

Quarterly Service Reports - Adult Social Care, Health & Housing

**Quarter Ending: Tuesday 31 December 2013** 

1. Performance Monitoring Report/Quarterly Service Report - Adult Social Care, Health & Housing: Quarter 3, 2013-14

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# QUARTERLY SERVICE REPORT

# ADULT SOCIAL CARE, HEALTH & HOUSING

Q3 2013 -14 October – December 2013

Portfolio holder: Councillor Dale Birch

Director: Glyn Jones

### Unrestricted

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### **Section 1: Director's Commentary**

There was significant activity in the third quarter of the year with officers developing proposals that will require Executive and Council decisions between January and March.

Budget proposals have been developed and are currently out for public consultation. Proposals from this department show estimated pressures, all arising from demographic factors, of £890k, balanced by savings proposals amounting to £891k. The vast bulk of the savings are glide path savings, with no impact on the services provided to people. However, one proposal, with £40k of savings attached to it, will have an impact, namely the introduction of Fixed Civil Penalties.

Following consultation in the Autumn, the Executive will be asked to consider the introduction of these for households who fail to tell the Council without good reason of a change in their circumstances which leads to an overpayment of benefit. The fixed penalty will be £50 and will only apply to overpayments up to the value of £500. Overpayments above that level will be referred for investigation for the fraud team.

Separate to the budget process, a decision was made to consult on a proposal for the Council to no longer provide the Dementia Home Care Service and instead to commission this from the independent sector. The consultation concludes in January, and a decision will be made by the Executive in February.

There will also be an Executive decision on a new Joint Learning Disability Commissioning Strategy, and an Executive Member decision on some revisions to the local Discretionary Housing payment policy, aimed at making it more flexible.

Public Health has continued to improve outcomes in a number of areas. Most notably, performance on NHS Health Checks has continued to exceed predicted levels of performance and the stop smoking service success rate now significantly exceeds the national average. The success in both of these programmes attracted attention from the local media. The last few months have seen a concerted effort to raise the profile of Public Health issues. For example, the 'Stoptober' campaign in Bracknell Forest produced the highest number of 'sign ups' to the 28-day quit smoking challenge per capita than any other Local Authority in the Thames Valley area. In addition, the 'What's in Your Glass' campaign, which centred around the distribution of an innovative resource for helping people manage alcohol intake, also proved a big success. An independent evaluation showed that the campaign led to a change in drinking behaviour in a significant number of people receiving the resource. The findings will be presented at a national conference in February.

Public Health have also made advances in relation to health intelligence. The Joint Strategic Needs Assessment (JSNA) has been developed into a new, interactive and web-based design with unique features (such as a regular health 'blog' and self-care guide) to engage a wider audience. In addition, data collection for the Public Health Survey was completed on time with targets for the required sample being reached. The analysis is now underway and the findings are being incorporated into the JSNA.

Budget monitoring reports for the year are showing that the Department has successfully managed significant demand pressures that appeared early in the year, and is now on course to balance its budget, with potentially a small underspend at the end of the year. In previous years the Department produced significant underspends, aiding the Council's glidepath towards lower levels of expenditure, however a significant underspend is unlikely to be achieved this year. The department will continue to strive

for efficiencies in year between budget setting rounds to help minimise the impact of budget reductions.

Delivery against actions in the Service Plan is looking very strong. Of 84 actions, 41 were already completed at the end of the third quarter, with 40 expected to be met by the end of the year. Three actions are delayed as follows:

Dementia training to be provided to retailers, leisure centres and transport providers, as part of the Dementia Friendly Communities award was due to be completed 31st October 2013. The provider has confirmed the training sessions due to commence December 2013 and finish March 2014. A monitoring meeting has been arranged with the provider on 24th January 2014.

Review of the Learning Disability Joint Commissioning Strategy, due to be completed 31st December 2013. The consultation has now closed and the strategy will be presented to the Executive in March to allow sufficient time for the partners to comment on the draft strategy. The strategy will be completed in quarter 4

Implement Electronic Monitoring within Community Intermediate Care and monitor the financial and activity impact by 31st December 2013. Electronic Call Monitoring Systems are now in place for nearly all people supported. Implementation of finance modules to enable payments to be made on the basis of electronic monitoring had been delayed, and was scheduled for the start of quarter 4. However, further delays in the supplier bringing the finance modules to an acceptable standard means this is now delayed to the end of quarter 4. A monitoring meeting has been arranged with the provider on 6th February 2014.

There was 1 indicator in quarter 3 with a current status of red, which was also the only indicator in quarter 2 with a status of red, as follows:

Indicator NI 178 (number of household nights in B&B across the quarter): There have been a higher number of homeless households who required emergency accommodation each month since August. It is increasingly difficult to secure homes in the private rented sector for households so they can avoid homelessness. The Council took ownership of two properties in September/ October which it has purchased to provide accommodation for homeless households and this has helped prevent the figures being even higher.

Every quarter the department reviews its risks, in the light of events, and also in the light of management action taken, and updates its risk register accordingly. Following this quarter's review, there has been one change, which is a reduction in the likelihood of the closure of the Independent Living Fund. This is following a decision in the Court of Appeal that the proposed closure of the fund was unlawful. There is still the possibility of closure, as the Government is still considering the Court's decision, and so may come forward with new proposals.

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

### Unrestricted

In the third quarter Adult Social Care received 4 complaints, all of which were partially upheld. This compares to the previous quarter when 6 complaints were received. Of these, 3 were not upheld, and 3 were and are on-going. A further complaint received in quarter 1 which was referred to the Local Government Ombudsman, was withdrawn by the complainant. There were in addition 44 compliments received in the quarter, an increase compared to 29 in the previous quarter.

In Housing, there were 5 new complaints, 2 at stage 2, 2 at stage 3 and 1 at stage 4, 3 of which were partially upheld and 2 not upheld. The number of complaints is similar to quarter 2, when there were 4 (3 at stage 2 and 1 at stage 3) of which 3 were partially upheld and 1 was not upheld. There were 8 compliments in the quarter, compared to 5 in the previous quarter.

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

# **Section 2: Department Indicator Performance**

Ind Ref	Short Description	Previous Figure Q2 2013/14	Current figure Q3 2013/14	Current Target	Current Status	Comparison with same period in previous year	
ASCHH	ASCHH All Sections – Quarterly						
NI132	Waiting times for assessments (Quarterly)	88.0%	92.3%	90.0%	G	<b>⇒</b>	
NI133	Waiting times for services (Quarterly)	Not available	Not available	90.0%	G	N/A	
NI135	Carers receiving needs assessment or review and a specific carer's service, or advice and information (Quarterly)	20.3%	28.0%	27.8%	G	7	
OF2a.1	Permanent admissions to residential or nursing care per 100,000 population 18-64 (Quarterly)	2.70	2.70	5.10	G	A	
OF2a.2	Permanent admissions to residential or nursing care per 100,000 population 65 or over (Quarterly)	343.40	415.50	562.95	G	7	
L137	Number in residential care (quarterly)	167.00	165.00	No target set	N/A	<b>=&gt;</b>	
L138	Number in nursing care (Quarterly)	141.00	138.00	No target set	N/A	<b>4</b>	
L159	People receiving Self-Directed Support as a percentage of Eligible People (Quarterly)	99.2%	99.8%	98.0%	G	$\Rightarrow$	
L172	Timeliness of financial assessments (Quarterly)	97.50%	97.5%	95.00%	G	71	
Commu	ınity Mental Health Team – Quar	terly					
OF1f	Adults receiving secondary mental health services in employment (Quarterly)	17.0%	17.0%	13.0%	G	7	
OF1h	Adults receiving secondary mental health services in settled accommodation (Quarterly)	91.0%	80.0%	84.0%	G	7	
Commu	unity Response and Reablement	- Quarterly					
OF2c.1	Delayed transfers of care - total delayed transfers per 100,000 population (Quarterly)	3.9	5.0	10.0	G	2	
OF2c.2	Delayed transfers of care - delayed transfers attributable to social care per 100,000 population (Quarterly)	1.4	1.7	7.0	G	7	
L135.1	Percentage of Intermediate Care Referrals seen with 2 hours (quarterly)	100.00	100.00	97.00	G	$\Rightarrow$	
L135.2	Waiting time for OT support (Quarterly)	90.60	91.40	90.00	G	$\Rightarrow$	
Commu	Community Support & Wellbeing – Quarterly						
L136.1	Number in receipt of direct payments (Quarterly)	218.00	231.00	No target set	N/A	2	

Ind Ref	Short Description	Previous Figure Q2 2013/14	Current figure Q3 2013/14	Current Target	Current Status	Comparison with same period in previous year
L136.2	Number in receipt of community support excluding direct payments (Quarterly)	1,192.00	1,290.00	No target set	N/A	7
Commi	unity Team for People with Learn	ing Difficulti	es - Quarter	ly		
OF1e	Adults with learning disabilities in employment (Quarterly)	16.3%	16.9%	15.0%	G	77
OF1g	Adults with learning disabilities in settled accommodation (Quarterly)	85.4%	87.0%	86.0%	G	$\Rightarrow$
Housin	g - Benefits – Quarterly					
NI181	Time taken to process Housing Benefit or Council Tax Benefit new claims and change events (Quarterly)	11.0	10.0	11	G	<b>⇒</b>
L033	Percentage of customers receiving the correct amount of benefit (Sample basis) (Quarterly)	96.8%	96.7%	96.5%	G	$\Rightarrow$
L177	Average time from when customer first seen to receipt of benefit payment (Quarterly)	13	7	14	G	N/A
Housin	g – Forestcare – Quarterly					
L030	Number of lifelines installed (Quarterly)	139	129	120	G	77
L031	Percentage of lifeline calls handled in 60 seconds (Quarterly)	96.95%	96.66%	97.50%	G	$\Rightarrow$
L180	Time taken for Forest Care customers to receive the service from enquiry to installation (Quarterly)	12	7	15	G	N/A
Housin	g - Options – Quarterly					
NI155	Number of affordable homes delivered (gross) (Quarterly)	82	96	104	A	77
L178	Number of household nights in B&B across the quarter (Quarterly)	679	783	475	R	N/A
L179	The percentage of homeless or potentially homeless customers who the council helped to keep their home or find another one (Quarterly)	92.00%	94.00%	90.00%	G	N/A

### **Traffic Lights**

Compares current performance to target



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

More than 10% away from target

# Comparison with same period in previous year

Identifies direction of travel compared to same point in previous year



Performance has improved



Performance sustained



Performance has declined

### Unrestricted

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

- OF3a Overall satisfaction of people who use services with their care and support (Annual)
- OF3b Overall satisfaction of carers with social services (Every two years)
- OF3c The proportion of carers who report that they have been included or consulted in discussion about the person they care for (Every two years)
- OF3d Proportion of people who use services or carers who find it easy to find information about services (Every two years)
- OF4a The proportion of people who use services who feel safe (Annual)
- OF4b The proportion of people who use services who say that those services have made them feel safe and secure (Annual)
- OF2b Achieving independence for older people through rehabilitation or intermediate care (Annual)
- OF1a Social Care Related Quality of Life (Annual)
- OF1b Proportion of People who use services who have control over their daily life (Annual)
- OF1d Carer reported quality of life (Annual)
- OF1c.1 Percentage of social care clients receiving self-directed support (Annual)
- OF1c.2 Percentage of social care clients receiving direct payments (Annual)
- L032 Number of benefit prosecutions and sanctions in the year (Annual)

### **Section 3: Compliments & Complaints**

### **Compliments Received**

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

### Adult Social Care

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

Community Response & Reablement (CR&R) Team – 24 compliments received (of which 13 were for Bridgewell)

Older People & Long Term Conditions (OP&LTC) Team – 17 compliments received (1 for Heathlands & 16 in respect of the Blue Badge process)

Community Team for People with Learning Disabilities (CTPLD) – 2 compliments Drugs & Alcohol Services (DAAT) – 1 compliment

### Housing

8 compliments were received in Housing which consisted of:

Service Redesign– 3 compliments Housing Strategy & Needs Options team - 1 compliment Forestcare team – 4 compliments

### **Complaints Received**

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

### Adult Social Care Complaints:

A total of 4 complaints were received in Adult Social Care in quarter 3

Stage	New complaints activity in quarter 3	Complaints activity year to date	Outcome of total complaints activity year to date
Statutory Procedure	4	14	5 Partially Upheld, 6 not upheld and 3 ongoing.
Local Government Ombudsman	0	1	Not Upheld (Withdrawn)

There were also 3 concerns received within Adult Social Care.

### Nature of complaints/ Actions taken/ Lessons learnt:

The nature of the 4 complaints received in guarter 3 in Adult Social Care was as follows:

- Concerning service received 2 complaints
- Regarding the attitude of member of staff 1 complaint
- Regarding direct payments received 1 complaint

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

### **Housing Complaints:**

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	2	7	3 partially upheld, 4 not upheld
New Stage 3	2	6	2 partially upheld, 4 not upheld
New Stage 4	1	2	3 partially upheld
Local	0	1	1 not upheld
Government			
Ombudsman			

### Nature of complaints/ Actions taken/ Lessons learnt:

The nature of the 5 complaints received in quarter 3 in Housing was as follows:

Regarding the 2 complaints at stage 2:

- Housing Strategy & Needs 1 complaint;
- Forestcare 1 complaint.

Regarding the 2 complaints at stage 3:

- Housing Strategy & Needs 1 complaint;
- Benefits 1 complaint.

Regarding the 1 complaint at stage 4:

Housing Strategy & Needs – 1 complaint

There is no discernible pattern to the nature of the complaints. The key learning point is that it may be better to offer a meeting with complainants to explain different interpretations of the service provided in person rather than via correspondence. Following the meeting, written confirmation of what was agreed during the meeting is sent to the complainant.

### **Section 4: People**

### **Staffing Levels**

Section	Total Staff in Post	Staffing Full Time	Staffing Part Time	Total Posts FTE	Vacant Posts	Vacancy Rate
Directorate Management Team / PAs	15	13	2	14	0	0
Older People and Long Term Conditions	203	91	112	130.28	15	6.88
Adults & Joint Commissioning	97	62	35	80.93	11	10.18
Performance & Resources	27	21	3	24.39	0	0
Housing	67	51	16	58.52	4	5.63
Public Health Shared	8	5	3	6.08	0	0
Public Health Local	5	5	0	5	0	0
Department Totals	422	248	171	302.20	30	6.63

### **Staff Turnover**

For the quarter ending	31 <sup>st</sup> December 2013	2.13%
For the year ending	31 <sup>st</sup> December 2013	7.82%

Total voluntary turnover for BFC, 2012/13: 12.48% Average UK voluntary turnover 2012: 10.6%

Average Public Sector voluntary turnover 2012: 8.1%

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

### **HR Comments:**

Staff Turnover has decreased slightly this quarter from 2.19% to 2.13%. Although there were fewer voluntary leavers this quarter, two of which were retirements, there was also an increase in the number of vacancies being advertised.

Some vacancies are being held at the moment, pending an Executive decision on the future of the In-house Domiciliary Home Care team.

### Staff Sickness

Section	Total staff	Number of days sickness	Quarter 3 average per employee	2013/14 annual average per employee
Directorate Management Team / PAs	15	26.5	1.77	28
Older People and Long Term Conditions	203	576	2.84	9.91
Adults & Joint Commissioning	97	145.5	1.5	6.04
Performance & Resources	27	35	1.3	2.91
Housing	67	154	2.3	6.54
Public Health Shared	8	1	0.12	0.167
Public Health Local	5	2	0.4	0.13
Department Totals (Q3)	422	940	2.23	
Actual Totals	422	3,238		7.68

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

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

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

### **HR Comments:**

### Older People & Long Term Conditions:

There are three people on Long Term Sick leave. Of these, two have returned to work and one remains off sick. All three are being monitored by Occupational Health (OH). This is 19% of the total sickness.

### Adults & Joint Commissioning:

There was one person on Long Term Sick leave during Quarter 3. They have now returned to work and are being monitored by OH. This is 16.8% of the total sickness.

### Housing:

There is one person on Long Term Sick leave. This person remains off sick and is currently being managed under the appropriate policy in conjunction with OH. This is 39% of total sickness for the quarter.

# Section 5: Progress against Medium Term Objectives and Key Actions

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

41 actions have been completed (B) with a further 40 on schedule (C). No actions are reported as potentially delayed (A), and 3 actions were reported as delayed

Detail regarding the 3 actions that are reported as delayed and progress against these actions appears in the Director's commentary on page 3 of this report.

### **Section 6: Money**

### **Revenue Budget**

The cash budget for the department is £31,989k, and a breakdown of this is attached in Annex B1. The forecast outturn in the latest budget monitoring is £31,939k, an underspend of £50k. Action plans are in place to address this overspend, and the department is confident that the budget will breakeven at the end of the financial year.

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

Service Area	Net Budget £000	Forecast Outturn £000	Comments
People with Long Term Conditions— residential care	188	290	Volatile, demand led area of expenditure but current trends indicate an overspend at year end due to increased demand.
Older People Residential and Nursing Care including EMI	1,367	1,713	Volatile, demand led area of expenditure but current trends indicate an overspend at year end due to changes in demand arising after budget development.
Nursing Home Placements - Elderly	1,591	1,580	The demand for the service has increased significantly across the financial year to date when compared to last financial year where a significant underspend reported.

Service Area	Net Budget £000	Forecast Outturn £000	Comments
Older People - Homecare	1,547	1,707	Volatile, demand led area of expenditure but current trends indicate an overspend at year end.
Housing - Homeless Families, B&B costs	85	128	Volatile, demand led area where current estimates suggest a projected overspend with the possibility that the overspend could increase if historical trends are followed as well expenditure in the most recent month continues for the remainder of the year.

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:

### Ordinary residence risk and Continuing Health Care

Previous QSR reports have highlighted as an emerging issue the ongoing ordinary residence risk arising from plans to de-register local residential homes and the potential additional costs from changes initiated by the now defunct Primary Care Trust in its approach to Continuing Health Care, and continued by the CCGs in Berkshire. These issues remain, although the risk has diminished to an extent.

### **Capital Budget**

The approved capital budget for the department is £5.7m and it is projected to spend £4.1m by the year end. Of the balance £1.4m will be requested to be carried forward to meet ongoing programmes with the remainder £0.18m released to be used elsewhere in the Council's Capital Programme. A detailed list of schemes together with their approved budget and forecast spend is available in Annex B2.

### Section 7: Forward Look

### **ADULTS & JOINT COMMISSIONING**

### Safeguarding Adults

The Bracknell Forest Safeguarding Adults Partnership Board's website will be fully operational by the end of the financial year. The review of the departmental Quality Assurance Framework has commenced with the revised framework being trialled and fully implemented by the end of quarter 2 (2014/2015).

### **Approach to Assistive Technology**

The Assistive Technology training for front line practitioners will be supplemented by visits to the Assistive Technology demonstration flat within the sensory needs clinic to support awareness and understanding of Assistive Technology.

### **Autistic Spectrum Disorders (ASD)**

Through the 4th quarter, remaining staff will be supported to access appropriate training.

### **Joint Commissioning**

The Integrated Plan will be developed by the Council and Bracknell & Ascot Clinical Commissioning Group (CCG) to be approved by the Executive, the CCG's Board and the Health and Wellbeing Board. The plan will detail the services/activities to be funded from the Integration Transformation Fund (now called Better Care Fund).

All organisations listed on the i-hub will be contacted in January and February with details to update their own records. Completed records will be approved by the council before going live on the system.

### **Learning Disabilities**

A response to the annual DoH learning disability self assessment has now been completed and submitted and work is underway drafting the new Learning Disability Joint Commissioning Strategy with established priorities.

### **Mental Health**

Dementia awareness training in the community will be completed by 31 March, 2014.

### **HOUSING**

### **Housing Strategy & Housing Options**

The Housing strategy team will be supporting households who are purchasing new homes with the help of one of the council's low cost home ownership products during the last quarter of the year. There will be a meeting with Look Ahead housing association to discuss the future of Holly House and accommodation provision for young single vulnerable people.

The Executive will be asked to consider the scheme to develop the Council's Adastron House site as proposed by Thames Valley Housing Association.

Some minor changes to the Council's computer system which supports the housing register and BFC My choice will be commissioned and implemented during the quarter. The changes should cut down the amount of additional evidence households will need to provide when renewing their housing applications.

The Council has changed the way in which it provides financial support for households who are potentially homeless and want to secure a new home in the private rented sector. Rather than making a loan for a deposit for a private rented home the council will provide a guarantee bond for landlords which they can call upon at the end of the tenancy if need be. Any costs incurred by the Council at the end of a tenancy will be recharged to the tenant. This approach allows the tenant to maximise their income and cuts down on the outstanding debt the Council has whilst still enabling households to secure a new home and avoid homelessness.

### **Benefits**

Following consultation reported in the last Quarterly Service Report, a number of reports will be presented during the quarter.

The Executive will be asked to consider the introduction of fixed civil penalties for households who fail to tell the Council without good reason of a change in their circumstances which leads to an overpayment of benefit. The fixed penalty will be £50 and will only apply to overpayments up to the value of £500. Overpayments above that level will be referred for investigation for the fraud team.

The Executive member of Adult Social Care Health and Housing (ASCH&H) will be asked to consider a report to revise the Council's discretionary housing payment policy. The revision will provide more flexibility in making awards to support people to improve their housing situation such as moving home and also will provide the ability to make awards conditional on customers achieving agreed actions.

It is intended to introduce the ability for customers to make claims electronically on line and also inform the Council over the phone of changes in their circumstances. In the latter case any notification will still need to be confirmed with relevant evidence if required. This should make it easier for customers to make claims and inform the Council of their changes but it will also deliver efficiency savings for the Council. Customers will still be able to make paper claims if they so wish.

The year end work to enable households who receive support for their Council tax will take place in the last quarter so they can be issued with new bills. In addition housing benefit will be recalculated for those households who live in affordable rented homes provided by housing associations where their rent is increasing.

The first audit of the Council's new social fund scheme will take place in the quarter.

The refurbishment work in Time Square will require the housing and benefit service to be relocated from the beginning of February with reduced reception facilities for customers to be shared with customer services. The reduced reception facility will be in place for a six week period while refurbishment work takes place. During that time some customers will have appointments made to be seen in Easthampstead House ground floor reception area.

Following consultation with housing and benefit staff, the team will be moved into new welfare and housing caseworker jobs. These new jobs have been designed to deliver the redesigned housing and benefit service which aims to maximise household income and independence. Staff will be provided with bespoke training plans to enable them to provide aspects of welfare and housing services to customers that hitherto they were not able to do.

### **Forestcare**

Forestcare will begin a review of the range and type of services offered to customers. The review will be completed by autumn 2014.

### **OLDER PEOPLE & LONG TERM CONDITIONS**

### Bridgewell

The team are continuing to recruit to the post of Registered Manager for the Bridgewell Centre. The Assistant Manager is acting Registered Manager whilst the recruitment process is underway.

### **Carers**

The Big Partnership is hosting an event on 28th January to inform carers about support available through both the voluntary sector and ASCHH, Independent Health Complaints Advocacy, Urgent Care at Brant's Bridge.

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

The team have submitted bids for Winter Pressure funding from Wexham Park and Frimley Park Hospitals which, if successful, will prevent more people being admitted to hospital and facilitate discharge out of hospital as early as possible. Work with Frimley Park Hospital is being carried out on the transformation programme which is identifying ways of working across the whole system to prevent hospital admission, and make discharge home easier for people to manage so that they receive the right treatment at the right time. A scoping exercise is being undertaken regarding the staffing structure to ensure that staff have the appropriate skills to meet the needs of people using the service.

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

Each year the DAAT undertakes an assessment of needs in respect of both adult and young people's treatment. This assessment is done by analysing local and national data in respect of trends in drug use, the successful outcomes being achieved locally, consultation with people who use our services on how they view the local services and other aspects such as parenting/carer support, access to advice and information. This assessment is then used to develop the business plan for the coming year.

The three year substance misuse strategy will be developed to final draft stage in quarter 4 and following consultation will be presented to DMT for final sign off.

A report on the effectiveness of Payment by Results in Substance Misuse Services will be presented to DMT with recommendations for the future commissioning of Drug & Alcohol services.

### **Emergency Duty Services (EDS)**

There has been a delay in the EDS database upgrade due to Public Service Network requirements (PSN). The database is now PSN compliant and will go live in February 2014.

### **Heathlands**

Heathlands plans to replace flooring in a further 12 bedrooms and the hallway adjacent to the kitchen, which will see the completion of a two year project aimed at renewing the floor covering throughout the building.

### Older People and Long Term Conditions team

A programme to re-assess the moving and re-positioning for people with complex needs will continue during the next quarter. This will look at how aids and adaptations which are delivered via Disabled Facilities Grants may be used to enhance people's choice and control.

### **PERFORMANCE & RESOURCES**

### **Finance**

Testing continues on the Finance Manager module of Electronic Time Monitoring System. It is now anticipated that this will not be live until April 2014.

The budget proposals for 2014/15 are out for public consultation after which the budget for 2014/15 will be approved by Council in February.

### HR

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

The HR Team is providing representation to the corporate project to replace the HR and Payroll IT System which is due to be in place by August 2016.

The HR team will continue to support the Chief Officer Housing with a reconfiguration of Housing Benefits staff and managers. Prior to the end of Q4 HR will assist with the outcome of the consultation into the future of the way Dementia care is provided.

### IT

The Department will be securing a support and maintenance contract with the current supplier of the Adult Social Care IT system, underpinned by a programme of work to ensure the issues captured within the gap analysis and the Government's legislative changes around the Care Bill can be implemented successfully.

### **Performance**

The IAS upgrade golive date is scheduled for the beginning of February, after which the new Zero Based Review data items will begin to be input to the upgraded system. This will mean that Adult Social Care can start to record information against the new performance framework for Adult Social Care in 2014-15.

IAS upgrade training linked to this change is scheduled to go ahead at the end of January.

### **PUBLIC HEALTH**

Quarter 4 will see the Public Health team focus on ensuring that the projects and work streams operating in 2013/14 meet end of year targets both on schedule and within budget.

### Public Health Intelligence

The substantial work involved in refreshing the Joint Strategic Needs Assessment (JSNA) and moving it to a web-based format will reach it's conclusion by the end of February. The 'beta' version completed in quarter 3 will be set into an interactive and engaging web-format with extra features such as a Public Health 'blog' and Self-Care Guide. The Bracknell Forest Public Health Survey findings will also be incorporated into the overall JSNA design, providing a unique, up to date and local perspective.

### Unrestricted

### Health Protection

Efforts to improve the uptake of immunisation against the seasonal flu virus in quarter 3 were successful. The uptake rate within priority groups (e.g. people aged over 65 yrs, children aged 2 and 3 yrs) in Bracknell Forest was higher than the average rate across the other 5 Berkshire unitary authority areas. Work will continue in quarter 4 to further increase uptake rates among these key groups, as well as to more accurately understand patterns of uptake and feed this into plans for the 2014/15 campaign.

### Health Improvement

The delivery of NHS Health Checks improved significantly from quarter 1 to quarters 2 and 3 with the rate of delivery increasing by over 300%. This improvement will be maintained with delivery of at least 250 checks per quarter. In quarter 4, delivery will be further boosted by the provision of Health Checks to employees via occupational health departments; a pilot project within Bracknell Forest Council is planned for January.

Early figures from Public Health England suggested that the Stoptober campaign aimed at encouraging smokers to quit was a success, with the 'sign-up' rate in Bracknell Forest being among the highest in the Thames Valley area. The extent to which this translated into successful quits will be examined in quarter four. Smoking cessation work will also be boosted by the establishment of a 'Stop Before Your Op' programme providing tailored quit support to smokers embarking on elective surgery.

In addition, quarter 4 will also see the conclusion and final evaluation of the alcohol harm reduction campaign being run across community. This campaign involves the distribution of several thousand resource kits containing resources aimed at helping people better assess their alcohol consumption.

# **Annex A: Progress on Key Actions**

MTO 1: Re-generate	Brackn	ell Tov	vn Cer	ntre		
Sub-Action	Due Date	Owner	Status	Comments		
1.9 Implement an Account buildings used by the		on Stra	ategy to	o rationalise the number of		
1.9.10 Move ASCHH to final locations in Time Square.	31/10/2014	ASCHH	G	All moves to date have gone smoothly. The move from Amber House to 1S will take place in January.		
1.9.12 Implement flexible and mobile working across all town centre offices.	31/03/2014			Ongoing. Bracknell Healthcare Foundation Trust are introducing flexible working and contact has been made to try and ensure a co-ordinated approach within joint teams.		
MTO 4: Support our	younge	r resid	lents t	o maximise their potential		
Sub-Action	Due Date	Owner	Status	Comments		
	their view	vs resp		safe, are protected from and gain confidence as a		
4.8.4 Commission a full range of substance misuse services which ensure that young people, their families and friends have access to advice, information and support.	31/03/2014	ASCHH	<b>G</b>	The parenting Early Intervention Worker currently is currently working with 16 families where substance misuse is having an adverse impact. Eight of these families are part of the family focus project. In quarter 3 there were a total of 60 individual visits (not actual people but attendance at the group) to the Family and Friends Group which is now seeing members attending far more regularly. The group is starting to focus on specific subjects at each meeting which means that members can request information on topics that interest them.		
MTO 6: Support Opp	oortuniti	es for	Health	n and Wellbeing		
Sub-Action	Due Date	Owner	Status	Comments		
		_		to bring together all those		
involved in delivering	neaith an	u socia	li care	in the Borough.		
6.2.1 Develop the mechanism and timescales to renew the Joint Health and Wellbeing Strategy.	31/03/2014	ASCHH	G	The strategy is currently out for consultation, with specific questions asked about review and renewal.		
6.2.2 Work with the Clinical Commissioning Group to improve outcomes for residents.	31/03/2014		U	Continuation of 'Winter Pressures' work. Involvement in urgent care work streams Successful self help week in late November.		
	6.3 Continue to support the development of a local Healthwatch to provide					
local patients with a vo	oice.					
6.3.1 Monitor local Healthwatch and review to	31/10/2013	ASCHH	В	Completed. Contract compliance meetings are taking place and will		

encure cucceseful delivery			T	continue.
ensure successful delivery.  6.5 Integrate the new r	aenoneih	ilitias f	or Pub	lic Health within the Council.
6.5.1 Develop a Public Health action plan for the Borough.	31/12/2013		B	Completed. Report Agreed. Progress of priorities to be monitored.
6.5.2 Establish the necessary governance frameworks for hosting the Public Health structure in Berkshire.	30/04/2013	ASCHH	В	Public Health Advisory Board established and chaired by Strategic Director of Public Health. Links to Berkshire Chief Executives (3 monthly) and Leaders (6 monthly) Groups.
6.5.3 Ensure that the local authority has the ability to report on the Public Health Outcomes framework in conjunction with the core Public Health Team.	30/09/2013	ASCHH	В	Completed. Initial Public Health outcomes being reported include the local indicator for smoking (4 week quits) and NHS Health Checks completed (from the Public Health Outcomes Framework). An update on the performance of these indicators appears in this report.
6.5.4 Establish and embed Public Health teams into the local authority workforce.	31/05/2013	ASCHH	В	Completed. All staff successfully transferred. Vacancies are being recruited to.
6.5.5 Absorb and induct Public Health Teams into Adult Social Care Health & Housing and wider council.	31/05/2013	ASCHH	В	Completed. Consultant in Public Health now part of DMT. All departments have been part of Inductions for staff
6.5.6 Develop monthly budget monitoring for Public Health.	31/05/2013	ASCHH	В	Completed. This is now in place.
6.8 Preserve and prom 6.8.5 Improve the quality of the information in the JSNA by collecting new, local health related data from residents.	31/12/2013		th.	Completed. Data collection has been completed ahead of schedule and the analysis is underway. The final report is due in early February. In the meantime the survey has been recognised as an example of 'best practice' and other areas have commenced similar work using our methodology (e.g. Oxon Bucks).
6.8.6 Increase the number of people accessing an NHS Heath Check or specialist health improvement programmes such as Stop Smoking Services.	31/03/2014	ASCHH	0	This work remains on schedule. While quarter 3 data is not yet available, the figures for October and November suggest that the increased level of performance has been maintained.
6.8.7 Deliver a range of programmes aimed at improving mental health in the local population, including training for staff across a range of agencies in supporting people with mental health issues and outreach work focused on at-risk, older people in the community.	31/03/2014	ASCHH	0	This work remains on schedule. All scheduled events have taken place and the evaluation is on schedule.
6.8.8 Carry out specific assessments of the services	31/03/2014	ASCHH	G	The sexual health needs assessment findings are currently being analysed

we commission including sexual health services, stop smoking services and other health improvement programmes.				by the Consultant in Health Protection, who has now taken over the retendering process. The Stop Smoking report has been completed as scheduled. The new weight management contract is now in force and all new referral routes have been established.
6.8.9 Work with the Clinical Commissioning Group to assess how well hospital and community NHS services are performing.	31/03/2014	ASCHH	G	Ongoing work with CCG. Attendance at Area Team (NHS) Quality Surveillance Group. Work with Scrutiny Panel.
		_	and/o	r alcohol to recover by
providing appropriate	intervent	ions.	ı	T
6.9.1 Ensure that people who misuse substances have access to blood-borne virus services and to monitor the effectiveness of these services.	31/03/2014	ASCHH	G	12 people have completed their course of Hepatitis B vaccinations in October and November. Figures for the full quarter be available in January.
6.9.2 Provide training to local pharmacies to improve the level of advice offered on reducing harm caused by drugs and alcohol abuse.	31/07/2013	ASCHH	В	Completed. The training has now been provided.
6.9.3 Work with all relevant agencies and departments to increase access to housing, employment, and training to improve outcomes for people who misuse substances.	31/03/2014	ASCHH	G	Bracknell Floating support are now providing a drop in at the Kerith Centre and referrals are made for people accessing services at New Hope.
by monitoring successful delivery of outcomes.	31/03/2014			Up to the end of October 92 people have successfully completed treatment compared to 49 for the same period in the previous year. 81 people have become abstinent compared to 46 in 2012/13 and 133 have reported that their quality of life has improved compared to 86. The number of new treatment journeys has reduced this year compared to last year from 226 to 193.
6.10 Support the Brack on improving local hea				Commissioning Group to focus sidents.
6.10.1 Work with health and				
the voluntary sector to improve hospital discharge for people living with dementia.	30/11/2013	ASCHH	В	Completed. The Hospital Social Work Team and the Community Mental Health Team are working closely together following agreed protocols.
6.10.2 Monitor delivery of End of Life Care to ensure high standards of care.	31/03/2014	ASCHH	G	The training course has been accredited. Training has commenced for the first group of staff at the Bridgewell Centre. Training for the remaining staff group is scheduled for Quarter 4.

6.10.3 Work with Health and the voluntary sector to develop robust and early supported discharge for people suffering from stroke.	31/03/2014	ASCHH	G	Early Supported Discharge for people experiencing stroke is underway in two of the three acute trusts that treat Bracknell residents. Early efforts have been focussed on people who are unlikely to have on-going needs for social care support, however this is likely to change as the programmes become more embedded and outcome measurements confirm the approach to be successful.
6.10.4 Work with health agencies as part of the 'shaping the future' programme to establish sustainable local health trusts.	31/03/2014	ASCHH	<b>6</b>	All clear given by the Secretary of State. Urgent care centre to be established by April.
6.10.5 Work with partners to improve the sustainability of Brants Bridge Health Facility.	31/03/2014	ASCHH	G	New name agreed Royal Berkshire Bracknell Healthspace. Working to look at ideas for use of Healthspace.
6.10.6 Work with the Stroke Association to ensure that people who have had a stroke, have a review every 6 months to make sure that their needs and the needs of their carers are met		ASCHH	В	Completed. Adult Social Care continues to work closely with the Stroke Association to ensure that individuals are reviewed every six months and that carers and the wider family are supported with information, advice and signposting to Carer's services.
MTO 7: Support our	older ar	nd vuli	nerabl	e residents
MTO 7: Support our Sub-Action	Older an Due Date			e residents  Comments
Sub-Action 7.1 Secure preventativ	Due Date e and ear	Owner	Status ventio	Comments
Sub-Action 7.1 Secure preventative residents have the ma	Due Date e and ear	Owner ly inter noices	Status ventio	Comments n measures to ensure
7.1 Secure preventative residents have the masown homes.  7.1.1 Work with housing, health and communitye groups to provide extra care	Due Date e and ear ximum ch	Owner ly inter noices	Status ventio to allov	n measures to ensure w them to live longer in their  Clement Heights is progressing in line with expectations. Decisions have been made about internal fixtures and fittings along with furnishing of common areas. ASCH&H will work with Bracknell Forest Homes to develop a service specification that is sustainable, but also offers tenants needing social care a degree of choice and control around the way in which
7.1 Secure preventative residents have the masown homes.  7.1.1 Work with housing, health and community groups to provide extra care housing for 65 households.  7.1.2 Monitor and report on the action plan within the Long Term Conditions	Due Date e and ear ximum ch	Owner ly internoices	Status ventio to allov	n measures to ensure withem to live longer in their  Clement Heights is progressing in line with expectations. Decisions have been made about internal fixtures and fittings along with furnishing of common areas. ASCH&H will work with Bracknell Forest Homes to develop a service specification that is sustainable, but also offers tenants needing social care a degree of choice and control around the way in which they receive that support.  Completed. This is being monitored on a quarterly basis through the Long

7.1.5 Assist in developing the Joint Strategic Needs Assessment.	31/03/2014	ASCHH	В	Completed.
7.1.6 Review of Older Person's Joint Commissioning Strategy.	31/05/2013	ASCHH	В	Completed.
7.1.7 Develop Action Plan following development of Older People Commissioning Strategy and subsequent monitoring arrangements.	30/06/2013	ASCHH	В	Completed. Action plan approved by the Older People Partnership Board and delivery will be monitored through Older People Partnership Board.
7.1.8 Participate in Dementia Awareness Week.	31/05/2013	ASCHH	В	Completed. The Bracknell memory clinic along with the Alzheimer's Society held two information events at local supermarkets. Both events were successful and generated a lot of requests for information (on dementia, diagnosis, services, benefits etc). An evening drop in session was arranged at Church Hill House but no-one attended this.
7.1.9 Undertake the Dementia Friendly Community consultation of people affected by dementia.	31/07/2013	ASCHH	В	Completed. Feedback from the consultation has informed the development of the dementia strategy as well as the dementia training project as detailed in action 7.1.10.
7.1.10 Dementia training to be provided to retailers, leisure centres and transport providers.	31/10/2013	ASCHH	R	Delayed. The provider has confirmed the training sessions due to commence December 2013 and finish March 2014. A monitoring meeting has been arranged with the provider on 24/1/14.
7.1.11 Review of the Dementia Joint Commissioning Strategy.	31/12/2013	ASCHH	В	Completed. The consultation has now closed and almost 600 comments were received from people, carers and other stakeholders. The strategy will be presented to the Executive in January due to the number of items of business on the Executive's agenda in December.
7.1.12 Development of Carers Education Course for carers of people with dementia	31/10/2013	ASCHH	В	Completed. Carers Education course delivered as a one day event to target carers who are in employment. This is in addition to the rolling 6 week programme.
7.1.13 Develop and Implement Workforce Development Strategy to ensure efficient delivery of personalised approaches.	31/03/2014	ASCHH	G	Workshops are planned for January 2014.
7.1.14 Review of the Learning Disability Joint Commissioning Strategy.	31/12/2013	ASCHH	R	Delayed. The consultation has now closed and the strategy will be presented to the Executive in March to allow sufficient time for the partners to comment on the draft strategy. The strategy will be completed in quarter 4.
7.1.15 Roll out of the Integrated Care Team pilot.	31/03/2014	ASCHH	В	Completed. The cluster meetings continue to take place every three

				weeks.
7.2 Work with all agen for help.	cies to er	sure p	eople	feel safe and know where to go
7.2.1 Ensure the safe and effective transfer of increased DOLS responsibilities from the PCT.	30/04/2013	ASCHH	В	Completed. The Deprivation of Liberty Safeguards function was transferred to the Council on the 1st April. Appropriate applications have been received from local NHS provider trusts, which is indicative of the success of the detailed transfer plan.
7.2.2 Develop and implement a Quality Assurance programme to ensure social care assessments continue to be compliant with the Mental capacity Act.	31/07/2013	ASCHH	В	Completed. Analysis of the audit was presented to senior managers in the first week of quarter 3. Learning from the audit is being embedded into practice.
7.4 Continue to moder delivery of that support		oort an	d inclu	ude new ways of enabling the
7.4.1 Implement the Assistive Technology Strategy.	31/03/2014	ASCHH	G	During the 3rd quarter the assistive technology guidance and e-learning training package has been rolled out to staff. For front line practitioners this training is mandatory and uptake will be monitored through the remainder of the financial/performance year. A draft of an Assistive Technology leaflet has been developed.
7.4.2 Develop Learning Disability Commissioning Strategy.	31/01/2014	ASCHH	G	Analysis of the feedback from the consultation is now complete and work is underway drafting the strategy with established priorities.
7.4.3 Develop a market position statement in order to improve choice and quality for people who need support.	31/07/2013	ASCHH	В	Completed.
7.4.4 Carry out assessments of all applicants not automatically eligible for Blue Badges and develop suitable appeals systems.	30/06/2013	ASCHH	В	Completed. Blue Badges underwent an independent audit in September with positive results.
7.4.5 Review of carers services provided at Waymead.	31/08/2013	ASCHH	В	Completed. Reviews have been completed with information being used as part of the feedback for the development of the Learning Disability strategy.
7.4.6 Further develop and expand support for carers known only to their GPs in partnership with health, carers and the voluntary sector.	31/01/2014	ASCHH	В	Completed. Berkshire Carers Service has leafleted areas of Bracknell Forest identified as having levels of social need with the aim of contacting carers from hard-to-reach communities. The Integrated Care Team continues to remind GPs that is essential that unpaid carers are referred for support and kept up-to-date with treatments plans whenever possible.

7.4.7 Provide support and training to enable carers to return to paid or voluntary work.	31/03/2014	ASCHH	G	Carers are encouraged to explore a range of training options. An event aimed at new carers to be held at Easthampstead Baptist Church in January, will highlight training opportunities and the potential to use the Carers Grant and volunteer work to gain the skills needed to enter, or return to, the workplace.
7.4.8 Identify training needs to enable the service to deliver new ways of working by analysing the calls that come into the service.	31/03/2014	ASCHH	G	Call Facilitators have now undertaken customer skills training & a bespoke training day on Adult Safeguarding. In quarter 4 Call Facilitators will receive training on Enhanced Intermediate Care Services in line with moving towards seven day discharge.
7.4.9 Evaluate the implementation of the new operational model in the Emergency Duty Service.	31/01/2014	ASCHH	G	Annual Report to be presented to DMT in January 2014 with proposals on ways in which we can meet the increase and demand upon the service.
7.4.10 Review the needs of people who receive out of hours services and develop a model that meets these needs.	31/03/2014	ASCHH	G	Work continues to identify an appropriate model. A project group is working towards developing an agreed model in partnership with EDS.
7.4.11 Expand the function of Bridgewell to include establishment of a Community Dentistry clinic and a Telecare clinic.	31/03/2014	ASCHH	В	Completed. The equipment is in place in the Bridgewell Centre.
7.4.12 Continue to work towards establishing a separate Autistic Spectrum Disorder Community Team within Adult Social Care & Health.	31/03/2014	ASCHH	В	Completed. Team Leader and Personal Facilitator recruited and in post.
7.4.13 Monitor delivery of domestic support provided for compliance against contract.	31/10/2013	ASCHH	В	Completed. Contract compliance meetings are taking place and are ongoing.
7.5 Improve the range	of specia	list acc	ommo	dation for older people which
	le to be s	upport	ed out	side residential and nursing
care.	Y			
7.5.1 Improve the range of specialist accommodation for older people by developing the Extra Care Housing scheme which will enable more people to be supported outside residential and nursing care.			В	Completed. The extra care scheme is on site.
-	•			s not tolerate abuse, and in
	vuinerab	ie resid	ients a	re safeguarded against abuse.
7.6.1 Implement an Empowerment Strategy to enable people to safeguard themselves and feedback	31/03/2014	ASCHH	G	The one remaining action from the empowerment strategy (development of the Board's website) is on track to be delivered on schedule by the end of

on people's experiences of the process.				quarter 4.		
7.6.2 Monitor and evaluate advocacy contract and guidance in relation to the Advocacy Policy and Best Practice Safeguarding guidance.	30/11/2013	ASCHH		Completed. The monitoring framework is now in place, with compliance with the policy and relevant practice guidance being monitored throughout the year.		
7.6.3 Promote better understanding of Autistic Spectrum Disorder by delivering training and awareness across the department.	31/12/2013	ASCHH	В	Completed. The review during quarter 3 has reflected continued uptake of the training by front and non-front line staff.		
7.7 Target financial su	pport to v	/ulnera	ble ho	useholds.		
7.7.1 Implement the Council's local council tax benefit scheme.	31/01/2014	ASCHH	В	Completed. Review of the scheme is complete and no changes other than uplift of premiums and charges in line with the national benefit uplifts are proposed.		
7.7.2 Review the financial advice and support provided to households in Bracknell Forest by the Council and voluntary organisations.	30/09/2013	ASCHH	В	Completed. A common approach to undertaking financial assessment has been agreed with the Citizen's Advise Bureau and Christians Against Poverty.		
MTO 8: Work with the police and other partners to ensure						
Bracknell Forest rer	mains a	safe p	lace			
Sub-Action	Due Date	Owner	Status	Comments		
	Date o reduce	overall	crime	levels, focusing particularly		
8.1 Continue to seek to on domestic violence,  8.1.3 Deliver assertive outreach services offered by SMART in order to engage with hard to reach groups in order to reduce their levels of offending.	Date o reduce sexual ci	overall rimes a	crime and bur	levels, focusing particularly glary.  Operation Ladybird is a joint venture with Thames Valley Police. People who are offending to fund their drug and alcohol habits are visited regularly over a period of 10 days to ensure that they are aware of the services available. People who are not currently engaged with services are encouraged to engage and people who are working with New Hope but are at risk of disengaging or have disengaged are visited by substance misuse workers who encourage them to come back into treatment. 1 operation ladybird was delivered this quarter.		
8.1 Continue to seek to on domestic violence,  8.1.3 Deliver assertive outreach services offered by SMART in order to engage with hard to reach groups in order to reduce their levels	Date or reduce sexual cr	overall rimes a	crime and bur	levels, focusing particularly glary.  Operation Ladybird is a joint venture with Thames Valley Police. People who are offending to fund their drug and alcohol habits are visited regularly over a period of 10 days to ensure that they are aware of the services available. People who are not currently engaged with services are encouraged to engage and people who are working with New Hope but are at risk of disengaging or have disengaged are visited by substance misuse workers who encourage them to come back into treatment. 1 operation ladybird was delivered this quarter.		
8.1 Continue to seek to on domestic violence,  8.1.3 Deliver assertive outreach services offered by SMART in order to engage with hard to reach groups in order to reduce their levels of offending.  MTO 10: Encourage	Date o reduce sexual ci	overall rimes a	of a ra	levels, focusing particularly glary.  Operation Ladybird is a joint venture with Thames Valley Police. People who are offending to fund their drug and alcohol habits are visited regularly over a period of 10 days to ensure that they are aware of the services available. People who are not currently engaged with services are encouraged to engage and people who are working with New Hope but are at risk of disengaging or have disengaged are visited by substance misuse workers who encourage them to come back into treatment. 1 operation ladybird was delivered this quarter.		
8.1 Continue to seek to on domestic violence,  8.1.3 Deliver assertive outreach services offered by SMART in order to engage with hard to reach groups in order to reduce their levels of offending.  MTO 10: Encourage housing	Date oreduce sexual cr	overall rimes a ASCHH	of a ra	levels, focusing particularly glary.  Operation Ladybird is a joint venture with Thames Valley Police. People who are offending to fund their drug and alcohol habits are visited regularly over a period of 10 days to ensure that they are aware of the services available. People who are not currently engaged with services are encouraged to engage and people who are working with New Hope but are at risk of disengaging or have disengaged are visited by substance misuse workers who encourage them to come back into treatment. 1 operation ladybird was delivered this quarter.  ange of appropriate		

development at Jennets Park, the Parks, Broughs and Rothwell house (funded by HCA and the RPs)			are handed over in quarter 4. properties at the parks are still track to be handed over next y Broughs development is aimin receive a planning consent in which has slipped from the pretarget date. Rothwell house is	on rear. The g to January evious
10.1.2 Work with partners to identify a suitable location to enable the relocation of the Bridgewell Centre.	31/03/2014	ASCHH	Discussions are taking place a site is being identified.	nd a
10.1.3 Develop a new sensory needs service for Bracknell Forest by working in partnership with people who use our services and voluntary organisations.	31/01/2014	ASCHH	Completed. The Sensory Need was launched on 16th July. Fe on all aspects of the new servito date been very positive.	edback
10.2 Support people w	ho wish t	o buy t	heir own home.	
10.2.1 Enable a programme of support for households to buy their own home on low cost basis.	31/03/2014		There have been 3 cash incent purchases so far this year and my Home buy purchases and mortgage offered.	4 BFC
10.2.2 Support the provision of the cash incentive scheme and BFC MyHome buy schemes	31/03/2014		Clement House, Rainforest Was Santa Catalina are all on site a Council funding has been defra	and ayed.
10.3 Continue to find v	vays to er	nable p	eople to secure a suitable hom	ie.
10.3.1Support those households who need to move home due to welfare changes through financial support and advice.	31/03/2014	ASCHH	To date the Council has made awards of discretionary housin payments to households whos housing benefit has been redu to under occupation. There ha 29 moves from larger to small properties but only 5 have bee by households moving to addrunder occupation subsidy redu	de de de due ve been der en made dess the
10.3.2 Redesign the housing and benefit service so that households income and independence is maximised.	31/03/2014	ASCHH	Consultation with front line stanew job roles has been conclufull implementation of the new will take place in the new year	ded. service
MTO 11: Work with	our com	m <u>uniti</u>	es and partners to be effici	ent,
			ess and to deliver value for	
Sub-Action	Date		Status Comments	
11.1 ensure services u technologies to drive of			ficiently and ICT and other	
11.1.4 Implement Electronic Monitoring within Community Intermediate Care and monitor the financial and activity impact.	31/12/2013		Delayed. Electronic Call Monit Systems are now in place for repeople supported. Implementation finance modules to enable pay to be made on the basis of elemonitoring had been delayed, scheduled for the start of quare However, further delays in the	nearly all lition of ments ctronic and was ter 4.

				_				
				bringing the finance modules to an acceptable standard means this is now delayed to the end of quarter 4.				
11.1.5 Complete options appraisal and undertake tender process for IAS Contract.	31/03/2014	ASCHH	G	Further discussions within the department concluded at the present time with the legislative changes due from the Care Bill, it would be inappropriate to go to full Tender for a replacement of the current Social Care system.				
11.2 ensure staff and elected members have the opportunities to acquire the skills and knowledge they need.								
11.2.4 Deliver appropriate training within the department in relation to adult safeguarding.	31/03/2014		G	The plans referred to in quarter 2 are now being delivered. All training will be delivered by the end of quarter 4.				
11.2.5 Ensure that the local workforce is appropriately trained to identify substance misuse issues in order to offer information and advice.	31/03/2014	ASCHH	G	2 Training Sessions have been delivered in quarter 3. A total of 11 Bracknell Staff members have attended as follows: Drugs, Alcohol, Young People and legal Highs: 6 staff. Bracknell Staff Parental Substance Misuse: 5 staff.				
11.3 publish information effectiveness and according to the control of the contro			uncil to	o promote openness and cost-				
11.3.3 Publicise advice and information options for people who fund their own support.	31/01/2014		В	Completed. The partnership agreement with My Care, My Home has started taking referrals. The service provides advice, information and a range of support to people who fund their own support arrangement. The Council's leaflet for people who fund their own support has been revised.				
11.5 develop appropria	ate and co	ost effe	ective v	ways of accessing council				
11.5.4 Maintain the i-hub to enable people in the community to access relevant and up-to-date information to plan their support and activities and also enable providers to maintain their own records on the system to ensure accuracy.	28/02/2014	ASCHH	G	The i-hub continues to be updated on an ongoing basis. Some providers are taking the opportunity to update their own records, which are then moderated by the council staff before appearing on the live i-hub.				
11.5.5 Plan and implement changes to the cost centre structure brought about by both the Zero Based Review and the transfer of responsibilities to Public Health to ensure compliance with new reporting requirements.	31/03/2014	ASCHH	G	New cost centre structure has been set-up on the General Ledger to ensure compliance with new reporting requirements in 2014-15. Public Health requirements were completed in quarter 1.				
11.5.6 Review Forestcare services to ensure they meet customer demand.	31/03/2014	ASCHH	G	Dedicated review of Forest care services will begin in the fourth quarter.				

11.7 work with partners and engage with local communities in shaping services.						
11.7.4 Work with Wexham Park, Frimley Park and Royal Berkshire Hospitals to create a whole systems approach to hospital discharge.	30/06/2013	ASCHH	В	Completed. We now have membership on Urgent Care and Transformation Board for all 3 acute trusts to ensure a whole system approach to hospital discharge.		
11.7.6 Contribute to the Dementia Service Directory.	31/01/2014	ASCHH	0	The text has been agreed, and the document is with the Design team.		
11.7.7 Work in partnership with the Bracknell and Ascot Clinical Commissioning Group and Bracknell Healthcare Foundation Trust to create an integrated service for adults with long term conditions.	31/05/2013	ASCHH	В	Completed. Initial evaluation has been completed a further evaluation will take place in March 2014.		
11.7.8 Establish a clinical governance post which ensures that intermediate care services operate safely and effectively and to a high standard.	30/06/2013		В	Completed. The post was successfully recruited to and filled in September.		
11.8 implement a prog	ramme of	econo	mies t	o reduce expenditure		
11.8.7 Develop proposals to help the Council produce a balanced budget in 2014/15.	31/03/2014	ASCHH	G	Initial proposals have been developed and considered by the Council's Corporate Management team, and as well as members on the Portfolio Review Group panel and the Executive members in advance of public consultation in December.		

### **Annex B: Financial Information**

### Annex B1

	Original Cash Budget	Virements & Budget C/fwds		Current aproved cash budget	Spend to date %age	Department's Projected Outturn	Variance Over / (Under) Spend	Movement in this quarter	
	£000	£000		£000	%	£000	£000	£000	Ε
Director	746	(1,017)	1	(271)	957%	(264)	7	(2)	1
	746	(1,017)		(271)		(264)	7	(2)	
Adults and Commissioning	(126)	14		(112)	0%	0	112	0	L
Mental Health	1,936	(7)		1,929	69%	2,188	259	(62)	⊢
Mental Health EMI	2,290	48		2,338	67%	2,528	190	207	L
Learning Disability	13,573	148		13,721	50%	13,079	(642)	(367)	
Specialist Strategy	199	10		209	60%	198	(11)	(2)	L
Joint Commissioning	490	77		567	67%	562	(5)		L
Autism	259	136		395	36%	323	(72)	(24)	
	18,621	426	2	19,047	55%	18,878	(169)	(238)	2
Housing									Н
Housing Options	320	8		328	64%	158	(170)	19	
Strategy & Enabling	250	14		264	59%	234	(30)	5	Н
Housing Management Services	(58)	27		(31)	66%	-22	9	(13)	
Forestcare	(16)	16		0	0%	16	16	(30)	
Supporting People	1,065	35		1,100	56%	1,037	(63)	(19)	
Housing Benefits Payments	98	0		98	-1,170%	95	(3)	(7)	
Housing Benefits Administration	284	43		327	-4%	173	(154)	(5)	
Other	17	(65)		(48)	-17%	173	65	0	
Otilei	1,960	78		2,038	-7%	1,708	(330)	(50)	
				,		·	` '	, í	
Older People and Long Term Conditions	(199)	(93)		(292)	0%	0	292	0	L
Long Term Conditions	2,122	115		2,237	70%	2,334	97	(15)	L
Older People	5,589	409		5,998	68%	6,074	76	172	L
Community Response and Reablement - Pooled Budget	1,658	13		1,671	84%	1,685	14	(46)	L
Emergency Duty Team	41	(3)		38	834%	29	(9)	0	L
Drugs Action Team	92 9,303	(35) 406	3	9,709	263% <b>78%</b>	56 <b>10,178</b>	(1) 469	( <u>1)</u> 110	
	9,303	400	,	3,703	10/0	10,170	403	110	-
Performance and Resources									
Leadership Team and Support	(31)	0		(31)	0%	0	31	0	
Information Technology Team	277	1		278	69%	339	61	2	
Property	173	0		173	36%	106	(67)	(1)	
Performance	221	0		221	60%	208	(13)	1	
Finance Team	503	38		541	46%	501	(40)	3	
Human Resources Team	184	0		184	55%	185	1	0	
	1,327	39		1,366	54%	1,339	(27)	5	5
Public Health									Н
Bracknell Forest Local Team	0	100		100	202%	100	0	0	$\vdash$
Diackfiell Folest Local Team	0	100		100	202%	100	0	0	
TOTAL ASCHH	31,957	32		31,989	46%	31,939	(50)	(175)	
Memorandum item:									F
Devolved Staffing Budget				12,860	50%	12,969	109	(142)	
New Oash Budgets									F
Non Cash Budgets	640			640	00/	040		_	-
Capital Charges	642			642	0%	642	0	0	$\vdash$
FRS17 Adjustments	433			433	0%	433	0	0	⊢
Recharges	2,839	66		2,906	0%	2,906	0	0	-
	3,914	66		3,981		3,981	0	0	_

### Annex B2

Annex		
Adu	It Soci	al Care Health and Housing
Vire	ments	and Budget Carry Forwards
Note	Total	Explanation
	£'000	
		DEPARTMENTAL CASH BUDGET
	34	Total previously reported
		Pudget Cormy Feminardo
		Budget Carry Forwards
	0	LINKS Budget into the Director Budget
4	40	Virements
1	-46	Director
		Carers funding transfer from Director to Learning Disabilities
2	39	Adults and Commissioning
		Carers funding transfer to Learning Disabilities from Director and adjustment
	0	for Electricity, Gas and CRC from contingency  Housing
	Ĭ	liousing
		None to report
3	5	Older People and Long Term Conditions
		Adjustment for Electricity, Gas and CRC from contingency
	0	Performance and Resources
	0	None to report
	0	Public Health
		None to report
	32	Total
		DEDARTMENTAL NON CASH DUROFT
		DEPARTMENTAL NON-CASH BUDGET
	66	Total previously reported
		Virements
	0	none to report
	66	Total
	98	Total

### Annex B3

A cl -	EX B3	L Cara Haalth and Harraina								
		I Care Health and Housing								
Bud	get Vari	ances								
Note	Reported Variance over/ (under)	Explanation								
	£'000									
DEPARTMENTAL BUDGET										
	105	Total providence by weap and ad								
	125	Total previously reported								
1	(2)	Minor movements from last quarter								
2	(238)	There a number of small movements but the key material movement is a number of previously high cost Learning Development care packages have been reduced following a period of intensive support.								
3	(50)	There has been an increase the the underspend in Housing as a result of the following factors, new contracts have been put in place which has increased projected income for Forestcare, a reduction in projected metered costs as a result of resolving the water leak problem on the Gypsy Caravan site and determining a more accurate projection for the Supporting People programme.								
4	110	There has been an increase in the overspend in Older People & Long Term Conditions as a result of the following factors, the costs of Home Care continues to increase due to the demand and cost of individual packages as a result of discharges from hospital, a reduction in the underspend in Nursing Care costs due to an increase in the number of packages in place and a reduction in the projected underspend on Aids and Adaptations.								
5	5	Minor movements from last quarter								
	(50)	Grand Total Departmental Budget								
		DEPARTMENTAL NON-CASH BUDGET								
	0	Total previously reported								
	0	No variances to report								
	0	Grand Total Departmental Non-Cash Budget								

### Annex B4

Annex I												
	MONITORING 2013/14											-
	Adult Social Care, Health and Housing										-	
As at:	30th November 2013											
Cost Centre	Cost Centre Description	2012/13 Brought Forward £000's	2013/14 Budget £000's	Virements Awaiting Approval £000's	Total Virements £000's	Approved Budget £000's	Cash Budget 2013/14 £000's	Expenditure to Date	Current Comm'nt s	Estimated Outturn 2013/14 £000's	Carry Forward 2014/15 £000's	(Under) / Over Spend £000's
	Housing	2000 3	2000 3	20003	2000 3	2000 3	20003	2000 3	20003	20003	20003	20003
YP260	Enabling More Affordable Housing	616.1	17.6		0.0	633.7	633.7	0.0	632.0	633.7	0.0	0.0
YP261	Help to Buy a Home (Cash Incentive Scheme)	532.4	0.0		0.0	532.4	166.0	0.0	166.0	166.0	366.4	0.0
YP262	Enabling More Affordable Homes ( Temp to Perm)	255.7	679.2		0.0	934.9	934.9	382.6	552.3	934.9	0.0	0.0
YP304	Mortgages for Low Cost Home Ownership Properties	137.4	0.0		0.0	137.4	86.4	86.5	0.0	86.5	51.0	0.0
YP316	BFC My Home Buy	688.9	0.0		0.0	688.9	356.0	-22.0	378.0	356.0	332.9	0.0
YP440	Garth Extra Care Scheme	0.0	1,567.2		0.0	1,567.2	1,567.2	1,567.2	0.0	1,567.2	0.0	0.0
YP441	Rainforest Walk Scheme	200.0	0.0		0.0	200.0	200.0	200.0	0.0	200.0	0.0	0.0
	Total Housing	2,430.5	2,264.0	0.0	0.0	4,694.5	3,944.2	2,214.2	1,728.3	3,944.2	750.3	0.0
	Adult Social Care & Health				<del>                                     </del>					<del></del>		<del>                                     </del>
YS429	Mental Health	22.1	0.0		0.0	22.1	22.1	21.6	0.5	22.1	0.0	0.0
YS430	Social Care	29.2	0.0		0.0	29.2	29.2	0.0	29.2	29.2	0.0	0.0
YS527	Social Care Reform Grant	43.7	0.0		0.0	43.7	43.7	0.0	43.7	43.7	0.0	0.0
YS528	Care Housing Grant	15.4	0.0		0.0	15.4	0.0	0.0	0.0	0.0	15.4	0.0
YS529	Community Capacity Grant	298.8	195.0		0.0	493.8	107.1	30.1	77.0	107.1	386.7	0.0
YH126	Improving Info for Social Care (Capital Gr)	64.7	0.0		0.0	64.7	0.0	0.0	0.0	0.0	64.7	0.0
YS418	ASC IT Systems Replacement	130.3	180.0		0.0	310.3	0.0	0.0	0.0	0.0	130.3	180.0
	Total Adult Social Care & Health	604.2	375.0	0.0	0.0	979.2	202.1	51.7	150.4	202.1	597.1	180.0

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