, and London Borough of Ealing	Develop a memorandum of understanding between Bracknell Forest Council, West London Mental Health Trust and the London Borough of Ealing in relation to the governance and management of safeguarding arrangements within Broadmoor Hospital	The tripartite agreement is now in place.	
Bracknell Forest Council Learning and Development Team	Implement the revised methodology for gathering post-training impact assessment to delegates attending levels 1, 2 or 3 safeguarding training.	The methodology has been rolled out for all adult safeguarding training. However there has been limited feedback on the impact therefore this will be further reviewed in the coming year.	
Bracknell Forest Safeguarding Adults Partnership Board	In partnership with the Local Safeguarding Children's Board (LSCB) develop a common framework for supporting the third sector to increase aware of safeguarding and further develop practice in this area.	This work has resulted in an ongoing programme of engagement work with the voluntary sector via Bracknell Forest Voluntary Action. There is now a 6 monthly forum where strategic safeguarding issues are discussed and resolved.	
Bracknell Forest Safeguarding Adults Partnership Board	Disseminate relevant guidance on the Disclosure and Barring service to all relevant local organisations	A briefing session was held to inform local stakeholders on the disclosure and barring service and its implication for local employers.	
Bracknell Forest Safeguarding Adults Partnership Board	Monitor local responses to the learning from the winterbourne view serious case review and the learning from the Francis report.	The board has received regular reports from the CCG on the implementation of the local winterbourne view action plan.	

Lead agency	Action	Comments	Status [2]
Bracknell Forest Safeguarding Adults Partnership Board	Review the Safeguarding Adults Partnership Board's structures, function and membership in light of the Care Bill and the proposed statutory nature of the Board.	Given the proposed legal changes to the work of the adult safeguarding, the board has taken the decision to carry this action over until 2014/2015.	
Bracknell Forest Safeguarding Adults Partnership Board	Fully implement the Safeguarding Empowerment Strategy to enable people to safeguard themselves and feedback on people's experiences of the process	The strategy has now been fully implemented. See section 13 for further details.	
Royal Berkshire Fire and Rescue service	Continue to make improvement in the use of Mosaic data and similar risk profiling tools, to better identify adults at risk.	Further analysis of the incidents of fire identified some groups that were possibly not being reached by other campaign and Prevention activity (Social Media, School Education Programmes). The mosaic profiles of these three groups (childless new owner occupiers/young singles/often indebted families) were added to the Home Fire Safety Check mosaic profile lists provided to Station crews.	
Royal Berkshire Fire and Rescue service	Embed understanding of mental capacity and consent more widely.	The RBFRS Safeguarding micro-site now includes a training animation explaining 'Consent to Share'. Progress has been made in identification of specific roles that require specialised training, including understanding of mental capacity. The appointment of a new Information Manager has allowed for development of the understanding of Information Sharing and the value of Information Sharing protocols to support this.	

Lead agency	Action	Comments	Status [2]
Royal Berkshire Fire and Rescue service	Ensure that all prevention developments are subject to Integrated Risk Management Plan review and confirmation of managerial appointments.	The planned full IRMP review of the Prevention department's work did not impact on the department as anticipated. Managerial appointments have been made. As a result of the appointment of a new Chief Fire Officer and new Area Manager for Prevention and Protection a review of the organisational vision and departmental strategy is taking place ensuring that the profile of Adult Safeguarding is enhanced internally and externally.	
Thames Valley Police	Increase training for frontline officers in identifying adults at risk, ensuring that investigations are conducted in a timely fashion.	All local officers have now received Adult Safeguarding training	
Thames Valley Police	Further training for officers within DAIU dealing with Safeguarding incidents	A training session was held for DAIU officer within the year. The session focused on multi agency practice and process within adult safeguarding assessments/investigations	
Thames Valley Police	Ensure investigating officers understand their obligations in updating the adult victim, or agency responsible for an adult at risk or other responsible party acting in the best interests of the adult. Further improvements in information sharing.	Training has been provided to officers in relation to this, this has resulted in much improvement in this area of practice.	
Thames Valley Probation Trust	A review will be undertaken on the referrals made to Divert scheme to ensure that they best practice is being implemented and that the right interventions are offered.	No update has been provided by the trust; it is therefore assumed that this action has not been completed.	

Lead agency	Action	Comments	Status [2]
West London Mental Health Trust	Continue the development and implementation of the Mental Capacity Assessment tool that takes account of 'situational' capacity. This will be accompanied by a protocol to assist clinicians and practitioners within the hospital. The protocol will be submitted to the Board for comment.	This work was completed, and is now operational within the SW team and will be rolled out across the trust during 2014/2015	
West London Mental Health Trust	Detailed Mental capacity will be developed and provided to all staff whose role it will be to undertake capacity assessments.	This work has been completed and rolled out across the SW department. Fully implementation will happen across the trust in 2014/2015.	
West London Mental Health Trust	Develop a safeguarding link within categories of security information reports which are intelligence rather than incident based.	This work has been completed and is now operational	
West London Mental Health Trust	A large Trust-wide conference concerning Safeguarding Adults has been planned for 17 May, and will include presentations about the Francis Inquiry and Winterbourne View.	The conference took place with key stakeholders in attendance.	

Lead agency	Action	Comments	Status [2]
West London Mental Health Trust	Continue to work with the Department of Health investigation team into the past behaviours of Jimmy Saville and are providing reassurance that the procedures for safeguarding adults and children and the recruitment of volunteers is now robust in relation to safeguarding.	The trust continues to actively engage in this work.	

	East Berkshire wide developments		
RBWM will (in conjunction with Slough BC and BFC)	Review the delivery of level 2 and 3 adult safeguarding training.	In conjunction with Slough BC these courses have been re-designed and have been successfully piloted within the year. RBWM took the decision to continue with the previous course content and structure.	
Slough Borough Council will (in conjunction with RBWM and BFC)	Further develop and implement shared principles to managing quality in the care market across the east of Berkshire.	This work stream has now been merged with the work of the NHS Area team on the quality of the care home market.	
Bracknell Forest Council (in conjunction with SBC and RBWM)	Refine the east of Berkshire performance scorecard to incorporate baseline performance indicators where appropriate.	Due to a lack of engagement from partner's agencies across the East of Berkshire, it has not been possible to undertake this work. It was therefore decided not to proceed with this action and for performance information to continue to be monitored at a local rather than east Berkshire level.	Action ended

7. Bracknell Forest Safeguarding Adults Forum

7.1 The Forum meets on a quarterly basis and is an information sharing and consultation Forum, which ensures that local stakeholders are engaged in the safeguarding agenda. The Forum has been in operation for four years, and during the period of this report a review was undertaken with stakeholders regarding how the Forum can best meet the needs of stakeholders.

7.2 70 people have attended the group over the past year including representatives from:-

- People who use local services
- Bracknell Forest Council
- Care Home providers
- Domiciliary Care agencies
- Advocacy organisations
- Thames Valley Hospice
- Independent Hospitals
- Berkshire Healthcare NHS Foundation Trust
- Thames Valley Police

The Forum was reviewed in the first quarter of the year, with feedback being received from local stakeholders. The feedback has been incorporated into the structure of forum meetings; this has resulted in an increase of 40% in attendance compared to previous years.

Speakers at the forum have included:-

- The Safeguarding Adults Development Workers who have updated the forum on the making safeguarding personal project and its outcomes.

- Local advocacy providers (Just Advocacy and POhWER, the IMCA provider) spoke about the different types of advocacy service they provide to Bracknell Forest residents.

- The Head of the Drug and Alcohol Action Service who came and updated the forum on the work the services and how it support people with alcohol and or substance misuse issues.

- The Assistant Team Manager from the Older People and Long Term Conditions team spoke about the use of assistive technologies and how this can be used to prevent harm.

- The Head of Adult Safeguarding and Practice Development has updated on the Care Bill.

8. Care Governance Board (CGB)

8.1 Bracknell Forest Council's adult social care department have an established approach to monitoring the quality of care and support (Care Governance) arrangements it directly provides or commissions from the private independent or voluntary sector. A key element of the approach is the Care Governance Board. Annex C provides further detail on the work of the CGB.

8.2 A representative from the Clinical Commissioning Group attends CGB to ensure that information and decision making regarding the quality of care and support available to local residents is shared across both health and social care commissioners.

8.3 The CGB continues to provide 6 monthly reports to the Safeguarding board on its work and any trends or themes regarding the quality of the local social care market.

9. Links to associated safeguarding groups and forums

9.1 One of the key aims of the board is to ensure that Adult Safeguarding is truly 'everybody's business' therefore to enable this to happen it is important that the safeguarding 'agenda' is embedded into other key strategic and operational work.

9.2 Annex D sets out the key linkages between the work of the board and other key partnerships.

10. Training

Table 1

Course	Total attendance (of which - PIV)	Places available
Safeguarding level 1	262 (110)	300
Safeguarding level 2/3 combined	58 (17)	70
Safeguarding Best Practice Seminars	133 (25)	160
Introduction to Domestic Abuse	22 (19)	36
Mental Capacity Act Master class	59 (18)	60
MCA and DoLS Refresher	36 (21)	45
MCA/DoLS half day	110 (29)	120

10.1 During 2013/2014 the Learning and Development team have attempted to seek from delegate's managers the impact of their staff attending safeguarding training. The response rate has been disappointingly low (7% for staff attending level 1 and 5% for staff attending levels 2 and 3). Therefore the current approach will be reviewed during 2014/2015 with a proposed new methodology being trialled.

11. Mental Capacity Act

Adult Social Care IMCA referrals

Referring Team/Service*	2012/2013	2013/2014
Mental Health – Older People	2	1
Mental Health*	2	2
Learning Disabilities	15	13
Older Persons Teams	10	6
Safeguarding	1	2
Supervisory Body, (ref. DoLS)	3	2
Total	**33**	**26**

NHS/Private Health referrals Berkshire wide

Referring Team/Service**	2012/2013	2013/2014
Continuing Health Care	1	1
Dental Services	2	1
Podiatry	1	0
Prospect Park Hospital (Provided by BHFT)	2	3
Royal Berkshire Hospital NHS Foundation Trust	3	6
St Marks Hospital	2	1
Supervisory Body (ref. DoLS)	3	0
Thornford Park Hospital (private)	1	2
Wokingham Hospital / Barkham Day Hospital	1	2
Other health setting	0	4
Total	**16**	**20**

11.1 There has been a decrease in the number of IMCA referrals made by adult social care during the year. All social care teams are aware of the specific circumstances where an IMCA referral MUST be made, however an ongoing training programme is in place to ensure staff remain aware of and put into practice, the requirements of the mental capacity act.

11.2 There was an increase in the number of IMCA referrals made by the NHS, both across Berkshire and specifically for Bracknell Forest residents (5 referrals related to Bracknell forest residents, compared to one the previous year).

* Referrals in relation to Change of accommodation, care review or safeguarding concerns

** Referrals in relation to serious medical treatment change of accommodation, Safeguarding concerns or a care review.

12. Deprivation of Liberty Safeguards (DoLS)

12.1 The safeguards apply to adults in a care home or hospital setting who lack capacity to consent to their stay in the care home or hospital in order to receive support or treatment, and whose care regime is such that it amounts to a deprivation of their liberty.

12.2 Until the recently published Cheshire West and Chester judgement handed down at the Supreme Court, there has not be a clear definition of what constitutes a deprivation of liberty. However this judgement has now provided an 'acid test' as to what circumstances constitute a deprivation of a persons liberty. This judgement is likely to see an increase in the number of DoLS applications.

12.3 Officers will develop a strategy which addresses the new demand in a planned and pragmatic way.

12.4 The Department, in its role of supervisory body for the safeguards will develop a strategy that enables it to respond to the judgement and meets is statutory responsibilities to local residents.

12.5 Further information on the safeguards and how they should be implemented can be found at
http://www.scie.org.uk/publications/ataglance/ataglance43.asp

12.6 There is a full breakdown about the number and type of DolS Application received within the year is set out in annex E

13. Safeguarding empowerment strategy

13.1 During 2011-2012 the Board developed its empowerment strategy. The strategy had two clear aims:

- To empower all Bracknell Forest residents who may be at risk of abuse or neglect (now or in the future) to be aware of their rights and where to receive help, support and advice.
- To reduce the number of repeat safeguarding referrals

13.2 The Board has now fully delivered the empowerment strategy, and full details can be found on the board's website www.bfsapb.org.uk

14. Statistical analysis

14.1 Annex E provides a detailed analysis of activity during the period of this report. However there are a number of key messages which are highlighted below.

14.2 There was a 32% increase in the number of safeguarding alerts (an alert is the first contact adult social care receives regarding the potential abuse of an adult at risk) compared to 2012/2013. This increase in regarded as positive by the Board as it has resulted in more people receiving advice, support and where appropriate safeguarding interventions that previous.

14.3 There is evidence that all local statutory agencies are raising safeguarding alerts in increasing numbers, this indicates that the east of Berkshire workforce development strategy is effective.

14.4 168 (30%) of alerts required intervention under the safeguarding procedures this was a 13% decrease on 2012/2013. The remaining alerts resulted in information, advice or signposting being given to the individual or the person was offered a supported self assessment of their social care needs.

14.5 There is evidence that adult social care are responding to safeguarding referrals in a timely manner as on 135 (80) occasions the safeguarding referral had been concluded within 60 days. There is no defined best timescale, but this is generally considered reasonable.

14.6 67 (40%) referrals were either substantiated or partially substantiated, this equates to 4% of all people who had received care and support from Adult social care at any time within the year.

14.7 On 34 (51%) occasions where abuse was substantiated or partially substantiated it took place in the person's own home, and 22 (32%) perpetrators were family members, or a neighbour/friend.

14.8 8 (5%) safeguarding referrals were repeat referral, these related to 4 people. Indicates that safeguarding responses are appropriate and he safeguarding concerns are resolved at the earliest opportunity.

14.9 There is evidence that staff who support the individual when safeguarding concerns are identified, are doing so in a way that supports the person to feel safer as 83 people (99%) who were able to communicate their views commented that they felt safer as a result of the safeguarding intervention. The one person who reported not feeling safer, choose not to follow the advice given by the social care practitioner.

14.10 The Department of Health annual survey results of people receiving support from Adult Social Care indicated the following:-

'Which of the following statements best describes how safe you feel?'

I feel as safe as I want = ***63.4%***
*Generally I feel adequately safe, but not as safe as I would like =****29.2%***
*I feel less than adequately safe =****5.6%***
*I don't feel at all safe =****1.9%***

'Do care and support services help you in feeling safe?'

*Yes =****83.8%***
*No =****16.2%***

15. Development plan for 2014 -2015

Developments	Completion date
Bracknell and Ascot Clinical Commissioning Group (CCG)	
The CCG will undertake Prevent training	TBC
The CCG will undertake FGM training	TBC
Will update its suite of policies to ensure they cover MCA/DoLS and Prevent	TBC
Maintain adult safeguarding training as 90% by end 2015	December 2015
Develop a safeguarding page on intranet which provides updates of safeguarding adult activity and policy	TBC
Develop a dashboard of safeguarding adult data for internal board reporting	TBC
Continue to work collaboratively with Bracknell Safeguarding adults board and subgroups	TBC
Extend and recruit to safeguarding team to support the safeguarding lead	TBC
Continue to support safeguarding adult updates as part of primary care training	ongoing
Berkshire Care Association (BCA)	
Safeguarding will continue to be a core theme of all provider meetings	ongoing
BCA will host a conference in Oct 2014, adult safeguarding will feature as an element of the conference agenda and workshops were appropriate.	Oct 2014

Developments	Completion date
Bracknell Forest Community Safety Partnership	
Implement the outcome of the DASC evaluation.	TBC
An additional Domestic Abuse perpetrator intervention will be developed.	TBC
The E-safety group will continue to review the training and publicity material to ensure it reflects new technologies, risks and guidance	ongoing
Bracknell Forest Council Adults Social Care, Health and Housing	
Pilot and implement the revised departmental Quality Assurance Framework.	July 2014
Implement the learning from the Making Safeguarding Personal project across the department	
Revise the mental capacity best practice guidance.	
Undertake a scoping exercise regarding the possible development of a Multi Agency Safeguarding Hub; this is a joint action with TVP.	
Review the Bracknell Forrest Safeguarding Adults Partnership Board in light of the statutory changes brought about by the Care Bill	Autumn 2014
Lead on the implementation of the operational safeguarding elements of the Care Bill	June 2014 onwards
On behalf of the Board lead on the strategic safeguarding elements of the Care Bill	June 2014 onwards
Develop a strategy jointly with CCG in response to the Cheshire and Chester West Judgement by the Supreme Court.	September 2014

Developments	Completion date
Bracknell Forest Council Learning and Development Update the East Berkshire Safeguarding Adults workforce strategy Develop a range of workshops/events to enable staff to develop a better understanding of working with people with dementia Introduction of an assessment of participants' understanding of level 1 safeguarding training undertaken. Review the current approach to measuring the impact of safeguarding training during 2014/2015 with a proposed new methodology being pilotted before March 2015.	 **June 2014** **March 2015**
Bracknell Forest Safeguarding Adults Partnership Board The Board will seek to engage with the National Probation Trust, and clarify its commitment to adult safeguarding work and the work of the board.	
Berkshire Healthcare Foundation NHS Trust Continue to explore strategies for increasing individual involvement and participation in safeguarding adults policies and procedures Work with the BHFT audit team to develop internal safeguarding audits to ensure best practice is being used To monitor training delivery and ensure that all staff are trained at an appropriate level across services Develop a Mental Health Safeguarding Adult champions group across the trust Ensure the policy is updated to reflect any local or national changes Support the delivery of the MCA and DOLS training across the trust	

Developments	Completion date
Berkshire Healthcare Foundation NHS Trust Continue to deliver HealthWRAP to identified staff groups Continue to chair the Berkshire wide safeguarding adults group	
Frimley Park NHS Foundation Trust The trust will appoint a new Safeguarding Lead for the organisation. Further training on the Mental Capacity Act to ensure the principles are embedded into practice. Full improvement plan on key aspects of training, Mental Capacity Act, Deprivation of Liberty Safeguards, and Prevent. Closer scrutiny of complaints. Implementation of the Care Act 2014 Review and update of falls prevention strategy Further increase use of hospital passports and 'This is Me'	
Heatherwood and Wexham Park NHS Foundation Trust Ensure that our staff have the required training for their specific roles Further develop and embed the framework provided by he Mental Capacity Act throughout the Trust; Develop our work with patients who may need to have restrictions and restraints on their behaviours in their best interests	

Developments	Completion date
Develop work with our health and social care partners to achieve consistency around the safeguarding thresholds, particularly in relation to care concerns and ineffective discharge Improve the content of the Intranet and Internet pages for the Trust around safeguarding	
Royal Berkshire Fire and Rescue Service (RBFR) Creation and use of a Memorandum of Understanding and Information Sharing Protocol regarding home safety checks and wider adult safeguarding issues. Confirmation of the Fire Service 'offer' will support further those at risk of and from fire.	
Thames Valley Police Undertake a scoping exercise regarding the possible development of a Multi Agency Safeguarding Hub; this is a joint action with Adult social care. Implement the refreshed domestic abuse publicity campaign	
West London Mental Health Trust (Broadmoor Hospital) To fully implement the Trust's Mental Capacity Act policy. Once this is fully operational it will be subject to evaluation and review. Further develop patient involvement in their safeguarding process as well as consultation within any associated areas of policy development Provide Carer Safeguarding training, the first session scheduled for May 2014. The Trust will implement PREVENT training and will employ a full time Named Practitioner for Safeguarding Adults and a full time Safeguarding Adult Advisor / Trainer.	

Annex A

BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ATTENDANCE 2013 - 2014[3]

Organisation	2011/12 attendance	2012/13 attendance	2013/14 attendance	2013/14				
				13/05/13	17/07/13	18/09/13	18/11/13	24/03/14
LSCB	0%	50%	40%	P	A	A	P	A
South Central Ambulance Service	0%	0%	0%	DNA	DNA	DNA	A	DNA
Heatherwood & Wexham Park NHS Foundation Trust	0%	0%	40%	DNA	A	DNA	P	P
Bracknell Forest Council – Learning and Dev[t]	25%	50%	80%	P	P	A	P	P
BFC - Housing Strategy & Needs	25%	33%	100%	P	P	P	P	P
W. London Mental Health Trust (Broadmoor Hospital)	25%	67%	40%	A	A	P	A	P
NHS Berkshire	50%	32%	N/A	N/A	N/A	N/A	N/A	N/A
Thames Valley Probation Trust	50%	33%	40%	A	A	P	A	P
Berkshire Care Association	75%	67%	60%	P	A	P	P	A
Berkshire Healthcare NHS Foundation Trust	75%	83%	60%	P	P	A	P	A
Director of Adult social care - BFC	75%	67%	100%	P	P	P	P	P
Bracknell Forest Council - Community Safety Team	75%	83%	100%	P	P	P	P	P
Thames Valley Police	75%	67%	80%	P	P	A	P	P
Bracknell Forest Council – Legal Service	75%	33%	60%	P	DNA	P	DNA	P
Bracknell Forest Council – Adult social care	100%	100%	100%	P	P	P	P	P
Frimley Park Hospital	N/A	33%	80%	P	P	P	A	P
Bracknell and Ascot CCG	N/A	100%	80%	P	P	P	DNA	P

[3] **Key DNA** - Did Not Attend, no Apologies received **A** - Apologies received in advance of meeting, **P** – Present at meeting, **N/A** – Not applicable as organisation not on Board at that time.

Making Safeguarding Personal - Practice example

Joyce is a 55 year old woman who lives alone. Joyce has sight loss and requires some support with tasks around the house. Joyce had been experiencing issues with her neighbour, who had been asking her to lend him money.

Joyce reported this to her social care practitioner, and indicated that this had been happening for several years, and that she doesn't feel she can say no to him. However Joyce said she didn't want 'anything to be done' as he was 'very kind' and visit her 2-3 times a week and didn't want him to stop visiting her.

Following a discussion between the practitioner, the designated safeguarding manager and Joyce the following was agreed.

1. The practitioner and Joyce would talk thought her options i.e. informing the police, talking with her neighbour and explaining that she couldn't lend him money or the practitioner talking to the neighbour on Joyce's behalf.

2. The Council would take no action on this without Joyce's permission unless either of the following applied:

    - The neighbour posed a threat to others

    - It was in the public interest.

Following further discussion between the practitioner and Joyce, Joyce said that she would like to speak with her neighbour on her own, but she wasn't sure how to start the conversation. Therefore the practitioner provided Joyce with some coaching about how she might start the conversation and what she wanted to get out of it. Joyce then felt able to talk with her neighbour about the issues. Whilst the neighbour was initially defensive, saying that he would never pressurise her to give him money, after a day or so he reflected on what Joyce had said to him and he visited her again to apologise for putting Joyce in the position where she didn't feel she could say no to his request.

Following on from this Joyce talk to him about her experience of sight loss and why this had affected her confidence and self esteem. Although Joyce reports that her relationship with her neighbour is 'a bit fragile' since she talked to him he is still visiting her and hasn't asked her for money since she spoke with him.

When a member of the safeguarding team meet with Joyce to talk with her about her experience and view of the safeguarding practice, she said that she felt she was listened too and that we wouldn't do anything unless she said we could. However she was anxious about meeting the practitioner and the designated safeguarding manager.

Care Governance Board

The Council's Care Governance Board meets monthly to share, discuss and agree actions in relation to information received both internally and externally regarding providers of services. The Board receive information from a range of sources including:

- CQC reports and regulatory letters/information
- Other Local Authorities
- Safeguarding Alerts and or referrals
- Requests and authorisations for deprivation of liberty safeguards
- Quality assurance visits completed by Adult social care Contracts team
- NHS partners
- Providers of services

The Board considers each 'referral' on its own merits and decides what action, if any, is required. Where appropriate an action plan will be developed in partnership with the provider that identifies the actions required and the timescales for completion. The Board also decides on the level of concern against the criteria detailed below.

A **red flag** indicates a possible high risk to people using that service and no new packages will be commissioned whilst the concerns are being resolved. All individuals receiving support via BFC will be reviewed, and other relevant local commissioning organisations (Local Authorities and NHS) informed. A robust action plan will be developed with the provider and monitored.

An **amber flag** indicates a medium risk and will indicate that there is a robust action plan and monitoring regime in place. The commissioning of packages may be agreed after a risk management plan has been completed. As with services where the degree of caution necessitates a red flag, action plan updates and review outcomes will be shared at Care Governance Board and decisions made as to caution status.

A **green flag** indicates a low or no risk and will be given when the Chief Officer and Care Governance Board are satisfied that all quality issues and concerns have been addressed. All service providers where there have been no concerns will automatically have a green flag status.

Links to associated safeguarding groups and forums

Multi Agency Risk Assessment Conference (MARAC)

A MARAC is convened on a monthly basis and is chaired by Thames Valley Police; a range of statutory partners attend the MARAC. The MARAC is focused on supporting high risk victims of Domestic Abuse, and reducing repeat incidents of domestic abuse. The MARAC follows the guidance set out by the Coordinated Action against Domestic Abuse (CARDA) and the Association of Chief Police Officers (ACPO)

During 2011-2012 there were1641 reported incidents of domestic abuse in Bracknell Forest of these 662 were repeat incidents (these figures have been produced by the Community Safety Partnership). Plans are in place to reduce the number of repeated incidents of domestic abuse by 2% by 31st March 2013 (compared to 31st March 2012). It should be noted that these figures are for all incidents of domestic abuse not just incidents where an adult at risk (Berkshire Safeguarding procedures definition) is the victim.

Multi Agency Public Protection Arrangements (MAPPA)

MAPPA are established by statute and have clearly defined responsibilities The MAPPA focus is on the management of registered sex offenders, violent and offenders who pose a serious risk of harm to the public. Adult Safeguarding is represented at the MAPPA to ensure that where appropriate offenders who may pose a risk to vulnerable members of our community are identified and management plans put in place.

Domestic Abuse Forum

The focus of the Domestic Abuse forum is to increase public awareness and improve services to those experiencing domestic abuse. This will include adults at risk. The Forum comprises local partner agencies, both statutory and voluntary sector.

South East regional Safeguarding Network

The network is part of the Association of Directors of Adult Social Services (ADASS) policy network. The regional safeguarding network aims to both influence and learn from national policy developments. Over the past year ADASS has reviewed its policy networks and the safeguarding regional network has become more focused on working collaborative with other policy networks (most notably personalisation and commissioning) to work on cross cutting issues and therefore mainstreaming safeguarding activity into other ADASS policy areas to achieve the best outcomes for people using social care services.

Berkshire Safeguarding Policy and Procedures

In June 2010 the Berkshire Safeguarding Policy and Procedures went live ‘on line’. The on line version is provided by Tri-X. Bracknell Forest hosts the contract for the 4 Adult Safeguarding Boards of Berkshire. The procedures are now more accessible to practitioners, providers and members of the public. There is an editorial group in place that ensure the procedures are updated every 6 months

The procedures are available via this hyperlink
http://berksadultsg.proceduresonline.com/index.htm

Local Safeguarding Children's Board (LSCB)

The Adult Safeguarding Partnership Board is represented on the Local Safeguarding Children's Board via the Head of Adult Safeguarding. The two Boards have identified areas of commonality and the Board continues to be represented on the LSCB raising awareness sub group. The aim of this collaboration is to ensure that clear messages about the safeguarding of both children and adults at risk are disseminated to all local stakeholders appropriately.

http://www.bracknell-forest.gov.uk/safeguardingchildrenboard

Detailed statistical analysis of safeguarding activity during 2012/2013

1. Introduction

1.1 Alerts are defined as a concern that an adult (who is in need of care or support) may have been, is, or might be, a victim of abuse. Not all alerts will require intervention under the safeguarding procedures. Where an alert does not require intervention under the safeguarding procedures, support, advice and or signposting will be given to the person making the referral.

2. Alerts

Number of all alerts and number of all referrals for Bracknell in 2013/14

2.1 During 2013/2014, Bracknell Forest Council received 562 safeguarding alerts; this was an increase of 32% compared to 2012/2013. Whilst it is not possible to say what has contributed the increase, there continued to be an increase in alerts raised by Thames Valley Police (42% increase) and Berkshire Healthcare Foundation NHS Trust (40% increase), both of whom continue to undertake a significant amount of staff training. The increase in alerts is seen by the Board as a positive as it gives agencies the opportunity to provide information and advice and where appropriate support to adults at risk, who might not otherwise have received it.

2.2 Table 1 identifies that 168 (30%) of the alerts received during the reporting period met the threshold for intervention under the safeguarding procedures; this is a 13% decrease on 2012/2013. The decrease is thought to be attributed to the revised safeguarding training for staff that conduct safeguarding assessments and those who are designated safeguarding managers, which has focused on providing person centred and proportionate responses to safeguarding alerts.

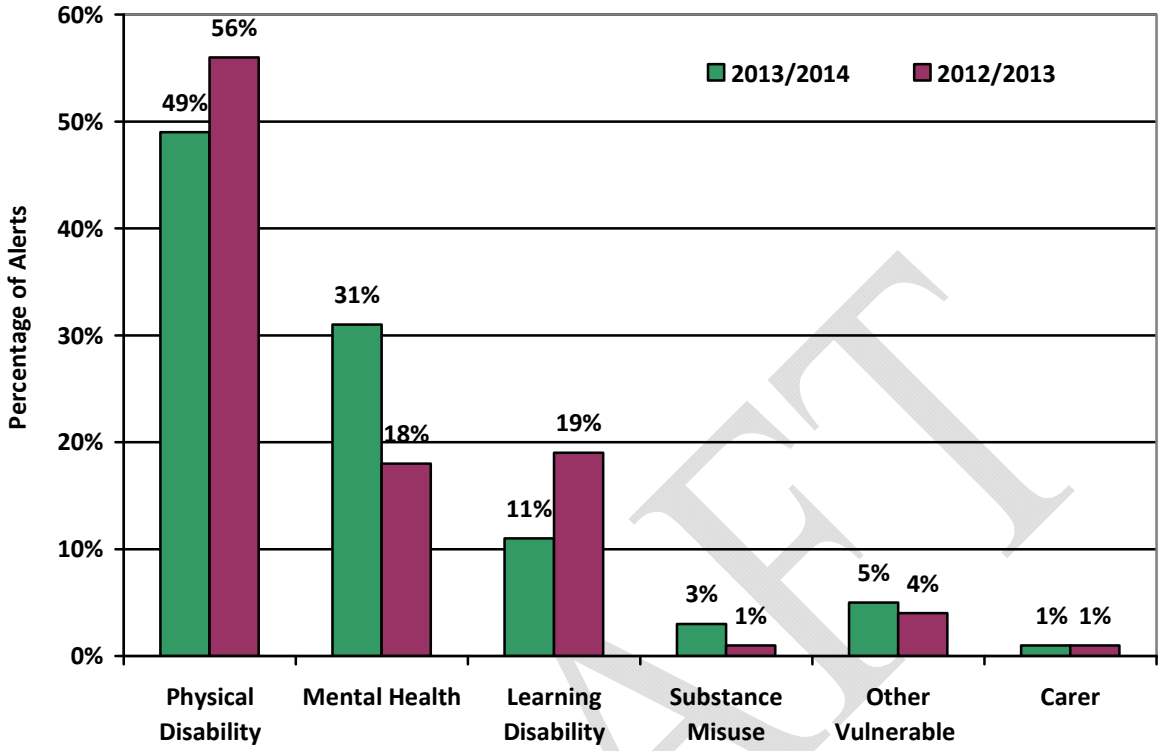
Table 1	**12 / 13**	**13 / 14**
Alerts	452	562
Referrals	181	168

2.3 Chart 2 identifies the percentage of all alerts by care group. The care groups that have seen the largest increase in the number of alerts was Mental Health (+13%); this is as a result of a tailored training package for staff working within the community mental health team and the community mental health team for older adults. Monthly monitoring takes place within adult social care to ensure that any changes in trend are identified and where necessary appropriate action is taken.

(Note: "Physical Disability" includes Older People who are physically frail, Mental Health includes older people who have Dementia)

Chart 2

Percentage of all Alerts by care group for 2013/14 compared against 2012/2013



2.4 Table 3 identifies the number of and percentage of alerts that required intervention under the safeguarding procedures and therefore progressed to a safeguarding referral by Care Group.

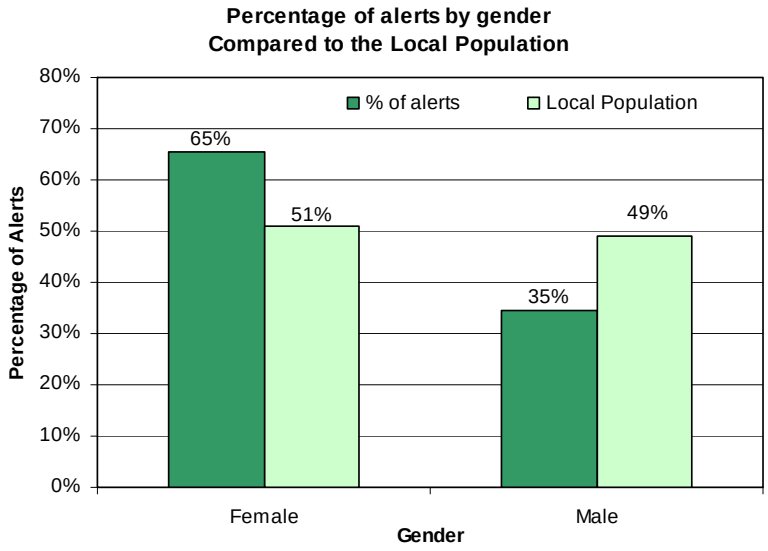
2.5 Given the small numbers of safeguarding referrals within each group caution should be used when analysing any variations in the percentage of alerts to referral. Analysis is undertaken on a monthly basis to identify any variance and to understand if this is appropriate. The analysis undertaken during the 2013/14 has not identified any areas of concern.

Table 3	Number of alerts	Number progressed to Referral	percentage
Physical Disability	239	104	44%
Mental Health	77	29	38%
Learning Disability	82	45	55%
Substance Misuse	6	0	0%
Other Vulnerable	18	2	11%
Carer	3	1	33%
Total	**562**	**181**	**32%**

2.6 Chart 4 identifies the percentage of all alerts received by gender and compares this to the gender profile in the Borough. The tables identifies that women are over represented compared to the overall population, however given the majority of safeguarding alerts relate to older people (56%) and locally there are higher numbers of women than men supported by Adult Social Care.

Chart 4

Percentage of alerts received in Bracknell in 2012/13 by gender. Compared to the gender profile of the local population – taken from ONS 2011 Mid-Year Estimates



2.7 Table 5 identifies that the three main statutory agencies within Bracknell Forest, in safeguarding terms (Adult social care, the NHS and Thames Valley Police) raised 380 alerts (68% of the total). This suggests that the training that these organisations have undertaken in the last year has had a positive impact. Furthermore 107 alerts (19%) came from members of the public (self referral, family, friends etc).

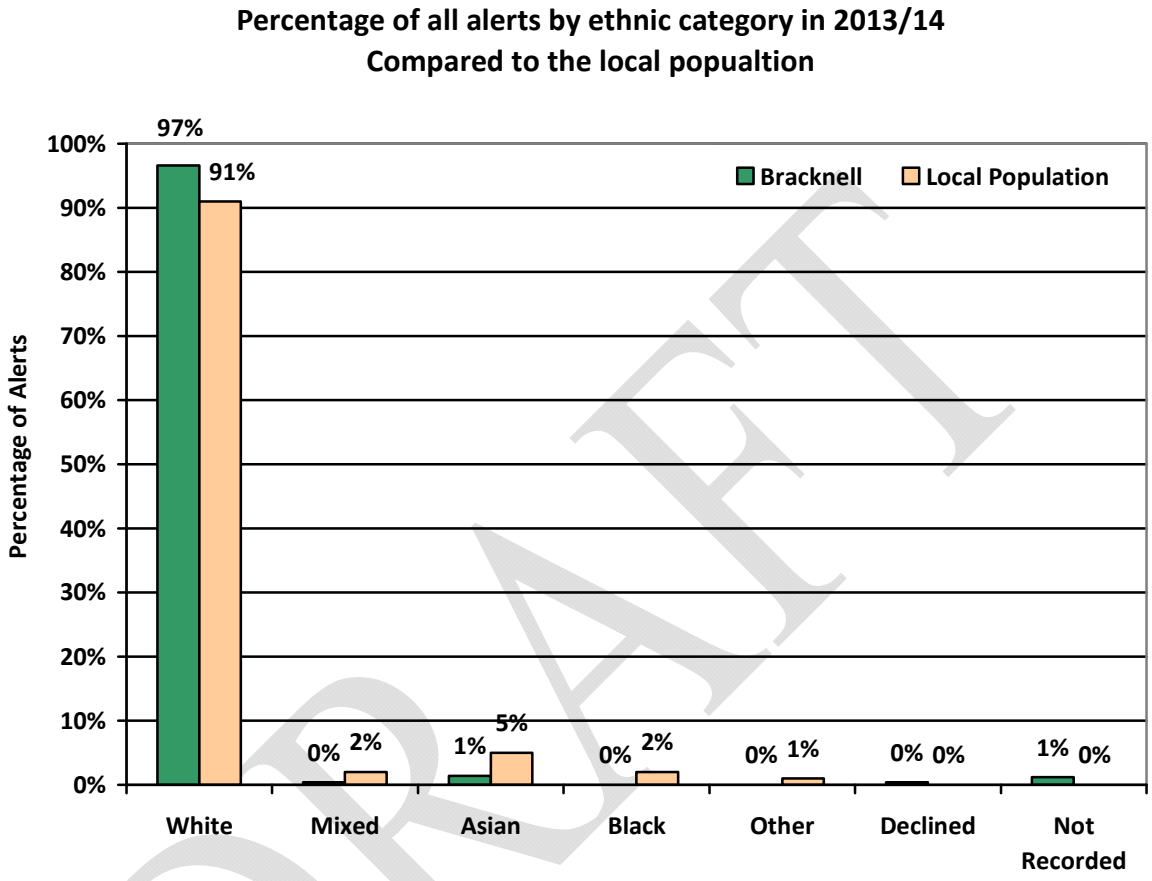
2.8 With regard to the percentage of alerts that progress to referral, again the three main statutory agencies contribute to 51% of this total with members of the public contributing 33% to the total.

2.9 Where an alert does not meet the threshold for intervention under the safeguarding procedures, support and advice will be offered to the person raising the alert and where appropriate the individual at the centre of the alert will be offered an assessment of their social care needs.

Table 5	**No. of Alerts (% of all alerts)**	**Number of referrals (% of all)**	**%ge of alerts progressing to referral**
Education / Training / Workplace	1 (0%)	0 (0%)	**0%**
Family Member	57 (10%)	34 (20%)	**60%**
Friend / Neighbour	5 (0.8%)	1 (0.6%)	**20%**
Health Staff	160 (28%)	36 (21%)	**23%**
Housing	5 (0.8%)	3 (2%)	**60%**
Other i.e. leisure services, probation,.	66 (12%)	21 (13%)	**32%**
Another Adult at Risk	3 (0.5%)	2 (1%)	**66%**
Police	75 (13%)	4 (2%)	**5%**
Self Referral	45 (8%)	21 (13%)	**47%**
Social Care Staff	145 (26%)	46 (27%)	**32%**
Total	**562**	**168**	

2.10 Chart 6 compares the ethnicity of people who were the subject of a safeguarding alert compared with the local population. The figures identify that the ethnicity of those subject to an alerts are broadly in line with the local population. However during the coming year the board will engage with local community groups to ensure that safeguarding messages are accessible to all local communities.

Chart 6



	Bracknell	Local Population
White	97%	91%
Mixed	0%	2%
Asian	1%	5%
Black	0%	2%
Other	0%	1%
Declined	0%	0%
Not Recorded	2%	0%
Total	**100%**	**100%**

3. Repeat Referrals

3.1 Table 8 identifies that only 5% of referrals are repeat referrals (where the person concerned has two or more safeguarding referrals about their circumstances within the year). An analysis of the 8 repeat referrals (relating to 4 people) indicated that the subsequent issue could not have been predicted.

Table 8	**2012/13**	**2013/14**
Number of referrals	168	
Number of repeats	8	
Bracknell Total	**5%**	**7%**

3.2 Table 9 identifies the percentage of people subject to a safeguarding referral who where previously known to Adult social care at the time of the referral. The information indicates that 146 (87%) people were already known or had been previously known to adult social care at the time of the safeguarding referral.

Table 9

Number of Referrals	168
Previously known to BFC (at any time prior to the safeguarding referral)	146
Bracknell	**87%**

4. Outcome of the safeguarding assessment

4.1 Table 10 identifies that:

- 67 (47%) safeguarding assessments concluded that abuse was substantiated or partially substantiated.
- This is broadly in line with the previous year where 70 (39%) of safeguarding assessment concluded that abuse was substantiated or partially substantiated.
- There were 46 (32%) referrals where abuse was not substantiated compared to the previous year when 65 referrals (38%) were not substantiated.
- 7 individuals requested that the safeguarding assessment cease before it had been completed therefore it was not possible to determine if the alleged abuse was substantiated or not.
- There remain a small number of referrals (21) that have not been concluded yet which is why this table does not total 168. It should be noted that adult social care staff use the balance of probabilities when deciding the outcome.

Table 10 - Outcomes	Physical Disability	Mental Health	Learning Disability	Other Vulnerability	Carer	**TOTAL**
Substantiated	21	13	7	0	0	**41**
Partially substantiated	15	8	3	0	0	**26**
Not substantiated	20	21	3	2	0	**46**
Inconclusive	16	4	5	1	1	**27**
Ceased at Individuals Request	2	2	3	0	0	**7**
TOTAL	**74**	**48**	**21**	**3**	**1**	**147**

5. Detailed analysis of outcomes where abuse was substantiated or partially substantiated

5.1 Table 11 and identifies that on 51% of occasions where abuse was substantiated or partially substantiated, this took place in the person's own home. There was an increase in the number of substantiated or partially substantiated safeguarding concerns relating to provision within a care home or a care home with nursing, this increase relates to three providers, who have been supported via the Council's care governance procedures. It should be noted that the 21 people living in a care home setting where abuse was substantiated or partially substantiated account for 5% of all people in residential or nursing home care in the borough.

5.2 It should be noted that during the year the only hospital in the Borough closed. Alerts and referrals for abuse in hospitals located elsewhere – even for a Bracknell Forest resident – are investigated locally, and therefore are not reported here. Arrangements will be made to ensure that future reporting includes alerts and referrals for Bracknell Residents from hospitals where they were investigated elsewhere.

Table 11	**Totals for 2012/2013**	**Total for 2013/2014(%)**
Alleged Perpetrator's Home	**4 (6%)**	**4 (6%)**
Care Home	**5 (7%)**	**13 (19%)**
Care Home with Nursing - Permanent	**6 (9%)**	**8 (12%)**
Hospital	**0**	**1 (1%)**
Other	**4 (6%)**	**6 (9%)**
Own Home	**45 (64%)**	**34 (51%)**
Public Place	**6 (9%)**	**0**
Supported Accommodation	**1 (1%)**	**1 (1%)**
Total	**70**	**67**

6. Relationship between the adult at risk and perpetrator

6.1 Table 12 shows that:

- In 22 (32%) occasions the person who caused harm (where this was substantiated or partially substantiated) was either the partner, family member or a neighbour/friend of the individual.
- In 25 (36%) occasions the person who caused the harm was a member of the health or social care workforce. However it should be noted the Bracknell Forest Council supports approximately 1500 people with social care needs at any one time.
- The remaining 23 (32%) occasions the person who caused the harm with either another adult in need of care or support, a stranger, another worker (i.e. housing officer, volunteer etc).

Table 12	Total (%) 2012/2013	Total (%) 2013/2014
Health Care Worker	6 (9%)	8 (11%)
Neighbour / Friend	5 (7%)	6 (9%)
Not Known	3 (4%)	2 (3%)
Other	11 (16%)	14 (20%)
Other Family Member	13 (19%)	13 (19%)
Other Professional	5 (7%)	4 (6%)
Other Adult in need of care or support	3 (4%)	2 (3%)
Partner	7 (10%)	3 (4%)
Social Care Staff	14 (20%)	17 (25%)
Stranger	3 (4%)	0 (0%)
TOTAL	**70**	**69**

7. Category of abuse where the outcome was substantiated or partially substantiated

7.1 Due to the low number of substantiated and partially substantiated referrals it is not possible to provided detailed analysis of themes and trends. However, neglect is the highest represented category followed by physical and financial abuse. It should be noted that an individual may be subjected to more than one type of abuse.

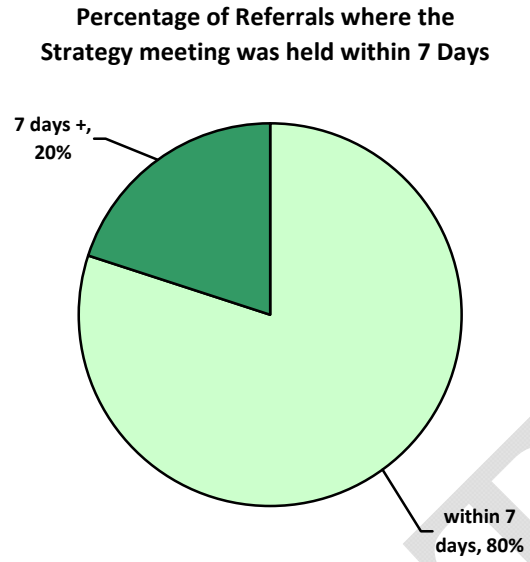
***Please note**: More than one category of abuse can be alleged/recorded for the same referral*

Table 13	Total (%) 2012/2013	Total (%) 2013/2014
Neglect	36 (39%)	38 (44%)
Discriminatory	1 (1%)	1 (1%)
Institutional	0 (0%)	2 (2%)
Physical	18 (19%)	18 (21%)
Sexual	4 (4%)	0 (0%)
Emotional	17 (18%)	10 (11%)
Financial	17 (18%)	18 (21%)
Total	**93**	**87**

8. Timeliness of response

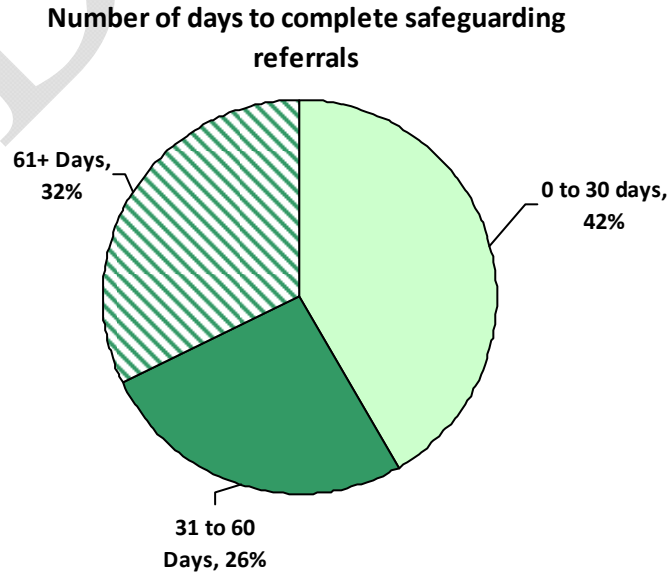
8.1 Whilst it will not always be possible for a strategy meeting to be held within 7 calendar days due to a number of factors: (availability of the individual, or practitioners, police investigation etc) it is pleasing to see that Chart 16 identifies that 80% of strategy meetings were held within 7 calendar days. The remaining 20% were held at the earliest opportunity and all within 20 calendar days. All necessary safeguarding measures will be put in place ahead of any strategy meeting.

Chart16



8.2 Chart 17 identifies the length of time it takes to conclude the safeguarding assessment. Whilst there is no national baseline to compare local practice to, it is best practice to conclude the safeguarding assessment at the earliest opportunity, taking account of the individual's wishes, any reliance on pattern agencies in the completion of the assessment, criminal or civil proceeding etc. In 101 (69%) occasions the safeguarding referrals were completed within 60 days of the alert being raised. The remaining assessments were unable to be completed within 60 days due to one of more of the following: awaiting criminal or civil investigation, waiting for the employer to conclude a management investigation, the individual requires further time to fully engage in the safeguarding assessment. All safeguarding referrals that took longer than 60 days have been reviewed. The review confirmed that the referral was completed at the earliest opportunity. Furthermore it should also be noted that as the department now has a greater emphasis on personalising the safeguarding responses this has resulted in a lengthening of the time from referral to conclusion due to ensuring the approach is moving at the individual's pace.

Chart 17



8.3 Table 18 identifies that on 541 (96%) safeguarding alerts received since 1st April 2013 have been concluded within the year.

Table 18

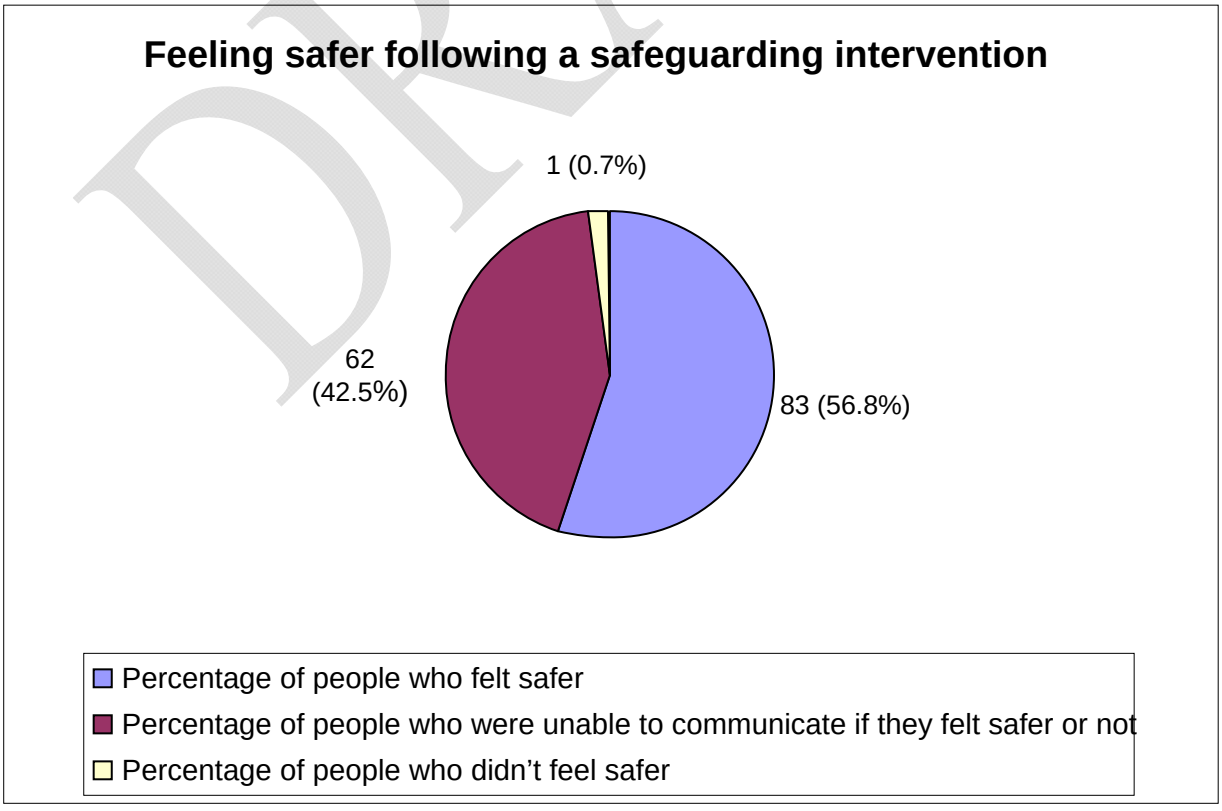
Number of alerts received	562
Number completed in year	541
Percentage	**96%**

9. Qualitative feedback

9.1 In order to have a rounded view of performance and practice in adult safeguarding work, it is important to use qualitative information in addition to quantitative information. Therefore adult social care has developed a questionnaire which people are supported to complete (if they wish to), to identify their views on the practice of staff within the department. The following three qualitative data sets are the pertinent outcomes' of the questionnaires.

9.2 Chart 19 shows that 99% of people (83 people) subject to a safeguarding referral (regardless of outcome) and who were able to comment, stated that they felt safer as a result of the intervention. 62 (42%) people were unable or unwilling to communicate their views. Where a person was unable to communicate their views the practitioner has worked with a family member, advocate or IMCA to ascertain the views, however that person would not have been able to indicate if the person felt safer or not. One person reported not feeling safer as a result of the safeguarding intervention and chose not to take the advice and support provided by the social care team.

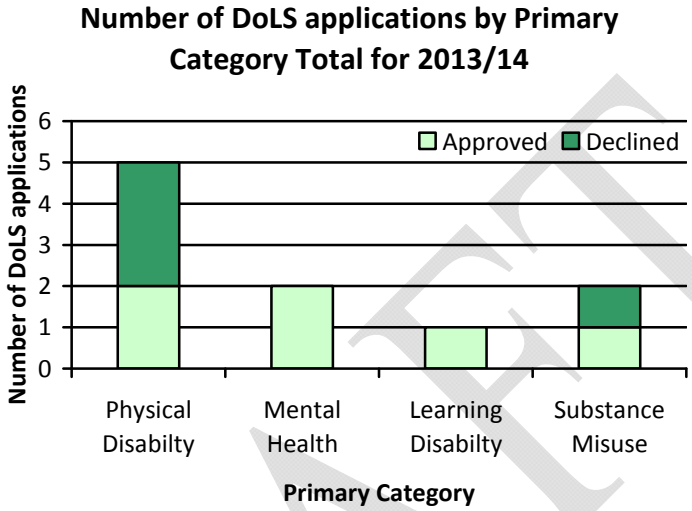
Chart 19



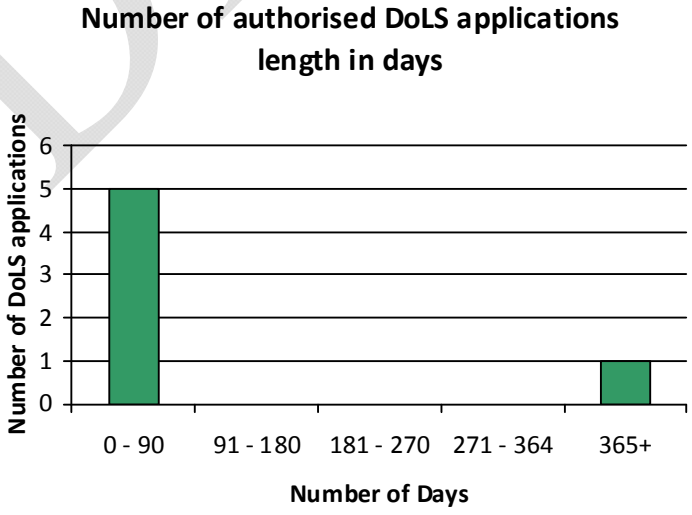
10 Deprivation of Liberty Safeguards (DoLS)

10.1 There was a 58% decrease in the number of DoL applications received during 2013/2014 compared to the previous year. This is attributed to a number of key court of Protection/ Court of Appeal judgements, which altered the definition of what circumstances may amount to a Deprivation of a person liberty.

10.2 Chart 20 shows that 5 (50%) of applications related to an individual whose primary need for support was due to a physical disability. However each person also had a diagnosis of dementia as did the three people within the Mental Health care group. Therefore dementia was a contributing factor in 9 (90%) of applications.



10.3 Chart 21 identifies the length of time the DoLS authorisation was granted for. The DoLS code of practice states that the authorisation should be granted for the shortest time possible and that the managing authority (care home) should work toward reducing the restriction on the person where ever possible. It is therefore practice within the department to give consideration to a short authorisation following an initial application and work with the home to see if the restriction can be removed within the timeframe of the authorisation. However on some occasion this is not possible and a longer authorisation is required to ensure the safety and welfare of the individual.



10.4 At the 31st March 2013 there were 2 people subject to a deprivation of liberty authorisation, granted by Bracknell Forest Council.

Unrestricted

TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
16 SEPTEMBER 2014

CHANGES TO REGULATION AND INSPECTION OF ADULT SOCIAL CARE APRIL 2015
Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

1.1 To inform members of the Overview and Scrutiny Panel of the changes to Regulation and Inspection of Adult Social Care Registered Services. The new standard regulations – the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – will come into force for all providers on **1 April 2015**, subject to Parliamentary process and approval.

2 RECOMMENDATION

2.1 That Members note the changes.

3 REASONS FOR RECOMMENDATION

3.1 The Care Quality Commission (CQC) set out a new vision and direction in their strategy for 2013-2016, *Raising standards, putting people first*, and in their consultation, *A new start,* which proposed radical changes to the way they monitor, inspect and regulate health and social care services.

3.2 The inspection will be moving away from outcome based assessment to focussing on quality of care for individuals and through greater emphasis on leadership driving effective performance and quality.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None

5 SUPPORTING INFORMATION

5.1 The proposals reflect the findings and recommendations of a number of reviews and reports that followed a range of care scandals, including, the report into failings at Winterbourne View, the Francis Inquiry in to Mid Staffordshire NHS Trust, the Cavendish report in the non-professional workforce, the Berwick review of safety in the NHS and the review of NHS complaints procedures.

5.2 Regulated Activities are as follows:

- Personal Care
- Accommodation for person who require nursing or personal care
- Accommodation for persons who require treatment for substance misuse
- Accommodation and nursing or personal care in the further education sector
- Treatment of Disease, disorder or injury

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Surgical procedures
- Diagnostic and screening procedures
- Management of supply of blood and blood derived products
- Transport services, triage and medical advice provided remotely
- Maternity and midwifery services
- Termination of pregnancies
- Services in slimming clinics
- Nursing care
- Family Planning services

5.3 Bracknell Forest Council registered services include:

- The Bridgewell Centre
- Heathlands Residential Home
- Waymead short term care
- Community Intermediate Care

5.4 There are 11 new regulations that set out the fundamental standards of quality and safety. These replace the current 16 regulations.

Current Regulations	**New Regulations**
Care and welfare of services	Person-centred care
Assessing and monitoring the quality of service provision	Dignity and respect
Safeguarding service users from abuse	Need for consent
Cleanliness and infection control	Safe Care and treatment
Management of medicines	Safeguarding service users from abuse
Meeting nutritional needs	Meeting nutritional needs
Safety suitability of premises	Cleanliness, safety and suitability of premises and equipment
Respecting and involving service users	Receiving and acting on complaints
Consent to care and treatment	Good governance
Complaints	Staffing
Records	Fit and proper persons employed
Requirements relating to workers	
Staffing	
Supporting workers	
Cooperating with other providers	

5.5 There are also two brand new regulations which come into force **October 2014**: **a duty of candour**, and a **fit and proper person requirement for directors**.

5.6 The **duty of candour** says what services must do to make sure they are open and honest with people when something goes wrong with their care and treatment.

5.7 The **fit and proper person requirement for directors** makes it clear that directors and people in 'equivalent' positions of authority are personally responsible for the overall quality and safety of care.

5.8 In their new approach inspectors will use their professional judgement supported by objective measures and evidence to assess if services are:

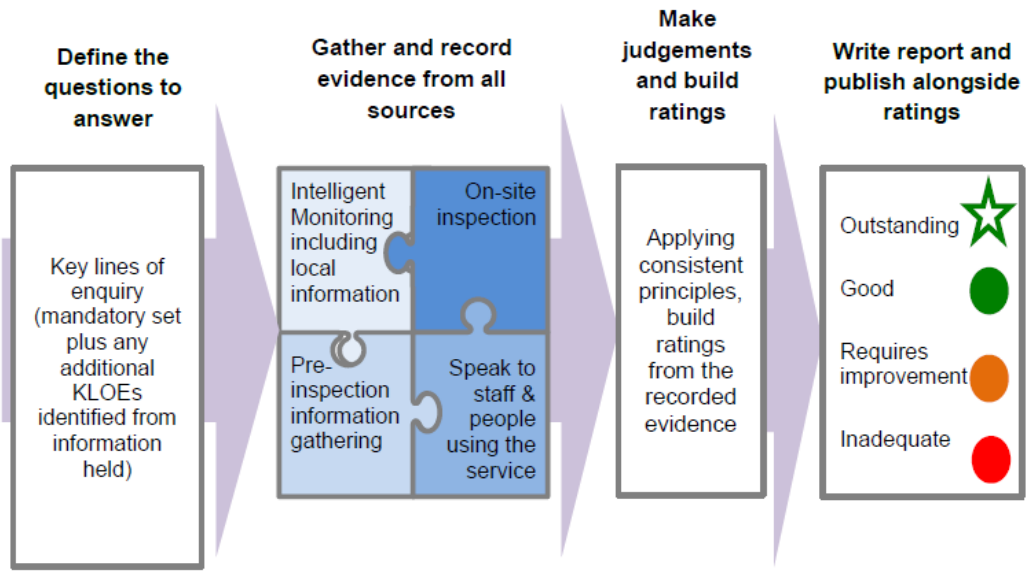
- **Safe -** People are protected from physical, psychological or emotional harm.
- **Effective -** People's needs are met and their care is in line with national guidelines and relevant standards. The CQC's approach to effectiveness will be informed by the work of the National Institute for Health Care Excellence (NICE) and the Social Care Institute for Excellence (SCIE).
- **Caring -** People are treated with compassion, respect and dignity with care fitting their needs. The CQC approach to caring will be developed to reflect the Compassion in Practice Strategy for nursing, midwifery and care staff
- **Responsive to people's needs -** People get the treatment and care at the right time and listened to in a way that reflects their needs and concerns. The CQC's approach to responsiveness will be informed by work with bodies that speak on behalf of people who use services, such as Healthwatch.
- **Well led -** Services are effectively and transparently led and governed, both clinically and corporately, at all levels of an organisation. A significant focus will be on quality, complaints procedures and effective governance.

5.9 CQC have introduced a standard of key lines of enquiries (KLOEs) that directly relate to the above questions. A number of these are mandatory and must be used in every inspection.

5.10 It is essential for registered managers to familiarise themselves with the KLOEs as they will underpin inspections and offer prompts and the sources of evidence that will support the inspection process.

5.11 To assist Bracknell Forest Council registered managers prepare for the new inspection regime, Denise Debieux lead inspector at CQC for Bracknell was invited to, and attended, a registered manager meeting.

Figure 2: How KLOEs and evidence build towards ratings



5.12 The KLOEs give guidance to providers on how to meet the following regulations:

- Regulation 5: Fit and proper person: directors
- Regulation 8: General
- Regulation 9: Person-centred care
- Regulation 10: Dignity and Respect
- Regulation 11: Need for consent
- Regulation 12: Safe Care and Treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 14: Meeting nutritional and hydration needs
- Regulation 15: premises and equipment
- Regulation 16: Receiving and action on complaints
- Regulation 17: Good governance
- Regulation 18: Staffing
- Regulation 19: Fit and proper person employed
- Regulation 20: Duty of candour

5.13 There will be three phases to the new inspection model:

Preparing for an inspection

- Registered managers will be required to complete a Pre Inspection Return PIR)
- Heathlands Residential Home has already received and returned a PIR
- Produce any statutory notification
- Registration applications
- Action plans and updates provided after requirements have been made
- Any other information received

Inspecting the services – at the start of the inspection process the inspector will explain:

- Which key lines of enquiry (KLOEs) they will be inspecting.
- Whether they are following up on any previous issues.
- The proposed length of inspection.
- The roles of the inspection team members.
- Who they plan to speak with.
- Documents they want to review.
- How they will feedback about what was found during the inspection.

Reporting findings – end of the inspection visit will hold a feed back meeting and will:

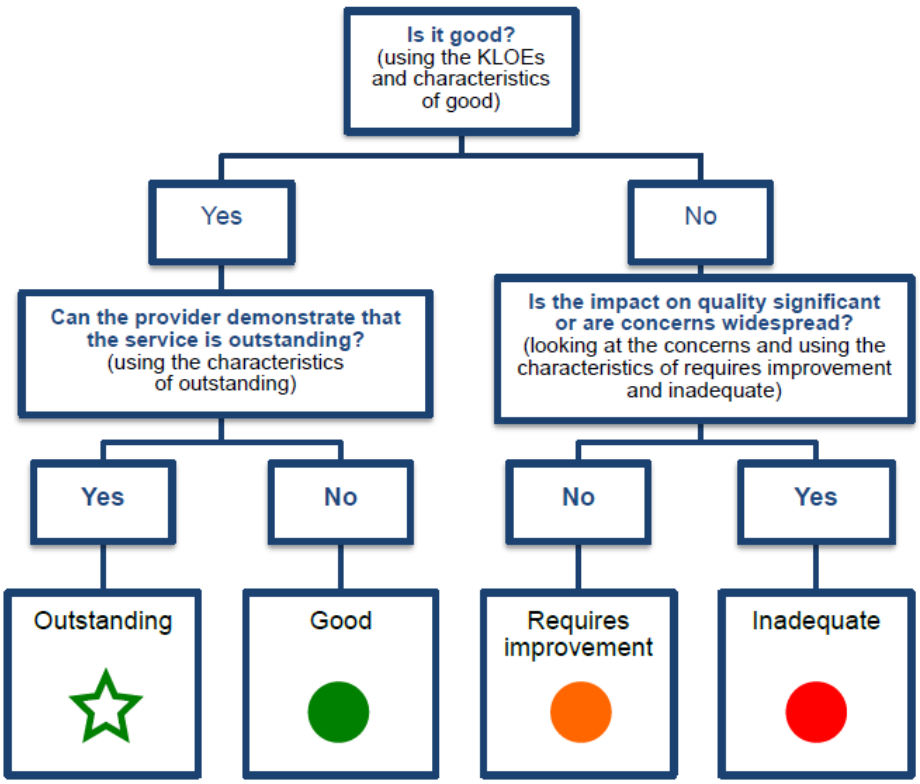
- Explain what has been found during the visit
- Highlight any issues that may have emerged
- Explain that this is preliminary feedback and that judgement cannot be made until all evidence has been considered.
- Say when the report can be expected, how any factual inaccuracies can be challenged and what the publishing arrangements are.
- Answer any questions from the registered manger, nominated individual and receive their feedback on the inspection process.
- Say what the next steps will be.

Ratings - the services will be rated as follows:

Overall rating	Level of meeting regulations	High level characteristics of each rating level
Inadequate	Not meeting	Significant harm has occurred or is likely to occur, shortfalls in practice, ineffective or no action taken to put things right or improve
Requires improvement	Not meeting or meeting	May have elements of good practice, but inconsistent, potential or actual risk, inconsistent responses when things go wrong
Good	Meeting + (i.e. may be more than the letter of the regulation)	Consistent level of service that people have a right to expect, robust arrangements in place for when things do go wrong.
Outstanding	Meeting ++	Innovative, creative, consistently striving to improve, open and transparent

Frequency of inspections will be linked to the ratings e.g. “requires improvement” within 12 months of initial inspection, “inadequate” within 6 months

Figure 4: How we decide on a rating



5.14 Purpose and Principles of enforcement:

To protect people who use regulated services using enforcement powers

- CQC may **require** improvement where the quality or safety of a service is below the required standards but the risk of harm is not immediate, and we expect the provider can improve it on their own, or
- CQC may **force** improvement, where the quality or safety of a service has fallen to unacceptable levels and the risk of harm means that CQC are prepared to intervene directly (for example to restrict a service) or rigger other interventions

To hold providers and individuals to account for failures in how the service is provided

- **CQC** now have regulations that enable them to pursue criminal sanctions significantly more effectively than before, when there has been a failure in the provision of the service. This is because the regulations are clearer on the fundamental standards of quality and safety, which must not be breached, and they are no longer required to issue warning notices before moving to prosecution. CQC will now be the primary prosecution authority at a national level for health and Social Care.

Contact for further information

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TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL
16 SEPTEMBER 2014

REGULATED ADULT SOCIAL CARE SERVICES OVERVIEW AND SCRUTINY REPORT
Working Group Lead Member

1 PURPOSE OF REPORT

1.1 This report introduces the attached draft Overview and Scrutiny report resulting from the review of the Council's role in regulated Adult Social Care services undertaken by a working group of this Panel.

2 RECOMMENDATION(S)

2.1 That the Panel agrees and adopts the attached report of the review of the Council's role in regulated Adult Social Care services undertaken by its working group for sending formally to the relevant Executive Member.

3 REASONS FOR RECOMMENDATION(S)

3.1 To seek the Panel's agreement to the attached report for sending formally to the relevant Executive Member.

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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Bracknell Forest Council

A Review of the Council's Role in Regulated Adult Social Care Services

by a working group of the Adult Social Care and Housing Overview and Scrutiny Panel

September 2014

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Glyn Jones	Director of Adult Social Care, Health & Housing
Zoë Johnstone	Chief Officer: Adults and Joint Commissioning
Alex Bayliss	Head of Adult Safeguarding and Practice Development
Andrea Carr	Policy Officer (Overview and Scrutiny)

All those who have participated in the review have been thanked for their contribution and have received copies of this report.

1. Foreword

To follow

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Councillor John Harrison
(Lead Working Group Member)

2. Executive Summary

2.1 The tragic abuse of vulnerable adults at Winterbourne View[1] raised the question nationally as to the role of local authorities when a care home fails to care for its residents properly.

2.2 Owing to the importance of care governance and managing safeguarding in regulated Adult Social Care services, the Council's Adult Social Care and Housing Overview and Scrutiny Panel formed a working group to review the Council's role in these areas. 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.

2.3 During the course of the review the Working Group gathered information and evidence from many sources in order to appraise the Council's role with regard to care governance and managing safeguarding in regulated Adult Social Care services. These sources included research in areas such as the Health and Social Care Information Centre, CQC inspection criteria and its reports of inspections of local care and nursing homes, and discussions with Council officers who provided pertinent background information, data and knowledge. Members also had regard to relevant documents including the Social Care Institute for Excellence's definition of excellence in Adult Social Care services, the operation of the Deprivation of Liberty Safeguards (DOLS), and CQC strategies for raising care quality standards and setting out its approach to the regulation and inspection of services.

2.4 This report describes the work of the Working Group between autumn 2013 and spring / summer 2014 and sets out its findings. The report is organised in the following sections and Members hope that it will be well received and look forward to receiving responses to their recommendations:

Part 1 Lead Member's Foreword.

Part 2 Executive Summary.

Part 3 Background information in respect of regulated Adult Social Care services and a summary of how the review was undertaken.

Part 4 A summary of the information and evidence gathered by the Working Group.

Part 5 Conclusions reached following the review.

Part 6 Recommendations to the Council's Executive.

2.5 The Working Group comprised:

Councillors Harrison (Lead Member), Mrs McCracken, Mrs Temperton and Thompson.

[1] Link to CQC report: http://www.cqc.org.uk/sites/default/files/old_reports/1-116865865_Castlebeck_Care_Teesdale_Limited_1-138702193_Winterbourne_View_20110715v2.pdf

3. Background

3.1 Bracknell Forest Council funds the social care of approximately 2,000 adults and has related duties regarding governance of their care and safeguarding. The Council's statutory duties relating to safeguarding vulnerable adults apply to every adult in Bracknell Forest. This support is crucial to the everyday lives of these adults and their families and in recognition of the importance of this, the Adult Social Care and Housing Overview and Scrutiny Panel added this topic to its work programme for 2013/14 and as a result established a working group to undertake this review of the Council's role in regulated Adult Social Care services. The new vision and direction of the Care Quality Commission (CQC) set out in its Strategy for 2013-2016, *Raising standards, putting people first* which proposes significant changes to the regulation of health and social care services was a further reason for this review. When scoping the review (scoping document attached at Appendix 1), the Working Group acknowledged that part of its remit was to demonstrate understanding and knowledge of the care governance and safeguarding processes, to establish whether these were sufficiently robust and to identify any possible improvements.

3.2 Care governance is a system of monitoring all matters of service quality and taking appropriate remedial steps when services fall below the required standards. Adult safeguarding can be defined as the process of protecting adults with care and support needs from abuse or neglect. It is mainly aimed at people who may be in vulnerable circumstances and at risk of abuse or neglect by others. Local authorities have the lead responsibility for adult safeguarding in their geographic area and work jointly with local service partners to identify those adults at risk and take action to protect them. With exceptions such as reablement, most care aims to manage ongoing conditions, rather than improve or cure them.

3.3 The National Audit Office (NAO) [2] found that in 2011, 9% of adults in England had care needs that limited or prevented them from performing activities of daily living such as washing, taking medicine, paperwork, cooking and shopping without support. Social care meets these needs by providing personal care and practical support for adults with physical disabilities, learning disabilities, old age, or physical or mental illnesses, and also support for their carers. Needs can arise as a result of disability from birth, physical injury, mental health problems, health conditions such as dementia, discharge from hospital following treatment, or ill-health of an informal carer. Care needs may be short-lived, long-term or permanent.

3.4 Adults are cared for in two main ways: either informally by family, friends or neighbours without payment, or formally through services they or their local authority pay for. The latter consists of homecare which assists with personal tasks in an adult's own home, or with shopping and leisure activities; day care that gives opportunities to socialise away from home and respite for informal carers; and care / nursing homes which offer 24-hour support in a residential setting. Some voluntary organisations provide free formal services. Most care is provided informally. The Government's objectives are to enhance adults' quality of life, delay and reduce the need for care, ensure positive care experiences and safeguard adults from harm.

[2] NAO report re: Adult social care in England: overview 13.03.14 at: http://www.nao.org.uk/wp-content/uploads/2015/03/Adult-social-care-in-England-overview.pdf

3.5 Adults' care needs are rising and those with long-term and multiple health conditions and disabilities are living longer which is increasing pressure on the care system and posing a significant public service challenge. The number of adults aged 85 or over, the age group most likely to need care, is increasing more rapidly than the population as a whole. Over two-thirds of adults receiving care through local authorities are aged 65 and over. Similar numbers of younger people aged 18 to 64 have a physical disability, learning disabilities or mental health problems. The majority of users in each group receive non-residential care in their own home or community. However, the proportion supported in care homes is much higher for older adults and adults with learning disabilities.

3.6 Local authorities use a common framework of four bands to determine eligibility for individual packages of services: critical, substantial, moderate or low needs. People who do not request or qualify for local authority funded care can buy care directly from care providers.

3.7 The Working Group's research has identified that adult social care services are provided by 152 unitary and upper-tier local authorities in England; 5.4 million unpaid informal carers as at 2011; and 1.5 million people working in the sector, of which 74% provide care directly to people in 2012. Self-funders are estimated to spend £10bn on their care and support in 2010-11.

3.8 Nationally, social care provides vital support to 1.6 million vulnerable adults. £19bn was spent on adult social care managed by local authorities in 2012-13, of this local authorities paid for 77%, people receiving care contributed 13% and 10% was funded mainly by the National Health Service (NHS).

3.9 Estimates of the value of informal care range up to nearly £100bn per year. The number of informal carers has increased by 11% between 2001 and 2011, from 4.9 million to 5.4 million, a faster rate of increase than population growth in all regions except London. Carers are also providing care more intensively: in 2011, 36% of carers provided 20 hours of care or more per week, an increase from 31% in 2001. Over 1 in 5 carers are now aged 65 or over and this proportion is increasing.

3.10 Central government sets national policy, local authorities' statutory duties and the amount of central funding for authorities, the majority of which is not ring-fenced. Local authorities set local policies and priorities and decide how to spend central government and locally raised funding across local care services. They choose how to best meet local needs and commission Adult Social Care services. Current policy aims to personalise care services, adapting them to a person's particular needs and wishes.

3.11 Since the 1990s, local authorities have moved away from being the exclusive care service provider to commissioning most care services from a range of independent providers in the private and voluntary sectors and provide little care themselves. In 2012-13, local authorities commissioned 74% (by value) of their services from independent providers.

3.12 Local authorities have a duty to work with the police, local NHS bodies and other partners to safeguard vulnerable adults from abuse and neglect which remains a risk throughout the sector. In 2012-13, 109,000 safeguarding referrals were recorded by authorities nationally, a 13% increase over 2010-11. This increase may reflect increased awareness of abuse or may reflect

overstretched resources and pressure within the system. In 2012-13, 29% of referrals of alleged abuse were carried out by family members, friends or neighbours, and 36% were carried out by social care or health workers.

3.13 Local authorities hold providers to account for care quality and user outcomes. They monitor outcomes and challenge providers if planned outcomes are not met. Measurement is challenging and local authorities monitoring focuses on identifying unacceptable standards of care. Authorities have practical difficulties in monitoring outcomes, for example for users placed outside the Borough, or with cognitive impairments.

3.14 The CQC regulates and inspects adult social care providers against minimum standards of quality and safety nationally. It found that, of the providers inspected between October 2010 and March 2012, 72% met all essential standards of care. However, 27% (3,241 locations) required an action plan for improvement. The CQC had serious concerns in 1% of cases (116 locations) and used its powers to safeguard users from harm or hold the provider to account. It publishes an annual summary of care services in its 'state of care' report. However, it does not make a single assessment of quality across all providers in a local area or of the performance of local authority social care departments.

4. Investigation, Information Gathering and Analysis

Introductory Briefing and Discussion

4.1 The Chief Officer: Adults and Joint Commissioning gave an introductory briefing to the Working Group in respect of the Council's role and responsibilities in relation to regulated Adult Social Care services, with particular regard to care governance and safeguarding.

4.2 The Working Group was advised that regulated Adult Social Care services were those services that were registered with the Care Quality Commission (CQC) which was the regulatory and inspection body. Regulated services were mostly those provided at residential care homes, nursing homes or domiciliary care. Day services and domiciliary care which provided services such as cooking, ironing or financial advice without personal care were not regulated. Few domiciliary services and providers were not registered and the majority commissioned by the Council were registered and regulated. The CQC inspected services and determined whether they were compliant with regulations. Currently there were no inspection ratings and services were classed as either compliant or non-compliant. However, the commentary in inspection reports gave indications as to the quality of services provided. Inspection reports could include recommendations for improvement and in the case of serious non-compliance, the Inspector would require an action plan to achieve compliance. Following an inspection, a draft inspection report would be shared with the inspected service which would have an opportunity to comment thereon before the report was finalised and published. In the case of non-compliance, it was usual for the inspected service to challenge the draft report and attempt to demonstrate compliance and the CQC would give the provider an opportunity to do so. The CQC was the only body with compliance enforcement powers and in the event that a home failed to achieve compliance, the CQC could enforce the matter by withdrawing registration resulting in the closure of the home. There were some nationally expressed concerns that the CQC was not taking sufficient enforcement against poor quality care providers and was referring issues to the relevant local authority to solve. Councils had no powers to respond and withdrawal of their contracts was the strongest action which they could take in response to non-compliance. However, it was in the interests of all concerned to assist poor providers to improve and become compliant as this avoided the difficulties and upheaval associated with the local authority's resulting obligation to re-home affected elderly and frail people. Residents should not be transferred to another care home without good reason as it was likely to be a traumatic experience for them and possibly against their will.

4.3 In addition to the CQC, the Fire Service and Environmental Health also regulated care homes in their relevant areas and would notify Adult Social Care of any concerns.

4.4 The Council operated a care governance approach which was overseen by a Care Governance Board chaired by the Chief Officer: Adults and Joint Commissioning. Care governance in Bracknell Forest consisted of monitoring all matters of service quality such as dignity, respect, care quality, safeguarding, engagement, and food quality and choice, and of taking appropriate action when services fell short of the required standards. These were areas that were also considered by the CQC whose inspection criteria were included in its care

home and homecare quality leaflets which were shared with the Working Group. The reports of CQC inspections were available on its website. Any services commissioned by the Council were subject to care governance and the Board considered information regarding care service concerns, including those relating to non-regulated services, from many sources such as the CQC, other local authorities, complaints, whistle blowing and safeguarding alerts. Services would not be commissioned from poor providers and in the event of concerns, representatives of relevant organisations such as the CQC and the Fire Service would assist the Council to work with providers to improve services, the majority of which found the support helpful. It was necessary for poor providers to acknowledge their shortcomings in order to improve and in recent years the Council had withdrawn services from one care home only, and ceased commissioning from a few domiciliary care providers. The new architecture of the NHS included quality surveillance groups where concerns regarding provider quality in NHS funded services were shared. The groups sought to ensure that service provision was of a high quality and that the best arrangements were in place and a related piece of work had commenced the month prior to the meeting.

4.5 The Adult Social Care, Health and Housing Department had undertaken a project following the discovery of a pattern of serious abuse at Winterbourne View, an independent assessment and treatment unit for adults with learning disabilities, complex needs and challenging behaviour, near Bristol. This involved an approach to establish whether monitoring of out of Borough care facilities for former residents of Bracknell Forest was sufficiently robust. The project found that the host council should not be relied on entirely to safeguard people with learning disabilities placed in a home in its locality and that the home council making the placement should develop a relationship with the host authority and have some involvement in the welfare of the people cared for at the home. The learning from this work was being incorporated into a robust Quality Assurance Framework for all Adult Social Care services. An example was cited where a domiciliary care self-funder in a neighbouring county had died after the agency providing her care closed and the relevant local authority had not intervened. The Working Group was advised that such matters depended upon the particular circumstances and that local authorities could arrange care for self-funders in the event that they were unable to do so for themselves. Should a local care provider close, Bracknell Forest would wish to be assured that there were no resulting risks and would expect to be informed of the details by the CQC.

4.6 Bracknell Forest had safeguarding responsibilities for all care homes, domiciliary care agencies and hospitals within the local authority boundary irrespective of whether the services provided were privately funded or commissioned by the Council. Although the Council would investigate and respond to safeguarding alerts from private and uncommissioned services to protect frail and vulnerable people, it did not inspect their safeguarding arrangements. The CQC may notify the Council of safeguarding issues and anyone could raise a safeguarding alert.

4.7 The Council funded the support of approximately 2,000 adults. Apart from intermediate care services, which for example supported people to recovery following a surgical procedure, the majority of people receiving support had longer term conditions such as dementia or learning disabilities and their support services were regulated (other than Day Services). Reviews of the needs of people receiving support were undertaken on at least an annual basis

to ascertain whether their needs were being met or changes to their care plans were required. People involved in reviews varied according to the particular circumstances and could include carers, family members, district nurses, health services etc. Reviews would be undertaken more frequently in the event of complex or changing needs or safeguarding alerts.

4.8 There were different price rates for residential care and for nursing care. Some of the best care homes in the Borough could be twice the rate the Council paid and therefore too costly for the Council to fund care placements. People could have a choice of care homes and in the event that the one they selected to meet their needs was more costly than the Council's rate, a third party could pay the difference.

4.9 There were sufficient care homes / places locally to meet demand and services were generally of good quality with the exception of one home which consistently caused quality concerns. It was felt that the registered care unit manager had a crucial role in the quality of care provision and in the case of large companies owning numerous care homes, the manager may have limited autonomy and responsibility to actively pursue improvements.

4.10 Under the Deprivation of Liberty Safeguards (DOLS), which formed part of the Mental Capacity Act 2005, it was occasionally necessary to deprive someone without the mental capacity to make decisions of their liberties in their own best interests, in order for them to receive the correct care or treatment. People deemed to have mental capacity were free to make decisions whether or not these were considered to be unwise. The definition of what constituted deprivation of liberty was vague and open to interpretation. The Act and DOLS had resulted from the Bournewood Community and Mental Health NHS Trust judgment concerning the unlawful detention in a psychiatric hospital of an adult with autism and learning disabilities whose carers were prevented from visiting him, and they were without legal recourse to challenge this. Two assessors were required to independently decide whether a person had the mental capacity to make decisions when a home or hospital was seeking authorisation for a deprivation of liberty. The Council's responsibilities under DOLS applied in care homes, when it could be necessary to restrict someone's movements to prevent them from wandering into danger, and also in hospitals although Harts Leap Independent Hospital was the only hospital in the Borough. Whilst Broadmoor Hospital was located in Bracknell Forest, it was operated by the West London Mental Health NHS Trust and social work was provided through the London Borough of Ealing which dealt with safeguarding alerts, although it sought support from this Council when issues were particularly complex. Alerts concerning Broadmoor Hospital were reported to Bracknell Forest's Safeguarding Board.

4.11 The Council provided some support services directly to adults through the Bridgewell Centre and Forestcare. The Bridgewell Centre provided 19 beds for intermediate care in a residential setting with 24 hour staffing. Support included nursing staff, GP visits, access to out of hours district nursing and GP services, rehabilitation assistants and therapists to provide short term rehabilitation following, for example, a surgical procedure in hospital, to re-able people to return home and lead more fulfilling and rewarding lives. Forestcare assisted people to stay safe and keep their independence in their own homes through a 24 hours a day, 365 days a year service offering telephone lifelines, care calls, monitored intruder alarm packages, monitored smoke and carbon monoxide packages, and key safe and key holder services.

Care Quality Commission (CQC) Inspection Criteria and Reports

4.12 The Working Group considered and discussed the inspection criteria utilised by the CQC and viewed a selection of CQC inspection reports of the best and worst performing care homes and domiciliary agencies providing care in Bracknell Forest for evaluation and comparison purposes.

4.13 The Working Group noted that the CQC was the regulator of health and social care in England and replaced the former Social Services Inspectorate and the Commission for Social Care Inspection as one combined body for the regulation and inspection of social care. All providers of regulated health and social care services had a legal responsibility to ensure that they met essential standards of quality and safety that everyone who used those services had a right to expect. The CQC regulated against the essential standards which were described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the CQC (Registration) Regulations 2009.

4.14 CQC carried out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards were being met. It undertook inspections of other services less often. All the inspections were unannounced unless there was a good reason to give advance notice of the inspection to the provider. The inspections fell into the following three categories:

Responsive inspection - carried out at any time in relation to identified concerns.

Routine (or scheduled) inspection - planned and could occur at any time.

Themed inspection - targeted to look at specific standards, sectors or types of care.

4.15 There were 16 essential standards that related most directly to the quality and safety of care and these were grouped into five key areas. When CQC inspected it may check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. For this reason CQC often checked various standards at different times. The five key areas were:

- Treating people with respect and involving them in their care
- Providing care, treatment and support that meets people's needs
- Caring for people safely and protecting them from harm
- Staffing
- Management

4.16 The 16 essential standards described in regulations were:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Co-operating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

4.17 CQC inspections involved visits to the provider, observation of how people were cared for, and discussions with people who used the service, their carers and staff. It may also review information gathered in respect of the provider, inspect the service's records and check whether the correct systems and processes were in place.

4.18 The CQC focused on whether the provider was meeting the standards and was guided by whether people were experiencing the outcomes they should be able to expect when the standards were being met. These outcomes indicated the impact care had on the health, safety and welfare of people who used the service, and the experience they had whilst receiving it.

4.19 A regulatory judgement for each essential standard or part of the standard inspected was made by the CQC. The judgements were based on the ongoing review and analysis of the information gathered by the CQC regarding the provider and the evidence collected during the inspection. The CQC reached one of the following judgements for each essential standard inspected:


(Green Tick)

Met this standard This judgement indicated that the standard was being met in that the provider was compliant with the regulation. If CQC found that standards were met, it took no regulatory action but may make comments that may be useful to the provider and to the public about minor improvements that could be made.


(Grey Cross)

Action needed This meant that the standard was not being met in that the provider was non-compliant with the regulation. CQC may have set a compliance action requiring the provider to produce a report setting out how and by when changes would be made to ensure compliance with the standard. CQC monitored the implementation of action plans in these reports and, if necessary, took further action. In the event that a more serious breach of a regulation was identified, CQC would ensure action was taken to rectify it and would report on this when it was complete.


(Red Cross)

Enforcement action taken If the breach of the regulation was more serious, or there had been several or continual breaches, CQC had a range of actions it took using the criminal and / or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers included issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or manager's

registration or prosecuting a manager or provider. These enforcement powers were set out in law and enabled swift and targeted action to be taken where services were failing people.

4.20 Inspectors judged if any action was required by the provider of the service to improve the standard of care being provided. Where providers were non-compliant with the regulations, CQC took enforcement action against them. If it required a service to take action, or if it took enforcement action, it re-inspected before its next routine inspection was due. This could result in several re-inspections of a service in one year. CQC may also re-inspect a service if new concerns emerged before the next routine inspection. In between inspections CQC continually monitored information it acquired in respect of providers from sources including the public, the provider, other organisations and care workers.

4.21 Where the CQC found non-compliance with a regulation (or part of a regulation), it stated which part of the regulation had been breached. Only where there was non-compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, would its report include a judgement about the level of impact on people who used the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact as defined below:

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved rapidly.

Moderate impact - people who used the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who used the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needed to be resolved promptly.

4.22 The CQC decided the most appropriate action to take to ensure that the necessary changes were made and it always followed up matters to check whether action had been taken to meet the standards. In the case of non-compliance causing a major impact, it was possible for the CQC to take enforcement action and issue statutory notices. De-regulating and closing a provider were possible although this was a rare occurrence. One care home in the Borough had recently closed voluntarily following the receipt of a judgement requiring improvement in several areas and enforcement action in respect of standards of staffing. In the event that a care home known by the Council to be poor was being selected by an individual or their carer, officers would discuss the matter with the family of the person concerned to assist them to make a better selection. Care homes sought to protect their reputation and therefore their business.

4.23 When CQC had previously announced that it would inspect very good providers only once every four years, there had been some contention over this inspection regime as matters could change rapidly following, for example, a change in care home manager. A move to inspecting on an annual basis was then pursued. Following the abuse of people with learning disabilities and challenging behaviour discovered at Winterbourne View, the CQC decided to

inspect all similar providers in the country. Inspection teams were multi-disciplined and varied according to the nature of the provider being inspected and could include a health assessor, specialist in learning disabilities, advocate, professional adviser and team leader. Hospitals required a larger team of inspectors. Inspections usually focused on safeguarding, dignity, health and safety, and staff. A poor command of English by staff was identified as a potential hindrance to communication and care and would be considered by inspectors under the categories of involving people in their care and the suitability of staff. When commissioning and using services, the Council undertook a series of checks including recruitment practices before placing an agency on its providers list to ensure that it met the expected standards. Following the initial checks regular contract monitoring would take place to ensure that standards and needs were being met and that people were satisfied with their care. Feedback was received from people receiving care or their carers and if a problem with a care provider was raised the matter would be taken up with the relevant agency and possibly result in a change, such as care visits from a different staff member. Unfortunately, some people were reluctant to raise complaints as they had a perception that complaints would lead to repercussions such as loss of care or bullying. Care home providers in the Borough were generally of a high standard as Bracknell Forest benefited from numerous small private providers which tended to provide better and more personal care than larger national organisations. The closure of a large care home would present a difficulty for a local authority as it would become responsible for the care of the people accommodated there and would need to identify alternative placements for them.

4.24 Issues were referred to the Care Governance Board which would decide on the appropriate action to be taken in response. When a problem at a particular care home was raised the care of all residents would be reviewed and monthly welfare checks would be undertaken until the home reached the required standards with support form the Council. During this time the care home would be amber flagged and no new placements would be made at the home until it improved or they would be made advisedly depending upon the shortcomings in care and the circumstances of the individual. In the event that the home did not make the necessary improvements or did not recognise a failing, the Council would share information with other local authorities, interested organisations and families in addition to moving people whose care it funded to an alternative care home. Whilst people could initially be resistant to a move, they tended to be content in their new surroundings when they had settled in. Some care homes registered with particular specialisms such as catering for bed sores or mental / physical frailty. As people's condition deteriorated it was possible that their home could no longer meet their needs and alternative care would need to be identified. The Council would advise self-funders in respect of care and could assess their needs, arrange their care and undertake a financial assessment or direct them to an organisation to carry out these services, possibly for a fee.

4.25 Care homes were required to report certain occurrences such as falls, safeguarding issues or medicine incidents and advise what response had been undertaken to prevent a re-occurrence. All safeguarding alerts were reported to the Council and the CQC and care homes' record keeping was checked.

4.26 In terms of paying for care, a financial assessment would be made. People would not be required to sell their home to pay for their care if it would result in someone else becoming homeless. Renting out a home to cover the cost of

care was a possibility which would enable the property to be retained. Alternatively, a deferred payment could be made where the Council covered the cost of care and was reimbursed from the proceeds of selling the home after the person had died. The Care Act would introduce future changes including limiting the amount to be spent on a person's care, excluding accommodation or food, to a maximum of £72,000. The Council maintained a care account and paid for the care of people who were unable to fund care themselves. Taking out an insurance policy to cover the cost of care was an alternative option allowing people to select their preferred care home without concerns that their funds would expire.

4.27 The Working Group was advised that the Government had announced that a system of special measures designed to improve failing hospitals in England, introduced following the report into significant failings at the Mid Staffordshire Hospital NHS Foundation Trust, was to be extended to care homes and homecare agencies in 2015. The system would cover 25,000 services and could lead to the closure of those that failed to improve. In the hospital sector, special measures involved:

- closer scrutiny by regulators
- management changes
- "buddying" schemes with successful trusts
- an improvement director being parachuted in to oversee any necessary changes

4.28 At the time of the meeting the CQC was consulting in respect of a proposed new inspection regime associated with the Government's announcement. The future regularity of inspections was likely to depend on the risk profile of a service provider with a greater perceived risk resulting in more frequent inspections. Although the details of the regime for care homes and homecare agencies remained under development, it was likely to involve less external support and instead rely on shorter deadlines to prompt providers into action. The underlying ratings regime would be rolled out in the social care system from autumn 2014 and the first failing services would be placed in special measures from April 2015. The scoring, based on a system first used in schools, gave health and care services a rating of outstanding, good, requires improvement or inadequate. It was intended that openness in respect of failings would lead to increased accountability in the health and care sector. The Working Group decided to look into this proposed new regime further and its findings are set out in paragraph 4.68 onwards.

4.29 Review of CQC inspection reports indicated that the care provided by care homes and domiciliary agencies operating in Bracknell Forest was generally of a high standard and there had been no need for any enforcement action to be taken. However, a small number of inspection reports had included 'action needed' judgements, mostly found to be of minor impact. These reports were not entirely negative and contained some positive comments indicating that the providers were good in some areas despite needing to improve in others. As inspection judgements were subjective and the opinions of a small number of individuals, it was difficult to ascertain the true quality of a care provider and people could be content living in a home which was judged to require some improvement. Inspection report summaries of a selection of providers requiring improvement (two care homes and two home care providers) together with summaries of a selection of compliant inspection reports (two care homes and

two home care providers) were shared with the Working Group and are attached at Appendix 2.

Spot Contracts and Individual Purchase Orders

4.30 Contracts specified the standard and level of care services to be provided. Individual "spot purchase" arrangements supported by individual purchase orders within an overall contract were utilised in favour of block contracts. The Working Group received and considered examples of a spot contract regarding Residential Care Services and an individual purchase order in respect of the provision of domiciliary Adult Social Care services.

4.31 The Chief Officer: Adults and Joint Commissioning advised that spot contracts included quality standards and reporting requirements. The contracts supported good care by setting out what was required. The needs of each person entering a care home were assessed and recommendations were formed to meet their needs. The resulting care plans were monitored. Prior to the Council selecting a care home from which to purchase services, it would undertake some monitoring checks similar to those forming part of CQC inspections. Making observations at a home was an effective method of judging the quality of care provided. Ascertaining that people were safe, happy and well cared for was important.

4.32 Individual purchase orders specified the tasks to be undertaken, the days of the week care was required, the frequency of visits, arrival and departure times, length of visits, and the total weekly amount of hours and the related cost.

4.33 Contract monitoring was undertaken and included checking that safe recruitment processes were in place and that time for travelling between homes to provide domiciliary care was allowed for. Although the introduction of the Electronic Time Monitoring System (ETMS) would facilitate monitoring of attendance of domiciliary care providers and the length of time devoted to care at each call, it would not give an indication of the quality of care provided and it was hoped that people would give feedback of this nature.

Quality Assurance Framework (QAF)

4.34 The Head of Adult Safeguarding and Practice Development introduced the draft QAF and explained that it consisted of three sections, namely, the Outline of Proposals, the Standard Self-Assessment for providers and the service Validation Guidelines. The QAF was described as a set of principles, structures and processes that defined quality, its measurement and how it would be improved. The primary purpose of the QAF was to raise the quality of Adult Social Care services as experienced by the people in receipt of them. All care services, irrespective of whether they were provided by the Council or external providers or were subject to CQC registration, would be covered by the QAF, including services provided at day centres funded by grants from the Council. The draft QAF would be the subject of consultation with providers in due course.

4.35 The QAF was composed of the following four elements:

- Providers would self-assess themselves against a set of expectations for Adult Social Care services annually;

- The results of the self-assessments would feed into wider Service Development Plans which would be monitored throughout the year;

- The Council would collate information in respect of services' performance from a number of sources in order to focus when and where self-assessments required checking. This information would be brought together into a single 'service performance dashboard' that would be updated throughout the year; and

- The Council would then validate the self-assessments and agree the Service Development Plans, grading the services in accordance with its findings.

4.36 There would be a standard QAF and a lighter touch QAF with 2 levels of self-assessment, respectively. The former would apply principally to CQC registered services whilst the latter would mainly relate to unregistered services with some flexibility between the two.

4.37 In order to monitor the quality of unregistered services, a minimum amount of information would be required, including the Self-Assessment and Service Development Plan. Monitoring remained the responsibility of the budget holder.

4.38 There would be exceptions among CQC registered services in terms of the requirement to complete a self-assessment such as out of Borough services which were monitored by the home local authority and those which only occasionally supported people funded by this Council.

4.39 Reaching a consensus regarding what constituted a good service was key to developing the QAF and defining statements had been produced. The expectations of services, referred to as basic, additional or mandatory, as contained in the Self-Assessment would be based on these statements. These expectations would be aligned with CQC requirements allowing providers to transfer the evidence between CQC inspections and the Self-Assessment avoiding double monitoring.

4.40 The QAF was designed to facilitate continuous improvement and registered services would be required to reach an acceptable standard by meeting all the mandatory expectations, the majority of basic expectations, and be anticipated to aspire towards meeting the remainder of the expectations within the following 6 months. Services liable to the lighter touch framework would only be expected to meet all mandatory expectations and meet, or be working towards, all other basic expectations.

4.41 The Service Department Plans were anticipated to be tools that the providers use for themselves to self-monitor progress against development objectives. It was anticipated that services would report on progress against the agreed Department Plan targets (quarterly in relation to registered services and 6 monthly in relation to non-registered services). Although a standard template had been developed, providers were at liberty to prepare their own format for approval.

4.42 It was intended that there would be a number of different sources of information / evidence collected in order to generate a performance dashboard in relation to each contracted service within the standard regime. This would include a standard approach to collecting feedback from people in receipt of services and

assessment of the impact of the services. The dashboard would assist to inform the frequency, timing and focus of the validation visits by officers. The information captured within the dashboard was intended to be as follows:

- Results of Provider Quality Self-Assessment
- Provider Service Department Plan
- Provider Complaints Log
- Provider Staffing Data
- Provider Electronic Call Monitoring Data
- Individuals and Circle of Support feedback results
- Impact measures
- Results of CQC inspections
- Feedback from health and social care practitioners
- Care Governance intelligence on safeguarding alerts, incidents etc.

4.43 Specific proposals had been developed to obtain information regarding feedback from carers and people being supported in addition to information in respect of the impact of the service provided, which would be collected through the standard assessment and review processes for individuals. This included complaints and any issues would be raised with people receiving support or their carers.

4.44 Lighter touch services would submit a return biennially that contained similar information which would be used to inform contract monitoring meetings, make judgements around where a validation of the service was required and / or inform judgements in respect of future funding.

4.45 Every effort would be made to reduce administrative burdens by ensuring wherever possible that the information required would be collected, collated and analysed electronically, making use of Council systems where possible or the intelligent application of commonly accessible software packages where not.

4.46 Under the standard regime, the results of Self-Assessment would be validated by the Council. It would not be possible to validate all domains simultaneously and providers would be notified of which domains the Council would require evidence for each visit and would be provided with guidance on the types of evidence expected. The current contract review for registered services would be replaced by validation visits and there would be a joint focus on validating providers' Self-Assessments and working with them to ensure acceptable standards across the board. This would result in a grading for the service against each domain of 'poor', 'acceptable', 'good' or 'excellent' and an updated Service Development Pan leading to follow-up meetings or other contacts as necessary. All services would be expected to achieve a grading of 'acceptable' in order to continue working with the Council.

4.47 Validation visits for contracted and registered services would take place at least once per year or more frequently based on risk assessment undertaken utilising the performance information collected. Although grant funded services and those falling under the lighter touch regime would normally receive unplanned visits and the norm would be a desk top validation exercise, the relevant head of service would continue to hold liaison meetings with the organisation.

4.48 The overriding principal of the QAF framework was to work with providers to improve standards and not use the process in a punitive manner. Detailed examples of the evidence required to support the Self-Assessment would be

made available to providers in addition to links to on-line information and advice concerning best practice.

4.49 The Standard Self-Assessment consisted of the following 6 CQC service outcome areas:

- Involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality and management
- Suitability of management

4.50 The service outcome areas were divided into domains with a quality service statement and the basic, mandatory and additional standards attached to them. The Self-Assessment enabled providers to determine how they compared with good services in these key areas.

4.51 When Self-Assessments had been completed they would be submitted to the Council which would analyse the results and require evidence to support them. This was not a new process for providers as the majority were required to prepare similar returns for the CQC and some did for their own quality measurement purposes. The CQC published essential standards to assist providers to prepare for inspections and some prepared in advance and maintained papers as evidence for inspections. This was not always the case with smaller companies as they lacked back office staffing capacity for this purpose. Providers would not be requested to collect more evidence than would be required for CQC inspections. Those providers which did not require CQC registration and were therefore not inspected by the CQC were expected to have a quality ethos in place and the QAF process would assist them to improve by identifying weaknesses and raising standards.

4.52 The Validation Guidelines explained the planned and unplanned validation visits that contracted and grant funded services would receive. For CQC registered services, the relationship between the Council's validation visit and CQC inspections needed to be established and built on a matching process between CQC outcome areas and the Self-Assessment domains. Whilst focusing the validation on different areas from those covered by CQC inspections would offer broader quality assessment, a poor CQC inspection result would raise the risk score for that service, indicate an area(s) where the Council should concentrate its validation and possibly prompt an unplanned visit.

4.53 It was impossible for the Council to validate the entire Self-Assessment in one visit. Where planned visits were concerned, it was proposed that evidence would be checked against all mandatory expectations at each visit together with 4 or 5 other domains according to the type of service. The intention was to validate the entire Self-Assessment framework within 4 years and once the higher priority domains had been validated attention would be directed towards the remaining domains. Criteria had been established to determine which domains should be validated. Contract monitoring staff were to be allowed the flexibility to validate domains other then those set out in guidelines provided that the reason for the variation was recorded. The focus of the quarter's validation visits would be set during the first month of the quarter, and providers would be given advance notice of the areas of focus and notified of the requirement to submit the Self-Assessment and Service Development Plan at the beginning of

the relevant quarter. Providers would also be notified of any documents to be submitted before the visit and reminded of the need to seek in advance the permission of staff or people being supported in the event that they were interviewed or their files were randomly inspected during the visit. Where a contract included a number of residential settings, a decision would need to be made as to which service was visited depending on the domains to be validated. When Self-Assessments were submitted in advance of visits they would be checked and any queries dealt with rapidly, particularly where there was an indication that a mandatory expectation had not been met. Results of validation visits would normally be communicated within 48 hours of the visit unless there was a judgement that a serious risk was being posed to people receiving care.

4.54 Unplanned validation visits tended to focus on the specific issues that prompted the visit unless they were scheduled planned visits brought forward. The following were the initial reasons that an unplanned visit might be required:

- A validation visit indicated that some basic expectations had not been met and there was sufficient doubt that they would be met. In these circumstances a further return visit would be required.
- It had not been possible to validate all new claims to meet the additional standards requiring a further validation visit.
- A safeguarding alert that potentially implicated the provider had been received.
- Someone had raised a serious concern regarding the service provided by the provider.
- The Service Development Plan had resulted in a ranking of red.
- The quarterly performance indicator dashboard risk score had reached a certain level.
- In relation to a grant-funded service, the volume targets were 25% below the level agreed at the commencement of the funding period.

4.55 The proposed standard agenda for the conduct of the validation visit would consist of:

- Consideration of the Service Development Plan
- Validation of Evidence for Mandatory Expectations
- Validation of Evidence for Specified Domains
- Issues raised by the provider
- Issues raised by the Council
- Agreement on the next steps to be taken

4.56 The validation process would involve a range of the following:

- Inspection of policy and procedure documents (hopefully in advance of the visit).
- Inspection of written evidence such as minutes of meetings, support plans etc.

- Inspection of personal files including staff files at random subject to the receipt of written permission.
- Discussion with the manager or principal provider representative focusing on examples of as to how the expectations were met or explanation of the documents supplied.
- Interviews with staff and people receiving care services or their informal carers. A separate arrangement would be required for domiciliary care services.
- Observation.

4.57 Validation visits and their preparation were likely to be more time consuming than current visits. However, this was balanced against fewer future visits than currently.

4.58 The following information was provided in response to the Working Group's questions and comments:

a) As there were fewer checks and balances in respect of services received by people who self-funded their care, it was important to collect their views also.

b) In terms of meeting expectations of personalised care, care home residents should be provided with the maximum reasonable degree of choice over the service they receive and the limitations of choices should be explained to them. Council officers would have a dialogue with providers and seek feedback from people receiving care to balance the reasonableness of what was sought and what could be provided under the circumstances.

c) Care homes provided accessible and clear information as to the procedure for raising a complaint. It was important that residents felt sufficiently confident to make a complaint.

d) In order to avoid situations such as care home staff putting residents to bed unnecessarily early in order to take an unscheduled break after, staffing rotas were inspected and feedback from residents, professionals and visitors examined at the point of review. Out of hours visits were possible if considered necessary.

e) Although most providers sought to impart a good service, it was possible for standards to decline and for services to fail to meet changing standards and expectations, such as a greater emphasis on customers' quality of life. Registered managers were considered to be key to this and the Council worked in partnership with them to achieve improvements in reflection of its duty to people in need of care.

f) The Council's QAF process was more open, transparent and supportive than the CQC inspection procedure. Whilst some duplication of the CQC's approach was unavoidable, the Council sought to validate additional areas.

g) There were 15 residential / nursing homes in the Borough and up to 15 providers of domiciliary care, some of which catered for people outside Bracknell Forest, in addition to a number of providers grant-funded by the Council. Bracknell Forest was amenable to working with partners in

Berkshire where they operated at an equivalent standard and were agreeable to taking a unified approach to commissioning. The Council would take action to ensure that its commissioned services were compliant with essential standards and work with providers to assist them to operate at levels above those standards.

h) Care providers were expected to match training with customers' needs in broader terms than meeting standards for regulated services, for example communicating with people who were hard of hearing, and the Council would judge them against this and offer constructive feedback to secure improvements.

i) Reporting of incidents such as falls was expected and zero returns could raise suspicion of a poor or negligent reporting process.

j) The reference in the Self-Assessment to having a plan in place for emergency evacuation of the premises that was practiced regularly required re-wording to reflect the difficulties it posed and safe alternatives such as use of fire doors.

k) At the time of the drafting of the QAF the Thames Valley Police were consulting on a review of missing persons' guidance and the outcome would inform the process to be followed in the event of the unexpected absence of a person receiving care. The stage at which the Council should be informed of such an incident and a safeguarding alert issued would depend on factors including the individual's mental capacity, needs and care plan. There were some contractual requirements as to events that required Council notification, such as a death. The need for the adoption and implementation of a missing person's procedure, including maintaining up to date family contact details and reporting the matter to the police, was highlighted.

l) Members suggested that the Validation Guidelines should be expanded to include a section explaining how benchmarks were identified.

m) The Council commissioned an independent advocacy service which was available to advise people and assist them with raising concerns or solving conflicts. Other methods of raising concerns were via annual reviews, CQC inspections, family or friends, General Practitioners (GPs), nurses and Healthwatch.

n) There was a requirement for a care home to advise the CQC of a change of registered manager. The Council generally became aware of the change through contracts if the premises provided contracted services. The QAF could be expanded to include a requirement for it to be notified of a change of manager at a learning disabilities facility further to the care failings at Winterbourne View.

o) An unplanned validation visit should be a proportionate response to the quarterly performance indicator dashboard showing a high risk score.

p) The QAF would apply to services commissioned directly for carers and should reflect this.

q) The majority of people wished to remain in their own home for a long as possible in preference to moving into a care home and good quality domiciliary care played a part in achieving this.

r) The Working Group felt that the QAF was a very useful tool which confirmed that the Council was contracting good quality providers. Members would be interested to learn of the outcomes of the associated consultation exercise. Families often selected care homes based on location and visiting ease rather than quality and the QAF was a means to encourage them to reconsider their choice. A leaflet providing information regarding the service aspects that the Council measured performance against would be useful.

National Carers' Survey

4.59 The outcomes of the most recent national carers' survey which was undertaken in October 2012 were shared with the Working Group as background information as many people with informal carers were in receipt of regulated Adult Social Care services. The survey was carried out biennially and the questions were prescribed as it was a national survey. The business case for the survey from the Department of Health (DoH) stated that the survey was being undertaken due to a need to explore whether or not services received by carers were assisting them in their carers' role and their life outside caring. The results were to be utilised to populate the following outcome measures in the Adult Social Care Outcomes Framework:

- 1D – Carers reporting quality of life.
- 3B – Overall satisfaction of carers with Adult Social Care services.
- 3C – The proportion of carers who report that they have been included or consulted in discussion about the person they care for.
- 3D – The proportion of people who use services and carers who find it easy to find information concerning services.

4.60 Of the 719 eligible carers in receipt of the survey, 388 responded, giving a response rate of 54%. The survey results indicated that approximately a quarter of carers were aged 55 to 64 years and almost half of all carers were over the age of 65 years. 76% were not in employment, with 45% in retirement and 19% unemployed due to their caring responsibilities. 35% of carers were male and the remaining 65% were female. 1 in every 5 carers surveyed had been caring for someone for over 20 years whilst another 20% had been carers for 5 to 10 years. Many respondents indicated that they had made use of the available information and advice to assist them in their caring role, with 32% utilising support groups / talking in confidence. 70% of carers cared for people over 65 years and the remaining 30% cared for people over the age of 85. 68% of carers cared for someone with a physical disability, frailty or sensory impairment and 42% stated that they provided care for over 100 hours per week.

4.61 In terms of carers' quality of life, 64% advised that they were in a position to pursue some activities they enjoyed but not to a sufficient degree. 59% responded that they had insufficient control over their daily lives and approximately 70% felt that they were able to look after themselves. 9 out of 10 carers had no concerns relating to personal safety. Although 45% of carers felt that they had adequate social contact, 43% replied that this was lacking. 1 in 4 carers advised that they did not receive enough encouragement and support.

4.62 With regard to carers' perceptions of their involvement and consultation around support and services for their cared for, 62% felt that they were usually or always involved in such discussions whilst 22% said that they were unaware of being involved during the previous 12 months.

4.63 Although 26% of carers indicated that they had not received any information regarding their caring role from Adult Social Care during the prior 12 months, 94% of those who had found it useful. When trying to find information, 77% advised that they found it 'very' or 'fairly' easy to locate. Further analysis of responses showed that the carers who experienced most difficulty in finding information were caring for someone with a mental health issue or an autistic spectrum condition. Concerns regarding obtaining and receiving information were that Council departments did not communicate with one another or pass on information resulting in carers needing to repeat their details. It was difficult for carers to discover what support they were entitled to, and new information for carers including a directory of contact telephone numbers was not provided. It was acknowledged that GPs had a role in advising carers of their support entitlements and work was constantly undertaken to raise GPs awareness.

4.64 In terms of overall satisfaction with the services and support provided by Adult Social Care, 50% of respondents were extremely satisfied, 29% were fairly satisfied, 13% were neither satisfied nor dissatisfied, 4% were fairly dissatisfied and 4% were extremely dissatisfied. Compared with the results of the last carers' survey, undertaken in 2009/10, levels of satisfaction had reduced slightly in some areas. All carers who responded to the survey received an analysis of the results, fresh contact information and were invited to have follow up discussions regarding their support needs if they wished. Although the results of the survey indicated that most carers were content with the services and support they received overall, there was some scope for improvement and the following actions had been identified and set in motion to deliver improved service and support for carers and their cared for:

- Help carers to gain more control over their daily life by assisting them to do more things that they valued and enjoyed and by supporting them when they felt they were lacking in control.

- Understand the reasons why some carers felt they could not look after themselves well enough.

- Explore whether anything could be done to assist carers who felt that they did not have sufficient social contact with others.

- Identify whether improvements could be made to the support and encouragement given to carers.

- Aim to get carers more involved in discussions regarding their cared for person and ensure that they were aware of any communication taking place.

4.65 Having discussed the survey results, the Working Group welcomed the action points and suggested that a holistic assessment of both carers and their cared for together may be a beneficial way forward. Members noted that there were groups and charities, often specialising in certain conditions such as dementia or stroke that could support carers and increase their opportunities for social

interaction. It was felt that communication was key to supporting carers and directing them to available services.

Research Findings

Health and Social Care Information Centre (HSCIC)

4.66 By way of background information the Working Group had regard to figures provided by the HSCIC, a national organisation collecting Adult Social Care data, concerning Adult Social Care outcomes for Bracknell Forest in 2013/14. This is set out at Appendix 3 and indicates good outcomes in the areas of: social care related quality of life; service users with control over their daily life; people receiving self-directed support; adults with learning disabilities in stable accommodation; adults in contact with mental health services who are in stable accommodation; older people at home 91 days after leaving hospital into reablement; delayed transfers of care, particularly attributable to social services; client satisfaction with care and support; service users who find it easy to get information; people who use services and feel safe; and people who say the services they use make them feel safe and secure.

4.67 Less favourable outcomes in Bracknell Forest were in the areas of: people receiving direct payments; adults with learning disabilities in employment; adults in contact with mental health services who are in paid employment; older people receiving reablement services after leaving hospital; and service users with as much social contact as they would like.

CQC Strategy for 2013-2016, *Raising standards, putting people first*

4.68 The above Strategy was of interest and relevance to the Working Group as it set out the new vision and direction of the CQC proposing significant changes to the way in which health and social care services would be regulated in the future.

4.69 The Strategy stated that people had a right to expect safe, effective, compassionate and high quality care and as the regulator of health and social care in England, CQC played a vital role in ensuring that care services met those expectations. The strategy set out what CQC aimed to achieve by 2016. In developing the strategy CQC had looked closely at how it carried out its role, listening to what people who used health and social care services, providers of those services and others told it about what mattered to them. CQC would ensure that its judgements were completely independent of the health and social care system and that it always viewed services from the point of view of people who used care services.

4.70 CQC would continue to monitor, inspect and regulate services to ensure they met fundamental standards of quality and safety and publish its findings, including performance ratings, to help people choose care. The CQC would set a clear bar below which no provider must fall and publish clear ratings of services which would encourage and drive improvement.

4.71 Changes would involve appointing Chief Inspectors of Hospitals, and of Social Care and Support, and possibly a chief inspector for primary and integrated care. Inspections would ask the following five questions of services:

- Are they safe?

- Are they effective?
- Are they caring?
- Are they well led?
- Are they responsive to people's needs?

4.72 New fundamental standards that focused on those five areas, working with the public, people who used services, providers, professionals and partners would be developed. CQC would ensure inspectors specialised in particular areas of care and lead teams that included clinical and other experts, and people who were experts by experience.

4.73 National teams with specialist expertise to carry out in-depth reviews of hospitals, particularly those with significant or long-standing problems and trusts applying to be foundation trusts, would be introduced in NHS hospitals. A clear programme for failing trusts that ensured immediate action was taken to protect people would also be introduced.

4.74 CQC would predict, identify and respond more quickly to services that were failing, or likely to fail, by using information and evidence in a more focused and open way, including listening better to people's views and experiences of care. It would also improve its understanding of how well different care services worked together by listening to people's experiences of care when they moved between different care services. CQC aimed to work more closely with its partners in the health and social care system to improve the quality and safety of care and enhance work co-ordination. Publishing fuller and clearer information for the public, including ratings of services, would be pursued. The introduction of a more thorough test for organisations applying to provide care services, including ensuring that named directors, managers and leaders committed to meeting CQC standards and were tested on their ability to do so, would be introduced.

4.75 The protection of people whose rights were restricted under the Mental Health Act would be strengthened.

4.76 Efforts would be made to build a high performing organisation that was well run and well led, had an open culture that supported its staff, and was focused on delivering its purpose.

4.77 The changes would come into effect in NHS hospitals and mental health trusts first as there was an urgent need for more effective inspection and regulation of these services. The approach would be extended and adapted to other sectors in 2014 and 2015.

4.78 CQC would continue to carry out its programme of unannounced inspection and enforcement across the sectors it regulated and would also continue to publish inspection reports, national reviews, and other information about the quality and safety of services. It would continue to involve people who used services and their families and carers in its work.

4.79 CQC would maintain its focus on human rights, equality and diversity. In developing its plans, CQC would take into account the transformation of the health and social care system, which strengthened the importance of existing and new organisations working together efficiently and effectively. The strategy reflected the Secretary of State's initial response to the Francis Report into the

failings at Mid Staffordshire NHS Foundation Trust, which set out important new responsibilities for CQC.

Safeguarding Serious Case Review

4.80 The Working Group concluded its review by having regard to the report of a prominent serious case review involving a former care and nursing home in West Sussex which had been registered with the CQC to accommodate a large number of people in the categories of old age and dementia. The report gave an insight in to the implications, impact and consequences of serious failings in an adult social care setting.

4.81 Before the home closed there were a number of safeguarding alerts and investigations, and a team of health and social care staff were deployed within the home to mitigate the poor quality of care, leadership and management evident there. Following an anonymous alert there was sustained police involvement in safeguarding investigations and in the pursuit of possible criminal offences, however, insufficient evidence was found to pursue criminal charges. An inquest found that five people had died from natural causes attributed to by neglect and that several other people had died as a result of natural causes without evidence that their poor care was directly causative of their deaths. It also found that the poor care caused distress and discomfort to residents and relatives.

4.82 This case review was commissioned by the local Safeguarding Board and focused on safeguarding in line with its terms of reference. The findings and recommendations resulting from the case review were presented in response to the questions raised by relatives which focused on areas of the service such as quality of care, safety, support, trust, confidence, care governance, financial security and accountability.

4.83 Since the closure of the home and the inquest, the DoH and the CQC have published a number of consultation documents, some of which are a direct follow on from the Francis Report into care at The Mid Staffordshire Hospital NHS Foundation Trust and seek to extend actions identified in the Francis Report into the wider sphere of service providers beyond the NHS.

4.84 As a regulated service, the home was subject to a regulatory framework, specific requirements in line with that framework and inspection by the CQC. The CQC undertook an internal review of its involvement which concurred with the findings of the case review that this was inadequate at the care home. This analysis of the CQC's responses to events at the home identified key lessons for the CQC and outlined its actions taken or planned.

4.85 The case review identified that a sign of a good service was how it addressed problems and shortcomings, and found that the care issues at the care home were mostly an avoidance of positive action to rectify problems and a series of ineffectual action plans that were not acted on.

5. Conclusions

From its investigations, the Working Group concludes that:

5.1 Bracknell Forest Council fulfils its duty of care to people in need of care and robustly undertakes its care governance and safeguarding roles in regulated Adult Social Care services seeking to identify and eradicate poor care whilst supporting providers to improve the quality and safety of their services.

5.2 There are sufficient care homes / places locally to meet demand and review of CQC inspection reports indicates that the care provided by care homes and domiciliary agencies in Bracknell Forest is generally of a high standard and there has been no need for any enforcement action to be taken. Although a small number of inspection reports included 'action needed' judgements, these were mostly found to be of minor impact.

5.3 The majority of people wish to remain in their own home for as long as possible in preference to moving into a care home and good quality domiciliary care plays a part in achieving this.

5.4 The National Audit Office's finding that 90% of recipients of local authority arranged Adult Social Care services expressed satisfaction with the care and support they receive, amongst 64% of whom were very or extremely satisfied, with minimal variation between local authorities, indicates that good quality care is provided locally, and nationally.

5.5 Adult Social Care service outcome data collected by the Health and Social Care Information Centre confirms that Bracknell Forest performs well against the majority of outcome measures and compares favourably with most other Berkshire unitary authorities.

5.6 The Quality Assurance Framework is welcomed as a means of improving the quality of Adult Social Care services.

5.7 The reference in the Self-Assessment to having a plan in place for emergency evacuation of care / nursing home premises that is practiced regularly is considered to be impractical owing to the condition of residents and requires reconsideration and re-wording if this is permissible within regulations.

5.8 The Care Quality Commission's new regulation and inspection regime is considered beneficial as it seeks to ensure that services meet expectations of safe, effective, compassionate and high quality care whilst tackling poor performing services in a robust, open and transparent manner.

5.9 As there are fewer checks and balances in respect of services received by people who self-fund their care, it is important to collect their views in addition to those of people in receipt of local authority funded Adult Social Care services to ensure that they are well cared for and safe.

5.10 There is a need for the adoption and implementation of a missing person's procedure, including maintaining up to date family contact details and reporting related matters to the police, in order to safeguard vulnerable adults.

5.11 It may be helpful for providers if Validation Guidelines included a section explaining how benchmarks are identified and giving information regarding the service aspects that the Council measures performance against.

5.12 Care homes should consistently provide accessible and clear information as to the procedure for raising a complaint or a safeguarding alert. It is important that residents and their families feel sufficiently confident to make a complaint or an alert.

5.13 As the National Audit Office reports that carers express less satisfaction than Adult Social Care users with local authority care services and the results of the most recent Bracknell Forest carers' survey show that levels of satisfaction have reduced slightly in several areas compared with the previous survey, the action points arising from the survey are welcomed.

6. Recommendations

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

6.1 The reference in the Self-Assessment to having a plan in place for emergency evacuation of care / nursing home premises that is practiced regularly be reconsidered and re-worded to introduce a more practical emergency response procedure if this is permissible within regulations.

6.2 The Quality Assurance Framework be expanded to include collection of the views of people who self-fund their care.

6.3 A missing person's procedure, including the necessity to maintain up to date contact details and to report matters to the police, be adopted and implemented in order to safeguard vulnerable adults.

6.4 Validation Guidelines be expanded to include a section explaining how performance benchmarks are identified and giving information regarding the service aspects that the Council measures performance against.

7. Glossary

Council	Bracknell Forest Council
CQC	Care Quality Commission
DoH	Department of Health
DOLS	Deprivation of Liberty Safeguards
ETMS	Electronic Time Monitoring System
GP	General Practitioner
HSCIC	Health and Social Care Information Centre
NAO	National Audit Office
NHS	National Health Service
O&S	Overview and Scrutiny
QAF	Quality Assurance Framework

APPENDIX 1

BRACKNELL FOREST COUNCIL

ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL

WORK PROGRAMME 2013 – 2014

Terms of Reference for:

THE COUNCIL'S ROLE IN REGULATED ADULT SOCIAL CARE SERVICES

Purpose of this Working Group / anticipated value of its work:

1.	To review the Council's role with regard to care governance and managing safeguarding in regulated Adult Social Care services.

Key Objectives:

1.	To identify and define regulated Adult Social Care services.
2.	To establish the Council's role in care governance and managing safeguarding in relation to regulated Adult Social Care services.
3.	To establish whether the Council is satisfactorily carrying out its role in care governance and managing safeguarding in relation to regulated Adult Social Care services.
4.	To identify any areas for possible improvement in the Council's performance in relation to care governance and managing safeguarding in regulated Adult Social Care services.

Scope of the work:

1.	The Council's role in care governance and managing safeguarding in regulated Adult Social Care services.
2.	Care governance arrangements in regulated Adult Social Care services.
3.	Adult safeguarding arrangements in regulated Adult Social Care services.

Not included in the scope:

1.	Care governance and managing safeguarding in non-regulated Adult Social Care services.

Terms of Reference prepared by:	Andrea Carr
Terms of Reference agreed by:	The Council's Role in Regulated Adult Social Care Services Overview & Scrutiny Working Group
Working Group Structure:	Councillors Harrison, Mrs McCracken, Mrs Temperton and Thompson
Working Group Lead Member:	Councillor Harrison
Portfolio Holder:	Councillor Birch
Departmental Link Officer:	Zoë Johnstone

BACKGROUND:

1. The review of the Council's role with regard to care governance and managing safeguarding in regulated Adult Social Care services is included in the agreed 2013/14 work programme for the Adult Social Care and Housing Overview and Scrutiny Panel. The new vision and direction of the Care Quality Commission set out in its Strategy for 2013-2016, *Raising standards, putting people first* and its related consultation, *A new start*, which proposed radical changes to the way in which health and social care services are regulated, was one reason that this topic was selected for review.

SPECIFIC QUESTIONS FOR THE PANEL TO ADDRESS:

1. What is the Council's role with regard to care governance and manage safeguarding in regulated Adult Social Care services?
2. Does the Council adequately fulfil its roles in care governance and safeguarding in regulated Adult Social Care services?
3. Are there any areas for improvement in the way in which the Council fulfils its care management and safeguarding roles in regulated Adult Social Care services?

INFORMATION GATHERING:

Witnesses to be invited / met

Name	Organisation/Position	Reason for Inviting / Meeting
Zoë Johnstone	Chief Officer: Adults and Joint Commissioning	To provide information on regulated Adult Social Care services.
Chairman / Representative	Care Governance Board	To provide information on care governance in regulated Adult Social Care services.
Alex Bayliss, Head of Adult Safeguarding	Safeguarding Adults Partnership Board and Forum	To provide information on safeguarding in regulated Adult Social Care services.

Site Visits

Location	Purpose of visit
No need for site visits has been identified.	-

Key Documents / Background Data / Research

1. Care Quality Commission (CQC) inspection reports
2. Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and Care Quality Commission (Registration) Regulations 2009[3]
3. A definition of excellence for regulated adult social care services in England - A report for the CQC by the Social Care Institute for Excellence
4. A fresh start for the regulation and inspection of adult social care - CQC report
5. Raising standards, putting people first CQC Strategy for 2013 to 2016 and Guide
6. CQC leaflets – What standards you have a right to expect from the regulation of your care home and What standards you have a right to expect from the regulation of agencies that provide care in your own home
7. 'Safeguarding Adults in the Context of Personalisation' – the report of a review by a Working Group of the Adult Social Care and Housing Overview and Scrutiny Panel

[3] CQC inspections are regulated under these Regulations

TIMESCALE

Starting: Autumn 2013 Ending: Summer 2014

OUTPUTS TO BE PRODUCED

1. Report of the review with findings and recommendations.

REPORTING ARRANGEMENTS

Body	Date
Report to the Adult Social Care and Housing Overview and Scrutiny Panel.	September 2014

MONITORING / FEEDBACK ARRANGEMENTS

Body	Details	Date
Reporting to the Adult Social Care, and Housing Overview and Scrutiny Panel by the Executive Member.	Oral or written report	January 2015

APPENDIX 2

A Selection of Summaries of CQC Inspection Reports Including 'Action Needed' Judgements

No.	Unmet Essential Standard	CQC Judgement	Summary of Inspectors' Comments
1.	- Cleanliness and infection control	The provider was not meeting this standard. People were not always cared for in a clean, hygienic environment. We have judged that this has a minor impact on people who use the service, and have told the provider to take action.	People were treated respectfully and in ways that ensured their dignity. At the time of our inspection, there were 10 people living at the care home who needed care and support because of mental health and physical conditions. We spoke with three people who told us they were happy living at the home and the staff treated them well. One relative told us the care provided at the home was "second to none". They said their relatives had been at the home for several years and they had "nothing but praise for the staff. They told us the staff were respectful and kind and their relative was well looked after. Another relative said "the staff do a difficult job but they do it very well". We spoke to two members of staff who had good knowledge about the measures to take to protect people from infection. We looked in three staff files and found that they had undertaken training in food hygiene and infection control. However, on the day of our visit there were two staff providing all care and support for ten people in addition to cooking all the meals. This may have made implementing infection control measures difficult. People's bedrooms and the kitchen were clean and tidy but in some parts of the home there were signs that appropriate deep cleaning had not occurred. These areas had not been picked up because the provider did not have a programme of audit to detect areas which required cleaning.
	- Assessing and monitoring the quality of service provision	The provider was not meeting this standard. The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. We have judged that this has a minor impact on people who use the service, and have told the provider to take action.	
	- Notification of other incidents	The provider was not meeting this standard. The registered person had not notified the CQC when two people received painful injuries following falls. We have told the provider to take action.	
	- Records	The provider was not meeting this standard. People were not protected from the risks of unsafe or inappropriate care and treatment because accurate records were not maintained. We have judged that this	

		has a minor impact on people who use the service, and have told the provider to take action.	
2.	- Caring for people safely & protecting them from harm	The provider was not meeting this standard. People were not protected from the risk of infection because appropriate guidance and record-keeping was not always followed. We have judged that this has a minor impact on people who use the service, and have told the provider to take action.	We spoke with five people who use this care home and a relative of someone who uses the service. Some of the people who use the service were not able to verbally communicate with us due to their health issues. We observed care and support provided to people to inform us of the standard of care and support people experienced. We observed staff asked people for permission before supporting them to attend to personal needs. Where people were unable to verbally consent, care workers explained other factors they used to understand people's preferences, such as gestures and expressions. One care worker told us "We know our residents and adapt to them." Staff understood people's capacity to make decisions and when it was appropriate to make best interest decisions. People's care needs were assessed and care provision was planned to meet them. Staff were aware of people's health conditions and assessed risks to ensure people were cared for safely. One relative told us "I am happy with everything here. Staff are always on top of things and people have lots to do." We observed staff were aware when people required support to maintain a healthy diet. People we spoke with confirmed they had sufficient amounts of food and could ask for changes to the planned menu to meet their preferences. Appropriate records ensured staff were aware of the actions to take to maintain people's dietary health. We found the home to be clean. One relative told us "It's a clean and happy home." However, we found cleaning logs were not completed in accordance with the service's cleaning schedules. One toilet did not contain tissue and another was lacking in paper towels. This meant people were not protected from the risk of infection. Staff told us the manager was supportive. We saw training schedules were up to date, and staff told us they felt suitably trained to care for people safely. Staff attended supervision and appraisal meetings that provided opportunities to discuss training, development needs and opportunities.

3.	- Supporting workers - Assessing and monitoring the quality of service provision	The provider was not meeting this standard. A system of staff supervision and appraisal was in place to support workers. However, staff did not always receive appropriate training and professional development to enable them to deliver care and treatment to people safely and to an appropriate standard. We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. The provider was not meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive. However, the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. We have judged that this has a minor impact on people who use the service, and have told the provider to take action.	People who use the support service we spoke with were complimentary about the care they received. They told us that staff listened to them and supported them with their daily activities and tasks. Care was planned with the involvement of the people who use the service and their relatives. Support plans reflected their individual needs. We found people were provided with appropriate care to meet their needs. A system of staff supervision and appraisal was in place to support workers. However, staff did not always receive appropriate training and professional development to enable them to deliver care and treatment to people safely and to an appropriate standard. There were systems for monitoring the quality and safety of services provided to people. These included collecting feedback from people using the service, their relatives and staff. Spot checks by management were in place to monitor the quality and safety of services provided to people in their own homes. The provider had acted on feedback received to improve the service. There was no system for monitoring and learning from incidents relating to the welfare and safety of people who use the service. There were processes in place for recording, investigating and resolving complaints from people who use the service and their relatives. The provider had written information on their complaints procedure, including a version in a format appropriate for people's needs. These had been made available to people who use the service and their relatives. People we spoke with were aware of who they would speak to if they had any complaints or concerns. People's records and other records relevant to the management of the service were accurate and fit for purpose. People's care documentation was stored securely in the office and accessible only by care workers and management.
4.	- Requirements relating to workers	The provider was not meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff. However, staff were employed without the relevant pre-employment checks required by the regulation. We have	We spoke with eight people who use the service and two relatives. Nearly all of the people we spoke with stated they were happy with the service provided. One relative told us, "X has a care plan and the carers do what they are supposed to do. I am very pleased with them and so is X." However two people felt their care was compromised by having different carer workers. We discussed these concerns with the registered manager. Staff told us they regularly read people's care plans

		judged that this has a minor impact on people who use the service, and have told the provider to take action.	and discussed care with people to ensure they provided care as they wished. Care plans reflected the person's care needs. The provider did not complete all relevant checks before staff began work. We did not see written explanations of gaps in employment history. Some of the files reviewed did not contain a medical questionnaire. Where staff had worked previously in a health and social care setting, their conduct or reason for leaving was not always checked. People we spoke with told us they felt safe with staff and had no concerns. Staff attended regular safeguarding training. Staff were able to describe the possible signs of abuse and knew who to contact if they had concerns. We saw measures to assess and monitor the service were in place. There were spot checks by management to monitor the quality and safety of services provided to people. There were processes in place for recording, investigating and resolving complaints from people who use the service and their relatives.

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A Selection of Summaries of Compliant CQC Inspection Reports

No.	Summary of Inspectors' Comments
5.	People we spoke with told us they were very happy living at this nursing home and were well looked after. One person said, "I am really happy here, everything is wonderful". Another person said, "I am very happy living here, the staff are lovely". Care plans showed that people were involved in making decisions about how they wished to be cared for and were asked for their consent before the staff delivered any care or treatment. The staff demonstrated different communication techniques to ensure people understood what was being proposed to them. The care given by staff reflected what was documented in people's care plans, and care plans were regularly reviewed and updated. We saw that the premises and environment were safe and clean. Both individual and communal areas were comfortable and adapted to people's needs and wishes. We observed health and safety information, and the staff we spoke with could explain how to reduce the risk of infection. During our visit we saw staff approach the duties they needed to undertake with confidence and competence. Staff were well supported and there was a comprehensive training and education schedule in place to ensure staff were able to meet the needs of people using the service. This home had various methods that were used to ensure the quality of the care was assessed. Meetings, reviews and senior management audits were in place and records were available.

6.	During our visit we saw that people were being treated with dignity and respect and people's independence was encouraged. People we spoke to and visiting relatives told us that they were happy with the care provided. One visitor said, "the staff are excellent" and another visitor told us that the staff provided exceptional care and they felt very welcomed into the home. One person told us that the staff did things at their pace and were very patient. We saw that people experienced safe and effective care based on detailed care plans. There were risk assessments that met individual needs and provided guidance to staff to minimise potential risks. We saw that good nutritional care was provided in a way that met people's needs and preferences. People were protected from abuse as they were supported by a staff team who had appropriate knowledge and training on safeguarding adults. People we spoke to told us that if they had any concerns they would speak up about it. Staff we spoke to and records we reviewed, demonstrated that staff were trained and competent to carry out their roles. They felt very supported by their manager and the organisation and were very happy to work at the care home. The provider had effective systems in place to monitor and assess the quality of the service. The provider regularly collected the views of families, people who used the service and other practitioners and they were very positive about the service.
7.	We spoke with five people who used the service and/or their primary carer, relative or advocate. The majority were complimentary about the service. They told us staff usually arrived on time and stayed for the required length of time. They told us the care provided centred on their needs and wishes, and staff were caring, kind and respectful. People who used the service told us they had been fully involved in planning their care and had been given the opportunity to say how they wished to be cared for. People said they had received a copy of their care plan and had agreed its content. People told us they were asked what they needed and were actively encouraged to be fully involved in their care plan and reviews. Every attempt was made to provide the service in a way that met the expressed needs of the individual. Care plans were centred on the person and care was tailored to meet the needs of the individual. People we spoke with told us staff were always polite and courteous and their dignity, privacy and choice were always respected. They told us office staff were always quick to respond to queries and requests and made them feel like their enquiry was important to the agency. The majority of people said if there was a need to change the time of a visit, or if different staff were visiting them, office staff informed them of the alternative arrangements.
8.	We were not able to speak to people who use the service because they had complex needs and were not able to fully understand our questions. To help us understand their experiences we spoke with the relatives of five of the 17 people who were receiving a service at the time of our inspection. We found people's privacy, dignity and independence were respected. Relatives we spoke with told us they felt their relative's needs were being met and their care was delivered in the way it had been planned. Comments received from relatives were all complimentary and included: "the staff are very respectful and are very friendly with my relative, that's why it works." Systems were in place to identify the possibility of abuse and relatives of the people using the service told us they felt their relatives were safe with the staff. People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained. We found staff were supported to deliver care and treatment safely and to an appropriate standard. Relatives of people using the service said the staff had the skills they needed when providing care to their relatives. Comments received from relatives about the care staff were all positive and included: "I can't fault them, they are absolutely brilliant", "they do their job and do it very well" and "what is important is creating a good relationship. I think they do that very well."

APPENDIX 3

HEALTH AND SOCIAL CARE INFORMATION CENTRE

Adult Social Care Outcomes for Bracknell Forest 2013/14 (provisional data)

Social care related quality of life	18.8 points out of 24
Service users with control over their daily life	75.9%
People receiving self-directed support	55.6%
People receiving direct payments	11.5%
Carer-reported quality of life	No Data
Adults with learning disabilities in employment	17.4%
Adults in contact with mental health services who are in paid employment	13.0%
Adults with learning disabilities in stable accommodation	87.4%
Adults in contact with mental health services who are in stable accommodation	78.2%
Service users with as much social contact as they would like	41.5%
Carers with as much social contact as they would like	No Data
Permanent admissions to care homes: people aged 18 to 64	No Data
Permanent admissions to care homes: people aged 65 and over	623.3 per 100,000 people
Older people at home 91 days after leaving hospital into reablement	80.8%
Older people receiving reablement services after leaving hospital	3.7%
Delayed transfers of care	5.7 per 100,000 people
Delayed transfers of care attributable to social services	2.1 per 100,000 people
Client satisfaction with care and support	64.8%
Carer satisfaction with social services	No Data
Carers included or consulted in decisions	No Data
Service users who find it easy to get information	76.5%
Carers who find it easy to get information	No Data
People who use services and feel safe	63.4%
People who say the services they use make them feel safe and secure	83.8%

For further information on the work of Overview and Scrutiny in Bracknell Forest, please visit our website on:
http://www.bracknell-forest.gov.uk/scrutiny

or contact us at:

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TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
16 SEPTEMBER 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 & HOUSING OVERVIEW & SCRUTINY PANEL

EXECUTIVE WORK PROGRAMME

REFERENCE:	I048672
TITLE:	Redevelopment of Coopers Hill
PURPOSE OF REPORT:	Proposals to redevelop the Council owned site at Coopers Hill to provide over 100 units of low cost home ownership residential accommodation and an exemplar youth arts centre/hub.
DECISION MAKER:	Executive
DECISION DATE:	21 Oct 2014
FINANCIAL IMPACT:	Financial impact will be considered as part of the Council's 2015/16 Capital Programme.
CONSULTEES:	To be confirmed.
CONSULTATION METHOD:	To be confirmed.

REFERENCE:	I049461
TITLE:	Establishing a Local Housing Company
PURPOSE OF REPORT:	Members are asked to consider further work to establish a local housing company to provide temporary accommodation for homeless households.
DECISION MAKER:	Executive
DECISION DATE:	21 Oct 2014
FINANCIAL IMPACT:	Financial impact will be contained within the existing Council budget.
CONSULTEES:	Not applicable at this stage.
CONSULTATION METHOD:	Not applicable at this stage.

REFERENCE:	I049331
TITLE:	Autism Joint Commissioning Strategy
PURPOSE OF REPORT:	In response to the revised National Autism Strategy (Think Autism), it is a duty for local areas to have a Joint Autism Commissioning Strategy for adults with Autism. The current local strategy comes into the end March 2015 and, therefore, a new strategy is required. The decision will be for the Executive to agree the proposed Commissioning Strategy.
DECISION MAKER:	Executive
DECISION DATE:	27 Jan 2015
FINANCIAL IMPACT:	Potential Financial Implications will be accommodated during the Council budget setting processes
CONSULTEES:	Providers, Carers, Mencap, Berkshire Autistic Society, individuals that use the service
CONSULTATION METHOD:	Letter Meeting(s) with interested parties Presentation Public Meeting