



NOTICE OF MEETING

Adult Social Care and Housing Overview & Scrutiny Panel
Tuesday 24 March 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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Tuesday 24 March 2015, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell**

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AGENDA

Page No

1. APOLOGIES FOR ABSENCE/SUBSTITUTE MEMBERS

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

2. MINUTES AND MATTERS ARISING

To approve as a correct record the minutes of the meeting of the Adult Social Care and Housing Overview and Scrutiny Panel meeting held on 20 January 2015.

1 - 6

3. DECLARATIONS OF INTEREST AND PARTY WHIP

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

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

4. URGENT ITEMS OF BUSINESS

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

5. PUBLIC PARTICIPATION

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

PERFORMANCE MONITORING

6. QUARTERLY SERVICE REPORT (QSR)

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

7 - 38

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

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

OVERVIEW AND POLICY DEVELOPMENT

7. JOINT COMMISSIONING STRATEGY FOR PEOPLE IN AN UNPAID CARING ROLE

To comment on the above Strategy which sets 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.

39 - 102

8. CARE ACT 2014

A brief update in respect of the Care Act 2014 will be provided.

9. REPRISE OF PAST PANEL WORK

To receive a reprise of the Panel's work and activities over the past four years.

103 - 104

HOLDING THE EXECUTIVE TO ACCOUNT

10. EXECUTIVE KEY AND NON-KEY DECISIONS

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

105 - 110

DATE OF NEXT MEETING

The next meeting of the Adult Social Care and Housing Overview and Scrutiny Panel has been scheduled for Tuesday 16 June 2015.

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**ADULT SOCIAL CARE AND HOUSING
OVERVIEW & SCRUTINY PANEL
20 JANUARY 2015
7.30 - 8.27 PM**



Present:

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

Executive Member:

Councillor Birch

Also Present:

Andrea Carr, Policy Officer (Overview and Scrutiny)
Neil Haddock, Head of Performance and Resources
Mira Haynes, Chief Officer: Older People & Long Term Conditions
Simon Hendey, Chief Officer: Housing
Zoë Johnstone, Chief Officer: Adults & Joint Commissioning
John Nawrockyi, Interim Director of Adult Social Care, Health and Housing
Amanda Roden, Democratic Services Officer

26. Minutes and Matters Arising

The Chairman welcomed John Nawrockyi, Interim Director of Adult Social Care, Health and Housing.

RESOLVED that the minutes of the meeting of the Adult Social Care and Housing Overview and Scrutiny Panel held on 16 September 2014 be approved as a correct record, and signed by the Chairman.

Minute 20:

In relation to: 'All Bracknell retailers had been invited to the dementia awareness training but the take up had been disappointing'. Training had been extended further and the take up had been better.

27. Declarations of Interest and Party Whip

There were no declarations of interest relating to any items on the agenda, nor any indications that members would be participating whilst under the party whip.

28. Public Participation

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

29. **2015/16 Draft Budget Proposals**

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

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 would run until 27 January 2015, after which the Executive would consider the representations made at its meeting on 10 February 2015, before recommending the budget to Council.

Attached to the report were extracts from the 2015/16 Revenue Budget and Capital Programme. The extracts were comprised of Revenue Budget Report, Commitment Budget, Draft Revenue Budget Pressures, Draft Revenue Budget Savings Proposals, Proposed Fees and Charges, Capital Programme Report and Summary and Proposed Capital Schemes.

In response to Members' questions, the following points were made:

- National statistics were used when looking at the demography of the borough. There were increasing numbers of people in the borough, mostly due to the older population growing by approximately 1-2%. Bracknell might have a slightly more accelerating older population than other areas but it was thought to be slowing now. It was likely due to people who moved to the area in the 1960s.
- There was help available to prevent people from going into residential care. The aim was to find ordinary accommodation such as a person's own home and provide more support to enable them to live there.
- The care home near to Popes Meadow was outside of the Council's remit and could be expensive, so would be difficult for the Council to use.

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

The Panel considered 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 Quarter 3 was provided.

Older People and Long Term Conditions

The Emergency Duty Service was Pan-Berkshire and the contract was up for renewal in June 2015, so the service was due to be reviewed. There was a Sensory Needs Conference in March 2015, and presentations would be held on the Care Act. As part of the Winter Well Being Initiative, people were being contacted to make sure they were alright. An options appraisal for future service delivery options in the Drug and Alcohol Action Team was being undertaken.

Adults and Joint Commissioning

There was a Learning Disability action plan in response to the Joint Commissioning Strategy. A Draft Joint Commissioning Strategy for Adults with Autism would be considered by the Executive in January 2015. The Safeguarding team were developing a detailed implementation plan on the safeguarding elements of the Care Act. Additional capacity was in place to enable timely responses to Deprivation of

Liberty Safeguards (DoLS) applications. A number of best interest assessors had been taken on in relation to the Care Act implementation plan.

Housing

Reports to the Executive included: potential residential developments in the town centre, Clement House extra care scheme nominations, acquisition and disposal of sites in the Borough as part of the Older People Accommodation Strategy, and Forestcare 'take-away' model. There was an information pack for people going into hospital to inform of, for example, how to have a lifeline installed. The funding formula aspect of Phase 2 of the Care Act had caused some concern.

Performance and Resources

There would be a major upgrade to the Care Management system in readiness for the Care Act changes in April 2015; assistance was being given with the upgrade to the Abrisas system in Housing; there was a detailed analysis of Care Act Phase 2 guidance; and the E-Monitoring Finance Manager was now live.

31. **Care Quality Commission (CQC) State of Care 2013/14 Annual Report**

The Panel considered the Care Quality Commission (CQC) State of Care 2013/14 Annual Report and the implications for Bracknell Forest Council which complemented the review of regulated Adult Social Care services recently undertaken by a Working Group of the Panel.

The report had been requested to ensure that the Panel understood the CQC response. At present all domiciliary care homes in the borough and used by the Council were fully compliant and would be monitored when there was a changeover in registered manager to ensure continuance of quality. Work was undertaken with providers and workforce issues included recruiting high quality care staff.

In response to Members' questions, the following points were made:

- Local recruitment difficulties stemmed from high employment levels, the requirements for high standards of work in this demanding and responsible occupation, low rates of pay and unsocial working hours.
- Care visits needed to be adhered to in relation to the recording of arrival and departure times and this was monitored. Care workers would not be paid if they did not stay for the required or expected amounts of time. The electronic finance monitoring system gave data regarding this. New agencies had a period of time before they were signed up.
- The Council did not monitor providers' terms and conditions in areas such as rates of pay, sick pay and travelling payments but there were some statutory requirements in place.
- Where the Council did not have a contractual relationship with providers they were not required to share information regarding the people they supported, however, if there were safeguarding concerns the CQC might bring them to the attention of the Council.

32. **Homeless Strategy**

The Panel considered a report on the Homeless Strategy at an early stage of its formulation. The Homeless Strategy met the requirement of the Homelessness Act 2002 for all local authorities to carry out a homeless review and formulate and publish a strategy based on that review. It would 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.

It was difficult to help people to access the private rented market due to the high level of rents; half as many people had been helped this year compared to last year. A report on the Homeless Strategy would be considered by the Executive in the autumn of 2015.

The Chairman thanked officers for the report and clear priorities.

33. Joint Commissioning Strategy for Adults with Autism 2015-2020

The Panel considered the Joint Commissioning Strategy for Adults with Autism 2015-2020.

The development of this strategy had followed the usual process and there had been a focus on adults with autism and their carers. Priorities were included in the report, which would be considered at the Executive meeting next week. The aim was to enable people to live ordinary lifestyles and the biggest challenge was the availability of affordable suitable accommodation locally. Focus was being given to ways of increasing accommodation provision for people with autism or learning disabilities.

In response to Members' questions, the following points were made:

- The number of representations received in response to the Joint Commissioning Strategy consultation was sought. If the Council was not aware of people with autism or learning disabilities then it was unable to target information and consultations at them.
- Better health outcomes had been identified in the Health and Well Being Strategy but the aim was for people to learn to manage and live with autism. People with autism could become depressed and specialist help might be needed in relation to, for example, sensory integration. There was a gap in provision which was being looked at. Challenges for this group were different to other care groups.
- The Clinical Commissioning Group had commissioned the Berkshire Healthcare Trust to undertake some work regarding diagnostics, GPs were becoming more aware of mental health issues related to autism and the in-house team at the Council worked with partners to increase awareness.

34. Feedback from the Carers' Strategy Consultation

The Panel considered a report providing feedback from the Carers' Strategy Consultation and the work undertaken to engage people in the consultation process for the development of the Joint Commissioning Strategy for Carers. The consultation had been launched in July 2014 and emerging themes and areas for development included equality of access to support, access to information and advice, assessment, personal budgets and direct payments, respite, social and emotional support, and transport.

In response to Members' questions, the following points were made:

- In terms of continuity, quality of care and communication between teams, some people in a caring role expressed concerns about the turn over of staff, especially home care and the irregular timing of visits. This was a general comment and an issue nationally. The electronic monitoring system assisted

in this area and work was being undertaken with the independent sector in relation to recruitment and training.

- Statistics were obtained when the Dementia Team was part of the Council and the quality factor would not be lost owing to the dementia service being outsourced.
- If a carer needed a break from caring for a holiday, to socialise or for a hobby, respite care could be offered. This was an individual's decision and the service remained flexible to carers' needs. There were different opportunities for this to be taken and no issue with provision of respite care being available locally.

35. Regulated Adult Social Care Services Overview and Scrutiny Working Group Report - Executive Response

The Panel received a report on the 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.

The Executive Member for Adult Services, Health and Housing thanked the Working Group for a detailed and excellent report produced at a particularly interesting time for Adult Social Care service delivery. He was pleased to note that the review had found that there were sufficient care homes / places locally to meet demand, that care homes and domiciliary agencies in the Borough were generally of a high standard and that the Council fulfilled its duty of care to people in need of social care.

The Executive accepted recommendations 6.3 and 6.4 concerning the implementation of a missing person's procedure and the expansion of the Validation Guidelines to address benchmarks and service performance measuring. Recommendation 6.3, which related to collecting the views of people who self-funded their own care, was partially accepted due to the difficulties in accessing this information, however, the implementation of the Care Act was expected to increase the Council's awareness of such people and their views would be sought. Although the Executive did not accept recommendation 6.1 regarding the emergency evacuation of care / nursing home premises as this did not fall within the Council's remit, it was agreed that the Executive Member and the Panel Chairman, who led the review, would write to Royal Berkshire Fire and Rescue to convey the Working Group's concerns around the regular practice of evacuation of residents with disabilities and conditions.

The Chairman thanked the Executive Member for Adult Services, Health and Housing for a comprehensive response and commented that officers work in this area had been good.

36. Work Programme 2015/16

The Panel considered its Work Programme for 2015/16. It was agreed that no further review work would be commenced before the end of the current municipal year due to the short period of time in which to complete working group reports. Any urgent matters arising could be considered at the next Panel meeting. It was suggested that future review topics be selected following the Elections in May 2015 and housing supply and homelessness were identified as priorities.

37. **Overview and Scrutiny Progress Report**

The Panel noted the bi-annual Progress Report of the Assistant Chief Executive on Overview and Scrutiny activity over the period June to November 2014 and local and national developments in Overview and Scrutiny.

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

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

Item: I048672

The re-development of Coopers Hill had not been finalised at the business stage yet.

Item: I051404

Intermediate Care Services Contract referred to support for the Bridgewell Centre to ensure continuity of care.

CHAIRMAN



QUARTERLY SERVICE REPORT

ADULT SOCIAL CARE, HEALTH & HOUSING

Q3 2014 -15

October - December 2014

Portfolio holder: Councillor Dale Birch

Director: Glyn Jones

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Section 1: Director's Commentary

There was significant activity in the 3rd quarter of the year with both ongoing projects and decisions made by the Executive occupying the Department. The Care Act continues to be a major focus and final detailed guidance was released at the end of November, updating the draft guidance that had been consulted on by the Department of Health earlier in the year. Changes reflected feedback from local authorities, including Bracknell Forest and led to amendments in the final regulations. The next quarter will see the launch of both the national and local communications campaigns on the introduction of the Act, and the launch of draft guidance, and consultation, on phase 2 which focuses on the funding reforms. A Programme Board has been established for the Care Act in order to oversee successful implementation and to ensure that the Department meets its statutory obligations in respect of the Act.

The Bracknell Forest Better Care Fund (BCF) draft plan was submitted to the Department of Health before the deadline on 19th September and Price Waterhouse Cooper provided feedback. Proposed projects within the BCF include expansion of integrated care teams, the intermediate care strategy, falls prevention advisory service, rapid access community clinic (where people can be seen at short notice for clinical diagnoses as day-patients) as well as supporting providers to improve quality in care homes (such as providing information/training on falls prevention, good nutrition and hydration and medicines management), using the NHS number as a unique identifier, an integrated respiratory service and an integrated records project.

Within the Workforce Strategy, the workstream leads are currently looking at business processes and workflows to ensure that they are compliant with the new requirements of the Care Act, and to inform the configuration of the care record management system. Workstream leads are also working with colleagues in Business Intelligence to understand current demand so that the right practitioners are available in the right place at the right time.

In Public Health, the team have been nominated for two national 'Local Government Chronicle' awards for work on smoking and for the 'Public Health' award. The team's work on smoking has also been shortlisted in the 'Commissioning Pioneer' category. The winners of the awards will be announced in March.

The Executive approved the overall approach within the Joint Commissioning Strategy for Intermediate Care 2015 – 2018. Final approval, following comment from the Clinical Commissioning Group, is delegated to the Better Care Fund Programme Board.

In Housing, it is predicted that there will be a 14% increase in the number of households who the Council will accept a homeless duty towards in this financial year. This increase in demand has manifested itself in a significant increase in the use of bed and breakfast accommodation as emergency accommodation. This has put considerable pressure on the housing budgets but at present the additional expenditure has been contained within the overall housing budgets.

Delivery against actions in the Service Plan is looking strong. Of 64 actions, 17 have been completed as at the end of the quarter, and 39 are expected to be completed on time. 1 action is delayed (Red), 4 actions are potentially delayed (Amber) and 3 actions are no longer applicable.

The 1 delayed action (Red) is as follows:

10.1.11 Arrange the disposal of Downside for affordable housing

The development proposal now includes land not originally included when the release of the HCA covenant was resolved. The additional piece of land will generate a claw back of part of the receipt to the HCA. This additional piece of land has now been valued and agreed with the HCA. This additional work has caused the delay. Expected completion is by March 2015.

The 4 potentially delayed actions (Amber) are 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.

Scheme specification is nearing completion. There is a funding gap on the costs of development and proposals are being developed to address that with an aim to reporting to executive with an in principle model for development before the end of the municipal year. Expected completion is by March 2015.

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

Delays in aspects of the installation of the Business Objects upgrade have meant the Business Intelligence team have been unable to test this functionality. It is anticipated that this will be resolved by quarter 4.

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

This is unlikely to be implemented by the end of January. It is more likely to be in the next upgrade of Controcc which is scheduled for July 2015.

7.7.2 Establish the homes that should be exempt from the housing element provision of Universal credit.

There were new regulations to work to from June which caused this delay. Work is on-going to determine the exempt properties.

The 3 actions no longer required are as follows:

6.9.3 Monitor the number of adults and young people entering treatment who misuse mephedrone and go on to successfully complete treatment.

The National Drug Treatment database has been taken offline so it is no longer possible to report against this action.

6.11.4 Extend the use of Electronic Monitoring for support provided to individuals outside their home.

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.

10.1.4 Promote and develop flexible Home Improvement Loan Schemes.

This task has been assigned to the Environment Culture & Communities Department.

There are 2 indicators in quarter 3 with a current status of Red as follows:

L214 Delayed transfers of care (delayed bed days) from hospital per 100,000 population
For all delayed bed days, the organisation responsible for the delay is recorded since where social care are the sole reason for the delay local authorities reimburse the NHS Trust for each day's delay for acute patients.

For example, where a patient requiring a nursing placement after discharge from hospital is delayed due to a continuing healthcare assessment not being completed on time and due to social services not finding suitable accommodation, then the delay would be attributable to health and social care. A social care only delay might result from a home care package not being commissioned due to lack of provision in the market, and in this example there would be a re-imburement.

Of the 772 bed delays figure reported for quarter 3, 507.6 (or 65%) of the bed days were attributable to health only, 164.4 (or 21%) were attributable to social care only and only 100 (14%) are attributable to health and social care.

NI155 Number of affordable homes delivered (gross)

There has been delay in the handover of a number of affordable housing units being developed at Rainforest walk. They were anticipated to be handed over in quarter 3 and they should now be handed over in quarter 4. The delays are a consequence of legitimate contract extension requests from the contractor to the registered provider due to unforeseen delays in highways works following a request from the Local Authority to reposition a lamp post. At the time of writing, handover has been confirmed to fall within quarter 4.

Every quarter the department reviews its risks in the light of events. There are two changes in the last quarter. The first is a reduction in the risk assessment of the introduction of phase 1 of the Care Act, from high to medium, due to the work in place to ensure the Council is ready to meet its obligations. The second is the closing of a risk arising from changes in Berkshire Healthcare Foundation Trust Mental Health & Community Health Services - actions put in place are such that the risks have been addressed.

There is a statutory complaints process for Adult Social Care, part of which compliments are also recorded, which culminates in an Annual Report. Therefore 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 quarter 3, Adult Social Care received 8 complaints of which 2 were partially upheld, 4 were not upheld and 2 were ongoing (within timescales). This compares to the previous quarter where 5 complaints were received of which 1 was upheld, 1 was partially upheld, 1 was not upheld and 2 were ongoing (also within timescales). There were 15 compliments received, which compares to 18 compliments received in the previous quarter.























In Housing, there were 4 new complaints received at stage 2, and 1 received at stage 3. Of the stage 2 complaints, 3 were partially upheld and 1 was not upheld. The stage 3 complaint was partially upheld. This compares to the last quarter where there were 3 new complaints received at stage 2. 1 was partially upheld and 2 were not upheld. There were 17 compliments in the quarter compared to 18 in previous quarter.




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







Section 2: Department Indicator Performance

Note: The 'Current status' column compares the data for quarter 3 against the target set for quarter 3. The final column in the table compares the quarter 3 performance for 2014/15 against the quarter 3 performance for 2013/14. See key below the table.

Ind Ref	Short Description	Previous Figure Q2 2014/15	Current figure Q3 2014/15	Current Target	Current Status	Comparison with same period in previous year (where blank, there is no year on year comparison)
ASCHH All Sections - Quarterly						
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	20.3%	29.4%	24.8%		
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	2.7	2.7	5.1		
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	234.60	288.20	482.50		
L172	Timeliness of financial assessments (Quarterly)	97.40%	97.40%	95.00%		
L199	Average time to answer Emergency Service Duty calls	Not available	Not possible to calculate for quarter 3. There will be a quarter 4 figure	40	N/A	N/A
L214	Delayed transfers of care (delayed bed days) from hospital per 100,000 population (Quarterly)	658.7	772.0	644.3		N/A
Community Mental Health –Quarterly						
OF1f	Proportion of adults in contact with mental health services in paid employment (Quarterly)	15.1%	Data produced by HSCIC is being validated	13.0%	N/A	N/A
OF1h	Proportion of adults in contact with mental health services living independently (Quarterly)	83.0%	Data produced by HSCIC is being validated	84.0%	N/A	N/A
Community Response and Reablement - Quarterly						
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	7.5	8.6	8.0		
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	3.4	3.1	5.0		
L135.1	Percentage of Enhanced Intermediate Care Referrals seen within 2 hours (quarterly)	94.80	95.80	95.00		
L135.2	Occupational Therapy (OT) assessments that were	98.1%	98.6%	90.0%		N/A

Ind Ref	Short Description	Previous Figure Q2 2014/15	Current figure Q3 2014/15	Current Target	Current Status	Comparison with same period in previous year (where blank, there is no year on year comparison)
	completed within 28 days of the first contact (Quarterly)					
Community Team for People with Learning Difficulties - Quarterly						
OF1e	Adults with learning disabilities in paid employment (Quarterly)	16.6%	15.7%	15.0%		
OF1g	Adults with learning disabilities who live in their own home or with their family (Quarterly)	87.9%	87.8%	85.0%		
Housing - Benefits - Quarterly						
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	7.0	9.9	10.0		
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	98.6%	98.5%	97.0%		
L177	Average time from when customer first seen to receipt of benefit payment (Quarterly)	N/A	Sampling of indicator will be done in Q4, as it was not possible to report in Q3	10	N/A	N/A
Housing - Forestry - Quarterly						
L030	Number of lifelines installed (Quarterly)	159	214	130		
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	97.63%	97.59%	97.50%		
L180	Time taken for Forestry customers to receive the service from enquiry to installation (Quarterly)	6	5	12		
Housing - Options - Quarterly						
NI155	Number of affordable homes delivered (gross) (Quarterly)	5	34	51		
L178	Number of household nights in B&B across the quarter (Quarterly)	2,119	1,811	1,650		
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	90.24%	89.29%	90.00%		
Public Health – Quarterly.						
Please note that Public Health data for indicators L216, L217 and L218 currently shows Q2 data, due to the nature of the data reporting sources.						
L215	Delivery of NHS Health Checks (Quarterly)	1,041	937	400		N/A
L216	Smoking cessation delivery rate of successful 4 week quitters (Quarterly)	150	Not available due to time lag in reporting from data	159		N/A

Ind Ref	Short Description	Previous Figure Q2 2014/15	Current figure Q3 2014/15	Current Target	Current Status	Comparison with same period in previous year (where blank, there is no year on year comparison)
			source			
L217	Smoking quit success rate (Quarterly)	66.67%	Not available due to time lag in reporting from data source	60.0%		N/A
L218	Completion rate of specialist weight management treatment programme (Quarterly)	69	Not available due to time lag in reporting from data source	50		N/A
L219	Purchase and dissemination of flu vaccination vouchers to people in priority groups (Annually)	N/A	168	80		N/A

Traffic Lights		Comparison with same period in previous year	
Compares current performance to target		Identifies direction of travel compared to same period in the previous year	
	Achieved target or within 5% of target		Performance has improved
	Between 5% and 10% away from target		Performance sustained
	More than 10% away from target		Performance has declined

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

Ind Ref	Short Description
L213	Satisfaction rates for calls to Emergency Duty Service (Biennial)
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)

Ind Ref	Short Description
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.1	Proportion of people who use services who find it easy to find information about services (Annually)
OF3d.2	Proportion of 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)
NI155	Number of affordable homes delivered (gross) (Annually)

Section 3: Complaints and compliments

Compliments Received

30 compliments were received by the Department during the quarter.

Adult Social Care Compliments

15 compliments were received in Adult Social Care, as follows:

Team receiving compliment	Number of compliments
Community Response & Reablement services	7
Older People & Long Term Conditions services	1
Bridgewell services	4
Learning Disabilities services	1
Finance services	2

The nature of the compliments are shown below:

Nature of compliment	Number of compliments
Standard of Service	11
Equipment provided	1
Blue Badge provided	1
Finance services	2

Housing Compliments

15 compliments were received in Housing as follows:

Team receiving compliment	Number of compliments
Forestcare	6
Housing Strategy & Housing Options	9

All 15 compliments were regarding the standard of service provided.

Complaints Received

There were a total of 13 complaints received in the Department during the quarter.

Adult Social Care Complaints

8 complaints were received this quarter in Adult Social Care.

Stage	New complaints activity in quarter 3	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	8	18	7 were not upheld, 4 upheld, 5 partially upheld and 2 were ongoing.
Local Government Ombudsman	0	0	

Nature of complaints/ Actions taken/ learning from complaints:

The nature of the 8 complaints received in quarter 3 in Adult Social Care was as follows:

Nature of complaint	Number of complaints
Standard of service received	4
Access to services	2
Standard of communication	1
Finance services	1

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

5 complaints were received in quarter 3 in Housing.

Stage	New complaints activity in quarter 3	Complaints activity year to date	Outcome of total complaints activity year to date
New Stage 2	4	8	5 partially upheld 3 not upheld
New Stage 3	1	1	1 partially upheld
New Stage 4	0	0	-

Local Government Ombudsman	0	1	1 not upheld
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Nature of complaints/ Actions taken/ Lessons learnt:

Of the 5 complaints received in the quarter, 4 related to homelessness/housing advice. In general, customers' expectations of the service the Council could offer were not realised leading to their dissatisfaction. In order to address this, the process of advising customers on the homelessness route and what the Council can offer and how much the accommodation will cost that the council can offer, has been reviewed. Advice on options and costs will begin much earlier in the process rather than waiting until 28 days before homelessness is threatened. The other complaint referred to correspondence issued requesting repayment of benefit overpayment. The letters issued have been reviewed to reflect the comments made by the customer.

Section 4: People

Staffing Levels

	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
DMT / PAs	14	12	2	13	0	0
Older People & Long Term Conditions	177	80	97	115.41	28	13.65
Adults & Joint Commissioning	94	63	31	79.85	17	15.31
Performance & Resources	29	21	8	25.72	1	3.33
Housing	68	49	19	58.08	3	4.22
Public Health Shared	8	5	3	6.09	1	11.11
Public Health Local	8	5	3	5	0	0
Department Totals	398	235	163	303.14	51	11.35

Staff Turnover

For the quarter ending	31 Dec 2014	2.96%
For the last four quarters	1 Jan – 31 Dec 2014	11.87%

Total voluntary turnover for BFC, 2013/14: 12.64%
 Average UK voluntary turnover 2013: 12.5%
 Average Local Government England voluntary turnover 2013: 12.0%

(Source: XPerTHR Staff Turnover Rates and Cost Survey 2014 and LGA Workforce Survey 2012/13)

Comments:

Staff Turnover has increased this quarter from 2.26% to 2.96%. 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 3 average per employee	2014/15 annual average per employee
DMT / PAs	14	5	0.35	7.10
Older People & Long Term Conditions	177	430	2.4	10.86
Adults & Joint Commissioning	94	137.5	1.5	7.5
Performance & Resources	29	10	0.3	3.7
Housing	68	106.5	1.6	5.97
Public Health Shared	8	21	2.6	3.75
Public Health Local	8	6	0.75	1.5
Department Totals (Q3)	398	716	1.80	
Projected Totals (14/15)	398	3,092.5		7.77

Comparator data	All employees, average days sickness absence per employee
Bracknell Forest Council 13/14	5.50 days
All local government employers 2013	8.0 days
All South East Employers 2013	6.9 days

(Source: Chartered Institute of Personnel and Development Absence Management survey 2014)

N.B. 20 working days or more is classed as Long Term Sick.

Comments:

There are eleven cases of Long Term Sickness. Of these cases one has left the organisation, eight have returned to work and two have 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 17 actions were completed at the end of quarter 3 (🟩), while 39 actions were on schedule (🟢), 4 were potentially delayed (🟡) and 1 was delayed (🔴). 3 actions are no longer required due to changes in circumstances. The action that is delayed (🔴) is:

Ref	Action		Progress
10.1.11	Arrange the disposal of Downside for affordable housing	🔴	The development proposal now includes land not originally included when the release of the HCA covenant was resolved. The additional piece of land will generate a claw back of part of the receipt to the HCA. This additional piece of land has now been valued and agreed with the HCA. This additional work has caused the delay. Expected completion is by March 2015.

Section 6: Money

Revenue Budget

The cash budget for the department is £32.401 million, and a breakdown of this is attached in Annex B (Financial Information). The forecast outturn in the latest budget monitoring is £32.632 million, an overspend of £0.231 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 are significant extra costs arising from increased demand for support, principally arising from increased needs of people currently supported by the Council. These costs can vary significantly with small changes in demographics, but there is a potential current pressure of up to £150,000 on adult social care in our predicted outturn.
- **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. The misclassifications have now been resolved and we expect to have a more robust forecast from Month 9 onwards.
- **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. This is currently being offset by income on Council owned properties but remains a risk as demand remains volatile. The pressure included in the reported outturn is £20,000 but may rise.
- **Deprivation of Liberty Safeguards.** There is a pressure on the budget from the statutory requirement to perform Deprivation of Liberty Safeguards. The forecast outturn is based on expenditure to date which is £17,000 but this will increase further in the second half of the financial year.

Capital Budget

The approved capital budget for the department is £4.5 million and is projected to spend £3.9 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 Plan that was submitted in October was approved with support, indicating some minor clarifications were required. Initial feedback from the November resubmission indicates that the plan will be fully approved.

In the meanwhile, work will continue on all the workstreams, and will proceed in accordance with the timescales indicated in the relevant project plans.

Carers

A more flexible use of the Carers Respite Scheme will be implemented which will widen the scope of what carers can use it for. For example, to support carers to attend appointments e.g. GP/Hospital appointments and to offer sleep ins to help carers through particularly challenging times.

Older People & Long Term Conditions

Community Response & Reablement

The service will monitor systems resilience plans so to enable the service to make any adjustments required to effectively respond to the full range of presenting needs during winter.

Drug & Alcohol Action Team

During quarter 4, the team will be developing an options report in respect of service delivery for presentation to DMT. A report will be written on the review of young people's substance misuse service with recommendations for future plans.

Emergency Duty Service

From 1 January, EDS will enter into review of the 3 year Joint Agreement with the six Unitary Authorities of Berkshire as the contract is due for renewal on 1 June 2015. A steering review panel will be arranged with senior delegates from each unitary authority and our major stakeholders such as the police. These meetings will take place monthly from mid-January for the next four months.

Older People & Long Term Conditions

A Winter Well Being initiative will be targeted at older people living alone, who are recently discharged from hospital, and feeling isolated or vulnerable. The initiative will aim to make contact with people and check that everything is alright.

Sensory Needs

The Sensory Needs conference is planned for 6th March 2015 followed by a 12-week consultation period which will inform the development of the Sensory Needs Strategy.

Adults & Joint Commissioning

Learning Disabilities

The team will be developing an action plan in response to the Learning Disability Strategy and will also work with BFC Housing Services and housing associations to obtain suitable properties for accommodation of people. The service will start to deliver on the outcomes of the 5 year strategy which will include working with partner agencies and the LDPB.

The number of properties secured with the new housing provider is expected to rise to 7 properties. Also, a paper will be submitted concerning redevelopment of the long term accommodation at the Waymead site.

Autistic Spectrum Disorders

The draft Autism Strategy will be considered by the Executive at the end of January and the team will develop an action plan in response to this. There will be a 3 month review of the Helping Hands project to ascertain its effectiveness. The team will also work in partnership with Public Health on health improvement initiatives.

Joint Commissioning

The Adult Autism Joint Commissioning Strategy will be presented to the Executive for approval following which an action plan will be developed by the Autism Partnership Board.

The Self-Care Week 2014 report will be finalised and presented to the Health and Wellbeing Board and the GP Council for approval. The Prevention and Self-Care Strategy will be drafted in partnership with the Bracknell & Ascot CCG and the Helping You Stay Independent Guide for 2015 will be published.

Mental Health

Following Rethink being successful in winning the tender, service transition is in progress and the team will be working on a new implementation plan to meet the new service specification. The new service started in December 2014.

Dementia

The Bracknell Forest Dementia Action Alliance will continue to be developed and is due to be fully established by June 2015. Public Dementia Friends Information Sessions will take place throughout Bracknell Forest. By the end of 2015 Bracknell Forest will be recognised by the Alzheimer's Society as 'Dementia Friendly'.

Safeguarding

The Safeguarding Team will be developing a detailed implementation plan for the safeguarding elements of the Care Act. The Plan will enable the Council to discharge its new statutory duties as of the 1st April 2015.

DoLS

A review of staffing structure has been undertaken, with additional capacity being created to enable timely response to DoLS applications. This will be implemented in Q4.

Performance & Resources

IT

The adult social care major care management record system (which stores records of all referrals, assessments, decisions, care plans and contacts) will be upgraded early February 2015 to reflect the some of the requirements of the Care Act. Any changes to the system forms will be developed and tested and implemented as required.

The new Data Warehouse and Business Objects reporting tool will be ready for go live early February 2015 following formal training in January.

Work will continue on developing the LAS Customer Portal to support relevant Care Act requirements for information, advice and customer contact. A first draft will be ready by the end of January 2015.

HR

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

Business Intelligence

In quarter 4, the team will be concentrating on preparing for the statutory returns which will be submitted in May. Testing of the new Business Objects and Data Warehouse platforms will be a priority, to ensure fitness of purpose, with a contingency in place to use existing data mapping if necessary.

In adult social care, there will be an upgrade to LAS version 8 and in Housing an upgrade to Arbitras version 8.

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, and further work will be done to assess the impact of the Care Act, with particular focus on costs from 1 April 2016. The team will continue to support Business Intelligence to improve classification of expenditure following the zero based review exercise. Work will also include implementing a new risk based approach to the completion of Direct Payment audits and assisting with a review of housing debt to establish updated bad debt provisions and robust controls for debt collection.

PUBLIC HEALTH

In quarter 4, Public Health will be ensuring that its commitment to increasing the uptake of health improvement services continues. There will be three key developments in quarter 4.

Firstly, the 2015 campaign aimed at reducing alcohol related harm will work will run throughout January. This will build directly on the 2014 programme which was recently recognised as an example of best practice by the All Party Parliamentary Group on Pharmacy and presented to a committee of MPs in December. The 2015 campaign will use the same innovate resource kit but this year will tailor messages to specific issues such as

alcohol misuse by young people, the contribution of alcohol to obesity and the danger of alcohol for mental health.

Secondly, quarter 4 will see the launch of the new Falls Prevention Advisory Service. This is the first programme of its kind in the country and will provide a system of 'navigation' for those at risk of falls through a range of services aimed at reducing that risk (including strength and balance classes, handyperson services and medicines reviews). The innovation is in the 'upstream', preventative nature of this programme and its focus on intervention prior to a serious fall occurring.

Thirdly, the programme of web-based mental health support and counselling to young people will get underway. Unfortunately, the provider service commissioned to deliver this programme last quarter went into administration just days before its launch. However, the Public Health team immediately began the search for a new provider and revised the service specification ready for a start in quarter 4. This service will not only provide a whole new layer of preventative support in relation to children and young people's mental well-being, but will also serve to reduce demand on more intensive mental health services provided by the NHS.

HOUSING

Housing Strategy & Housing Options

Executive will be asked to consider a number of reports during the quarter. Firstly, there is an opportunity for the council to enable residential development in the town centre funded by a commuted sum in lieu of an affordable housing obligation from another site. Executive will be asked to consider the acquisition and disposal of sites in the Borough to take forward the older person accommodation and support services strategy. Lastly, work is ongoing to develop the development model for the Coopers Hill development which includes 122 residential units of shared ownership accommodation and a youth arts centre.

The Council will advertise and provide nominations for the Clement House extra care housing scheme during the quarter. It is anticipated that the scheme will open by the end of the quarter.

So as to address the increasing homeless demand, the Council will take on at least 5 new leased properties during the quarter. The leased properties will provide temporary accommodation for homeless households.

The Council has been successful in obtaining £156,000 funding from the DCLG for single homelessness as part of a Berkshire wide bid. During the next quarter proposals for using the funding will be developed.

There will be the second meeting of the homelessness forum in the quarter. The homelessness forum is working with the Council to develop the homeless strategy.

Benefits

It is intended to implement a landlord portal into the Northgate benefit system. This will allow Bracknell Forest Homes to view the benefit applications of their tenants if they have third

party consent. This will provide a better more immediate service for Bracknell Forest Homes tenants and save the council's welfare and housing caseworkers having to answer calls.








The year-end process will be concluded in the quarter so that accounts will be closed and new council tax accounts based on the Council tax reduction scheme will be set up. This will include closing the housing benefit payments of the year and implementing all the uplifts and rating changes for the next financial year.






Forestcare











Forestcare will implement the new Tunstall monitoring system during the quarter.











Forest care will also be developing new services offers such as the forest care "take away" so that customers leaving hospital can take a pack to have a lifeline monitoring system installed. Whilst this is generating additional business at the same time it is placing a demand on the amount of equipment that needs to be purchased.









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		Scheme specification is nearing completion. There is a funding gap on the costs of development and proposals are being developed to address that with an aim to reporting to executive with an in principle model for development before the end of the municipal year. Expected completion is by March 2015.
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		Meeting scheduled in January to set out options and report back to HWBB.
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		Regular monitoring meetings have been, and continue to be, held.
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		Self-care week was very successful, resulting in collaboration across a range of stakeholders, widespread publicity, and high uptake of referrals to health improvement services and health checks among the general public. The JSNA self-care guide received five thousand hits in November alone.
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		All services continued to improve. Most notably, Bracknell Forest is currently the top performer in the Thames Valley region in relation to the NHS Health Check programme. Weight management and smoking cessation performance









Sub-Action	Due Date	Owner	Status	Comments
				remains high and work got underway in preparation for a comprehensive alcohol harm reduction campaign in Q4.
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		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		The provider that was identified to deliver the online mental health support for young people went into administration two days before the service was set to launch in Bracknell Forest. However, the Public Health team ensured that the needs assessment consultation work that had been carried out was immediately utilised in the design and commissioned a new programme. Several potential providers have been interviewed and a new service specification has been developed, with a view to commissioning in Q4.
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		Data collection in the 2015 Public Health Survey has been completed ahead of schedule. This is the second survey and, for the first time, will allow an assessment of change in key health and well-being indices over the last 12 months.
6.8.6 Produce an annual report mapping uptake and attitudes to MMR and Flu immunisation take-up	31/03/2015	ASCHH		The flu campaign has continued throughout quarter 3. A final report on uptake in key priority groups will be ready in Q4.
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. The report concluded that PbR has been a success in Bracknell Forest and that there have been significant improvements in performance.









Sub-Action	Due Date	Owner	Status	Comments
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		Action completed ahead of schedule.
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		The National Drug Treatment database has been taken offline so it is no longer possible to report against this action and it is not possible to monitor this locally.
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		MindFull did not occur. Other options are being looked at. Successful self-care week took place in November. The Intermediate Care Strategy was approved by Executive in December.
6.10.2 Work with the CCG to help shape current and future service provision through Better Care Fund plans.	31/03/2015	ASCHH		BCF plans agreed. The new services Rapid Assessment Community Clinic and Falls are scheduled to come on line in Q4.
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		Multi agency group is in situ to review and deliver improved service against KPIs. The purpose and role of Integrated teams has been reviewed to support unplanned acute admissions.
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		Plans are in place to pilot 7 day working through the winter.
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		Recruitment has been partially successful supporting 7 day working. A further recruitment process is underway.
6.10.6 Ensure the development of Better Care Plans are undertaken to meet key timescales and local needs	31/12/2014	ASCHH		Better Care Plans were re-submitted in November and received full DoH approval on 22nd December.
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		Delays in the installation of the Business Objects upgrade beyond the Council's control have meant the Business Intelligence team have been unable to test this functionality. It is anticipated that this will be resolved by quarter 4.
6.11.2 Implement the changes to the Electronic Social Care Record identified as required to make the system fit for purpose as the	31/03/2015	ASCHH		Action plan is in place to manage the outstanding tasks. Project is on target and work is progressing.

Sub-Action	Due Date	Owner	Status	Comments
alternative to re-tendering				
6.11.3 Develop a reporting and monitoring methodology to report on the actions within the Better Care Fund	31/03/2015	ASCHH		Discussions are ongoing with the CCG; national guidance is evolving and as such final agreement has yet to happen.
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		Action completed. Implementation of the Care Act is underway and the department will be ready to meet its requirements 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 is now finished with actions being undertaken to cement 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		An implementation date for the pNC7 upgrade has been agreed for mid-January 2015.
7.1.3 Develop a specification and tender for the extra care required for 65 households at Clement House	31/03/2015	ASCHH		A one year contract will be tendered for and the scheme will start in March 2015.
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		Implementing local system resilience plans to support winter pressures whilst continuing to attend Urgent Care Boards and operational groups.
7.1.5 Refresh the "Helping you to stay independent" Guide maintaining a focus on people who fund their own support and giving people information within a form to enable them to stay independent for as long as possible	31/01/2015	ASCHH		The refresh of the guide has started. The guide will be in partnership with the CCG and contain a wider range of support services for individuals to stay independent for longer.
7.1.6 Refresh the Carers' Strategy to ensure that services and support for carers reflects their needs.	31/12/2014	ASCHH		The carers' consultation has now ended and the results have been collated. The data from the National Carers Survey completed by Bracknell Forest Carers is currently being collated. The Joint Commissioning Strategy will be developed and agreed in quarter 4. It was agreed to delay the consultation and development of the strategy from quarter 3 to quarter 4 until the Care Act had been published.
7.1.7 Implement the revised Quality Assurance Framework with all providers to ensure robust	30/09/2014	ASCHH		The pilot has now been completed and implementation is underway.

Sub-Action	Due Date	Owner	Status	Comments
monitoring of commissioned services to improve the quality of support for people				
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		An action plan is being developed from the report to agree priorities.
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		Action completed ahead of schedule. Contract signed and member of staff now in post as the Dementia Action Alliance Coordinator.
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 ethnic and other hard to reach groups, and working age carers. Work is ongoing on the Family Approach which is a key priority in ensuring we can respond to children in transition and parent carers. Work continues to respond to the evolving agenda for carers within the Care Act.
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 continues 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. Training and support for carers continues to enable them to maintain their caring role.
7.4.3 Re-tender the current 'Rethink' contract to modernise support service provision	31/03/2015	ASCHH		Action completed ahead of schedule. Rethink have been successful in winning the tender, the service transition is in progress, and the new service started in December 2014.
7.4.4 Develop solutions within the Controcc finance system that allow people to use their support hours in a more flexible way	31/01/2015	ASCHH		This is unlikely to be implemented by the end of January. It is more likely to be in the next upgrade of Controcc which is scheduled for July 2015.
7.4.5 Implement the new Learning Disability strategy, and develop an action plan	31/03/2015	ASCHH		A working group is being developed to ensure that the outcomes are achieved for all people where required who use LD Services.
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		DMT approval has been obtained for the purchase of 7 properties, and 3 of the 7 properties have been purchased. Proposals are being developed to refurbish unused accommodation into 5 individual flats. Housing will be submitting an Invest to Save paper

Sub-Action	Due Date	Owner	Status	Comments
				which will go to CMT on 18 th February. Recommendations from the Rapid Response Review to be delivered to Senior Management for decisions.
7.4.7 Develop a new Joint Autism Commissioning Strategy in response to new national requirements	31/03/2015	ASCHH		A draft Joint Autism Commissioning Strategy has been devised and submitted for approval by Executive. Once this is approved, work will start on developing an action plan.
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		Estimated completion of the Clement House scheme remains the end of February 2015.
7.5.2 Undertake a procurement process for provision of medical support at the Bridgewell Centre	31/12/2014	ASCHH		Action completed. The Commissioning strategy has now been drafted and is going through the Council ratification protocols.
7.6 With partners develop a culture that does not tolerate abuse, and in which older and more vulnerable residents are safeguarded against abuse.				
7.6.1 Work with statutory partners to identify which model of Multi-Agency Safeguarding Hub (MASH) would best meet local needs so that local residents are further safeguarded against abuse	31/03/2015	ASCHH		Detailed discussions with the police are ongoing. It is unlikely that a co-located MASH will be established.
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 statutory guidance has now been published. The Board is working through the guidance in order to develop its 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		Meetings have been set up with DWP staff and job shadowing is expected in last quarter of the year.
7.7.2 Establish the homes that should be exempt from the housing element provision of Universal credit	30/06/2014	ASCHH		There were new regulations to work to from June which caused this delay. Work is on-going to determine the exempt properties.
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		Work is ongoing with each individual unitary to identify trends and patterns in types of referral and referral rates. Overall, the service has seen a 30% increase in Child Protection referrals to date year on year. This data will be broken down by each of the six unitaries.
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.				

Sub-Action	Due Date	Owner	Status	Comments
10.1.11 Arrange the disposal of Downside for affordable housing	30/09/2014	ASCHH		The development proposal now includes land not originally included when the release of the HCA covenant was resolved. The additional piece of land will generate a claw back of part of the receipt to the HCA. This additional piece of land has now been valued and agreed with the HCA. This additional work has caused the delay. Expected completion is by March 2015.
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		External advice on the financial viability of the local housing company has been sought so as to inform decision making.
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		DFGs being reviewed within BCF plans.
10.1.4 Promote and develop flexible Home Improvement Loan Schemes	31/03/2015	ASCHH		This task has been assigned to the Environment Culture & Communities Department.
10.1.9 Complete work with Thames Valley Housing Authority on development of affordable homes on the Adastron/ Byways site	31/03/2015	ASCHH		Planning consent for the development has been issued subject to a section 106 agreement.
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		Initial BETA testing of LAS and Controcc were completed by 4 LAs in readiness for the deployment of the general release versions to LAs early February. LAS Futures Development project tasks being addressed and work continues. Initial discussions around the LAS portal to meet the Contact/Information and Advice aspects of the Care Act underway. Data Warehouse installed and in test with the new version of Business Objects waiting to be fully installed with training and systems set planned.
11.2 ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.				

Sub-Action	Due Date	Owner	Status	Comments
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		Two further sessions on personality disorder training were delivered and all of the staff have completed this training now which equates to 16 people.
11.2.6 Implement the Pay and Workforce Strategy Action Plan	31/03/2015	ASCHH		Action completed ahead of schedule.
11.5 develop appropriate and cost effective ways of accessing council services				
11.5.3 Continue redesign of the housing and benefit service to maximise household income and independence	31/03/2015	ASCHH		Services continually reviewed in line with system thinking methodology.
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		Operational resilience plans have been agreed with 3 acute trusts to deliver winter resilience.
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		Testing of Business Objects and Data Warehouse will commence in January 2015. Contingency is in place to use existing mapping for zero based review changes if necessary.
11.7.4 Continue to support the voluntary sector through the provision of core grants, to develop its' capacity	31/03/2015	ASCHH		Completed ahead of schedule 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		Action completed. Budget proposals for public consultation have been agreed with the Executive.

Annex B: Financial Information

ADULT SOCIAL CARE HEALTH & HOUSING BUDGET MONITORING - November 2014									
	Original Cash Budget	Virements & Budget C/fws	ACTZ	Current approved cash budget	Spend to date %age	Department's Projected Outturn	Variance Over/ (Under) Spend	Movement This month	ACTZ
	£000	£000		£000	%	£000	£000	£000	
Director	(93)	(151)		(244)	-344%	(244)	0	0	
	(93)	(151)	1	(244)	-344%	(244)	0	0	
Adults and Commissioning									
Mental Health	1,828	40		1,868	44%	1,868	0	0	
Support with Memory Cognition	2,339	2		2,341	60%	2,381	40	40	1
Learning Disability	12,795	(4)		12,791	33%	12,791	0	0	
Specialist Strategy	239	9		248	42%	275	27	2	2
Joint Commissioning	573	5		578	41%	567	(11)	(3)	3
Internal Services	1,118	(233)		885	36%	882	(3)	(18)	4
	18,882	(181)	2	18,611	38%	18,594	63	21	
Housing									
Housing Options	311	(4)		307	59%	322	25	6	8
Strategy & Enabling	267	(1)		266	32%	223	(43)	(2)	8
Housing Management Services	(35)	(1)		(36)	48%	-58	(22)	0	
Forestcare	14	3		17	-29%	96	79	9	7
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%	224	21	(2)	8
Other	(48)	0		(48)	-6%	12	60	0	
	1,804	31		1,835	-27%	1,866	120	11	
Older People and Long Term Conditions									
Physical Support	7,801	(3)		7,798	40%	7,598	0	0	
Internal Services	1,118	0		1,118	83%	1,322	204	0	
Community Response and Respite - Pooled Budget	1,878	205		1,883	72%	1,883	0	0	
Emergency Duty Team	39	13		52	851%	46	(6)	0	
Drugs Action Team	63	3		66	-1,145%	0	(66)	0	
	10,489	218	3	10,717	43%	10,848	132	0	
Performance and Resources									
Information Technology Team	283	(8)		275	74%	321	46	0	
Property	123	(7)		116	18%	79	(37)	(15)	3
Performance	224	6		230	46%	221	(9)	7	10
Finance Team	547	126		673	42%	604	(69)	(14)	11
Human Resources Team	158	1		157	39%	182	(25)	(5)	12
	1,383	118	4	1,481	47%	1,407	(74)	(27)	
Public Health									
Bracknell Forest Local Team	(25)	126		101	72%	101	0	0	
	(25)	126		101	72%	101	0	0	
TOTAL ASOHH	32,240	181		32,401	33%	32,832	231	6	
Memoandum Item:									
Devolved Staffing Budget				13,728*	82%	13,838	213	(1)	
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 30 November 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'n't s	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 f/y; 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				

**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW & SCRUTINY PANEL
24 MARCH 2015**

**JOINT COMMISSIONING STRATEGY FOR PEOPLE IN AN UNPAID CARING ROLE
Director of Adult Social Care, Health and Housing**

1 PURPOSE OF REPORT

- 1.1 This report invites the Panel to consider the attached Joint Commissioning Strategy for Supporting People in an Unpaid Caring Role prior to its approval by the Executive.

2 RECOMMENDATION(S)

- 2.1 **That the Panel considers the attached Joint Commissioning Strategy for Supporting People in an Unpaid Caring Role prior to its approval by the Executive.**

3 REASONS FOR RECOMMENDATION(S)

- 3.1 To invite the Panel to consider the attached Joint Commissioning Strategy for Supporting People in an Unpaid Caring Role.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

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

- 5.1 Not applicable.

Background Papers

None.

Contact for further information

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TO: EXECUTIVE
31 MARCH 2015

JOINT COMMISSIONING STRATEGY FOR PEOPLE IN AN UNPAID CARING ROLE
Director of Adult Social Care, Health and Housing

1 PURPOSE OF REPORT

- 1.1 To enable the development of services within Bracknell Forest to support people, caring for adults and young people approaching adulthood, in an unpaid caring role.

2 RECOMMENDATION

- 2.1 **That the Joint Commissioning Strategy for People in an Unpaid Caring Role 2015 -2020 is approved.**

3 REASONS FOR RECOMMENDATION

- 3.1 To ensure that the strategic direction for supporting people in an unpaid caring role continues to reflect:-
- the needs and wishes of the people concerned
 - national strategic direction
 - recognised best practice.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 To continue with the strategic direction identified in the original commissioning strategy. However, this would not take account of people's current needs and aspirations or follow recent government legislation and best practice.

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 Fact Sheet on Carers 2014 states a carer is "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 identify themselves as carers and therefore terms such as "people in a caring role," and "people who care" have been used within the text of the strategy.
- 5.4 Bracknell Forest Council supported approximately 900 carers in 2013/14 (RAP returns). In the 2011 census 9,601 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 and who are eligible.

5.5 Significant developments were made in service over the period of the last strategy, (2011 -2014) to enable people in a caring role to be supported. Developments include:-

- Working in partnership with Bracknell & Ascot CCG to improve joint commissioning of services and a more integrated approach to supporting people
- Working with partners to develop, maintain and improve the community support available to people who care
- Carers Forum has been re-established. This is a forum of people in a caring role who support in the development of services for carers
- Local Implementation group for carers issues includes young carers representatives
- Focus with Public Health on developing Prevention and Early Intervention services
- Berkshire Carers Service offer a range of local support for carers
- There is a range of volunteer services supporting people who care and improving their quality of life e.g. Involve Befriending Scheme, Support with Confidence
- Carers Information pack has been updated and is now available in paper format and on website
- Open Learning Centre involvement in offering training and development programmes to improve health and wellbeing and build self-esteem and confidence
- Bracknell Forest Voluntary car service has been awarded a grant to support carers
- Carers have been provided with local current welfare advice services
- E-learning module on Assistive Technology has been completed and is on internal and external website and promoted at Carers Lunch.

5.6 The new strategy has been 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.

5.7 The development of this strategy has been led and supported by Carers Issues Strategy Group. They have ensured that stakeholders including people in an unpaid caring role have been involved in the consultation to find out what needs to be developed. This report outlines the how the consultation was undertaken to inform the Joint Commissioning Strategy for Carers and the emerging themes.

5.8 The consultation highlighted the following key areas for development:

- Equal access to support as to the person they care for
- Access to timely, up-to-date information and advice.

Unrestricted

- Information on right to assessment and access to timely assessment and support planning.
- Implementation of Personal Budgets and Direct Payments
- Better access to social and emotional support
- Flexibility in how and when respite can be used, including being able to book respite in advance.
- More flexibility in timing, length and type of health consultations and better access to Continuing Health Care funding.
- People in a caring role to be more involved in the planning of support for the person they care for
- People in a caring role to have better understanding of their rights as a carer
- Easier access to transport, especially transport for health appointments
- Training to support carers in their caring role
- Better continuity and quality of care for the person they care for and better communication between teams.

5.9 The Care Act will significantly change the way councils assess and support people in a caring role to enable them to have equal access to care and support to the person they care for. It is anticipated that more people in a caring role will be assessed and eligible for support because of the following changes:

- the threshold from assessing people who are requiring “substantial and critical” support has lowered to carers who “appear” to need support and
- the eligibility criteria for support .

This Act and the Children and Families Act 2014 identify the need to take a whole family approach when providing care and support. They also put duties on Councils to work in an integrated way to support young Carers (age 0-25) and children in need.

5.10 A number of priorities have been identified in the strategy reflecting the issues identified during the consultation and new duties contained in the Care Act 2014 and the Children and Families Act 2014. The priority areas are as follows:

- To have equal access to support as the person they care for
- To have better understanding of their rights as a carer
- To be involved more in planning of support for the person they care for where appropriate
- To have better continuity and quality of care for the person they care for and better communication between teams
- To have access to timely, up-to-date information and advice
- To improve access to Carers Assessments and support plans and ensure that carers are involved in their assessment and planning of support
- To support young carers approaching adulthood
- To support parent carers when their child is approaching adulthood
- To improve support for carers to access to education and training enabling them to assist the person they care for and have a fulfilled life.
- To support carers in finding and staying in employment
- To implement of Personal Budgets and Direct Payments for carers
- To improve access to and flexibility of respite services
- To inform carers about the benefits of assistive technology
- To further assess and identify how the barriers to accessing support/services, the community and transport can be reduced

- To inform carers how the safeguarding process can protect people from harm
- To improve access for carers to social and emotional support
- To support carers to maintain their health.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 6.1 The relevant legal matters are contained in the 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 Councils limited resources to key priorities.
- 6.3 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 Councils 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

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

Strategic Risk Management Issues

- 6.5 A detailed action plan will be developed for the delivery of commissioning intentions which supports services for people in a caring role. Performance and progress will be measured against each priority.

7 CONSULTATION

Principal Groups Consulted

- 7.1 The following groups were consulted:
- 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

- 7.2 Public consultation ran from 24th July – 23rd October was initiated with a Conference on 24th July 2014. The Carers Issues Strategy Group was involved in the planning and running of the conference and consultation. Consultation methods used include an online version of the consultation and through attending existing groups. Issues raised by the Carers Forum were also taken into account.
- 7.3 Information from the National Carers Survey which was sent out to current carers in October 2014 was also taken into consideration when writing the Strategy.

Representations Received

- 7.4 Number of representations received are as follows:
- 120: Carers Conference
 - 38: Questionnaires
 - 12*: Carers Forum
 - 7: Mencap Coffee Morning
 - 60*: Carers Lunch
- * approximate numbers.
- 7.5 Representations received have been included within the development of the strategy.

Background Papers

Appendix 1: Joint Commissioning Strategy for People in an Unpaid Caring Role
Appendix 2: Equalities Impact Assessment

Contact for further information

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NHS
*Bracknell and Ascot
Clinical Commissioning Group*



Joint Commissioning Strategy

**For Supporting People
in an Unpaid Caring Role**

“Valuing People who Care”

2015 - 2020

March 2015

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Executive Summary

This Strategy is for “Supporting People in an Unpaid Caring Role 2015 -2020,” caring for adults and those approaching adulthood. It takes account of the needs of people who care and responds to the priorities in the Bracknell Forest Health and Wellbeing Strategy, legislation (in particular the Care Act¹), research and best practice.

In the 2011 Census² 9,601 people in Bracknell Forest identified themselves a carer, of which the majority were between the ages of 25 and 64. There are also a number of “hidden carers,” as people do not always see themselves as carers. As the population within Bracknell Forest ages, it is anticipated that the number of people in an unpaid caring role will grow. Whilst nationally unpaid carers save the economy billions of pounds per year, this can be to the detriment to their own health and wellbeing. It is therefore, important that people who care have equality of access to assessment and support, the same as the person they care for, so that they can live a life that they choose. It is also essential that the joint needs of the people in a caring role, family members and people being cared for are supported. Partnerships between individuals, communities, social care, health, housing and the voluntary and private sector are vital for delivering the range of support required.

In producing the strategy, local people in a caring role were asked for their opinions. The opinions of people who are caring for Bracknell Forest residents who completed the National Carers Survey were also taken into consideration. The feedback from local people has been core to developing the strategy, which is also underpinned by legislation, national and local policy, research and best practice.

The priorities identified for supporting people in a caring role are as follows :

1. To have equal access to support as the person they care for
2. To have better understanding of their rights as a carer
3. To be involved more in planning of support for the person they care for, where appropriate
4. To have better continuity and quality of care for the person they care for and better communication between teams
5. To have access to timely, up-to-date information and advice
6. To improve access to Carers Assessments and support plans and ensure that carers are involved in their assessment and planning of support
7. To support young carers approaching adulthood
8. To support parent carers when their child is approaching adulthood
9. To improve support for carers to access to education and training enabling them to assist the person they care for and have a fulfilled life.
10. To support carers in finding and staying in employment

11. To implement of Personal Budgets and Direct Payments for carers
12. To improve access to and flexibility of respite services
13. To inform carers about the benefits of assistive technology
14. To further assess and identify how the barriers to accessing support/services, the community and transport can be reduced.
15. To inform carers how the safeguarding process can protect people from harm
16. To improve access for carers to social and emotional support
17. To support carers to maintain their health.

This strategy proposes the above evidence based priorities which the Carers Issues Strategy Group will incorporate into an action plan.

If you need help to understand the language in this document, there is a “Glossary of terms” on page 32 to explain what some of the words and terms mean. Words in this document that are explained in the glossary are underlined.

Introduction

This joint health and social care commissioning strategy is for people who are caring for an adult, or young person approaching adulthood, and living in the Bracknell Forest area. It is also for young carers approaching adulthood, supporting adults who are resident in this area.

This strategy builds on the development of services which were planned in the previous strategy “Caring about Carers. It is essential that in this new strategy people in a caring role continue to be put at the centre of both commissioning and planning of support in order to achieve services which are sensitive and appropriate to individuals’ needs. The Care Act 2014¹ states that people in a caring role have the same rights to assessment and services as those they care for. Those who are eligible for support from the Council will be able to access personal budgets and direct payments to manage their own support. In the 2011 Census², 9,601 Bracknell Forest residents identified themselves as carers. The Council currently supports approximately 900 people who are in a caring role. With the implementation of the Care Act¹ it is anticipated that more carers will be assessed and may be eligible for support.

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 need to be achieved and how the strategy will be implemented the following have been taken into account:

- people’s views from the consultation 24th July 2014 – 23rd October 2014
- views of carers supporting Bracknell Forest residents from the National Carer Survey 2014
- relevant legislation and national guidance
- an analysis of the needs of the local population
- an overview of current support and services
- resources currently available.

Who is a carer?

The definition of a carer in the Care Act¹ is as follows:
"An adult who provides or intends to provide care for another adult".

The Care Act Fact Sheet³ on Carers states:

“A carer is 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.”

The definition of a young carer in the Children and Families Act 2014⁴ is:
“A person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work).”

The person that they care for may rely on them for support due to their age, mental or physical illness and or disability. Types of support given may be emotional support or help with daily living tasks such as going to bed, shopping, cleaning and getting out and about.

Many people do not identify themselves as carers but if they provide, without payment, help or support to a partner, son, daughter, relative, friend or neighbour, who could not manage without that support, then they are in a caring role and this strategy is for them.

The Care Act Fact Sheet³ on carers re-states the following vision, first set out in Carers at the Heart of 21st-century Families and Communities⁵.

“Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.”

In line with that vision, this strategy will focus on people in a caring role, providing care for adults in Bracknell Forest to ensure that carers have a life of their own, the work that they do is recognised and valued and they have the opportunity to live fulfilling and rewarding lives. As part of this approach, partners in Bracknell Forest will support the council to? identify the hidden carers, who do not recognise their caring role.

KEY FACTS

General Statistics:

- There are approximately 6.5 million carers in the UK²
- The number of carers has risen by 11% in the last 10 years²
- By 2037 the number of carers could increase to 9 million⁶
- Carers save the economy an estimated £119bn per year⁷
- Most carers are of working age, peaking at age 50 - 64²
- 58% of carers are women and 42% are men²
- 1 in 4 women and 1 in 6 men aged 50 -64 have caring responsibilities²
- 1.4 million people provide over 50 hours of care per week²
- 1 in 9 workers in the UK have caring responsibilities²
- Over 1 million people care for more than one person⁸
- 3 in 5 people will be carers at some point in their lives⁹

Impact of Caring:

Work

- Of the 3 million people in England and Wales who combined caring with paid work, 1.6 million work full time, 863,000 are part time and 512,000 are self-employed¹⁰
- Part time work is more common amongst carers than non-carers²
- Over 2 million people have given up work at some point to care¹¹
- Women aged 45 – 54 are more likely to give up work or reduce their hours in order to care¹²

Income

- Half of working age carers live in a household where no-one is in paid work¹²
- The drop in household income for 30% of carers has been £20,000 or more a year¹²
- Disabled carers are more likely to be on lower incomes¹²

Health

- People providing 50 hours or more care are 2-3 times more likely to say they are not in good health²
- 92% of carers said that their role had a negative impact on their mental health¹³

Social Networks

- 75% of carers say it is hard to maintain relationships and social networks¹⁴
- 49% of carers in 2014 said they feel society does not think about them at all⁶

National and Local Context

National Picture

Legislation

The Care Act 2014¹

The Care Act is the most significant piece of legislation underpinning how services are developed for people who care. It requires local authorities to focus on the health and wellbeing of individuals (this includes people who care) rather than just their need for practical support. It highlights the importance of early intervention and prevention to reduce acute needs, and putting people in control of their care and support. There is a requirement for co-operation and the promotion of integration of care and support with local authorities, health and housing services and other service providers to ensure best outcomes are achieved. The Act makes the following provisions for carers:

- Carers having as equal rights to care and support as the person they care for
- Access to information, advice and preventative services
- For local authorities to identify carers
- Assessing the impact of the caring role on a person's health and wellbeing when they appear to have a need for support
- Ensuring the needs of the whole family are considered
- Personal budgets and direct payments for carers
- The provision to potentially charge carers for carers services
- Supporting young carers approaching adulthood and parent carers whose children are approaching the age of 18
- Advocacy for carers when there is no-one to help them express their views
- Working in partnership and integrated care

Detailed statutory guidance for the implementation of the Care Act was published in October 2014.

Children and Families Act 2014⁴

The Children and Families Act has many similarities with the Care Act; including outcome focused services, promoting personalisation, giving people choice and control and preparing for adulthood. With local authorities having a duty to support people from the age of 0 – 25 in the Children and Families Act and from 18, as adults, in the Care Act, it is important that there is an integrated approach to providing support through this period of change. Under the Children and Families Act, local authorities have a duty to identify young carers, assess the impact of their caring role, consider if they are a child in need and provide support. They also have a duty to assess and provide support to parent carers if it appears they may have needs. As with the Care Act, the focus is on the health and wellbeing of the person and the carer.

Health and Social Care Act 2014¹⁵

This legislation changed the way the National Health Service (NHS) works to deliver person-centred healthcare by:

- Giving patients greater choice, control and involvement – “no decisions about me without me”
- Improving the health of people
- Removing unnecessary bureaucracy, cutting waste and making the NHS more efficient
- Creating Clinical Commissioning Groups (CCG) where local General Practitioners (GPs) commission (the delivery of) health services based on their community’s needs.

Health and Wellbeing Boards have also been created in each local authority area with the specific role to improve health and wellbeing for all, and reduce health inequalities between different people.

Equality Act 2010¹⁶

The Equality Act 2010 exists to protect the rights of people and to promote equality of opportunity for all. The Act applies to people who have ‘protected characteristics’ as defined by the Act. These ‘protected characteristics’ are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Some carers, and the people they care for, experience discrimination or harassment because of the above or because they are associated to people who have the protected characteristics. Discrimination could affect people’s ability to work, make it more difficult to get involved in leisure activities or access services that should be available for everyone.

The Flexible Working Regulations 2014¹⁷

All employees who have continuously been in employment for 26 weeks, including carers, have the right to request flexible working. Employers will have a duty to consider the request in a reasonable manner, which includes considering whether the request can be accommodated on business grounds. ACAS has produced a code of practice¹⁸ for handling requests in a reasonable manner.

National Policy and Guidance

Carers Strategy: National Carers Action Plan 2014¹⁹

This document identifies the following outcomes of support:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
- Carers will be able to have a life of their own alongside their caring role
- Carers will be supported so that they are not forced into financial hardship by their caring role
- Carers will be supported to stay mentally and physically well and treated with dignity
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.

The four priority areas for action are:

1. Identification and recognition
“Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset in designing local care provision and in planning individual care packages”
2. Realising and releasing potential
“Enabling those with caring responsibilities to fulfil their education and employment potential”
3. A life alongside caring
“Personalised support both for carers and those they support, enabling them to have a family and community life”
4. Supporting carers to stay healthy
“Supporting carers to remain mentally and physically well.”

NHS England’s Commitment to Carers 2014²⁰

This document sets out a series of commitments that NHS England will do to support carers, reflecting what NHS England has heard from carers during a number of engagement events. It recognises that carers are a hugely important asset to the NHS as well as to the people for whom they provide care for.

The engagement process highlighted a number of themes that were important to carers:

- Recognise me as a carer (this may not always be as ‘carers’ but simply as parents, children, partners, friends and members of our local communities);
- Information is shared with me and other professionals;
- Signpost information for me and help link professionals together;
- Care is flexible and is available when it suits me and the person I care for;
- Recognise that I also may need help both in my caring role and in maintaining my own health and well-being;
- Respect, involve and treat me as an expert in care; and
- Treat me with dignity and compassion

The document also highlighted eight priority areas for action

1. Raising the profile of carers;
2. Education, training and information for NHS staff;
3. Service development;
4. Person-centred, well-coordinated care;
5. Primary care;
6. Commissioning support;
7. Partnership links; and
8. NHS England as an employer.

Better Care Fund²¹

The Better Care Fund combines existing NHS and Local Authority funding, including funding for carers, which will now be jointly invested to:

- Ensure health and social care work together, for example by sharing data and improving continuity of care
- Ensure services act earlier so that people can stay healthy and independent at home, and avoid going to hospital or A&E where possible.
- Deliver care that is centred on individual needs – such as NHS and social care staff completing joint assessments
- Move towards whole system provision of 7 day working.

It is important that the population is happy, healthy and active for longer. The Better Care Fund programme will support this through having better information, better access to health and care services when required and support to make the right choices.

Performance Indicators

The Department of Health sets a number of outcomes and indicators to hold local authorities and local National Health Services to account. These are called Outcome Frameworks. The key Adult Social Care²², Public Health²³ and National Health Service²⁴ outcomes and indicators which will have an impact on people who care are detailed in **Appendix 1**.

Local

Carers Issues Strategy Group

The Carers Issues Strategy Group works in partnership with representatives from the private, voluntary, health and social care sector who commission and deliver services for people in a caring role. The purpose of the group is to take an integrated approach, co-ordinating service delivery and improvement for people who support adults living with frailty, ill health or disabilities within Bracknell Forest.

Carers Forum

The Carers Forum was re-established in February 2014 by the Council. This forum is led by people in a caring role and the purpose is to scrutinise and inform the development of support and services within Bracknell Forest. To enable it to retain independence, it is now run and supported by the voluntary sector.

Joint Health and Wellbeing Strategy²⁵

The local Health and Wellbeing Strategy was published in 2012. The objective of the strategy is to “make sure that every resident of Bracknell Forest lives in a healthy, safe and caring place and gets good services and support when they need them.” There are key underpinning principles in the strategy which should be considered when planning support for people who are in a caring role:

1. People should be supported to take responsibility for their own health and wellbeing as much as possible

2. Everybody should have equal access to treatment or services
3. Organisations should work together to make the best use of all the resources they have to prevent and treat ill-health
4. The support and services that people get should be of the best possible quality.

Local Strategies

This strategy relates to a number of commissioning strategies developed by the council and its partners. For example Joint Commissioning Strategies have been developed for:

- Long Term Conditions²⁶
- Learning Disabilities²⁷
- Mental Health²⁸
- Dementia²⁹
- Sensory Needs³⁰
- Autism³¹
- An Approach to Prevention and Early Intervention³²
- Older People³³
- Young Carers³⁴
- Intermediate Care³⁵

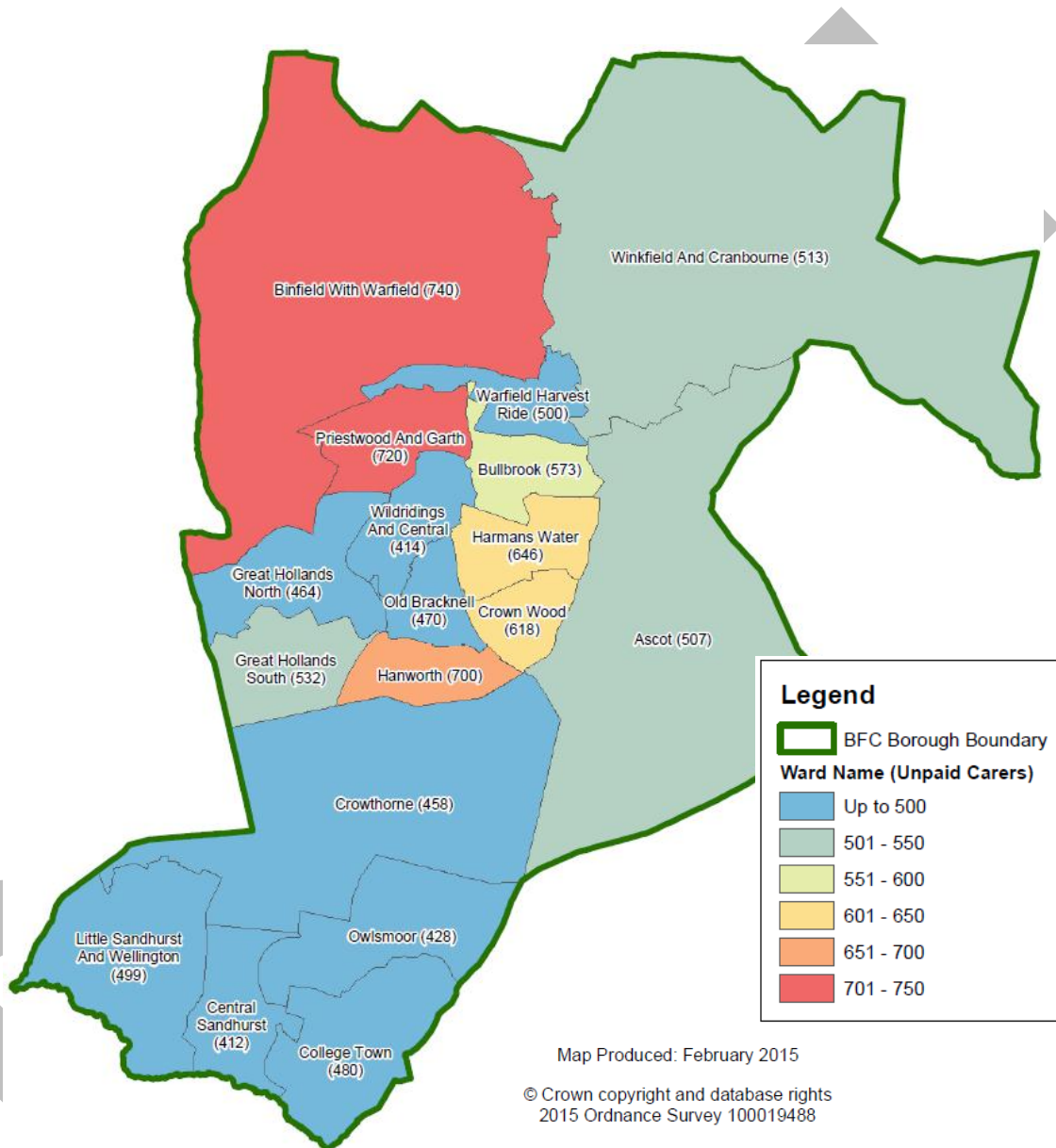
The Local Picture

Number of carers

The national Census in 2011² showed Bracknell Forest had 113,200 residents, of which 9,601 (8.5%) were unpaid carers.

Number of Unpaid Carers by Ward in Bracknell Forest

(Source: Office of National Statistics)



- The ward with the highest number of carers is Binfield with Warfield (739) and the one with the lowest is Central Sandhurst (412).
- The ward with the highest proportion of unpaid carers is Winkfield and Cranbourne (10.7%). The one with the lowest is Warfield Harvest Ride (6.2%).
- All carers have equal access to assessment and support, regardless of where they live.

Age

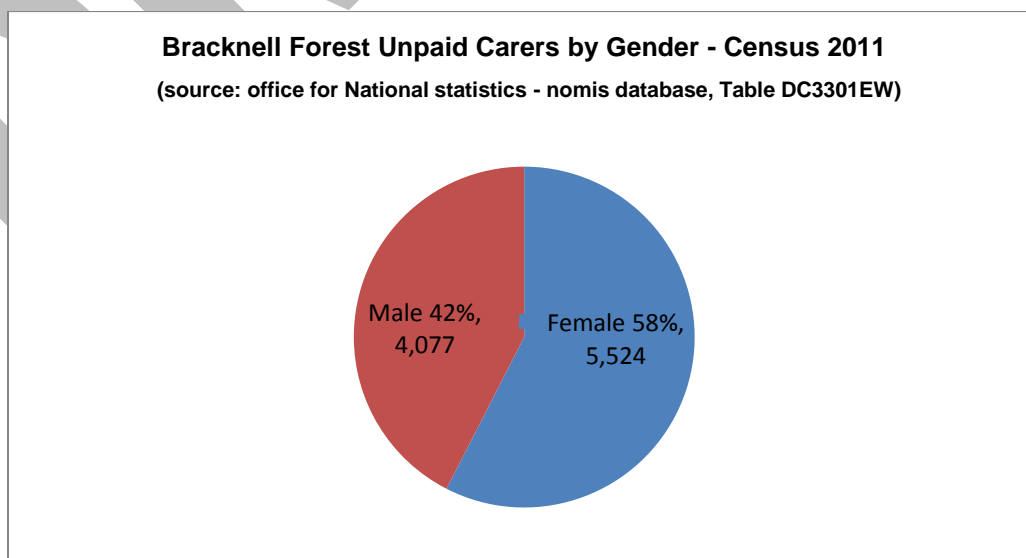
- As is the case nationally, the number of older people in Bracknell Forest is likely to increase over the next 10 years.
- There will be proportionately more older people in the population. This will have an impact on the number of carers needed and the age of the carers.
- The current age structure of unpaid carers is shown in the table below which shows the majority of unpaid carers are aged between 25 and 64 years.
- The highest proportion of unpaid carers is the 50 to 64 year old age group with 18% of the people in this age group being unpaid carers.
- 28% of carers in the 25 to 64 year old age group are spending 20+ hours a week in caring responsibilities. 17% are providing more than 50+ hours care a week. This may have an impact on their ability to take up paid employment. (See *Employment section below*).

Age of Unpaid Carers in Bracknell Forest - (Census 2011)				
Age group	Number of unpaid carers	1-19 hours unpaid care per week	20-49 hours unpaid care per week	50+ hours unpaid care per week
Age 0 to 24	592	465	80	47
Age 25 to 49	3,587	2,435	434	718
Age 50 to 64	3,595	2,770	356	469
Age 65 and over	1,827	982	225	620

Source: Office for National Statistics³⁶ (Table: KS301EW)

Gender

The chart below shows that in Bracknell Forest, women are more likely to be unpaid carers than men.³⁷



Ethnicity

Evidence from the Census suggests that people from minority ethnic groups are slightly less likely to be unpaid carers. This may be due to a number of reasons, such as:

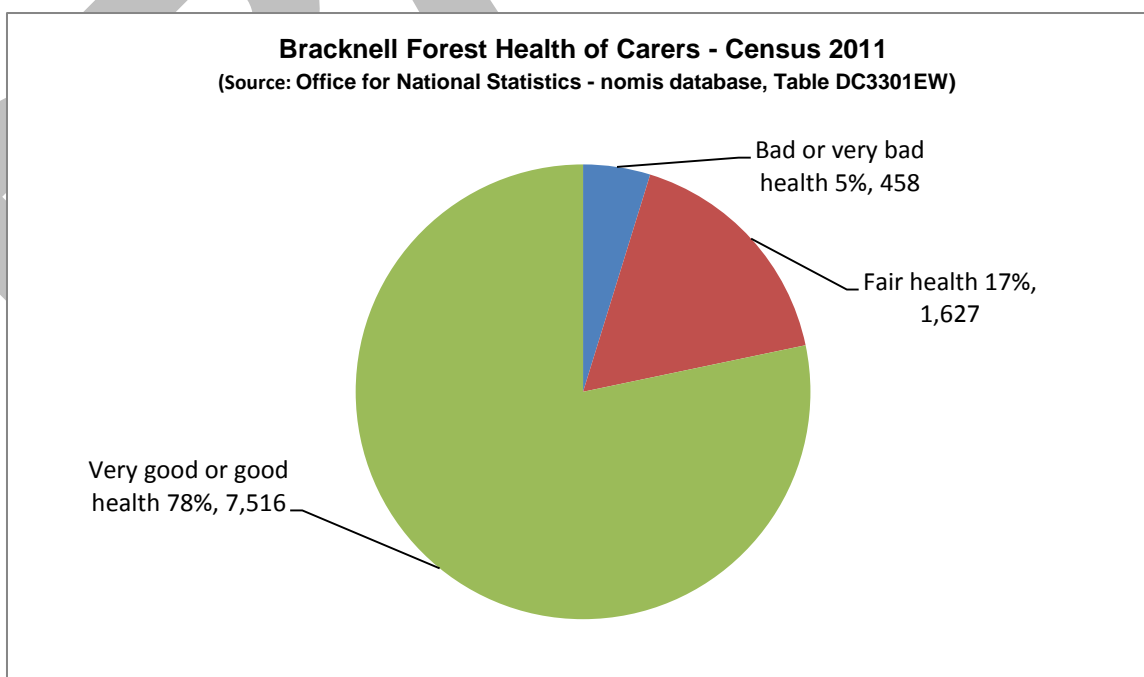
- i. Fewer older relatives living in the area. (*Older people are more likely to need care support*).
- ii. Financial reasons
- iii. People not recognising or declaring themselves as a carer. This could be due to a number of reasons including people not understanding the term carer, cultural reasons or language barriers.

Carers by Ethnicity - Census 2011							
	White: English/Welsh/Scottish/Northern Irish/British	White: Irish	White: Other White	Mixed/multiple ethnic group	Asian/Asian British	Black/African/Caribbean/Black British	Other ethnic group
Population in Bracknell Forest	84.9%	0.9%	4.8%	2.0%	5.0%	1.9%	0.4%
Unpaid Carers	89.7%	0.9%	3.0%	1.3%	3.5%	1.3%	0.3%

Source: Office for National Statistics³⁶

Health

458 (5%) carers in Bracknell Forest reported that they were in bad or very bad health²



Employment

The following table shows the employment of carers in comparison with those in the general population of Bracknell Forest. It shows unpaid carers are less likely to be in employment and, when they are employed, are more likely to have part-time rather than full-time employment. However, they are also more likely to be retired or looking after home or family. Those who categorised themselves as being unemployed were the same for both those who provide unpaid care and those who did not.

Provision of unpaid care by economic activity - Census 2011		
Economic Activity	Provides no unpaid care	Provides unpaid care: Total
Employed Total	70.1%	62.2%
Employee: Part-time	12.0%	16.1%
Employee: Full-time	46.7%	35.6%
Unemployed: Unemployed (excluding full-time students)	3.1%	3.1%
Economically Inactive - Total	26.2%	34.5%
Retired	15.6%	22.1%
Student (including full-time students)	3.6%	1.3%
Looking after home or family	3.5%	7.0%
Long-term sick or disabled	2.0%	2.6%
Other	1.5%	1.5%

Source: Office for National Statistics³⁶

National Carers Survey

In 2014, a total 483 carers in Bracknell Forest were sent the National Carers Survey about their experience about being a carer of which 49.1% responded.

- 50.4% of carers stated that they were 'extremely satisfied' or 'very satisfied' with the support or services that they and the person they care for has received from Social Services.
- 40.4% of carers stated that they were 'quite satisfied' or 'neither satisfied not dissatisfied' with the support or services that they and the person they care for has received from social services.
- 9.2% of carers stated that they were 'fairly, very dissatisfied' or, 'extremely dissatisfied' with the support or services that they and the person they care for has received from Social Services.

Stakeholder Engagement

The development of this strategy was informed by a twelve week stakeholder consultation. This began with a public event on 24th July 2014 and closed on 23rd October 2014. People consulted included:

- Adults who care for other adults
- Parent carers who are supporting young people approaching adulthood.
- Young carers approaching adulthood.
- Organisations and people who support carers.
- People who were interested in supporting carers.

The consultation event and the paper and on-line questionnaires were promoted through local media. Invitations to the public event were sent to people who had been identified as carers by the local authority. In addition to this feedback was gained from people who attended the

- Carers Forum
- Carers Lunch
- Coffee morning for people who care for people with learning disabilities.

Local people were consulted on the following eleven themes:

1. Equal rights
2. Information and advice
3. Carers Assessments
4. Personal Budgets and Direct Payments
5. Social and Emotional Support
6. Respite
7. Assistive Technology and Telecare
8. Maintaining health
9. Employment
10. Safeguarding
11. Involving you in decisions about the person you care for

The numbers of people who were involved in the consultation are as follows:

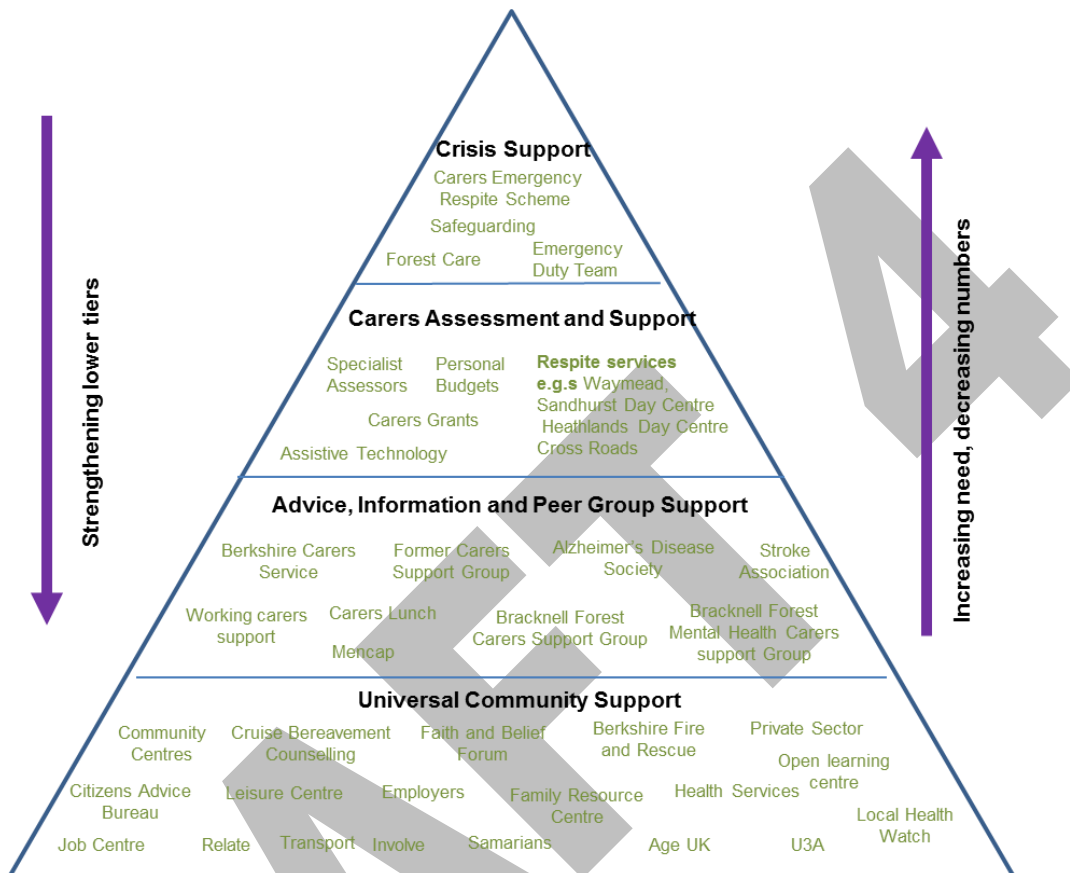
- 120: Carers Conference
 - 38: Questionnaires
 - 12*: Carers Forum
 - 7: Carers of people with learning disabilities Coffee Morning
 - 60*: Carers Lunch
- *Approximate numbers

Many people in a caring role valued the services that specifically support carers in Bracknell Forest. In particular they valued the support from Berkshire Carers Services (Commissioned by Bracknell Forest Council), Involve (Bracknell Forest Voluntary Action), and the dedicated assistant care manager within the older people and long term conditions team. People also mentioned that they received good support from their GP, social care practitioner, occupational therapist, Parkinson's disease specialist nurse and other voluntary sector organisations such as, Mencap, BADHOGS and Triple A.

The feedback from local people on how services should be developed has informed the priorities for future development which are detailed on pages 19 – 29.

Current Services

The triangle below illustrates the levels and types of support which are available to people who are in a caring role in Bracknell Forest.



- The lower tier gives examples of support that can be accessed by all residents, including people who care within Bracknell Forest.
- The second tier contains examples of community based support that is more specific to people who care.
- The third tier is for people who have more in-depth health and social care needs where an assessment and plan for support is required. If social care support is required at this tier then the person would need to meet the eligibility criteria for support.
- The fourth tier is the support that requires and immediate response and is high intensity.
- Organisations can work across tiers.

Organisations that provide support to carers are many and diverse. Services can be run by the private sector, voluntary sector, health service or the Council. The examples given are a significant cross section of provision but do not represent an exhaustive list. Some private and voluntary sector organisations are funded or supported via grants from the Council and funding arrangements can change during the life time of the strategy.

Development of Services

In order to enable carers to have as equal access to support as the person they care for, councils are now required to

- Assess all people who appear to be in a caring role. Previously councils were only required to assess people who are providing 'substantial' or 'critical' care.
- Implement new national eligibility criteria³⁸. It is likely that more carers, caring for people in Bracknell Forest, will be eligible for support.

People will need to be informed about the new lower threshold for assessment and the changes to the eligibility criteria for support.

A model for equal access to assessment and support for carers is detailed in **appendix 2**. It builds on current practice and has been developed based on people's views, legislation, policy, evidence and best practice. It sets out a vision for delivery of future assessment and support planning.

Priorities for Development

The following priorities for people who are in an unpaid caring role have been identified based on comments from people in a caring role who participated in the consultation and or National Carers Survey, the views of commissioners and providers of services, and national and local policy or best practice.

1. **Equal access to assessment and support to the person they care for**

To enable people who care to have equal access to assessment and support as to the person they care for.

Evidence

A key element within the Care Act¹ is equality of access to support for people who are in a caring role as to those they care for. This is because nationally, at present, people who are in a caring role do not feel that they are treated equally to the person they care for. This is reflected in the views of people within Bracknell Forest. Some people in a caring role felt there was an imbalance - "as long as the cared for is alright" - and that people who care were considered a "burden" on the services. Access to advocacy was identified as needed to support people in a caring role.

Outcomes Identified

1.1 People in a caring role will feel that they are treated and supported equally to the person they care for.

1.2 People in a caring role will have support to have their voice heard if they need it.

2. Carers' rights

To inform people in a caring role about their own rights and their rights to be involved in the planning of support for the person they care for where appropriate.

Evidence

During the consultation, 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 when there were many practitioners involved, visiting the home and asking questions.

Outcomes Identified

2.1 People in a caring role will know their rights about being involved in planning of support for the person they care for and their rights to assessment and support.

2.2 Rights of people in a caring role, their families and the people they care for will be respected by practitioners when performing their duties.

3. Involvement in planning of support for the person they care for

Training and development of health and social care staff to enable carers to be involved in the planning of support for the person they care for.

Evidence

People in a caring role were asked if they felt that they had been involved or consulted as much as they would want to be in discussions about the support or services provided to the person they cared for in the last twelve months. Of those who replied

22% said that they were not aware of any discussions

31.9% said that they always felt involved

25.8% said that they usually felt involved

16.6% said that they sometimes felt involved

4.8% said that they never felt involved or consulted

(People who care for Bracknell Forest residents' response to National Carers Survey 2014)

Many people who participated in the consultation regarded highly the ease and quality of communication with teams and with practitioners when they were

involved in the planning of support for the person they care for. However, people in a caring role did not always feel that they were appropriately included in the planning of support for the person they care for and they are left to “pick up the pieces”. This was a particular issue in health services. People in a caring role need to be involved as they have experience of caring for the individual and using health and social care services. Some people also said that some practitioners blamed them for things that go wrong but as one person put it, “no one trains you to be a carer for someone with profound and complex needs – you take it day by day.”

Outcomes Identified

3.1 People in a caring role will be involved in planning of support for the person they care for where appropriate.

4. Continuity and quality of care

To work with providers to improve the continuity and quality of care and support for people they care for.

Evidence

People in a caring role expressed concerns about the turnover of staff and ensuring a regular time for visits, especially when receiving home care. They were also concerned about ensuring a consistent quality of home care services and communication between teams which was not always effective. Often this meant both the person in a caring role and the person they care for waiting in for carers, placing restrictions on them. People in a caring role were being an “arbiter” of care, negotiating care provision between the person they care for, health and social care practitioners and providers of support.

Outcomes Identified

4.1 People in a caring role and the people that they support will have consistent, timely, high quality support.

5. Accessible information and advice

Providing accessible, timely, up-to-date information and advice to support people in their caring role and maintain their health and wellbeing. This includes improving ways to direct information and advice to people who do not recognise themselves as carers, who are new to caring, young carers approaching adulthood and parent carers whose children are approaching age of 18.

Evidence

People in a caring role were asked how helpful has the information and advice been in the last 12 months. 89.5% said that the information that they received was either very or quite useful.

(People who care for Bracknell Forest residents' response to National Carers Survey 2014)

Information and advice is provided by a range of services including health and social care, the voluntary sector and private sector, During the consultation, many people stated that they found information and advice to support them in their caring role and for their health and wellbeing was accessible. The next challenge is to make sure that people can access information in a timely way. This is particularly important to identify people who did not recognise themselves as carers, people who were new to caring, young carers approaching adulthood and parent carers whose children are approaching age 18. 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.

Outcomes Identified

- 5.1 People in a caring role will have access to information and advice to enable them to identify themselves as carers.
- 5.2 People in a caring role will be supported by having accessing high quality, up to date information and advice in a timely way.

6. Assessment and support planning

Ensuring Carers Assessments are completed in a timely way and that people in a caring role are involved the assessment and in planning of their support.

Evidence

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; or the benefit of assessment; or where to go to get an assessment. When the assessments were completed as a joint assessment with the person they care for, some people were uncertain that they too had an assessment. There were concerns that “the problems are too big (for health and social care practitioners) to solve with the tools at their disposal” and that getting support took too long.

Outcomes Identified

- 6.1 People who appear to be in a caring role will be identified, made aware of their right to an assessment of their own needs, the benefits of assessments and will be offered assessments.
- 6.2 People in a caring role and the people they care for will be less dependent on intensive services through prevention and early intervention.
- 6.3 People will work with practitioners to produce their carers assessments and support plans, which will be completed in a timely way and in line with National Guidance.

7. Young Carers

To work with children's services in the development of services to identify and support:

- *young carers*
- *children in need and*
- *young carers approaching adulthood.*

Evidence

The Children and Families Act states young carers' needs assessments must identify when the child is under 18 whether the local authority considers the person to be a child in need. They must also have regard to the extent to which the young carer is participating in or wishes to participate in education, training or recreation and the extent to which the young carer works or wishes to work. As well as this there is specific provision in the Care Act¹ to support young people in a caring role as they approach adulthood and into early adulthood. Adult social care and children's services are working together with the voluntary sector to develop services to identify young carers, assess if they are a child in need and the impact of their caring role and support them through transition.

Outcomes Identified

7.1 Young people in a caring role will be identified and have the information, advice and support they need to safeguard them, avoid inappropriate caring responsibilities and to have a fulfilled life.

8. Parent Carers

To work with children's services to support parent carers as their son/daughter approaches adulthood.

Evidence

The Care Act¹ states that parent carers should be supported through the period when the person they care for is becoming an adult. Through the consultation parent carers have asked for information and advice about adult services and what support will be available to them.

Outcomes Identified

8.1 Parent carers and the children they care for will have the information, advice and support they need as their child approaches adulthood.

9. Access to training and education.

To review access to training programmes, advice and support to enable people carry out their caring role and to have a fulfilled life.

Evidence

During the consultation, people in a caring role said that they would like more support and training to enable them to provide support to the person they care for. In addition, some carers enjoy educational and training activities to enable them to socialise and have a fulfilled life.

Outcomes Identified

9.1 People in a caring role will be supported to access training and education to have a fulfilled life.

9.2 People in a caring role will have access to advice and training, identified in the support planning process, to enable them to assist the person they care.

10. Support for and in employment

Working with job centres and employers to review and develop support available to people in a caring role to enable them to find and maintain employment.

Evidence

People in a caring role were asked to think about combining paid work and caring:-

28% of those asked were in paid employment of which

45.8% said that they felt supported by their employer

23.7% said that they did not feel supported by their employer

30.5% said that they did not need any support from their employer.

Of those who were not in paid employment 26.7% said that they were not in employment due to their caring role.

(People who care for Bracknell Forest residents' response to National Carers Survey 2014)

For some people who were consulted, work was seen as a form of respite and some people felt that they were given flexibility in their work. The voluntary sector was identified as being a good source of information and advice on employment issues. However they found that some smaller employers could

not allow sufficient flexibility to juggle work and caring responsibilities. As well as this some people identified difficulties in gaining employment whilst undertaking caring. Barriers to employment included insufficient time out from caring. A person providing support to someone who required care 24 hours a day asked, “how can I do anything else but care?” As well as this some people who have been caring for a long time and have not been in employment lose their confidence in being able to work.

Outcomes Identified

10.1 People in a caring role will have support to help them find and stay in employment if they wish.

11. Personal budgets and direct payments

Supporting people in a caring role, who meet the eligibility criteria, to access personal budgets and direct payments.

Evidence

Some people who were in a caring role had experience of using personal budgets and direct payments to support the person they care for. However with the introduction of the Care Act¹, more people in a caring role will have access to personal budgets and direct payments to meet their own needs as a carer. People in a caring role could see the benefits of managing their personal budget, although they would need further information on how they would work and what they could be used for. They were also concerned that managing this way of purchasing support would mean additional work and responsibility for the person in a caring role.

Outcomes Identified

11.1 People in a caring role, who meet eligibility criteria, will have access to personal budgets and direct payments

11.2 People in a caring role will be enabled to balance their caring role and maintain their desired quality of life.

12. Access to respite

Improving access and flexibility of respite services.

Evidence

People in a caring role who were involved in the consultation valued the respite that they received, especially as it helped them to maintain their mental health and wellbeing. They are reassured by having access to the Carers Emergency

Respite Scheme. However people wanted to be able to book respite further in advance, have more flexibility as to when and how it was used and for the process for getting planned respite, to be quicker.

Outcomes Identified

12.1 People in a caring role, who are eligible for support, will be able to plan and have access to the respite that they need, when they need it.

13. Understanding the benefits of assistive technology

Informing carers about the benefits of assistive technology. Assistive technology includes:

- *equipment and adaptations such as stair rails, raised toilet seats and bath steps,*
- *telecare such as community alarm systems and detectors that allow people to call for help when they need it and*
- *telehealth which enables people to have their health monitored without having to visit a healthcare professional*

It can be used by both person who is caring and the person being cared for to relieve worry about leaving someone on their own at home. It can also be used to reduce social isolation.

Evidence

56.5% people said that the person they care for has had equipment or adaptations to support them with every day activities and 31.9% have a life line alarm.

(People who care for Bracknell Forest residents' response to National Carers Survey 2014)

Those people in a caring role found that the technology was helpful and easy to use. However, some carers did not know what assistive technology was and how it can help them to support the person they care for. Some people are also worried about the cost of telecare.

Outcomes Identified

13.1 People in a caring role will be given information and advice on how assistive technology can help them and how to access it.

14. Access to Transport

To further assess and identify how the barriers to accessing support/services, the community and transport can be overcome.

Evidence

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.

Outcomes Identified

- 14.1 People in a caring role will be informed about the transport options available to them.
- 14.2 People in a caring role will have fewer barriers to mobility to accessing support/services, the community and transport.

15. Safeguarding

To inform people who are in a caring role about the safeguarding process and how it can be used to keep people safe from harm.

Evidence

People in a caring role were asked to think about their personal safety. This was defined as “feeling safe from fear of abuse, being attacked or other physical harm.” 11.2% said that they had some worries about their personal safety or were extremely worried about their safety.

(People who care for Bracknell Forest residents’ response to National Carers Survey 2014)

Bracknell Forest Council is responsible for co-ordinating responses to concerns when someone with care and support needs is, or is at risk of, being abused. This includes people who are caring as well as the person they care for. Someone who had used the safeguarding system said that the team were “excellent, approachable and knowledgeable” another said “it provided reassurance that I was doing the right thing”. However a number of people wanted more information on how the system works and questioned how much it could achieve.

Outcomes Identified

- 15.1 People in a caring role and the people they care for will be aware of what safeguarding means and how they can access support via the safeguarding process.

16. Social and emotional support

To review and develop access to peer support and mental health services for people who are in a caring role.

Evidence

People in a caring role were asked about the social contact they had with people they liked. 55.9% said that they either did not have enough or had little social contact with people.

(People who care for Bracknell Forest residents' response to National Carers Survey 2014)

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. dementia, 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) so that people can "just phone and talk to someone". Working age carers also have difficulty in attending support groups and alternatives to these such as use of digital technology need to be explored. 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.

Outcomes Identified

16.1 People in a caring role, who require social and emotional support, will have access to the support that meets their needs.

17. Maintaining health

To review and develop health services to enable people in a caring role to maintain their health and wellbeing.

Evidence

43.8% of people who are in a caring role said that either sometimes they could not look after themselves well enough or that they felt that they are neglecting themselves.

(People who care for Bracknell Forest residents' response to National Carers Survey 2014)

Many people in a caring role found their GP helpful but were concerned that GPs did not fully understand or recognise the responsibilities in this role. The number of people registered as carers by their GP are low. Due to their caring roles, people have found it difficult to access health services and would like more flexibility in timing, length and type of consultations, e.g. telephone consultation. Carers said that they would like more information and advice in GP surgeries to sign post them to support which is available to them. Concern was raised also about the difficulty in getting Continuing Health Care funding and the need to support carers through the process.

Outcomes Identified

- 17.1 People in a caring role will be supported to look after their own health and wellbeing.
- 17.2 People in a caring role will have access to healthcare staff that understand and recognise their caring responsibilities.
- 17.3 People in a caring role will be supported to access health services which are flexible to meet their needs and support their health and wellbeing.
- 17.4 People in a caring role will have information and advice from GP surgeries to sign post them to support which is available to them.

DRAFT

Summary of Priorities and Next Steps

Below is a summary of the local priorities against the national priorities for development of services for people in a caring role.

National Priority 1- Identification and recognition

“Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset in designing local care provision and in planning individual care packages”

Local Priorities

1. To enable people who care to have equal access to assessment and support as to the person they care for.
2. Inform people in a caring role about their own rights and their rights to be involved in the planning of support for the person they care for where appropriate.
3. Training and development of health and social care staff to enable carers to be involved in the planning of support for the person they care for.
4. To work with providers to improve the continuity and quality of care and support for people they care for.
5. Providing accessible, timely, up-to-date information and advice to support people in their caring role and maintain their health and wellbeing.
6. Ensuring Carers Assessments are completed in a timely way and that people in a caring role are involved in the assessment and planning of their support.
7. To work with children’s services in the development of services to identify and support:
 - *young carers*
 - *children in need and*
 - *young carers approaching adulthood through the transition in to adult services.*
8. To work with children’s services to support parent carers as their son/daughter approaches adulthood.

National Priority 2 - Realising and releasing potential

“Enabling those with caring responsibilities to fulfil their education and employment potential”

Local Priorities

9. To review access to training programmes, advice and support to enable people to carry out their caring role and to have a fulfilled life.
10. Working with job centres and employers to review and develop support available to people in a caring role to enable them to find and maintain employment.

National Priority 3 - A life alongside caring

“Personalised support both for carers and those they support, enabling them to have a family and community life”

Local Priorities

11. Supporting people in a caring role, who meet the eligibility criteria, to access personal budgets and direct payments.
12. Improving access and flexibility of respite services.
13. Informing carers about the benefits of assistive technology.
14. To further assess and identify how the barriers to accessing support/services, the community and transport can be overcome.
15. To inform people who are in a caring role about the safeguarding process and how it can be used to keep people safe from harm.

National Priority 4 - Supporting carers to stay healthy

“Supporting carers to remain mentally and physically well.”

Local Priorities

16. To review and develop access to peer support and mental health services for people who are in a caring role.
17. To review and develop health services to enable people in a caring role to maintain their health and wellbeing.

The Council and the Clinical Commissioning Group, through the work of the Carers Issues Strategy Group, will develop an Action Plan by July 2015 based on priorities detailed above.

Glossary of Terms

Action Plan	The steps that must be taken, or activities that must be done well, for a strategy to succeed.
Acute needs	Illness or medical problems that begin and progress rapidly, sometimes causing a serious problem, that needs medical intervention.
Adaptations	Changes to buildings and equipment to make it easier for people with disabilities to use.
Advocacy	The advocate is there to represent your interests, which they can do by supporting you to speak, or by speaking on your behalf. They do not speak for the council or any other organisation. If you wish to speak up for yourself to make your needs and wishes heard, this is known as self-advocacy.
Assistive Technology	A product or service that uses technology to maintain or improve the ability of people with disabilities or illness to communicate, learn and live a full life. Examples include stair rails, raised toilet seats, life line alarms.
Autism or Autistic Spectrum Disorders (ASD)	Autism is a lifelong developmental condition, sometimes referred to as Autistic Spectrum Disorder (ASD). The word spectrum is used because while all people with autism share three main areas of difficulty: 'social communication', 'social interaction', and 'social imagination', their condition affects them in different ways.
BADHOGS (Bracknell Deaf and Hard of Hearing Support Group)	Bracknell Area Deaf & Hard-of-Hearing Support Group is for residents of Bracknell Forest and adjacent areas that are either deaf or hard-of-hearing.
Better Care Fund	A budget to improve the ways health services and social care services work together, starting with services for older people and people with long term conditions.
Care Act	A new law on how local authorities should provide information advice care and support to people and their family carers.
Carers	A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people.
Carers Emergency Respite Scheme	The scheme is funded by Bracknell Forest council and delivered by Berkshire Carers Service and aims to give carers peace of mind by enabling them to complete an emergency plan. This plan can be put into operation if the carer is taken ill or involved in an emergency.
Carers' Forum	A group of carers who are supported by the voluntary sector, which have the independence to scrutinise and support the development of carers services. They meet as a group on their own to identify issues that they would like to discuss or resolve. People outside the forum including other carers, people from the council or health service, or

	private or voluntary sector organisations can ask the forum for their help when developing services. The forum then meets with people from various organisations such as the Council, health services, benefits and home care services to look at these issues. The forum is required to communicate with other carers to get their views and feedback to them what they have been doing.
Carers Issues Strategy Group	This is a council led meeting, which includes representatives from the council, health service and the voluntary sector to develop services for people in a caring role. It also includes the Chair of the Carers' Forum. The group supported in running the Carers' Conference, the consultation and the development of the 'Joint Commissioning Strategy for People in an Unpaid Caring Role.' The group is responsible for writing the strategy action plan and making sure it is implemented.
Clinical Commissioning Group (CCG)	A Clinical Commissioning Group is group of GP practices that are working in partnership to arrange health services for the local population. The Clinical Commissioning Group for Bracknell Forest is called the Bracknell Forest and Ascot Clinical Commissioning Group.
Commissioners	A person or organisation that commission's services.
Commissioning	Planning of services that are needed by the people who live in the area the organisation covers, and ensures that services are available. Your local council is the commissioner for adult social care. NHS care is commissioned separately by local clinical commissioning groups. Health and social care commissioners' often work together to make sure that the right services are in place for the local population.
Commissioning Strategy	A plan for developing health and social care services within the local area.
Continuing Health Care	Ongoing care outside hospital for someone who is ill or disabled, arranged and funded by the NHS. This type of care can be provided anywhere, and can include the full cost of a place in a nursing home. It is provided when your need for day to day support is mostly due to your need for health care, rather than social care. The Government has issued guidance to the NHS on how people should be assessed for continuing health care, and who is entitled to receive it.
Co-produced	People involved in assessment and planning support should work equally together identify needs. Co-production should always involve the person they are for and anyone else they wish to be involved.
Department of Health	The Department of Health is a part of Government that is responsible for policy and some funding for health and social care services and for improving the country's health and well-being.
Dementia	A set of symptoms associated with an on-going decline of the brain and its abilities. This includes problems with: <ul style="list-style-type: none"> • memory loss • thinking speed • mental agility • language

	<ul style="list-style-type: none"> • understanding • judgement <p>How fast dementia progresses will depend on the individual person and what type of dementia they have. Each person is unique and will experience dementia in their own way.</p>
Depression	Low mood which is so bad that it affects a person's life to the extent that they are unable to take part in the things they usually do, like work or social activities.
Direct Payments	Money that is paid to you (or someone acting on your behalf) on a regular basis by your local council so you can arrange your own support, instead of receiving social care services arranged by the council. Direct payments are available to people who have been assessed as being eligible for council-funded social care. They are not yet available for residential care. This is one type of personal budget.
Eligibility Criteria	Currently the criteria for council-funded care and support is set by the government but the council can choose which level of support they will provide. If the council assesses you and you are below this threshold, you will not qualify for council-funded care. From April 2015 there will be new criteria for support and the government has set the threshold level for providing support.
Equipment	If you are struggling or disabled, you may need special equipment to enable you to live more comfortably and independently e.g. equipment to help you get on and off a chair such as chair raisers.
General Practitioner (GP)	Doctors who provide medical care for people in the community. They diagnose and treat illness, disease and infection.
Health and Wellbeing	Being in a position where you have good physical and mental health, control over your day-to-day life, good relationships, enough money, and the opportunity to take part in the activities that interest you.
Health and Wellbeing Boards	A forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.
Health and Wellbeing Strategy	A plan that sets out the priorities that commissioning organisations need to think about when developing health and social care services.
Home care	Care provided in your own home by paid care workers to help you with your daily life. It is also known as domiciliary care. Home care workers are usually employed by an independent agency, and the service may be arranged by your local council or by you (or someone acting on your behalf).
Integrated	Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family. This may also involve integration with other services for example housing.
Intermediate Care	A structured programme of care provided for a limited period of time to assist a person to maintain or regain the ability to live in their home.

Joint Strategic Needs Assessment (JSNA)	An assessment of the health needs of the local population, which then identifies where there are particular problems that need attention.
Learning Disability	A learning disability happens when a person's brain development is affected, either before they are born, during their birth or in early childhood. A learning disability means a person finds it hard to learn new things in any area of life, not just at school and everyday activities can be difficult.
Local Authority	An administrative body in local government. Also referred to as a council. For this strategy, the local authority is Bracknell Forest Council.
Long Term Conditions	These are health conditions for which a person needs on-going treatment and/or support. They include things like Diabetes, Chronic Obstructive Pulmonary Disease, Epilepsy.
Mencap	The local Branch of Mencap is Wokingham, Bracknell and District Mencap. They are an independent local registered charity supporting adults and children with learning disabilities and/or an autism spectrum condition (ASC), their parent carers and their families.
Mental Health	A person's condition relating to their psychological and emotional health and wellbeing.
National Health Service	The system in the UK that provides healthcare to people free at the point of need and is paid for by taxes.
Occupational Therapist	A professional with specialist training in working with people with different types of disability or mental health needs. An OT can help you learn new skills for everyday life or regain lost skills, and can arrange for aids and adaptations you need in your home. Occupational therapists are employed both by the NHS and by local councils.
Older People	Many councils define people over the age of 50 as 'older', but social care services for older people are usually for people over the age of 65 - unless you have particular needs that make you eligible before this age.
Outcomes	In social care, an 'outcome' refers to an aim or objective you would like to achieve or need to happen - for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them.
Outcome Frameworks	The set of outcomes that all relevant organisations in the country are expected to use to set standards for their work.
Parkinson's Disease	A condition in which part of the brain becomes progressively damaged over time. It mainly affects movement but also can cause other physical and psychological symptoms.
Partnership	An arrangement when organisations or people work together on things that they all have some responsibility for.

Physiotherapist	Physiotherapists help ill, injured or disabled people recover movement and function as far as possible.
Personal Budgets	Money that is allocated to you by your local council to pay for care or support to meet your assessed needs. The money comes solely from adult social care. You can take your personal budget as a direct payment, or choose to leave the council to arrange services (sometimes known as a managed budget) - or a combination of the two.
Personalisation	A way of thinking about care and support services that puts you at the centre of the process of working out what your needs are, choosing what support you need and having control over your life. It is about you as an individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations.
Protected Characteristics	A person cannot be discriminated against, harassed or victimised on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
Reablement	A way of helping you remain independent, by giving you the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability. It is similar to rehabilitation, which helps people recover from physical or mental illness.
Respite	Time away from caring.
Respite Care	A service giving carers a break, by providing short-term care for the person with care needs in their own home or in a residential setting. It can mean a few hours during the day or evening, 'night sitting', or a longer-term break. It can also benefit the person with care needs by giving them the chance to try new activities and meet new people.
Rights	What you are entitled to receive, and how you should be treated, as a citizen. If you have a disability or mental health problem, are an older person or act as a carer for someone else, you have the right to have your needs assessed by your local council. You have a right to a service or direct payment if your assessment puts you above the eligibility threshold your council is using. You and your carers have a right to be consulted about your assessment and about any changes in the services you receive.
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed 'unsuitable' do not work with them. If you believe that you or someone you know is being abused, you should let the adult social care department at your local council know. They should carry out an investigation and put a protection plan in place if abuse is happening. Councils have a duty to work with other organisations to protect adults from abuse and neglect. They do this through local safeguarding boards.
Sensory Needs	People who have needs because they blind, partially sighted, deaf, hard of hearing or deaf-blind.

Social Care	Care and support for people who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers. Social care includes assessment of people's needs, provision of services or allocation of funds to enable people to purchase their own care and support. It includes residential care, home care, personal assistants, day services, the provision of aids and adaptations and personal budgets.
Specialist Nurse	A nurse with advanced experience and expertise in a particular area of practice.
Statutory	Something that must happen because it is set out in law.
Telecare	Technology that enables you to remain independent and safe in your own home, by linking your home with a monitoring centre that can respond to problems. Examples are pendant alarms that you wear round your neck, automatic pill dispensers, and sensors placed in your home to detect if you have fallen or to recognise risks such as smoke, floods or gas-leaks. The monitoring centre is staffed by trained operators who can arrange for someone to come to your home or contact your family, doctor or emergency services.
Telehealth	Telehealth equipment helps you to monitor their health without visiting a health care practitioner. It can be equipment to measure your blood pressure, blood glucose levels or weight. You will be taught how to do the tests on yourself. The measurements are automatically transmitted to your doctor or nurse and they will contact you about any concerns they may have.
Triple A (Ascot Area Alzhemiers)	ATriple 'A' is a local voluntary organisation which provides a wide range of support such as: <ul style="list-style-type: none"> • Local outings for small groups of people with dementia which provides respite for carers • A monthly evening support group for carers with speakers on a range of relevant topics • A montly carers lunch and carers respite on a Sunday • Social outings, quizzes, theatre trips and picnics.
Voluntary Sector	Organisations that are independent of the Government and local councils. Their job is to benefit the people they serve, not to make a profit. The people who work for voluntary organisations are not necessarily volunteers – many will be paid for the work they do. Social care services are often provided by local voluntary organisations, by arrangement with the council or with you as an individual. Some are run by and for the people the organisation is designed to benefit - e.g. disabled people.
Whole Family	A social unit of people who live or support each other.
Young Carer	A person under the age of 18 in a caring role. They may be supporting a parent, sibling, grandparent or friend.

Some of these definitions were taken from Think Local, Act Personal Care and Support Jargon Buster and NHS Choices.

References

- ¹ UK Government Legislation (2014): The Care Act
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- ² Office for National Statistics: 2011 Census Data
<http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/index.html>
- ³ Department of Health(2014): The Care Act Fact Sheet number 8 – The law for carers:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366089/Factsheet_8_-_Carers.pdf
- ⁴ UK Government Legislation 2014: The Children and Families Act
<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
- ⁵ HM Government: Carers at the Heart of 21st-century Families and Communities
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136492/carers_at_the_heart_of_21_century_families.pdf
- ⁶ Carers UK (2014): Facts About Carers
<http://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2014>
- ⁷ Carers UK and the University of Leeds (2011): Valuing Carers 2011: Calculating the value of carers' support
<http://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2014>
- ⁸ NHS Information Centre for Health and Social Care (2010): Survey of Carers in Households 2009/10: <http://www.hscic.gov.uk/pubs/carersurvey0910>
- ⁹ Carers UK (2001): It Could Be You – A report on the chances of becoming a carer
<http://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2014>
- ¹⁰ Nomis Official Labour Market Statistics (2011): Carer by Economic Activity
http://www.nomisweb.co.uk/census/2011/DC6301EWLA/view/2092957703?rows=c_carer&cols=c_ecopuk11
- ¹¹ Carers UK and YouGov (2013) as part of Caring and Family Finances Inquiry UK Report (2014) Carers UK
<http://www.carersuk.org/for-professionals/policy/policy-library/caring-family-finances-inquiry>
- ¹² Carers UK (2014): Caring and Family Finances Inquiry UK Report
<http://www.carersuk.org/for-professionals/policy/policy-library/caring-family-finances-inquiry>
- ¹³ Carers UK (2013): The State of Caring
<http://www.carersuk.org/for-professionals/policy/policy-library/the-state-of-caring-2013>
- ¹⁴ Carers UK (2014): The State of Caring
<http://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2014>
- ¹⁵ UK Government Legislation: Health and Social Care Act 2012
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
- ¹⁶ UK Government Legislation: Equalities Act 2010
<http://www.legislation.gov.uk/ukpga/2010/15/contents>
- ¹⁷ Uk Government Legislation: Flexible Working Regulations 2014
<http://www.legislation.gov.uk/uksi/2014/1398/contents/made>

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- ¹⁸ ACAS: Handling in a Reasonable Manner Requests to Work Flexibly
<http://www.acas.org.uk/media/pdf/f/e/Code-of-Practice-on-handling-in-a-reasonable-manner-requests-to-work-flexibly.pdf>
- ¹⁹ Department of Health: Carers strategy: actions for 2014 to 2016
<https://www.gov.uk/government/publications/carers-strategy-actions-for-2014-to-2016>
- ²⁰ NHS England: Commitment to Carers 2014
<http://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>
- ²¹ Department of Health: Better Care Fund Guidance 25th July 2014
<http://www.england.nhs.uk/wp-content/uploads/2014/07/bcf-rev-plan-guid.pdf>
- ²² Department of Health: Adult Social Care Outcomes Framework 2015/16 (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375431/ASCOF_15-16.pdf
- ²³ Department of Health: Public Health Outcomes Framework 2013/16 (2012)
<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>
- ²⁴ Department of Health: National Health Service Outcomes Framework 2015/16 (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385749/NHS_Outcomes_Framework.pdf
- ²⁵ Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group: Joint Health and Wellbeing Strategy 2014 <http://www.bracknell-forest.gov.uk/BF-JHWS-v10-1.pdf>
- ²⁶ Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group: Long Term Conditions Strategy 2013 - 2018
<http://www.bracknell-forest.gov.uk/long-term-conditions-commissioning-strategy-2013-to-2018.pdf>
- ²⁷ Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group: Learning Disabilities Strategy 2014 - 2019
<http://www.bracknell-forest.gov.uk/LD-strategy-2014-19.pdf>
- ²⁸ Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group: Mental Health Strategy 2013 -2018
<http://www.bracknell-forest.gov.uk/Healthy-Minds-strategy.pdf> Health Strategy
- ²⁹ Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group: Dementia
<http://www.bracknell-forest.gov.uk/Dementia-strategy-2014.pdf>
- ³⁰ Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group: Sensory Impairment Strategy 2009 -2014
<http://www.bracknell-forest.gov.uk/commissioning-strategy-for-sensory-impairment-large-print-version.pdf>
- ³¹ Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group: Autism Strategy
<http://www.bracknell-forest.gov.uk/autism-joint-commissioning-strategy.pdf>
- ³² Bracknell Forest Council 2012: An Approach to Prevention and Early Intervention

<http://www.bracknell-forest.gov.uk/bracknell-forest-approach-to-prevention-and-early-intervention.pdf>

³³ Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group: Older People's Strategy

http://www.bracknell-forest.gov.uk/Bracknell_Forest_Older_People_Strategy.pdf

³⁴ Bracknell Forest Council: Young Carers Strategy 2014

³⁵ Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group: Joint Commissioning Strategy for Intermediate Care 2015 – 2020

³⁶ ONS - Office for National Statistics 2014

<http://www.ons.gov.uk/ons/regional-statistics/index.html>

³⁷ Office for National Statistics: Nomis Database

<https://www.nomisweb.co.uk/>

³⁸ UK Government: Final Affirmative Regulations Under Part 1 of the Care Act

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366048/43738_2902999_Regs_Affirmative_Accessible.pdf

All websites were accessible on 19/12/14

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Appendix 1

National Outcome Frameworks: measures to assess impact on carers

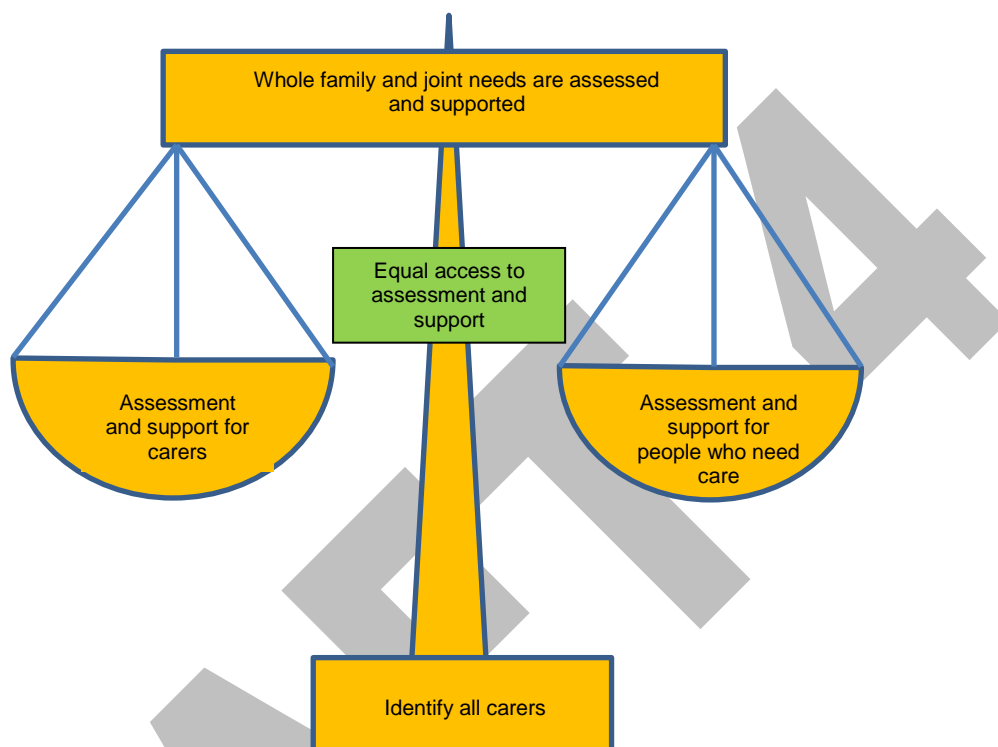
Adult Social Care Outcome Framework 2015/16	Public Health Outcome Framework 2013/16	National Health Service Outcome Framework 2015/16
<p>OF 1A. Social care-related quality of life Carers can balance their caring roles and maintain their desired quality of life 1D Carer-reported quality of life.</p> <p>People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation 1I Proportion of people who use services and their carers, who reported that they had as much social contact as they would like</p> <p>OF 3 - Ensuring that people have a positive experience of care and support.</p> <p>People who use social care and their carers are satisfied with their experience of care and support services. 3B. Overall satisfaction of carers with social services</p> <p>Carers feel that they are respected as equal partners throughout the care process. 3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for</p> <p>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help. 3D. The proportion of people who use services and carers who find it easy to find information about support.</p>	<p>Domain 1 - Improving the wider determinants of health.</p> <ul style="list-style-type: none"> • Sickness absence rates • Social Isolation <p>Domain 2 - Health Improvement.</p> <p>2.23i – Self-reported well-being- with a low satisfaction score.</p> <p>2.23ii – Self reported well-being – with a low worthwhile score.</p> <p>2.23iii Self reported well-being with a low happiness score.</p> <p>2.23ii Self reported well-being with a high anxiety score.</p> <p>Domain 4 – Healthcare public health and preventing premature mortality.</p>	<p>Domain 2 - Enhancing quality of life for people with long term conditions.</p> <p>2.4 Enhancing quality of life for carers</p>

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Adult Social Care Outcome Framework 2015/16	Public Health Outcome Framework 2013/16	National Health Service Outcome Framework 2015/16
<p>OF 4A – The proportion of people who use services who feel safe Everyone enjoys physical safety and feels secure People are free from physical and emotional abuse, harassment, neglect and self harm. People are protected as far as possible from avoidable harm, disease and injury People are supported to plan ahead and have the freedom to manage risks in the way that they wish.</p> <p>4B The proportion of people who use services who say that those services have made them feel safe and secure</p> <p>4C Proportion of completed safeguarding referrals where people report they feel safe</p>		

Appendix 2

A Model for Equal Access to Assessment and Support



This model builds on current practice and has been developed based on people's views, legislation, policy, evidence and best practice.

Identification

- Identification of all the people involved in caring for a person with long term illness or disability is the basis on which support individuals and the whole family is built.
- Early and timely identification and support for people who are in a caring role, and those who they support, reduces the need and intensity of support they require.
- Carers are identified through the assessment of people they care for and vice versa. People may identify themselves that they are in a caring role or this may be through discussion with friends, family, community contacts or practitioners.

- As people do not always recognise themselves as carers, it is essential that information about who is a carer is available to the public and that practitioners are skilled in recognising people who could be in a caring role.

Assessment

- All people involved in caring for a person have right to an assessment to meet their needs regardless of whether the person they care for wants an assessment or needs one. Once complete, all carers should have a copy of their assessment.
- What is needed to support a person in a caring role as well as maintain their health and wellbeing can be identified through assessment of their own needs and assessment of the person they care for.
- How assessments are completed need to be discussed with the person to whom the assessment relates and they have a number of choices including:
 - who they want to involve in the process
 - whether they want the assessments at the same time as each other or separately
 - how they want to complete the assessment e.g. on line, face to face
 - the location of the assessment.
- Regardless of how the assessments are completed, carers need to have equality of access to assessment and support. All carers should have the time and space to discuss their individual concerns and needs if they wish. The needs and wishes of people who are in a caring role should be considered equally to the person they care for.
- The impact of being in a caring role can vary; for example it can be dependent upon the amount of support a person is providing to others, demands of work or the carers own health and wellbeing.
- Assessments should be proportionate and responsive to people's changing needs.
- As part of the assessment process, people must be asked if they wish to continue all or part of their caring role and support plans should be developed accordingly.

Support Planning

- Support plans should be personalised and completed with the person to whom they relate and others the person wants to involve in the planning of their support. Once complete all carers should have a copy of their support plan.
- Due to the relationships between people who are in a caring role, people being cared for and the whole family, it is also essential that the joint needs of people are also assessed and supported.
- When planning support for the whole family, people's own needs and wants may conflict with each other. The practitioners need to balance the needs of each individual and the whole family, managing conflict as far as possible.

In order to deliver this model of support, practice, processes, partnerships and services need to be developed. The strategy action plan will identify the steps needed to implement positive change.

Development of Joint Commissioning Strategy for People in an Unpaid Caring Role 2015- 2020

Equality Impact Assessment

10th February 2015

Equalities Screening Record Form

Date of Screening: 19 October 2011	Directorate: ADULT SOCIAL CARE, HEALTH & HOUSING	Section: Adults and Joint Commissioning
1. Activity to be assessed	Development of Joint Commissioning Strategy Carers in Bracknell Forest	
2. What is the activity?	<input checked="" type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change	
3. Is it a new or existing activity?	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	
4. Officer responsible for the screening	Alysoun Asante, Joint Commissioning Officer	
5. Who are the members of the EIA team?	Mira Haynes, Chief Officer for Older People and Long Term Conditions Angela Harris, Head of Older People and Long Term Conditions Services Alysoun Asante, Joint Commissioning Officer Barbara Karcamitsas, Bracknell Forest Carers Support Darryl Braham, Project Manager, Bracknell and Ascot CCG Heather Young, Mencap Jenny Plumb, Kids Karen Mustard, Berkshire Carers Services Mary Durman, Mencap Yvette Hockley, Involve Melanie Randall, Involve Zoe Horn, Berkshire Carers Services	
6. What is the purpose of the activity?	<p>The current Joint Commissioning Strategy for Carers expires in April 2015. A new strategy needs to be developed for the next 5 years.</p> <p>The new strategy also needs to take into account legislation including the Health and Social Care Act 2012 and the Care Act 2014.</p> <p>Bracknell Forest Council completed a 12 week consultation with their residents between July and October 2014 which involved adults caring for another adult, young carers approaching adulthood who are caring for an adult, parent carers whose children are approaching adulthood, people who work with carers, people who are interested in</p>	

	<p>developing services for carers.</p> <p>Themes that emerged from the Strategy Consultation:</p> <ul style="list-style-type: none"> • Equal access to support as to the person they care for • Access to timely, up-to-date information and advice. • Information on right to assessment and access to timely assessment and support planning. • Implementation of Personal Budgets and Direct Payments • Better access to social and emotional support • Flexibility in how and when respite can be used, including being able to book respite in advance. • More flexibility in timing, length and type of health consultations and better access to Continuing Health Care funding. • People in a caring role to be more involved in the planning of support for the person they care for where appropriate. • People in a caring role to have better understanding of their rights as a carer • Easier access to transport, especially transport for health appointments • Training to support carers in their caring role • Better continuity and quality of care from paid workers, for the person they care for and better communication between teams.
<p>7. Who is the activity designed to benefit/target?</p>	<ul style="list-style-type: none"> • Adults caring for another adult • Young carers who are caring for an adult, • Parent carers whose children are approaching adulthood

- Voluntary, Community and Social Enterprise organisations
- Social care and health care practitioners


Protected Characteristics	Please tick yes or no		Is there an impact?	What evidence do you have to support this? <small>E.g equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members' decision making, include consultation results/satisfaction information/equality monitoring data.</small>
8. Disability Equality	Y X	N	Positive Impact	<p>The 2011 census showed 9,601 residents of Bracknell Forest were providing unpaid care; most were aged over 18.</p> <p>The 2012/13 RAP statutory return showed 900 carers, almost 10% of the total number of unpaid carers in the area, received assessments and, following this, received information and/or support from Adult Social Care. This may increase under the new requirements to provide assessments for people who appear to be in a caring role rather than only those who providing regular and substantial care and changes to the eligibility criteria for support.</p> <p>Half the carers who were assessed by Adult Social Care were over the age of 65. This is disproportionate to the age group of unpaid carers in the general population. There may be a variety of reasons for this, for example younger people in a caring role may not see themselves as carers, older carers need more support because it impacts more on their health and wellbeing and or there is a gap in provision for carers under the age of 65. Further investigation into the reasons for this is indicated.</p> <p>In the 2011 census 458 (5%) carers in Bracknell Forest reported that they were in bad or very bad health. Research has found that carers who do have health problems find it difficult to take time out to attend appointments and to manage their own health.</p> <p>If more carers are engaged and a whole family approach adopted then there will be a positive impact on the carer and those disabled family members being cared for. The Strategy must identify carers from all backgrounds who need support and should be inclusive to benefit all communities.</p>
9. Racial equality	Y	N	Neutral Impact	<p>The 2011 Census shows that the majority of the population in Bracknell Forest describes themselves as White British/English/Welsh/Scottish/ Northern Irish (84.9%) followed by Asian/Asian British (5%), then other white (4.8%), mixed (2%), Black African/Caribbean/Black British (1.9%), white Irish (0.9%) and finally other ethnic group (0.4%). The census found that people from ethnic groups are slightly less likely to be unpaid carers- this may be due to a number of reasons such as people do not recognise themselves as carers, they have fewer older relatives living the area and financial reasons. Further investigation into the reasons for this is indicated.</p> <p>Monitoring of ethnicity needs to continue and possible development of services targeting specific minority groups e.g. Nepalese community need to be considered to ensure that services for carers continues to benefit all groups.</p>

Protected Characteristics	Please tick yes or no		Is there an impact?	What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members' decision making, include consultation results/satisfaction information/equality monitoring data.
10. Gender equality	Y x	N	Neutral Impact	The 2011 Census shows that women are more likely to be unpaid carers (58%) than men (42%) The actions identified in the strategy are designed to benefit everyone.
11. Sexual orientation equality	Y X	N	Neutral Impact	There is no evidence at this time to suggest an adverse or positive impact on carers on the basis of sexual orientation. The strategy will be inclusive and with a person centred approach to support, there will be benefits to all communities.
12. Gender re-assignment	Y x	N	Neutral Impact	There is no evidence at this time to suggest an adverse or positive impact on carers on the basis of gender re-assignment. The strategy will be inclusive and with a person centred approach to support, there will be benefits to all communities.
13. Age equality	Y	N	Positive Impact	<p>According to the Relate report, "Who will love me when I'm 64?" (2013) which quotes the NHS (2010) 'Survey of Carers in Households - England, 2009-10, the highest levels of care came from older people and the baby boomer generation: 42% of carers were aged 45-64 and 25% were aged over 65.</p> <p>As is the case nationally, the number of older people is likely to increase over the next 10 years. There will be proportionately more older people in the population. This will have an impact on the number of carers needed and the age of the carers. The Census 2011 shows majority of unpaid carers are aged between 25 and 64 years. The highest proportion of unpaid carers is the 50 to 64 year old age group with 18% of the people in this age group being unpaid carers.</p> <p>28% of carers in the 25 to 64 year old age group are spending 20+ hours a week in caring responsibilities. 17% are providing more than 50+ hours care a week. This may have an impact on their employment. The census data shows that carers are less likely to be in employment and, when they are employed, are more likely to have part-time rather than full time employment. However, they are more likely to be retired or looking after home or family.</p> <p>Half the carers who were assessed by Adult Social Care were over the age of 65. This is disproportionate to the age group of unpaid carers in the general population and may suggest a gap in provision for carers under the age of 65. However older carers may have illness or disabilities increasing the difficulties with caring. People who are caring for each other as a result of illness or disability e.g. one person with physical disability and the other with dementia, is more frequent in the older population.</p> <p>Over two fifths (45%) of 45-54 year olds are unhappy with their lives, according to a new health and wellbeing report from the insurer Aviva. Based on a survey of 2,000 UK adults, <i>The Aviva Health Check UK Report</i> also shows that the pressures on the generation who are increasingly caring for elderly parents as well as their children¹, are causing the highest rates of stress and lowest rates of good health across all ages.</p>

Protected Characteristics	Please tick yes or no		Is there an impact?	What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members' decision making, include consultation results/satisfaction information/equality monitoring data.
				<ul style="list-style-type: none"> • 45-54 year olds have highest levels of stress triggered by money and work worries • Unhappiness peaks in middle years with 45% of 45-54 year olds unhappy with life • 55-64 year olds have lowest rates of good health <p>The strategy needs to address the issue of identifying carers and providing support to all carers who need it regardless of age.</p>
14. Religion and belief equality	Y x	N	Neutral Impact	<p>There are wide ranging beliefs across cultures and within cultures, affecting people's perceptions of people with disabilities and, by association their carers. These are often based on the remnants of tradition and past belief and also how the society sees their responsibility towards their citizens. For example, Scandinavian countries accept social responsibility for all members of society. Views are not set within cultures and can change over time.</p> <p>http://dsq-sds.org/article/view/3197/3068 (22/10/13) Past and Present Perceptions Towards Disability: A Historical Perspective; Chomba Wa Munyi Kenyatta University (2012)</p> <p>Within the complex structure of societies, it is important that positive steps are taken raise awareness of carers to prevent ignorance, neglect, superstition and fear and raise awareness of the rights of carers. It is also important for carers to exercise their right to express their beliefs.</p> <p>The strategies intention is to promote equality through raising awareness and ensure that carers have the same rights as everyone else.</p>
15. Pregnancy and maternity equality	Y x	N	Neutral Impact	<p>Data is not collated on the number of carers who are pregnant. However, carers are often supporting more than one person e.g. elderly parents as well as having children of their own.</p> <p>The strategy will recognise this issue and service will be developed taking into account of the impact of caring role on health and wellbeing.</p>
16. Marriage and civil partnership equality	Y x	N	Neutral Impact	<p>For many older people in need of support, their primary carer is their partner or spouse. ("Who will love me when I'm 64?", Relate, 2013). As people in couple relationships get older, one often becomes the primary carer for their partner. This too can put pressure on the relationship, particularly when health declines seriously, such as in the case of dementia. As well as the pressure of caring activities, there is often a significant change in roles and responsibilities in a relationship, which can be difficult for both partners to adjust to. Carers are known to neglect their own health, and if they also get ill it can be devastating for the wider family network (Relate, quoting "The Princess Royal Trust for Carers (2011) 'Always on call, always concerned: A survey of the experiences of older carers'").</p> <p>Carers tend to be more isolated and find it difficult to find time for significant relationships. The strategy recognises</p>

Protected Characteristics	Please tick yes or no	Is there an impact?	What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members' decision making, include consultation results/satisfaction information/equality monitoring data.
			the need for carers to be able to have relationships and live the life they choose, benefitting all communities.
17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders) and on promoting good community relations.			<p>Carers Also need to consider the fact that carers should not be discriminated against because of their association to people from the protected characteristic groups.</p> <p>People on lower incomes Economic well-being and difficulties in finding jobs which are flexible enough to allow carers to perform their caring role is an issue for carers. As a result carers, the people they care for and their families are often on lower incomes. Support with this will be addressed in the strategy action plan.</p> <p>People with basic literacy skills or English as a second language. These can be pre-determinates of health inequality and people with poor reading skills have difficulty accessing services.</p>
18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?			No adverse impacts have been identified.
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?			<p>The protected characteristic groups are not discrete communities, for example, carers cannot be clustered together on the basis of their role alone.</p> <p>The volume of evidence gathered for the development of this strategy can only suggest priorities for action, but consideration must be made that the lack of evidence in some areas does not imply needs do not exist, but rather that additional and ongoing research is necessary to explore needs and their extent in more detail.</p>
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	No adverse impacts have been identified.
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?			<p>The lack of national evidence, in some areas and the small sample sizes in this local research means the ability to disaggregate findings to give statistically significant findings is not possible.</p> <p>The Council has an ongoing commitment in engagement practice to secure views which are representative of the population as a whole.</p>

Protected Characteristics	Please tick yes or no	Is there an impact?	What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members' decision making, include consultation results/satisfaction information/equality monitoring data.		
22. On the basis of sections 7 – 17 above is a full impact assessment required?			Y	N X	<p>There is sufficient evidence from the consultation, national and local data and research and national and local policy.</p> <p>The strategy will have a positive impact on all carers and will help to ensure that people carers have the same rights and the support they need.</p>
23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.					
Action		Timescale	Person Responsible		Milestone/Success Criteria
To develop the Carers Strategy		March 2015	Angela Harris/ Alysoun Asante		Joint Commissioning Strategy for Carers is published.
24. Which service, business or work plan will these actions be included in?			<p>This strategy will be supported by an implementation plan.</p> <p>The findings of this strategy may help inform the following strategies:</p> <ul style="list-style-type: none"> • Joint Strategic Needs Assessment • Joint Health and Wellbeing Strategy <p>The findings may also help in the implementation of the following strategies:</p> <ul style="list-style-type: none"> • Long Term Conditions • Learning Disabilities • Mental Health • Dementia • Sensory Needs • Autism • An Approach to Prevention and Early Intervention • Older People 		

Protected Characteristics	Please tick yes or no	Is there an impact?	What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members' decision making, include consultation results/satisfaction information/equality monitoring data.
			<ul style="list-style-type: none"> • Young Carers • Young People Approaching Adulthood • Intermediate Care
25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?			
26. Chief Officer's signature			Signature:  Date: 24/02/15
27. Which PMR will this screening be reported in?			

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When complete please send to abby.thomas@bracknell-forest.gov.uk for publication on the Council's website.

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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
24 MARCH 2015**

**REPRISE OF PAST PANEL WORK
Chairman of the Adult Social Care and Housing Overview and Scrutiny Panel**

1 PURPOSE OF REPORT

- 1.1 To receive a reprise of the Panel's work and activities over the past four years and to thank Panel Members for their contribution.

2 RECOMMENDATION(S)

- 2.1 **That the Panel notes the summary of its work and activities over the past four years.**

3 REASONS FOR RECOMMENDATION(S)

- 3.1 To highlight the Panel's work and activities over the past four years and to thank Members for their contribution.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None.

5 SUPPORTING INFORMATION

- 5.1 Over the past four years the Panel has regularly monitored the performance of the Adult Social Care, Health and Housing Department largely through review of its Quarterly Service Reports (QSRs), Annual Reports / Accounts for Adult Social Care, Annual Complaints Reports for Adult Social Care and for Housing, and Bracknell Forest Safeguarding Adults Partnership Board Annual Reports. The QSRs enabled the Panel to question the Executive Member and officers in detail around the trends, pressures and priorities for these important service areas. This resulted in a number of questions and requests for additional information in various areas.
- 5.2 The Panel has also responded to budget consultations, monitored scheduled key and non-key Executive decisions and contributed to the development of its work programmes.
- 5.3 Working Groups were established by the Panel to review the modernisation of Older People's Services, substance misuse and the Council's role in regulated Adult Social Care services.
- 5.4 The Working Group which monitored the implementation of the modernisation of the Older People's Services programme recognised the dedication and compassion of Council staff, partner organisations and carers in their provision of much valued care support to older people. It made a number of recommendations to the Executive including exploring innovative means of improving the efficiency of services to older

people to help meet the anticipated increase in demand and minimising financial risk to the Council arising from the construction of new care homes in the Borough possibly leading to more people becoming eligible for local authority funded care. The recommendations were well received by the Executive who thanked the Working Group for a thorough piece of work looking at the impact and context of the department's work in modernising services for older people.

- 5.5 The Substance Misuse Working Group reviewed the Council's response, and that of its partners, to the Government's requirements in its 2010 Drug Strategy and the Payment by Results (PbR) drug recovery scheme. The Working Group found that Bracknell Forest's Substance Misuse Strategy 2011 – 2014 was aligned to and meeting the requirements of the Government's 2010 Drug Strategy evidenced by the number of people retained in drug and alcohol treatment, the successful sustained outcomes of such treatment and Bracknell Forest being selected as one of eight national PbR pilot sites. The review made several recommendations to the Executive along the lines of strengthening joint working within the legal restrictions applying to confidentiality, establishing an Alcohol Liaison Service at Frimley Park Hospital, seeking continued funding for adult criminal justice services and enhancing existing drug and alcohol education arrangements. The Executive agreed all the recommendations.
- 5.6 The Regulated Adult Social Care Services Working Group reviewed the Council's role in this area and found that it fulfilled its duty of care to people in need of care and robustly undertook 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. Resulting recommendations to the Executive focused on emergency evacuation of care / nursing home premises, the Quality Assurance Framework, the adoption and implementation of a missing person's procedure, and expanding the Validation Guidelines. The Executive largely agreed the three recommendations directed to it and the Executive Member for Adult Services, Health and Housing undertook to write to the Royal Berkshire Fire and Rescue Service concerning the one outside his remit.
- 5.7 During the past four years Members received an induction and further training in the areas of chairing / leadership, questioning and listening skills to assist them to undertake their Overview and Scrutiny role successfully.
- 5.8 I would like to thank Panel Members for their work and support over the past four years.

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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**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
24 MARCH 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

Contact for further information

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

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

Unrestricted

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:	I052949
TITLE:	Sensory Needs Contract Award
PURPOSE OF REPORT:	To approve the recommendation to award spot contracts for the Sensory Needs service following a competitive tender.
DECISION MAKER:	Executive Member for Adult Services, Health and Housing
DECISION DATE:	13 Apr 2015
FINANCIAL IMPACT:	To be incorporated into the report
CONSULTEES:	Internal teams within Adult Social Care, and people using the current service
CONSULTATION METHOD:	Meeting(s) with staff and people supported by the service

Unrestricted

REFERENCE:	I052372
TITLE:	Implementation of the Care Act
PURPOSE OF REPORT:	To approve the approach to implementing the next phases of the Care Act.
DECISION MAKER:	Executive
DECISION DATE:	23 Jun 2015
FINANCIAL IMPACT:	No direct financial impact as a result of the approach.
CONSULTEES:	Professional partners
CONSULTATION METHOD:	Through discussion at meetings and comments on draft papers.

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

Unrestricted

REFERENCE:	I051912
TITLE:	Safeguarding Adults Annual Report
PURPOSE OF REPORT:	To endorse the Annual Report in relation to Safeguarding Adults within the Borough.
DECISION MAKER:	Executive
DECISION DATE:	21 Jul 2015
FINANCIAL IMPACT:	No financial implications
CONSULTEES:	Bracknell Forest Safeguarding Adults Partnership Board
CONSULTATION METHOD:	Meeting(s) with interested parties