



NOTICE OF MEETING

Adult Social Care and Housing Overview & Scrutiny Panel
Tuesday 20 January 2015, 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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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 16 September 2014.

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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.

BUDGET CONSULTATION

6. 2015/16 DRAFT BUDGET PROPOSALS

To consider key themes and priorities for Adult Social Care and Housing as outlined in the Council's Draft Budget Proposals for 2015/16.

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PERFORMANCE MONITORING

7. QUARTERLY SERVICE REPORT (QSR)

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

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

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

8. CARE QUALITY COMMISSION (CQC) STATE OF CARE 2013/14 ANNUAL REPORT

To consider the CQC State of Care 2013/14 Annual Report.

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OVERVIEW AND POLICY DEVELOPMENT

9. HOMELESS STRATEGY

To discuss the Homeless Strategy at an early stage of its formulation.

85 - 88

10. JOINT COMMISSIONING STRATEGY FOR ADULTS WITH AUTISM 2015-2020

The new Joint Commissioning Strategy for Adults with Autism is attached for consideration.

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11. FEEDBACK FROM THE CARERS' STRATEGY CONSULTATION

To consider the initial findings of the consultation associated with the Carers' Strategy.

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12. REGULATED ADULT SOCIAL CARE SERVICES OVERVIEW AND SCRUTINY WORKING GROUP REPORT - EXECUTIVE RESPONSE

To receive and consider the Executive response to the report of the review of the Council's role in regulated Adult Social Care services.

131 - 136

13. **WORK PROGRAMME 2015/16**
To consider the Panel's Work Programme for 2015/16. 137 - 140
14. **OVERVIEW AND SCRUTINY PROGRESS REPORT**
To note the Bi-Annual Progress Report of the Assistant Chief Executive. 141 - 154

HOLDING THE EXECUTIVE TO ACCOUNT

15. **EXECUTIVE KEY AND NON-KEY DECISIONS**
To consider scheduled Executive Key and Non-Key Decisions relating to Adult Social Care and Housing. 155 - 160

DATE OF NEXT MEETING

The next meeting of the Adult Social Care and Housing Overview and Scrutiny Panel has been scheduled for Tuesday 24 March 2015.

**ADULT SOCIAL CARE AND HOUSING
OVERVIEW & SCRUTINY PANEL
16 SEPTEMBER 2014
7.30 - 8.50 PM**



Present:

Councillors Harrison (Chairman), Allen (Vice-Chairman), Blatchford, Brossard, Finch and Mrs McCracken

Executive Members:

Councillors Birch and McCracken

Also Present:

Andrea Carr, Policy Officer (Overview and Scrutiny)
Mira Haynes, Chief Officer: Older People & Long Term Conditions
Neil Haddock, Head of Performance and Resources
Simon Hendey, Chief Officer: Housing
Zoë Johnstone, Chief Officer: Adults & Joint Commissioning

Apologies for absence were received from:

Councillors Mrs Temperton and Virgo

15. Minutes and Matters Arising

RESOLVED that the minutes of the meeting of the Panel held on 17 June 2014 be approved as a correct record and signed by the Chairman.

16. Declarations of Interest and Party Whip

There were no declarations of interest or any indications that Members would be participating under the party whip.

17. Urgent Items of Business

There were no urgent items of business.

18. Public Participation

No submissions had been made by members of the public under the Council's Public Participation Scheme for Overview and Scrutiny.

19. Quarterly Service Report (QSR)

The Panel received the Quarterly Service Report (QSR) for the first quarter of 2014/15 (April to June 2014) together with a presentation outlining the major service issues over the second quarter.

Following questions from the Panel on the presentation, the meeting was advised that:

- Deprivation of Liberty Safeguards (DoLS) had previously applied to adults in a care home or hospital setting who lacked the capacity to consent to their stay and whose care regime amounted to a deprivation of their liberty. However a Supreme Court judgement in March had widened the definition of DoLS to include people who lived in their own homes and a considerably greater number of people in residential care, nursing homes and hospitals which could increase the number of applications thirtyfold. No additional government funding had been provided at this point, but the resource implications for local authorities was going to be significant.
- Self-care was a term relating to individuals taking responsibility for their own health and well-being. It covered both prevention and management of conditions.

20. **Adult Social Care Annual Report (Local Account) 2013/14**

The Panel considered the Local Account for Adult Social Care 2013/14.

In addition, three short videos had been produced highlighting particular priorities in order to make the report more accessible and to communicate key messages. The Panel watched two of these videos regarding Dementia Friendly Communities and Personalisation. The videos were viewable on You-tube and on the Council's intranet and website.

Following questions from the Panel on the Dementia Friendly Communities video, the meeting was advised that:

- All Bracknell retailers had been invited to the dementia awareness training but the take up had been disappointing.
- A decision on whether to repeat the training would be taken once an evaluation had been completed.

The Panel was advised that the Council's strategy was to support people in their own homes for as long as possible rather than providing more residential care.

The Panel endorsed the approach set out in the report and welcomed the steps being taken to improve communication.

21. **Bracknell Forest Safeguarding Adults Partnership Board Annual Report 2013/14**

The Panel considered the Bracknell Forest Safeguarding Adults Partnership Board Annual Report 2013/14. The report highlighted a number of key developments to further enhance the safety and wellbeing of adults at risk in the Borough and evidenced the engagement of a number of key partner agencies and the work of the Partnership as a whole in developing services and support that were both safe and met individual outcomes.

Although the number of safeguarding alerts had increased, the number substantiated had reduced and this indicated increased awareness.

The Panel noted that the Board had met 95% of its objectives during the year and that positive progress was continuing.

22. Changes to Regulation and Inspection of Adult Social Care April 2015

The Panel considered a report regarding changes to the regulation and inspection of Adult Social Care Registered Services. The new standard regulations, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, would come into force for all providers on 1 April 2015, subject to Parliamentary approval.

Following questions from the Panel on the presentation, the meeting was advised that:

- No notice was given of inspections.
- The duration of the inspection was dependent upon the size of the establishment.
- Completion of the questionnaire was estimated to take approximately 4-5 hours and there was additional work gathering information for the Care Quality Commission.
- The frequency of inspections would be linked to the rating; the lower the rating, the more frequent the inspections.

The Panel noted the report.

23. Regulated Adult Social Care Services Working Group Report

The Panel agreed and adopted the 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, subject to the inclusion of a Foreword and some points of clarification.

The Chairman thanked the members of the Working Group and the supporting officers for their efforts.

24. Executive Key and Non-Key Decisions

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

In response to questions from the Panel, Councillor Birch, Executive Member for Adult Services, Health and Housing, outlined the reasons for the proposed establishment of a Local Housing Company to provide temporary accommodation for homeless households.

25. Date of Next Meeting

The next meeting of the Adult Social Care and Housing Overview and Scrutiny Panel would be held on 20 January 2015 at 7.30pm.

CHAIRMAN

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
20 JANUARY 2015**

**DRAFT BUDGET PROPOSALS 2015/16
(Borough Treasurer)**

1 INTRODUCTION

- 1.1 The Executive agreed the Council's draft budget proposals for 2015/16 at its meeting on 16 December 2014 as the basis for consultation with the Overview and Scrutiny Commission, Overview and Scrutiny Panels and other interested parties. The consultation period runs until 27 January 2015, after which the Executive will consider the representations made at its meeting on 10 February 2015, before recommending the budget to Council.

2 SUGGESTED ACTION

- 2.1 **That the Overview and Scrutiny Panel comments on the Council's draft budget proposals for 2015/16.**

3 SUPPORTING INFORMATION

- 3.1 Attached to this report are extracts from the 2015/16 Revenue Budget and Capital Programme reports that are of relevance to each of the Overview and Scrutiny Panels. These extracts are for information and background to assist consideration of the Council's draft budget proposals and comprise:

- Revenue Budget Report
- Commitment Budget
- Draft Revenue Budget Pressures
- Draft Revenue Budget Savings Proposals
- Proposed Fees and Charges
- Capital Programme Report and Summary
- Proposed Capital Schemes

- 3.2 The Fees and Charges (Annexe D) included in the report to the Executive on the 16 December were updated before being released for consultation because out of date figures were included for small land sales, Adult Residential Care at Waymead and Heathlands, and Adult Day Care. The updated Annexe is attached to this report.

- 3.3 The full 2015/16 Revenue Budget and Capital Programme reports are available on the Council's public website as part of the wider budget consultation (<http://consult.bracknell-forest.gov.uk/portal>).

ALTERNATIVE OPTIONS CONSIDERED / ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS / EQUALITIES IMPACT ASSESSMENT / STRATEGIC RISK MANAGEMENT ISSUES / CONSULTATION – Not applicable

Background Papers

None

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TO: THE EXECUTIVE
DATE: 16 DECEMBER 2014

**GENERAL FUND REVENUE BUDGET 2015/16
(Chief Executive/Borough Treasurer)**

1. PURPOSE OF REPORT

- 1.1 Under the Council's constitution, the Executive is required to consult on its detailed budget proposals with the Council's Overview & Scrutiny Commission and any other interested parties or individuals for a period of at least six weeks. This report summarises the current position on the Council's budget preparations for 2015/16.
- 1.2 At the time the Executive agenda was published the Provisional Local Government Financial Settlement had not been announced and is not expected until late December 2014. Therefore, in the absence of the Provisional Settlement, the report is based on the indicative 2015/16 funding figures received in February 2014.
- 1.3 All comments received on these budget proposals will be submitted to the Executive on 10 February along with details of the final Financial Settlement. This will allow the Executive to determine its final budget package and recommend the appropriate Council Tax level to Council, who will formally approve the 2015/16 budget and Council Tax on 25 February 2015.

2 RECOMMENDATIONS

That the Executive:

- 2.1 **Agree the draft budget proposals for 2015/16 as the basis for consultation with the Overview & Scrutiny Commission and other interested parties or individuals.**
- 2.2 **Agree the Treasury Management Strategy and associated documents at Annexe E and request that the Governance and Audit Committee review each of the key elements.**
- 2.3 **Agree that the 2015/16 Schools Budget be set at the estimated level of grant income plus any accumulated balances, with the Executive Member for Children, Young People and Learning authorised to make amendments and agree budgets for schools and services centrally managed by the Council.**
- 2.4 **Approve the virements relating to the 2014/15 budget as set out in Annexes F and G and recommend those that are over £0.100m for approval by Council.**

3 REASONS FOR RECOMMENDATIONS

- 3.1 The recommendations are designed to allow the Executive to consult on its draft budget proposals for 2015/16 as required by the Local Government Act 2003.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 The range of options being considered is included in the report and its Annexes.

SUPPORTING INFORMATION

5 COMMITMENT BUDGET 2015/16 – 2017/18

5.1 Initial preparations for the 2015/16 budget have focussed on the Council's Commitment Budget for 2015/16 – 2017/18. This brings together the Council's existing expenditure plans, taking account of approved commitments and the ongoing effects of service developments and efficiencies that were agreed when the 2014/15 budget was set.

5.2 A number of changes are proposed to the Commitment Budget since it was last considered by the Executive in July and are reflected in the summary in Table 1. The most significant are set out below:

- The latest waste projections have indicated an increase in waste tonnages and a reduction in the amount being recycled. In addition, increases in landfill tax are now directly linked to RPI and will be reflected in the inflation calculation (£0.380m).
- The Local Development Framework has required updating due to changes in National Policy, including those brought in through the National Planning Policy Framework. This has resulted in additional costs for technical work and studies and has changed the spend profile over the next three years compared to the previous estimate (£0.163m). The new programme has been formalised in the updated Local Development Scheme approved by the Executive.
- Inclusion of the forecast recruitment and retention payments in Children's Social Care agreed by the Employment Committee on the 18 June (£0.130m). The budget increase will be reviewed once the actual number of employees entitled to the payment has been established.
- The projection for the Minimum Revenue Provision now incorporates the latest forecast for capital spend and receipts and the on-going under spend from 2014/15 (-£0.390m).
- Inclusion of the savings from the Aiming High programme agreed by the Executive on 23 September (-£0.108m).
- The allocation for pension fund contributions now reflects the actual lump sum deficit payments the Council will need to make over the next three years (-£0.197m).

Whilst these changes to the Commitment Budget are individually significant, their overall impact is to increase the Council's budget by only £0.011m (includes other minor changes) when compared to the position reported in July.

5.3 Taking account of these changes, Table 1 summarises the position and shows that base expenditure (excluding schools) is planned to increase by £1.005m to £90.779m next year, before consideration is given to allowances for inflation and the budget proposals identified by individual Departments in 2015/16. The commitment budget is shown in more detail in Annexe A.

Table 1: Summary Commitment Budget 2015/16-2017/18

	Planned Expenditure		
	2015/16 £000	2016/17 £000	2017/18 £000
Base Budget	89,774	90,779	92,241
<i>Movements in Year:</i>			
Adult Social Care, Health and Housing	17	10	0
Children, Young People and Learning (excluding schools)	22	-30	10
Corporate Services / Chief Executive's Office	121	-65	-29
Environment, Culture & Communities	795	110	-166
Non Departmental / Council Wide	50	1,437	600
<i>Total Movements</i>	1,005	1,462	415
Adjusted Base	90,779	92,241	92,656

6 PROVISIONAL LOCAL GOVERNMENT FINANCE SETTLEMENT 2015/16

- 6.1 Alongside the 2014/15 Local Government Financial Settlement announced in February 2014, the Government published a Provisional 2015/16 Settlement for local authorities. As expected, for such an early Provisional Settlement, this did not contain a great amount of detail but gave councils an indication of the likely level of funding to be used for planning purposes.
- 6.2 In July 2014 the Government published a consultation paper on potential changes to both the total amount of funding assumed in the Provisional Settlement and a number of technical changes to the allocation methodologies. The outcome of this exercise is expected to be known when the 2015/16 Provisional Settlement is published in late December.
- 6.3 Funding from central government is received through Revenue Support Grant (RSG) and Specific Grants. The provisional amount of RSG announced in February 2014 for 2015/16 showed a fall from -£19.297m to -£15.171m, representing a 21.4% reduction. As noted above, further reductions may result from the consultation proposals outlined by the Government in the summer.
- 6.4 The level of Specific Grants will be announced as part of the 2015/16 Provisional Settlement. However, at this stage in the budget cycle the Council has already been made aware of two particular changes.
- The Education Services Grant (ESG) is paid to fund education support services which local authorities provide centrally to maintained schools but for the most part academies must secure independently; for example, human resources, financial supervision and asset management. It is not a ring-fenced grant: local authorities and Academies are free to decide how it is spent based on their individual circumstances. The June 2013 Spending Review announced that £200 million of savings will be needed to be made from the ESG in 2015/16; almost 20% of total ESG grant expenditure. A

consultation in March of this year sought views on how this reduction might be achieved. It is estimated that the Council will see a reduction of £0.426m.

- Parts of the discretionary Social Fund, introduced in 1987, were abolished by the Welfare Reform Act 2013 and replaced by a non-ring-fenced specific grant from April 2013 for the final two years of the Spending Review up to March 2015. The Government informed local authorities that the allocation of future funding would be assessed as part of the next Spending Round Settlement. It is intended that, from April 2015, local welfare provision would be funded from general grant to Local Government, instead of an identifiable sum being made available specifically for this purpose. The overall impact of this change in approach is expected to be a reduction in funding of £0.208m.

- 6.5 A third important stream of income for the Council is Business Rates, a proportion of which is retained locally following the introduction of the Business Rates Retention reforms in April 2013. The level of Business Rates change each year due to inflationary increases (set by central government) and local growth or decline as local businesses and economic conditions expand or contract.
- 6.6 The Government sets a baseline level of funding against which any growth or reduction is shared between local and central government. Taking into account the baseline funding level published in February 2014 and factoring in local circumstances, the budget projections assume income of -£21.247m. There is a risk associated with these projections due to the impact of the Town Centre regeneration and changes in the local economic conditions; however officers monitor total yield, revaluations, changes-in-circumstances, appeals and refunds on a monthly basis.
- 6.7 During 2013/14 a large multi-national company transferred on to the Council's valuation list which materially increased the level of business rates collected locally. When setting the budget for 2014/15 the Council's share of the resulting one-off surplus on the Collection Fund for 2013/14 and the on-going additional rates income were transferred into the Business Rates Equalisation Reserve. The 2015/16 budget proposals assume that the on-going transfer to the reserve will be reduced by £3m to help balance the budget.
- 6.8 Based on the number of additional properties that have been built and liable for Council Tax in the last 12 months to October, the budget proposals assume an additional New Home Bonus (NHB) grant of -£0.500m. This excludes a share of the NHB Adjustment Grant (NHBAG) that is top-sliced from the local government overall funding total to ensure there is sufficient funding to meet all the NHB allocations. Any surplus is returned to local-authorities on a pro-rata basis. The actual figure will be announced as part of the Provisional Settlement, but the current model assumes that the level of NHBAG received in 2014/15 (-£0.052m) will be continued in 2015/16.

7 COUNCIL TAX

- 7.1 Following the acceptance of Council Tax Freeze Grant and the resultant zero increase for the last four years, Council Tax at present levels will generate total income of -£45.944m in 2015/16. The Local Council Tax Benefit Support Scheme is treated as a discount i.e. a reduction in the calculation of the Council Tax Base. The latest information on the take-up of Council Tax support indicates that it will be significantly less than that budgeted for in 2013/14. Based on the latest forecast, Council Tax income will increase by £0.356m as a result in 2015/16. In addition a further £0.406m will be generated from an increase in the Tax Base primarily arising from the occupation of new properties during 2015/16. Based on these provisional figures, Council Tax income is therefore expected to be -£46.706m for 2015/16.

- 7.2 The Government has again prioritised keeping Council Tax increases to the minimum possible next year. To support this aim, the Department for Communities and Local Government has announced that it will give Councils who agree to freeze or reduce Council Tax in 2015/16 a one-off grant equivalent to a 1% increase in Council Tax. Any future support will be announced as part of the 2016 Spending Round following the General Election.
- 7.3 The Executive intends to accept the Government's offer to work in partnership with local authorities to protect council tax payers with a council tax freeze, thereby passing on the benefit to the council tax payers for a fifth consecutive year. The working assumption upon which the proposals in this report are based is that there will be no increase in Council Tax and that the Council will receive additional grant from Central Government of -£0.505m.
- 7.4 The Executive at its meeting in February will recommend to Council the level of Council Tax in light of the Final Settlement, the results of the consultation and the final budget proposals.

8 BUDGET PROPOSALS 2015/16

Service Pressures and Developments

- 8.1 In the face of significant reductions in public expenditure in general and in grants to Local Government in particular the scope to invest in new service provision is self evidently severely restricted. Nevertheless, it is important to retain a clear focus to ensure that the Council continues to protect and, wherever possible, improve services and to invest in the Borough, focussing on protecting front line services and delivering the Council's Medium Term Objectives. In preparing the 2015/16 draft budget proposals each department has evaluated the potential pressures on its services and these are set out in Annexe B. The following Table summarises the pressures by department.

Table 2: Service Pressures/Development

Department	£'000
Adult Social Care, Health and Housing	838
Children, Young People and Learning (excluding schools)	140
Corporate Services / Chief Executive's Office	182
Environment, Culture & Communities	424
Total Pressures/Developments	1,584

- 8.2 Many of the pressures are simply unavoidable and respond only to changing demographic trends, particularly as they principally relate to increases in client numbers within Adult Social Care. They do, however, also support the Council's overarching priorities and medium term objectives in the following way:
- protect and enhance our environment (0.289m)
 - promote health & achievement (£0.160m);
 - create a Borough where people are safe, and feel, safe (£0.888m);
 - sustain economic prosperity (£0.037m);
 - provide value for money (£0.086m).

- 8.3 In addition to these revenue proposals the Council continues to invest in its priorities through targeted capital expenditure. A substantial investment in the long term future of the Borough is planned, to secure the delivery of regeneration in Bracknell town centre, to ensure that there are sufficient school places for our children and young people, and to protect and enhance the Borough's outstanding leisure offer. Details of these major investments are contained in the capital programme report and in other individual reports elsewhere on tonight's agenda, but the cost of funding all potential commitments arising from these various proposals is included in the revenue plans before members.

Service Economies /Balancing the Budget

- 8.4 Members and officers have held regular meetings to determine options for savings and a list of potential draft budget savings has been developed. This list totals -£2.476m and is attached at Annexe C and summarised in Table 3. As in previous years, these economies focus as far as possible on central and departmental support rather than on front-line services. However, since it became a Unitary Authority the Council has successfully delivered savings of around £62m in total. Against this background of continually bearing down on costs and driving to improve efficiency it is becoming increasingly difficult to find further savings in these areas, which would not compromise the Council's ability to function effectively. Additional economies identified by Adult Social Care, Health and Housing resulting from the current take-up of the Local Council Tax Benefit Support Scheme have now been incorporated into the Council Tax calculation in paragraph 7.1. Treasury Management savings previously shown under Corporate Services have now been incorporated into Non Departmental budgets.

Table 3: Summary Service Economies

Department	£'000
Adult Social Care, Health and Housing	-698
Children, Young People and Learning (excluding schools)	-494
Corporate Services / Chief Executive's Office	-411
Environment, Culture & Communities	-813
Non Departmental / Council Wide	-60
Total Savings	-2,476

Significant Budget Decisions

- 8.5 Consideration and approval of the budget is a major policy decision. However, the budget, by its nature, includes a range of proposals, some of which in themselves represent important policy decisions. More details on each of the proposals are included in Annexe B.
- 8.6 As the budget report is a policy document and is subject to six weeks consultation, the identification of these issues within the budget report facilitates detailed consultation on a range of significant policy decisions.

Council Wide Issues

8.7 Apart from the specific departmental budget proposals contained in Annexes A and B there are some Council wide issues affecting all departments' budgets which need to be considered. The precise impact of these corporate budgets is likely to change before the final budget proposals are recommended, however the current view on these issues is outlined in the following paragraphs.

a) Capital Programme

As outlined above, the scale of the Council's Capital Programme for 2015/16 will impact upon the revenue budget and will itself be subject to consultation over the coming weeks. All new spending on services will need to be funded from new capital receipts, government grants, developer contributions or borrowing from internal resources. The proposed Council Funded Capital Programme of £16.818m and externally funded programme of £17.804m for 2015/16 features in a separate report on tonight's agenda. After allowing for projected receipts of approximately £2.5m in 2015/16 and carry forwards, but excluding the self-funding Invest to Save schemes, the additional revenue costs will be £0.034m in 2015/16 and £0.453m in 2016/17. These figures include on-going costs associated with the maintenance and support of IT capital purchases.

b) Interest and Investments

Investment returns are likely to remain relatively low during 2015/16 and beyond. The Bank Rate is forecast to remain unchanged at 0.5% before starting to rise from quarter 2 of 2015. Given the Council's approach to managing risk and keeping investments limited to a maximum of 6 months maturity with the exception of the part-nationalised UK Banks, the opportunity to achieve rates in excess of the Bank Rate is limited.

The 2015/16 budget is therefore based on an average rate of return of approximately 0.5% and reflects the lower cash balances as a result of the proposed 2015/16 Capital Programme. The net impact of these is a £0.085m pressure, being £0.034m related to the Capital Programme and a loss of income of £0.051m from the fall in the expected yield on investments from cash-flow movements.

There is a risk, however, that the Council's cash-flow will differ from past years as a result of the reforms to Business Rates Retention which has a dramatic impact on the cash-profile of the Council. As such any change in interest rates or cash balances will clearly have an impact on the overall investment income generated by the Council with every 0.1% reduction in the average rate of return adding a £0.03m pressure to the General Fund.

The Council reviews the annual Treasury Management Strategy Statement under the requirement of the 2011 revised CIPFA Treasury Management in Public Services Code of Practice and Cross Sectoral Guidance Notes ("the CIPFA TM Code"). The Local Government Act 2003 required the Council to "have regard to the Prudential Code and to set Prudential Indicators for the next three years to ensure that the capital investment plans are affordable, prudent and sustainable". Annexe E outlines the Council's prudential indicators for 2015/16 – 2017/18 and sets out the expected treasury management activities for this period. It is recommended that the Executive agree the

Treasury Management Strategy and associated documents and in line with the Code of Practice request that the Governance and Audit Committee review each of the key elements.

c) Provision for Inflation and Pay Awards

The Commitment Budget excludes the cost of inflation on both expenditure and income. In past years, the Council has restricted the provision for inflation on prices as a general economy measure, to help address the underlying budget gap, although pay awards have been fully funded. In the context of the Council's overall financial position, it is again prudent to consider where the provision for inflation on prices can be limited as an economy measure, although some exceptions will be necessary to reflect actual increases that will not be containable without real service reductions or to meet contractual commitments. In particular it will be important to have realistic discussions with key providers about what level of inflation is genuinely necessary on some contracts and placements.

At this stage the inflation provision is not finalised, although for planning purposes a sum of £1.700m (£1.875m 2014/15) has been added to the budget. This will be achieved by:

- Building in the 2 year pay award for National Joint Council staff and assuming 1% for all other pay awards except for the Chief Executive and Directors for whom zero pay inflation is again planned;
- Negotiating to minimise inflation on contracts;
- Increasing fees and charges by 1.8% unless this is inconsistent with the Council's income policy.

The Council will need to consider where it is appropriate and necessary to provide for inflation over the coming weeks so that the actual inflation provision can be added to the final budget report in February 2014.

d) Fees and Charges

The Council established a policy for the review of fees and charges when setting the 2001/02 budget. This requires each Department to consider the level of charges against the following criteria:

- fees and charges should aim, as a minimum, to cover the costs of delivering the service;
- where a service operates in free market conditions, fees and charges should at least be set at the market rate;
- fees and charges should not be levied where this is an ineffective use of resources, i.e. the cost of collection exceeds any income generated.

It is estimated that many prices, where the Council charges users a fee for services, will need to increase by around 1.8% to recover the costs of those services. However, where current economic conditions and the market rate indicate a different percentage, for example for leisure income, this has been applied. Certain other fees also attract a different percentage as they are determined by statute. The proposed fees and charges are included in Annexe D.

e) Corporate Contingency

The Council manages risks and uncertainties in the budget through the use of a general contingency added to the Council's budget. Every year the Council faces risks on its budget in relation to demand led services, Business Rates and the general economic climate. In 2015/16 there will be specific significant risks in relation to:

- the implementation of a recent court ruling regarding the deprivation of liberty safeguards;
- the Care Act;
- and waste tonnages.

The level of risk and uncertainty is more significant than that for last year. The general Contingency included in the budget proposals currently stands unchanged at £1m but will need to be reviewed in order to set a realistic and deliverable budget in 2015/16.

The Executive will need to make a judgement on the appropriate level of contingency at its February meeting, taking advice from the Borough Treasurer who will need to certify the robustness of the overall budget proposals in the context of the Council's remaining general and earmarked reserves. All the reserves will be reviewed to ensure that they are sufficient to manage the financial risks facing the Council in the coming years.

Spending on Schools

- 8.8 The Schools Budget continues to be funded by grants, the most significant of which is the specific ring-fenced Dedicated Schools Grant (DSG). This comprises three notional blocks; schools, which includes delegated school budgets and a small number of centrally managed services aimed at 5 – 16 year olds; early years, which again includes funds to pay providers and a limited range of central support services for 2 – 4 year olds; and the high needs block, which is generally centrally managed and is intended to fund the cost of education for 0 – 25 year olds when individual needs exceed £10,000. The DSG totalled £79.6m in 2014/15.
- 8.9 The allocations are not ring-fenced to each block, so more or less can be planned to be spent within each element, but a ring-fence continues on the DSG as a whole so that it can only be spent on the functions defined within the School and Early Years Finance Regulations.
- 8.10 Funding in each block was initially based on 2012/13 budgeted spend but has subsequently been updated for changes in pupil numbers, albeit at 2012/13 prices. However, changes in the number of high needs pupils have only been funded up to the minimum £10,000 cost. Whilst this ensures adequate funding for the increased pupil numbers in mainstream schools and early years providers, it does not cover any costs for new high needs pupils where they are over £10,000 which has caused financial difficulty for the Schools Budget. During 2014/15, there has been an in-year increase in high needs pupils of 22, at an average additional cost of £0.042m which amounts to total additional spend of £0.924m. None of this extra spend is covered in the funding settlement, meaning the Schools Budget is expected to carry forward an underlying over spend of around £1m. It is anticipated that there are sufficient general reserves in the Schools Budget to fund the over spend anticipated in 2014/15 but that additional on-going funding will be required.

- 8.11 For 2015/16, the Department for Education (DfE) has announced that £390m of new money will be allocated to the Schools Block element of DSG through a *Fairer Schools Funding for 2015/16* initiative, to be targeted to the councils currently receiving the lowest funding rates. This will result in a £1.5m increase (2.4%) for the Schools Budget.
- 8.12 Whilst the intention of the DfE is that this extra money will be made available for schools, the reality of the position in Bracknell Forest is that the majority of additional income will need to be spent on High Needs pupils. Individual schools and the Schools Forum have been informed of the likelihood that at least £1m of the increased income will not be available for allocation to schools but instead diverted to support high needs pupils. The expectation therefore is that £0.5m will be passed on to schools, but this will only be sufficient to cover the additional cost arising next year from a 2.3% increase in the employers Teachers' Pension Scheme Rate, effective from September 2015.
- 8.13 In addition to the DSG, schools also receive revenue funding from other specific grants including School Sixth Forms (currently £4.5m), the Pupil Premium (£2.9m), Primary PE and Sports Premium (0.295m) and the Universal Infant Free School Meals Grant (£0.86m). All of these amounts are subject to change in 2015/16.
- 8.14 Whilst it is expected that the schools and early years block elements of the DSG will be confirmed by the end of December, it is unlikely that the high needs block amount will be known this year. However, the DfE requires Councils to confirm the basis on which actual school budgets will be allocated, including per pupil and all other funding rates, by 20 January 2015 even though relevant information required to calculate budgets will not be supplied before 19 December 2014. To meet this requirement, 2015/16 school budgets will have to be set on the basis of the estimated level of DSG plus any other grants and accumulated balances. The draft budget proposals therefore assume the Schools Budget is set at the estimated level of grants and that any accumulated deficit or surplus is managed to a nil balance by the end of the funding period.
- 8.15 Decisions around the final balance of the budget between spending by schools and that on services managed by the Council is the responsibility of the Executive Member for Children, Young People and Learning, although the Schools Forum must be consulted, and in certain circumstances, agree to budget proposals.

Summary

- 8.16 Adding the draft proposals to the Commitment Budget and taking account of the corporate issues identified above would result in total expenditure of £82.504m as shown in Table 5.

Table 5: Summary of proposals:

	£'000
Commitment Budget	90,779
Budget Pressures	1,584
Budget Economies	-2,476
Capital Programme	34
Changes in Investment Income	51
Inflation Provision	1,700
In-year Business Rates Income	-3,000
Transfer of Business Rates Surplus to the Business Rates Equalisation Reserve ¹	-6,322
New Homes Bonus 2015/16	-500
Reduction in Education Services Grant	426
Social Fund Grant	208
Draft Budget Requirement 2015/16	82,484

¹This element of the transfer to the reserve was for one year only as it relates to the significant surplus achieved on the Collection Fund in 2013/14 which was one-off in nature.

- 8.17 Without the Provisional Finance Settlement assumptions have had to be made on the level of grant income. It has been assumed that the Council can anticipate income of up to -£77.786m. This arises from Revenue Support Grant and Business Rates baseline funding (-£30.575m excluding Council Tax Freeze Grant), additional Council Tax Freeze Grant (-£0.505m) and Council Tax (-£46.706m).
- 8.18 With the potential overall cost of the budget package being consulted on in the region of £82.484m, this leaves a potential gap of around £4.698m. Members can choose to adopt any or all of the following approaches in order to bridge the remaining gap:
- an appropriate contribution from the Council's revenue reserves, bearing in mind the Medium Term Financial Strategy;
 - identifying further expenditure reductions.

9 RESERVES

- 9.1 The Council has an estimated £7.0m available in General Reserves at 31 March 2015. Details are contained in Table 6.

Table 6: General Reserves as at 31 March 2015

	£m
General Fund	9.6
Planned use in 2014/15	(2.6)
Estimated Balance as at 31 March 2015	7.0

- 9.2 The Council has, in the past, planned on maintaining a minimum prudential balance of £4m. This assessment is based on the financial risks which face the Council and the Borough Treasurer considers these in the February report to the Executive at which a final decision on the use of balances can be taken, taking account of the financial position likely to face the Council over the next three to four years.

- 9.3 The Council's share of the Business Rates surplus for 2013/14 and the additional Business Rates income in 2014/15 will be transferred into the Business Rates Equalisation Reserve at the year end. It is estimated that there will be a balance of £11.7m available on the reserve at the end of 2014/15.

10 CONCLUSION

- 10.1 The Council's constitution requires a six week consultation period on the draft budget proposals. In this context, it is inevitable that, of the broad range of options proposed for consultation, not all will necessarily be included in the final budget package. It is also likely that some further issues with a financial impact will arise between now and February. When the Final Settlement is known, the Executive can consider the prudent use of revenue balances to support expenditure in line with the overall medium term financial strategy, along with any further expenditure reductions.
- 10.2 It is suggested, therefore, that the normal process whereby the Overview & Scrutiny Commission reviews the overall budget package and determines whether any specific issues should be considered further by the Overview and Scrutiny Panels at their meetings in January, is followed. The proposals will also be placed on the Council's website for public consultation.
- 10.3 All comments from the Overview & Scrutiny Commission, Overview and Scrutiny Panels and all others will then be submitted to the Executive on 10 February 2015. This will allow the Executive to determine the final budget package and recommend the appropriate Council Tax level to the Council on 25 February 2015.

11 BUDGET MONITORING 2014/15- VIREMENT REQUEST

- 11.1 A virement is the transfer of resources between two budgets but it does not increase the overall budget approved by the Council. Financial Regulations require formal approval by the Executive of any virement between £0.050m and £0.100m and of virements between departments of any amount. Full Council approval is required for virements over £0.100m. During 2014/15 a number of virements have been identified which require the approval of the Executive. These have been previously reported to the Corporate Management Team which recommends them to the Executive for approval. They have been included in the Quarterly Service Reports. Details of virements between departments are set out in Annexe F. Details of internal departmental virements exceeding £0.050m are set out in Annexe G.

12 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 12.1 Nothing to add to the report.

Borough Treasurer

- 12.2 The financial implications of this report are included in the supporting information.

Equalities Impact Assessment

- 12.3 The Council's final budget proposals will potentially impact on all areas of the community. A detailed consultation process is planned in order to provide individuals and groups with the opportunity to comment on the draft proposals. This will ensure

that in making final recommendations, the Executive can be made aware of the views of a broad section of residents and service users. None of the budget proposals require specific equality impact assessments to be carried out.

Strategic Risk Management Issues

- 12.4 A sum of £1m is currently included in the draft proposals to meet the costs of unpredictable or unforeseen items that would represent in year budget risks. The Executive will need to make a judgement on the level of Contingency at its meeting in February.
- 12.5 The Borough Treasurer, as the Council’s Chief Finance Officer (Section 151 Officer), must formally certify that the budget is sound. This will involve identifying and assessing the key risk areas in the budget to ensure the robustness of estimates and ensuring that appropriate arrangements are in place to manage those risks, including maintaining an appropriate level of reserves and Contingency. This formalises work that is normally undertaken each year during the budget preparation stages and in monthly monitoring after the budget is agreed. The Borough Treasurer will report his findings in February, when the final budget package is recommended for approval.

13 CONSULTATION

Principal Groups Consulted

- 13.1 The Overview & Scrutiny Commission will be consulted on the budget proposals and may also choose to direct specific issues to individual overview and scrutiny panels. Targeted consultation exercises will be undertaken with business rate payers, the Schools Forum, town and parish councils and voluntary organisations. Comments and views will be sought on both the overall budget package and on the detailed budget proposals. In addition, this report and all the supporting information are publicly available to any individual or group who wish to comment on any proposal included within it. To facilitate this, the full budget package will be placed on the Council’s web site at <http://consult.bracknell-forest.gov.uk/portal>. There will also be a dedicated mailbox to collect comments.
- 13.2 The timetable for the approval of the 2015/16 Budget is as follows

Executive agree proposals as basis for consultation	16 December 2014
Consultation period	17 December 2014 - 27 January 2015
Executive considers representations made and recommends budget.	10 February 2015
Council considers Executive budget proposals	25 February 2015

Background Papers

None

Contact for further information

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Commitment Budget 2015/16 to 2017/18

	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000
Adult Social Care, Health and Housing				
Approved Budget	32,240	32,276	32,293	32,303
Carers Accommodation Strategy		-10		
Fixed civil penalties - failure to declare changes in circumstances		10	10	
Bracknell Forest Supplement		17		
Net Inter Departmental Virements	36			
Adult Social Care and Health Adjusted Budget	32,276	32,293	32,303	32,303

Description of Commitment Budget Items for 2015/16 to 2017/18

Department and Item	Description
Adult Social Care, Health and Housing	
Carers Accommodation Strategy	The Strategy involves the re-provision and modernisation of services currently provided at Waymead Short Term Care and Bracknell Day Services in Eastern Road. As well as improving the quality of service, cost benefits will arise in the medium term.
Fixed civil penalties - failure to declare changes in circumstances	Households who deliberately or negligently generate an overpayment in benefit for failing to inform a change in circumstance will be fined. An income budget was therefore created in 2014/15. However, it is expected that the number of fixed penalties issued will reduce in the two subsequent years.
Bracknell Forest Supplement	An additional amount paid from 1 April 2014 to bring the hourly rate of Council employees (including Outer Fringe Area Allowance) up to the equivalent of £7.65.

ADULT SOCIAL CARE, HEALTH AND HOUSING

Description	2015/16 £'000	2016/17 £'000	2017/18 £'000
<p>Adult Social Care Demographic pressures</p> <p>The demographic changes impact on the number of people requiring social care support. The Council are legally required to provide support to those meeting its eligibility criteria for Adult Social Care and will provide this in the most cost efficient way.</p> <p>The Department forecast population changes and requisite costs using the “Projecting Older People Population Information” and the “Projecting Adult Needs and Service Information” tools, developed by the Department of Health. These estimate the number of people likely to need support in any given local authority and enable an estimate of the financial impact to be made for budgeting purposes. Other known changes, such as future transfers of large care packages, have also been taken into account.</p> <p>The estimated financial impact of the changes are:</p> <ul style="list-style-type: none"> • Older People • Mental Health • Long Term Conditions 	<p>216</p> <p>31</p> <p>484</p>		
<p>New sensory support recipient</p> <p>Funding required for a placement at the WESC Foundation in Exeter, a centre that specialises in visual impairment.</p>	30		
<p>Support to the Health & Wellbeing Board</p> <p>Advice and support for the Health & Wellbeing Board in relation to changes in legislation, policy and practice. Lead and coordinate responses to these changes.</p>	20		
<p>Approved Mental Health Practitioner Service</p> <p>There is a pressure on the staff budget for Approved Mental Health Practitioners due to a shortage in the market for qualified staff and a reliance on agency staff. Options will be explored for recruiting permanent staff and reducing our reliance on agency, but this is likely to involve additional cost to the Council.</p>	20		
<p>Additional welfare and housing caseworker</p> <p>There has been a 60% increase in homeless acceptances</p>	37		

<p>and a 44% increase in housing advice casework over the last financial year without a commensurate increase in staff resources. Additional staff resources will improve homeless prevention activity.</p>			
<p>ADULT SOCIAL CARE, HEALTH AND HOUSING TOTAL</p>	<p>838</p>	<p>0</p>	<p>0</p>

ADULT SOCIAL CARE, HEALTH AND HOUSING

Description Impact	2015/16 £'000	2016/17 £'000	2017/18 £'000
<p>Customer response officer</p> <p>The process for dealing with complaints has been redesigned within the Department. As such a post has been deleted and costs will be reduced.</p>	-22		
<p>Property maintenance</p> <p>Due to the decommissioning of a number of buildings the budget is no longer required at this level.</p>	-15		
<p>E-billing for Homecare</p> <p>The introduction of the Finance Manager module of Electronic Monitoring of Homecare will produce efficiency savings in care package costs from the ability to charge per minute for home care.</p>	-25		
<p>Housing Benefit administration costs</p> <p>Reductions in the use of printing and design services and postage costs. The transfer of prosecution to the single investigation service also means reduced legal fees.</p>	-53		
<p>Drugs and Alcohol Action Team (DAAT)</p> <p>Public Health grant funding of the DAAT team will be increased.</p>	-73		
<p>Assistive Equipment and Technology</p> <p>Due to reduced usage of the equipment purchase budget and more use of the Berkshire equipment store, budget can be released in this area. Increased use of the Berkshire Equipment Store means we are getting more credits from returned equipment.</p>	-50		
<p>Amber House Rent budget</p> <p>The rent budget for Amber House is no longer required.</p>	-55		
<p>Learning Disabilities commissioning changes</p> <p>Net commissioning changes achieved by the end of the year resulting from changes in circumstances, supported living arrangements and anticipated NHS continuing healthcare funding.</p>	-367		

Description Impact	2015/16 £'000	2016/17 £'000	2017/18 £'000
<p>Delayed transfer of care fines</p> <p>Improved procedures resulting in reduction in fines due to delayed transfer of care from hospitals.</p>	-10		
<p>Single Fraud Investigation Service</p> <p>Two members of staff will transfer to DWP Single Fraud Investigation Service on 1 December 2014. The requirements for Council Tax benefit fraud has yet to be clarified. Housing Benefit Administration Subsidy Grant has also been reduced, so this represents the anticipated net saving.</p>	-16		
<p>Employment service</p> <p>The staff establishment in the Employment Service will be reduced by one post. This post is currently vacant so there are no one-off costs.</p>	-12		
ADULT SOCIAL CARE, HEALTH AND HOUSING TOTAL	-698	0	0

ADULT SOCIAL CARE, HEALTH & HOUSING DEPARTMENT

2015/16 PROPOSED FEES & CHARGES

Service: HOUSING: FORESTCARE, HOMELESSNESS AND SMALL LANDSALES

Purpose of the Charge: To contribute to the costs of the service.

	2014/15 Budget £'000	Proposed 2015/16 Budget £'000
Income the proposed fees will generate:	1,132	1,152

Are concessions available? No.

Link to the Council's Medium Term Objectives:

To create a borough where people are safe and feel safe and to offer value for money.

Description	Current Fee (Inc VAT) £.p	Current Fee (Exc VAT) £.p	Proposed Fee (Inc VAT) £.p	Proposed Fee (Exc VAT) £.p	Increase %
Forestcare Community Alarms					
Lifeline Rental and Monitoring	Per week				
- BFBC	4.37	3.64	4.46	3.71	2.0%
- Others	4.76	3.97	4.76	3.97	0.0%
Lifeline Monitoring only	Per week				
- BFBC	3.46	2.88	3.53	2.94	2.0%
- Others	4.19	3.49	4.19	3.49	0.0%
Extra/Lost Pendants					
- Flat Charge	68.76	57.30	68.76	57.30	0.0%
- Monthly charge (£10 x6)	New charge		72.00	60.00	
- Admin fee for returned pendant	New charge		24.00	20.00	
Keyholder Service (lifeline customers)	Per week				
- up to 12 visits	7.54	6.28	7.56	6.30	0.3%
- extra visits	18.00	15.00	18.00	15.00	0.0%
Keyholder and mobile response	Per week				
- Per additional visit	54.00	45.00	54.00	45.00	0.0%
Keysafe Supply and fit	One-off	60.00	72.00	60.00	0.0%
	Monthly (£10 x 6)			60.00	
Installation/moving of keysafes		45.00	54.00	45.00	0.0%
Monitoring of security diallers	Per week	12.30	10.25	12.54	2.0%
Monitoring of 2 security diallers	Per week	18.00	15.00	18.36	2.0%
Lone Workers	per person per year or part person	46.55	38.79	47.48	2.0%
Lone Workers - with reports	per person per year or part person	49.01	40.84	49.50	1.0%
Hourly charge for adhoc work		54.00	45.00	54.00	0.0%
Lifeline Installation Charge	New charge			15.00	
Epilepsy sensor (per week)	New charge			2.50	
Homelessness					
Bed and Breakfast					
Current Tenancies Per Week		**		**	
10a Portman Close					
Rent	Per week		**	**	
Service Charge	Per week	17.99		18.31	1.8%
Household Equipment	Per week	9.10		9.26	1.8%
Fuel*	Per week	5.67		5.77	*
Water*	Per week	2.71		2.76	*
Private Sector Leasing					
Current Tenancies Per Week		**		**	
Banbury Flats		**		**	
Council Owned Temporary Accommodation		**		**	
* These charges will be uplifted in line with fee increases from utility companies, 1.8% is assumed					
** These rents will be set to accord to the Housing Benefit Subsidy Regulations					
Small Landsales - Administration Fee					
Flat Charge		211.14	175.95	214.94	1.8%
Passport and Driving Licence Checking Service					
For landlords (new charge)			24.00	20.00	
For employers (new charge)			24.00	20.00	

ADULT SOCIAL CARE, HEALTH & HOUSING DEPARTMENT

2015/16 PROPOSED FEES & CHARGES

Service: HOUSING: RENTS FOR LEARNING DISABILITY CLIENTS AND EASTHAMPSTEAD MOBILE HOME PARK

Purpose of the Charge: To contribute to the costs of the service.

	2014/15 Budget £'000	Proposed 2015/16 Budget £'000
Income the proposed fees will generate:	74	75

Are concessions available? No.

Link to the Council's Medium Term Objectives:

To encourage the provision of a range of appropriate housing.

Description	Current Fee (Exc VAT)	Proposed Fee (Exc VAT)	Increase	
	£.p	£.p	%	
Rents - Accommodation for Learning Disability Clients				
151 Holbeck	Per week per bedroom	94.76	96.47	1.8%
9 Portman Close	Per week per bedroom	94.76	96.47	1.8%
Service Charges				
151 Holbeck, 9 Portman	Per week per bedroom	13.27	13.51	1.8%
Waymead				
Rent	Per week per bedroom	153.30	156.06	1.8%
Service Charge	Per week per bedroom	27.08	27.57	1.8%
Fuel*	Per week per bedroom	5.67	5.77	*
Water*	Per week per bedroom	6.64	6.76	*
Easthampstead Mobile Home Park				
Site Rent		47.82	48.68	1.8%
Water Charge		17.87	18.19	1.8%

The above rents and utility charges are based on a 52 week year

** Charges will be varied in line with increases by the relevant utility companies*

ADULT SOCIAL CARE, HEALTH & HOUSING DEPARTMENT

2015/16 PROPOSED FEES & CHARGES

Service: HOUSING BENEFIT SERVICE

Purpose of the Charge: To set Council Tax Benefit (reduction scheme) Annual uprating for working age people.

	2014/15 Budget £'000	Proposed 2015/16 Budget £'000
Income the proposed fees will generate:	34,238	34,854

Are concessions available? Yes. The actual contribution will be assessed in accordance with the current
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Link to the Council's Medium Term Objectives: To target financial support to vulnerable households.

Description	Current Fee (Exc VAT) £.p	Proposed Fee (Exc VAT) £.p	Increase %
Applicable Amounts:			
Personal Allowances	Housing Benefit uprating 2014-15	Housing Benefit uprating 2015-16	
Premiums	Housing Benefit uprating 2014-15	Housing Benefit uprating 2015-16	
Disregards*	Housing Benefit uprating 2014-15	Housing Benefit uprating 2015-16	
<i>*War Widows pensions and War disablement pensions are fully disregarded as income.</i>			
Income-related social security benefits	Housing Benefit uprating 2014-15	Housing Benefit uprating 2015-16	
Non income-related social security benefits	Housing Benefit uprating 2014-15	Housing Benefit uprating 2015-16	
War pensions Scheme Benefits	Housing Benefit uprating 2014-15	Housing Benefit uprating 2015-16	
Contributory and non-contributory social security rates	Housing Benefit uprating 2014-15	Housing Benefit uprating 2015-16	
Non dependant deductions and bands.	Council Tax National scheme 2014/15	National prescribed regulations as set for the pensioner scheme	

The 2014-15 rates are available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268414/a24-2013.pdf

ADULT SOCIAL CARE, HEALTH & HOUSING DEPARTMENT

2015/16 PROPOSED FEES & CHARGES

Service: ADULT RESIDENTIAL AND NURSING CARE - CONTRIBUTIONS FROM PEOPLE SUPPORTED
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Purpose of the Charge: To contribute to the costs of accommodation.
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	2014/15 Budget £'000	Proposed 2015/16 Budget £'000
Income the proposed fees will generate:	2,614	2,661

Are concessions available? Yes. The actual contribution will be assessed in accordance with the current
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Link to the Council's Medium Term Objectives:
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To promote independence and choice for vulnerable adults and older people.
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Description	Current Fee (Exc VAT) £.p	Proposed Fee (Exc VAT) £.p	Increase %
Residential and Nursing Care This includes permanent, respite and short term care. Where people are in accommodation funded by the Council, the maximum contribution they will be asked to make is the cost of the accommodation, but this will be subject to a financial assessment under 'CRAG' and so the actual contribution may be lower. Fee increases in 2015/16 will depend on each persons' financial circumstances but for most people will be linked to the increase in pensions and benefits they receive.	Various	Various	1.8% (Estimate)
Payments deferred pending sale of property For deferred payment arrangements already in place by			
Interest payable	2% above Lloyds base rate	2% above Lloyds base rate	
Due date: Under deferred payment agreement	56 days from support ceasing	56 days from support ceasing	
Other	Date of support ceasing	Date of support ceasing	

ADULT SOCIAL CARE, HEALTH & HOUSING DEPARTMENT

2015/16 PROPOSED FEES & CHARGES

Service: ADULT NON RESIDENTIAL SERVICES - CONTRIBUTIONS FROM PEOPLE SUPPORTED

Purpose of the Charge: To contribute to the costs of support.

	2014/15 Budget £'000	Proposed 2015/16 Budget £'000
Income the proposed fees will generate:	1,767	1,799

Are concessions available? Yes. The actual contribution will be assessed in accordance with the current

Link to the Council's Medium Term Objectives:

To promote independence and choice for vulnerable adults and older people.

Description	Current Fee (Exc VAT) £.p	Proposed Fee (Exc VAT) £.p	Increase %
Non Residential Support This includes homecare, day care, meals and other support in the community. Where people are supported by the Council, the maximum contribution they will be asked to make is the cost of the support, but this will be subject to a financial assessment under the 'Fairer Contributions' policy and so the actual contribution may be lower. Fee increases in 2015/16 will depend on each persons financial circumstances but for most people will be linked to the increase in pensions and benefits they receive.	Various	Various	1.8% (Estimate)

Service: ADULT RESIDENTIAL CARE - CHARGES WHEN COUNCIL NOT RESPONSIBLE FOR FUNDING (WAYMEAD AND HEATHLANDS)

Purpose of the Charge: To recover the full cost of the service used.

	2014/15 Budget £'000	Proposed 2015/16 Budget £'000
Income the proposed fees will generate:	48	49

Are concessions available? No.

Link to the Council's Medium Term Objectives:

To promote independence and choice for vulnerable adults and older people.

Description	Current Fee (Exc VAT) £.p	Proposed Fee (Exc VAT) £.p	Increase %
Residential Care (including Respite)			
Older People			
Residential	680.70	693.00	1.8%
Respite	97.20	98.90	1.8%
Learning Disability			
Residential	1,273.10	1,296.00	1.8%
Respite	182.60	185.90	1.8%

ADULT SOCIAL CARE, HEALTH & HOUSING DEPARTMENT

2015/16 PROPOSED FEES & CHARGES

Service: ADULT DAY CARE

Purpose of the Charge: To recover the costs of the service.

	2014/15 Budget £'000	Proposed 2015/16 Budget £'000
Income the proposed fees will generate:	38	39

Are concessions available? No.

Link to the Council's Medium Term Objectives:

To promote independence and choice for vulnerable adults and older people.

Description	Current Fee (Exc VAT) £.p	Proposed Fee (Exc VAT) £.p	Increase %
Day Care			
Heathlands Day Centre			
Charge per day	51.80	52.70	1.8%
Carers Drop in Service	6.30	6.40	1.8%
Learning Disability			
Standard Care Charge per day	40.70	41.40	1.8%
Special Care Charge per day	119.10	121.20	1.8%

Service: BLUE BADGE SCHEME

Purpose of the Charge: To contribute to the cost of the service.

	2014/15 Budget £'000	Proposed 2015/16 Budget £'000
Income the proposed fees will generate:	1	1

Are concessions available? No

Link to the Council's Medium Term Objectives:

To promote independence and choice for vulnerable adults and older people.

Description	Current Fee (Exc VAT) £.p	Proposed Fee (Exc VAT) £.p	Increase %
Blue Badge - Issues and Duplicate Badges	10.00	10.00	0.0%

ADULT SOCIAL CARE, HEALTH & HOUSING DEPARTMENT

2015/16 PROPOSED FEES & CHARGES

Service: HEALTH FUNDED ADULT SOCIAL CARE PROVISION

Purpose of the Charge: To recover the costs of the service.

	2014/15 Budget £'000	Proposed 2015/16 Budget £'000
Income the proposed fees will generate:	4,816	4,903

Are concessions available? No.

Link to the Council's Medium Term Objectives:

To promote independence and choice for vulnerable adults and older people.

Description	Current Fee (Exc VAT) £.p	Proposed Fee (Exc VAT) £.p	Increase %
Health Funded Provision The Council receives a number of different income streams from health organisations, summarised as:			
- Registered nursing care contribution	£110.89 per week	DH rates to be set in April 2015	1.8% (estimate)
- Continuing health care contributions	Actual costs incurred	Actual costs incurred	1.8% (estimate)
- Joint funded posts and other income.	Actual costs incurred	Actual costs incurred	1.8% (estimate)

**TO: THE EXECUTIVE
16 DECEMBER 2014**

**CAPITAL PROGRAMME 2015/2016 - 2017/2018
(Borough Treasurer/Chief Executive)**

1 PURPOSE OF DECISION

- 1.1 Under the Council's constitution, the Executive is required to consult on its detailed budget proposals with the Council's Overview & Scrutiny Commission and any other interested parties or individuals for a period of at least six weeks. This report summarises the current position on the Council's Capital Programme budget preparations for 2015/16.
- 1.2 This report draws together each department's proposals so that the Executive can agree a draft capital programme for 2015/16-2017/18 as the basis for consultation. In compiling the draft programme the main focus is inevitably on determining the requirements for 2015/16, although future year's schemes do also form an important part of the programme.
- 1.3 The 2015/16 Capital Programme marks a step change in the Council's capital spending plans. The inclusion of significant capital projects such as the Town Centre redevelopment enabling works, the Binfield Learning Village at Blue Mountain and Coral Reef Transformation represent a substantial investment in the future of the Borough and all three projects will be a major feature of future year's capital programmes as well as in 2015/16.
- 1.4 The financial implications of the recommendations in this report are reflected in the subsequent report on the Council's draft revenue budget. Any revisions to the proposals put forward by each service would also need to be reflected in that report which will also be published as the basis for consultation following the Executive's meeting.

2 RECOMMENDATIONS

That the Executive:

- 2.1 **Approves, for consultation, an initial Council funded capital programme of £16.818m for 2015/16 as set out in paragraph 5.24 and summarised in Annex A, including the schemes listed in Annexes B – F.**
- 2.2 **To approve as a supplementary capital approval funding in 2014/15 of £0.447m for Binfield Learning Village at Blue Mountain, as outlined in the Funding Model agreed by Executive in October 2014.**
- 2.3 **Approves, for consultation, the inclusion of an additional budget of £1m for Invest to Save schemes.**
- 2.4 **Approves, for consultation, the inclusion of £1.880m of expenditure to be funded from S106 as outlined in paragraph 5.25.**
- 2.5 **Approves, for consultation, the inclusion of £17.804m of expenditure to be externally funded as outlined in paragraph 5.25.**

- 2.6 Approves the virements totalling £0.33m to the 2014/15 Children Young People and Learning Programme, as set out in Annex I, in order to meet the demands of the School Places Plan.

3 REASONS FOR RECOMMENDATIONS

- 3.1 The reasons for the recommendations are set out in the report.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 The alternative options are considered in the report.

5 SUPPORTING INFORMATION

Capital Resources

- 5.1 Each year the Council agrees a programme of capital schemes. In the past these schemes have been funded from three main sources:
- the Council's accumulated capital receipts
 - Government Grants
 - other external contributions
- 5.2 The Local Government Act 2003 brought in radical changes to the financing of capital expenditure and from that date, the Government no longer issued borrowing approvals. Instead, under a new "prudential framework", Councils can set their own borrowing limits based on the affordability of the debt.
- 5.3 As the Council's accumulated capital receipts have been fully utilised, the Council returned to a position of internal borrowing in 2010 and as such a revenue contribution is required each year to repay this internal borrowing. Once the Council's current level of investments is exhausted, which is expected to be within 2016, the Council will need to borrow externally.
- 5.4 The Council's estimated total usable capital receipts at 31st March 2014 are zero. As a debt free authority the Council is partly reliant on capital receipts to fund its capital programme, although interest generated from capital receipts can also help support the revenue budget in the short term. The Council still receives a share of any Right-To-Buy proceeds from Bracknell Forest Homes in addition to a share of capital receipts from the VAT Shelter scheme.
- 5.5 The proposed capital programme for 2015/16 has been developed, therefore, on the assumption that it will be funded by a combination of Government grants, other external contributions and some internal borrowing in addition to the £2.5m of capital receipts. The financing costs associated with the General Fund Capital Programme have been provided for in the Council's revenue budget plans which also appear on tonight's agenda.
- #### **New Schemes**
- 5.6 Within the general financial framework outlined above, Service Departments have considered new schemes for inclusion within the Council's Capital Programme for 2015/16 – 2017/18. Given that both capital and revenue resources are under pressure, each Department has evaluated and prioritised proposed schemes into

the broad categories, set out in the Council's Corporate Capital Strategy and in line with the Council's Asset Management Plan. Having done this, only the very highest priority schemes and programmes are being recommended for inclusion in the Capital Programme.

- 5.7 Within this framework however, the proposed programme does include three significant items, each of which represents a major investment in the future of the Borough in its own right. These relate to the imminent regeneration of the Bracknell town centre, the creation of the new Binfield Learning Village at Blue Mountain and the maintenance and enhancement at the Corel Reef leisure pool.

Town Centre Redevelopment Works

- 5.8 Now that the stage has almost been reached when the Development Agreement with Bracknell Regeneration Partnership (BRP) will become unconditional, the Council will need to undertake its own planned investment on wider Town Centre infrastructure. In order to facilitate the Town Centre redevelopment works it is proposed that the Council should invest up to £12.4m (excluding Stamp Duty which may become payable depending on the nature of the transactions) over the period 2014/15 to 2017/18. This will include the purchase of the Bracknell Town Centre Bus Station alongside investment in a new replacement Park and further public realm and highway works. Further details of the expenditure can be found on a separate Report on tonight's Agenda. The expenditure is shown as committed on the draft capital programme on the assumption that Full Council will approve the expenditure at its January meeting.

- 5.9 All of these items have a much wider impact than the new development itself and will benefit the whole Borough. However the expenditure needs to be co-ordinated with the specific work that BRP are planning to carry out.

Town Centre Infrastructure Works

- 5.10 Similarly in order to facilitate transport movements around the Borough, including the planned Town Centre redevelopment, it is necessary to continue to fund a number of infrastructure schemes. As such a funding need of £2.0m has been identified in the 2015/16 proposals with further commitments required in future years to ensure that the regenerated town centre functions as a "whole centre" and not just as an isolated shopping outlet. As such spending levels of around £2m per annum are likely to be required until the new Northern Retail Quarter area is open for trading. This additional expenditure is aimed at maximising the positive experience of visiting the regenerated town centre.

Binfield Learning Village at Blue Mountain

- 5.11 The Binfield Learning Village at Blue Mountain is a priority for the Council. The programme will deliver statutory places required in the Borough alongside meeting the need for new housing and the associated community facilities. Based on the most recent feasibility study the total cost of the Learning Village, if commenced now, is £39.07m plus £3m contingency costs. As per the current programme the building works will start in January 2016 and as such costs are likely to increase between now and then due to inflation. As the programme progresses and further milestones are met the impact of inflation will be reported and budget approvals updated. The Executive agreed the Funding Model in October 2014 and as such the approvals for 2014/15 through to 2017/18 are sought in this report.

Coral Reef Transformation

- 5.12 The main roof structures at Coral Reef are complex and have required extensive monitoring and maintenance for the latter part of its life. At 25 years old they are reaching the end of their practical lifespan and need to be replaced in a planned

way. While the major issue lies with the main roof over the pool hall, all other roofs are of the same construction and in due course will need to be replaced too. In addition a number of options, including two additional flumes and a new flume tower, to improve the leisure offer are being proposed alongside a significant refurbishment of the building to enhance the Borough's "signature" leisure offer. A separate, more detailed report, will be considered by the Executive on tonight's agenda outlining the project and identifying the revenue impact of the scheme. The overall capital cost of the scheme is estimated to be £11.229m and this is included in the draft Capital Programme.

Other Unavoidable & Committed schemes

- 5.13 This category covers schemes which must proceed to ensure that the Council is not left open to legal sanction and includes items relating to health and safety issues, new legislation etc. Committed schemes also include those that have been started as part of the 2014/15 Capital Programme. Also included within this category are those schemes that were previously funded from the General Fund Revenue Account, but which by their nature could be legitimately capitalised, thereby reducing pressure on the revenue budget. Schemes in this category form the first call on the available capital resources.
- 5.14 Within these categories, provision has been made to address the rolling programme of disabled access requirements to Council buildings (£0.1m). The works have been identified through independent access audits and have been prioritised to meet the needs of users of these buildings. Significant progress has been made in past years and a programme of works has been planned across a range of service areas and is outlined in Annex G.

Maintenance (Improvements and capitalised repairs)

- 5.15 An assessment has been made of the condition of the Council's property assets to arrive at an estimate of the outstanding maintenance works required. An assessment is made of the state of each building element and its repair priority with a condition rating and repair urgency as follows.

Definition of Condition Categories:
A: Good – Performing as intended and operating efficiently. B: Satisfactory – Performing as intended but showing minor deterioration. C: Poor – Showing major defects and/or not operating as intended. D: Bad – Life expired and/or serious risk of imminent failure.
Priority:
1 Urgent works that will prevent immediate closure of premises and/or address an immediate high risk to the health and safety of the occupants and/or remedy a serious breach of legislation. 2 Essential work required within two years that will prevent serious deterioration of the fabric or services and/or address a medium risk to the health & safety of the occupants and/or a minor breach of the legislation. 3 Desirable work required within 3 to 5 years that will prevent deterioration of the fabric or services and/or address a low risk to the health & safety of the occupants and/or a minor breach of the legislation. 4 Long-term work required beyond a period of 5 years that will prevent deterioration of the fabric or services.

- 5.16 The figures below are based on the information held in the Construction and Maintenance Groups' property management system. They have been adjusted to exclude those works that are already budgeted for within existing 2014/15 schools and corporate planned maintenance programmes.

The priorities can be broken down as follows:

Maintenance Backlog

		£ (000)	£ (000)
Schools	Priority 1C & 1D	2,204	
	Priority 2C & 2D	2,276	
	Lower Priorities	11,639	16,119
Corporate Properties	Priority 1C & 1D	1,235	
	Priority 2C & 2D	2,497	
	Lower Priorities	5,420	9,152
Total			25,271

- 5.17 The overall maintenance liability has reduced from £40.1m in 2011/12 to £25.3m and reflects the investment that the Council has made in its property asset base and a number of disposals.

Schools

- 5.18 Historically the Schools Maintenance Programme has been funded from the Capital Maintenance grant allocation from the Department for Education. The allocations from the DfE are expected on or after the publication of the Provisional Settlement and will be used to tackle the highest priority items identified in the condition surveys indicated above.

Non-schools

- 5.19 From an initial analysis of the work required it is clear that some works, whilst urgent, cannot be legitimately capitalised and must be met from a revenue budget. An allowance of £200,000 is available in the 2015/16 Revenue Budget proposals to meet these liabilities. In line with the policy adopted last year the Asset Management Group has considered only those works that fall within categories 1C and 1D. Given the financial constraints on both the revenue and capital budgets an allocation of £1.235m is recommended to address the most pressing 1C & 1D priorities.
- 5.20 The implications of failing to maintain Council buildings and to address the backlog will be a significant issue for the Council over the coming years and efforts will be focussed on ensuring that the highest priority items are tackled first, that efficiencies are maximised in the procurement of works and that maintenance which will result in energy efficiencies are undertaken through the invest-to-save programme.

Rolling programmes

- 5.21 These programmes cover more than one year and give a degree of certainty for forward planning schemes to improve service delivery. They make an important contribution towards the Council's Medium Term Objectives and established Asset Management Plans.

Other Desirable Schemes

- 5.22 In addition to the schemes identified in the above categories, each service has requested funding for other high priority schemes that meet the needs and objectives of their service and the Council's Medium Term Objectives. The net cost of schemes which attract partial external funding are included in the schemes put forward.

Invest To Save Schemes

- 5.23 These are schemes where the additional revenue income or savings arising from their implementation exceeds the internal borrowing costs. The Council's approach to Invest to Save schemes is included in its Capital Strategy and in accordance with the Capital Strategy it is proposed that a further £1m be included in the 2015/16 capital programme for potential Invest to Save schemes.

Capital Programme 2015/16 – 2017/18

- 5.24 A detailed list of suggested schemes within the draft capital programme, together with a brief description of each project, for each service is included in Annexes B – F. For reasons of commercial confidentiality the proposed IT schemes are detailed in Annex H (Restricted). A summary of the cost of schemes proposed by Departments is set out in the table below and in Annex A. Total Council funding amounts to £16.818m. However excluding the funding for Binfield Learning Village at Blue Mountain, Coral Reef Transformation and the Town Centre Redevelopment the total Council funding requested is £8.312m in 2015/16 and this is in line with recent years programmes.

Capital Programme 2015/16-2017/18				
Annex	Service Area	2015/16 £000	2016/17 £000	2017/18 £000
B	Adult Social Care, Health & Housing	2,383	0	0
C	Children, Young People & Learning	10,930	31,598	14,221
D	Corporate Services	50	0	0
E	Council Wide	7,407	5,580	3,901
F	Environment Culture & Communities	13,852	15,036	8,752
	Total Capital Programme	34,622	52,214	26,874
	Externally Funded	17,804	11,803	8,876
	Total request for Council funding	16,818	40,411	17,998

Externally Funded Schemes

- 5.25 A number of external funding sources are also available to fund schemes within the capital programme. External support has been identified from three main sources:

Government Grants

A number of capital schemes attract specific grants. It is proposed that all such schemes should be included in the capital programme at the level of external funding that is available.

A significant element of the grant-funded capital programme relates to the planned investment in Schools. The schools investment programme included in this report reflects the highest priority schemes identified by the Department. However it is not expected that the two main Department for Education grants (Basic Need and Schools Maintenance) will be sufficient to finance all these schemes. The final grant allocations are unknown at this stage; however the 2015/16 Basic Need block has been announced as part of a 2-year settlement in 2014/15 and is expected to be £3.477m. Historically the Schools Maintenance Grant has been approximately £1.8m. As such a total of £5.277m is anticipated at this stage. Excluding Binfield Learning Village at Blue Mountain, the total identified need for Schools is £7.43m, leaving a gap of approximately £2.2m. At this stage the Department will continue to review and reprioritise the schemes with the aim of bringing the total scheme costs in line with the anticipated external grant allocations.

A second key constituent of capital grant funding relates to the Highway Maintenance and Integrated Transport Block. Grant approvals of £2.37m are currently anticipated for 2015/16.

Section 106 (£1.880m)

Each year the Council enters into a number of agreements under Section 106 of the Town & Country Planning Act 1990 by which developers make a contribution towards the cost of providing facilities and infrastructure that may be required as a result of their development. Usually the monies are given for work in a particular area and/or for specific projects. The total money available at present, which is not financially committed to specific projects, is £4.2m, although conditions restricting its use will apply to almost all of this.

Officers have identified a number of schemes that could be funded from Section 106 funds in 2015/16, where funding becomes available. These are summarised below

Department	Schemes	Budget
		<i>£000</i>
ASCHH	Affordable Housing	777
Corporate Services	Community Centre & Library	393
ECC	Leisure & Culture	110
ECC	Local Transport Plan	600
	Total	1,880

The level of new funding available through Section 106 is expected to reduce in the future following the introduction of the Community Infrastructure Levy (CIL). However the more flexible CIL funding should offset this reduction.

Local Growth Fund (£5.6m in 15/16 and a further £1.4m in 2017/18)

Working with the Thames Valley Local Enterprise Partnership (LEP), the Council was successful in bidding to include various Infrastructure improvement schemes as part the Thames Valley Strategic Economic plan and was awarded £7m. This funding was awarded as part of the Local Growth Fund which is aimed creating economic growth such as unlocking housing and commercial development. The funding breakdown includes £2.1m for Coral Reef Junction (Anticipated spend 2015/16), £3.5m towards Warfield link road (Anticipated spend 2015/16), and £1.4m

towards improvements to Martins Heron Junction and London Rd (Anticipated spend 2017/18).

On-going Revenue Costs

- 5.26 Schemes may have associated on-going revenue costs and tend to become payable in the year after implementation. As such will be included within the Council's Commitment Budget for 2016/17. These total £6,000 and relate to the Network Refresh programme.

Funding Options

- 5.27 Following the transfer of the housing stock in 2008, the Council's capital receipts are limited to miscellaneous asset sales and the contribution from the VAT Shelter Scheme and Right-to-Buy claw back agreed as part of the transfer. As noted earlier in this report, these receipts are estimated to be in the region of £2.5m.
- 5.28 The proposed capital programme for 2015/16 has been developed, therefore, on the assumption that it will be funded by a combination of £2.5m of capital receipts, Government grants, other external contributions and some internal borrowing. The financing costs associated with the Capital Programme have been provided for in the Council's revenue budget plans.
- 5.29 Should any additional capital receipts be generated in 2015/16 the interest earned on these will be used to mitigate the revenue cost of the capital programme.
- 5.30 For 2015/16 it is unlikely that the Council will need to resort to external borrowing as it will be able to utilise resources held internally, however there remains the possibility given the substantial investment proposed in the Town Centre, Coral Reef and the Binfield Learning Village at Blue Mountain that short term borrowing for cash-flow purposes may be required in this year. Given the investment proposed in 2016/17 for these schemes it is inevitable that the Council will be required to borrow externally and may decide, from a treasury management standpoint, to borrow earlier in the cycle.
- 5.31 However the Capital Finance regulations require the General Fund to set aside an amount which would be broadly equivalent to the amount the Council would need to pay if it borrowed externally. If any amendments are made to the capital programme, the revenue consequences will need to be adjusted accordingly. Executive Members will therefore need to consider the impact of the capital programme as part of the final revenue budget decisions.
- 5.32 The reduction in available capital receipts has placed greater emphasis on the capital programme and its impact on the revenue budget. Following the introduction of the Prudential Borrowing regime local authorities are able to determine the level of their own capital expenditure with regard only to affordability on the revenue account. In practice this represents the amount of borrowing they can afford to finance, and will necessitate taking a medium-term view of revenue income streams and capital investment needs.
- 5.33 To achieve its aim of ensuring that capital investment plans are affordable, prudent and sustainable, the Local Government Act requires all local authorities to set and keep under review a series of prudential indicators included in the CIPFA Prudential Code for Capital Finance in Local Authorities. The Capital Programme recommended in this report can be sustained and is within the prudential guidelines. Full Council will need to agree the prudential indicators for 2015/16 to 2017/18 in February 2015, alongside its consideration of the specific budget proposals for 2015/16 and the Council's medium-term financial prospects.

- 5.34 Members will need to carefully balance the level of the Capital Programme in future years against other revenue budget pressures and a thorough review, including the prioritisation of those schemes planned for 2016/17 onwards, will need to be undertaken during next summer.

Virements in 2014/15 CYPL Capital Programme

- 5.35 To ensure that the Council is able to provide sufficient school places if required, advance design for new schemes is required now and approval is sought for a number of schemes, where further funding is requested in 2015/16, to be added to the 2014/15 Capital Programme. These virements amount to £190,000. In addition to this it has been deemed essential to undertake internal remodelling to Wooden Hill Primary School to alleviate unacceptable noise levels resulting from it being the last primary school in the Borough to have open plan classrooms. Taken together these virements exceed the delegated limit of £250,000, and as such require Council approval. More detail on each of the schemes is contained in Annex I

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 6.1 The authorisation for incurring capital expenditure by local authorities is contained in the legislation covering the service areas. Controls on capital expenditure are contained in the Local Government Act 2003 and regulations made thereunder.

Borough Treasurer

- 6.2 The financial implications are contained within the report.

Equalities Impact Assessment

- 6.3 The Council's final budget proposals will potentially impact on all areas of the community. A detailed consultation process is planned in order to provide individuals and groups with the opportunity to comment on the draft proposals. This will ensure that in making final recommendations, the Executive can be made aware of the views of a broad section of residents and service users. Where necessary, impact assessments on specific schemes within the capital programme will be undertaken before work commences.

Strategic Risk Management Issues

- 6.4 The most significant risk facing the Council is the impact of the capital programme on the revenue budget. The scale of the Council's Capital Programme for 2015/16 will impact upon the revenue budget and will itself be subject to consultation over the coming weeks. All new spending on services will need to be funded from new capital receipts or borrowing from internal resources. This effect is compounded by future year's capital programmes. As revenue resources are limited it is clear that a capital programme of this magnitude is not sustainable in the medium term without significant revenue economies. The generation of capital receipts in future years may mitigate the impact on the revenue budget, but as the timing and scale of these receipts is uncertain their impact is unlikely to be significant.
- 6.5 There are also a range of risks that are common to all capital projects which include:
- Tender prices exceeding the budget
 - Planning issues and potential delays
 - Uncertainty of external funding
 - Building delays due to unavailability of materials or inclement weather
 - Availability of staff with appropriate skills to implement schemes

6.6 These can be managed through the use of appropriate professional officers and following best practice in project management techniques. The report also identifies the risk associated with the shortfall in maintenance expenditure compared to that identified by the latest condition surveys. With only those highest priorities receiving funding in 2015/16, there will be a further build up in the maintenance backlog and a risk that the deterioration in Council assets will hamper the ability to deliver good services.

7 CONSULTATION

7.1 The Overview & Scrutiny Commission will be consulted on the budget proposals and may also choose to direct specific issues to individual overview and scrutiny panels. Targeted consultation exercises will be undertaken with business rate payers, the Schools Forum, town and parish councils and voluntary organisations. Comments and views will be sought on both the overall budget package and on the detailed budget proposals. In addition, this report and all the supporting information are publicly available to any individual or group who wish to comment on any proposal included within it. To facilitate this, the full budget package will be placed on the Council's web site at <http://consult.bracknell-forest.gov.uk/portal>. There will also be a dedicated mailbox to collect comments.

7.2 The timetable for the approval of the 2015/16 Budget is as follows

Executive agree proposals as basis for consultation	16 December 2014
Consultation period	17 December 2014 - 27 January 2015
Executive considers representations made and recommends budget.	10 February 2015
Council considers Executive budget proposals	25 February 2015

Background Papers

None

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CAPITAL PROGRAMME - BY CATEGORY

	2015/16	2016/17	2017/18	TOTAL
	£000	£000	£000	£000
Committed	2,119	853	853	3,825
Unavoidable	1,193	920	831	2,944
Town Centre Highway Works	2,000	2,000	2,000	6,000
Maintenance	1,740	1,670	1,740	5,150
Rolling Programme / Other Desirable	1,260	10	0	1,270
Total Request for Council Funding	8,312	5,453	5,424	19,189
Total External Funding	17,804	11,803	8,876	38,483
Major Capital Projects*				
Binfield Learning Village at Blue Mountain	3,349	23,300	10,300	36,949
Town Centre Regeneration	3,600	3,300	1,700	8,600
Coral Reef Transformation	1,557	8,358	574	10,489
Total Capital Funding	34,622	52,214	26,874	113,710

* These projects extend over more than the three financial years included in the draft capital programme. The full cost of each is as follows

	£m
Binfield Learning Village at Blue Mountain	39.1
Town Centre Regeneration	12.4
Coral Reef Transformation	11.2

CAPITAL PROGRAMME - ADULT SOCIAL CARE, HEALTH & HOUSING

	2015/16 £000	2016/17 £000	2017/18 £000
Committed			
Affordable Housing	1,176	tba	tba
	<u>1,176</u>	<u>0</u>	<u>0</u>
Unavoidable			
None	0	0	0
	<u>0</u>	<u>0</u>	<u>0</u>
Maintenance			
See Council Wide	<u>0</u>	<u>0</u>	<u>0</u>
Rolling Programme / Other Desirable			
Choice Based Letting System	30	0	0
Older Person Accommodation Strategy	385	0	0
	<u>415</u>	<u>0</u>	<u>0</u>
TOTAL REQUEST FOR COUNCIL FUNDING	<u>1,591</u>	<u>0</u>	<u>0</u>
External Funding			
Affordable Housing - s106	777	0	0
Older Person Accommodation Strategy	15	0	0
Community Capacity Grant	tbc	tbc	tbc
TOTAL EXTERNAL FUNDING	<u>792</u>	<u>0</u>	<u>0</u>
TOTAL CAPITAL PROGRAMME	<u>2,383</u>	<u>0</u>	<u>0</u>

Adult Social Care, Health & Housing Schemes

New Affordable Housing	Council Funding £1,176,000 External Funding £777,000
<p>Existing commitments for enabling more affordable housing and also new provision for programmes to support low cost home ownership. Schemes in 2015/16 will include;</p> <p>BFC My Homebuy – £120,000 Cash Incentive Scheme £180,000 Temporary to Permanent £876,000 Temporary to Permanent – S106 £777,000</p>	
Choice Based Letting System	£30,000
<p>Upgrade of current hosted Abris choice based letting, housing advice and assistance and temporary accommodation management module. For the service, the upgrade provides new financial management capability such as separate tracking of arrears either tenant or HB, automatic national insurance checker to identify fraud, ability to provide tenancy management outside homeless module for properties owned by other parties, ability to record expenditure and orders on properties on the system and overall better reporting capability. In terms of the business case there is a non-cash quantifiable benefit to the customer in terms of a better experience in bidding for properties.</p>	
Older Person Accommodation Strategy	Council Funding £385,000 External Funding £15,000
<p>Following the opening of the new extra care scheme Clement House , BFH have the opportunity to decommission existing elderly persons accommodation. Subject to consultation an opportunity to re-provide a service is under review. The intention is to negotiate a swap of assets between the Council and BFH. However, the scheme will require capital works to be undertaken before it would be able to provide relocated services. At this stage the costs of the works plus fees and relocation of equipment is not expected to exceed £ 400,000. The business case of this level of investment is that at present estimated costs of repair liabilities for the existing site over the next three years is in the region of £700,000. At present there is £320,000 of category D maintenance works identified.</p>	
Community Capacity Grant	£tbc
<p>Various projects in Adult Social Care funded by the Community Capacity Grant, in line with the purposes of the grant which are:</p> <ol style="list-style-type: none"> 1. Innovative alternatives to residential care which can help people live in the most appropriate accommodation 2. Alternatives to residential care via community based services investment – specifically capital investment in tele-care, simple aids to daily living & re-ablement infrastructure. These underpin the aim to enable people to remain in their own homes for as long as possible. 	



QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH AND HOUSING

Q2 2014-15
July – September 2014

Portfolio holder:
Councillor Dale Birch

Director:
Glyn Jones

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Section 1: Director's Commentary

There was significant activity in the second quarter of the year. The Care Act will be a major focus for the Department for the next 18 months. The Act and accompanying guidance has been analysed and gaps between current practice and future requirements identified to allow for the putting together of a Programme Plan, which is now in place. Lead officers have been identified for each workstream within the overall Programme Plan.

The Annual Report for Adult Social Care 2013-14 received approval in quarter 2. The Department also undertook three short video podcasts which show three important areas of work which are personalisation, dementia friendly communities and prevention and early intervention; these can be viewed on the council's website. Also, a credit-card sized summary of the annual report was produced and distributed widely across the community.

The Safeguarding Adults Annual report was agreed by the Executive in July. Over the period there was a 32% increase in the number of alerts received by Adult Social Care, Health and Housing, although only 30% of all alerts required intervention under the safeguarding procedures. A safeguarding alert provides the Department 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 the 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. The 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.

The Department has now received approval on proposals to award a new contract for the Mental Health Community Support Service, following a robust evaluation of tenders submitted. The Mental Health Community Support Service specification is highly innovative in design delivering a payment-by-results model, founded upon the STAR Recovery approach. The aim of the service is to ensure that people who are eligible are at the centre of their support planning, and are enabled to maximise their independence through the provision of suitably qualified staff.

The Workforce Strategy team have worked on revising the assessment documentation to reflect a much smoother process for older people and people with long term conditions and their carers, and to take account of the requirements of the Care Act. The workforce subgroups have identified the skills and competencies needed to coordinate assessment and support for each person, and this information is being used to identify job roles, and develop job description and person specifications.

The third iteration of the template detailing the plans to deliver the Better Care Fund requirements was submitted on time, and the Department await the final evaluation and risk rating as assessed by the DH. In the meantime, work has continued on developing detailed plans for a range of approaches aimed at preventing non-elective admissions to hospitals, and ensuring that people can leave hospital as soon as they are well enough. Plans include comprehensive falls prevention, and self-care strategies.

Delivery against actions in the Service Plan is looking very strong. Of 64 actions, 5 have been completed as at the end of the quarter, and 56 are expected to be completed on time. One action is no longer applicable and two actions are potentially delayed as follows:

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

There is a delay in progressing the scheme whilst the business plan for the youth arts centre is verified and we will be able to report on this once completed, hopefully in Q4.

7.4.4 Develop solutions within the ContrOCC finance system that allow people to use their support hours in a more flexible way.

This action is being managed by IT as part of the wider ContrOCC development project. The project team met in September for the first time. However the system developments are significant and so January implementation may not be achieved.

There are two indicators in quarter 2 with a current status of red as follows:

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 community based services. The figure for quarter 2 is 12.6%, however, this is data pertaining to July only so cannot be compared against the end of September target of 15.6% (July's performance is better than July's target).

The target for the end of the year is 37% and there are no concerns about reaching it at this stage.

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 have been two changes. The first was a change in action in that the Public Health team switched focus from the heatwave plan to the cold weather plan. The second change is that risks arising from the Care Act have been mitigated by the development of a work programme to ensure that the council meets its new responsibilities and by freeing up the time of key officers to allow them to focus on delivery.





















There is a statutory complaints process for Adult Social Care, 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 second quarter, Adult Social Care received 5 complaints of which 1 was upheld, 1 was partially upheld, 1 was not upheld and 2 were ongoing (still within time). This compares to the previous quarter where there were 5 complaints, of which 2 were upheld, 1 was partially upheld and 2 were ongoing (still within time). There were 18 compliments received, which compares to 16 compliments received in the previous quarter.

In Housing, there were 3 new complaints received at stage 2. One was partially upheld and 2 were not upheld. This compares to the last quarter where there was 1 complaint received, at stage 2. This was partially upheld. There were 18 compliments in the quarter compared to 6 in previous quarter.







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

Section 2: Department Indicator Performance

Ind Ref	Short Description	Previous Figure Q1 2014/15	Current figure Q2 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)	9.9%	12.6%	15.6%		
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	2.7	2.7	3.4		
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	100.50	113.90	321.70		
L172	Timeliness of financial assessments (Quarterly)	97.00%	97.60%	95.00%		
L199	Average time to answer Emergency Duty Service calls (Quarterly)			40secs		
Community Mental Health Team - Quarterly						
OF1f	Proportion of adults in contact with secondary mental health services in paid employment (Quarterly)	13.8%	Data not yet released	13.0%		
OF1h	Proportion of adults in contact with secondary mental health services living independently, with or without support (Quarterly)	78.4%	Data not yet released	84.0%		
Community Response and Reablement – Quarterly						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	9.3	8.1	8.0		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	4.9	3.6	5.0		
L135.1	Percentage of Enhanced Intermediate Care Referrals seen within 2 hours (quarterly)	92.30	92.20	95.00		
L135.2	Occupational Therapy (OT) assessments that were completed within 28 days of the first contact (Quarterly)	99.4%	98.6%	90.0%		
L214	Delayed transfers of care (delayed bed days) from hospital per 100,000 population (Quarterly)	1,005.3	397.7	666.5		
Community Team for People with Learning Difficulties - Quarterly						
OF1e	Adults with learning disabilities in paid employment (Quarterly)	15.8%	16.3%	15.0%		
OF1g	Adults with learning disabilities who live in their own home or with their family (Quarterly)	87.8%	87.0%	85.0%		

Ind Ref	Short Description	Previous Figure Q1 2014/15	Current figure Q2 2014/15	Current Target	Current Status	Comparison with same period in previous year
Housing - Benefits - Quarterly						
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	6.0	7.0	10.0		
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	98.9%	98.6%	97.0%		
L177	Average time from when customer first seen to receipt of benefit payment (Quarterly)	5	Data not yet available	10		
Housing - Forestcare - Quarterly						
L030	Number of lifelines installed (Quarterly)	149	159	130		
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	97.06%	97.63%	97.50%		
L180	Time taken for ForestCare customers to receive the service from enquiry to installation (Quarterly)	8	6	12		
Housing - Options - Quarterly						
NI155	Number of affordable homes delivered (gross) (Quarterly)	9	5	4		
L178	Number of household nights in B&B across the quarter (Quarterly)	1,851	2,119	1,650		
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	83.33%	90.24%	90.00%		
Public Health - Quarterly						
L215	Delivery of NHS Health Checks (Quarterly)	702	1041	400		
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	150	Data not available until Q3	159		
L217	Smoking quit success rate (Quarterly)	65.2%	Data not available until Q3	60.0%		
L218	Completion rate of specialist weight management treatment programme (Quarterly)	66	69	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

Thirty-six compliments were received by the Department during the quarter which were distributed as follows:

Adult Social Care Compliments

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

Team	Number
Community Response & Reablement	9 compliments
Older People & Long Term Conditions	9 compliments

Housing Compliments

Eighteen compliments were received in Housing.

Complaints Received

There were a total of eight 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 2	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	5	10	3 Upheld, 2 Partially Upheld, 1 Not Upheld and 4 ongoing.
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 – 3 complaints
- Concerning access to services – 1 complaint
- 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

Three complaints were received in quarter 2 in Housing.

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

Nature of complaints/ Actions taken/ Lessons learnt:

The complaints raised and addressed in quarter two mainly concern customers' dissatisfaction with the response they received in relation to their housing register application.

The lesson to learn is that the service failed to properly advise customers at the outset of the likely waiting time before their application would be successful and also the nature of the property that would be likely to become available. To address this all welfare and housing caseworkers have now received information which shows, all things being equal, the average waiting times by applicant band for different sizes of properties. Although a rough indicator it will provide better information to customers.

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	201	78	123	113.54	30	12.99
Adults & Joint Commissioning	100	59	41	80.57	17	14.52
Performance & Resources	29	22	7	25.95	1	3.33
Housing	78	52	26	59.09	8	9.30
Public Health Shared	8	5	3	6.09	1	11.11
Public Health Local	8	5	3	5	0	0
Department Totals	438	233	205	303.24	55	11.12

Staff Turnover

For the quarter ending	30 September 2014	2.26%
For the year ending	1 Oct 2013 – 30 Sep 2014	9.74%

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: XPerHR Staff Turnover Rates and Cost Survey 2013)

HR Comments

Staff Turnover has increased this quarter from 1.81% to 2.26%. This increase is due to the increase in voluntary leavers and a couple of voluntary retirements.

Staff Sickness

Section	Total staff	Number of days sickness	Quarter 2 average per employee	2014/15 annual average per employee
DMT / PAs	14	39	2.79	9.93
OP<C	201	440	2.19	10.06
A&JC	100	230.5	2.30	7.19
P&R	29	65	2.24	4.86
Housing	78	112	1.44	5.08
Public Health: Shared	8	0	0	0.38
Public Health: Local	8	3	0.38	0.75
Department Totals (Q2)	438	889.5	2.03	
Projected Totals (14/15)	438	3316.5		7.57

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 11 cases of Long Term Sickness. Of these cases three have left the organisation, seven have returned to work and one has not yet returned but is being monitored by Occupational Health.

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, five actions were complete by the end of Quarter 2 () , while 56 actions are on schedule () , two are causing concern ( and ) and one action is no longer applicable () .

The actions that are causing concern are:

Ref	Action		Progress
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		There is delay in progressing the scheme whilst the business plan for the youth arts centre is verified and we will be able to report on this once completed, hopefully in Q4.
7.4.4	Develop solutions within the Controcc finance system that allow people to use their support hours in a more flexible way		This action is being managed by IT as part of the wider ControCC development project. The project team met in September for the first time. However the system developments are significant and so January implementation may not be achieved.

Section 6: Money

Revenue Budget

The cash budget for the department is £32.384 million, and a breakdown of this is attached in Annex B (Financial Information). The forecast outturn in the latest budget monitoring is £32.526 million, an overspend of £0.142 million.

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:

- Demand risks. There is the potential for significant extra costs arising from increased demand for support, principally arising from increased needs of people currently supported by the Council.
- Zero based review. Changes made to the Adult Social Care management system as part of the zero based review exercise have led to some misclassification of costs between cost centres. This has also led to some difficulties providing accurate forecasts between services though the overall position is correct.
- Bed and breakfast. Additional costs are being incurred housing homeless people in Bed and Breakfast accommodation. There are currently 24 households in Bed and Breakfast accommodation.

Capital Budget

The approved capital budget for the department is £4.5 million and is projected to spend £3.7 million by the year end. A detailed list of schemes together with their approved budget and forecast spend is available in Annex B.

Section 7: Forward Look

ADULT SOCIAL CARE

Service Wide

Better Care Fund

The Bracknell Forest Better Care Fund (BCF) draft plan was submitted to the Department of Health before the deadline on 19th September. It was sent to an evaluation team at Price Waterhouse Cooper and a conference call to discuss risks identified was held on Wednesday 24th September. The draft feedback was received by Bracknell Forest on Tuesday 30th September and was amended, approved and returned on Wednesday 1st October. It is expected that a formal rating for the plan will be received at the end of October.

Proposed projects within the Bracknell Forest Better Care Fund are as follows:

- 1) Expansion of Integrated Care Teams
- 2) Intermediate Care Strategy
- 3) Falls Prevention Advisory Service
- 4) Rapid Access Community Clinic
- 5) Supporting Providers to Improve Quality in Care Homes
- 6) Using the NHS Number as a unique identifier
- 7) Integrated Respiratory Service
- 8) Integrated Records Project

Part of the BCF will also be used to fund aspects of the implementation of the Care Act and to protect social care services as per the national conditions.

Carers

A key activity will be to work on the issues for young carers and strengthen the family approach to supporting young carers and parents.

Older People & Long Term Conditions

Community Response & Reablement

The service will ensure steps are taken to implement systems resilience plans so to enable the service to respond to the full range of presenting needs entering into winter.

Older People & Long Term Conditions

The team are working with our partners in the Clinical Commissioning Group (CCG) and Berkshire Health Foundation Trust to strengthen the partnership to the Integrated Care teams.

Work is currently underway to develop key performance indicators (KPIs) that will demonstrate the outcomes achieved for people with long term conditions and the effectiveness of joint working. There will be over-arching KPIs but also specific measurements for intervention of specific roles, eg social work, community matron, with a robust reporting structure in place.

Sensory Needs Service

The team is working to strengthen the links between ourselves and local sensory needs groups. We are also working to setup a social BSL group for users of BSL.

Drug & Alcohol Action Team

The Adults Needs Assessment will be revised in order to include a focus on parental substance misuse. The final needs assessment will be presented to CMT in November.

A review of young people's substance misuse services will be undertaken in quarter 3 in order to ensure that the services offered are fit for purpose and meet the needs of young people and their families/carers.

Emergency Duty Service

Over recent months the Emergency Duty Service has noticed an increase in the number of referrals taken from day services, therefore, during quarter 3 the service will commission a review to understand why this is occurring and the impact it is having on EDS' ability to undertake its statutory obligations

Adults & Joint Commissioning

Learning Disabilities

The team will be working on: the implementation of the Learning Disability Strategy; continue to work with BFC Housing Services and housing associations to obtain suitable properties and; a report to be delivered on the outcomes of the Rapid Response pilot.

Autistic Spectrum Disorders

During quarter 3 the team will work on the development of the Autism Commissioning strategy and working with housing services and associations to obtain suitable properties. The team are also working with Berkshire Autistic Society to run a new project called 'Helping Hands'. This project is to provide a safe space for adults on the autistic spectrum and their carers, to access advice, support, social activities, workshops and training, etc.

Joint Commissioning

The Self Care and Prevention programme is in place, with a number of high profile public engagement events to be held within this quarter:

- Healthy Hearts 11/10/14
- Evening learning about Diabetes 12/11/14
- Self-Care Week from the 17th to 23rd November 2014, with the grand opening by the Mayor on the 15th November 2014

The Annual Joint Health and Social Care Learning Disability Self-Assessment Framework is underway with sign up required from both health and social care. This year there are a number of significant changes to the collation of data including obtaining direct feedback from people being supported by health and social care. Workshops will be in place to ensure this information is captured.

Mental Health

A new service provider will be announced in October to provide support in the community for people with mental health issues. The purpose of the service is to provide people with a good quality of life. It is to help them regain and retain their health, and lead independent, fulfilling lives for as long as possible. People are helped to take greater control of their lives and remain as independent as possible in their own homes. This will then be implemented according to the service specification.

Dementia Services

Bracknell Forest Council has commissioned 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.

Safeguarding

The department is part of the ADASS making safeguarding personal project, which is focused on ensuring personalised responses to safeguarding concerns rather than a focus on process. The learning from the project continues to be shared across the department.

DoLS

The department continues to implement its post supreme court strategy. This is now focused on undertaking the required DoLS assessments in a timely manner.

Performance & Resources

IT

Developments around IT systems to meet the Care Act implementation are progressing with supplier workshops highlighting shortfalls in the current versions. The departmental LAS Future Development project has started and any IT developments / enhancements will be managed through that group, working closely with the Care Act programme and Work Force Development project.

HR

HR will continue to support managers in all Employment Relation issues and in Change Management. Corporately, HR is working toward the implementation of the new HR and Payroll system in August 2015.

Business Intelligence

The team has been responding to statutory return validations by the Health & Social Care Information Centre, which we're pleased to report wasn't many. Monthly performance meetings with teams and AMT commenced.

Work continues with the finance and brokerage teams to ensure that for all people supported they have a primary support reason recorded on LAS. Costed packages of care have now been completed.

Finance

The finance team's focus for the next quarter will include:

- Continuing the work to build the 2015/16 budget, including confirming final savings and pressures, updates of fees and charges, and inflation uplifts.
- Further work to assess the impact of the Care Act, with particular focus on costs from 1 April 2016. This will include completion of models for submission to the LGA to inform the national dialogue on the impact of the Act.
- Continuing to support Business Intelligence to improve classification of expenditure following the zero based review exercise.
- Further testing of the Electronic Time Monitoring System, which will allow automatic invoicing for homecare. This is now expected to go live in the autumn.
- Implementing a new risk based approach to the completion of Direct Payment audits.
- Assisting with a review of housing debt to establish updated bad debt provisions and robust controls for debt collection.

PUBLIC HEALTH

In Quarter 3, Public Health will be launching a number of new programmes that follow through on its commitment to tailor mainstream health improvement services to priority groups.

A tailored, multi-session health improvement programme aimed at improving self care for those with prediabetes has been designed and commissioned in collaboration with the Clinical Commissioning Group. If undiagnosed or untreated, prediabetes can

develop into type 2 diabetes; which, whilst treatable, is currently not fully reversible. This programme will support people to adopt lifestyles in relation to diet and physical activity that will maximise the likelihood that their condition will progress into full type 2 diabetes.

A programme will also get underway aimed at smokers who are living with mental health conditions. Designed in Q2 in partnership with BHFT, this programme includes tailored quit support that takes account of both mental health symptoms and the metabolic effects of smoking on psychotropic medication. A new, interactive e-learning system is now ready and will be rolled out to all staff who work in mental health services in order to support them to help the people they work with to quit smoking.

Also ready to launch in Q3 is the pilot of the 'Mindfull' Programme which will deliver web-based mental health support and counselling to young people. Schools have signed up to help administer the programme, which will also include in-school sessions for young people on mental well-being and support to school staff in the development of their policies on supporting mental health.

HOUSING

Housing Strategy & Housing Options

It is intended to seek Executive consideration of a number of policy/ strategy development proposals during the quarter. Firstly, permission will be sought to develop proposals to establish a local housing company so as to increase the amount of property available to the Council to house homeless households on a temporary basis. It is anticipated that the next stage of the older people's accommodation and support services strategy will be concluded via discussion with Bracknell Forest Homes. Lastly, it is anticipated that a conclusion will be reached concerning the development of the Coopers Hill site, including a youth arts centre and housing development. This has been delayed from the previous quarter while the business plan for the youth arts centre is verified.

The demand from homeless households continues to rise. The nature of homelessness is changing in terms of families with the majority of homeless families now in work but losing their homes through their landlord serving notice either to sell the property or raise the rents. The service intends to hold a forum with landlords and letting agents during the quarter to explain the services the Council can offer and understand their requirements in making properties available to council nominees. The Council has had some success in attracting landlords who wish to lease their properties and the leased properties will come on stream during the quarter.

A count of rough sleepers will take place during the quarter. The count will be undertaken in line with the DCLG requirements and managed by the Council whilst including voluntary and third party agencies.

The Council will establish a homeless forum to take forward its homeless strategy. The first meeting of the forum will take place in the quarter so as to agree the priorities for the strategy.

The Council will take part in a Berkshire wide Home ownership event at the Madejski stadium on the 11th October. This will include all low cost home ownership products and is being organised by helptobuysouth.co.uk.

Benefits

The benefits service had intended to implement the e-bens module of its current benefit IT system. This would allow customers to make applications and changes of circumstance on line. However, through rigorous testing it has been established that the product does not deliver the requirements and the costs incurred by the Council to date have been reimbursed by the supplier. The service will now procure an alternative product to allow on line applications. Customers are still able to make telephone claims and changes of circumstances.

During the quarter the 2013/14 housing benefit subsidy audit will be completed to verify that the £ 32 million housing benefit has been administered correctly in line with the national scheme regulations. This involves the benefit managers in considerable verification and information provision to the auditors and should be completed and dispatched to the DWP by the 30th November.

It will be intention to seek Executive consideration to agree that consultation takes place to amend the Councils local council tax reduction scheme to bring it in line with the national prescribed scheme for pensioners.







Forestcare






Forest care has been successful in winning a contract to provide monitoring and response service to vulnerable people in West Berkshire and this will begin in the quarter.









The number of installs of lifeline equipment has increased and contact and relationships with local hospitals developed over the previous quarter is now paying dividends.










Work will begin on the upgrade of the Tunstall lifeline monitoring system.








Annex A: Progress on Key Actions









Sub-Action	Due Date	Owner	Status	Comments
MTO 1: Re-generate Bracknell Town Centre				
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		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		Teams have now been relocated to their final locations within Time Square.
MTO 4: Support our younger residents to maximise their potential				
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		There is delay in progressing the scheme whilst the business plan for the youth arts centre is verified and we will be able to report on this once completed, hopefully in Q4.
MTO 6: Support Opportunities for Health and Wellbeing				
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		Workshop took place in Q2 as set out – action plan being worked up and will be developed through Q3 and Q4.
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		Quarterly meetings have been arranged to enable monitoring to be undertaken.
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		Public Health have been working with colleagues in Adult Social Care and the CCG to get ready for Self Care Week (November). A new feature will be the delivery of Health MOTs which are similar to NHS Health Checks. We have also set up the delivery of an innovative new self care programme for those with Pre-Diabetes which will be co-commissioned with the CCG.











Sub-Action	Due Date	Owner	Status	Comments
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		Uptake in all of the key health improvement programmes continues to rise. The uptake of weight management support in particular its highest level since the programme began. The development of a new interactive web-based programme aimed at staff in mental health settings has been completed. This will be rolled out across BHFT staff in Q3 and the numbers trained plus referrals of smokers to quit support monitored.
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		All is on schedule. The Befriending Service funding has been extended and refocused on linking people back up to their local community. The aim of addressing social isolation has been incorporated into the new Falls Prevention Programme.
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		This work is ongoing, including the specific work on mental health. A pilot of the Mindfull programme, which aims to offer young people mental health support via web based counselling, has been fully developed and planned out in consultation with local schools. The provider has been identified and the service is ready to get underway in Q3.
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 the planned features of the JSNA have now been completed and are online. A refresh of the data has been carried out and will continue into Q3. The Public Health Survey has been redesigned and is now ready to be completed for the second year running in Q3.
6.8.6 Produce an annual report mapping uptake and attitudes to MMR and Flu immunisation take-up	31/03/2015	ASCHH		The 2014 Flu Campaign is underway in collaboration with the CCG, Primary Care and Adult Social Care. The Council Staff Flu Immunisations programme has had a high uptake







Sub-Action	Due Date	Owner	Status	Comments
				and sessions have been full
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 report was presented to CMT in September and has been agreed.
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		Since the training we have received two referrals where the people referred have been taken on to the treatment caseload. Staff who received the training have reported using the skills with people who did not want to be referred into treatment.
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		In quarter 1, there were 34 adults and 15 young people in treatment for mephedrone, of which, 12 adults and 3 young people successfully completed their treatment for mephedrone.
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		Sexual Health services new contract agreed. Work ongoing on the 0-5s Commissioning in preparation for 1 April transfer. New pilot service for MH support to adolescents set up to begin in Q3 (Mindfull)
6.10.2 Work with the CCG to help shape current and future service provision through Better Care Fund plans.	31/03/2015	ASCHH		Plans developed for improved falls service and Rapid Access Clinic; approved by BCF Board. Implementation plan clear in Q3.
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		Integrated teams are in place to support people with long term conditions. The team works closely with GP practices to identify people most in need of support.
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		From October 7th day working will form part of the operational resilience plans agreed with the CCG and Acute trusts. The learning from winter will inform future 7 day working.
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		The bid was successful and the process of recruitment is underway.






Sub-Action	Due Date	Owner	Status	Comments
6.10.6 Ensure the development of Better Care Plans are undertaken to meet key timescales and local needs	31/12/2014	ASCHH		New guidance issued by DH during the summer break resulted in all plans needing to be reworked for 19 September deadline, which was met.
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		A capital bid for the Business Objects upgrade was granted and will commence in Q3.
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		The project team has been put together, and a project plan is in the process of being drawn up.
6.11.3 Develop a reporting and monitoring methodology to report on the actions within the Better Care Fund	31/03/2015	ASCHH		Discussions continue 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		A review of a pilot study in another authority has highlighted that fundamental changes are required to business and IT processes before this can be taken forward.
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 of work is now underway to ensure the department is ready to meet the requirements of the Care Act from 1 April 2015.
7.1.10 Review of Governance processes to ensure that intermediate care services are safe and correspond to best practice	31/03/2015	ASCHH		The review has continued, informing actions taken to support necessary governance arrangements.
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		Upgrade to lifeline monitoring system to be installed to facilitate service redesign
7.1.3 Develop a specification and tender for the extra care required for 65 households at Clement House	31/03/2015	ASCHH		Discussions have been taken forward positively with Bracknell Forest Homes in ensuring that the partnership is on track to deliver an agreed service specification that is both innovative and comprehensive to deliver a modernised extra care concept at Clement House.






Sub-Action	Due Date	Owner	Status	Comments
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		Continued attendance at monthly Urgent Care Boards and operational groups across the three 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		An enhanced programme for prevention and early intervention, in partnership with the NHS, was 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 carers conference held in July was successful - 120 people attended with a prominent speaker, Dame Philippa Russell. The three month consultation period ends in October 2014. Carers Survey due out now and to be reported in December 2014, which will inform the carers' strategy. A decision was taken to delay the consultation until the Care Act had been published.
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 pilot has now been completed and implementation is underway.
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 the local population are being met	31/10/2014	ASCHH		Received final document, now to be evaluated.
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		Contract signed and member of staff now in post as the Dementia Action Alliance Coordinator since September.
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 continue to work with GP practices and have also set up a drop-in clinic at the Urgent Care Centre. We will be undertaking work to see how we can better reach people from ethnic groups to ensure we can meet their needs. Involve will be mapping what

Sub-Action	Due Date	Owner	Status	Comments
				community resources we have and how better we can meet the needs of all carers. We will take forward into the next quarter work on the Family Approach which is a key priority and ensuring we can respond to children in transition and parent carers.
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		Work has begun and will continue on networking both locally and nationally to ensure that we can meet the needs of carers going forward with the Care Act implications and updating our systems and processes to better reflect carers' needs.
7.4.3 Re-tender the current 'Rethink' contract to modernise support service provision	31/03/2015	ASCHH		Tender process is still ongoing, currently on schedule.
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 is being managed by IT as part of the wider ContrOCC development project. The project team met in September for the first time. However the system developments are significant and so January implementation may not be achieved.
7.4.5 Implement the new Learning Disability strategy, and develop an action plan	31/03/2015	ASCHH		Strategy and action plan developed and presented at the LDBP for ratification.
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		Meetings held with another housing investor, papers going to DMT on 7/10/14. Project build has a completion date of spring 2015; individuals identified to move to the property and PCP planning underway. Rapid Response review is underway. Report being prepared.
7.4.7 Develop a new Joint Autism Commissioning Strategy in response to new national requirements	31/03/2015	ASCHH		Strategy questionnaires being collated.
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		A potential issue with a drainage solution for the site is being progressed.
7.5.2 Undertake a procurement process for provision of medical support at the Bridgewell Centre	31/12/2014	ASCHH		The analysis of the consultation outcomes is now complete with work commencing to draft the commissioning strategy.
7.6 With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse.				

Sub-Action	Due Date	Owner	Status	Comments
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		The discussions with TVP and other colleagues continue.
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 its statutory requirements	31/03/2015	ASCHH		The Board awaits the outcome of the consultation. Once this is fully available the Board will develop its detailed implementation plan.
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		No change from previous status.
7.7.2 Establish the homes that should be exempt from the housing element provision of Universal credit	30/06/2014	ASCHH		Properties have been identified but work is on going in terms of specifying the exempt status.
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		Updates to the MIS occurred at the end of the quarter, which will now allow detailed reporting. Further analysis will occur in quarter three.
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		Terms agreed and planning application expected by the end of the calendar year.
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		Proposal to establish local housing company will be presented to Exec November committee.
10.1.13 Work with partners to identify a suitable location to enable the relocation of the Bridgewell Centre	31/03/2015	ASCHH		A suitable location has been identified.
10.1.2 Review the provision of the Disabled Facilities Grant	31/12/2014	ASCHH		Meeting has taken place. DFG will be incorporated into the work being undertaken within the Better Care Fund.
10.1.4 Promote and develop flexible Home Improvement Loan Schemes	31/03/2015	ASCHH		

Sub-Action	Due Date	Owner	Status	Comments
10.1.9 Complete work with Thames Valley Housing Authority on development of affordable homes on the Adastron/ Byways site	31/03/2015	ASCHH		There have been two objections to the planning application and ward members are being consulted.
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		Council taking part in Berkshire wide low cost home ownership promotion.
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		Continue to work with the supplier on Care Act system requirements and have now started the LAS Future Development project to capture the tasks required. Hardware has been ordered for the data warehouse and implementation planning has commenced with ICT and supplier.
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		Six training sessions have been delivered in quarter 2. * One session on Kettamine, with 3 members of staff from Bracknell Forest. * One session on dual diagnosis, with 5 members of staff from Bracknell Forest attending. * Two sessions on Motivational Interview training, with 16 members of staff from Bracknell attending. * One session on Personality disorder, with 4 members of staff from Bracknell Forest attending. * One session on Basic Drug and Alcohol awareness, with 4 members of staff from Bracknell Forest attending.
11.2.6 Implement the Pay and Workforce Strategy Action Plan	31/03/2015	ASCHH		This paper is now complete and will go before CMT and the Employment Committee in early December 2014 for agreement.
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	31/03/2015	ASCHH		Services continually reviewed in line with system thinking methodology.

Sub-Action	Due Date	Owner	Status	Comments
independence				
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		Work is in progress to deliver operational resilience plans which will take the department and the three acute trusts through winter.
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 integrated in to the duty team in accordance with the pilot project and 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		Updates to support plans have been ongoing throughout Q2 with all costed plans now complete. Capital bid for the Business Objects upgrade was granted and will be installed, along with the data warehouse, in Q3.
11.7.4 Continue to support the voluntary sector through the provision of core grants, to develop its' capacity	31/03/2015	ASCHH		Completed and monitored on a quarterly basis.
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 budget proposals have been submitted to CMT for consideration before being discussed with the Executive.

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 - June 2014									
	Original Cash Budget	Virements & Budget C/fwds	ASCHH	Current approved cash budget	Spend to date %age	Department's Projected Outturn	Variance Over / (Under) Spend	Movement This month	ASCHH
	£000	£000		£000	%	£000	£000	£000	
Director	(93)	0		(93)	-344%	(93)	0	0	
	(93)	0		(93)	-344%	(93)	0	0	
Adults and Commissioning									
Mental Health	1,628	1		1,629	44%	1,629	0	0	
Support with Memory Cognition	2,339	2		2,341	60%	2,341	0	0	
Learning Disability	12,795	(4)		12,791	33%	12,791	0	0	
Specialist Strategy	239	2		241	42%	241	0	0	
Joint Commissioning	573	5		578	41%	578	0	0	
Internal Services	1,118	(37)		1,081	36%	1,097	16	16	1
	18,692	(31)	1	18,661	38%	18,677	16	16	
Housing									
Housing Options	311	(4)		307	59%	307	0	0	
Strategy & Enabling	267	(1)		266	32%	266	0	0	
Housing Management Services	(35)	(1)		(36)	48%	-36	0	0	
Forestcare	14	3		17	-29%	55	38	38	2
Supporting People	993	30		1,023	34%	1,023	0	0	
Housing Benefits Payments	103	0		103	-1,017%	103	0	0	
Housing Benefits Administration	199	4		203	-29%	203	0	0	
Other	(48)	0		(48)	-6%	-48	0	0	
	1,804	31		1,835	-27%	1,873	38	38	
Older People and Long Term Conditions									
Physical Support	7,601	(6)		7,595	40%	7,595	0	0	
Internal Services	1,118	(9)		1,109	53%	1,222	113	113	3
Community Response and Reablement - Pooled Budget	1,678	24		1,702	72%	1,702	0	0	
Emergency Duty Team	39	13		52	851%	52	0	0	
Drugs Action Team	63	3		66	-1,145%	66	0	0	
	10,499	25	2	10,524	43%	10,637	113	113	
Performance and Resources									
Information Technology Team	283	(8)		275	74%	275	0	0	
Property	123	(7)		116	18%	116	0	0	
Performance	224	6		230	46%	230	0	0	
Finance Team	547	1		548	42%	523	(25)	(25)	4
Human Resources Team	186	1		187	39%	187	0	0	
	1,363	(7)		1,356	47%	1,331	(25)	(25)	
Public Health									
Bracknell Forest Local Team	(25)	126	3	101	72%	101	0	0	
	(25)	126		101	72%	101	0	0	
TOTAL ASCHH	32,240	144		32,384	33%	32,526	142	142	
Memorandum item:									
Devolved Staffing Budget				13,717	45%	13,717	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	

Capital Monitoring 2014/15 as at 31 August 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 Comm'ts	Estimated Outturn 2014/15	Carry Forward 2015/16	(Under) / Over Spend	Target for Completion	Current Status of Project / Notes	Responsible Officer	Date of Last Comment
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's				
	Housing															
YP260	Enabling More Affordable Housing	81.7	92.0		0.0	173.7	173.7	0.0	173.0	173.7	0.0	0.0	2014/15	East Lodge (£100k) to be completed Aug/Sept and Santa Catalina (£72k) to be completed Jan 2015	Simon Hendey	Sep-14
YP261	Help to Buy a Home (Cash Incentive Scheme)	473.4	300.0	-173.0	-173.0	600.4	600.4	76.7	283.3	600.4	0.0	0.0	2014/15	6 cases @ £60k each have been accepted (£360k) 2 of which have gone through; a budget virement is to be completed moving £173k from this cost centre to YP262. Assuming that all remaining budget will be spent this year	Simon Hendey	Sep-14
YP262	Enabling More Affordable Homes (Temp to Perm)	158.2	500.0	173.0	173.0	831.2	831.2	594.0	0.0	831.2	0.0	0.0	2014/15	Purchased 3 properties; all of which have been completed. Another property will be purchased this financial year and all budget (including the virement from YP261) will be spent.	Simon Hendey	Sep-14
YP304	Mortgages for Low Cost Home Ownership Properties	51.0	300.0		0.0	351.0	351.0	0.0	285.0	351.0	0.0	0.0	2014/15	3 applications worth £285k are to be approved.	Simon Hendey	Sep-14
YP316	BFC My Home Buy	410.2	400.0		0.0	810.2	535.2	108.4	237.5	535.2	275.0	0.0	2014/15	1 property has been completed, and another 3 expected to be purchased in 2014/15 and £275k to be carry forward to 2015/16.	Simon Hendey	Sep-14
YP440	Clement House	0.0	672.0		0.0	672.0	672.0	-2.5	0.0	392.0	0.0	280.0	2014/15	£392k will be spent this fy; completion date Feb 2015. £280k will not be used and can be returned to corporate	Simon Hendey	Sep-14
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	Will be completed in December 2014; all budget will be spent	Simon Hendey	Sep-14
	Total Housing	1,174.5	2,314.0	0.0	0.0	3,488.5	3,213.5	776.5	978.8	2,933.5	275.0	280.0				
	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	£10k to be transferred from YS529 on capital works for the Bridgewell Centre. This cost centre is now spent	Zoe Johnstone / Mira Haynes	Jul-14
YS527	Social Care Reform Grant	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2013/14	There is no budget on this cost centre: expenditure for capital grants to be moved to YS529 and cost centre will be closed	Zoe Johnstone / Mira Haynes	Jul-14
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; budget will be spent this financial year	Glyn Jones	Jul-14
YS529	Community Capacity Grant	460.1	199.0		0.0	659.1	659.1	56.8	0.0	659.1	0.0	0.0	2014/15	£47k has been paid to date; £35k on capital bids for external organisations, £9k on Bridgewell and Heathlands and £4k for equipment in meeting room. A bid has been made for £455k in regards to accommodation for people with ASD - final figure still to be confirmed. There will be costs in regards to new desks/screens for the office - amount to be confirmed. Teams within Adult Social Care will be able to bid for money for capital. At present assuming that all budget will be spent	Zoe Johnstone / Mira Haynes	Jul-14
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 intergrating the Social Services and Health IT Systems	Zoe Johnstone / Mira Haynes	Jul-14
YS418	ASC IT Systems Replacement	310.3	0.0		0.0	310.3	40.0	0.0	40.0	0.0	270.3	0.0	2015/16	The full budget, less £40k - which will be spent this year, will be carried forward to 2015/16 when the IT requirements of the Care Bill should become clear.	Zoe Johnstone / Mira Haynes	Sep-14
	Total Adult Social Care & Health	860.6	199.0	0.0	0.0	1,059.6	789.3	56.8	40.0	749.3	270.3	0.0				
	Total ASCH&H	2,035.1	2,513.0	0.0	0.0	4,548.1	4,002.8	833.3	1,018.8	3,682.8	545.3	280.0				

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
20 JANUARY 2015**

**CARE QUALITY COMMISSION (CQC) STATE OF CARE 2013/14 ANNUAL REPORT
Director of Adult Social Care, Health and Housing**

1 PURPOSE OF REPORT

- 1.1 To consider the CQC state of care 2013/2014 report and the implications for Bracknell Forest Council.

2 RECOMMENDATION(S)

- 2.1 That the Panel note the report and the work being undertaken within Bracknell Forest Council (Annex A).

3 REASONS FOR RECOMMENDATION(S)

- 3.1 The report identifies a number of themes and 'challenges' for providers and commissioners of social care and support. Given that the Council will have a duty, under the Care Act for market oversight it is important that it is aware of any national as well as local trends with regards to the regulated care market.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None

5 SUPPORTING INFORMATION

- 5.1 The Council is committed to working collaboratively with the CQC and local providers of regulated services to ensure that high quality, safe and sustainable adult social care services are available to residents.
- 5.2 Where providers fail to meet the CQC essential standards and/or provide a high quality or safe service, the Council takes robust action with the provider until such time as the standard of care and support reaches the required level. The Council's approach to care governance is set out in its policy and procedures which are available via <http://www.bracknell-forest.gov.uk/care-governance-policy-and-procedures.pdf>
- 5.3 A working group of the Adult Social Care and Health Overview and Scrutiny Panel undertook a review of the Council's role in regulated adult social care services. The working group concluded that "*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*".

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

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

Borough Treasurer

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

Equalities Impact Assessment

6.3 N/A

Strategic Risk Management Issues

6.4 N/A

Other Officers

6.5 N/A

7 CONSULTATION

Principal Groups Consulted

7.1 None

Method of Consultation

7.2 N/A

Representations Received

7.3 N/A

Background Papers

The full report is available via: <http://www.cqc.org.uk/sites/default/files/state-of-care-201314-full-report-1.1.pdf>

Contact for further information

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The State of Health and Social Care in England 2013/2014 - The Care Quality Commission Report

1. Introduction and Background

1.1 The Care Quality Commission (CQC) is the independent regulator of Health and Social Care services in England. The CQC regulates the following services:

- Primary Medical Services (GPs and Dentists)
- Hospitals
- Community Health Services
- Social Care Services (Residential and Nursing Homes and Domiciliary Care services).

1.2 The CQC is required to publish a 'state of care' report, which sets out its work over the period, any learning from its work and recommendations for the health and social care sector for the coming year. The report covering 2013/2014 was published on the 16th October 2014.

1.3 The report sets out the changes CQC have undertaken in regards to its inspection methodology. The previous methodology focused on compliance with the essential standards and inspections were undertaken by generic inspectors who would not automatically have had a detailed understanding of the type of service they were inspecting. Inspections are now undertaken by 'specialist' inspectors with a greater emphasis on using experts by experience as part of the inspection programme. Services are now inspected against the following 5 key lines of enquiry:

- Is the service safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well led?

1.4 Each of the keys lines of enquiry will be judged as either:

- Outstanding
- Good
- Requires Improvement
- Inadequate.

1.5 The services will then be awarded an overall rating which will be one of the ratings set out in 1.4

2. What are the key messages for Adult Social Care Services?

Nationally

2.1 CQC found that overall; there was a slight improvement in the quality of adult social care in 2013/14 compared to 2012/2013.

- There was a significant improvement in performance on the 'care and welfare' standards.
- However, performance on safety and safeguarding was slightly weaker than last year.
- Services were better at treating people with dignity and respect than ensuring they were safe or that staff were suitably skilled.

Within Bracknell Forest

2.1.1 All Residential and Nursing Homes (as at the 11th October 2014) in the Borough were fully compliant with the CQC standards and all had a Registered Manager.

2.1.2 As at the 11th October 2014 of the 28 domiciliary care agencies used by Bracknell Forest Council, 25 have Registered Managers and 17 are fully compliant with CQC standards. Of the remaining 11, 9 are yet to be inspected and two are non-compliant. The reasons for non-compliance with the two providers are:

- Treating people with respect and involving them in their care (Both services)
- Quality and sustainability of management (Both Services)
- Providing care and support that meets people's needs (One service)
- Staffing (Both Services)

2.1.3 There is one domiciliary care provider in the Borough who is subject to enforcement action by the CQC. The reason for the enforcement action relates to the Quality and sustainability of management. Bracknell Forest Council does not commission services from this provider. However the Council is aware of a number of people who use this service and the council continues to support them and ensure that they are able to make informed choices about the care and support arrangements.

2.1.4 It should be noted that where the Council does not have a contractual relationship with the provider the provider is not required to share information about the people it supports. This can make it difficult for the council to identify and offer support to people who fund their own care arrangements.

Nationally

2.2 CQC found that people living in nursing homes receive poorer care than those living in residential care homes with no nursing provision. Smaller residential care homes tended to perform better than larger ones.

Within Bracknell Forest

2.2.1 This is not an issue in Bracknell Forest as all Residential and Nursing Homes were compliant with the CQC essential standards.

2.3 CQC identified nationally that the following factors impacted on services ability to provide good quality care and support.

- Workforce recruitment is a major issue. Were particularly concerned about the shortage of nurses in care homes. Encouraging more nurses to work in the care home sector should be a higher priority.
- Good leadership is vital to delivering good quality care.

Within Bracknell Forest

2.3.1 Within Bracknell Forest non-compliance is not a significant issue, like many areas of the county, recruitment and retention of front line care and support staff is an issue for providers. The Council is currently working with a number of local domiciliary care providers on recruitment of front line staff. This is aimed at increasing the capacity within the local market.

Nationally

2.4 CQC inspections identified that nationally care homes with a Registered Manager provide better care. In addition to this, identified care homes that had no Registered Manager in place for at least six months, were less likely to be compliant with the essential standards.

Within Bracknell Forest

2.4.1 Within Bracknell Forest all Residential and Nursing Homes in the Borough have a Registered Manager in post. The Council works collaboratively with local providers and is in regular contact with Registered Managers. When the Council is informed that a Registered Manager is leaving their service, contact is made to discuss handover arrangements and to arrange to meet with the new Registered Manager at the earliest opportunity.

3. What are CQC's 'challenges' to providers and the adult social care system?

3.1 The CQC talks about the challenges it poses to providers and the adult social care system rather than making recommendations. Below are the challenges for providers and adult social care. Alongside this is commentary on how these challenges are being implemented in Bracknell Forest.

CQC challenges all providers

3.2 The CQC challenges all providers of Adult Social Care services to maintain a focus on recruiting for values and building the professionalism of staff.

Within Bracknell Forest

3.2.1 The quality and sustainability of the workforce is a high priority for the council and providers alike. Where the council has a contractual relationship with a provider the quality and sustainability of staff is monitored via the council's quality assurance framework. In addition to this the council is working collaboratively with a number of domiciliary care providers to recruit additional front line care and support staff.

CQC challenges leaders

- 3.3 The CQC challenges leaders at all levels to develop a culture of support, openness and learning.

Within Bracknell Forest

- 3.3.1 Bracknell Forest Council has positive working relationships with local providers of health and social care and promotes an open and honest working relationship. Where the council has concerns over the quality or safety of services it is open with the provider and, where possible, provides support to the provider to improve.

CQC Challenges the whole adult social care system

- 3.4 CQC challenges the whole adult social care system to recognise and value excellence in all staff, especially those in professional or leadership positions.

Within Bracknell Forest

- 3.4.1 The Council and the CCG have developed a work stream from the Better Care Fund on supporting quality in the local care home market. This is a collaborative approach between the Council, CCG and local providers. The work is focused on improving the quality of care and support within care homes to enable better health and social care outcomes for residents.
- 3.5 **CQC challenges the adult social care system** to have the courage to tackle failure in the interests of people who use services.

Position within Bracknell Forest Council

- 3.5.1 Whilst **the Council** seeks to support local providers to improve the quality of care and support, where the necessary improvements are not made the council will not hesitate to take action. This may include:
- Placing a temporary stop on commissioning additional support from the provider, until such time as sustained improvement is evidenced.
 - Supporting people who currently use the service to consider finding an alternative provider.
 - Working jointly with the CQC to ensure areas of non-compliance are identified and addressed.
 - Ending the contractual relationship with the provider.
- 3.5.2 Whilst **the Council** can and does take robust action in respect of poor standards of care, it is not the regulator of social care services, and therefore has no enforcement powers. The Council is therefore reliant on the CQC using its enforcement powers to tackle poor care and support, where improvements have not been made.

4. CQC national findings regarding Healthcare

Nationally

- 4.1 The CQC has rolled out its new inspection methodology across community healthcare providers (including mental health providers) and providers of hospitals. CQC have now inspected 62 NHS trusts (of which CQC had issued formal ratings to 38 trusts covering 82 hospitals). CQC had inspected 12 Mental Health Trusts under its new approach and eight community health providers. CQC found wide variation in care between trusts, between hospital sites, between hospital services and within each service – from outstanding to inadequate.

NHS Services Bracknell Forest residents have access to.

- 4.1.1 Whilst Bracknell Forest Council does not provide or commission healthcare services, it is linked in with local healthcare systems and therefore has an interest in understanding the local healthcare market. The following information is in respect of the local NHS Foundation Trusts that Bracknell Forest residents access.
- 4.1.2 Frimley Park NHS Foundation Trust was the first NHS trust in the county to be awarded an outstanding rating
- 4.1.3 In May 2014 Heatherwood and Wexham Park NHS Foundation Trust was inspected by CQC and judged to be inadequate. Heatherwood and Wexham Park has now merged with Frimley Park Hospital to become Frimley Health NHS Foundation Trust.
- 4.1.4 In June 2014 The Royal Berkshire NHS Foundation Trust was inspected and judge to require improvement.
- 4.1.5 Berkshire Healthcare NHS Foundation Trust service at Prospect Park Hospital (one specific ward) were inspected in September 2014 and judged to meet the essential standards. Services at Prospect Park Hospital have not been assessed under the new inspection methodology and therefore have not been awarded a rating.
- 4.1.6 In February 2014 the Care Quality Commission published the findings of its review of the assessment and admission arrangements for people detained under the Mental Health Act. The monitoring visit reviewed the arrangements for the Approved Mental Health Professional (AMPH) services across Berkshire (provided by the 6 LAs in Berkshire) as well as the hospital based provision (provided by Berkshire Healthcare NHS Foundation Trust). Mental Health Act monitoring is undertaken by Mental Health Act Commissioners from within the CQC. The inspection methodology for Adult Social Care, Primary Medical Services and Hospitals does not apply. Therefore no overall grade is awarded to the trust and local authorities in respect of this area of service provision.

5. What joint work is the Council undertaking with the Care Quality Commission?

5.1 The Council works with the CQC on a range of operational and strategic matters, below is a summary of the three main areas of work.

5.2 Local Area Profile

5.2.1 Bracknell Forest Council is one of 18 pilot local authorities who are working with CQC to develop Local Area Profiles. The profiles will collate information at a local authority level about providers regarding i.e. compliance/noncompliance with the essential standards, statutory notifications made, any enforcement action taken by the CQC. This will enable Local Authorities to have a greater understanding of their local market and identify any trends or themes.

5.3 Sharing of local intelligence

5.3.1 The Council meets with the local Inspection Manager on a bi-monthly basis to share information regarding the quality of local services. This enables any action or interventions the Council or CQC intend to take to be dovetailed and to reduce any unnecessary burden on the provider.

5.4 Management of individual safeguarding concerns

5.4.1 Where as part of a safeguarding enquiry the Council becomes aware of concerns regarding the quality and or safety of a regulated provider the council will share this with the appropriate inspector.

6 Conclusions

6.1 95% of adult social care providers commissioned by Bracknell Forest Council are fully compliant with the essential standards. Whilst it is encouraging to note that compliance levels are high within Bracknell Forest, it is important to recognise that an inspection report is based on the information available at the time of the inspection. Therefore providers and commissioners cannot be complacent that a positive inspection judgment means that the service will continue to be compliant with the essential standards.

6.2 The Council works collaboratively with local providers where quality issues are identified. The Adult Social Care and Health Care Governance Board oversee this work. The Care Governance Board uses the information gleaned at inspection to inform its commissioning arrangements with providers.

6.3 The Council has a positive working relationship with the CQC; this is evidenced by its participation in the Local Area Profile Project.

**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
20 JANUARY 2015**

**HOMELESS STRATEGY
Director of Adult Social Care, Health and Housing**

1 PURPOSE OF REPORT

- 1.1 To offer the Overview and Scrutiny Panel an opportunity to discuss the homeless strategy at an early stage of its formulation.

2 RECOMMENDATION(S)

- 2.1 **That the Panel considers the priorities agreed by the Homeless Forum as a basis for the homelessness strategy formulation.**

3 REASONS FOR RECOMMENDATION(S)

- 3.1 The Homeless strategy will directly support the Council's priority to sustain economic prosperity and medium term objective 10 to continue to find ways to enable people to secure a suitable home.

4. SUPPORTING INFORMATION

- 4.1. The Homelessness Act 2002 requires all local Authorities to carry out a homeless review and formulate and publish a strategy based on that review. This will be the Council's second homeless strategy since the requirement came into place as the Council was not required to publish a second strategy as it had achieved the top comprehensive assessment score in 2008/9.
- 4.2. The review must include the following elements:
- The current and likely future levels of homelessness in an authority's district
 - The activities carried out in the district to
 - Prevent homelessness
 - Securing accommodation in the area for people who are or may become homeless
 - Providing support for people who have been homeless and need support to prevent it recurring
 - The resources available to the authority, social services authority other public authorities, voluntary organisations and other such persons for the above activities.
- 4.3. The following table sets out the total number of homeless households the Council owed a statutory homeless duty to provide a permanent home for the last 7 years.

Unrestricted

Year	Total number statutory households	Percentage change
2008/9	81	
2009/10	26	-68%
2010/11	28	+7%
2011/12	72	+62%
2012/13	64	-12%
2013/14	108	+41%
2014/15 predicted	125	+14%

- 4.4. The main reason for homelessness has consistently been loss of private rented accommodation. In 2013/14 that reason accounted for 52% of all homelessness and it is running at similar levels in 2014/15. The second most common reason is parental eviction.
- 4.5. There has been an increased use of bed and breakfast accommodation over the last twelve months. In 2013/14 there were 2538 household nights of B&B used and so far in the first six months of 2014/15 there have been 3,973. This is despite the Council providing its own non-self-contained temporary accommodation in the borough and increasing the temporary accommodation is has via purchasing properties under the temporary to permanent scheme. The Council has also taken on more leased properties in the private rented sector to address the increased demand.
- 4.6. The increased use of bed and breakfast accommodation to provide emergency accommodation for homeless households reflects the change in the housing market and lack of availability of private rented accommodation. In 2012/13 there were 865 households who received advice and homeless prevention activity and homelessness was prevented in 97% of cases. Within that number 15% of households were helped into an alternative home in the private rented sector with financial help from the Council. In 2013/14 there were 747 households who received advice and prevention from the Council and of that 97% were prevented from becoming homeless. Of that number 13% were prevented from becoming homeless due to financial help from the Council to secure an alternative home in the private rented sector. In the first six months of 2014/15 346 households have received advice and prevention from the Council but 96% had been prevented from becoming

homeless and only 7% had been due to the Council providing financial assistance so they could secure an alternative home in the private rented sector. It is the lack of access to homes in the private rented sector that is driving homeless demand and hampering the Council's ability to prevent homelessness.

- 4.7. The council has undertaken rough sleeper counts over the last two years. The counts are undertaken in line with Department of Communities and Local Government guidelines and if the guidelines are complied with then the DCLG will verify the count findings. The count figure is a net figure after taking into account any provision that was available for those found rough sleeping in the Borough on the night of the count. In 2011/12 three rough sleepers were found in the borough and in 2012/13 4 rough sleepers were found. Those rough sleeping are often known to the council and we have been working with them to help them overcome their barriers to securing a home.
- 4.8. The inaugural meeting of the homeless forum took place on the 19/11/14 to begin work on the homelessness strategy. The meeting was attended by various officers from services across the Council as well as housing providers and the voluntary sector. There is still the need to find representation of homeless families on the forum and also to invite the advice agency Shelter. The redesigned housing and benefit service to maximise household income and independence was recognised as a positive approach to preventing homelessness. The meeting agreed four priorities to work on to develop the homelessness strategy:
- Good quality housing advice and accessible prevention services
 - Partnership working to ensure expertise is best used and duplication of services is avoided
 - Meeting the need for emergency accommodation
 - Maximising access to the private rented sector
- 4.9. It is anticipated that the work on the strategy will progress over the next six to eight months with a view to recommending the strategy to the Executive in early autumn 2015.

Background Papers

None

Contact for further information

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
20 JANUARY 2015**

**JOINT COMMISSIONING STRATEGY FOR ADULTS WITH AUTISM, 2015-2020
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 Joint Commissioning Strategy for Adults with Autism, 2015-2020.

2 RECOMMENDATION(S)

- 2.1 **That the Adult Social Care and Housing Overview and Scrutiny Panel considers the Joint Commissioning Strategy for Adults with Autism, 2015-2020.**

3 REASONS FOR RECOMMENDATION(S)

- 3.1 To enable the Panel to consider the Joint Commissioning Strategy for Adults with Autism, 2015-2020.

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

Think Autism - Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update – HM Government April 2014

Equalities Impact Assessment

Contact for further information

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TO: EXECUTIVE
27 JANUARY 2015

JOINT COMMISSIONING STRATEGY FOR ADULTS WITH AUTISM, 2015-2020
Director of Adult Social Care, Health and Housing

1. PURPOSE OF REPORT

- 1.1 To inform Executive of the background to the strategy, and seek approval of the Joint Commissioning Strategy for Adults with Autism 2015 - 2020.

2. RECOMMENDATIONS

That Executive

- 2.1 **Approve the Joint Commissioning Strategy for Adults with Autism 2015 - 2020 subject to suggested amendments**
- 2.2 **Agree to the development of an Action Plan by the Autism Partnership Board**

3. REASONS FOR RECOMMENDATIONS

- 3.1 To ensure that the Council has a strategy to shape the development of support and influence the development of universal services for people with autism, and therefore improves outcomes for people meets local need and requirements arising from;
- *Health & Social Care Act 2012*
 - *Care Act 2014*
 - *Autism Act 2009*
 - *'Think Autism', the Department of Health (DH) revised strategy for adults with autism 2014*
 - *Equalities Act 2010*

4. ALTERNATIVE OPTIONS CONSIDERED

- 4.1 To have no strategy, which would result in a lack of the coordinated development necessary to meet the needs of people with autism.

5. SUPPORTING INFORMATION

- 5.1 A commissioning strategy is a plan which sets out how support and services for individuals will be developed at a local level. In order to decide what outcomes the Council and its partners need to prioritise, and how the strategy will be implemented the following has been taken into account:
- relevant legislation and national guidance

- an analysis of the needs and wishes of the local population and how these are likely to change in the future
- an overview of the strengths and limitations of current support and services
- resources currently available

5.2 People in Bracknell Forest have been consulted to find out what the local issues are. This information, together with guidelines published by the Government has informed this strategy to ensure that people living with autism in Bracknell Forest are enabled and empowered to have choice and control to live as independently as possible.

5.3 The action plan will be developed upon the approval of the strategy by the Executive.

6. ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

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

Borough Treasurer

6.2 The Council allocates its financial resources through the budget process in the context of its medium term financial plan. Currently the medium term financial plan forecasts that the Council will need to make significant savings over the next few years. Over this period the Council will have to develop increased efficiency in service delivery whilst still responding to demographic changes, new legislation and the need to modernise services. This will require the reallocation of some of the Council's limited resources to key priorities.

In order to deliver these service changes the Council publishes a range of strategies and policies relating to many of its key services. A strategy or policy does not represent a financial commitment but, rather, sets the strategic direction of travel, subject to the level of resources that become available. These strategies also form the basis of the annual service plan which ensures that the development of the Council's services is consistent with its medium term objectives within the resource envelope that is agreed. The development of these strategies is, therefore, an important part of the Council's arrangements for helping it allocate its limited resources to maximum effect.

Equalities Impact Assessment

6.3 An Equalities Impact Assessment was completed as attached at Appendix Two.

Strategic Risk Management Issues

6.4 An action plan has been developed for the delivery of commissioning intentions which supports services for people with autism. Delivery of this plan is considered as a risk which can be mitigated by robust performance monitoring undertaken by the Autism Partnership Board.

7. CONSULTATION

Principal Groups Consulted

- 7.1 The Autism Partnership Board was involved in developing the strategy and will be responsible for monitoring the subsequent action plan.

Method of Consultation

- 7.2 Public consultation ran from 1st July 2014 to 30th September 2014. A consultation plan was created by a subgroup of the Autism Partnership Board documenting the numerous groups consulted and organisations involved. Consultation methods used include interviewing individuals on a one-to-one basis, an online version of the consultation and through attending existing groups.

Representations Received

- 7.3 Representations received have been included within the development of the strategy.

Background Papers

Appendix 1: Adult Autism Joint Commissioning Strategy 2015-2020

Appendix 2: Adult Autism Strategy Equalities Impact Assessment.

Appendix 3: 'Think Autism: Fulfilling and rewarding lives' the national autism strategy.

Contact for further information

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*Bracknell and Ascot
Clinical Commissioning Group*



JOINT COMMISSIONING STRATEGY FOR ADULTS WITH AUTISM

2015 - 2020

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A summary of this strategy

A commissioning strategy is a plan which sets out how support and services for people with autism will be developed in the local area. The Joint Commissioning Strategy for Adults with Autism in Bracknell Forest has been refreshed, to listen to the views of people with autism and show what has changed over the last three years.

A consultation started on 1st July and finished on September 30th. As part of the consultation people were asked to comment on how important they believed certain issues were over the next 5 years. These issues were:

- Access to specialist health services
- Social inclusion (Being part of the community)
- Help with finding work and employment
- Help with finding suitable housing
- Support for parents and carers of people with autism
- Being able to access health and / or social care staff
- Having information about what support and services are available

The Government strategy “Fulfilling and Rewarding Lives” listed 7 positive outcomes that would show whether progress has been made to improve support for people with autism. These were:

- Adults with autism achieve better health outcomes.
- Adults with autism are included and economically active.
- Adults with autism are living in accommodation that meets their needs.
- Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets.
- Adults with autism are no longer managed inappropriately in the criminal justice system.
- Adults with autism, their families and carers are satisfied with local services.
- Adults with autism are involved with service planning.

These outcomes will be put into an action plan with the priorities from the consultation. Priorities around information and social inclusion are not covered by the outcomes listed above, but will still be part of the action plan. Results from the consultation show that there is work to do, particularly around Housing.

The Council and the Clinical Commissioning Group, through the work of the Autism Partnership Board, will be looking in detail at the consultation comments and developing the Action Plan by April 2015. This will identify things that could be done under each of the headings above. It will ensure that the comments and information from the public consultation will also form part of the Action Plan.

Introduction

If you need help to understand the language in this document, there is a “Glossary of terms” on Page 21 to explain what some of the words and terms mean. Words in this document that are explained in the glossary are underlined.

In 2010 the Government wrote a plan for people with autism called “Fulfilling and Rewarding Lives”. In the plan they ask that “All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.”¹

Since that time, there have been changes to health and social care services brought about by new laws. The most important of these laws are the Health and Social Care Act 2012 and the Care Act 2014. These laws have changed the way that health and social care services work together. There has also been an important update to the Government plan for people with autism. The updated plan was written in 2014. It is called the “Think Autism strategy 2014”.

There are other local plans that are important because they help the Council and Clinical Commissioning Group to say what needs to happen to improve the health and wellbeing of local people, including people with autism, based on the particular health problems that are common in Bracknell Forest. One of these plans is called the Health and Wellbeing Strategy. This makes clear what the most important things are that need to be achieved (outcomes) when organisations provide or pay for (commission) services.

The Health and Wellbeing Strategy says that people with autism cannot always access the good quality of support and services that other people do. This might be for a number of reasons, but it is important to make sure that everybody can live the lives they want to. This includes people with autism.

Because of the new laws and plans that have happened over the last few years, the Council needs to update the first “Adult Autism Strategy for Bracknell Forest”, which was written in 2009 when the Autism Act became law.

This new commissioning strategy has been written after consulting with people in Bracknell Forest, to find out what they think the most important priorities are and what needs to be done over the next 5 years.

¹ “Fulfilling and rewarding lives” The strategy for adults with autism in England (2010)
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113405.pdf

What is a Commissioning Strategy?

A commissioning strategy is a plan which sets out how support and services for people with autism will be developed in the local area. There are a number of ways that help the Council to help understand what is important for people with autism in Bracknell Forest. These are by:

- Talking to people with autism in Bracknell Forest, their families and people important to them, to ask them what they think the highest priorities are and what they think needs to be done over the next 5 years.

Also by:

- Looking at legislation (laws) and national guidance from the Government.
- Looking at the needs of the people in the local area and thinking about how these are likely to change in the future.
- Looking at the support and services that are available in the area at the moment and thinking about how well these are working for people with autism or whether they could be made to work better.
- Looking at what is happening in other areas of the country to see how the services in Bracknell Forest compare.

All of this information has helped the Council and the Clinical Commissioning Group to write this new 5 year Commissioning Strategy and to develop plans to make sure that people with autism living in Bracknell Forest are able to live fulfilling and rewarding lives.

The National and Local Context

The first national autism strategy

In 2010 the Government published the first national autism strategy called “Fulfilling and Rewarding Lives”². The five priorities were;

- Increasing awareness and understanding of autism among frontline workers.
- Developing a clear, consistent pathway for diagnosis of autism in every area, which is followed by an offer of a personalised needs assessment.
- Improving access for adults with autism to the services and support they need to live independently within the community.
- Focusing on helping adults with autism into work, by improving access to information, advice and guidance, ensuring adults with autism gain from wider plans to improve opportunities in the workforce, and providing effective support through the benefits system.
- Enabling local partners to plan and develop relevant services for adults with autism to meet identified needs and priorities, learning from what already works and involving adults with autism in developing those services where possible.

Since then, the Government has written more plans and given more guidance to help support adults with autism; details of which can be found on the Department of Health website.³ The two most important of these are the ‘Think Autism’ strategy which was published in 2014 and The Care Act (2014).

The 2014 strategy – “Think Autism”

This new strategy sets out important areas or priorities from Fulfilling and Rewarding Lives. But it makes it clear that there should be much more work across the different Government departments, to improve outcomes for people with autism. The new strategy also has 15 priority challenges for action which had been put forward by people with autism. These are grouped under three areas. If the new strategy works, people with autism should be able to say:

- I am an equal part of the local community
- I am able to have the right support at the right time
- I am able to develop my own skills and independence and work to the best of my ability.

These 15 ‘Priority Challenges’ that were the most important to people with autism, or practitioners supporting people with autism, are:-

² <https://www.gov.uk/government/news/fulfilling-and-rewarding-lives-the-strategy-for-adults-with-autism-in-england>

³ <http://www.dh.gov.uk>

An equal part of my local community

- I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.
- I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.
- I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.
- I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism.
- I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.
- I want to be seen as me and for my gender, sexual orientation and race to be taken into account.

The right support at the right time during my lifetime

- I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.
- I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism.
- I want staff in health and social care services to understand that I have autism and how this affects me.
- I want to know that my family can get help and support when they need it.
- I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.
- I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.
- If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.

Developing my skills and independence and working to the best of my ability

- I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.
- I want support to get a job and support from my employer to help me keep it.

As well as the 15 Priority Challenges, the new strategy also sets out three new key proposals. These are to develop:

- **Autism Aware Communities**

This will be launched in 2014 and will be based on the “dementia friendly communities programme”. This programme says that in dementia friendly communities: people will be aware of and understand more about dementia; people with dementia and their carers will be encouraged to seek help and support; and people with dementia will feel included in their community, be more independent and have more choice and control over their lives. The Prime Minister's challenge on dementia also includes an ambition to create communities that are working to help people live well with dementia. The Government want to achieve the same outcomes for people with autism.

- **Autism Innovation Fund**

This will be a total of £1.2 million funding nationally. There were four areas available for funding:

- Advice and information
- Gaining and growing skills for independence
- Early intervention and crisis prevention
- Employment, particularly involving the use of apprenticeships

- **Better data collection, and more joined up advice and information services**

This includes a new way of social care staff recording if a person has autism as well as a promise to make it easier for people with autism to find information online about how their local council is performing. This should be ready by March 2015.

The Care Act 2014

The Care Act 2014 is a new law, placing a series of new duties and responsibilities about how care and support for adults is to happen. Many people currently pay for their own care and support but in the future there will be a limit to how much people pay for their care if it is agreed by the Council as an “eligible” need. This limit is called the “cap on care costs” or “cap on care”, which it is expected to become law from 1st April 2016.

The Care Act also gives increased rights for Carers to receive support from Councils. It introduces a duty on them to meet eligible Carers' support needs. Carers will no longer have to show they provide substantial care and on a regular basis in order to request a Carers assessment.

The Act also makes it important that the Council must think about how they can help keep people well and prevent people's needs from becoming more serious. This applies to everybody living in the area, not just those who currently receive support from the Council. This should help to improve outcomes for adults with autism.

This means that:

- People who provide services must think about how to make life better for people with autism.
- The Government will have the same rules for everyone about who can get care and support.
- Everyone should have better information and advice about being healthy and preventing ill health.
- People will have more control over their lives and choice over how their needs are met.
- Family carers will get better support.
- Health services and social services must work together so that people can be supported better.

Review of the last three years

When Bracknell Forest’s first Adult Autism Strategy was agreed, an “action plan” was written which showed what the Council said it was going to do to help raise awareness, improve access to services, and help with other partners to plan and develop services for people with autism. This new strategy gives the Council the opportunity to look at what has happened over the last three years.

The action plan was based on the question of how to build ‘Fulfilling and rewarding lives’. The table below shows the areas that local people with autism wanted the Council, and its partners, through a group called the Autism Partnership Board, to focus on and what has been done in each area.

Below are some key successes delivered by the Autism Partnership Board. The full action plan is available through the Bracknell Forest Council website.

Outcome 1: Increase awareness and understanding of ASD among frontline professionals	
Action	What happened in Bracknell Forest
Public autism awareness	This started with the launch of the Joint Commissioning Strategy and Autism Alert Card as well as a programme of awareness delivered by the Berkshire Autistic Society over the last three years. Additionally, an e-learning module was developed for Council staff but made available to the public after good feedback. Training was matched to worker’s needs and delivered council wide. Specialist training was delivered to the <u>Community Autism Team</u> .
Autism team to identify areas of learning and development needed to provide on-going person centred support to adults with ASD	<u>Community Autism Team</u> have had <u>Spectrum Star</u> training. This is a person-centred, outcome based planning tool which focuses on achieving the greatest independence possible.
Promote awareness of Autism within the <u>Criminal Justice System</u> .	Berkshire Autistic Society has worked with the <u>Criminal Justice System</u> locally to build links and develop training. The <u>Community Autism Team</u> has worked closely with the probation service, the police and the prison service to promote awareness and to achieve the best outcomes for the people the team supports.

Outcome 2: Developing a clear, consistent pathway for diagnosis in every area which is followed by the offer of a personalised needs assessment	
Action	What happened in Bracknell Forest
When someone is diagnosed with autism, the health worker advises the person and/or their carer that they have a right to have their needs assessed by Adult Social Care and Health	A working relationship now exists between the <u>Community Autism Team</u> and the medical Assessment Team so that all people who have been assessed are offered the option of being referred to Social Care when they receive their diagnosis.
Improve access to Psychological therapies involving Mental Health services	People with autism can now be referred directly to Talking Therapies by the <u>Community Autism Team</u> .

Outcome 3: Improving access to services	
Action	What happened in Bracknell Forest
Based on analysis of the persons' needs, appropriate services need to be identified that can match and meet the needs of people with autism locally.	A <u>Floating Support</u> service started in 2012 to try to provide a quicker and responsive support for people with autism. The pilot proved a success and the Floating Support service has remained in place.
All adults with autism and their carers who meet the Social Care <u>eligibility</u> criteria have individual budgets and their carers are offered an assessment.	All people who meet the Social Care <u>eligibility</u> criteria have individual budgets and their carers have been offered an assessment.
Promote the work of the Autism Team in the local community and also to other teams and partner agencies	There is an information leaflet and website publishing details of services available to all people with ASD from the <u>Community Autism Team</u> . BAS (the Berkshire Autistic Society) have also held events raising awareness about Autism which includes the work of the <u>Community Autism Team</u> .
Provide accessible information about support and services available, including for people not eligible for public funded services.	Autism leaflet and updated website, publishing details of services is available to all people with Autism.
Develop advocacy strategy and support services that fit around the needs of people with autism and their carers	People with autism and their carers are supported by Just Advocacy, Pohwer (IMCA), Mencap And Berkshire Autistic Society. There is also a self-advocacy group for people with autism.
Develop <u>social inclusion</u> opportunities and reduce <u>social isolation</u> .	There are a number of social groups in operation and a number of others being developed, in partnership with various agencies.

Provide a supported employment service for adults with autism who need support finding employment.	<u>Breakthrough</u> are now supporting people with autism in supported employment. There are skills workshops being offered – to improve independence and confidence when job seeking and accessing employment opportunities. <u>Breakthrough</u> is working with employers around reasonable adjustments.
Implementation of the Alert Card for people with autism.	This has been fully implemented.
Carry out a housing needs analysis for young people and adults with autism and work with colleagues in housing and other partners to meet local need	Various strategies are in place to meet the needs of individuals with Autism. This includes provision from Registered Social Landlords and properties purchased by the Council with grant money.

Outcome 4: Helping adults with Autism into work

Action	What happened in Bracknell Forest
Autism training for Breakthrough staff	All staff working for <u>Breakthrough</u> have attending Autism Training and work closely with the <u>Community Autism Team</u>
Breakthrough to develop employment plan specific to people with ASD	This plan has been developed and is in place.
Delivery of awareness sessions / training to local employers	Offer has been made to various employers within Bracknell. Training has been delivered to the Job Centre, A4E and Maximus.
Work with education providers, e.g. colleges, to identify further education training opportunities and apprenticeships meet and support needs of people ASD	Mentoring scheme delivered at Bracknell & Wokingham College. The aim was to assist students with Autism to manage more effectively whilst at college. Tutors were also in attendance at the training.

Outcome 5 : Enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities

Action	What happened in Bracknell Forest
Develop and maintain a database / record of people with autism and look at how to support them on an on-going basis.	A list of people with autism that are supported, including those Approaching Adulthood, is kept by the <u>Community Autism Team</u> . Information from this spread sheet has been used to develop support and services.
Help to support people with autism to set up self help groups.	A Self-Advocacy group is in place supported by Just Advocacy. The Self-Advocacy group was one of only a few groups regionally who were asked to contribute to the National Autistic Society “Push For Action” campaign.

Outcome 5 : Enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities	
Action	What happened in Bracknell Forest
Carers support in place for Carers	Carers are offered Carers Assessments and support from MENCAP or Just Advocacy
Support the function of the Autism Partnership Board: governance, monitoring and supporting delivery of the requirements of the National Autism Strategy in partnership	Fully functioning partnership board in place. The partnership board was fully active within the review of the current strategy.
Carers support in place for Carers	Carers are offered carers assessments from Berkshire Carers Service and the Community Autism Team, in addition support is offered to all carers from Just Advocacy and Mencap.
On-going partnership and engagement work with the Police and Criminal Justice system.	The Community Autism Team continue to work with probation, police and the criminal justice system.

Needs Analysis

A needs analysis is a way of working out what the needs of a particular group of people are, so that the right support can be planned. This section looks at the needs analysis that was done for this autism strategy.

Expected Local Need

This section looks at the population as a whole and based on statistics and other information, it can then be worked out how many people there are in the Bracknell Forest area who are likely to have autism.

National research estimates that 1% of the population has autism. PANSI (Projecting Adult Needs and Service Information) and POPPI (Projecting Older People Population Information System) offer numbers to help the Council to try to understand how many people, of various age groups, would be expected to have autism.

	2015	2016	2017	2018	2020	2025	2030
People aged 18-24	93	93	93	91	89	91	101
People aged 25-34	166	166	168	171	173	173	169
People aged 35-44	175	173	171	171	171	178	186
People aged 45-54	182	184	184	184	180	172	171
People aged 55-64	134	136	142	146	156	168	166
Total aged 18-64	749	752	757	763	769	783	792
People aged 65-74	87	93	95	97	101	111	129
People aged 75 and over	66	66	68	70	76	96	114
Total aged 65 and over	153	159	163	167	177	207	243

People aged 18-64 predicted to have autistic spectrum disorders, by age, projected to 2030 (Source: pansi.org.uk) and people aged 65 and over predicted to have autistic spectrum disorders, by age, projected to 2030 (Source: poppi.org.uk)

Other key factors:

Ethnicity

The number of people with autism is not thought to be higher in any specific ethnic group but the diversity of the population is expected to widen and this will be a factor to take into account when planning culturally sensitive support.

Gender

The number of people with autism is higher in males. National research currently shows that 60% of people with autism are male; however this percentage is likely to become lower. For Bracknell Forest this would suggest 541 males and 451 females over 18 years.

Religion / Belief

Religious belief is not a factor in terms of the number of people with autism but should be taken into account in ensuring culturally appropriate support.

Local Need

- There are currently 84 people supported by the Community Autism Team known to have autism.
- Other people in Bracknell Forest with autism could be receiving support from other Adult Social Care Teams but the main reason for needing support could be a physical or mental illness.
- Other people may not yet have been diagnosed as having autism.
- Other people may be eligible for support but not receiving it for various reasons, for example they have chosen not to ask for it.

Young People Approaching Adulthood

The Community Autism Team supports young people with a single diagnosis of autism when they are approaching adulthood. The main way this happens is through an Approaching Adulthood panel, where young people with autism are likely to need support when they are 18. The Community Autism Team aims to meet people when they are in their final years of school and attend school reviews to make relationships with the young person and their families or carers.

Autism is one of the areas the current Bracknell Forest Council Approaching Adulthood Strategy looks at to help the Council plan for meeting the needs of young adults with autism.

The team also attends the Participation Group where young people who are not in employment or education are discussed.

There are 48 young people between 16 and 18 years already receiving support from Children, Young People and Learning (CYPL) who are known to the Autism Team and who are expected to be eligible for adult social care support when they become 18 years old.

Consultation

This strategy was developed after a 13 week consultation had taken place for people with autism living in Bracknell Forest, their families and people who support them. The consultation started on 1st July and ran until 30th September 2014. People took part by attending events, responding to questionnaires, taking part in one-to-one interviews and by giving online feedback.

The majority of people who took part in the consultations, (over 85%), were people with autism or their carers.

The Autism Partnership Board also took part.

In terms of the age and backgrounds of the people who took part, the consultation showed:

- There was a fairly even split between genders, with 53% males and 47% females.
- The majority of people who took part were between 18 and 25 years old, with 36 to 45 being the next highest age category.
- 48% of people who answered the question, said they were Christian with 34% saying they had no religion or belief.
- The majority of responses came from people saying they were as “White: English/Welsh/Scottish/Northern Irish/British”.
- 53% of the people who took part felt that they “have a health problem or disability which has lasted, or is expected to last, at least 12 months” and of these people, 68% said that they felt that this limited their day-to-day activities.

The consultation questionnaire asked people about:

- The support that they had used in the last three years,
- What they saw as being the most important priorities and
- What they thought about the priority challenges set out in the Government strategy “Think Autism”.

People who took part in the consultation were asked questions about their experience of using the different services such as Social Care, Housing and Health Services.

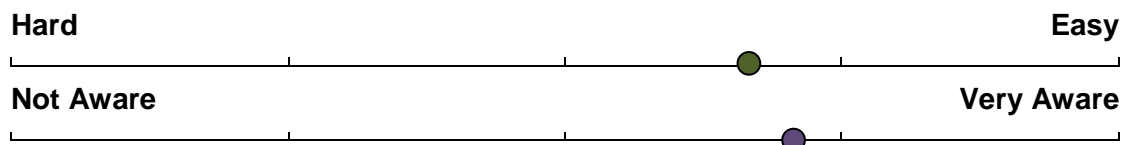
People were also asked how **Hard** or how **Easy** they had found it using that particular service and how **Aware** they were of what that service could provide for them.

The answers that people gave are shown in the following tables. These are set out on a service by service basis (Social Care, Housing, Employment and Volunteering, Health Services Specialist Health Services and the Voluntary and Community Sector.)

Each table shows a circle which is the average ratings for all of the responses received. The closer the circle is to **Easy** or **Very Aware**, the better people felt about the service or support. The closer the circle is to **Hard** or **Not Aware**, the worse people felt about the service or support.

Social Care

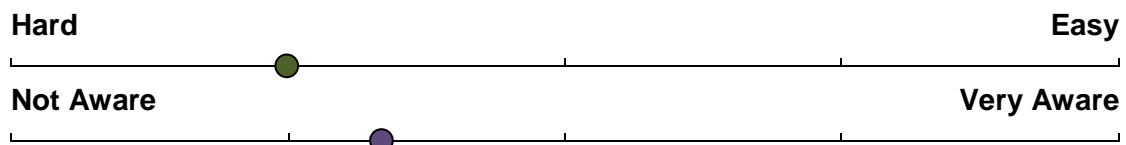
58% of respondents had accessed Social Care support.



What you said: The majority of respondents found Social Care both easy to make contact with and were generally very aware of autism. Those who expressed dissatisfaction commented on having difficulty with support in a crisis. Compared against other services, Social Care was the third best in terms of access and awareness ratings.

Housing

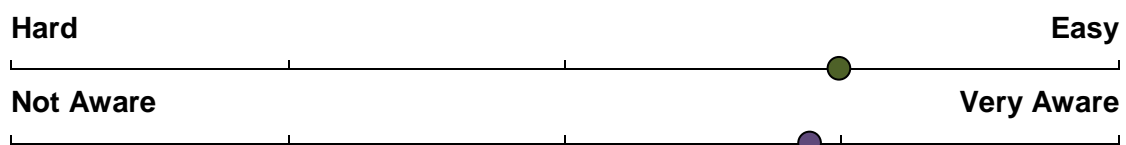
25% of respondents had accessed Housing support.



What you said: Of the six areas consulted on, housing scored the worst in terms of access and awareness. A range of problems were highlighted including waiting times for housing and supply of suitable housing to meet the needs of people with autism. These are issues that don't only affect people with autism, but that also affect other people looking for housing too.

Employment and Volunteering

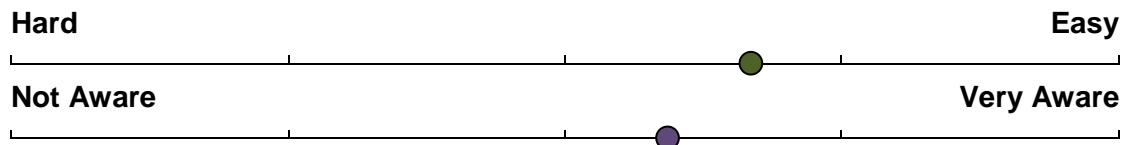
71% of respondents had accessed Employment and Volunteering support.



What you said: Employment support was reported as easy to access and generally very autism aware. It was the second highest rated of all the support types. Positive feedback centred on Breakthrough and praised the efforts of the team in supporting both employment and volunteering opportunities.

Health Services

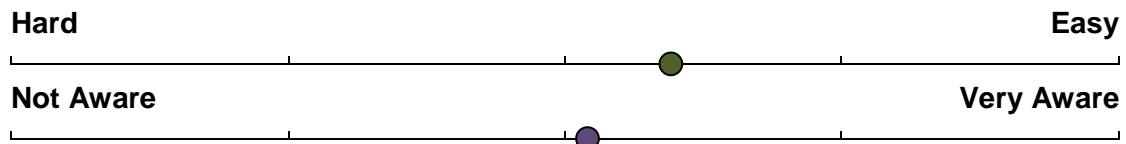
50% of respondents had accessed Health Services support.



What you said: Many respondents were happy with their experience of access and awareness in health services. Some people had faced problems with diagnosis and referral, as well as not being able to access the right services. Access and awareness for health services was rated only just below social care.

Specialist Health Services

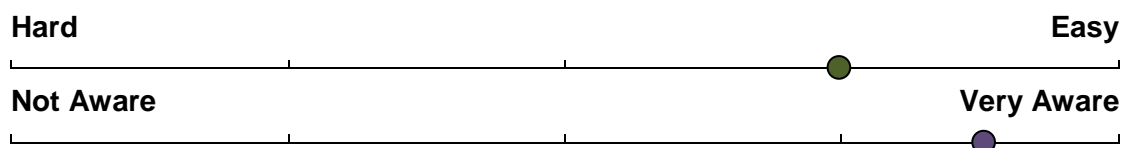
33% of respondents had accessed Specialist Health Services.



What you said: The main issues people reported on were about Occupational Therapy and Psychological support not being present or accessible. Access and awareness for specialist health services was rated as being second to the lowest (worst) of the six service areas.

Voluntary and Community Sector

50% of respondents had accessed Voluntary and Community Sector support.



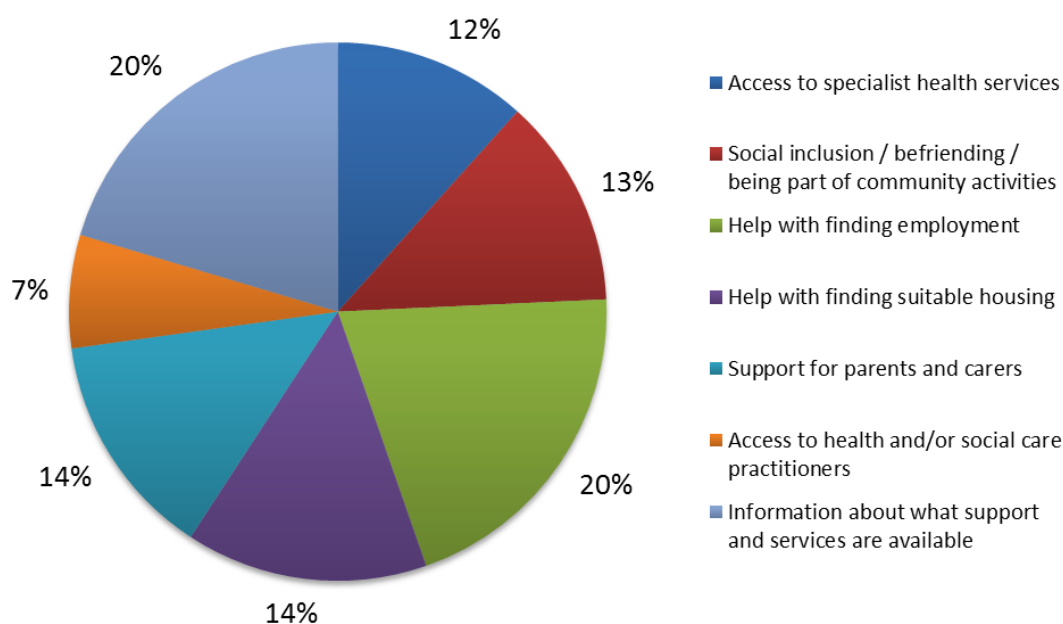
What you said: Access and awareness for voluntary and community sector support was rated the highest, with most people having very good experiences. None of the people asked had struggled with, or had issues with, services or support provided. Berkshire Autistic Society, Mencap and JustAdvocacy were all equally praised in the responses to these questions. There was little feedback about more general organisations within the voluntary and community sector.

Consultation Priorities

The number of adults with autism supported by the Council has doubled in the last year and is expected to continue to rise. It is therefore very important that the Council provides the right support at the right time to make best use of existing resources.

As part of the consultation people were asked to comment on how important they believed certain issues were over the next 5 years. These issues were:

- Access to specialist health services
- Social inclusion (Being part of the community)
- Help with finding work and employment
- Help with finding suitable housing
- Support for parents and carers of people with autism
- Being able to access health and / or social care staff
- Having information about what support and services are available



The responses, shown in the chart above, show that all seven areas put forward are important to people with autism and their families and carers. This is shown in the comments that people wrote.

People were also asked to think about whether they agreed with the 15 Priority Challenges set out in the new Government strategy (“Think Autism”). Those people who responded believed that the highest priorities should be focussed on were:

- Finding employment and
- Accessing information and advice on the services available

Next Steps

The Government strategy “Fulfilling and Rewarding Lives” listed 7 positive outcomes (National priorities) that would show whether progress has been made to improve support for people with autism. These were:

- Adults with autism achieve better health outcomes.
- Adults with autism are included and economically active.
- Adults with autism are living in accommodation that meets their needs.
- Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets.
- Adults with autism are no longer managed inappropriately in the criminal justice system.
- Adults with autism, their families and carers are satisfied with local services.
- Adults with autism are involved with service planning.

These outcomes will be achieved through an action plan with the priorities from the consultation. Priorities around information and social inclusion are not covered by the outcomes listed above, but will still be part of the action plan. Results from the consultation show that there is work to do, particularly around Housing.

The Council and the Clinical Commissioning Group have worked through the last two National Self-Assessments to check how well progress is being delivered against the national strategy. This has also helped to set some of the priorities, particularly in areas such as access to specialist health services, such as occupational therapy and psychology support, which were highlighted at the Health and Wellbeing Board after the Self-Assessment in 2013.

The Council and the Clinical Commissioning Group, through the work of the Autism Partnership Board, will be looking in detail at the consultation comments and developing the Action Plan by April 2015. This will identify things that could be done under each of the headings above. It will ensure that the comments and information from the public consultation will also form part of the action plan.

Glossary of Terms

Words	What the Words Mean
Action Plan	This is a document that shows what the Council, Clinical Commissioning Group and partner organisations, through the Autism Partnership Board, will do to make support and services better for people with autism.
Adaptations	Changes to buildings and equipment to make it easier for people with disabilities to use.
Advocate	Someone to help to get your voice heard. Having help to say what you think and what is important to you.
ASC	Autistic Spectrum Condition, see Autism.
ASD	Autistic Spectrum Disorder, see Autism.
Autism	Autism is used to reflect all autistic spectrum conditions. More information can be found on autism in Annex 1.
Autism Partnership Board	The Bracknell Forest Autism Partnership Board meets every three months and has two chairs, one with autism. The board is there to lead in local planning to support the local implementation of the National Autism Strategy.
BAS	Berkshire Autistic Society
Best Interest Decision	This is when other people decide what is best for you when you cannot make the decision for yourself.
Bracknell Forest Voluntary Action (BFVA)	Please see Involve.
Breakthrough	A service that helps you find and get a job.
Clinical Commissioning Group	Groups of doctors who work together to buy the health services that are needed.
Commissioning Strategy	This is a five year plan about how services need to be changed to make sure people continue to get the support they need in the future.
Community Autism Team	This is a team of social care staff, working for the Council, who can provide support and assessment of needs to people with autism. For more information on the team please see http://www.bracknell-forest.gov.uk/autismteam , call 01344 354466 or e-mail autism@bracknell-forest.gov.uk .
Complex Needs	Having lots of different problems or problems that are difficult to help people with.
Consultation Period	The time that the Council and Clinical Commissioning Group will be asking questions.
Consulting / Consultation	Asking for people's opinions.
Criminal Justice System	This includes the police, probation, courts and other services who are responsible for the law being upheld.
Diagnosis	Where an expert judges that you have a condition or disorder.
Dyslexia	Difficulty with reading and writing caused by a neurological disorder
Dyspraxia	A disorder of the nervous system which prevents a person from performing tasks or movements when asked to even though they understand the request and are willing to perform the task

Eligible / Eligibility	This is whether someone meets the right criteria to be provided certain types of support.
Ethnicity	Relating to or characteristic of a group of people having racial, religious, linguistic or other traits in common
Floating Support Service	This is support that is provided as part of a Person Centred Plan which is always changing depending on how the person supported uses or needs the service.
Government	The people who make the laws.
GP	Your family doctor.
Hate and Mate Crime	These are things that are against the law. Hate crime is when a person does something wrong because they do not like you. Mate crime is when a friend or someone you know does something wrong.
Health Service	Help you get from services such as doctors, hospitals, dentists and opticians. This is to help you stay healthy and make you feel better when you are ill.
Health and Social Services Outcomes Frameworks	The measures to check that support has made a good difference to someone's life.
Human Rights	Your human rights are <ul style="list-style-type: none"> • the right to life • the right not to be treated badly or punished in a cruel way • the right to freedom • the right to a fair trial in court if the police think you have broken the law • the right to respect for your own private life • people should respect your family life.
Legislation	Law.
Mentor	Adviser.
MH	Mental Health.
NAS	National Autistic Society
National Health Service	This is the health service that is all over the country.
Needs Analysis	A report which details the needs and extent of a population
Neglect	Not helping people when they need it.
NICE	National Institute for Health and Clinical Excellence
Outcomes	The difference that support makes to someone's life.
Partnership Board	The Government asked every council to set up a Partnership Board. This is to make sure people work together to make the lives of people with autism.
Person Centred Plan	This is a plan to say how you want to live your life. The plan says what your dreams and wishes are as well.
Personal Budget	An amount of money that is given to a person to plan and buy the support they need.
Population	People in a defined area.
Prevalence	Existing or occurring
Principles	The moral or reason for doing something.
Priorities	Things that are important to you.
Recommendations	A suggestion about what is a good and sensible thing to do.
Respite	Time away from a caring.

Responsibilities	Things that you have to do.
Resources	Time or money.
Rights	Things that you should be allowed to do.
Self-Assessment	Using a form to look at what you are doing and making sure that you are doing the right things.
Social Inclusion	The provision of rights to all individuals and groups in society such as employment, housing, social care, education and training etc.
Social Isolation	Social isolation means not having contact with people.
Social Services	Support you get from the council to help you live the life you want.
Spectrum Star	The Spectrum Star is a Person Centred Plan for people with autism which focuses on the following nine areas; 1. Physical health 2. Living skills & Self-Care 3. Well-being & self-esteem 4. Sensory differences 5. Communication 6. Social skills 7. Relationships 8. Socially responsible behaviour 9. Time and activities
Support Plan	This is a plan about what support you want to help you live the life you want.
Tenancies	What you and your landlord agree to do when you are living in a house and pay rent.

Annex 1 – Autism Explained

What is Autism?

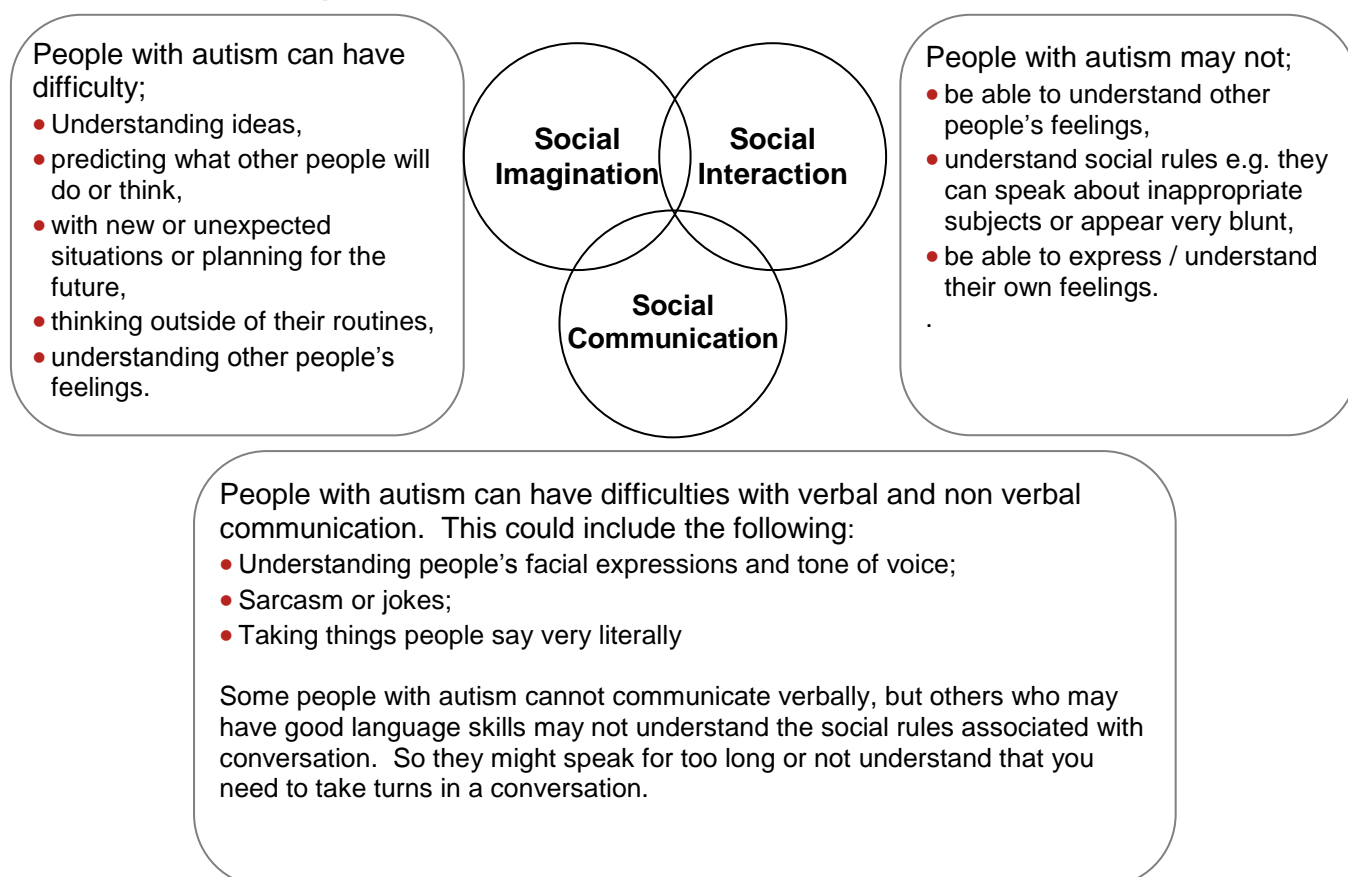
Autism is the name for a condition which affects how people with the condition deal with other people and how to understand the world around them. The government estimates that around 1 in every 100 people have autism.

If a person has autism, it is for life. People with autism are all different but usually have problems in 3 main areas. These are:

- Talking to other people to say what you need and how you feel
- Meeting new friends and making new friends
- Understanding what other people are thinking

These 3 main areas are sometimes known as the “Triad of Impairments” and the diagram below gives more detail on this.

The Triad of Impairments



Autism is known as a “spectrum condition” which means that the condition affects them differently, so that some people with autism are able to live relatively independent lives but others may need more specialist support through their life.

There is a form of autism called Asperger syndrome. People with Asperger syndrome are often described as having above average intelligence. They may have fewer problems with speech but may still have difficulties understanding language and what people are thinking and saying.

On its own, autism is not a learning disability or a mental health condition, although some people with autism may also have a learning disability or mental health condition.

There are three other areas that may be important to people with autism:

- **Routines and special interests**

Routines: People with autism may use routines very carefully and in a regular, particular sequence. This may help them make sense of a world that can otherwise appear to them to be very unpredictable.

Special Interests: Some people with autism can develop very deep interests in specialist areas and may be very knowledgeable in these areas. This could be for example bird watching or characters from Television.

- **Sensory sensitivity**

People on the spectrum may experience over sensitivity (sometimes referred to as hypersensitivity) or under sensitivity (hypo-sensitive) in relation to any of the 7 senses; vision, hearing, taste, smell, touch, body awareness and movement awareness.

Examples of hypersensitivity: People can find it impossible to block out background noise, deal with bright colours or the seams on their clothing.

Examples of hypo-sensitivity: Some people will rock back and forth or poke their eyes in order to create a sensation. Difficulties with body awareness can lead to problems in navigating rooms full of obstacles, such as furniture and people, and with fine motor skills.

- **Mental health – some information from researchers**

Researchers have found evidence that people with autism or Asperger syndrome may be particularly vulnerable to mental health problems such as anxiety and depression, especially in late adolescence and early adult life⁴. Other research⁵ with a group of people with Asperger syndrome showed that 65% of the group also had some symptoms of psychiatric disorder.

⁴ Tantam and Prestwood 1999

⁵ Ghaziuddin et al (1998)

Because people with autism can struggle to communicate it can mean that it is not until the condition is well developed that it is recognised. This delay in recognition and access to appropriate support can lead to the person with autism feeling aggression or paranoia, or feeling withdrawn so that they refuse to leave a house or room. It may also lead to increased obsessional behaviour and suicidal feelings.

Other researchers have found that the three main issues that are most likely to affect people with autism are:

- Depression
- Anxiety and
- Obsessive compulsive disorder.

Depression: About 1 in 15 people with Asperger syndrome experience symptoms⁶

Anxiety: Some other research⁷ found that 84.1% of people with autism also had at least one anxiety condition such as a phobia, panic disorder, separation anxiety disorder, avoidant disorder, overanxious disorder, obsessive compulsive disorder. Their research showed that this does not necessarily go away as the child grows older. For some people, it is the treatment of their anxiety disorder that leads to a diagnosis of Asperger syndrome.

Obsessive compulsive disorder (O.C.D.): Other researchers⁸ studied a group of 24 people with autism and discovered that 18% of the group had a diagnosis with O.C.D. This compared to 5% of the control group of people without autism but who had some problems with social contact with other people. Other evidence⁹ suggests that people who had O.C.D. continued with this throughout adulthood.

⁶ Tantam (1991)

⁷ Muris et al (1998)

⁸ Szatmari et al (1989)

⁹ Thomsen et al (1994)

Annex 2 – Autism Partnership Board Terms of Reference

Bracknell Forest Autism Partnership Board

Terms of Reference

Aim/Purpose

- To lead in local planning to support the local implementation of the 5 core areas detailed in the National Autism Strategy;
 - Increasing awareness and understanding of Autism among frontline professionals
 - Development of clear, consistent pathways for diagnosis
 - Helping adults with Autism into work
 - Improving access to services and support to enable adults with autism to live independently within the community
 - Planning and development of local services to meet identified needs and priorities
- Promote and co-ordinate the use of the Autism self-assessment tool
- Encourage new and innovative delivery of services for people with autism which are consistent with the need to give people choice, control, flexibility and independence.
- Support and advise all stakeholders on the implementation of the Bracknell Forest Autism Strategy for and the National Autism Strategy.
- Evaluate the impact of the Autism Strategy for Bracknell Forest and the National Autism Strategy.
- Raise awareness and understanding of issues affecting people on the autistic spectrum
- Maintain links with other Departments and Services to ensure that there is no duplication of effort and services for all people on the autistic spectrum and their carers
- Pro-active approach to joint working with partners in order to effectively implement/deliver the Action Plan in terms of quality and need within the resources available.
- Map local needs, resources and gaps to inform the commissioning of future services.
- Sub Groups, with relevant expertise and agreed by main Partnership Board, to be established when and if required to work on specific time limited projects

Membership

Autism Partnership Board Members

Organisation / Representative
Chief Officer – Adult Social Care (BFC)
Director / Assistant Director PCT and GP Consortia
ASD Lead Officer - Adult Social Care (BFC)
Joint Commissioning Team (BFC/PCT)
Berkshire Autistic Society / National Autistic Regional Team
BFVA Vol. Forum Representative
Individuals with ASD
Carer/s of person with ASD
Berkshire Healthcare Foundation Trust
Rep from Autism Team
Head of Service: learning Disability and Difficulties Children’s Social Care
Representative from the local community

1. Membership and Chairing arrangements

The Partnership Board will have a co-chairing arrangement, one co-chair being a person with Autism, and the other a representative from a statutory or third sector Organisation.

Members must attend 3 meetings per year.

A minimum of seven members must be present per meeting to ensure effective decision making.

Membership and Chairing arrangements will be reviewed every 12 months.

2. Frequency of meetings and approach

Meetings of the Bracknell Forest Autism Partnership Board will take place once every three months for the first 18 months.

Frequency of future meetings and membership will be determined following a review after 18 months.

Additional meetings / working groups will be held if necessary.

The meetings will be for 2 hours & held at Time Square (no costs).

3. Co-ordination of Meetings

In consultation with the co-Chairs, the ASD Lead Officer and Joint Commissioner will co-ordinate the paperwork and venue and circulate details 2 weeks prior to the scheduled meeting.

Agenda – Joint Commissioner will support the Board with setting future agenda items / work plan in line with the aims of the local strategy and local Action Plan.

4. Deputising for a Member of the Board

Members of the Board can nominate a representative to attend meetings on their behalf if they cannot attend for specific reason e.g. Annual Leave

In this situation, the Board member must inform the Head of Service and provide the name of the representative.

5. Decision Making

Only members of the Board has the right to vote.

Therefore;

- Guest visitors/speakers do not have the right to vote
- People who are at the meeting in a supportive capacity do not have the right to vote.

6. Conflict of Interest

Members will be asked to declare any areas/information about their work/personal circumstance where they may have a conflict of interest. This does not affect their membership but does keep a record of where it might not be appropriate for the person to be involved in voting or decision making

An example of this could be seen as an ‘interest’ that would need to be declared to avoid conflict;

1. Any connection with an organisation contracted to provide services by either the PCT or BFC
2. Any personal relationships or connections which could benefit from a decision
3. Any connection with a financial interest.

Throughout the time as a member, conflict of interest may arise and the members will be expected to declare this to the Co-Chairs.

7. Confidentiality

The work of the Partnership Board could involve discussion and decisions about other organisations or funding which are not to be discussed outside of the Partnership Board meeting.

The Co –Chairs must highlight areas that are confidential in the meeting and will be documented in the minutes.

**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
20 JANUARY 2015**

**FEEDBACK FROM THE CARERS' STRATEGY CONSULTATION
Director of Adult Social Care, Health and Housing**

1 PURPOSE OF REPORT

- 1.1. To inform the Panel about the work undertaken to engage people in the consultation process for the development of the Joint Commissioning Strategy for Carers and the results of the consultation. It is also intended to enable the Panel to offer comment and guidance.

2 RECOMMENDATION

- 2.1 **That the Panel considers the outcomes of the consultation, and contribute as appropriate.**

3 REASONS FOR RECOMMENDATION

- 3.1 To enable the Panel to contribute to the development of the Joint Commissioning Strategy for Carers.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 Consultation is not taken into account. Strategy is not developed.

5 SUPPORTING INFORMATION

- 5.1 The current Joint (health and social care) Commissioning Strategy for Carers expires in April 2015. A new strategy needs to be developed for the next 5 years.
- 5.2 The Care Act 2014 defines a carer as someone who helps another person, usually a relative or friend, in their day to day life. This is not the same as someone who provides care professionally, or through a voluntary organisation.
- 5.3 Not all people who are providing care see themselves as carers and therefore the term "people in a caring role" will be used to refer to carers in the main body of text.
- 5.4 Bracknell Forest Council supported approximately 900 carers in 2013/14 (RAP returns). In the 2011 census approximately 9,000 people in Bracknell Forest identified themselves as carers. Not all carers want or need support but it is important that support is available for those who do.
- 5.5 The strategy will be informed by:
- The views of people who are in a caring role and people who support them
 - Relevant legislation such as the Health and Social Care Act 2012 and the Care Act 2014
 - National guidance such as the National Carers Action plan 2014

- Research and Best Practice
- An analysis of the needs of the local population, current service delivery and what is likely to change or needs to change in the future

5.6 This report outlines the how the consultation was undertaken to inform the Joint Commissioning Strategy for Carers and the emerging themes.

6 THE CONSULTATION

Principal Groups Consulted

6.1

- Adults who have a caring role for other adults.
- Parents who are supporting a young person approaching adulthood.
- Young people in a caring role approaching adulthood.
- People who support people who are in a caring role.
- People who are interested in supporting people in a caring role.

Method of Consultation

6.2 The consultation was initiated with a Conference on 24th July 2014. The key note speaker being Dame Philippa Russell (The Chair of the Government committee, “Standing Commission on Carers” and a carer in her own right) was particularly well received by those who attended.

6.3 The Carers Issues Strategy Group which has people who are in a caring role and people who support carers represented on it, assisted with organising and running the conference as well as the consultation.

6.4 The consultation period was 13 weeks from 24th July – 23rd October 2014. All people identified on the ASCHH information system as current carers were informed about the conference and consultation via letters and information was sent out through partnership to reach harder to reach groups such as those from ethnic minorities

6.5 Bracknell Forest representation on the Carers Forum enabled their views to be taken into consideration and also we were invited to attend the Carers coffee morning hosted by Bracknell and Wokingham Mencap to discuss their issues.

6.6 Bracknell Forest representatives also listened to people who were either in a caring role or had been in a caring role who attended the Carers Lunch.

6.7 Bracknell Forest was aware that the National Carers Audit was to be sent out to all people who have been identified by carers on the ASCHH information system. Therefore, in October 2014, consideration was give as to how the consultation and questionnaires should be designed to avoid as much duplication as possible. It was considered appropriate that the analysis of the responses to the National Carers Audit from people who are caring for people within Bracknell Forest would also be included in the strategy.

Representations Received

6.8

- Carers Conference: 120
- Questionnaires: 38
- Carers Forum: approximately 12
- Mencap Coffee Morning: 7
- Carers Lunch: approximately 60

Emerging Themes

6.9 There were many positive comments about services that specifically support carers in Bracknell Forest, particularly from the voluntary sector such as Berkshire Carers Services and Bracknell Forest Voluntary Action (Involve), and the dedicated assistant care manager within the older people and long term conditions team. People also mentioned the good support from their GPs, care managers, occupational therapists, Parkinson's disease specialist nurses and other voluntary sector organisations such as BADHOGS and Triple A.

6.10 Areas for development

Equality of Access to Support – Carers in Bracknell Forest do not feel that they are treated equally as to the person they care for. Some people in a caring role felt there was an imbalance -“as long as the cared for is alright” and that they were a “burden”. This reflects the national picture and equality of access to assessment and support is a key element within the Care Act 2014. Access to advocacy was identified as need to support people in a caring role.

Access to information and advice – Many people stated that they found information accessible, however young people approaching adulthood, parents who are caring for young people with illness or disabilities who are approaching adulthood and people who were new to caring did not always have relevant information available to them in a timely way. People in a caring role were concerned that information was not always put in accessible places, especially as many people do not have access to the internet. They expressed the importance of having information that is up to date. Finally, they identified the need for more advice and support when filling in forms.

Assessment – Those people who had received an assessment generally felt that the support from the voluntary and statutory sectors was good and the forms were easy to complete. Not all people in a caring role were aware that they were entitled to an assessment; of the benefit of assessment; or where to go to get an assessment. Some people were uncertain that they had had an assessment. There were concerns that the “the problems are too big (for Care Managers) to solve with the tools at their disposal” and of getting support was too long.

Personal Budgets and Direct Payments – these are not currently available directly to people in a caring role but some had experience of using them to support the person they care for. However with the advent of the Care Act, people in a caring role will have access to Personal Budgets and Direct Payments. People in a caring role could see the benefits of them, although they would need further information on how they would work and what they could be used for. They were also concerned that managing them would mean additional work and responsibility for the person in a caring role.

Social and Emotional Support – many people in a caring role were aware the levels of depression amongst people who care is very high and stated that they valued the support that they had from their peers, voluntary and statutory sector. They highlighted the need to talk to people who are caring for people with similar illness and disabilities e.g. Alzheimer's, learning disabilities as well as general peer group support. However gaps were identified in the availability of one to one support and talking therapies. As people in a caring role often have difficulty getting time out and their role is isolating one of the suggestions was that there is a telephone line (similar to Silverline) "just phone and talk to someone" when they have had enough. Those consulted also identified the need to support people with planning for the future (e.g. as they get older they may not be able to continue in the caring role or the person they care for has a deteriorating illness) and bereavement.

Respite – people in a caring role valued the respite that they received, especially the ill health preventative aspects. However people wanted to be able to book respite more in advance, have more flexibility in as to when and how it was used and for the process for getting respite to be quicker.

Access to health services - many people in a caring role found their GP helpful but were concerned that GP's did not fully understand or recognise the responsibilities in this role. Due to their caring roles, people have found it difficult to look after their health and access health services. They would like more flexibility in timing, length and type of consultations, e.g. telephone consultation. Concern was raised also about the difficulty in getting continuing health care funding and the need to support carers through the process.

Involvement in planning of support for the person they care for – people in a caring role do not always feel that they are involved in the planning of support for the person they care for. An example given was a doctor and a person with mental health problems who agreed for the person's medication to be altered without the person in a caring role being involved. From past experience, the person in a caring role, knew that if this change in medication was made, the person they cared for would become mentally unwell and they would have to "pick up the pieces", which they ended up doing. People in a caring role need to be involved as they are supporting the person and they are often experts by experience. People in a caring role also said that some practitioners blamed them for things that go wrong but as one carer put it, "no one trains you to be a carer for someone with profound and complex needs – you take it day by day".

Rights – not all people in a caring role knew their rights e.g. right to an assessment or what rights they had to be involved in planning of support for the person they care for. The issue of the right to a private and family life also arose as when a person is in a caring role, as there are many practitioners involved, visiting the home and asking questions.

Transport – this is seen as a barrier for people to having respite as well as providing support to the person they care for. There were particular concerns about access to transport for health appointments.

Training – people in a caring role would like more support and training to enable them to provide support to the person they care for.

Continuity, quality of care and communication between teams – people in a caring role expressed concerns about the turn over of staff, especially home care and the irregular timing of visits. They were also concerned about the level of skills home

care staff had to support the person they care for. Often this meant both the person in a caring role and the person they care for waiting in for carers, placing restrictions on them. Due to this and communication between teams was not always being effective, people in a caring role felt they were being an “arbiter” of care.

Background Papers

Carers' Consultation Questionnaire
National Carers' Survey

Contact for further information

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
20 JANUARY 2015**

**EXECUTIVE RESPONSE TO THE REPORT OF THE OVERVIEW AND SCRUTINY
REVIEW OF REGULATED ADULT SOCIAL CARE SERVICES**

1 PURPOSE OF REPORT

- 1.1 This report introduces the attached Executive response to the report of the Overview and Scrutiny 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 considers the response of the Executive to the review of Regulated Adult Social Care Services undertaken by one of its working groups.**

3 REASONS FOR RECOMMENDATION(S)

- 3.1 To enable the Panel to consider the attached Executive response to the report of the review of Regulated Adult Social Care Services undertaken by one of its working groups.

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

Report of the Overview and Scrutiny Review of Regulated Adult Social Care Services, October 2014.

Contact for further information

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TO: EXECUTIVE
16 DECEMBER 2014

OVERVIEW AND SCRUTINY REPORT ON “A REVIEW OF THE COUNCIL’S ROLE IN REGULATED ADULT SOCIAL CARE SERVICES”
Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

- 1.1 To determine the Executive’s response to the recommendations in the report by the Adult Social Care and Housing Overview and Scrutiny Panel’s Working Group on “A Review of the Council’s Role in Regulated Adult Social Care Services”.

2 RECOMMENDATIONS

- 2.1 That the following recommendations of the Working Group on “A Review of the Council’s role in Regulated Adult Social Care Services” are accepted:

2.1.1 **Recommendation 6.3** Checks be made to ensure that local care providers adopt and implement a missing person’s procedure which includes up to date contact details and reflects the outcome of the Thames Valley Police’s review of missing persons’ guidance on the procedure to be followed in the event of the unexpected absence of a person receiving care in order to safeguard vulnerable adults.

2.1.2 **Recommendation 6.4** Validation Guidelines be expanded to include a section explaining how benchmarks are identified and giving information regarding the service aspects that the Council measures performance against.

- 2.2 That the following recommendation is partially accepted:

2.2.1 **Recommendation 6.2** The Quality Assurance Framework be expanded to include collection of the views of people who self-fund their care.

- 2.3 That the following recommendation is not accepted:

2.3.1 **Recommendation 6.1** The plan for the emergency evacuation of care / nursing home premises that is practiced regularly be reconsidered with a view to introducing a more practical emergency response procedure reflecting residents’ disabilities and conditions as far as possible within safety requirements.

3 REASONS FOR RECOMMENDATIONS

- 3.1 The Overview and Scrutiny Working Group has spent considerable time on the review of a very complex subject, which involves a range of agencies. The complexities have resulted in some level of misunderstanding of the range of legislation, and of the responsibilities of the various regulatory bodies involved in services, and therefore in the powers available to the Council to implement the some of the recommendations.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 Not applicable.

5 SUPPORTING INFORMATION

5.1 The recommendations from the report, and reasons for the responses are set out below:-

5.2 Recommendation 6.3 Checks be made to ensure that local care providers adopt and implement a missing person's procedure which includes up to date contact details and reflects the outcome of the Thames Valley Police's review of missing persons' guidance on the procedure to be followed in the event of the unexpected absence of a person receiving care in order to safeguard vulnerable adults.

5.2.1 Agreed. A Missing Person's procedure is already a CQC requirement and will be subject of inspection. Compliance with TVP guidance will not be checked by CQC, as this is local guidance but it will be added to the Bracknell Forest Quality Assurance Framework.

5.3 Recommendation 6.4 Validation Guidelines be expanded to include a section explaining how benchmarks are identified and giving information regarding the service aspects that the Council measures performance against.

5.3.1 Agreed. This would give further clarification and information for providers, which would be helpful.

5.4 Recommendation 6.2 The Quality Assurance Framework be expanded to include collection of the views of people who self-fund their care.

5.4.1 Partially agreed. The collection of the views of people who fund their own support in care homes is currently reflected in the Quality Assurance Framework, although this clearly depends on the willingness and capacity of people to contribute. In relation to the views of people who purchase domiciliary support, at this time the Department has no way of knowing the identity of people concerned in order to canvass their views. Agencies could only provide this information with the permission of the people concerned (data protection requirement) but there is no right to request this of agencies, nor an expectation on them to respond. With the implementation of the Care Act, the Department may be aware of a greater number of people funding their own support, in which case their views will be sought.

5.5 Recommendation 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.

5.5.1 Not agreed. The Fire Service inspects Residential Care Homes and Nursing Homes, and will determine the requirements around procedures in the event of fire, and it is not within the Council's remit to make recommendations outside of this.

5.6 The Executive Member would like to thank the Lead Member, Councillor Harrison and the Working Group on a thorough piece of work looking at the Council's role in regulated Adult Social Care Services.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The legal issues are addressed within the body of the report.

Borough Treasurer

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

Equalities Impact Assessment

6.3 N/A

Strategic Risk Management Issues

6.4 N/A

7 CONSULTATION

Principal Groups Consulted

7.1 None

Method of Consultation

7.2 None

Representations Received

7.3 None

Background Papers

“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.

Contact for further information

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL
20 JANUARY 2015**

2015/16 OVERVIEW AND SCRUTINY WORK PROGRAMME

1 PURPOSE OF REPORT

1.1 This report invites the Panel to consider its Work Programme for 2015/16.

2 RECOMMENDATION(S)

2.1 That the Panel considers its Work Programme for 2015/16.

3 REASONS FOR RECOMMENDATION(S)

3.1 To enable the Panel to consider its Work Programme for 2015/16.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None.

5 SUPPORTING INFORMATION

5.1 The Panel is invited to suggest topics for inclusion in its 2015/16 work programme which will be developed in the coming months. The existing Work Programme for 2014/15 is attached at Appendix 1 for reference together with a list of topics previously reviewed by working groups of the Panel.

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

6.1 Not applicable.

Background Papers

None.

Contact for further information

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OVERVIEW AND SCRUTINY WORK PROGRAMME 2014/15

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

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

ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL	
1.	<p>Monitoring the performance of the Adult Social Care, Health and Housing Department</p> <p>To include on-going review of the Quarterly Service Reports, receiving statutory plans and reports (such as the annual reports on complaints received), monitoring the action taken by the Executive to earlier reports by the Panel, and being briefed on the implications of new legislation, including the Government's Care Bill.</p>
2.	<p>Exercising pre-decision scrutiny by reference to the Executive Forward Plan</p> <p>To selectively contribute to the formulation of new policies in advance of their consideration by the Executive.</p>
3.	<p>2015/16 Budget Scrutiny</p> <p>To review the Council's Adult Social Care and Housing budget proposals for 2015/16, and plans for future years.</p>

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

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

Completed Reviews

Date Completed	Title
January 2004	Review of Adult Day Care Services in Bracknell Forest (Johnstone Court Day Centre & Downside Resource Centre)
November 2006	Anti-Social Behaviour (ASB) – Review of the ASB Strategy Implementation
August 2008	Caring for Carers
April 2009	Older People's Strategy
April 2009	Services for People with Learning Disabilities
May 2009	Housing Strategy
July 2009	Review of Housing and Council Tax Benefits Improvement Plan
July 2010	Review of Housing and Council Tax Benefits Improvement Plan (Update)
October 2010	Safeguarding Vulnerable Adults in the context of Personalisation
August 2012	Local Council Tax Support Scheme
November 2012	Modernisation of Older People's Services
February 2013	Substance Misuse
October 2014	The Council's Role in Regulated Adult Social Care Services

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
20 JANUARY 2015**

OVERVIEW AND SCRUTINY PROGRESS REPORT Assistant Chief Executive

1 PURPOSE OF REPORT

- 1.1 This report highlights Overview and Scrutiny (O&S) activity during the period June to November 2014.

2 RECOMMENDATION

- 2.1 **To note Overview and Scrutiny activity and developments over the period June to November 2014, set out in section 5 to 6, and Appendices 1 and 2.**

3 REASONS FOR RECOMMENDATION

- 3.1 The Chief Executive has asked for a six monthly report to be produced on O&S activity.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

Overview and Scrutiny Structure and Membership

- 5.1 Council and the O&S Commission respectively appointed members to the vacant positions on the Commission and two of the O&S Panels. Action continues to be taken periodically on the long-running vacancy for a representative of the Catholic Diocese. Rev Parish resigned from the position of Church of England representative on the O&S Commission and the Children, Young People and Learning O&S Panel on 7 November, and a replacement is being sought.

Overview and Scrutiny Work Programme and Working Groups

- 5.2 The programme for 2014-15 has progressed broadly as planned, and a routine report has been submitted to each O&S Commission meeting, monitoring progress against the O&S Work Programme, using traffic light indicators, and with particular reference to the Commission's own Working Groups. Activity and output levels in the second half of the year will probably be lower owing to the local government elections in 2015 and anticipated staff sickness absence.
- 5.3 The table at Appendix 1 sets out the current status of the O&S Working Groups, along with the list of completed reviews.

Overview and Scrutiny Commission

- 5.4 The O&S Commission met on 10 July, 4 September, and 22 October. The main items included:
- Meeting the Director of Security of Broadmoor Hospital and the Local Police Area Commander, regarding the effect of the re-development on security arrangements at the hospital. The Commission Chairman subsequently wrote to the West London Mental Health Trust, conveying the Commission's concerns over the Trust's proposed decommissioning of many of the Broadmoor alert sirens. This was followed by a meeting on the same topic, including the Chairman and Chief Executive of the Trust. Wokingham Borough councillors were invited to participate in the meeting, as they had previously raised similar concerns.
 - Discussing with representatives of Royal Berkshire Fire and Rescue Service (RBFRS): the context for RBFRS; the Service's new policy direction, plans and priorities; and the role and contribution of the Service to community safety locally. In preparation for that meeting, members of the O&S Commission visited Bracknell Fire Station on 29 August to meet RBFRS front-line staff.
 - Reviewing the quarterly performance reports for the Corporate Services Department, the Chief Executive's Office and the Council as a whole. Also reviewing the bi-annual progress report of O&S.
 - Reviewing corporate items on the Executive Forward Plan.
- 5.5 Between formal meetings, the Commission's activities have included, for example:
- Visiting Thames Valley Police's control centre and performance information team at Kidlington in June.
 - Visiting Bracknell Fire Station in August.
- 5.6 The O&S Commission's next meeting is on 20 November, when the main items will be: meeting representatives of Thames Valley Probation Service and the Community Rehabilitation Company to consider their role, plans and priorities; and discussing with the Executive Member for Transformation and Finance, and the Borough Treasurer the evolving budgetary position, in preparation for scrutiny of the 2015/16 budget proposals. The Commission's Working Group on Business Rates, which commenced on 19 May, continued to make good progress during the period, and it is expected to complete its work within the next two months.

Environment, Culture and Communities O&S Panel

- 5.7 Meetings of the Panel were held on 24 June and 23 September, 2014. During the meetings the Panel considered and commented on:
- Electing a Chairman and appointing a Vice Chairman.
 - Quarterly Service Reports for the relevant quarters.
 - Service Plan 2014/15 - Revised Key Actions and Indicators.
 - Residents' Parking Scheme – Consultation Outcome and Final Scheme Proposals.
 - Draft Obligation Supplementary Planning Document.
 - Bracknell Forest Borough Local Plan Update.
 - Public Realm – Progress with Mobilisation.
 - Supported Bus Service Contracts 2015.
 - Enforcement Policy (Regulated Services).
 - Parks and Open Spaces Quality Improvements – Jocks Lane Recreation Ground and Sandhurst Memorial Park.
 - Draft Cultural Services O&S Report.
 - Working Group Update Report.
 - Scheduled Executive key and non-key decisions.

- 5.8 A review of Cultural Services, in the context of pressure on public finance, with particular reference to libraries and assistance for South Hill Park, has been undertaken by a working group of the Panel and the Executive's response to the completed report is now awaited (see Appendix 1).
- 5.9 Actions arising from Panel meetings have resulted in the circulation to Panel Members of the number of e+ smartcards issued or reissued during 2013-14, the number of fixed notices issued during the last year, details of the route of the Sandhurst Shopper 598 bus service and the officers' response to a Member's request that consideration be given to extending the route of the 108 bus service to serve the local Community Centre. In addition, the Panel requested that an analysis of the content of compliments received and any associated learning points be included in future Quarterly Service Reports. The next meeting of the Panel is taking place on 13 January 2015.

Health O&S Panel

- 5.10 The Panel met on 3 July and 2 October. The main items considered at those meetings included:
- Electing a Chairman and appointing a Vice Chairman.
 - Meeting the Chief Executive of Frimley Park Hospital NHS Trust, with particular reference to the Trust's services to residents, and progress on the Trust's prospective acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust.
 - Meeting the Director of Nursing of the Bracknell and Ascot Clinical Commissioning Group, regarding the quality of patient care at the main local hospitals, with reference to the results of the 2013 survey of adult inpatients.
 - Reviewing the quarterly performance reports of the Adult Social Care, Health and Housing department, relating to public health.
 - Adopting a Protocol between the Health & Wellbeing Board, Healthwatch Bracknell Forest and the Health O&S Panel.
 - Meeting the Berkshire Healthcare NHS Trust, with particular reference to their mental health services to residents of Bracknell Forest. In preparation for that meeting, members of the Panel received a briefing on mental health, and visited the in-patient mental health facility at Prospect Park Hospital, in September.
 - The bi-annual progress report of Overview and Scrutiny.
 - Receiving questions under the public participation scheme for Overview and Scrutiny.
 - Receiving a presentation on Public Health's first year in the Council, and future plans.
 - The 2013-14 Annual report of Healthwatch Bracknell Forest.
 - Reviewing the information from the NHS Choices website, for the NHS Foundation Trusts providing most NHS services to Bracknell Forest residents.
 - Considering scheduled Executive Key and Non-Key Decisions relating to Health.
- 5.11 Between formal meetings, the Panel's activities have included, for example:
- Attending the Annual General Meeting of Bracknell and Ascot Clinical Commissioning Group.
 - Raising concerns over patient comfort at the Urgent Care Centre in Bracknell.
 - Observing some meetings of the Health and Wellbeing Board.
 - A trial run of the newly designed induction training for members engaged in health O&S, delivered jointly by Adult Social Care, Health and Housing, also O&S officers.
- 5.12 The Panel's next meeting is on 15 January 2015, when the main items are likely to include scrutiny of the Health element of the Council's Draft Budget Proposals for 2015/16.

Joint East Berkshire with Buckinghamshire Health O&S Committee

- 5.13 This Committee, formed jointly with Slough Borough Council, the Royal Borough of Windsor & Maidenhead, and Buckinghamshire County Council has remained suspended, the last meeting having been held in March 2013. The O&S Commission had previously decided to end the Council's involvement in the Joint Committee, unless there is a need to respond to a statutory consultation affecting health services in East Berkshire.

Children, Young People and Learning O&S Panel

- 5.14 Meetings of the Panel took place on 11 June and 10 September, 2014. During the meetings the Panel considered and commented on:
- Electing a Chairman and appointing a Vice Chairman.
 - The minutes of meetings of the Corporate Parenting Advisory Panel.
 - Quarterly Service Reports for the relevant quarters, giving particular attention to outcomes of Ofsted school inspections, 2014 school place allocations and Family Focus, the Council's troubled families initiative.
 - A presentation in respect of substance misuse involving children and young people.
 - The implications of the Children and Families Act 2014.
 - The updated Joint Strategic Plan for Children, Young people and Families 2014-17.
 - Draft School Places O&S Report.
 - The 2013/14 Annual Report of the Independent Reviewing Officer service.
 - A presentation in respect of actions being taken to reduce incidences of bullying.
 - The Common Assessment Framework Annual Report 2013/14.
 - An update on the effective use of the Pupil Premium grant for Looked After Children.
 - The Executive response to the O&S report of the review of School Places.
 - The Development Plan for Community Learning 2014-17.
 - Pan Berkshire Shared Adoption Service.
 - Scheduled Executive key and non-key decisions.
- 5.15 The Panel agreed the report of the review of the planning and provision of school places at its meeting on 11 June 2014 and then received the favourable Executive response to the report at its meeting held on 10 September when it established a new working group to commence a review of the impact of substance misuse on children, young people and their families (see Appendix 1).
- 5.16 Activities between Panel meetings included circulation to Members of some of the child's view sheets used in the Common Assessment Framework, the Local Safeguarding Children's Board Continuum of Help and Support document and the Guide to Child Neglect. In addition, arrangements have been commenced for Panel Members to visit some primary schools in the Borough to ascertain how they are adapting to the move to providing free school meals for all Reception, Year 1 and Year 2 pupils and possibly sample some meals to check the quality and variety before reporting their findings to the next Panel meeting, to be held on 12 January 2015.

Adult Social Care and Housing O&S Panel

- 5.17 The Panel met on 17 June and 16 September, 2014. The main items discussed and considered at the meetings were:
- Electing a Chairman and appointing a Vice Chairman.
 - Quarterly Service Reports for the relevant quarters.
 - Annual Complaints Reports 2013/14 for Adult Social Care and for Housing.
 - Living with Positive Choices: a Community Strategy for Adults with Long Term Conditions aged 18-64 years - review of Action Plan.
 - Alcohol Brief Intervention in Adult Social Care - progress update.

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- Update on the Care Act 2014 and plans for implementation.
- Adult Social Care Annual Report (Annual Account) 2013/14.
- Bracknell Forest Safeguarding Adults Partnership Board Annual Report 2013/14.
- Changes to regulation and inspection of Adult Social Care from April 2015.
- The Council's Role in Regulated Adult Social Care Services O&S report.
- Working Group Update Report.
- Scheduled Executive key and non-key decisions.

- 5.18 The Panel monitored progress achieved by its working group reviewing the Council's role with regard to care governance and managing safeguarding in regulated Adult Social Care Services and agreed the resulting report, the Executive's response to which is now awaited (see Appendix 1).
- 5.19 In addition, the Panel discussed future review work having regard to its Work Programme and favoured commencing a review of homelessness when resources became available. The next meeting of the Panel is taking place on 20 January 2015.

Other Overview and Scrutiny Issues

- 5.20 The biennial Members survey results in August 2014 included the following responses relating to O&S:
- 75% net satisfaction with support for O&S.
 - 84% net satisfaction with support by O&S officers.
 - 82% net satisfaction with support by Council departments.
 - 58% regarded O&S to be effective in terms of holding decision makers to account, and in contributing to policy development.
- 5.21 Responses to the feedback questionnaires on the quality of O&S reviews are summarised in Appendix 2, showing a high average score of 2.7 (90%).
- 5.22 Quarterly review and agenda setting meetings between O&S Chairmen, Vice-Chairmen, Executive Members and Directors are taking place regularly for the Panels (every two months for the O&S Commission). Periodic meetings of the O&S Chairmen and Vice Chairmen were suspended in April 2013.

6 DEVELOPMENTS IN OVERVIEW AND SCRUTINY

- 6.1 The only notable developments in O&S in the period covered by this report were the changes to Health O&S arising from the Department of Health's guidance relating to *The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013*. The main point to be addressed is that if a council decides to delegate its health scrutiny powers and duties to a health scrutiny committee, it need not delegate *all* of its health scrutiny functions to that committee (i.e. it could retain some functions itself). Officer recommendations in that regard have been prepared for consideration by the Governance and Audit Committee, as changes to the Constitution are envisaged.
- 6.2 O&S Officers attended the Centre for Public Scrutiny's annual conference in June.

7 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Statutory Scrutiny Officer

- 7.1 The monitoring of this function is carried out by the Statutory Scrutiny Officer on a quarterly basis. Good progress has been made on the agreed programme of work by Overview and Scrutiny for 2014/15. Scrutiny Panels have continued to focus on areas of importance to local residents, and the quality of the work done continues to be high.

Borough Solicitor

- 7.2 Nothing to add to the report.

Borough Treasurer

- 7.3 There are no additional financial implications arising from the recommendations in this report.

Equalities Impact Assessment

- 7.4 Not applicable. The report does not contain any recommendations impacting on equalities issues.

Strategic Risk Management Issues

- 7.5 Not applicable. The report does not contain any recommendations impacting on strategic risk management issues.

Workforce Implications

- 7.6 Not applicable. The report does not contain any new recommendations impacting on workforce implications.

Other Officers

- 7.7 Directors and lead officers are consulted on the scope of each O&S review before its commencement, and on draft O&S reports before publication.

8 CONSULTATION

Principal Groups Consulted

- 8.1 None.

Method of Consultation

- 8.2 Not applicable.

Representations Received

- 8.3 None.

Background Papers

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

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Doc. Ref

CXO\Overview and Scrutiny\2014-15\progress reports

OVERVIEW AND SCRUTINY CURRENT WORKING GROUPS – 2014/15

Position at 19 November 2014

Overview and Scrutiny Commission								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Business Rates	Angell (Lead), Heydon, Leake and Virgo	Alan Nash	Richard Beaumont	√	Information gathering completed.	Report in draft		Commenced 19 May 2014, with seven meetings to date.

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Health Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Francis Report on NHS Mid Staffordshire Hospital	Mrs McCracken (Lead), Mrs Angell, Angell, Baily, Kensall, Mrs Temperton, and Virgo	Glyn Jones	Richard Beaumont	√	Completed	√	√	The agreed changes to O&S practices are partly implemented.

Environment, Culture and Communities Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
Cultural Services Offering	Finnie (Lead) Brossard, Ms Brown, Gbadebo and Thompson	Mark Devon	Richard Beaumont	√	Completed	√	√	Executive response to be considered by Panel at next meeting.

Children, Young People and Learning Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
School Places	Mr Briscoe (PGR) (Lead), Mrs Birch, Kensall and Mrs Temperton	Chris Taylor	Andrea Carr	√	Completed	√	√	Recommendations agreed and being implemented.
Substance Misuse – Children and Young People	Mrs Birch (Lead), Mrs Temperton, Mr Briscoe & Mrs Wellsted (PGRs) & Miss Richardson (Teacher rep.)	Jillian Hunt	Andrea Carr	√	Information gathering partially completed.			The review commenced in September and three meetings have taken place to date.

Adult Social Care and Housing Overview and Scrutiny Panel								
WORKING GROUP	MEMBERS	DEPT. LINK OFFICER	O&S LEAD OFFICER	SCOPING	PROGRESS OF REVIEW	REPORT / SUBMISSION	EXECUTIVE RESPONSE	CURRENT STATUS
The Council's Role in Regulated Adult Social Care Services	Harrison (Lead), Mrs McCracken, Mrs Temperton and Thompson	Zoë Johnstone	Andrea Carr	√	Completed	√	Awaited	The report has been agreed and forwarded to the Executive for its response.

Completed Reviews

Date Completed	Title
December 2003	South Bracknell Schools Review
January 2004	Review of Adult Day Care Services in Bracknell Forest (Johnstone Court Day Centre & Downside Resource Centre)
May 2004	Review of Community & Voluntary Sector Grants
July 2004	Review of Community Transport Provision
April 2005	Review of Members' Information Needs
November 2005	The Management of Coronary Heart Disease
February 2006	Review of School Transfers and Performance
March 2006	Review of School Exclusions and Pupil Behaviour Policy
August 2006	Report of Tree Policy Review Group
November 2006	Anti-Social Behaviour (ASB) – Review of the ASB Strategy Implementation
January 2007	Review of Youth Provision
February 2007	Overview and Scrutiny Annual Report 2006
February 2007	Review of Library Provision
July 2007	Review of Healthcare Funding
November 2007	Review of the Council's Health and Wellbeing Strategy
December 2007	Review of the Council's Medium Term Objectives
March 2008	2007 Annual Health Check Response to the Healthcare Commission
April 2008	Overview and Scrutiny Annual Report 2007/08
May 2008	Road Traffic Casualties
August 2008	Caring for Carers
September 2008	Scrutiny of Local Area Agreement
October 2008	Street Cleaning
October 2008	English as an Additional Language in Bracknell Forest Schools
April 2009	Overview and Scrutiny Annual Report 2008/09

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Date Completed	Title
April 2009	Healthcare Commission's Annual Health Check 2008/09 (letters submitted)
April 2009	Children's Centres and Extended Services in and Around Schools in Bracknell Forest
April 2009	Older People's Strategy
April 2009	Services for People with Learning Disabilities
May 2009	Housing Strategy
July 2009	Review of Waste and Recycling
July 2009	Review of Housing and Council Tax Benefits Improvement Plan
December 2009	NHS Core Standards
January 2010	Medium Term Objectives 2010/11
January 2010	Review of the Bracknell Healthspace (publication withheld to 2011)
January 2010	14-19 Years Education Provision
April 2010	Overview and Scrutiny Annual Report 2009/10
July 2010	Review of Housing and Council Tax Benefits Improvement Plan (Update)
July 2010	The Council's Response to the Severe Winter Weather
July 2010	Preparedness for Public Health Emergencies
October 2010	Safeguarding Vulnerable Adults in the context of Personalisation
October 2010	Review of Partnership Scrutiny
December 2010	Hospital Car Parking Charges
January 2011	Safeguarding Children and Young People
March 2011	Review of the Bracknell Healthspace (Addendum)
April 2011	Overview and Scrutiny Annual Report 2010/11
June 2011	Office Accommodation Strategy
June 2011	Plans for Sustaining Economic Prosperity
July 2011	Review of Highway Maintenance (Interim report)
September 2011	Performance Management Framework

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Date Completed	Title
September 2011	Review of the Council's Medium Term Objectives
October 2011	Plans for Neighbourhood Engagement
October 2011	Regulation of Investigatory Powers
October 2011	Site Allocations Development Plan Document
January 2012	Common Assessment Framework
February 2012	Information and Communications Technology Strategy
April 2012	NHS Trusts Quality Accounts 2011/12 (letters submitted to five Trusts)
April 2012	Overview and Scrutiny Annual Report 2011/12
June 2012	Commercial Sponsorship
July 2012	Communications Strategy
November 2012	Proposed Reductions to Concessionary Fares Support and Public Transport Subsidies
November 2012	Modernisation of Older People's Services
January 2013	Preparations for the Community Infrastructure Levy
February 2013	Substance Misuse
February 2013	'Shaping the Future' of Health Services in East Berkshire
April 2013	Overview and Scrutiny Annual Report 2012/13
April 2013	NHS Trusts Quality Accounts 2011/12 (letters submitted to three Trusts)
July 2013	School Governance
September 2013	Delegated Authorities
October 2013	Bracknell Forest Bus Strategy
January 2014	Applying the Lessons of the Francis Report to Health Overview and Scrutiny
April 2014	Overview and Scrutiny Annual Report 2013/14
June 2014	Review of School Places
September 2014	Review of Cultural Services

Results of Feedback Questionnaires on Overview and Scrutiny Reports

Note – Departmental Link officers on each major Overview and Scrutiny review are asked to score the key aspects of each substantive review on a scale of 0 (Unsatisfactory) to 3 (Excellent)

	Average score for previous 21 Reviews ¹
PLANNING Were you given sufficient notice of the review?	2.9
Were your comments invited on the scope of the review, and was the purpose of the review explained to you?	2.9
CONDUCT OF REVIEW Was the review carried out in a professional and objective manner with minimum disruption?	2.7
Was there adequate communication between O&S and the department throughout?	2.8
Did the review get to the heart of the issue?	2.6
REPORTING Did you have an opportunity to comment on the draft report?	2.8
Did the report give a clear and fair presentation of the facts?	2.5
Were the recommendations relevant and practical?	2.6
How useful was this review in terms of improving the Council's performance?	2.6
Overall average score	2.7

¹ Road Traffic Casualties, Review of the Local Area Agreement, Support for Carers, Street Cleaning, Services for Adults with Learning Disabilities, English as an Additional Language in Schools, Children's Centres and Extended Services, Waste and Recycling, Older People's Strategy, Review of Housing and Council Tax Benefits Improvement Plan, 14-19 Education, Preparedness for Public Health Emergencies, Safeguarding Children, Safeguarding Adults, the Common Assessment Framework, Modernisation of Older People's Services, Community Infrastructure Levy, School Governance, Delegated Authorities, Applying the Lessons of the Francis Report, and School Places.

**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
20 JANUARY 2015**

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

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

REFERENCE:	I049331
TITLE:	Autism Joint Commissioning Strategy
PURPOSE OF REPORT:	<p>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.</p> <p>The decision will be for the Executive to agree the proposed Commissioning Strategy.</p>
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:	<p>Letter</p> <p>Meeting(s) with interested parties</p> <p>Presentation</p> <p>Public Meeting</p>

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REFERENCE:	I050130
TITLE:	Joint Commissioning Strategy for Carers
PURPOSE OF REPORT:	The Joint Commissioning Strategy for Carers is being submitted to the Executive for approval. Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group are developing this strategy to set out how services will need to develop over the next five years in order to support informal carers to live the life they choose and to support them in their caring role.
DECISION MAKER:	Executive
DECISION DATE:	31 Mar 2015
FINANCIAL IMPACT:	None at this time
CONSULTEES:	Adults caring for other adults Parent carers who are supporting a young person approaching adulthood Young carers approaching adulthood People who support carers People interested in supporting carers
CONSULTATION METHOD:	Public Conference Meeting(s) with interested parties Presentations Questionnaires published on website and sent out to people Tweet Public Notice (on website)

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:	31 Mar 2015
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.

Unrestricted

REFERENCE:	I051404
TITLE:	Intermediate Care Services Contract
PURPOSE OF REPORT:	To approve a request to waive the competition requirements of the Contract Standing Orders for Staffing for Intermediate Care Services by Berkshire Healthcare NHS Foundation Trust.
DECISION MAKER:	Executive
DECISION DATE:	31 Mar 2015
FINANCIAL IMPACT:	To be incorporated into the report
CONSULTEES:	Internal teams within Adult Social Care, the current provider of the service, people who use the service and their carers.
CONSULTATION METHOD:	Meeting(s) with staff and people supported by the service

REFERENCE:	I051384
TITLE:	Local Account 2014/15
PURPOSE OF REPORT:	Approve the Bracknell Forest Adult Social Care & Health Local Account for 2014/15.
DECISION MAKER:	Executive
DECISION DATE:	23 Jun 2015
FINANCIAL IMPACT:	Within existing budgets
CONSULTEES:	Managers in Adult Social Care, Health and Housing Partnership Boards
CONSULTATION METHOD:	Meeting(s) with interested parties

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